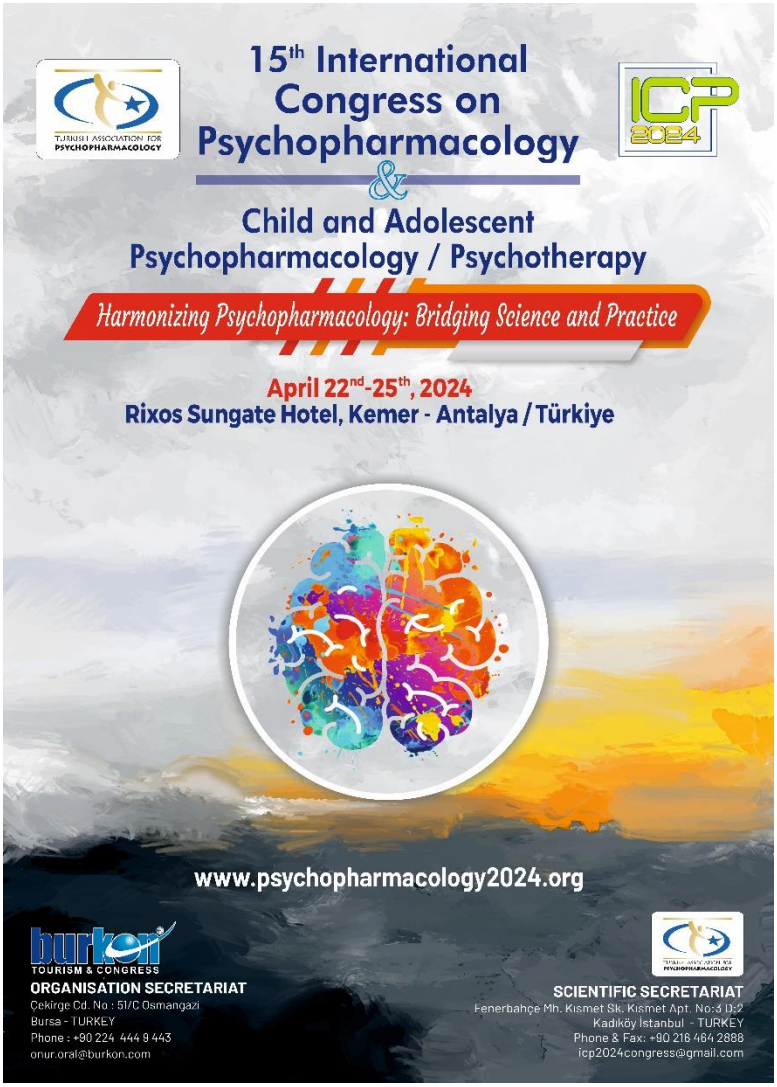

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ICP 2024 Symposia Presentations

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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Symposia Presentations

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

[Abstract:0207] [Erişkin Psikiyatri » Diğer]

Development of Theory of Mind in Childhood

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Theory of mind, known as the ability to understand the mental state of others, that is, their knowledge, intentions and thoughts, and to distinguish one's own beliefs from the beliefs of others, is a mental state that begins to develop in early childhood and continues to develop in adolescence. It was evaluated for the first time in children by Wimmer and Perner. There are no sharp boundaries in terms of the development of theory of mind in childhood. According to some researchers, its development begins in infancy, and according to others, in middle childhood. However, it is accepted that joint attention, which develops around the age of one, is one of the first signs of theory of mind. Also in this period, pointing to objects, and imitating the behavior of others are indicators of the development of theory of mind. Theory of mind skills continue to develop through symbolic play in the eighteenth month and beyond. Accepting objects with their meanings in the real world (primary representation) and attributing meanings to objects other than their real functions (secondary representation or meta-representation) occur through symbolic play. After the age of three, children begin to understand the intentions of others. First-order theory of mind is defined as children's ability to think about the mental state of others. At the age of 3-4, children can comprehend the first-order false-belief. Success on second-order false belief tasks requires the ability to recognize when a person has a false belief about another person's belief. It develops around the age of 5-6. While understanding metaphor and irony develops after this period, understanding the faux-pas is the last skill to develop. The development of this skill, which develops at the age of 9 in girls and 11 in boys, continues in adolescence and adulthood.

Keywords: childhood, false belief, joint attention, theory of mind

[Abstract:0208] [Çocuk Psikiyatri » Diğer]

The Concept of Intelligence and Its Developmental Process

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Intelligence is a concept that varies according to individual, society and culture. Intelligence, which does not have a single definition, includes all human abilities to think, reason, perceive and comprehend facts, judge and adapt to the environment by drawing conclusions from all of these. The lack of a common consensus on the concept of intelligence is also reflected in intelligence theories. From Galton to Stenberg, intelligence has been examined under many theories. Theory of general intelligence, fluid and crystallized intelligence theory, primary mental abilities theory, theory of multiple intelligence, three-stratum theory are some of them. One of the researchers who contributed most to elucidating the process of cognitive development is Piaget. Piaget's theory explains cognitive development on a biological basis and evaluates intelligence as a person's adaptation process to the environment. Sensorimotor, preoperational, concrete operational, and formal operational are four major stages of cognitive development according to Piaget. Vygotsky argued that the environment has a great impact on cognitive development. There are many genetic and environmental factors in the development of intelligence. Studies conducted with identical and fraternal twins, twins growing up in the same family and in different environments, biological parents and adoptive parents, and relatives have shown that strong genetic factors play a role in intelligence development. However, genetics alone cannot explain intelligence development, and gene-environment interaction is also important. Many environmental factors affect the development of intelligence, from the problems encountered during the perinatal period to socioeconomic status, from the education level of the parents to the cognitive stimulation of the child, and from the age of starting education to the environment and interactions in which the individual lives.

Keywords: development, intelligence, theory

[Abstract:0218] [Çocuk Psikiyatri » Diğer]

The Relationship Between Sensory Processing and Developmental Speech Disorder

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Developmental Speech Disorder (DSD) is a neurodevelopmental condition that affects the learning, expression, and comprehension of spoken and written language in individuals of all ages. DSD is highly prevalent among children with communication needs, impacting approximately 7.4% of children. However, there are also studies indicating a higher prevalence, such as 7.58%.

The process of generating a social, emotional, cognitive, or behavioral response to sensory inputs received from one's own body and the environment is defined as sensory processing. Sensory processing encompasses all stages, including the recording of sensory inputs, discrimination between different inputs, regulation (modulation), and the organization of inputs by combining them. The term sensory profile is used to express an individual's way of sensory processing. The perspective that sensory processing skills play an active role in the development of receptive language skills, language comprehension, and expressive language skills suggests that there may be differences in sensory processing abilities between children with Developmental Speech Disorder (DSD) and typically developing children. Studies in the literature have reported difficulties in sensory areas, especially in children with Autism Spectrum Disorder (ASD) and Attention Deficit/Hyperactivity Disorder (ADHD). There are limited studies in the literature regarding the relationship between language and speech disorders and sensory processing.

This presentation will discuss the differences in sensory processing among those with Developmental Speech Disorder (DSD).

Keywords: Developmental Speech Disorder, Sensory Processing, child and adolescent

[Abstract:0219] [Çocuk Psikiyatri » Travma, stres ve ilgili durumlar]

Acute Psychiatric Issues Following An Earthquake

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After disasters such as earthquakes, which are typically unpredictable and uncontrollable, psychiatric symptoms that spontaneously resolve within a few weeks may emerge. The psychological effects related to traumatic experiences vary from person to person, and trauma can lead to persistent psychiatric disorders in some individuals. Anxiety, dissociation symptoms, and other manifestations that occur within the first 30 days following a traumatic event and are characterized by a series of acute stress responses, as defined by the DSM-5, are referred to as Acute Stress Disorder (ASD).

Survivors of disasters such as earthquakes, leading to loss of life and property, often experience a challenging psychological process characterized by uncertainty about the condition of their homes and gathering places. The fear of losing loved ones, homes, jobs, and social spaces adds to the emotional difficulty.

Studies in the literature have identified an increase in the prevalence of psychiatric disorders among earthquake survivors, including widespread anxiety disorders (AD), major depressive disorder (MDD), and acute stress disorder (ASD). The most extensively studied conditions are ASD and post-traumatic stress disorder (PTSD). Additionally, some studies have reported the potential emergence of sleep disorders and somatic symptoms in earthquake survivors.

In this presentation will discuss acute psychiatric problems that occur after an earthquake.

Keywords: earthquake, acute psychiatric issues, trauma, anxiety

[Abstract:0220] [Erişkin Psikiyatri » Travma, stres ve ilgili durumlar]

Historical Background and Clinical Features of Complex PTSD

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The psychological impacts of trauma were initially documented following World War II, but the formal recognition of post-traumatic stress disorder (PTSD) was introduced in DSM-III based on research conducted with Vietnam veterans throughout the 1970s. According to DSM-5, trauma is described as the direct personal experience of a distressing event, observing distressing events happening to others, receiving information about a distressing event happening to a family member, or being repeatedly exposed to distressing aspects of the incident in an intense or recurring manner. According to Çoban and Gündoğmuş (2019), the DSM-5 reclassified PTSD from being categorized as an anxiety disorder to being categorized as a trauma and stressor-related disorder [1]. PTSD primarily refers to a circumscribed psychological condition that arises following a singular or particular traumatic incident. It has been reported that the psychopathology and symptoms that occur as a result of various chronic and recurrent traumatic events are much more complex. Judith Herman (1992) was the first to propose the definition of complex trauma. Herman discussed the enduring adverse effects of persistent stress on an individual's emotional regulation, self-regulation, self-perception, and interpersonal functioning, referring to it as 'complex trauma'. Complex trauma, previously not included in the DSM system, has gained attention as a newly recognized diagnosis called complex post-traumatic stress disorder (CPTSD) in the ICD-11 categorization system. CPTSD is believed to be linked to enduring, recurrent, or multiple instances of traumatic exposure, such as genocidal campaigns, childhood sexual abuse, child military service, severe domestic violence, torture, or enslavement. Research has indicated that risk factors for CPTSD include a past experience of childhood sexual abuse, negative thought patterns connected to trauma, low tolerance for stress, and being unemployed. Moreover, CPTSD has a greater risk than PTSD in relation to depression, anxiety, borderline personality disorder, and suicide. Generally, CPTSD is considered to be a more severe and detrimental condition, which is more likely to develop as a consequence of prolonged and enduring traumatic experiences. Evidence from the developmental and attachment literature suggests that chronic forms of trauma during childhood, particularly sexual and physical abuse by caregivers, may be strong risk factors for negative outcomes in later life due to the substantial adverse effects they have on the healthy development of socioemotional competencies and a coherent and positive sense of self [2]. It is crucial to raise awareness about CPTSD, a recently recognized diagnosis, in order to thoroughly investigate the variables that contribute to its development, distinguish it from other similar conditions, and understand the most effective approaches for treatment. This lecture will provide an overview of the literature about the historical evolution and clinical aspects of CPTSD.

Keywords: childhood, complex, trauma

References

1) Çoban DA, Gündoğmuş İ. Travma sonrası stres bozukluğu belirti profilinin cinsel ve cinsel olmayan travma tiplerine göre karşılaştırılması. Anadolu psikiyatri dergisi. 2019;20(5):470–476.
2) Cloitre M, Hyland P, Bisson JI, Brewin CR, Roberts NP, Karatzias T, Shevlin M. ICD-11 Posttraumatic Stress Disorder and Complex Posttraumatic Stress Disorder in the United States: A Population-Based Study. J Trauma Stress. 2019;32(6):833-842.

[Abstract:0226] [Çocuk Psikiyatri » Özgül öğrenme güçlüğü]

The Relationship Between Sensory Processing and Specific Learning Disorder

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People perceive, interpret, and organize the stimuli in their social and physical environments and develop appropriate reactions to these stimuli. All types of sensory stimuli in a person's social and physical environments are processed by the central nervous system (CNS). Sensory processing starts with the transmission of external stimuli to our brain through the relevant sensory organ's receptors. In the second stage, our brain analyzes the characteristics of the stimulus, such as its type and intensity, and processes the transmitted information into perception by establishing connections. In the final stage, our brain creates a behavioral or emotional response in reaction to a perceived and interpreted stimulus. Depending on the stimulus, a response may or may not be produced. The resulting response recycles as a sensory stimulus, and the processing process begins again. Individuals who experience differences in sensory processing also display significant variability in their ability to perceive, notice, and react to sensory stimuli. In this context, this interpersonal difference becomes an important factor that plays a fundamental role in the formation of our personality and temperament characteristics by shaping our life activities, interests, harmony with the environment, and emotional and behavioral reactions. In recent years, there has been extensive research into individual differences, particularly in the processing of sensory information. Sensory Processing Sensitivity is a trait that can be inherited and was developed by Aron in 1997. It is defined as the ability of individuals to perceive, interpret, and react to internal or external stimuli in their social and physical environments. This process of perceiving stimuli is based on behavioral and emotional reactivity.

Specific Learning Disorder (SLD) is a condition where a person's educational skills are significantly below the expected level for their age. This condition can significantly affect an individual's ability to succeed in school, work, and daily activities. SLD is a common childhood neurodevelopmental disorder that impairs functionality in areas like reading, writing, mathematics, listening, speaking, and reasoning. The prevalence of SLD is estimated to be between 5% and 15%.

It has been reported that different factors cause SLD in children with sensory processing problems. A child's inability to receive or excess intake of sensory stimuli from the environment can hinder their ability to regulate and experience the sensory input at a sufficient level. This can lead to specific learning difficulties due to the incomplete development of frontal lobe functions. According to Hairston et al., SLD involves more than one sensory system, despite studies focusing on information processing in a single sensory modality. Studies show that people with SLD integrate auditory and visual information over long periods of time. Similarly, the presence of deficits in multiple senses (processing of tactile, visual, auditory information, sensory seeking, and filtering of auditory information) has been shown in children with SLD. There are limited studies in the literature regarding the relationship between SLD and sensory processing. The purpose of our presentation is to examine the relationship between sensory processing and specific learning disability (SLD).

Keywords: Specific Learning Disorder, Sensory Processing, child and adolescent

[Abstract:0232] [Çocuk Psikiyatri » Diğer]

Post-traumatic stress syndrome after an earthquake

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PTSD is a prolonged, pathological anxiety that may occur subsequent to a severe trauma that constitutes a threat to life or physical integrity, elicits intense fear, horror, or helplessness. Post-traumatic stress disorder (PTSD) often develops soon after exposure to traumatic events and can remain chronic for decades. PTSD can also present in an episodic manner, with symptoms fluctuating in severity across the lifespan as individuals encounter triggers (eg, trauma anniversaries), new stressors, or new sources of support. Essentially, similar to other mental disorders, PTSD can relapse and remit over time; low levels of symptoms at one timepoint might not be a reliable indicator of sustained improvement.To have PTSD according to the Diagnostic and Statistical Manual of Mental Disorders 5th Edition (DSM-V), a person must first experience a life threatening traumatic event, an event outside the realm of daily human existence that evokes fear, helplessness, and/or horror These include a persistent re-experiencing of the event, a persistent avoidance of stimuli associated with the event, and the general numbing of responses to stimuli, as well as persistent symptoms that indicate emotional arousal or stress response Symptoms must last at least for 1 month and cause significant impairment in functioning.Post-traumatic stress disorder (PTSD) refers to a delayed but lasting psychological stress disorder caused by exposure to trauma, and it is considered the most common negative psychological reactions among survivors following an earthquake.

Two major earthquakes hit Turkey at the Hatay- Kahramanmaraş region on February 6th 2023. The earthquakes affected almost 15 million individuals, resulting in more than fifty thousand deaths, thousands of wounded and the destruction of ancient cities of humankind.
After the earthquake trauma, children faced illness, housing, nutrition, physical, social and psychological problems.

Because PTSD in children causes serious adjustment disorders, it negatively affects children's educational lives and relationships within the family, reducing their quality of life.Since earthquake is an important cause of PTSD, it is of great importance that children in the earthquake area are diagnosed and treated by psychiatric examination in terms of PTSD.
In this presentation we will discuss about posttraumatic stress syndrome after an earthquake.

Keywords: child and adolescent, ptsd, earthquake.

[Abstract:0233] [Çocuk Psikiyatri » Anksiyete bozuklukları]

Anxiety and Sleep Problems After an Earthquake

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Anxiety and sleep problems after an earthquake Large-scale natural catastrophes have a huge physical and mental impact on those who live near the disaster sites. It is well known that an earthquake tragedy causes a high rate of sleeplessness, sadness, and anxiety symptoms in its early phases. Multiple mechanisms may explain the role of sleep problems in mental health problems, such as potential neurobiological changes, disruption of emotional regulation, deficits in executive function, and dysregulated hypothalamic-pituitary-adrenal (HPA) axis.

The Diagnostic and Statistical Manual of Mental Disorders, 5th edition and the International Classification of Sleep Disorders define disorders as symptoms of insomnia lasting three months or longer, daytime sleepiness, as well as a variety of symptoms, including fatigue and depression, decreased psychomotor functions, and gastrointestinal symptoms.Under normal conditions, the prevalence of insomnia is more than 6% in the general population. Under normal circumstances, 20-30% of adults experience insomnia symptoms such as difficulty initiating sleep (DIS), night waking, early arousal, or impaired sleep quality. However, during large-scale disasters, the frequency of these symptoms
increases by two or three times, at least temporarily.

Insomnia frequently coexists with mental health conditions including anxiety and mood disorders. In addition, chronic insomnia is a prodrome of the depression phase and is a risk factor for the onset and recurrence of depression. As a result, those who have insomnia have a two to three times higher chance of developing depression than people who don't.People who complain of insomnia long after the earthquake need to be re-evaluated psychiatrically. In this presentation, the effects of post-earthquake-triggered trauma on sleep and anxiety will be discussed.

Keywords: earthquake, anxiety, sleep disorders

[Abstract:0235] [Erişkin Psikiyatri » Travma, stres ve ilgili durumlar]

Diagnosis and Treatment of Complex Post Traumatic Stress Disorder

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In individuals grappling with Complex Post-Traumatic Stress Disorder (CPTSD), a multifaceted array of symptoms including reexperiencing traumatic events, persistent avoidance of trauma-related stimuli, and heightened states of arousal often converge. These symptoms, intertwined with challenges in regulating mood, cultivating positive self-perception, and fostering healthy relationships, can significantly impede functioning across various relational, occupational, and social domains.[1] The diagnostic evaluation of CPTSD demands a comprehensive exploration beyond mere psychiatric history. It necessitates an examination of early childhood traumas, ongoing life stressors, and the availability of social support networks.[2] Moreover, the differential diagnosis warrants careful consideration of overlapping symptoms with other mental health conditions such as Post-Traumatic Stress Disorder (PTSD), depression, anxiety disorders, and borderline personality disorder (BPD).[3] Yet, within the framework of the ICD-11 taxonomy, the co-diagnosis of PTSD and Complex PTSD remains precluded, posing challenges in clinical practice. Complicating matters further, Borderline Personality Disorder (BPD) shares symptomatic parallels with disturbances in self-organization characteristic of CPTSD, prompting ongoing debate regarding the distinction between CPTSD and PTSD with comorbid BPD.[4] Despite considerable symptom overlap between CPTSD and BPD, emerging evidence increasingly supports the recognition of CPTSD as a distinct diagnostic entity. In the realm of psychotherapy for CPTSD, the primary objectives revolve around establishing a secure therapeutic alliance, exploring traumatic experiences in a safe environment, and mitigating the enduring impacts of trauma. However, it's important to acknowledge that certain populations affected by CPTSD may not readily tolerate conventional trauma-focused interventions, necessitating a more nuanced and supportive treatment approach.[5] In summary, given the relatively nascent status of Complex PTSD as a diagnostic category, the development of evidence-based treatment protocols tailored for adults, adolescents, and children grappling with CPTSD remains an ongoing endeavor requiring further exploration and refinement.

Keywords: complex, post-traumatic stress disorder, diagnosis, treatment

REFERENCES:

1. Karatzias, T., Murphy, P., Cloitre, M., Bisson, J., Roberts, N., Shevlin, M.,.. & Hutton, P. (2019). Psychological interventions for ICD-11 complex PTSD symptoms: Systematic review and meta-analysis. Psychological medicine, 49(11), 1761-1775.
2. Cloitre, M. (2022). Complex post-traumatic stress disorder: A much needed diagnosis. BJPsych Open, 8(6), E177.
3. Brewin, C. R. (2020). Complex post-traumatic stress disorder: a new diagnosis in ICD-11. BJPsych Advances, 26(3), 145-152.
4. Maercker A. (2021). Development of the new CPTSD diagnosis for ICD-11. Borderline personality disorder and emotion dysregulation, 8(1), 7.
5. Franco, F. (2021). Understanding and Treating C-PTSD. Journal of Health Service Psychology, 47(2), 85–93.

[Abstract:0237] [Çocuk Psikiyatri » Diğer]

Mindfulness Practices and Effects in Anxiety

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Rooted in Buddhist philosophy but transformed into an everyday and more accessible tool with simplified applications, mindfulness is briefly defined as the focus on the present moment. In other words, mindfulness can also be defined as individuals being aware of their thoughts and actions. The goal of mindfulness skills is stated to be the individual's ability to manage emotions and thoughts as well as regulate body states and self-regulation skills. Mindfulness interventions have come to the West in a relatively new way for psychological distress and have encouraged research programs into their benefits.

Anxiety disorders constitute one of the largest groups of mental illnesses. Estimated lifetime prevalence rates for anxiety disorders in the United States are just under 30%, with individual prevalence rates topping 5% each for social anxiety, generalized anxiety, panic and agoraphobia, and post-traumatic stress disorder.

Recent meta-analyses suggest that mindfulness-based interventions are effective in treating anxiety and mood disorders and reduce symptoms of anxiety and depression. Experiencing the present moment nonjudgmentally and openly can effectively counter the effects of stressors, as excessive orientation toward the past or future when dealing with stressors can be related to feelings of depression and anxiety. Mindfulness allows individuals to perceive thoughts and events the way they are and keep them away from judging it critically. This presentation will discuss the impact of mindfulness techniques on anxiety.

Keywords: mindfulness, anxiety, meditation

[Abstract:0240] [Çocuk Psikiyatri » Dikkat eksikliği hiperaktivite bozukluğu (DEHB)]

Effects of Mindfulness-Based Interventions in Children and Adolescents with Attention Deficit and Hyperactivity Disorder

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Attention deficit hyperactivity disorder (ADHD) is one of the most common disorders in child and adolescent psychiatry, with a prevalence of over 5%. Inattention and/or hyperactivity-impulsivity are two primary symptoms in children with ADHD. Compared to their peers without ADHD, children with ADHD are at higher risk for multiple adverse outcomes, including poorer social and academic functioning and increased mental health problems. Stimulant medication is the first-line treatment for ADHD and is effective in reducing ADHD symptoms. Behavioral parenting training and cognitive behavioral therapy (CBT) for ADHD are common non-pharmacological interventions for children with ADHD. Mindfulness is one of the potential alternative interventions for children with attention-deficit hyperactivity disorder (ADHD).Mindfulness-based interventions are a promising approach and have received increasing attention in the mental health field. There is evidence from neuropsychological research that supports mindfulness training as a potential treatment specifically for children with ADHD. Mindfulness training can increase an individual's ability to control attention and reduce automatic responses, which can be beneficial for people with ADHD because their impairments lie in their inability to control attention as well as their impulses to act. Studies show that mindfulness training can improve performance on executive function tasks such as attention, working memory, and cognitive control. In addition, some evidence suggests that mindfulness is associated with changes in gray matter concentration in brain regions involved in attention regulation and emotion regulation, as well as neuroplastic changes in brain areas including the prefrontal cortex, which are also areas of abnormality in individuals with ADHD.Mindfulness-based interventions are one of the best options to address the deficits associated with ADHD. Mindfulness focuses on the present moment with attention and emotion regulation, the very regulatory capacities that are impaired in ADHD. ADHD and mindfulness go through similar processes. Children with ADHD have difficulty in sustained attention and impulse control, whereas mindfulness builds the regulatory capacity to observe external and internal stimuli without reacting to them.As many studies have demonstrated the potential benefits of mindfulness-based interventions in the treatment of ADHD, this plenary lecture focusing on mindfulness-based interventions for children with ADHD aims to summarize current researchs.

Keywords: ADHD, Mindfulness, Potential alternative interventions for children with ADHD

[Abstract:0241] [Çocuk Psikiyatri » Psikoterapiler]

Mindfulness applications and effects on depression

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Mindfulness refers to a process leading to a mental state characterized by non-judgmental awareness of the experiences in the present moment, including thoughts, sensations, consciousness, bodily states, and the environment [1]. In recent decades, the clinical community has shown considerable interest in mindfulness as a therapeutic approach, and there is growing evidence suggesting the effectiveness of mindfulness-based interventions in the treatment of mental health problems, such as depression [2]. These interventions can contribute to the improvement of depressive symptoms by enhancing cognitive flexibility and reducing rumination [3,4]. Additionally, neuroimaging research revealed that mindfulness-based interventions can alleviate symptoms in depressive patients through functional and structural alterations in the brain, particularly within regions related to emotional processing, self-awareness, and cognitive control [5]. The present session aims to review the effectiveness of mindfulness-based interventions on depression.

Keywords: depression, effectiveness, mindfulness, mindfulness-based intervention

REFERENCES:

1. Hofmann SG, Sawyer AT, Witt AA, Oh D. The effect of mindfulness-based therapy on anxiety and depression: A meta-analytic review. Journal of Consulting and Clinical Psychology 2010;78(2):169-183.

2. Hofmann SG, Gómez AF. Mindfulness-based interventions for anxiety and depression. Psychiatric Clinics of North America 2017;40(4):739-749.

3. Shapero BG, Greenberg J, Mischoulon D, Pedrelli P, Meade K, Lazar SW. Mindfulness-based cognitive therapy improves cognitive functioning and flexibility among individuals with elevated depressive symptoms. Mindfulness 2018;9:1457-1469.

4. Perestelo-Perez L, Barraca J, Penate W, Rivero-Santana A, Alvarez-Perez Y. Mindfulness-based interventions for the treatment of depressive rumination: Systematic review and meta-analysis. International Journal of Clinical and Health Psychology 2017;17(3):282-295.

5. Eriksson S. The Neural Effects of Mindfulness Interventions on Depression: A Systematic Review. Dissertation. University of Skövde; 2023.

[Abstract:0242] [Çocuk Psikiyatri » Otizm Spektrum Bozuklukları]

Sensory Processing in Children with Autism Spectrum Disorders

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Autism Spectrum Disorder (ASD) is a complex neurodevelopmental disorder characterized by deficits in social communication and the presence of restricted, repetitive behaviors. The prevalence of autism spectrum disorder (ASD) with current reports is 1 in 54 children in the United States and 1 in 89 children in European countries.

Sensory processing is defined as the brain's ability to register, organize, and make sense of information received from one's senses. In this population, dysfunctional or unusual processing of sensory information has been noted since the earliest descriptions of autism. Sensory processing refers to both, the neurological mechanism which includes the reception, modulation, integration, and organization of incoming sensory stimuli and the behavioral response to sensory information. A growing number of clinicians also have proposed atypical sensory symptoms in children be categorized with the diagnostic term Sensory Processing Disorder (SPD), which 's originally conceived as sensory integration dysfunction (Ayres, 1969), is reported to affect between 5%-16% of the general child population. SPD has been acknowledged in Classification:0-3R, 2005, but not in DSM-5.

Sensory processing difficulties or disorder (SPD) have been associated with social, emotional, and behavioral responsiveness in children with ASD are reported across all ages and levels of symptom severity and adversely affect daily functioning, irrespective of the child's intelligence quotient score and academic performance. Such abnormalities have been documented across all sensory modalities and up to 95% of parents of children with ASD report some atypical sensory behavior in their child (e.g., seeming indifference to pain, avoidance of certain sounds or textures, unusual smelling of objects, seeking out visual experiences of lights or movement). Many these individuals may also perform poorly during conditions that require collapsing information across multiple modalities (MSI). Although both behavioral and neurophysiological processing impairments in simple MSI have been reported in ASD, salient differences in sensory integration are also evident at a complex level, particularly during speech comprehension and production. Attention also impacts every stage of sensory processing The discussion of sensory processing in ASD would be incomplete without the consideration of the role of attention on cognitive processing current practice. Acknowledging this, the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association, 2013) lists "hyperor–hypo-reactivity to sensory input or unusual interests in sensory aspects of the environment" as a type of restricted and repetitive behavior. There is limited consensus regarding the pattern of these sensory deficits in ASD. With the advancement of electrophysiological studies, neuroimaging and other innovative technologies, tremendous gains have been made over the past few decades to guide our understanding of the neurobiology of sensory processing. It is hoped that these advancements will provide insight and tailor appropriate and effective intervention in sensory integration and sensory processing to improve participation in people with ASD.

Keywords: Autism Spectrum Disorder, Sensory Processing, Sensory Processing Disorder

[Abstract:0243] [Çocuk Psikiyatri » Travma, stres ve ilgili durumlar]

Complex Posttraumatic Stress Disorder in Childhood: Developmental Trauma Disorder

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The inclusion of posttraumatic stress disorder (PTSD) in diagnostic systems is a significant milestone, as it establishes a clear connection between traumatic experiences and mental disorders. However, diagnosing PTSD in children and adolescents can still be challenging because the diagnostic criteria are based on the symptoms in adults, and these symptoms require a verbal description by the patients. Moreover, traumatic experiences in childhood, such as maltreatment, sexual abuse, and neglect, may not fulfill the 'strict' diagnostic criteria of PTSD [1].

Traumatic experiences in childhood often occur in close environments and can be complex. Recent research has demonstrated that individuals who experienced chronic interpersonal trauma as children are affected differently from those who experienced an assault, disaster, or accident during adulthood [2]. Apart from classic symptoms of PTSD, childhood experiences of interpersonal violence in the context of inadequate caregiving systems may result in heterogeneous symptoms, including somatization, negative self-image, and disturbances in emotional regulation [3]. Moreover, due to these experiences, children may receive different diagnoses, such as attention deficit hyperactivity disorder, conduct disorder, separation anxiety, and phobia [4]. Overall, empirical evidence exhibited that the current diagnostic system is not adequate for many traumatized children receiving psychiatric care; thus, a need has emerged for a novel diagnosis that can capture the clinical presentations of children exposed to chronic interpersonal trauma.

Developmental trauma disorder is a childhood syndrome that is formulated to complement and extend the diagnosis of PTSD. It is characterized by symptoms that include emotional/somatic, cognitive/behavioral, and self/relational dysregulation. These symptoms are documented sequelae of traumatic interpersonal victimization and disrupted attachment bonding with primary caregivers [5].
This presentation aims to address the developmental trauma disorder in the context of complex PTSD.

Keywords: childhood, complex trauma, developmental trauma disorder, posttraumatic stress disorder, PTSD

REFERENCES:
[1] Schmid M, Petermann F, Fegert JM. Developmental trauma disorder: pros and cons of including formal criteria in the psychiatric diagnostic systems. BMC Psychiatry 2013;13:3.
[2] Roth S, Newman E, Pelcovitz D, Van Der Kolk B, Mandel FS. Complex PTSD in victims exposed to sexual and physical abuse: Results from the DSM-IV field trial for posttraumatic stress disorder. Journal of Traumatic Stress 1997;10:539–555.
[3] Spinazzola J, Ford J, Zucker M, van der Kolk B, Silva S, Smith S, et al. National survey of complex trauma exposure, outcome and intervention for children and adolescents. Psychiatric Annals 2005;35(5):433–439.
[4] Van Der Kolk BA, Pynoos RS, Cicchetti D, Cloitre M, D'andrea W, Ford JD, et al. Proposal to include a developmental trauma disorder diagnosis for children and adolescents in DSM-V. Unpublished manuscript 2009. https://www.complextrauma.org
[5] Spinazzola J, Van der Kolk B, Ford JD. Developmental trauma disorder: A legacy of attachment trauma in victimized children. Journal of Traumatic Stress 2021;34(4):711–720.

[Abstract:0248] [Erişkin Psikiyatri » Nörobilim: Nörogörüntüleme-Genetik -Biyobelirteçler]

Neurobiology of Theory of Mind

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Theory of mind (ToM) is one of the components of human social cognition. It refers to the ability to predict someone's thoughts, intentions and next actions based on their emotional expressions and behaviors. The ability of ToM means understanding that others have a mind of their own, but it works similarly to ours.

For a healthy ToM function, many cognitive functions need to be involved: Complex perceptual recognition (face, gaze direction, movements, etc.), attention (set, maintenance), memory, language, executive functions (goal pursuit, moral inference), other social cognitions (emotion recognition, empathy).

Theory of mind can be measured by many measurement methods such as emotion recognition tests (e.g. mind reading from eyes, emotion recognition from voice), director task, false belief task (with pictures or stories), faux-pas, understanding metaphors and ironies, animations and videos, and economic games.

It is argued that the most primitive component and precursor of the theory of mind is agent detection (noticing living and intentional agents). Human beings and many other species do this by recognizing biological motion, usually by seeing moving objects as "living agents". The ability to recognize biological motion is innate. Even infants of a few days old pay more attention to biological motion (light movements generated similar to the movement of animals) than to random motion. In humans, the amygdala, lateral occipital cortex, right superior temporal gyrus and right superior temporal sulcus (STS) are activated during biological motion recognition. Another component of theory of mind is gaze following. Gaze following is considered an evolutionary precursor of theory of mind. Chimpanzees and Rhesus macaques are known to follow the gaze of others to learn the location of hidden objects. In human infants, this ability emerges from 8-12 months of age. Functional imaging studies show that STS is important in the theory of mind, especially in the part of understanding a person's intention by following the gaze.

Emotion recognition is one of the most important components of theory of mind. Evaluating emotional cues in face and voice is very useful in understanding the mental state. Therefore, brain structures that are important in emotion recognition are also important in theory of mind. It is suggested that the fusiform gyrus is more important in recognizing unchanging facial features (facial structure, identity information), while the superior temporal gyrus is important in recognizing changing features such as facial expression. In addition, the amygdala is very effective in the recognition of emotion. The amygdala is definitely activated when looking at face pictures. The amygdala responds especially to facial pictures expressing fear or anger (i.e. threatening) with increased activity.

It is known that the mirror system and the mentalizing system are important in predicting the actions of others, which constitute the basis of cognitive empathy, i.e. theory of mind. Those who argue for the role of the mirror system in the ToM put forward “the simulation theory” that people refer directly to their own minds in understanding the purpose and mental states of others' actions, that is, they understand others by comparing them with the representations of their own actions in their memory.

The mentalizing system, on the other hand, uses previous experiences to understand the other's mind.

It depends on understanding beliefs and thoughts directly, in short, social intelligence and is based on temporal and prefrontal cortex structures. This system consists of temporal endings, temporoparietal border (TPJ), STS, posterior cingulate, precuneus and medial prefrontal cortex (mPFC). In most of the studies, these regions are activated bilaterally during mentalizing tasks.

Keywords: theory of mind, neurobiology, social cognitions

[Abstract:0249] [Erişkin Psikiyatri » Nörobilim: Nörogörüntüleme-Genetik -Biyobelirteçler]

Theory of Mind in Psychiatric Disorders

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Theory of Mind (ToM) is a complex mental function encompassing attention, perceptual recognition, memory, language, executive functions, emotion recognition, and empathy. Each of these cognitive abilities is essential for understanding and predicting the behaviors of others. Though these processes are managed by different brain networks, they generally work together to produce reliable and sufficient judgments about others' mental states and are considered necessary for successful interpersonal interaction (1). Evidence is increasing that deficiencies in social skills play a role in the pathogenesis of many psychiatric disorders (2). Generally, the relationship between ToM and clinical symptoms in psychiatric disorders appears to be bidirectional; ToM disorders can contribute to more severe clinical symptoms, while clinical symptoms can also affect perception, interpretation, and behaviors in social situations (3). ToM was first researched in the field of psychopathology in autism spectrum disorders (ASD) and is currently studied in many diseases such as schizophrenia, bipolar affective disorder, major depressive disorder, attention deficit hyperactivity disorder, etc.

ASD are strongly associated with deficits in ToM skills. It is argued that impairments in the ability of ToM in children with ASD lead to social, behavioral, and communicational deficiencies. Therefore, social dysfunction in ASD could be attributed to delayed or incomplete acquisition of ToM; however, individuals on the spectrum show individual differences in acquiring these skills (4).

Symptoms of attention deficit hyperactivity disorder (ADHD) can resemble autism symptoms. Links have been established between ADHD symptoms, particularly deficiencies in attention and executive functions, and ToM. The predominately inattentive subtype of ADHD is observed to have impaired executive functions. Such a deficiency can disrupt the acquisition of social skills and act as a determinant of social and emotional skill issues in later life. Research indicates that children with ADHD perform worse on emotion recognition tasks compared to healthy controls. Social problem-solving, reasoning, and interpretation of social cues, as well as predicting the behaviors of others, can be problematic for children with ADHD (5).

Literature reviews and meta-analyses consistently indicate impairments in ToM in schizophrenic patients. There is strong evidence of a robust relationship between negative symptoms and ToM impairment in schizophrenia. It is suggested that difficulties in daily functioning and social relations in schizophrenia could be a consequence of impaired ToM skills (6).

Studies show that patients with mood disorders, smilarly to those with schizophrenia, also exhibit impairments in ToM tasks. A meta-analysis of 18 studies measuring ToM in adults with task-based measures found that individuals with a clinical diagnosis of major depressive disorder (MDD) performed poorly, and additionally, more severe levels of depression were associated with greater deficits in ToM performance (7). Findings for patients with MDD in remission are less consistent. Some studies support the existence of a persistent deficit, and ongoing subclinical symptoms may contribute to the persistence of ToM impairments (2). Recent meta-analyses in patients with bipolar affective disorder (BAD) report impairments in ToM and emotion recognition areas of social cognition performance. Especially, manic episodes in BAD patients have been found to be associated with exacerbations of ToM impairments, and ToM impairment seems to persist during euthymic periods as well (8).

Keywords: theory of mind, autism, schizophrenia, depression

References:

1- Pagnoni I, Gobbi E, Alaimo C, Campana E, Rossi R, Manenti R, Balconi M, Cotelli M. The relationship between theory of mind and executive functions in major depressive disorders: A review. Front Psychiatry. 2022 Aug 16;13:980392.

2- Van Neerven, T., Bos, D. J., & van Haren, N. E. (2021). Deficiencies in Theory of Mind in patients with schizophrenia, bipolar disorder, and major depressive disorder: A systematic review of secondary literature. Neuroscience and biobehavioral reviews, 120, 249–261.

3- Thibaudeau, E., Rae, J., Raucher-Chéné, D., Bougeard, A., & Lepage, M. (2023). Disentangling the Relationships Between the Clinical Symptoms of Schizophrenia Spectrum Disorders and Theory of Mind: A Meta-analysis. Schizophrenia bulletin, 49(2), 255–274.
4- Andreou M, Skrimpa V. Theory of Mind Deficits and Neurophysiological Operations in Autism Spectrum Disorders: A Review. Brain Sci. 2020 Jun 20;10(6):393
5- Szamburska-Lewandowska K, Konowałek Ł, Bryńska A. Theory of Mind deficits in childhood mental and neurodevelopmental disorders. Psychiatr Pol. 2021 Aug 31;55(4):801-813.

6- Thibaudeau E, Rae J, Raucher-Chéné D, Bougeard A, Lepage M. Disentangling the Relationships Between the Clinical Symptoms of Schizophrenia Spectrum Disorders and Theory of Mind: A Meta-analysis. Schizophr Bull. 2023 Mar 15;49(2):255-274.
7- Nestor BA, Sutherland S, Garber J. Theory of mind performance in depression: A meta-analysis. J Affect Disord. 2022 Apr 15;303:233-244.

8- Bora E, Bartholomeusz C, Pantelis C. Meta-analysis of Theory of Mind (ToM) impairment in bipolar disorder. Psychol Med. 2016 Jan;46(2):253-64.

[Abstract:0250] [Çocuk Psikiyatri » Dikkat eksikliği hiperaktivite bozukluğu (DEHB)]

The Relationship Between Sensory Processing and Attention Deficit Hyperactivity Disorder

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Sensory Processing (SP) is a widely used terminology in the literature to designate a neurological process, and is defined as the ability of the central nervous system to assimilate, process and organize appropriate responses to information. Sensory modulation is the ability to regulate the degree, intensity and nature of a response to a sensory input. Sensory processing disorders are impairments in responding to sensory stimuli such as impairments in detection, modulation, or interpretation of stimuli. One type of sensory processing problem is sensory over-responsivity or sensory hypersensitivity. That is, individuals respond to sensory stimuli in the way that is faster, longer, or more intense than what is expected. Another form of sensory processing problems is under-responsivity. Individuals with under-responsivity are unaware or they are slow to respond to sensory input. The third type is sensory-seeking, where individuals crave or display interest in sensory experiences. Attention Deficit Hyperactivity Disorder (ADHD) is one clinical condition frequently associated with unusual responses to sensory stimulation Children with ADHD may not receive and process sensory information properly and consequently, have difficulty producing appropriate adaptive responses at school, at home, and in social settings. This condition may affect motor and functional performance, as well as behavioural aspects of children's lives, including their ability to learn, to organize and to maintain appropriate activity levels. Sensory modulation difficulties among ADHD children have been analyzed in some studies using both behavioural and neurophysiology measures.This presentation aims to identify the sensory characteristics of children and sensory processing problems with Attention Deficit Hyperactivity Disorder.

Keywords: Sensory Processing Problems,Attention Deficit Hyperactivity Disorder, Child and Adolescent

[Abstract:0271] [Erişkin Psikiyatri » Diğer]

What is dopamine dysregulation syndrome?

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Dopamine dysregulation syndrome (DDS) was first conceptualised as a distinct syndrome in 2000 and called hedonistic homeostatic dysregulation syndrome (HHDS) [1]. DDS is a condition stemming from the use of long-term dopamine agonist medications (e.g., psychopharmacological agents used in the treatment of Parkinson's disease, restless legs syndrome, prolactinoma). DDS is an addictive pattern of dopamine replacement therapy use, above the prescribed dosage and those required to control motor symptoms [2]. In substance addictions, the reason for drug use is pleasure, whereas in DDS, excessive and compulsive use of dopaminergic drugs is observed to prevent experiencing motor and non-motor negative effects resulting from the cessation of dopamine replacement therapy [3]. For this reason, the term DDS has been used in the later stages. DDS is part of a spectrum of impulse control behaviours with an estimated prevalence of 3.5% in patients attending a movement disorder unit [1]. DDS occurs in Parkinson's Disease patients with a prevalence of about 8.8% [4]. DDS causes severe motor dyskinesias and psychosocial dysfunction. DDS is associated with a psychiatric history such as early onset of Parkinson's disease, male gender, impulsivity, thrill-seeking personality traits, depressive symptoms, and a history of substance use [2]. In the pathophysiology of DDS, sensitization resulting from the excessive stimulation of the brain's natural reward pathways in the mesolimbic system by frequent and excessive use of dopamine replacement therapy is blamed. For the diagnosis of DDS, there must be symptoms severely impairing functionality such as aggression, intolerance, sleep disturbances, hypomanic or manic symptoms, psychotic symptoms, hypersexuality, and pathological gambling for at least 6 months [3]. The management of DDS is quite challenging and requires a multidisciplinary approach involving neurologists and psychiatrists. Increasing awareness of DDS is important in terms of prevention efforts and treatment approach. This presentation will review the etiopathogenesis, risk factors, clinical presentation, and treatment of DDS.

Keywords: dopamine dysregulation syndrome, dopamine replacement therapy, rare syndrome,

REFERENCES:

1) Cartoon J, Ramalingam J. Dopamine dysregulation syndrome in non-Parkinson's disease patients: a systematic review. Australas Psychiatry. 2019 Oct;27(5):456-461. doi: 10.1177/1039856219839476. Epub 2019 Apr 29. PMID: 31032624.

2) Silva C, Rebelo M, Chendo I. CASE: Dopamine Dysregulation Syndrome, mania, and compulsive buying in a patient with Parkinson's disease. Front Neurol. 2023 Nov 20;14:1290653. doi: 10.3389/fneur.2023.1290653. PMID: 38053797; PMCID: PMC10694353.

3) Kamışlı S, Öztoprak E, Kamışlı Ö, Altınayar S, & Özcan C. Pallidotomi sonrası dopamin disregülasyon sendromu gelişen parkinson hastası: Olgu sunumu. Kocatepe Tıp Dergisi. 2019;15(3):312-315.

4) Barbosa P, Djamshidian A, Lees AJ, Warner TT. The Outcome of Dopamine Dysregulation Syndrome in Parkinson's Disease: A Retrospective Postmortem Study. Mov Disord Clin Pract. 2018 Oct 4;5(5):519-522. doi: 10.1002/mdc3.12671. PMID: 30515441; PMCID: PMC6207120.

[Abstract:0273] [Erişkin Psikiyatri » Bağımlılıklar]

"One Hundred and Sixty Thousand Virtual Gambling Sites Were Closed in 2023." Chance, Fate and Gambling

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People play various games from time to time for various reasons, they want to take a break from the ordinary flow of life and their troubles. Life has a playful side. Nevertheless, there is also a side of life that cannot be reduced to " game". In fact, the situations where a probability calculation is required to determine your situation in relation to any issue are not limited to 'buying a ticket'. Even if you do not make an application with your voluntary consent, even if you do not buy a ticket, just because you are a human being, you are included in many contingencies in the life.

The person suffering from gambling addiction is a more fanatical carrier of the modern mind with its intolerance of the uncontrollable nature of life, of the potential of human beings to make decisions in different ways at a given moment, of uncertainty. So, it seems to us more appropriate to classify problem gambling as one of the 'behavioural addictions' in the latest classifications, to investigate it in all its aspects and to try to develop an appropriate approach to it. At present, psychological sciences and psychiatry do not focus on the elementary behaviour at the root of addictions, but on the forms in which they are diseased. We would like to point out that if we do not make an effort to understand the behaviour at the root of the disorder and its causes, we will be overlooking the fact that many behaviours and spiritual beliefs which we regard as games of chance and entertainment are in fact gambling, and we will be ignoring the basis for pathological gambling. The difference between casual gambling and pathological gambling lies in the mindset of the individual.

Chance and uncertainty are inherent in human existence. The gambler suspends his sense of freedom and responsibility in the face of life and attempts to live life in a sense of certainty. The gambler does not play, he is sure that he will win. In our opinion, the mood of 'being sure of winning' provides a clue to recognise the gambling addict. In every game, there is a hope of winning, and it gives a game its flavour. The hope of winning also applies to games of chance. However, although they are often confused with each other, the 'sure-to-win' state of mind, which is almost characterological for gambling addiction, has nothing to do with the hope of winning in a simple game. The gambler's 'sure-to-win' state of mind is not the same as the elevated, grandiose state of mind seen in some psychiatric disorders. This state of mind is more reminiscent of a severe thought disorder, a delusion. The only difference from delusion is that it is cyclical, it lasts for a while after winning, but when it reaches the point of losing everything in hand, it partially settles down until a second episode.

Keywords: gambling, chance, fate

REFERENCES:

Göka,E.(2023).Hayat Oyunu.Kapı Yayınları

[Abstract:0275] [Çocuk Psikiyatri » Travma, stres ve ilgili durumlar]

Posttraumatic Growth and Dizziness Syndrome After an Earthquake

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Experiencing natural disasters such as earthquakes can have adverse mental health effects, including depression, post-traumatic stress disorder (PTSD), and anxiety. In addition, many people in the epicenter and surrounding areas have experienced dizziness following earthquakes. This phenomenon has been termed post-earthquake dizziness syndrome (PEDS). The dizziness was similar to seasickness or car sickness and occurred even in the absence of aftershocks. This phenomenon has been variously referred to as phantom earthquake syndrome or post-earthquake dizziness syndrome (PEDS). Dizziness is a symptom that can significantly affect people's quality of life, and it is important to diagnose and treat it. This presentation aims to summarize studies on post-earthquake dizziness syndrome (PEDS) and its relationship with psychiatric symptoms in adolescents.

Stress and trauma research has traditionally focused on negative sequelae of adversity. Recently, research has begun to focus on positive outcomes, specifically posttraumatic growth (PTG) - "positive change experienced as a result of the struggle with trauma" - which emphasizes the transformative potential of one's experiences with highly stressful events and circumstances. The positive changes of PTG are generally thought to occur in five domains: new possibilities, relating to others, personal strength, appreciation of life, and spiritual change. While research has traditionally focused on the negative effects of trauma, it is also important to examine positive outcomes such as posttraumatic growth (PTG). PTG is the positive change that people experience as a result of their struggle with trauma and is a transformative response to highly stressful and/or traumatic events. PTG is not a result of the event itself, but results from the psychological struggles of dealing with the aftermath of highly challenging events or major life crises. As more and more attention is paid to PTG,research has also begun to explore correlates and predictors; have been found to be important determinants of positive changes. In this presentation, we aimed to summarize the studies on PTG on post-earthquake adolescents and what their predictors are.

Keywords: post-earthquake dizziness syndrome, posttraumatic growth, post-traumatic stress disorder

[Abstract:0277] [Çocuk Psikiyatri » Adli Psikiyatri]

Forensic Psychiatric Evaluation and Report Results of Adana City Training and Research Hospital Adolescent High Security Forensic Psychiatry Cases

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According to the Child Protection Law, a child who is being investigated or prosecuted for allegedly committing an act defined as a crime by law, or for whom a security measure has been taken due to the act he has committed, is called a "child dragged into crime". Children dragged into crime are defined as the high risk they pose for adult crime and their individual It has become an important research topic due to its negative consequences. Child and adolescent delinquency; It can be considered as a multidisciplinary problem with its legal, psychological and social aspects in terms of its causes and consequences. The fact that this phenomenon is increasing all over the world has brought protective and supportive services to the agenda in order to protect adolescents from crime and prevent the recurrence of crime. One of these protective and supportive services is High Security Forensic Psychiatry Hospitals. High Security Forensic Psychiatric Hospitals; located separately from the general hospital building with increased security level within the city hospital campus, which houses closed psychiatric services for Protection-Treatment and Observation purposes, where medical services and reporting procedures of people sent by judicial authorities for the purpose of performing Forensic Psychiatric procedures are carried out on an outpatient basis or inpatient for observation purposes. units. In this presentation, it is aimed to share the sociodemographic characteristics, report results and report samples of 81 adolescents who were hospitalized in a five-year period at the Adolescent clinic, which has been serving only in Turkey since 2018 at the Ministry of Health University Adana City Hospital campus.

Keywords: High Security Forensic Psychiatric Hospitals, child dragged into crime,forensic psychiatry

[Abstract:0278] [Erişkin Psikiyatri » Diğer]

Dissociative Identity Disorder and False Memory

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Dissociative Identity Disorder (DID) exhibits anomalous memory function, as noted since its inception in clinical scrutiny. Janet in the 19th century identified memory disturbances as pivotal, defining DID's nature. Ellenberger later outlined directional awareness levels between personalities in early DID cases. Putnam classified DID types based on one-way and two-way amnesia. Complex cases involve both, as Janet observed. Modern classification integrates Ellenberger's levels. Memory dysfunction is a hallmark, crucial for diagnosis. Putnam delineated five memory abnormalities in DID, including indecision about the authenticity of recalled information, termed "False memory."

False memory, on the other hand, refers to the phenomenon where individuals recall events that did not occur or distort actual events in their memory. This can happen due to suggestions, leading questions, or other external influences. In the context of DID, false memories can be particularly significant. Individuals with DID may experience fragmentation of their memory due to the presence of multiple identities, leading to inconsistencies or gaps in their recollection of events. Additionally, these individuals may be more susceptible to suggestion or influence from others, which can contribute to the formation of false memories. Understanding the interplay between dissociative identity disorder and false memory is crucial for clinicians and researchers in accurately assessing and treating individuals with DID. It highlights the importance of carefully evaluating memory recall and considering the potential influence of both internal and external factors on the formation of memories in individuals with this disorder.

Keywords: Dissociative Identity Disorder, False Memory, pseudomemories

[Abstract:0289] [Erişkin Psikiyatri » Diğer]

Dissociative Identity Disorder and Susceptibility to Suggestion

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Dissociative Identity Disorder (DID) is positioned at the extreme end of the dissociative disorders spectrum, and its etiology is multifactorial. Strong evidence supports the presence of a history of childhood trauma in individuals with DID. In addition to a trauma history, studies also support the hypothesis that suggests the role of a person's hypnotic suggestibility in the etiology of DID. Furthermore, there is an indication that the symptoms of DID can be iatrogenically induced through suggestion in highly suggestible individuals. In this context, DID can be considered as the unconscious misuse of autohypnotic defense mechanisms employed to cope with childhood trauma during both childhood and later stages of life. The level of suggestibility has been shown to be associated with the severity of dissociation and self-harming behaviors in patients with DID. In summary, the level of suggestibility plays an important role in the etiology, mechanism, severity, and treatment of Dissociative Identity Disorder.

Keywords: Dissociation, Dissociative Identity Disorder, Hypnotizability, Suggestion, Trauma

[Abstract:0308] [Çocuk Psikiyatri » Diğer]

A new, computerized risk screening survey: ÇERİTA

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It is very important to determine the frequency of mental problems in these age groups in order to be able to screen for mental problems in the field of child and adolescent mental health and to create treatments for these problems. However, the small number of mental health specialists working in this field, inadequate training, and difficulties in reaching large samples create difficulties in identifying and diagnosing cases.

In the evaluation of child and adolescent mental problems, in addition to the information received from the family, obtaining information from many different sources such as school counselors and class teachers contributes to a more accurate handling of the problem. However, the difficulties experienced in communicating with different sources constitute an obstacle to the evaluation of children and adolescents in areas other than the home environment, such as the school environment and the environment of friends.

The scales used for screening and diagnosing mental problems in the field of child and adolescent mental health are very limited in terms of the ease with which parents can provide information.

One of the difficulties encountered in the screening of mental problems is the perception of the parent filling out the scales used for screening. From time to time, there is a tendency to overestimate or underestimate the problems.

In the screening of child and adolescent mental problems, difficulties such as the concerns of families about the psychiatric process, the tendency to hide problems or unwillingness to participate in screening studies are encountered.

Keywords: risk screening, limitations, child and adolescent psychiatry

[Abstract:0309] [Çocuk Psikiyatri » Diğer]

A New, Computerized Risk Screening Survey: ÇERİTA

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A question pool was created by evaluating the information obtained from the literature review and expert opinions. While creating the question pool, previously developed and used scale questions in this field were reviewed and the areas that should be considered in terms of risk screening in the literature were taken into consideration. A computerized risk screening questionnaire was prepared from the questions created. Children aged 0-6 years who were admitted to the Moodist Hospital were included in the study. The questionnaire was administered to the participants in a completely anonymous manner, without entering their computational and identity information.

The Child Adolescent Mental Risks Screening Questionnaire (ÇERİTA), a computerized scale created by the authors, was used in the study. It consists of a computational scale that identifies mental problems and examines accompanying factors. The scales included in ÇERİTA that detect mental problems are as follows; early childhood aggression and anger dysregulation disorder, autism spectrum disorder, attention deficit and hyperactivity disorder, tic disorders, enuresis - encopresis, sleep disorders, separation anxiety disorder, selective mutism, social anxiety disorder, generalized anxiety disorder, depressive disorders, general development - (language and drawing), eating disorders, impaired functioning and prosocial behaviors.

The questions are Likert type. It contains many questions, but the questions contain skips, thus creating a personalized form. In some scales, if the answers are below the threshold score, follow-up questions are not opened.

It is thought that ÇERİTA will play an important role in treatment processes for risk identification. It is an important tool for the clinician not to miss a mental problem in the patient or client. The clinician evaluates the risks identified and provides an opportunity for further examination.

Keywords: application, psychometrics, future

[Abstract:0310] [Erişkin Psikiyatri » Diğer]

Social Skills, Social Anxiety and Personality Styles

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Social skills are defined as 'different classes of social behaviors in the individual's repertoire to cope appropriately with the demands of interpersonal situations' (1). They are associated with a set of tasks that enable individuals to maintain social functioning in various contexts and behave appropriately in different environments, such as school, home, work, and shopping. These tasks encompass both verbal and non-verbal behaviors, spanning various areas, including effective communication, relationship maintenance, and expressing needs. Social skills are considered fundamental to individuals' social adaptation processes and functionality (2).

A lack of social ability or impairment in social skills can significantly impact individuals' social functionality and adaptation abilities. Social skills problems adversely affect a person's interactions and adaptability, not only impairing functionality across various areas but also opening the door to various psychopathological processes. The hindrance in social skills is acknowledged as a crucial aspect of social anxiety disorder (SAD). Individuals experiencing social anxiety tend to be excessively preoccupied with the idea that others will evaluate them negatively. They exhibit an intense, persistent fear of potential ridicule or embarrassment, and they dread the potential consequences of negative evaluations by others, such as rejection (3). People with SAD may exhibit a lack of social ability, along with inadequate performance due to behavioral inhibition associated with heightened anxiety and negative affect (4). The purpose of this prensentation is to discuss how social skills differ in social anxiety and in different personality styles.

Keywords: social skills, social anxiety, personality styles

REFERENCES:

1.Del Prette, A. & Del Prette, Z. A. P. (2001). Psicologia das relações interpessoais: Vivências para o trabalho em gru- po. Rio de Janeiro: Vozes.

2. Angélico, A. P., Crippa, J. A. D. S., & Loureiro, S. R. (2013). Social anxiety disorder and social skills: A critical review of the literature. International Journal of Behavioral Consultation and Therapy, 7(4), 16.

3. Voncken, M. J., Dijk, C., de Jong, P. J., & Roelofs, J. (2010). Not self-focused attention but negative beliefs affect poor social performance in social anxiety: An investigation of pathways in the social anxiety–social rejection relationship. Behaviour Research and Therapy, 48(10), 984-991.

4. Furmark, T. (2000). Social phobia. From epidemiology to brain function. Acta Universitatis Upsaliensis. Comprehen- sive Summaries of Uppsala Dissertations from the Faculty of Social Sciences 97. Uppsala. 72 p. ISBN 91-554- 4873-9.

[Abstract:0325] [Çocuk Psikiyatri » Diğer]

An overview of child mental health problems risk screening tools

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There are some difficulties in assessing the risk of mental health problems in children and adolescents, who have a constantly changing and differentiating structure physically and spiritually. Normality, temperament characteristics and biological characteristics make it difficult to assess the psychological risk of children and adolescents. Risk screening tools will enable children and adolescents to reach a mental health worker early, and repeating the scale at regular intervals will be useful for follow-up. The scales used in this field generally screen for mental problems in a specific area. However, there are limitations in using tools filled out by parents, as they may not cover all mental illnesses simultaneously in the screening process.

Keywords: adolescent, children, mental problems, risk

[Abstract:0368] [Erişkin Psikiyatri » Diğer]

Dissociative Identity Disorder and Borderline Fantasies

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BACKGROUND AND AIM: Dissociative identity disorder (DID) is a mental disorder defined by the presence of more than one personality state within an individual. In the spectrum of dissociative disorders DID is placed in the extreme end. There are two notions in the aetiology of DID: trauma model states that DID is a severe form of post-traumatic stress dissorder (PTSD) originating in severe and chronic (childhood) traumatisation, where as the fantasy model postulates that DID is predominantly due to suggestion and enactment and is facilitated by high levels of fantasy proneness and suggestibility. Like DID, borderline personality disorder (BPD) is considered among trauma related disorders and individuals with BPD are found prone to suggestibility and they use fantasies as a coping mechanism. They use fantasies to protect themselves from their damaging thoughts and troubled memories which can lead to destrucitive behavior such as self-harm. They use fantasies as a protection from reality, while they believe it is a better alternative. Borderline fantasies is a way out which they use to escape the the invasive thoughts and memories of trauma they experienced as a child (being bullied, criticized or abused). The safe world of fantasies and idea of “mighty fantasy me” may cause the individual to want the fantasy version of themeselves to became the reality for the people around them. So they end up making scenerios in their heads and sharing these scenarios with people around them. Both dissosicative alters and borderline fantasies serve the individual to cope with the reality they can not handle themselves.

Keywords: borderline fantasies, dissociative identity disorder, trauma

[Abstract:0369] [Erişkin Psikiyatri » Perinatal psikiyatri]

Focusing On Fathers: The Significance of Paternal Mental Health During The Perinatal Period and Potential Interventions

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Perinatal mental health screenings typically focus on women who experience psychiatric issues during pregnancy or postpartum, or who have been diagnosed with an illness before pregnancy. However, over the past decade, there has been an increase in awareness of the struggles fathers face during this period, leading to a shift from women-focused mental health interventions to more family-focused approaches.

Fathers play a critical role in the lives of both mothers and children during the perinatal period. Changes in certain hormones or mechanisms specific to the brains of fathers who spend time caring for their children have been demonstrated (1,2). While attachment studies often focus on the mother-infant relationship, the importance of attachment with fathers and other caregivers is also emphasized (3). Pregnancy and childbirth are risky periods for mental health of fathers as well as mothers, since fathers, too, experience a mix of emotions such as anxiety, helplessness, pride, and happiness, as the physical, social, and economic responsibilities increase (4).

Depression and anxiety are reported to be the most common issues faced by fathers during the perinatal period (5). While the prevalence rate of paternal depression is reported to be approximately 8.4%, there are studies suggesting that this rate is higher for first-time fathers. The presence of maternal depression, difficulties in couple relationships, and psychosocial and biological factors pose risks for paternal depression (6). In perinatal paternal depression, excessive self-criticism, irritability, and aggression are more prominent than a low mood. The prevalence of anxiety among fathers is reported to range between 3.4% and 25.0% during the prenatal period and between 2.4% and 51.0% during the postnatal period (7). These prevalence rates indicate the need to focus on fathers' mental health issues.

Father's mental health issues can lead to emotional and behavioral problems that may arise in infant and child development. It is associated particularly with increased aggressive behaviors in male children. Depressive fathers, being withdrawn and less stimulating, negatively affect the social and cognitive development of children, while anxious fathers raise less exploratory and more anxious children (8).

Fathers are less likely to express their mental health problems and seek help. Therefore, the need for interventions aimed at developing group workshops, psychoeducation, and psychological support networks tailored for fathers during pregnancy, childbirth, and the postpartum period, and development of inclusive mental health services for the entire family, should be emphasized.

Keywords: Perinatal mental health, paternal depression, paternal anxiety

[Abstract:0398] [Çocuk Psikiyatri » Diğer]

A New, Computerized Risk Screening Survey: ÇERİTA

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The Child and Adolescent Mental Health Risk Screening Survey (ÇERİTA) is a scale developed to screen for multiple mental illness risks and accompanying factors simultaneously. ÇERİTA primarily serves as a risk screening tool but also provides clear information for diagnosis. It selects the most common mental health issues and determines a threshold score for each mental problem, thus identifying the likelihood of that mental issue. Moreover, it also assesses the severity of the mental problem, providing information to the clinician not only about the risk of mental illness but also about its severity. ÇERİTA reveals risk factors that may affect the patient's or client's mental health, including personality and certain behavioral characteristics, psychological resilience, lifestyle, social support, family history, relationships, and physical condition. This multidimensional approach allows the clinician to evaluate the patient/client from various aspects.

Keywords: Adolescent Mental Health, screen, mental illness risks

[Abstract:0402] [Çocuk Psikiyatri » Diğer]

Adolescent and family risk factors associated with TFA, and offenders characteristics

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Technology-Facilitated Abuse (TFA) is a term encompassing various forms of abuse facilitated by the use of digital technologies. This term denotes aggressive, stalking, or harassing behaviors conducted through the assistance of the internet and other digital technologies. Research initially focused on children and young people but has expanded over time to include every age group, encompassing both youth and adults. Subtypes under the umbrella of TFA include cyberbullying, sexual exploitation, online harassment, technology-facilitated sexual violence, and digital coercive control. Such forms of abuse can involve individuals being exposed to various dangers through digital tools. Unfortunately, cases of technology-facilitated abuse among teenagers are quite common. Adolescents, who frequently use digital technologies, may be exposed to various risks in this situation.

Parents, teachers, and professionals working with young people should adopt education and communication strategies to help teenagers be aware of online safety issues. Additionally, establishing open communication about their online experiences and ensuring awareness of potential risks is crucial.

Groups more susceptible to technology-facilitated abuse among teenagers can have a wide range, and situations may vary from individual to individual. Similarly, the profile of individuals engaging in technology-facilitated abuse can be quite diverse.
The presentation will discuss adolescent and family risk factors associated with Technology-Facilitated Abuse (TFA) as well as the characteristics of perpetrators.

Keywords: Technology-Facilitated Abuse, adolescents, family

[Abstract:0403] [Erişkin Psikiyatri » Psikofarmakoloji]

The Role of Omega-3 in Adult Psychiatric Disorders

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Omega-3 in the body; It is included in the structure of the cell membrane, such as phospholipid component (dendritic and synaptic activity), neutorophic factor (myelination, neurogenesis, neurotransmission), anti-inflammatory (PPAR-γ, AMPK, NF-κB), and retinoid X receptor that reduces free radical formation.

In a review conducted in Italy in 2019, low-dose EPA/DHA combination was shown to be beneficial in the elderly depressed group. EPA and DHA have been shown to be effective in reducing depressive symptoms in unipolar depression. Studies have found that the combination of high doses of EPA and lower doses of DHA is more effective in depression. It was recommended in the CANMAT guideline that it can be used as second-line monotherapy for mild to moderate MDD and as adjunctive therapy to antidepressants for moderate to severe MDD. A Cochrane study published in 2021 found that ω-3 PUFAs had a small to moderate positive effect compared to placebo, and were more beneficial in people with severe depression. A meta-analysis conducted in China in 2021 concluded that Omega-3 polyunsaturated fatty acids generally have a small to moderate beneficial effect on symptoms of depression, and that forms with EPA ≥60% with dosages below 1 g/day may have beneficial effects on depression. In the review published in England in 2023, there was a significant decrease in the severity of depression with High EPA interventions, EPA was most effective at ≥60% of total EPA + DHA and doses of 1 to 2 g/day, EPA increased anxiety levels at doses above 2g. has been shown to be associated with a decrease in

Inflammatory mechanisms play an important role in the pathophysiology of bipolar affective disorder. It has been shown that there is a decrease in erythrocyte membrane levels of BAB omega-3 fatty acids. In the study published in Italy in 2019, 7 randomized controlled studies, 4 reviews, 2 meta-analyses were examined, EPA and DHA were used in two studies. has been shown to have a significant effect on depressive symptoms in bipolar disorder. In a study published in Iran in 2016, it was observed that there was a decrease in the severity of mania in the group taking ω-3 compared to placebo. In a 6-month randomized controlled study conducted in China in 2023, omega 3 supplements were shown to reduce the recurrence of bipolar depression. A 52-week follow-up study published in 2020 found that there was little evidence that Omega-3-PUFA supplementation provided prophylactic benefit in bipolar disorder.

It is known that ω-3, where inflammatory cytokines increase in anxiety disorders, affects anxiety symptoms through IL6, BDNF and cortisol modulation. The following results were obtained in a meta-analysis published in China in 2018. It was revealed that patients who received omega-3 PUFA treatment had a significantly better relationship between treatment and reduced anxiety symptoms than those who did not. Omega-3 PUFA treatment was significantly effective versus placebo. Omega-3 doses above 2g had a significant effect on improving anxiety symptoms. Anxiety symptoms decreased more in the subgroup with EPA percentage below 60%.

Keywords: omega, depression, bipolar affective disorder

[Abstract:0406] [Erişkin Psikiyatri » Yeme bozuklukları]

Insight in Eating Disorders

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Eating disorders (EDs) are disabling diseases which significantly impair physical health. Beliefs relating to body weight and shape are distorted in EDs. Delusionality of body image beliefs can range from delusional to completely insightful. In a study, 24% of individuals with AN was identified as having delusional body image beliefs (1). In clinical practice, patients who has a significant denial of weight loss are described as delusional anorexia nervosa (AN). However, no insight specifier is included in EDs in the Diagnostic and Statistical Manual of Mental Disorders-5th edition.

Delusional body image was shown to be associated with restrictive eating behavior and body dissatisfaction in patients with AN. Poor long-term outcome and high rates of relapse has also been shown to be associated with lack of insight in AN. In bulimia nervosa (BN) poor insight was found to be associated with more intense dietary behaviors and shorter illness duration (2).

Poor insight was shown to be associated with illness severity, body dissatisfaction, and low self-esteem in a sample consisted of both patients with AN and patients with BN in a recent study (3). While no difference between AN and BN was shown in terms of insight levels in this study, there is also another study showing that patients with AN have poorer insight levels than patients with BN (2).

In a study which investigated insight prospectively in AN, minimum and ideal subjective body mass index (BMI) and premorbid intelligence were shown to be associated factors with poor baseline insight. Higher value of the minimum lifetime BMI was found predictive of increased insight. A reduced level of depression was shown to be associated with improved insight. In this study, it was shown that the level of insight revealed no improvement after four months of care (4).

Further studies are needed to improve our understanding in insight in EDs and to enhance treatment strategies.

Keywords: Anorexia nervosa, Bulimia nervosa, Insight

References

1. Steinglass JE, Eisen JL, Attia E, Mayer L, Walsh BT. Is anorexia nervosa a delusional disorder? An assessment of eating beliefs in anorexia nervosa. J Psychiatr Pract. 2007;13(2):65-71.

2. Konstantakopoulos G, Varsou E, Dikeos D, et al. Delusionality of body image beliefs in eating disorders. Psychiatry Res. 2012;200(2-3):482-488.

3. Şenay O, Yücel B. Evaluation of Insight, Self-Esteem, and Body Satisfaction in Eating Disorders. J Nerv Ment Dis. 2023;211(3):233-237.

4. Gorwood P, Duriez P, Lengvenyte A, Guillaume S, Criquillion S; FFAB network. Clinical insight in anorexia nervosa: Associated and predictive factors. Psychiatry Res. 2019;281:112561.

[Abstract:0407] [Çocuk Psikiyatri » Dikkat eksikliği hiperaktivite bozukluğu (DEHB)]

Neurodevelopmental Disorders

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Neurodevelopmental disorder is a term used to describe a group of diagnoses in the DSM-5 and ICD-11 diagnostic classificatory systems. This diagnostic grouping includes conditions such as Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD), communication and learning problems among others although the term neurodevelopmental disorder is used much more broadly by some. They encompass disorders that typically manifest early in development.

Many of the conditions that are considered neurodevelopmental have features in common and I will discuss the rationale for grouping them. However, there is also research and public interests that challenge our current conceptualisations and I will discuss these. These challenges include the following: (1) Neurodevelopmental disorders do not behave as clear-cut diagnostic categories; (2) People with the same diagnosis are very different to each other; (3) There are strong links and overlaps with mental health disorders; (4) Age-at-onset and recognition are variable; and (5) There is growing interest in the concept of neurodivergence or neurodiversity. As well as presenting research findings I will discuss the clinical and service implications.

Keywords: ADHD, autism, neurodevelopmental disorders, heterogeneity

[Abstract:0408] [Erişkin Psikiyatri » Psikoterapiler]

Effects of Online Meditation on Mild Cognitive Impairment and Mild Dementia: Protocol of a Feasibility Trial

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In the United Kingdom, dementia is a pressing issue affecting an estimated 850,000 individuals, with NHS England reporting an annual economic burden of £23 billion, a figure expected to triple by 2040. Delaying dementia onset by just one year could potentially reduce cases by 9.2 million by 2050. However, despite advancements in medical management, there remains a lack of definitive curative interventions for Mild Cognitive Impairment (MCI), an intermediate stage between cognitive health and dementia. Hence, alternative non-pharmacological therapies, such as mindfulness interventions, are gaining attention.

Mindfulness interventions have shown promise in various aspects of cognitive health in individuals with MCI and dementia. However, the outcomes of online group-based mindfulness programs for this population remain underexplored. This study aims to address this gap by investigating the feasibility, acceptability, and preliminary effects of an online mindfulness intervention among older adults with MCI and mild dementia in South London.

The study employs a mixed-method qualitative-quantitative design. Key methods include assessing enrollment rate, program participation, retention, compliance, and acceptability of the intervention through qualitative interviews conducted within four weeks of program completion. Participants' cognitive function, resilience, and psychosocial outcomes will also be measured.

The study anticipates that online mindfulness meditation will be feasible and acceptable for older adults with MCI and mild dementia. Potential outcomes may include improved enrollment rates, high program participation, satisfactory retention, and positive feedback from qualitative interviews. Additionally, improvements in cognitive function, resilience, and psychosocial outcomes are expected. These findings could inform the development of future interventions aimed at enhancing the well-being of individuals with MCI and mild dementia.

Keywords: mindfulness, dementia, protocol

[Abstract:0411] [Erişkin Psikiyatri » Kişilik bozuklukları]

Dissociative Identity Disorder and Memory Functions

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Autobiographical memory disturbances are prevalent in individuals with Dissociative Identity Disorder(DID), with significant disruptions observed in the retrieval of personal experiences and identity-related information. Studies have highlighted the presence of dissociative amnesia, where traumatic memories are compartmentalized and inaccessible to certain identities while accessible to others. Furthermore, individuals with DID often exhibit impairments in explicit memory, affecting their ability to consciously recall information, particularly during periods of identity switching or dissociative episodes.

On the other hand, research suggests that implicit memory, involving unconscious recollection of past experiences, remains relatively intact in individuals with DID. This dissociation between explicit and implicit memory systems underscores the complexity of memory processes in DID and challenges traditional conceptualizations of memory dysfunction in psychiatric disorders. Neuroimaging studies have provided valuable insights into the neural correlates of memory dysfunction in DID, implicating alterations in regions associated with memory encoding, consolidation, and retrieval, including the hippocampus, amygdala, and prefrontal cortex. Additionally, alterations in neurotransmitter systems such as dopamine and serotonin have been implicated in memory disturbances observed in DID.

Dissociative Identity Disorder is intricately linked with disruptions in memory functions, encompassing autobiographical memory deficits, explicit memory impairments, and alterations in neural mechanisms underlying memory processing. Further research exploring the complex interplay between dissociation and memory in DID is essential for advancing our understanding of this enigmatic disorder and informing targeted therapeutic interventions.

Keywords: Dissociative Identity Disorder, Memory Functions, Neural Correlates

[Abstract:0412] [Erişkin Psikiyatri » Non-biyolojik tedaviler]

Areas of use of TMS in Parkinson's and Parkinson's Depression

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Transcranial Magnetic Stimulation (TMS) has emerged as a promising therapeutic tool in the management of Parkinson's disease (PD) and Parkinson's depression (PD-D), offering non-invasive neuromodulatory effects on cortical excitability. In PD, TMS holds potential as an adjunctive therapy to conventional treatments, targeting motor symptoms such as bradykinesia, rigidity, and tremor. Studies have demonstrated the efficacy of repetitive TMS (rTMS) over the primary motor cortex (M1) and supplementary motor area (SMA) in improving motor function and reducing motor fluctuations in PD patients, with lasting effects beyond the stimulation period.

Beyond motor symptoms, TMS shows promise in addressing cognitive impairments frequently associated with PD, including executive dysfunction and attentional deficits. By targeting specific cortical regions implicated in cognitive processing, such as the dorsolateral prefrontal cortex (DLPFC) and parietal cortex, TMS interventions have been shown to enhance cognitive performance and mitigate cognitive decline in PD.

Furthermore, TMS holds potential as a therapeutic avenue for managing comorbid depression in PD patients (PD-D), offering a non-pharmacological alternative with fewer systemic side effects. Stimulation of the dorsolateral prefrontal cortex (DLPFC) using rTMS has been shown to alleviate depressive symptoms, restore mood regulation, and improve quality of life in PD-D patients, underscoring its utility as a complementary treatment modality.
Neuroimaging studies have provided valuable insights into the neurobiological mechanisms underlying the therapeutic effects of TMS in PD and PD-D, elucidating alterations in cortical excitability, neuroplasticity, and neurotransmitter systems following stimulation.
TMS represents a versatile therapeutic approach in the management of Parkinson's disease and Parkinson's depression, offering targeted neuromodulation of cortical circuits implicated in motor, cognitive, and affective functions. Further research exploring optimal stimulation parameters, long-term efficacy, and personalized treatment approaches is warranted to maximize the clinical utility of TMS in these populations.

Keywords: Transcranial Magnetic Stimulation, Parkinson's disease, Parkinson's depression, non-invasive neuromodulatory effects

[Abstract:0413] [Erişkin Psikiyatri » Perinatal psikiyatri]

Screening and managing mental illnesses in perinatal women

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The perinatal period is considered a sensitive transition period that necessitates adaptation to numerous physical and psychological changes. Pregnancy preparation, childbirth, and the initial years thereafter warrant scrutiny concerning the adaptation of both the mother, father, and the entire family to the arrival of the new member. Plans formulated to welcome a baby into the world should encompass both physical aspects (such as stability of the general medical condition, sleep, nutrition, etc.) and psychological dimensions (including the motherhood experience and the woman's own new psychological processes), along with the family's preparation for the new situation.

Until recently, various studies have presented data on how childbirth can precipitate psychological issues in mothers. The postpartum period is deemed high-risk for several mental illnesses, notably depression, anxiety, and postpartum psychosis. In light of more recent research, DSM-5 has revealed that this high risk should also encompass the prenatal period, and a significant portion of postpartum psychopathologies actually commence during the prenatal period. Given the potential adverse effects of untreated mental health issues on the mother, baby, family, and society as a whole, it is imperative to screen and detect early signs of possible mental disorders before childbirth. Many countries already conduct routine obstetric and postnatal pediatric checks, making it feasible to implement such screenings. Ensuring the validity and reliability of screening tools, along with systematic follow-up and monitoring, and the application of evidence-based treatment protocols are essential for effectively managing perinatal processes.

Commonly used screening scales for mental conditions include the Edinburgh Postnatal Depression Scale, Patient Health Questionnaire-9 (PHQ-9), Postpartum Depression Screening Scale, Beck Depression Inventory, Beck Anxiety Inventory, and Bipolar Spectrum Diagnostic Scale. Additionally, laboratory investigations and detailed physical examinations should not be overlooked during screening, as organic pathologies may manifest with psychiatric symptoms. Interventions for mild to moderate symptoms encompass psychoeducation, peer support, involving family members in support systems, and psychotherapy, all of which have been demonstrated to be effectively delivered through digital tools. In some moderate to severe clinical conditions, antidepressants, antipsychotics, anticonvulsants, and benzodiazepines may be necessary, considering their cost-effectiveness, metabolic state of the woman during the perinatal period, and their effects on the fetus and infant during breastfeeding. The development and widespread adoption of methods with a higher level of evidence regarding screening and treatment will be advantageous in managing potential difficulties through early diagnosis and intervention.

Keywords: management, mental illness, perinatal, screen

REFERENCES:

1. Nakidde, G., Kumakech, E., & Mugisha, J. F. (2023). Maternal mental health screening and management by health workers in southwestern Uganda: a qualitative analysis of knowledge, practices, and challenges. BMC Pregnancy and Childbirth, 23(1), 477.
2. Falek, I., Acri, M., Dominguez, J., Havens, J., McCord, M., Sisco, S.,. & Hoagwood, K. (2022). Management of depression during the perinatal period: state of the evidence. International Journal of Mental Health Systems, 16(1), 1-16.
3. Wells, T. (2023). Postpartum depression: screening and collaborative management. Primary Care: Clinics in Office Practice, 50(1), 127-142.

[Abstract:0422] [Çocuk Psikiyatri » Diğer]

What's True About Intelligence: Myths and Facts

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There are many myths about intelligence. We are examining these.

1- Are late talkers smarter?

In one study, all oral and written language measures revealed consistent patterns in which 'early' talkers had the highest level of performance and 'late' talkers had the lowest level of performance. However, Thomas Sowell, in his book titled "The Einstein Syndrome: Bright Children Who Talks Late", states that some of the children who talk late are mistakenly diagnosed with autism and that this condition is actually Einstein syndrome. However, this is not an official diagnosis in DSM-5 and there are not enough studies on this subject.

2- Are people with ASD smarter?

A study observed, within ASD individuals with 38.2% below average intelligence, 40% with above average intelligence and 21.8% with an average intelligence. The reason why people with autism are considered to be gifted may be individuals with savant syndrome, which is associated with autism. It should be noted that not all savants have autistic disorders and not every autistic patient is a savant. In general, about 10% of autistic people show savant abilities. About 50% of people with savant syndrome have autism.

3- Eating walnut increases intelligence as walnut is like the brain

In the transgenic AD mouse model have reported the beneficial effects of a diet with walnuts on memory, learning, motor coordination, and locomotor activity. Human clinical trials have suggested an association of walnut consumption with better cognitive performance and improvement in memory when compared to baseline in adults.

4- Are people with bigger heads smarter?

Some investigators have examined the relationship between brain size and intelligence. For humans, the statistical relationship is modest but significant. Obviously, the finding is only correlational: greater brain size may cause greater intelligence, greater intelligence may cause greater brain size, or both may be dependent on some third factor.

5- Listening to Mozart increases intelligence: Mozart Effects

A scientific report entitled ‘Music and spatial task performance’ was published in Nature. College students who listened to a Mozart sonata for 10 minutes increased their performance on a subsequent spatial intelligence test by 8–9 IQ points in comparison to control conditions. This finding became known as the ‘Mozart effect’. A meta-analysis of 16 such studies came to the conclusion that the overall effect size was negligible.

6- Hyperactive children are very smart

In some studies suggest children who are more ‘‘highly gifted’’ may be more likely to be misdiagnosed with ADHD because of their strong intellectual interest and capacity for hyperfocusing on topics and activities of interest and their much greater vulnerability to boredom than other students. This issue raised the question of whether the diagnosis of ADHD is valid in the high IQ population. In follow-up studies the diagnosis of ADHD was thought to be valid in this group. Many studies revealed that the IQs of children with ADHD parallel the normal curve. This shows that 10% of the ADHD population has an IQ above 120. That is, the same as the normal population.

Keywords: intelligence,myths and facts,highly gifted, asd, adhd,

REFERENCES:

1- Preston JL, Frost SJ, Mencl WE, Fulbright RK, Landi N, Grigorenko E, Jacobsen L, Pugh KR. Early and late talkers: school-age language, literacy and neurolinguistic differences. Brain. 2010 Aug;133(Pt 8):2185-95. doi: 10.1093/brain/awq163. PMID: 20826428; PMCID: PMC3139938.

2- Grossheinrich N, Kademann S, Bruder J, Bartling J, Von Suchodoletz W. Auditory sensory memory and language abilities in former late talkers: a mismatch negativity study. Psychophysiology. 2010 Sep;47(5):822-30. doi: 10.1111/j.1469-8986.2010.00996.x. Epub 2010 Apr 14. PMID: 20409011.

3- Rescorla L. Late talkers: do good predictors of outcome exist? Dev Disabil Res Rev. 2011;17(2):141-50. doi: 10.1002/ddrr.1108. PMID: 23362033.

4- Treffert DA. Hiperleksi III: 'otistik benzeri' davranışları otistik bozukluktan ayırmak; erken okuyan veya geç konuşan çocukları değerlendirmek. WMJ. 2011 Aralık;110(6):281-6; sınav 287. PMID: 22324205.

5- Wolff N, Stroth S, Kamp-Becker I, Roepke S, Roessner V. Autism Spectrum Disorder and IQ - A Complex Interplay. Front Psychiatry. 2022 Apr 18;13:856084. doi: 10.3389/fpsyt.2022.856084. PMID: 35509885; PMCID: PMC9058071.

[Abstract:0423] [Çocuk Psikiyatri » Diğer]

Application of the "Hospital-School-Home-Community" Integrated Mental Health Service Model for Primary and Secondary School Students in China

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Childhood and adolescence are critical periods for mental health development, thus posing high risks for the occurrence of mental disorders. This paper presents the “Hospital-School-Home-Community” Integrated Mental Health Service Model tailored for primary and secondary school studnets in Chongqing, China. The model establishes connections among hospitals, schools, communities, and families, facilitating collaborative efforts across various stakeholders to enhance adolescent mental health. The paper outlines screening methods, interview protocols, intervention strategies at different tiers, mental health promotion initiatives, and training programs. Additionally, it discusses resource integration within education and health systems, defining the roles of schools, families, and teriary care providers throughout the model’s implementation stages. Moreover, it elucidates their fundamental contributions to enhancing adolescent mental health and mitigating the incidence of suicide and self-injury among students.

Keywords: adolescents, mental health, pathway through care

[Abstract:0426] [Çocuk Psikiyatri » Dikkat eksikliği hiperaktivite bozukluğu (DEHB)]

Understanding ADHD within RdoC Framework

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Attention-deficit hyperactivity disorder (ADHD) is one of the most common and persisting neurodevelopmental disorder, characterized by inattention and/or hyperactivity-impulsivity that causes functional impairment in multiple settings.(American Psychiatric Association, 2013) ADHD is usually diagnosed in childhood and often persists through adulthood. (Salari vd., 2023)

ADHD is highly heterogeneous; as a result, individuals with the disorder exhibit substantial differences in behaviors, the presence of comorbid diagnoses, developmental trajectories, and responses to treatment. Utilizing an integrated framework that combines developmental psychopathology (DP) and the National Institute of Mental Health's Research Domain Criteria (RDoC) may enhance ADHD etiological theory and the customization of treatment. This integrated approach takes into account the evolving clinical presentation of ADHD across development, acknowledging the intricate interactions among biological predispositions, developmental factors, and environmental contexts.(Musser & Raiker, 2019)

Traditionally, investigations into the mechanisms of ADHD have concentrated on aspects of Cognitive Systems, particularly attention and executive function, identified as primary areas of deficits. However, the introduction of the RDoC Matrix has ushered in fresh perspectives, expanding research into domains beyond cognition to examine the impacts of ADHD. In recent years, novel studies have delved into aspects of ADHD, exploring the relevant dimensions of positive valence, negative valence, and motor systems. Collectively, these endeavors aim to construct a more comprehensive understanding of this intricate psychiatric disorder. (Pacheco vd., 2022)

Keywords: RDoC, adhd, attention, research, dimension

REFERENCES:

American Psychiatric Association. (2013). Diagnostic and Statistical Manual of Mental Disorders (Fifth Edition). American Psychiatric Association. https://doi.org/10.1176/appi.books.9780890425596
Musser, E. D., & Raiker, J. S. (2019). Attention-deficit/hyperactivity disorder: An integrated developmental psychopathology and Research Domain Criteria (RDoC) approach. Comprehensive Psychiatry, 90, 65-72. https://doi.org/10.1016/j.comppsych.2018.12.016
Pacheco, J., Garvey, M. A., Sarampote, C. S., Cohen, E. D., Murphy, E. R., & Friedman-Hill, S. R. (2022). Annual Research Review: The contributions of the RDoC research framework on understanding the neurodevelopmental origins, progression and treatment of mental illnesses. Journal of Child Psychology and Psychiatry, 63(4), 360-376. https://doi.org/10.1111/jcpp.13543
Salari, N., Ghasemi, H., Abdoli, N., Rahmani, A., Shiri, M. H., Hashemian, A. H., Akbari, H., & Mohammadi, M. (2023). The global prevalence of ADHD in children and adolescents: A systematic review and meta-analysis. Italian Journal of Pediatrics, 49(1), 48. https://doi.org/10.1186/s13052-023-01456-1

[Abstract:0427] [Erişkin Psikiyatri » Otizm Spektrum Bozuklukları]

How to Prevent Premature Mortality and Suicide in Autism Spectrum Disorder?

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Autism spectrum disorders (ASD) are neurodevelopmental disorders characterized by persistent deficits in social communication and social interaction and restricted, repetitive patterns of behaviors, interests and activities. With a reported 47% poor course in adulthood (Steinhausen et al., 2016), there is a higher prevalence of behavioral problems and psychiatric disorders in affected individuals compared to the general population. It is also reported that these individuals have higher and earlier mortality rates compared to the general population, with a 2-10-fold increased mortality risk. When looking at the causes of premature death in autism, it is reported in the literature that the leading causes are nervous system diseases and suicide (Hirvikoski et al., 2016). In addition, suicide attempts are reported to be more common in individuals with high-functioning autism compared to low-functioning autism. For these reasons, it is thought to be important to prevent suicide and premature death in individuals with autism.

The reported risk factors for suicide and premature death in individuals with autism are factors that increase psychological vulnerability. A history of depression, comorbidity of psychiatric disorders, comorbidity of medical illness and difficulties in their diagnosis and treatment are reported as other risk factors. In addition, peer bullying, behavioral problems, being a minority, low socioeconomic and educational level are other risk factors.

In order to prevent suicide and other premature deaths in individuals with autism, it is necessary to focus on the conditions known to mediate this situation. The most important of these are measures such as systematic screening and preventive education that can be applied in all circumstances. It is also important to recognize socioeconomically disadvantaged groups. These individuals should be given importance, knowing that they face lower levels of health service quality. It is reported that specialized services for these individuals are generally insufficient. It is also reported that preventing comorbidities reduces the risk of premature death.

Early diagnosis is important; it is reported that the risk of suicide may be higher when the diagnosis is made at a later age (Cassidy & Rodgers, 2017) and comorbid psychiatric disorders occur (Stagg & Belcher, 2019). It is also reported that female individuals with autism have a higher risk of suicide compared to male individuals with autism.

Considering the known relationship between depression and suicide, the high rate of lifetime depressive disorders in individuals with autism is considered important in preventing suicide (Uljarević et al., 2020). In addition, suicidal thoughts are reported to be an important symptom suggesting a diagnosis of depression in individuals with autism. Similarly, anxiety, sleep disorders, psychotic disorders have also been reported to increase the risk of suicide.
In summary, diagnosing autism at an early age, identifying and treating comorbidities, and providing specialized medical and mental health services are thought to be important in preventing suicide and premature death in these individuals.

Keywords: autism, premature death, suicide

REFERENCES:

Steinhausen, H. C., Mohr Jensen, C., & Lauritsen, M. B. (2016). A systematic review and meta-analysis of the long-term overall outcome of autism spectrum disorders in adolescence and adulthood. Acta Psychiatrica Scandinavica, 133(6), 445–452. https://doi.org/10.1111/acps.12559 Hirvikoski, T., Mittendorfer-Rutz, E., Boman, M., Larsson, H., Lichtenstein, P., & Bölte, S. (2016). Premature mortality in autism spectrum disorder. British Journal of Psychiatry, 208(3), 232–238. https://doi.org/10.1192/bjp.bp.114.160192 Cassidy, S., & Rodgers, J. (2017). Understanding and prevention of suicide in autism. The Lancet Psychiatry, 4(6), e11. https://doi.org/10.1016/S2215-0366(17)30162-1 Stagg, S. D., & Belcher, H. (2019). Living with autism without knowing: receiving a diagnosis in later life. Health Psychology and Behavioral Medicine, 7(1), 348–361. https://doi.org/10.1080/21642850.2019.1684920 Uljarević, M., Hedley, D., Rose-Foley, K., Magiati, I., Cai, R. Y., Dissanayake, C., Richdale, A., & Trollor, J. (2020). Anxiety and Depression from Adolescence to Old Age in Autism Spectrum Disorder. Journal of Autism and Developmental Disorders, 50(9), 3155–3165. https://doi.org/10.1007/s10803-019-04084-z

[Abstract:0431] [Erişkin Psikiyatri » Diğer]

Could mTOR Inhibitors Have a Place in the Treatment of Depression?

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Depression has emerged over the past decades as a major debilitating disease with a high prevalence in occidental populations, resulting in profound social and economic burden. Despite recent advances in neuroscience research, the neurobiological mechanisms underlying the pathophysiology of depression remain poorly understood. The development and course of major depressive disorder (MDD) are likely to be mediated by a complex interaction between genetic and environmental factors, and the associated heterogeneity of the disease makes it difficult to develop effective therapeutic treatments. Neurodegeneration and depression are two common co-morbid conditions, particularly within the aging population. Research has linked neuroinflammation as a major contributing factor to both of these diseases.
The intracellular pathway that plays a role in the regulation of cell proliferation, is called 'mammalian target of rapamycin' (mTOR) because it is inhibited by rapamycin and is essentially a serine/threonine protein kinase (1). As a result of mTOR activation, chain activation of molecules that lead to cell division occurs, and thus mTOR combines intracellular and extracellular signals and plays a role in the regulation of growth, proliferation, cell metabolism and central functions of survival(2). Moreover, mTOR inhibition by rapamycin has additional intracellular effects besides induction of autophagy and this pathway interacts with additional intracellular pathways that may be involved in depressive disorders and their treatment. For example, rapamycin was recently demonstrated to increase phosphorylation of AKT in vitro, an action that was reversed with phosphatidylinositol-3 kinase inhibition.

In a study using rats as subjects, clearly demonstrates that rapamycin treatment has antidepressant-like effects in two animal models of depression. These effects are similar to the previously demonstrated antidepressant-like effects of lithium in the forced swim test and in the tail suspension test (3). Yet, at this time it cannot be conclusively claimed that these effects are the result of increased autophagy. The effects of rapamycin, lithium and other compounds to induce autophagy were mostly demonstrated in vitro with only minimal reports related to in vivo models and this issue is complicated by the unknown penetration of the drug into the brain. For example, rapamycin was recently demonstrated to increase phosphorylation of Akt (a family of serine-threonine kinases)in vitro, an action that was reversed with phosphatidylinositol-3 kinase inhibition. Activation of the Akt pathway had been repeatedly demonstrated to be related to affective disorders like depression. Furthermore, administration of inositol and activation of the phosphatidylinositids cycle had been demonstrated to have antidepressant-like effects in animal models and be an effective antidepressant in clinical trials. mTOR inhibition also interacts with protein kinase (PKC) and glycogen synthase kinase-3 (GSK-3), and both molecules had also been implicated in affective disorders and their treatment.

In conclusion, studies in the literature clearly show that mTOR inhibitors treatment has antidepressant-like effects (4). Further studies are now needed to explore the specific mechanism by which mTOR inhibitors induced its antidepressant-like effects.

Keywords: mTOR inhibitors, depression, rapamycin, neuroinflammation

[Abstract:0432] [Erişkin Psikiyatri » Otizm Spektrum Bozuklukları]

Suicidal Behaviour in Adults with Autism Spectrum Disorder: A Brief Literature Review

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The issue of increasing suicidal tendencies among adults with Autism Spectrum Disorder (ASD) has gained attention. Studies indicate that individuals with ASD have a significantly higher risk of suicide attempts and completions compared to the general population. The suicide rate among these individuals is suggested to be almost eight times higher than that of the general population. The risk of suicide in adults with ASD is influenced by various factors, including comorbid psychiatric conditions, social difficulties, and communication deficits. Additionally, decreased cognitive empathy and comorbid conditions such as anxiety and depression may also increase the risk of suicide. Other contributing risk factors for suicidal behaviour in adults with ASD include behavioural problems, peer bullying, unemployment, and social isolation. This review aims to summarise the existing literature by examining the various factors that contribute to suicidal behaviour in adults with ASD.

Suicidal thoughts and behaviours are significantly more common in individuals with ASD compared to the general population and other clinical groups. Research suggests that individuals with ASD, particularly those with low interpersonal problem-solving skills and impulsive behaviours, are at an increased risk of suicide and has shown that impulsivity and aggression are linked to suicide, and individuals with ASD are more likely to choose more lethal methods. Additionally, individuals with ASD have a higher risk of suicide attempts and tend to choose more lethal methods, resulting in more severe physical harm and longer hospital stays. Research indicates that individuals with ASD who are unemployed are more likely to exhibit suicidal behaviour. Additionally, women with ASD have significantly higher suicide rates than women in the general population. Individuals with ASD often experience social isolation due to their struggles with social interaction and communication. This can be exacerbated by a limited social support network, leading to feelings of loneliness and an increased risk of suicidal behaviour. Furthermore, the article discusses social interaction challenges experienced by adults with ASD, including difficulties in interpreting gestures, a lack of shared interests, and atypical gaze patterns during verbal interactions.

Such as depression, anxiety, post-traumatic stress disorder, and ADHD, have been identified as contributing factors to the unclear mechanisms between ASD and suicidality. Comorbidities can increase the risk of suicidal behaviour and require careful consideration in research and clinical practice. Individuals with ASD may be at a higher risk of suicidal ideation and attempts. Depression, in particular, is identified as a significant risk factor for these individuals.

Individuals with ASD may be at a higher risk of bullying and victimisation during childhood and adulthood. Continuous bullying can lead to feelings of hopelessness and helplessness, potentially increasing the risk of suicidal behaviour. Accessing appropriate mental health services can be challenging for individuals with ASD due to common barriers. Limited awareness, financial constraints, and lack of specialised care can prevent timely intervention and increase the risk of suicidal behaviour.

This review shows that risk factors associated with suicidal behaviour in adults with ASD include social isolation, comorbid psychiatric disorders, experience of bullying and difficulties in accessing mental health services.

Keywords: Adult with Autism Spectrum Disorder, Asperger, Suicidal Behavior, Suicide, Non-suicidal Self Injury

REFERENCES:

Cassidy, S., et al., Risk markers for suicidality in autistic adults. Molecular autism, 2018. 9: p. 1-14.
Cassidy, S., et al., Autism and autistic traits in those who died by suicide in England. The British Journal of Psychiatry, 2022. 221(5): p. 683-691. Kirby, A.V., et al., A 20-year study of suicide death in a statewide autism population. Autism Research, 2019. 12(4): p. 658-666. Richa, S., et al., Suicide in autism spectrum

disorders. Archives of Suicide Research, 2014. 18(4): p. 327 Takara, K. and T. Kondo, Comorbid atypical autistic traits as a potential risk factor for suicide attempts among adult depressed patients: a case–control study. Annals of general psychiatry, 2014. 13: p. 1-8.

[Abstract:0434] [Çocuk Psikiyatri » Dikkat eksikliği hiperaktivite bozukluğu (DEHB)]

Introducing the RDoC Model and Understanding Cognitive Disengagement Syndrome (Sluggish Cognitive Tempo) within the RdoC Framework

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RDoC (Research Domain Criteria) is a framework designed to guide research on mental disorders. It's not a diagnostic tool, but rather aims to create a more comprehensive and biologically based understanding of mental health and illness. Focusing on dimensions, not categories, emphasizing observable behavior and neurobiological measures and integrateing multiple levels of analysis are the key features of RdoC.

Cognitive Disengagement Syndrome (CDS), characterized by excessive daydreaming, inconsistent alertness, and underactive behavior, represents a unique set of symptoms associated with both functional impairment and other psychopathologies (Becker et al., 2016).While distinct from Attention-Deficit/Hyperactivity Disorder (ADHD) and other mental disorders, the optimal way to conceptualize CDS remains unclear. Substantial progress in understanding CDS requires both categorical and dimensional approaches, including the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the Research Domain Criteria (RDoC).

To date, most studies have utilized the categorical approach based on the DSM framework, the current standard in psychiatric diagnosis and nosology. This framework often defines "diagnostic validity" (Becker et al., 2016). Significant strides have been made in establishing standardized symptom sets for operationalizing CDS measurement, with the development and validation of various empirically-based CDS scales (Gozpinar et al., 2020, 2023).

In contrast, the RDoC framework adopts a "bottom-up" approach grounded in neuroscience methods. This approach ignores historical distinctions between DSM-defined disorders and focuses instead on identifying biologically-based constructs (e.g., negative valence systems, cognitive systems, arousal and regulatory systems) and units of analysis (e.g., genes, cells, behavior) that transcend current diagnostic categories. (Insel, 2014).

RDoC offers several advantages for understanding CDS. As a relatively understudied construct, particularly at levels beyond its behavioral manifestation and associated impairment, CDS benefits from RDoC's multi-level analysis. By examining RDoC constructs across various levels in relation to CDS, researchers can gather valuable data to develop a comprehensive theoretical model of the condition. Additionally, RDoC can help clarify CDS's relationship with other dimensions of psychopathology. By identifying which RDoC dimensions are associated with both CDS and other co-occurring disorders, as well as those uniquely associated with CDS, researchers can better understand the relationships between these conditions. This approach can also be used to disentangle the shared and unique correlates of CDS and correlated measures of ADHD inattention and internalizing symptoms. Ultimately, this information can contribute to understanding CDS's placement within comprehensive theoretical models of psychopathology, informing future treatment decisions.

This aligns perfectly with a key priority of the RDoC initiative: "explicitly focusing on the complex overlapping multidimensionality of mental illness" (Clark et al., 2017). Ongoing research suggests that CDS occupies a unique position in advancing this area due to its clear links to both ADHD and internalizing disorders (i.e., heterotypic symptom presentations). Furthermore, the absence of diagnostic reification for CDS avoids pre-conceived assumptions about its precise location within the RDoC matrix, allowing for a more flexible and nuanced understanding of the condition

Keywords: Research domain, Cognitive Disengagement, child, sluggish

REFERENCES:

Becker, S. P., Leopold, D. R., Burns, G. L., Jarrett, M. A., Langberg, J. M., Marshall, S. A., McBurnett, K., Waschbusch, D. A., & Willcutt, E. G. (2016). The internal, external, and diagnostic validity of sluggish cognitive tempo: A meta-analysis and critical review. Journal of the American Academy of Child & Adolescent Psychiatry, 55(3), 163–178. Clark, L. A., Cuthbert, B., Lewis-Fernández, R., Narrow, W. E., & Reed, G. M. (2017). Three approaches to understanding and classifying mental disorder: ICD-11, DSM-5, and the National Institute of Mental Health's Research Domain Criteria (RDoC). Psychological Science in the Public Interest, 18(2), 72–145. Gozpinar, N., Cakiroglu, S., & Gormez, V. (2020). Psychometric Properties of the Sluggish Cognitive Tempo Scale in a Turkish Sample of Children and Adolescents. Journal of Attention Disorders, 1087054720961824. Gozpinar, N., Cakiroglu, S., & Gormez, V. (2023). Sluggish Cognitive Tempo Self Report Scale (SCT-SR): Development and Initial Validation Study. Journal of Attention Disorders, 10870547231153880. Insel, T. R. (2014). The NIMH research domain criteria (RDoC) project: precision medicine for psychiatry. American Journal of Psychiatry, 171(4), 395–397.

[Abstract:0435] [Çocuk Psikiyatri » Diğer]

Sexting Among Adolescents: Understanding Patterns, Risks, and Protective Factors

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Sexting, the act of sharing sexually explicit content through digital communication channels, has emerged as a significant concern among adolescents in contemporary society. Scientific evidence highlights the importance of recognizing and addressing the multifaceted nature of sexting, which includes sending, receiving, and forwarding behaviors. Existing studies primarily focus on the act of sending sexts, yet this narrow definition overlooks the comprehensive nature of the phenomenon.

Sexting is commonly recognized as a normal and consensual way for adolescents to express themselves sexually and demonstrate intimacy in their romantic or sexual relationships.1 It involves sharing sexually explicit content through messages, photos, or videos using electronic devices.2 However, when sexting occurs without consent, it transitions into problematic behavior known as non-consensual sexting, characterized by the deliberate intent to expose or harm individuals, which is deemed aggressive conduct.3 A recent meta-analysis conducted between 2016 and 2020 to understand the prevalence and trends of sexting among teens found that roughly one in five adolescents engage in sending, one in three in receiving, and one in seven in forwarding sexts without consent.4

There are several risk factors associated with adolescent sexting across individual (substance use, depressive symptoms, sensation seeking, adaptive coping, curiosity, peer pressure, and the desire for intimacy and validation), family (parental overcontrol, family conflict, inadequate parental monitoring etc.), and community (substance availability in the community) factors.5 Fostering awareness regarding the impact and potential risks of sexting is paramount.

Awareness about the potential risks of sexting is crucial, as it can lead to unintended consequences and escalate into problematic scenarios, including bullying and cyberbullying. Comprehensive sexuality education, digital literacy programs, and open communication between adolescents and trusted adults are vital in promoting responsible digital citizenship.
Ultimately, phenomenon's complexity underscores the need for interdisciplinary collaboration among researchers, educators, policymakers, and parents to address the complexities of adolescent sexting effectively. By adopting evidence-based strategies and fostering supportive environments, stakeholders can empower adolescents to navigate digital spaces safely and responsibly, while promoting healthy relationships and well-being.

Lastly, studies showed that sexting is a common practice among adolescents, highlighting the imperative need for the development of educational interventions aimed at enhancing adolescents' awareness and understanding of the potential risks and consequences associated with this behavior.

Keywords: Sexting, Child and Adolescent, Abuse

[Abstract:0436] [Erişkin Psikiyatri » Psikofarmakoloji]

When Should You Consider a Long-Acting Injectable Antipsychotic?

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Antipsychotic agents are the mainstay of treatment in many patients with severe mental illness. These agents are used in various psychiatric disorders, including schizophrenia spectrum, bipolar disorder, and substance-induced disorders. Treatment nonadherence is indeed recognized as one of the main causes of antipsychotic failure. The advent of long-acting “depot” antipsychotic injections (LAIA) represented a crucial improvement in treatment adherence and clinical benefit, such as emergency room visits and reduced hospitalizations. It is recommended to use a single LAIA when the patient prefers the formulation or to avoid treatment nonadherence. [1] Long-acting injectable formulations of antipsychotics are alternative treatments to oral agents. It offers a reliable option to reduce recurrent hospitalizations or treatment failure. In patients with treatment resistance and low insight, the use of long-acting antipsychotic may be needed to increase treatment compliance. Continuous and stable antipsychotic blood levels provided by the use of long-acting forms of antipsychotics offer treatment options that reduce the number of attacks, hospitalizations and treatment costs in patients with poor social support, low insight and poor treatment compliance.[2] Also in a study in the geriatric population, the LAI group had a significantly lower rehospitalization rate and a significantly longer time to rehospitalization within 1 year of discharge than the OAP group. [3]

First-generation antipsychotic (FGA) LAIs were introduced over 50 years ago with the goals of improving adherence and reducing symptom exacerbation, relapse, and rehospitalization. The concept of LAIs for schizophrenia was not initially well received by the medical community or patients because of concerns over increased side effects, lack of efficacy, and that psychiatrists were restricting patient freedom by imposing a treatment without due regard to patients’ feelings or rights. Although first-generation OAs and LAIs remain available, a series of second-generation antipsychotic (SGA) LAIs and OAs have emerged with improved tolerability.

Patients should be provided the best opportunity for success when initiating a treatment for schizophrenia, and positive experiences with a medication can facilitate patient acceptance of a treatment regimen. The benefits of LAIs versus OAs discussed earlier support implementation of LAIs as soon as possible after the first episode of psychosis. Additionally, early LAI implementation and longer LAI treatment duration are predictors of improved Global Assessment of Functioning score. [2] In a meta-analysis of studies comparing LAIs with OAs across three designs (randomized trials, mirror image studies, and cohort studies), LAIs were consistently associated with significantly lower risk of hospitalization and/or relapses. Moreover, LAIs were superior to OAs in 20% of the 337 reported outcomes, whereas OAs were not superior to LAIs on any outcome, including tolerability.[4]

The APA guidelines for the treatment of schizophrenia were recently updated; however, there are no recommendations regarding early implementation of LAIs, and this lack of guidance can strongly contribute to less frequent LAI prescribing by healthcare providers. Other more regional guidelines are beginning to incorporate early LAI use into their recommendations. Clear new guidelines are needed.

Keywords: schizoaffective disorder, depot antipsychotic, schizophrenia, long-acting injectable antipsychotics, psychotic disorders.

REFERENCES:

1. Kenar ANI, Unal GA, Mert A, Ay AM. Potential benefits of combining two long-acting injectable antipsychotic: a retrospective study. Eur Rev Med Pharmacol Sci. 2023 Sep;27(18):8609-8613. doi: 10.26355/eurrev_202309_33785.

2. Kane JM, McEvoy JP, Correll CU, Llorca P-M. Controversies surrounding the use of long-acting injectable antipsychotic medications for the treatment of patients with schizophrenia. CNS Drugs. 2021 Oct 11;35(11):1189–205. doi:10.1007/s40263-021-00861-6
3. Lin CH, Chen FC, Chan HY, Hsu CC. A Comparison of Long-Acting Injectable Antipsychotics With Oral Antipsychotics on Time to Rehospitalization Within 1 Year of Discharge in Elderly Patients With Schizophrenia. Am J Geriatr Psychiatry. 2020 Jan;28(1):23-30. doi: 10.1016/j.jagp.2019.08.005.
4. Kishimoto T, Hagi K, Kurokawa S, Kane JM, Correll CU. Long-acting injectable versus oral antipsychotics for the maintenance treatment of schizophrenia: a systematic review and comparative meta-analysis of randomised, cohort, and pre-post studies. Lancet Psychiatry. 2021 May;8(5):387-404. doi: 10.1016/S2215-0366(21)00039-0.

[Abstract:0441] [Erişkin Psikiyatri » Psikofarmakoloji]

Discovery of the First Psychotropics: Coincidences, Curiosity, Serendipity?

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Humankind has used psychoactive substances since long before the advent of psychiatry, but until the 1950s there was no such scientific discipline as psychopharmacology and there was no effective drug therapy for mental illness. The word “psychopharmacology” was first used in 1920 by David Macht, an American pharmacologist, in the title of his paper describing the effects of the antipyretics, quinine and acetylsalicylic acid, on neuromuscular coordination tests.

It was in the 1950s that a veritable revolution took place in the fields of psychopharmacology and psychiatry, with the clinical introduction of the main groups of psychoactive drugs still used today. The barbiturates were the first new psychotropic drug discoveries of the twentieth century but the synthesis of chlorpromazine in 1950 marks the beginning of modern psychopharmacology. Chlorpromazine was synthesized on December 11, 1951 by Paul Charpentier and released for clinical investigation in May 1952 as a possible potentiator of general anesthesia. The potential use of CPZ in psychiatry was first recognized by Henri Laborit (1952), a surgeon and physiologist in the French army, Unlike the sedatives and hypnotics, chlorpromazine was the first psychoactive agent that psychiatrists believed actually treated their patients’ mental ills instead of merely masking the underlying disease. Chlorpromazine also inaugurated the most remarkable decade in the history of psychopharmacology.

During that decade, the pharmaceutical industry synthesized and marketed compounds that came to define the future classes of psychotropic drugs. The list includes the antipsychotic drugs (chlorpromazine), anxiolytic drugs (meprobamate in 1950, chlordiazepoxide in 1955), monoamine oxidase inhibitor (MAOI) antidepressants (iproniazid in 1951), and the tricyclic antidepressants (imipramine in 1951).

It is clear that in these early phases of psychopharmacology, serendipity played an important role in the discovery of the majority of psychotropic drugs. The first noted use of "serendipity" was by Horace Walpole on 28 January 1754. In a letter he wrote to his friend Horace Mann, Walpole explained an unexpected discovery he had made about a lost painting of Bianca Cappello by Giorgio Vasari by reference to a Persian fairy tale, The Three Princes of Serendip whose traveling heroes were “always making discoveries, by accidents and sagacity, of things they were not in quest of.” The term "serendipity" is often applied to inventions made by chance rather than intent. A serendipity is an unplanned fortunate discovery.They are common occurrences throughout the history of product invention and scientific discovery

Serendipity is one of the many contributing factors to drug discovery. Of course, it has certainly played a role in the discovery of most of the prototype psychotropic drugs. But the discovery process includes the recognition of the potential of the findings on the basis of one’s knowledge and past experience. Serendipity, or the occurrence of unexpected events or discoveries, can often be found through the lens of curiosity. When we allow ourselves to ask questions, seek answers, and explore new ideas, we open ourselves up to the possibility of finding something truly special.

Keywords: psychotropics, serendipity, curiosity

[Abstract:0444] [Erişkin Psikiyatri » Diğer]

Could Antidepressant Drugs be Hope for Long COVID Treatment?

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Although it has been about 4 years since the COVID19 (SARS-CoV-2) pandemic, the world is still learning a lot about this epidemic. Regarding the pandemic, prevention of the disease or mild disease has been at the forefront. Recently, the focus has been on cognitive, somatic and behavioural problems that persist in the post-Covid-19 period.

It has been reported that complaints in 20% of people who had Covid-19 continued for a long time in the late period.
Long- covid can be defined as the occurrence and continuation of new symptoms that persist after the 12th week after Covid-19 or after recovery. These symptoms may fluctuate or relapse during the process.
Many symptoms related to long-covid have been described. The main ones are fatigue, shortness of breath, cough, joint pain, chest pain, depression, muscle pain, gastrointestinal problems, headache, brain fog, confusion, difficulty focusing, difficulty putting thoughts into words.

Covid-19 affects the central nervous system in various ways. As a result of long-term immunosuppression in Covid-19, glial cells are activated and chronic neuronal damage may develop, hyperinflammation may result in increased risk of coagulation, blood-brain barrier damage and dysregulation may cause pathological invasion of blood-derived substances and leukocytes into the brain parenchyma, chronic inflammation in the brain stem may cause autonomic dysfunction and lead to cognitive impairment. A number of central, peripheral and psychological factors and chronic inflammation can also lead to chronic fatigue.
In approximately 50% of people who have had Covid-19, persistent symptoms reduce their quality of life and have a negative impact on daily activity and return to work.
However, treatment strategies for individuals experiencing these symptoms of long-covid are becoming increasingly important. As our knowledge about Covid-19 expands, we anticipate that our strategies to combat chronic symptoms and morbidity will also expand.
As an example of new treatment strategies in long-covid, antidepressant drugs, especially serotonin reuptake inhibitors, have attracted attention due to their anti-inflammatory and anti-viral effects.

Serotonin activates natural killer cells against viral inflammation and reduces the entry of viruses into the cell by decreasing the production of pro-inflammatory cytokines. The view that serotonin reuptake inhibitors can be effective and used in long-covid in this way has prevailed. At the same time, due to the data showing that antidepressants regulate gene expression and inflammatory cytokine activity that may reduce the cytokine storm that plays a role in Covid-19 and inhibit SARS-CoV-2 cellular penetration and subsequent replication, it has been inferred that they can be used effectively in prolonged symptoms of this disease.
In particular, the multifaceted benefits of SSRIs suggest that they can be considered as an ideal class of drugs to be used in long- covid treatment, as they are economical, easily available and have a well-established safety profile.

In many respects, antidepressants have been a hope in the treatment of long-covid.
In this meeting, the place of antidepressants in the treatment of symptoms that develop long-covid will be discussed.

Keywords: Long COVID, Antidepressant, SarsCov2

[Abstract:0448] [Erişkin Psikiyatri » Diğer]

Artificial Intelligence and the Future of Psychiatry and Professionals

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Artificial intelligence has become increasingly involved in every aspect of our lives in recent years. This increase in the use of artificial intelligence is also important for the medical field. The possible advantages of using artificial intelligence in healthcare are almost limitless and can completely change classical medical practices. AI in medicine has begun to be used increasing success and speed in diagnosis and treatment, reducing costs, and detecting risky individuals. Fields such as radiology, pathology, and dermatology have started to use artificial intelligence, especially in the diagnostic field, due to the high success in sub-fields of artificial intelligence such as computer vision.

The field of practice of psychiatry is quite different from other branches of medicine. It requires the establishment of a therapeutic relationship between the doctor and the patient and an evaluation that includes an empathetic approach. Ultimately, establishing a relationship based on trust is important in diagnosis and treatment. For these reasons, it may be thought that artificial intelligence may be more difficult to take part in the field of psychiatry, but it seems that artificial intelligence is rapidly taking its place.

In particular, the development of Large Language Models and their ability to evaluate speech content, the evaluation of emotions and mental state with computer vision applications, and the use of Electronic Hospital Records or Radiological Images in diagnosis or differential diagnosis are opening new horizons in psychiatry. First of all, the contribution of artificial intelligence, as a support to psychiatry practices, will help psychiatrists increase the speed of diagnostic processes and make more successful diagnoses. In addition, it will ensure that patient monitoring is not cross-sectional and that patients are continuously monitored in their natural environment using various sensors or technical tools. It will contribute to the implementation of personalized treatments in the future.

Since the underlying mechanisms and etiologies of psychiatric disorders are not fully known, diagnosis is currently being made mainly through descriptive psychiatry. The symptoms and signs that form the basis of descriptive psychiatry can be detected much more successfully than humans with tools such as artificial intelligence, machine learning, natural language processing techniques, and computer vision, and this success will increase even more in the future. Therefore, we can expect that artificial intelligence will initially take an important place in diagnosis with the classical DSM classification. However, later, with unsupervised learning techniques, it may be possible to classify psychiatric disorder groups and develop more specific and objective diagnostic criteria for each disorder diagnosis.

The main concern that comes to mind is whether artificial intelligence will take away the jobs of psychiatrists in the future. Contrary to this expectation, artificial intelligence, as in other areas of medicine, will help us see more patients faster, diagnose more successfully, and perform follow-up and treatment individually.

Keywords: Artificial Intelligence, Psychiatry, Machine Learning, Diagnosis

[Abstract:0449] [Erişkin Psikiyatri » Diğer]

Scientific Journal Selection: Which Journal, International Indexes, Impact Factor, etc.? Predatory Journal Chaos: How Do We Recognize Predatory Journals?

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Unfortunately, although authors complete their research with great effort and turn it into manuscripts after a long time, they often do not show the same care in selecting journals. As a result, wrong choices may occur, and one of the acute indicators of this is the rejection of articles without being involved in a review process. Therefore, choosing the right journal is one of the important factors for the publication of the paper.

When choosing the right journal, the questions of who the audience is, what the message is, and why it is important should be answered. In addition, questions such as whether the journal publishes articles in the type and subject you have prepared, whether it has the audience you target, how prestigious the journal is, the average article publication time, publishing fees, compliance with the scope of the journal, and whether the technical requirements of the journal are met need to be evaluated. If the manuscript you prepared does not meet the requirements of the relevant journal, the correct approach should be not to send the paper.

A common problem is that authors sometimes do not prepare in the required journal format, or the article rejected by another journal is not modified according to its rules. Although this is not a reason for rejection, it is not recommended as it will lead to a negative evaluation from the editor's perspective.

In journal selection, if a presubmission inquiry is allowed by the journal, it can be preferred as a method that saves time and energy for both the author and the editor.

Most authors want their articles to be published in a prestigious journal. For most, the measure of prestige is primarily a high-impact factor. Publishing a paper in a high-IF journal may provide increased status and the advantage of appointments and promotions in the workplace, and it may also lead to easier acceptance of authors' other papers. However, high-IF journals have very high rejection rates, and most of them even go through the rejection process before peer review. Therefore, the most logical approach would be to strive for the article to be published in the best possible journal with a realistic expectation.

Another important issue to consider when choosing a journal is predatory journals. There are a large number of journals that are not included in quality indexes, and the number of predatory ones among them is increasing day by day. Roughly 1/3 of these predatory journals are in the fields of medicine and health. Predatory journals are journals that abuse the author-pay system and accept and publish articles without a true peer-review process. Publishing articles in predatory journals is not only a waste of time and money, but it can significantly affect the person's future appointment or promotion processes, reputation, and place in the scientific community, and it adds a significant responsibility to the authors in choosing the journal.

Keywords: Journal, Impact Factor, Predatory, Scientific Publishing

[Abstract:0452] [Çocuk Psikiyatri » Nörobilim: Nörogörüntüleme-Genetik -Biyobelirteçler]

Proteomics and metabolomics in autism spectrum disorder

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Autism Spectrum Disorders (ASDs) encompass a wide range of neurodevelopmental conditions that manifest during early development and lead to challenges in various areas of cognitive, social, academic or occupational functioning. Its etiopathogenesis is not clearly understood but many studies have investigated both genetic and environmental factors. Genetic inheritance has been identified in approximately 60% to 80% of ASD cases, indicating significant variability in the genetic factors contributing to the onset of ASD. In addition, metabolic abnormalities have been observed in many patients, as evidenced by analysis of biofluid metabolome and proteome profiles, which could serve as potential biomarkers for ASD Omics methods are robust in providing comprehensive profiles of biological entities such as genes, transcripts, proteins and metabolites, enabling a holistic view of biological systems within the framework of systems biology. This non-selective, high-capacity exploration of genetic frameworks (DNA) and operational reservoirs (RNA, proteins, metabolites) is central to unravelling the pathophysiological intricacies inherent in highly complex biological systems, without requiring specific descriptive variables. 1 Proteomic/metabolomic analyses have the potential to reflect the clinical heterogeneity of ASD and are a valuable area of study, as different metabolites serve as indicators of different metabolic pathways and reveal different clinical phenotypes. The number of studies investigating the metabolomic and proteomic analysis of various body fluids in patients with ASD has increased significantly over the last five years.In a very recent study, 499 ASD patients and 209 typically developing children were assessed for their metabolomic profiles and it was found that another set of 42 biomarkers could discriminate individuals with ASD with 72% sensitivity and 90% specificity. At the same time, the metabolic changes observed within the clusters indicate a prevalence of dysregulated cellular metabolism, particularly in mitochondrial bioenergetics, in the cohort of individuals with autism. These metabolic phenotypes, including elevated lactate levels, numerous lactate-containing ratios and the number of biomarker clusters manifested by each participant, showed associations with the severity of autism as well as cognitive and developmental impairments. 2 Urine metabolomic analysis at 3, 6 and 12 months of typically developing children diagnosed with ASD found that the amount of dimethylamine, guanidinoacetate, hippurate and serine in the urine of the ASD group was lower than in the control group. The authors suggest that alterations in one-carbon metabolism, gut microbiome abnormalities and the presence of neurotransmitter precursors in the first year of life may be associated with deviations in neurodevelopmental processes later in life. 3 The results of these investigations underscore the viability of metabolic phenotyping and suggest that the delineation of distinct subpopulations within individuals with ASD may greatly enhance our understanding of fundamental pathophysiological pathways, thereby potentially guiding the development of targeted metabolic interventions.As a result, these methods facilitate optimal disease stratification or the discovery of novel biomarkers.

Keywords: autism spectrum disorder, biochemical alterations, interactomics, metabolomics, proteomics

REFERENCES:

1. Ristori MV, Mortera SL, Marzano V, et al. Proteomics and Metabolomics Approaches towards a Functional Insight onto AUTISM Spectrum Disorders: Phenotype Stratification and Biomarker Discovery. Int J Mol Sci. 2020; 30;21(17):6274.

2. Smith AM, Donley ELR, Ney DM, et al. Metabolomic biomarkers in autism: identification of complex dysregulations of cellular bioenergetics. Front Psychiatry. 2023;14:1249578.

3. Sotelo-Orozco J, Schmidt RJ, Slupsky CM, et al. Investigating the Urinary Metabolome in the First Year of Life and Its Association with Later Diagnosis of Autism Spectrum Disorder or Non-Typical Neurodevelopment in the MARBLES Study. Int J Mol Sci. 2023;24(11).

[Abstract:0453] [Erişkin Psikiyatri » Nörobilim: Nörogörüntüleme-Genetik -Biyobelirteçler]

Somatic Treatments and Neuroplasticity

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Neuroplasticity is a word that refers to adaptive structural and functional changes in the brain. It is defined as the ability of the nervous system to change its activity in response to stimuli by reorganizing its structure, functions and connections. Somatic treatments are electroconvulsive therapy (ECT), which we have used for nearly a hundred years, and repetitive transcranial magnetic stimulation (rTMS), whose use has increased rapidly in recent years. Another somatic treatment is transcranial direct current stimulation (tDCS). tDCS is the administration of direct current to some parts of the brain through electrodes and the stimulation of neurons using this method. It has been shown in many different studies that somatic treatments have effects on neuroplasticity. If we start with ECT, it is reported that ECT has effects on neuroplasticity through increased trophic factor expression and dendritic sprouting. ECT-mediated hippocampal neuroplasticity has been shown to play a role in antidepressant effects. ECT leads to a dose-dependent increase in hippocampal dendritic arborization and dose-dependent cell proliferation in the subgranular zone. A significant increase in new neurons has been shown in the hippocampus of mice with ECT. In other words, ECT increases hippocampal cell proliferation. A greater hippocampal volume increase was detected in patients who went into remission with ECT than those who did not go into remission. While neurogenesis has been observed in the hippocampus, gliogenesis and significant volumetric changes have also been reported in additional areas such as the amygdala and prefrontal cortex after ECT. Increases in hippocampal and amygdala volume with ECT have been shown to correlate with improvement of symptoms. Brain-derived neurotrophic factor (BDNF) concentrations increase in the serum of depressed patients after ECT. There is also evidence that peripheral BDNF concentrations reach equilibrium after ECT. During ECT, increased thickness was shown in bilateral anterior cingulate cortex, inferior and superior temporal, parahippocampal, entorhinal and fusiform cortex, and prefrontal areas. As for rTMS, rTMS is a treatment option that stimulates brain cells through magnetic pulses. New treatments such as rTMS also appear to be effective on neuroplasticity. Response to rTMS has been associated with an increase in left amygdala volume. An increase in hippocampal volume was also found in the side of the brain targeted with rTMS. An increase in cortical thickness was found in the left rostral and caudal anterior cingulate cortex regions with rTMS. Increases in structural gray matter volume have been shown in the left anterior cingulate cortex, left insula, left superior temporal gyrus, and right angular gyrus after rTMS in treatment-resistant depression. It has been shown that there are connectivity changes in the brain after rTMS treatment in patients with treatment-resistant depression. rTMS may affect neuroplasticity through genetic pathways too. mRNA expressions such as c-fos expression may increase with rTMS. Finally, tDCS, like other somatic treatments, has been shown to produce neuroplastic changes. Anodal tDCS on the lateral prefrontal cortex significantly increases brain activity. Anodal tDCS in the hippocampus and prefrontal cortex increases long-term potentiation and brain BDNF expression.

Keywords: Neuroplasticity, somatic treatments, rTMS, ECT, tDCS

[Abstract:0454] [Farmakoloji » Bağımlılıklar]

Adjudication Process and Forensic Report Preparation In Drug And Stimulant Substance Use

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If there are reckless, careless, negligent or knowingly intentional behaviors in the deterioration of health and situations that contain criminal elements in the Turkish Penal Code (TCK), this situation includes a judicial aspect. These types of cases are forensic cases. Forensic reports are medical documents that contain the examination and evaluation of cases subject to law upon the request of judicial authorities and the opinions of physicians on requested issues. Reports such as "sexual and physical" attacks on victims of violence, detention and release examination, deterioration of physical and mental health, disability rate, criminal liability, capacity to act, alcohol-substance use, evaluation of drug-stimulant alcohol toxicological analysis results, etc. Reports like these are forensic reports.

Turkey has in force the 1961 Single Convention, the 1971 Convention on Psychotropic Substances, the 1988 United Nations (UN) Convention to Combat Illicit Traffic in Narcotic Drugs and Psychotropic Substances, and the 1972 Protocol amending the 1961 Single Convention, which are considered the basic pillars of the global drug control system. It is a country that is a party to international conventions. Although the legal regulations prepared in the field of combating drugs in our country in line with the global drug control system are included in many different laws, it is possible to examine the basic legal regulations prepared in this field under three main headings;
-Turkish Penal Code (TCK) dated 26 September 2004 and numbered 5237,
TCK Art. 188 production and trade of narcotic or stimulant substances,
TCK Art. 190 facilitating the use of drugs or stimulants,
TCK Art. 191 Buying, accepting or possessing drugs or stimulants for use or using drugs or timulants,
-Law No. 3298 on Narcotic Drugs dated 03 March 1986.
-Law No. 2313 on the Control of Narcotic Drugs dated 12 June 1933

In the Turkish Penal Code, actions such as manufacturing, trading or supplying drugs and stimulants, purchasing, accepting or possessing them for use, and facilitating or encouraging their use are subject to criminal sanctions.

Cannabis is included in the class of drugs, stimulants and psychotropic substances prohibited by both national and international legislation. It is known that the most frequently preferred substance among drug users all over the world is cannabis.

The basic biological materials used in toxicological examination are blood and urine. If the time between the event and sample collection is too long, the drug will be eliminated from these matrices and therefore there will be no evidence of drug exposure. In such cases, an alternative biological material, hair, should be considered.

In forensic medicine practice regarding drugs, stimulants and psychotropic substances, various questions are raised within the scope of the law by the prosecutor's office and the courts and reports are requested. When cannabis, which is the most frequently preferred substance among drug users all over the world, is detected in toxicology reports, it must be interpreted by forensic medicine on a case-by-case basis and definitive results must be given to the judicial authorities.

Keywords: cannabis, drug, forensic report, toxicological analysis

REFERENCES:

1. Emniyet Genel Müdürlüğü Narkotik Suçlarla Mücadele Başkanlığı. 2023 Türkiye Uyuşturucu Raporu Eğilimler ve Gelişmeler. Erişim tarihi: 20 Mart 2024.https://www.narkotik.pol.tr/2023-turkiye-uyusturucu-raporu-yayinlanmistir.

2. Ketenci HÇ, Boz H, et al. "Ölüm Nedeni Uyutucu, Uyuşturucu veya Uyarıcı Madde Kullanımı Olarak Belirlenen Adli Olguların Değerlendirilmesi." Turkiye Klinikleri Journal of Forensic Medicine & Forensic Sciences. 2021;18(2).

3.Mutlu E, Aşıcıoğlu F. "Uyuşturucu madde etkisi altındaki mağdurların uğradığı cinsel saldırılar: Olgu serisi." Osmangazi Tıp Dergisi 2019; 41(1): 95-101.

[Abstract:0455] [Çocuk Psikiyatri » Diğer]

The Role of Omega-3 in Childhood Psychiatric Disorders

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Brain and nerve tissues are especially rich in long-chain polyunsaturated fatty acids(PUFAs). PUFAs cannot be produced by humans and must be obtained from dietary sources. The effects of long-chain polyunsaturated fatty acids,including omega fatty acids, on brain functions are as follows:neural membrane fluidity change;changes in enzymes depending on membrane activity and their number and receptor affinity;change in the function of ion channels in neural membranes;changes in the production of brain peptides and neurotransmitters. Therefore,it plays an important role in the formation and treatment of many neurocognitive deficit conditions,such as attention deficit hyperactivity disorder(ADHD), psychosis, depression, and autism(ASD).

The main pathomechanisms of depression are noradrenergic, serotonergic, and dopaminergic pathway dysregulation and nutritional factors, which can affect the structure and metabolism of lipids. Low omega-3 levels are one of the pathophysiological causes of depression. A decreased omega-3/omega-6 ratio is also observed in people with depression. Omega-3 fatty acids reduce the severity of depression by accelerating the production of serotonin. Omega-3 fatty acids are important in reducing psychological disorders by suppressing the excessive activity of inflammatory cytokines and controlling the activity of T cells involved in immunity. In patients with schizophrenia, another neurological disorder, the concentration of pro-inflammatory cytokines in the cerebrospinal fluid and circulation is increased, and the level of omega-3 fatty acids Eicosapentaenoic acid(EPA) and docosahexaenoic acid(DHA) are decreased(EPA and DHA are formed as a result of the metabolism of α-linolenic acid,the precursor of omega-3 fatty acids).In a study conducted with 20 patients, it was shown that the severity of schizophrenic symptoms and tardive dyskinesia decreased in patients with high omega-3 intake.

Medication is the most common approach to the treatment of neurodevelopmental disorders.They can often effectively treat symptoms but may have unacceptable adverse side effects in the short and long term.There is growing interest in the role of nutrition in ADHD and/or ASD.Increasing evidence supports the possible role of nutritional factors in the development, treatment, and prevention of these neurodevelopmental disorders, especially omega-3 polyunsaturated fatty acids. Stimulant medications significantly reduce symptoms and cognitive impairments in ADHD.However, some individuals oppose such medications due to undesirable side effects, partial response, and questions regarding long-term efficacy and developmental impact.Omega-3 polyunsaturated fatty acid supplementation is an extensively researched alternative treatment for ADHD.Meta-analyses of behavioral data show a small but significant effect on the improvement of ADHD symptoms in children.

Various studies have shown that essential fatty acids have several potential mechanisms of action in psychiatric disorders.These can be listed as follows:regulation of heart rate and change of cerebral blood flow through the vagal mechanism;regulation of gene expression;changes in the neuroendocrine system(increased serotonergic neurotransmission,changes in dopaminergic function,corticotropin-releasing factor regulation);anti-inflammatory activity (competition for enzymatic activity between EPA and AA and reduction of the inflammatory response) and regulation of signal transmission (Protein kinase C inhibition,suppression of secondary messengers,increased synapse formation,prevention of neuronal apoptosis).

As a result, omega fatty acids have positive effects on many diseases. In addition, they show anti-inflammatory activity and play a role in treating many diseases due to their beneficial effects on oxidative stress.

Keywords: childhood, omega-3, polyunsaturated fatty acid, psychiatric disorder

[Abstract:0456] [Çocuk Psikiyatri » Nörobilim: Nörogörüntüleme-Genetik -Biyobelirteçler]

The Place of Biomarkers in Psychiatry, Metabolomic Proteomic Analysis as a New Technique

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A marker is a property objectively measured and evaluated as an indicator of a normal process, pathological process, or pharmacological response in the form of a response to treatment. Biomarkers can have different structures (protein, DNA, RNA, etc.) and can be analyzed from total blood, serum, plasma, feces, urine, saliva, or cerebrospinal fluid. An ideal biomarker should be specific for a particular disorder, be sensitive, give the same result when repeated, bridge clinical and preclinical studies, and be easily accessible and noninvasive. New biomarkers are being investigated as neuroimaging, genetic, epigenetic, protein, and metabolic biomarkers; our panel focuses on protein and metabolic biomarkers.

In recent years, there's been a noticeable increase in studying biomarkers in psychiatry but we're still far from finding a perfect biomarker. This difficulty arises from the complex nature of psychiatric conditions. Patients vary greatly in how their symptoms present and how they respond to treatments, making it tough to pinpoint a reliable biomarker that works for everyone. Psychiatric biomarker research involves careful investigation into how mental disorders are classified and diagnosed. Scientists are trying to find consistent biological clues that go beyond just looking at symptoms. However, it's not easy. Mental health is influenced by many factors, such as genetics, environment, and how our brains work. These complexities make it hard to find simple markers that can accurately tell one disorder from another or predict how someone will respond to treatment. If we can identify reliable biological markers, it could significantly improve how we diagnose and treat psychiatric disorders. The ultimate goal is to move towards a more personalized approach to treating mental health issues. By understanding each person's unique biological makeup, we can tailor treatments to suit them better, leading to improved outcomes and less suffering for those with mental illness.

The proteome includes all proteins expressed in cells, tissue, or organisms. The metabolome comprises all metabolites detected in cells, tissue, or organisms. Metabolome and proteome studies are performed on different body fluids in patients with various psychopathologies. Even if an ideal biomarker has not been found, studies have shown that it has a significant function in understanding the disease in some psychiatric disorders whose etiology is not well known. Metabolomic proteomic research has been conducted in the last 5 years on many different psychiatric disorders, such as Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder, Major Depressive Disorder, Bipolar Disorder, and Anorexia Nervosa. The data from different studies are screened in the Human Metabolome Database(HMD). The metabolites identified from the relevant database are associated with the mechanism of disease formation, stage, and disease diagnosis processes.

In the panel discussion, our objective is to elucidate a novel methodology in biomarker research, specifically focusing on the proteomic and metabolomic approaches. Through a comprehensive literature search, we aim to explain the evolving landscape of psychiatric investigations through proteomic and metabolomic analyses to advance our understanding of the complex interplay between biological markers and mental health.

Keywords: Biomarker, Child and Adolescent Psychiatry, Metabolomics, Proteomics

REFERENCES:

1-García-Gutiérrez MS, Navarrete F, Sala F, Gasparyan A, Austrich-Olivares A, Manzanares J. Biomarkers in Psychiatry: Concept, Definition, Types and Relevance to the Clinical Reality. Front Psychiatry. 2020;11:432.

2-Samodova D, Hoel A, Hansen TH, Clausen L, Telléus GK, Marti HP, et al. Plasma proteome profiling reveals metabolic and immunologic differences between Anorexia Nervosa subtypes. Metabolism. 2023;152:155760.

3-Swann JR, Diaz Heijtz R, Mayneris-Perxachs J, Arora A, Isaksson J, Bölte S, Tammimies K. Characterizing the metabolomic signature of attention-deficit hyperactivity disorder in twins. Neuropharmacology. 2023;234:109562.

[Abstract:0457] [Çocuk Psikiyatri » Diğer]

Understanding Depression within RdoC Framework

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Major depressive disorder (MDD) is a mood disorder that affects psychological and physiological functioning causing an elevated functional impairment and represents a leading cause of disease burden worldwide (World Health Organization, 2017).

Symptoms of MDD include depressive mood, anhedonia, appetite changes, sleep disturbances, apathy, psychomotor retardation or agitation, lack of energy, excessive guilt and worthlessness, poor concentration, and suicidal thoughts. (1)

Application of a transdiagnostic framework to identify neurocognitive commonalities of suicide behavior may clarify important risk factors of suicide behavior across psychiatric disorders. (2) Glenn and colleagues conducted a recent meta-analytic review of research exploring RDoC domains and risk for suicide. They found that most risk factors identified were constructs from the negative valence domain and within this set of studies, most explored constructs underlying depression, not anxiety (i.e., loss, frustrative non-reward) (3)

Given the pervasive nature of MDD, improving the early identification of depression risk, and developing strategies to prevent the onset of full-blown depression is a core priority.
The RDoC assumes that mental disorders are multidimensional disorders observable at different levels of analysis (e.g., from genetics to behavior). n the “RDoC era,” psychophysiological models have an important role in the reconceptualization of mental disorders and their vulnerability. (1)

From the reviewed literature, what emerges is a strong interrelation among each of the RDoC domains in depression vulnerability. For example, by studying autonomic reactivity (Arousal and Regulatory domain) to unpleasant laboratory stressors (Negative Valence domain), cognitive processes (Cognitive domain) to affective stimuli (Positive and Negative Valence domain), and the relation between psychomotor retardation (Sensorimotor domain) and approach motivation (Positive valence domain) or baseline cortical arousal (i.e., posterior alpha; Arousal and Regulatory domain), researchers are concurrently tackling several dimensions related to depression vulnerability. Indeed, it becomes clear that vulnerability may not be conferred by a single process but by the interrelation of many processes. This highlights how the development of a single condition is truly a product of the interplay among multiple factors that can be potentially targeted for prevention and early intervention. (1)

That there is a need for a reevaluation of current intervention strategies for depression and the extent to which these strategies are able to address each of the domains involved in depression in youth. Therefore taken a developmental perspective, characterizing specific domains within depression and examining the emergence of clinical phenotypes over time. More longitudinal data need to be made available to enhance the identification of such clinical phenotypes with precision and validity. Focusing on the areas of operation of RDoC is a good starting point for achieving this goal. (4)

Keywords: depression vulnerability, psychophysiology, research domain criteria, emotion, risk for psychiatric disorder

REFERENCES:

1. Carola Dell’Acqua, Daniela Palomba, Elisabetta Patron and Simone Messerotti Benvenuti. Rethinking the risk for depression using the RDoC: A psychophysiological perspective..Dev Psychopathol 2021 Dec;33(5):1599-1619.doi: 10.1017/s0954579421000559. Epub 2021 Dec 7.

2. Nicholas P. Allan, Stephanie M. Gorka, Kevin G. Saulnier and Craig J. Bryan. Anxiety Sensitivity and Intolerance of Uncertainty: Transdiagnostic Risk Factors for Anxiety as Targets to Reduce Risk of Suicide. Curr Psychiatry Rep. 2023; 25(4): 139–147. doi: 10.1007/s11920 023-01413-z

3. Glenn CR, Kleiman EM, Cha CB, Deming CA, Franklin JC, Nock MK. Understanding suicide risk within the Research Domain Criteria (RDoC) framework: a meta-analytic review. Depress Anxiety. 2018;35(1):65–88. 10.1002/da.22686. Patrick Luyten, Peter Fonagy, The stress–reward–mentalizing model of depression: An integrative developmental cascade approach to child and adolescent depressive disorder based on the research domain criteria (RDoC) approach. Cpr(2017), doi:10.1016/j.cpr.2017.09.008

[Abstract:0458] [Erişkin Psikiyatri » Travma, stres ve ilgili durumlar]

The Association Between Traumatic Events, Trauma Related Psychiatric Disorders and Functional Syndromes (Irritable Bowel Syndrome, Fibromyalgia Syndrome, Functional Neurological Disorders)

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Functional disorders encompass medical conditions that result from alterations in the body's system functions, contrasting with diseases that impact the body's structure. These disorders are common, complex, and pose challenges for medical systems. Persistent symptoms and associated disabilities characterize functional disorders. Their pathophysiological basis is connected to issues with the functioning and communication of body systems. Conditions such as Irritable Bowel Syndrome (IBS), Fibromyalgia Syndrome (FM), and Functional Neurological Disorders (FND) fall under this category. Recent research associates these conditions with psychological factors, including traumatic events and trauma-related psychiatric disorders.

IBS is a functional gastrointestinal disorder characterized by abdominal pain, altered bowel habits, and bloating. Stress and trauma can exacerbate IBS symptoms. A history of sexual, emotional, or physical trauma is present in 26%–44% of individuals referred to specialty clinics with functional GI disorders. Psychological factors like depression and anxiety are each associated with an approximately twofold increase in the risk of developing IBS. A higher number of stressful life events and elevated hypochondriasis scores strongly predict post-infectious IBS. Psychotherapy might be effective in IBS patients with a history of trauma.

FM involves widespread musculoskeletal pain, fatigue, and sleep disturbances. Trauma exposure may contribute to the onset or exacerbation of fibromyalgia symptoms. The prevalent explanation for chronic pain in FM is the distorted perception of pain signals via central sensitization. The biological mechanism driving this process remains unknown, with some attributing the syndrome to the physical manifestation of emotional turmoil. FM is often thought to include various unidentified pain syndromes, with factors like female gender being associated with increased FM risk. This gender trend, common in many autoimmune diseases, has led to explorations of an immune-mediated basis for FM. The concept of genetic susceptibility, exposing certain populations to FM development after specific environmental triggers, is gaining acceptance. Triggers may include chronic infection, vaccination, and physical and psychological trauma.

FND encompasses various neurological symptoms (e.g., weakness, tremors, seizures) that lack a clear organic basis. Stress and psychological factors play a significant role in FND development. Functional Neurological Disorder (FND), also known as Conversion Disorder, was initially seen as a stress-related condition. However, stressors aren't necessarily the only cause. Stress, especially severe traumas, is a significant risk factor in FND, but its exact role is still debated. Multifactorial, biopsychosocial models are common for FND, but the biological mechanisms are unclear. Recent research suggests potential molecular processes underlying the interaction between biological vulnerability and environmental stressors. Both early life and precipitating stressors contribute to physical and mental health disorders, which could aid in understanding FND's pathogenesis. FND is suspected when neurological symptoms occur without identifiable neuropathology or disease mechanisms.

This presentation will review recent scientific findings about the relationship between traumatic events and these three functional disorders. It also aims to demonstrate how psychological interventions could help improve functional symptoms.

Keywords: trauma, fibromyalgia, irritable bowel syndrome, functional neurological disorder

[Abstract:0459] [Çocuk Psikiyatri » Otizm Spektrum Bozuklukları]

Understanding The Concept of Own-Death in the Autistic Mind: Suicide In Children And AdolescentswWith Autism Spectrum Disorder

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Autism Spectrum Disorder (ASD) stands as one of the most prevalent neurodevelopmental disorders, predominantly impacting the social competencies of individuals across various stages of life, within diverse facets of daily functioning. Its lifelong nature, escalating prevalence, and comorbidities render ASD a significant public health concern. While there have been advancements in public and medical awareness, as well as in the processes of identification and early diagnosis, therapeutic interventions aiming at enhancing the well-being for individuals with ASD remain insufficient.

Suicidality, encompassing suicidal ideation, acts, and attempts, stands as a prominent mental health issue among young individuals, with completed suicides remaining one of the leading causes of death in this age group. Studies indicate elevated rates of suicide within the ASD population compared to neurotypical individuals [1]. Furthermore, completed suicide emerges as a notable cause of premature death among individuals with ASD [2]. Despite the heightened incidence of suicidality in autistic individuals, there exists a limited body of research exploring the phenomenological and etiological aspects of suicidality, as well as therapeutic interventions aimed at mitigating suicide risk [3].

Individuals with ASD present divergent characteristics in behavioral and emotional features, often accompanied by higher rates of co-morbidities that may pose challenges in defining and detecting suicidality. Furthermore, the lack of standardized tools to assess suicide in autistic youth, underreporting of suicidal ideation by parents, clinicians' misattributions the steps leading up to suicide as typical consequences of ASD symptomatology (e.g., self-harm being interpreted as a repetitive and restrictive behavior or sensory hypo-responsiveness) may lead to overlooking suicidality among these vulnerable individuals. It is also notable that the main theoretical frameworks on suicide primarily focus on the non-ASD population, which complicates the conceptualization of suicidality in neurodivergent youth. Several risk factors may contribute to suicidality in this population, including higher rates of psychiatric co-morbidities, a history of sexual abuse and bullying, and higher cognitive levels. The core deficits of ASD may also play a role, as they can lead to social isolation and a lack of social support [4]. Although age of diagnosis and sex were not found to be moderator variables, it is possible to assert that being female acts as a risk factor for diagnostic overshadowing, rendering this population a vulnerable subgroup. Family history of suicide, gender identity-related problems, and low socio-economic status are also among the other identified risk factors[5].

In this presentation, we will revisit the theoretical framework of suicidality and explore its connection with ASD. We will incorporate an examination of risk factors and clinical manifestations based on a review of current literature up to April 2024, sourced from electronic databases such as PubMed, PsycINFO, and Google Scholar. Emphasis will be placed on the significant public health concern posed by suicidality, advocating for routine screening of children and adolescents with ASD by clinicians, particularly those exhibiting risk factors. Additionally, we will stress the importance of recognizing and defining potential unique aspects of suicidality in autistic minds to enhance the identification and the development of more effective diagnostic strategies.

Keywords: Autism, ASD, suicidality, prevalence, diagnosis, youth

REFERENCES:

1. Kõlves K, Fitzgerald C, Nordentoft M, Wood SJ, Erlangsen A. Assessment of Suicidal Behaviors Among Individuals With Autism Spectrum Disorder in Denmark. JAMA Netw Open. 2021;4(1):E2033565. doi:10.1001/JAMANETWORKOPEN.2020.33565

2. Hirvikoski T, Mittendorfer-Rutz E, Boman M, Larsson H, Lichtenstein P, Bölte S. Premature mortality in autism spectrum disorder. Br J Psychiatry. 2016;208(3):232-238. doi:10.1192/BJP.BP.114.160192

3. Cassidy S. Suicidality and self-harm in autism spectrum conditions. In: The Oxford Handbook of Autism and Co-Occurring Psychiatric Conditions. Oxford University Press; 2020:349-368. doi:10.1093/oxfordhb/9780190910761.001.0001

4. Hannon G, Taylor EP. Suicidal behaviour in adolescents and young adults with ASD: findings from a systematic review. Clin Psychol Rev. 2013;33(8):1197-1204. doi:10.1016/J.CPR.2013.10.003

5. O'Halloran L, Coey P, Wilson C. Suicidality in autistic youth: A systematic review and meta-analysis. Clin Psychol Rev. 2022;93. doi:10.1016/J.CPR.2022.102144

[Abstract:0460] [Çocuk Psikiyatri » Dikkat eksikliği hiperaktivite bozukluğu (DEHB)]

Proteomics and Metabolomics in Attention Deficit Hyperactivity Disorder

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Attention deficit hyperactivity disorder (ADHD) remains a complex neurodevelopmental condition that poses significant challenges to both individuals and society. Defined by a constellation of symptoms, including attention deficits, hyperactivity, and impulsivity, ADHD can profoundly affect various aspects of life, including academic performance, social interactions, and overall quality of life. Despite decades of research, the precise etiology of ADHD remains elusive, with multiple genetic, environmental, and neurobiological factors implicated in its development. Recent advances in neurobiology have shed light on potential biochemical underpinnings of ADHD. Studies have pointed to dysregulation in neurotransmitter systems, particularly dopamine, serotonin, and noradrenaline, as central to the pathophysiology of the disorder. These neurotransmitters play crucial roles in modulating attention, impulse control, and executive functions, all of which are impaired in individuals with ADHD. However, the exact mechanisms through which these neurotransmitter systems contribute to the disorder are still being elucidated.

Biomarker research has emerged as a promising avenue for understanding ADHD at a molecular level. While numerous studies have explored potential biomarkers, none have yet emerged as definitive indicators of the disorder. Metabolomic and proteomic approaches, which analyze small molecules and proteins within biological samples, respectively, have gained traction in recent years. These techniques offer a comprehensive view of biochemical pathways and molecular signatures associated with ADHD.

In the study conducted by Tian et al. (2022), urine samples of attention deficit hyperactivity disorder and control groups were taken, and metabolomic analysis was performed from these samples. Seventy-six children with attention deficit hyperactivity disorder and 363 healthy controls were found to be statistically significantly different in tyrosine, leucine, and fatty acid metabolic pathways. In a recent study in which 2994 plasma proteins and their genetic associations were evaluated, it was found that beta mannosidase deficiency may play a role in the etiopathogenesis of ADHD when plasma of children with attention deficit hyperactivity disorder, Tourette syndrome, and autism spectrum disorder were analyzed. In an animal model study of ADHD, it was suggested that methylphenidate treatment may be effective by regulating cholesterol metabolism in animals' prefrontal cortex. Importantly, research has also begun to uncover differences in biomarkers between pediatric and adult populations with ADHD. While pediatric studies have focused on dopaminergic and neurodevelopmental systems, adult studies have highlighted alterations in circadian rhythm. These findings underscore the importance of considering developmental trajectories and age-related changes in the pathophysiology of ADHD.

Moving forward, integrating multi-omics approaches, which combine metabolomic, proteomic, and genomic data, holds promise for unraveling the complex etiology of ADHD. Systematic reviews of existing literature and targeted analyses of metabolome and proteome changes before and after treatment offer a pathway toward a more comprehensive understanding of the disorder. By elucidating the molecular mechanisms underlying ADHD, researchers may ultimately pave the way for more personalized and effective therapeutic interventions.

Keywords: Attention-deficit hyperactivity disorder, biomarkers, metabolomics

[Abstract:0461] [Erişkin Psikiyatri » Diğer]

Application of Chronoscience in Daily Life: Social Jetlag and Mental Health

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All living things have their own biological rhythms with different frequencies and periods. The most widely researched biological rhythm is the circadian rhythm, which describes a period of approximately 24 hours. Daily life is controlled by three clocks: the sundial, the circadian clock and the social clock.

On days when individuals are free, both falling asleep and waking up from sleep are under the control of the circadian rhythm. The incompatibility between the social clock and the circadian clock on active days and the circadian clock on idle days has led to the concept of social jetlag. In social jetlag, individuals travel between social time on scheduled days and circadian time on free days without changing their location. The interruption of sleep by the alarm clock on performance days leads to significant sleep loss, and this causes the individual to sleep more on off days to compensate for the sleep debt.

Social jetlag is a chronic condition that affects a significant part of the society. While the social clock is externally consistent with the sundial and internally consistent with the biological clock, increased industrialization, exposure to artificial light and spending most of the day in buildings have been important factors that increase the difference between the social clock and the biological clock.

There are chronotypes defined according to differences in the preferred sleep-wake and activity timing of individuals based on the timing of the endogenous circadian rhythm. Individuals with a morning chronotype go to bed early in the evening, wake up early in the morning and reach peak mental and physical performance in the early hours of the day, whereas individuals with an evening chronotype go to bed late at night, wake up late in the morning and reach peak levels of arousal in the afternoon.

Individuals with an evening chronotype accumulate significant sleep debt during the working week due to late sleep onset combined with early awakenings on performance days. They often try to compensate for this sleep debt by extending sleep time on weekends. In fact, both chronotypes suffer from social jetlag; however, individuals with a morning chronotype may be less affected than individuals with an evening chronotype, as they can adapt to this rhythm more easily. Social jetlag and chronotype may have negative effects on neurocognitive functions such as attention and memory and higher executive functions such as response inhibition and decision making through sleep and circadian disruption.

Social jetlag syndrome can manifest itself during the day with symptoms such as sleep problems, difficulty concentrating, distraction and fatigue. There are studies associated with increased alcohol and cigarette use, decreased physical activity and increased impulsive behaviors. There are studies showing an association with mood disorders, attention deficit and hyperactivity disorder, anxiety disorders, with depression being in the foreground. McGowan et al. found a relationship between attention deficit hyperactivity disorder and social jetlag and especially impulsivity subtype was associated with high social jetlag scores.

Keywords: chronotype, social jetlag, circadian rhythm

[Abstract:0463] [Erişkin Psikiyatri » Otizm Spektrum Bozuklukları]

Uncovering The Shadows: The Concept of Premature Mortality in Autism Spectrum Disorder

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Autism spectrum disorder (ASD) is a lifelong neurodevelopmental condition characterised by restricted and repetitive patterns of behaviour, interests and activities that can make communication and social interaction difficult. This condition is present from birth and can affect a person's perception of the world and their ability to relate to others. Individuals with this disorder experience numerous challenges throughout their lives, which can significantly impact their quality of life.

On the other hand, many studies report increased mortality rates in the ASD population. Studies have suggested that the risk of all-cause mortality in the population with ASD increases 2.5 to 3 times compared to the general population, and this risk is especially higher in women (4.87 times higher) 1–3. It has been stated that these individuals have a shorter average life expectancy, ranging from 6.1 to 16.3 years4. However, considering that autism alone rarely causes death, the reported increase in premature mortality in autistic people is mainly due to intrinsic causes such as comorbid medical disorders (such as intellectual disability (ID), epilepsy, metabolic diseases, genetic disorders,) as well as extrinsic causes such as suicide, intentional and unintentional injuries and poisoning. Upon reviewing the literature, it is evident that gender and comorbid ID diagnosis are significant moderators of increased mortality in ASD. Specifically, mortality rates in men and women with ASD without comorbid ID were found to be 1.87 and 1.68 times higher than those in the general population, respectively. Mortality rates in women with ASD accompanied by ID were reported to be 4.46-9 times higher than those in non-autistic women. Similarly, mortality rates in men with ASD accompanied by ID were 2.46 times higher than those in non-autistic men 1,4. Among the entire ASD group, women with ASD with ID are the most susceptible to high mortality rates. However, when analyzing specific patterns of cause of death, suicide-related deaths were reported at higher rates in the autistic group without ID than in the group with ID.

Suicide is a contributory factor to the increase in mortality rates in the ASD group. Individuals with ASD have been found to have three times higher rates of suicide attempts and completed suicides compared to the general population. The presence of psychiatric comorbidities, most commonly anxiety and mood disorders, has been reported as a significant risk factor for suicidality 5.

Consequently, given the increase in the prevalence or recognition of ASD, the importance of recognising the factors that contribute to the high rates of premature mortality in this population increases. In this context, both clinicians in determining their clinical approach to this population and health systems in general should take into account these conditions that mediate the high rates of premature mortality as well as the core symptoms of autism when planning care strategies for this population. There is a need for a multidimensional approach to support and interventions for this population that goes beyond paediatric education and early education to include multiple medical specialties and address preventable causes of death2.

Keywords: ASD, autism, life expectancy, mortality, premature mortality

REFERENCES:

1- Hirvikoski T, Mittendorfer-Rutz E, Boman M, Larsson H, Lichtenstein P, Bölte S. Premature mortality in autism spectrum disorder. Br J Psychiatry 2016; 208: 232–8.

2- Catala-Lopez F, Hutton B, Page MJ, Driver JA, Ridao M, Alonso-Arroyo A, et al. Mortality in persons with autism spectrum disorder or attention-deficit/hyperactivity disorder: a systematic review and meta-analysis. JAMA Pediatr 2022; 176: e216401–e216401.

3- Lunsky Y, Lai M, Balogh R, Chung H, Durbin A, Jachyra P, et al. Premature mortality in a population-based cohort of autistic adults in Canada. Autism Res 2022; 15: 1550–9.

4- O'Nions E, Lewer D, Petersen I, Brown J, Buckman JEJ, Charlton R, et al. Estimating life expectancy and years of life lost for autistic people in the UK: a matched cohort study. Lancet Reg Heal 2024; 36.

5- Kõlves K, Fitzgerald C, Nordentoft M, Wood SJ, Erlangsen A. Assessment of suicidal behaviors among individuals with autism spectrum disorder in Denmark. JAMA Netw open 2021; 4: e2033565–e2033565.

[Abstract:0464] [Erişkin Psikiyatri » Şizofreni ve diğer psikotik bozukluklar]

Late Onset Psychotic Disorders

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Psychotic disorders have a hugely wide spectrum for diagnostic evaluation. Although schizophrenia typically has been known as having an onset of early age, but also late onset diagnosis of schizophrenia is not surprising. Usually this term of diagnosis as 'late onset schizophrenia' has been used after the age of 45. Besides schizophrenia is the most prevalent diagnosis in primary psychotic disorders, late onset group should be evaluated more suspiciously, because around this group of age, there is an increase in the amount of conditions evaluated for differential diagnosis. Delusional disorders, affective conditions, or early onset dementia conditions should be excluded as primary psychiatric diagnosis. Other than primary conditions, delirium, neurological, metabolic, or many other medical conditions may mimic psychotic states. Alcohol and substance related disorders are the other important group of conditions that may present with psychosis. So during this diagnostic approach, first of all, medical conditions, prescribed medications, alcohol or substance related psychosis should be evaluated. The gray diagnostic zone of these psychotic pathologies may need extra brainstorm for diagnostic evaluation, and may need extra laboratory tests including serological, rheumatological, auto immune markers, and if needed paraneoplastic or autoimmune encephalitis tests. During the diagnostic process, neuro-imaging including MRI, SPECT or PET also may help us especially for exclusion of some lesions, or dementia of early age. The other group of evaluation may be related with EEG tests for exclusion of probable epileptic phenomenon. In this presentation, differential diagnostic approach to late onset psychosis will be done with the help of case series including patients presenting with psychotic symptomatology.

Keywords: Late onset, psychosis, schizophrenia

[Abstract:0465] [Çocuk Psikiyatri » Diğer]

What is Mindfulness?

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Mindfulness is about being open to what is happening in the moment, accepting things as they are, without judgment, and welcoming them with kindness and friendship. In other words, it is the art of positive connection with what is happening inside and outside of us. In fact, mindfulness is walking and laboring on the path from doing to being, it is like a guide that tells us how to meet the difficulties, problems or conveniences we encounter while walking on the road. Mindfulness help us to come at this moment with gently and with compassion and help us to escape the vicious cycle of negative thinking, allowing us to step outside the chattering negative self-talk and our reactive impulses and emotions.

Being mindful involves intentionally turning off the autopilot mode in which we operate so much of the time brooding about the past, for instance, or worrying about the future and instead tuning in to things as they are in the present with full awareness. The intention in mindfulness practice is not to forcibly control the mind but to perceive clearly its healthy and harmful patterns. It is to approach our minds and bodies with a sense of curiosity, openness, and acceptance so that we may see what is here to be discovered, and be with it without so much struggle. In this way, little by little, we begin to release ourselves from the grip of our old habits of mind. We begin to know directly what we are doing as we are doing it. We are beginning a graceful transition from unawareness to awareness(1).

Growing evidence has indicated that mindfulness practice induces both state and trait changes. Mindfulness meditation appears in the immediate sense to change the brain's condition, connectivity, and pattern of activity temporarily. And yet, following more extended periods of engagement, such techniques may even change our disposition to mindfulness itself and make small shifts to an individual's personality.

As Martin Seligman, often credited as the father of Positive Psychology, suggested, positive psychology must continue to evolve beyond being only from the 'neck up' to include and integrate the whole body. Mindfulness can also be entirely supportive and conducive to positive psychology that supports a focus on positive emotions, such as gratitude and compassion. Mindfulness and meditation can promote sustained reflection on emotions and thoughts– his can encourage movement away from the bias of dwelling on negative emotions towards more positive ones to increase an individual's experience of them(2).

Application of mindfulness meditation as a form of behavioral intervention for clinical problems began with the work of Jon KabatZinn, which explored the use of mindfulness meditation in treating patients with chronic pain, now known popularly as Mindfulness-Based Stress Reduction. Since the establishment of MBSR, several other interventions have also been developed using mindfulness-related principles and practices, including Mindfulness-Based Cognitive Therapy(MBCT), Dialectical Behavior Therapy(DBT) and Acceptance and Commitment Therapy(ACT)(3).

Keywords: mindfulness, mental health, psychological resilience

REFERENCES:

1. Williams, M., Teasdale, J., Segal, Z., & Kabat-Zinn, J. (2007). The mindful way through depression. New York: The Guilford Press.

2. Lomas, T., Hefferon, K., & Ivtzan, I. (2014). Applied positive psychology: Integrated positive practice. Los Angeles: SAGE.

3. Shian-Ling Kenga, Moria J. Smoskib, and Clive J. Robinsa Clin Psychol Rev. 2011 August; 31(6): 1041–1056.

[Abstract:0466] [Farmakoloji » Psikofarmakoloji]

Cannabis and Cannabinoids

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Cannabis is the botanical name of a genus belonging to the Cannabaceae family. A common feature of all cannabis plants is the presence of secondary components called "cannabinoids or phytocannabinoids"(1). Most of them contain more than 100 different phytocannabinoids, many of which are produced in the trichromes that grow on female cannabis inflorescences. Cannabinoid refers to chemicals that can have effects similar to those produced by the cannabis plant and that act by binding to cannabinoid receptors in the brain and various parts of the body (2). The most famous or infamous cannabinoid is Δ9- tetrahydrocannabinol (Δ9-THC), known for its psychotropic effects. According to their production source, cannabinoids can be classified into three groups: endocannabinoids, phytocannabinoids and synthetic cannabinoids.

Two types of receptors are responsible for the effects of the cannabinoid. The CB1 receptor is located in the Central Nervous System (CNS) and its main effect is on the release of neurotransmitters. The main role of CB2 receptors is to modulate cytokine release and immune cell migration (2;3).

Endocannabinoids, defined as endogenous lipids that activate cannabinoid receptors, influence behavior in a way that at least partially replicates the effects produced by the psychoactive components of cannabis (3). Phytocannabinoids are known to occur naturally in significant amounts only in the cannabis plant (3). The use of synthetic cannabinoids as narcotic drugs is widespread around the world. Synthetic cannabinoid receptor agonists (SRCA's) have increased considerably in recent years. Most SRCA’s are potent agonists of CB1 and CB2 receptors. Most of the effects of SRCA’s are qualitatively similar to those of Δ9-THC found in cannabis (4). The toxic and adverse effects of the use/abuse of synthetic cannabinoids cannot be fully predicted. Therefore, depending on the dose, route of administration, individual characteristics and intake with other drugs, these effects can cause serious side effects, including cardiotoxicity, nephrotoxicity and death (4;5).

Keywords: Cannabis, cannabinoid receptors, pharmacology, synthetic cannabinoids.

REFERENCES:

1-Schilling S, Rainer Melzer R, McCabe PF. Cannabis sativa. Curr Biol 2020; 6;30(1):R8-R9.

2-Alves VL, Gonçalves JL, Aguiar J, Teixeira HM, Câmara JS. The synthetic cannabinoids phenomenon: from structure to toxicological properties. A review. Crit Rev Toxicol 2020;50(5):359-382.

3- Roque-Bravo R, Silva RS, Malheiro RF, Carmo H, Carvalho F, da Silva DD, Silva JP. Synthetic Cannabinoids: A Pharmacological and Toxicological Overview. Annu Rev Pharmacol Toxicol 2023; 20;63:187-209.

4- Castaneto MS, Gorelick DA, Desrosiers NA, Hartman RL, Pirard S, Huestis M. Synthetic cannabinoids: epidemiology, pharmacodynamics, and clinical implications. Drug Alcohol Depend. 2014; 1:144:12-41.

5-Martinotti G, Santacroce R, Papanti D, Elgharably Y, Prilutskaya M, Corazza O. Synthetic Cannabinoids: Psychopharmacology, Clinical Aspects, Psychotic Onset. CNS Neurol Disord Drug Targets 2017;16(5):567-575.

[Abstract:0467] [Çocuk Psikiyatri » Diğer]

Differentiating and recognizing intelligence: Types of intelligence and intelligence tests

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The definition of intelligence can vary from individual to individual and from society to society. Although there have been many definitions of intelligence throughout history, a complete definition has not been made. There are some theories and theories that have been put forward throughout history to define intelligence. If we give examples of these; Spearman Two-Factor Theory of Intelligence, Primary Mental Abilities Theory, Fluid and Crystallized Intelligence Theory, Three Dimensional Thinking model, Theory of Multiple Intelligence, Three Layered Intelligence Theory, Triple Intelligence Theory/Successful Intelligence Theory, Emotional Intelligence may be the prominent ones. Especially Gardner's theory of multiple intelligences has brought a new perspective to the concept of intelligence. These interpretations on the definition and types of intelligence brought along the need to measure and evaluate intelligence. In 1905, Binet and Simon developed the first individual intelligence test. Cognitive Assessment System (CAS), Kaufmann's Assessment Battery for Children (K-ABC), Raven's Standard Progressive Matrices Test (RSPMT), Stanford-Binet Intelligence Scale, Wechsler Intelligence Scales (WISC, WAIS, WPPSI), Porteus Maze Test (PMT), Anadolu-Sak Intelligence Scale (ASIS) are an intelligence test developed and used in the process. Each test has its own subscales, measurement materials, skill groups measured, and age range that can be applied. These vary according to the test, but basically aim to calculate a total intelligence quotient (IQ). The existence of a large number of intelligence tests raises questions about the reliability and comparability of their results. A review of the studies in the literature seeking an answer to this question reveals that tests are successful in determining average IQ, but that they need to be improved in terms of measuring individual differences.

Keywords: intelligence, intelligence tests, types of intelligence

REFERENCES:

1. Lubinski D. Introduction to the special section on cognitive abilities: 100 years after Spearman's (1904) "'General intelligence,' objectively determined and measured". J Pers Soc Psychol. 2004 Jan;86(1):96-111. doi: 10.1037/0022-3514.86.1.96. PMID: 14717630.

2. Bünger A, Grieder S, Schweizer F, Grob A. The comparability of intelligence test results: Group- and individual-level comparisons of seven intelligence tests. J Sch Psychol. 2021 Oct; 88:101-117. doi: 10.1016/j.jsp.2021.09.002. Epub 2021 Sep 27. PMID: 34625207.

3. Kent P. Fluid intelligence: A brief history. Appl Neuropsychol Child. 2017 Jul-Sep;6(3):193-203. doi: 10.1080/21622965.2017.1317480. Epub 2017 May 16. PMID: 28506124. ,

4. Na SD, Burns TG. Wechsler Intelligence Scale for Children-V: Test Review. Appl Neuropsychol Child. 2016;5(2):156-60. doi: 10.1080/21622965.2015.1015337. Epub 2015 Apr 29. PMID: 25923224.

[Abstract:0468] [Çocuk Psikiyatri » Şizofreni ve diğer psikotik bozukluklar]

Drug Treatments for Very Early Onset Schizophrenia

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Pharmacotherapy is the mainstay of treatment (Meuser & McGurk, 2004) and is the focus of this speech. Antipsychotic medications can be divided according to chemical structure, type of receptor binding, and clinical profile into two main groups: first generation and second generation.

All antipsychotic drugs interact with a variety of neurotransmitter systems. First generation antipsychotics typically block dopamine receptors (especially D2 receptors). They reduce positive symptoms, such as delusions, hallucinations, formal thought disorder, as well as other non-specific symptoms such as agitation and aggressiveness. They are also associated with elevated prolactin secretion, extrapyramidal side effects such as tremor, dystonia and tardive dyskinesia, and with rare but potentially fatal side effects such as neuroleptic malignant syndrome.

Second generation antipsychotics vary in their receptor affinity, targeting mainly serotoninergic (5HT2A) as well as D2 and other receptors (e.g., M1, D4, D5). Second generation antipsychotics mainly cause weight gain, dyslipidaemia, and type II diabetes.

First Generation Antipsychotics

Table 1: Dose range and mail side effects of commonly prescribed antipsychotic medications

NAME	DOSE (mg/day)	EPS	SEDATION	WEIGHT GAIN
Chlorpromazine	50-300	++	+++	++
Fluphenazine	5-20	+++	+	+
Haloperidol	1-10	+++	+	+
Trifluoperazine	2-20	+++	+	+

Second Generation Antipsychotics

Table 2:

NAME	DOSAGE (mg/day)	EPS	SEDATION	WEIGHT GAIN
Amisulpiride	800	+	-	+
Aripiprazole	10-15	-	-	+
Asenapin	5-10	+	++	+
Brexpiprazole	1-4	+	-	++
Cariprazine	1,5-6	++	-	+
Clozapine	300-900	-	+++	+++
Iloperidone	2-24	+	-	+++
Lurasidone	40-120	++	+	+
Olanzapine	5-20	-	++	+++
Paliperidone	3-12	+	-	++
Quetiapine	200-800	-	++	++
Risperidone	1-6	++	+	++
Sertindole	4-24	-	-	++
Ziprasidone	20-80	+	++	+

“Antipsychotic medications, other than clozapine and olanzapine (due to their side effects) are recommended as first-line treatment for persons with schizophrenia experiencing their first acute positive symptom episode”

(Buchanan et al, 2010). Overall, a second generation antipsychotic is preferred. The choice would be made taking into account:
Their side effect profile
The patient's history of drug response (if known)
The patient's family history of drug response (if a family member has schizophrenia)
Availability of the medication
Clinician's familiarity with the drug, and
Price
People with a first-episode show better response to treatment and a greater likelihood of side effects than patients with multi-episode schizophrenia. The Schizophrenia Patient Outcomes Research Team (Lehman & Steinwachs, 1998) recommended that patients presenting with a first psychotic episode should be treated with lower doses of antipsychotic medication than those recommended for patients with multi-episode schizophrenia. Available research suggests that lower doses of antipsychotics are as effective as higher doses in patients experiencing a first episode but are better tolerated. That is, the goal should be to maintain the medication at the lowest effective dose to minimise potential adverse events.

Keywords: antipsychotics, first generation, second generation, side effects

REFERENCES:

1. Mueser K, McGurk SR (2004). Schizophrenia. Lancet, 363:2063-2072.

2. Leucht S, Cipriani A, Spineli L et al (2013) Comparative efficacy and tolerability of 15 antipsychotic drugs in schizophrenia: A multiple-treatments meta-analysis. The Lancet, 382:951-962.

3. Buchanan RW, Kreyenbuhl J, Kelly DL et al (2010) The 2009 schizophrenia PORT psychopharmacological treatment recommendations and summary statements. Schizophrenia Bulletin 36: 71-93. doi: 10.1093/schbul/sbp116.

4. Lehman AF, Steinwachs DM (1998). Translating research into practice: the Schizophrenia Patient Outcomes Research Team (PORT) treatment recommendations. Schizophrenia Bulletin, 24:1-10.

[Abstract:0469] [Erişkin Psikiyatri » Psikofarmakoloji]

Psychiatric Disorders and Neuroplasticity

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The ability of the nervous system to modify its structure and functioning in response to certain stimuli, either external or internal, is known as neuroplasticity. Neuroplasticity is the primary process for humankind in its everlasting challenge to adapt to the environment, and it follows typical developmental and aging trajectories in healthy people.

Neuroplasticity can be observed across various scales, wherein adaptive behavior, learning, and memory occupy the highest positions within the hierarchy of neuroplasticity. This hierarchy is based on the arrangement of molecules and their interactions, which provide the foundation of subcellular, cellular, and neural circuit and network levels.

The idea of neuroplasticity is rooted in the dynamic nature of synaptic connections, which undergo continuous removal or reconstruction. The equilibrium between these opposing processes is primarily influenced by neuronal activity. Various manifestations of activity-dependent plasticity have been observed in the majority of brain regions. The relationship between activity and synaptic plasticity is a fundamental aspect of the broader idea of neuroplasticity, as are theories related to memory and learning that rely on changes in synaptic structure and function resulting from experience.

The brain's plasticity might also be interpreted unfavorably. Stress, psychological trauma, substance abuse, and other environmental factors can have a significant impact on brain plasticity, which can result in a variety of psychiatric and mental health issues. In the context of mental disorders, the process of synaptic remodeling might exhibit maladaptive characteristics, potentially resulting in the perpetuation of psychiatric symptoms. Indeed, recent studies show that dysfunctional brain plasticity underlies a wide range of neuropsychiatric disorders, including depression, schizophrenia, addiction, and posttraumatic stress disorder. Thus, understanding the mechanisms of neural plasticity is crucial for developing targeted therapies for mental health conditions.

Various measurement techniques can be used to study plasticity in the human brain. MRI modalities such as structural, diffusion, and functional MRI can be used to study brain plasticity by measuring changes in brain structures, white matter microstructure, and brain function. fMRI measurements of functional connectivity can reveal changes in brain networks and experience-dependent plasticity. PET imaging of synaptic density using radioligands such as SV2A can provide insights into synaptic loss or gain in various situations, including psychiatric disorders. Combining trancranial magnetic stimulation (TMS) with EEG can provide insights into dysregulated circuit function and guide targeted therapies. In spite of all these facilities, investigating neuroplasticity is still very challenging, given the multiscale and temporal nature of plasticity. Additionally, a variety of factors, such as experience, time, and individual traits like stress and heredity, can affect the brain's plasticity.

This presentation aims to address the principles underlying brain plasticity, with a particular emphasis on its association with psychiatric diseases, and to highlight the opportunities and problems this rapidly developing field of research presents.

Keywords: neuroplasticity, psychiatric disorders, brain, TMS

[Abstract:0470] [Çocuk Psikiyatri » Anksiyete bozuklukları]

What The Mind Says in Social Phobia

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Social phobia/social anxiety disorder (SAD) is a disorder characterized by worrying about being judged or humiliated by others, and marked and disproportionate fear and avoidance of social environments. In SAD, the individual's mind tends to generate negative scenarios for social interactions. These individuals have difficulty in environments where they feel that they are being watched by others. They often have fears that others will notice the physical symptoms they experience during social interactions and that they will appear anxious, bored, and inadequate. Clark states in his model that as individuals with SAD process themselves as social objects, they may also misinterpret positive results from the other side and their awareness of their feared sensations increases. Despite the proven efficacy of CBT in the treatment of anxiety disorders in children and adolescents, study results report that the rate of diagnostic persistence after therapy termination is 40%. Therefore, it is seen that studies examining high-level cognitive abilities such as executive functions, theory of mind and metacognition to contribute to interventions in social anxiety disorder have increased in recent years. Executive functions are a set of cognitive processes including inhibition, working memory and cognitive flexibility that regulate thoughts and actions. It has been reported that executive function impairment in individuals with SAD is not the primary contributing factor to the disease, but indirectly, these individuals have been reported to perform worse on self-report scales assessing executive functions, attention-orienting tests, and sustained attention tests. There is also evidence that working memory interventions are effective in the effective treatment of generalized SAD. In a systematic review, it was shown that positive and negative metacognitive beliefs and beliefs about the necessity of controlling thoughts had a positive and significant relationship with social anxiety levels. Metacognitive beliefs were found to be directly or indirectly related to social anxiety through cognitive processes. In a systematic review, positive and negative metacognitive beliefs and beliefs about the need to control thoughts were shown to have a positive and significant relationship with social anxiety levels. It has been reported that ToM skills are low in individuals with SAD. It is thought that when ToM skills are low, rejection sensitivity increases and this may lead to exacerbation of social anxiety.

The findings of our study, in which we examined ToM skills, executive functions and metacognitive processes in adolescents with social anxiety disorder in order to contribute to this field in the literature and which was supported by Gazi University Scientific Research Projects Coordination Unit within the scope of project number TTU-2021-7362, suggest that it would be useful to evaluate ToM skills, executive functions and metacognitions together in SAD and to plan treatment strategies for these skills.

Keywords: executive function, metacognitions, social anxiety disorder, theory of mind

REFERENCES:

1. Leigh E, Clark DM. Understanding social anxiety disorder in adolescents and improving treatment outcomes: Applying the cognitive model of Clark and Wells (1995). Clinical child and family psychology review. 2018;21(3):388-414.

2. Gkika S, Wittkowski A, Wells A. Social cognition and metacognition in social anxiety: a systematic review. Clinical Psychology & Psychotherapy. 2018;25(1):10-30.

3. Colonnesi C, Nikolić M, de Vente W, Bögels SM. Social Anxiety Symptoms in Young Children: Investigating the Interplay of Theory of Mind and Expressions of Shyness. Journal of Abnormal Child Psychology. 2017;45(5):997-1011.

4. Zhao X, Dang C, Maes JHR. Effects of working memory training on EEG, cognitive performance, and self-report indices potentially relevant for social anxiety. Biological Psychology. 2020;150:107840.

5. Washburn D, Wilson G, Roes M, Rnic K, Harkness KL. Theory of mind in social anxiety disorder, depression, and comorbid conditions. J Anxiety Disord. 2016;37:71-7.14.

[Abstract:0471] [Erişkin Psikiyatri » Yeme bozuklukları]

Recommendation About Eating Disorder Diagnoses

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New options regarding eating disorders (EDs) diagnoses are presented in DSM-5. However, over time, the usefulness of these options for clinicians and patients has not been adequately acknowledged. These ED diagnoses, which are relatively new and little discussed, also include some diagnostic groups within the Other Specified Eating Disorders (OSFED) group. In particular, atypical anorexia nervosa (AN) is a diagnostic group that has close connections with anorexia nervosa and intersections with other eating disorders.

The DSM-5 description of atypical AN includes “despite significant weight loss,” but most studies did not employ a specific definition and often applied the diagnosis to individuals with prominent psychological features of AN who were not underweight. One of the unanswered questions is how atypical AN relates to other diagnostic categories. For example after an individual with AN receives nutritional rehabilitation and gains to within or above the normal weight range, should their diagnosis change to atypical AN if they continue to restrict food intake and to be overly concerned with shape and weight? And also there is another question for other eating disorder categories, like individuals with bulimia nervosa (BN) and purging disorder in which weight suppression is common. What diagnosis is suitable for these groups? There is not enough evidence-based data yet for all these questions and answers. In this presentation, less talked about diagnostic groups among eating disorders and especially the diagnosis of AAN will be discussed in the light of recent research.

Keywords: anorexia nervosa, atypical anorexia nervosa, eating disorders, other specified eating disorders,

[Abstract:0472] [Çocuk Psikiyatri » Diğer]

The Role of Intelligence in Psychopathologies: Advantage or Disadvantage?

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Although various definitions have been made about intelligence, researchers agree that intelligence includes the abilities of "learning" and "adapting to changes". The relationship between intelligence and mental illnesses has been an intriguing subject for researchers and many studies have been conducted until now. In addition to revealing the risk factors in the etiology of mental diseases, these studies have also contributed to the literature on developing prevention of mental disorders and intervention strategies.

Past research has focused mostly on premorbid intelligence level and the risk of developing schizophrenia and dementia. Low intelligence, poor social adaptation, marijuana use, and personality disorders are among the risk factors identified in schizophrenia. A 28-year follow-up study in Northern Finland found that the risk of developing schizophrenia, other psychoses, and inpatient non-psychotic disorders was 2-8 times higher in students who performed lower academically than their peers at age 14 due to low IQ. It is thought that poor language ability and low education level increase the risk of dementia.

An increasing number of studies focuses on the relationship between psychiatric disorders other than schizophrenia and intelligence level. In a 66-year follow-up study conducted in Scotland, intelligence was shown to be an independent predictor of lifetime psychiatric contact. It has been found that each standard deviation decrease in IQ causes a 12% increase in the risk of psychiatric admission, regardless of gender and region of childhood residence.
Bipolar disorder is rare in the general population, as is very high intelligence, so it is necessary to study large numbers of people to reliably detect any relationship between the two. In a prospective cohort study of 1 million Swedish men, the risk of hospitalization with any bipolar disorder decreased gradually as intelligence increased. However, when examined in terms of pure bipolar disorder without comorbidities, it was found that men with high intelligence had an increased risk compared to men with average intelligence.

A significant proportion of individuals with autism spectrum disorder (ASD) suffer from varying degrees of intellectual disability, from mild to severe. There is extensive evidence of a relationship between autism and low IQ score. However, individuals with ASD also have average and above-average IQ's. One study showed that individuals with ASD with above-average intelligence were found to show significant impairment in social cognition, visual pattern recognition and verbal working memory areas when compared to the control group of similar intelligence.

In a study investigating the relationship between attention deficit hyperactivity disorder (ADHD) and intelligence, it was found that a higher IQ score was associated with lower levels of inattention and hyperactivity-impulsivity. For children with high IQ scores, parents reported more attention problems than teachers. This shows that attention problems in high-intelligence children are less noticeable at school.

As a result, studies show that many individuals seeking mental health treatment may have low cognitive ability. Patients with low cognitive ability may have difficulty accessing healthcare or understanding and complying with treatment protocols. These individuals may benefit from interventions aimed at improving mental health literacy.
Keywords: Intelligence, psychopathology, schizophrenia, bipolar disorder, autism spectrum disorder, attention deficit hyperactivity disorder

REFERENCES:

1. Isohanni I, Järvelin MR, Nieminen P, et al. School performance as a predictor of psychiatric hospitalization in adult life. A 28-year follow-up in the Northern Finland 1966 Birth Cohort. Psychol Med. 1998; 28:967-74.

2. Walker NP, McConville PM, Hunter D, Deary IJ, Whalley LJ. Childhood mental ability and lifetime psychiatric contact: A 66-year follow-up study of the 1932 Scottish Mental Ability Survey. Intelligence. 2002; 30:233-45.

3. Gale CR, Batty GD, McIntosh AM, Porteous DJ, Deary IJ, Rasmussen F. Is bipolar disorder more common in highly intelligent people? A cohort study of a million men. Molecular psychiatry. 2013; 18:190-4.

4. Rommelse N, Langerak I, van der Meer J, et al. Intelligence May Moderate the Cognitive Profile of Patients with ASD. PloS one. 2015;10: e0138698.

5. Rommelse N, Antshel K, Smeets S, et al. High intelligence and the risk of ADHD and other psychopathology. The British journal of psychiatry: the journal of mental science. 2017; 211:359-64.

[Abstract:0474] [Erişkin Psikiyatri » Yeme bozuklukları]

Do obesity drugs cause suicide/self-harm behavior?

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Anti-obesity medications are prescribed to treat a variety of conditions, including: (a) sick fat disease (adiposopathy) and its detrimental effects on the cardiometabolic system; (b) fat mass diseases; (c) slowing the rate at which weight is gained back; (d) slowing the rate at which weight is gained back; (e) working in conjunction with bariatric surgery to enhance weight loss; and (f) generally improving the health and quality of life of patients with pre-obesity or obesity. The topic of this speech is anti-obesity medications that increase the risk of suicide. A warning is attached to the use of Naltrexone/bupropion because patients may experience psychosis, hallucinations, paranoia, delusions, homicidal ideation, aggression, hostility, agitation, anxiety, panic, and suicidal ideation in addition to changes in mood (including depression and mania). According to reports, topiramate raises the risk of suicide, so before starting topiramate treatment, patients should have their depression and suicide risk assessed. Ecopipam (dopamine), a medication used to treat obesity, experienced unacceptably high rates of depression and suicide between 2006 and 2007. Despite encouraging outcomes in clinical studies, an FDA panel recommended in 2008 that Rimonabant, a strong and selective inverse agonist of the endocannabinoid (CB1 receptor), be refused approval due to allegations of an increase in depression and suicide. Additionally, a few natural compounds may aid in weight loss through the following mechanisms: hunger control, inhibition of pancreatic lipase and amylase, suppression of metabolic and thermogenic stimulation, enhancement of insulin sensitivity, prevention of adipogenesis, and activation of adipocyte apoptosis. One of such natural remedies, khat, has adverse consequences like gastrointestinal distress and may be involved in homicide and suicide-related forensic cases. A deeper comprehension of the biology underlying appetite and metabolism offers a chance to create medications that might be safer and more efficient choices for managing weight.

Keywords: obesity, suicide, anti-obesity drugs

REFERENCES:

1- Bays HE, Fitch A, Christensen S, Burridge K, Tondt J. Anti-Obesity Medications and Investigational Agents: An Obesity Medicine Association (OMA) Clinical Practice Statement (CPS) 2022. Obesity Pillars 2022;2:100018.

2- Jones BJ, Bloom SR. The New Era of Drug Therapy for Obesity: The Evidence and the Expectations. Drugs (2015) 75:935–945.

3- Shaik Mohamed Sayed UF, Moshawih S, Goh HP, Kifli N, Gupta G, Singh SK, et al. Natural products as novel anti-obesity agents: insights into mechanisms of action and potential for therapeutic management. Front. Pharmacol 2023;14:1182937.

[Abstract:0475] [Erişkin Psikiyatri » Diğer]

Artificial Intelligence in Psychiatry. Looking to the Future, What Can We Do?

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In our panel discussion on " Artificial Intelligence (AI) in Psychiatry", we delve into the evolving landscape of AI integration in mental healthcare. Acknowledging the potential benefits of enhanced access and efficiency, our expert psychiatrists express cautious optimism tempered by skepticism about AI's capacity to deliver empathetic care. There's a recognized need for psychiatric leadership to guide the responsible adoption of AI tools, advocating for guidelines to ensure patient safety and trust amidst concerns about over-reliance on machine learning impacting clinical decision-making and exacerbating healthcare disparities.

Our discussion highlights the importance of raising awareness among current and future physicians about AI technologies and their implications for mental healthcare. We stress the value of machine learning in offering insights into mental health issues, while also exploring the potential of deep learning methods to diagnose multiple disorders simultaneously, especially through visual modalities. To address challenges, we advocate for the exploration of diverse data sources and preprocessing techniques to enhance model accuracy.

Maintaining epistemic humility is paramount as we navigate the integration of AI in psychiatry. We caution against prioritizing AI outputs over patient perspectives and shared decision-making, emphasizing the need for critical evaluation to mitigate unintended consequences and historical inequities in mental healthcare. Collaborative efforts between AI developers, clinicians, and individuals with mental illness are essential to ensure AI algorithms consider and respect patient experiences, fostering a patient-centered approach to AI integration in psychiatry.

In conclusion, our panel underscores the importance of a balanced approach to AI integration, prioritizing patient-centered care, and collaborative decision-making. By fostering awareness, critical evaluation, and collaboration, we can harness the potential of AI while addressing concerns and ensuring equitable and effective mental healthcare delivery in the future.

Keywords: Artificial intelligence, future, psychiatry,

REFERENCES:

1- McCradden M, Hui K, Buchman DZ. Evidence, ethics and the promise of artificial intelligence in psychiatry. J Med Ethics 2023;49:573–579.

2- Blease C, Locher C, Leon-Carlyle M, Doraiswamy M. Artificial intelligence and the future of psychiatry: Qualitative findings from a global physician survey. Digital Health 2020;6: 1–18.

3- Iyortsuun NK, Kim SH, Jhon M, Yang HJ, Pant SA. Review of Machine Learning and Deep Learning Approaches on Mental Health Diagnosis. Healthcare 2023, 11, 285.

[Abstract:0476] [Erişkin Psikiyatri » Travma, stres ve ilgili durumlar]

The Studies on Early Life Stress: A Historical Overview

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The influences of childhood traumas or early life experiences on later life have been recognized since the late 19th and early 20th centuries. Bowlby's attachment theory and Harry Harlow's studies on monkeys provided insights into the impact of early caregiver-child relationships on emotional and psychological well-being. The prevalence and impact of childhood abuse and neglect became more widely recognized in the mid-20th century. Today, the term "early life stress" (ELS) refers to a broader range of adverse childhood experiences, including toxins exposure, nutritional restriction, abuse, neglect, limited family resources, and low socioeconomic status.

Current knowledge of the ELS is based primarily on preclinical animal studies and large longitudinal or cross-sectional cohort studies. The 1990s saw the rise of epidemiological and neurobiological research to explore the link between ELS and adult outcomes. As evidence on neurobiological correlates of chronic stress increased, research into ELS's effects on stress systems, neurodevelopment, behavior, physical health, and vulnerability to psychopathology accelerated. Animal models have demonstrated that early life stressors such as maternal separation, social isolation, unpredictable maternal care, and two hits models can alter the HPA axis' functioning, resulting in abnormalities in stress hormone levels and stress reactivity, brain structure, and function in response to early adversity. These studies also revealed critical and sensitive periods of development that are susceptible to environmental influences.

Several well-known cohort studies in the ELS literature have yielded remarkable results. For example, the "Lehigh longitudinal study," which has been ongoing since 1976 has followed participants from early childhood to adulthood. Another pioneering study, "The Adverse Childhood Experiences (ACEs) Study," conducted in the 1990s retrospectively assessed ELS exposure in a large adult population, making significant contributions to our understanding of ELS and its long-term consequences. These studies highlighted the cumulative nature of early life stress and its impact on diverse health outcomes, including mental illness, chronic diseases, and premature mortality. Subsequent cohort studies focused not only on the epidemiology of ELS but also on its neurobiological and genetic correlates. These studies highlighted that ELS was associated with mild stress system dysregulations (cortisol and inflammation), alterations in brain regions involved in emotion regulation, memory, and stress response, such as the amygdala, hippocampus, and prefrontal cortex, advanced biological aging, and a poorer lifestyle.

Research in the 2010s emphasized the role of epigenetic mechanisms in the effects of early life stress (ELS) on gene expression. More recent studies have explored transgenerational epigenetic inheritance, suggesting that epigenetic changes induced by ELS can be passed down to future generations.

Contemporary research on ELS takes an interdisciplinary approach, drawing on insights from psychology, neuroscience, genetics, sociology, public health, and other fields, and has focused on revealing resilience and protective factors, including supportive relationships, resource access, and individual coping strategies. Recent animal studies have also suggested the effectiveness of environmental enrichment, pharmacological treatments, early intervention programs, and maternal care interventions in promoting resilience and improving developmental outcomes.

As we understand the long-term effects of ELS, intervention and prevention efforts become crucial, especially given its high prevalence.

Keywords: Early life stress, childhood trauma, animal studies, epidemiological studies, neurobiology

REFERENCES:

1-Sousa C, Mason WA, Herrenkohl TI, Prince D, Herrenkohl RC, Russo MJ. Direct and indirect effects of child abuse and environmental stress: A life-course perspective on adversity and depressive symptoms. Am J Orthopsychiatry. 2018;88(2):180-188.

2- Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. American Journal of Preventive Medicine. 1998; 14(4):245–258.

3-Kuzminskaite E, Vinkers CH, Milaneschi Y, Giltay EJ, Penninx BWJH. Childhood trauma and its impact on depressive and anxiety symptomatology in adulthood: A 6-year longitudinal study. J Affect Disord. 2022; 1(312):322-330.

4-Li X, Gao TM. Epigenetic Mechanism of Depression after Early Life Stress. Neurosci Bull. 2022;38(6):692-694.

[Abstract:0477] [Erişkin Psikiyatri » Kişilik bozuklukları]

Gonadal Hormones in Borderline Personality Disorder: Implications For Understanding Symptoms and Supporting Treatment

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Borderline Personality Disorder (BPD) is a mental disorder that begins in young adulthood and is characterized by extreme impulsivity, instability in affect and interpersonal relationships, inadequate self-perception, and extreme sensitivity to abandonment. Its incidence is approximately between 1.2% and 6%. The etiology has not been fully elucidated. Genetic, environmental, social and neurobiological factors are held responsible. Recent studies have focused on the effect of hormones. In particular, the effect of gonadotropic hormones has been a matter of curiosity.

Gonadotropic hormones are Follicle-stimulating hormone (FSH) and Luteinizing hormone (LH), produced by the anterior lobe of the pituitary. The main function of these hormones is the regulation of reproductive and endocrine activities. They regulate the functions of the ovaries in women and the testicles in men. They are also necessary for the synthesis of sex hormones (estrogens, androgens, progesterone), ovulation and spermatogenesis. While FSH regulates egg production and estrogen release by acting on the ovaries in women, it regulates sperm production in men. LH initiates ovulation in women and stimulates testosterone secretion in men.

In studies, fluctuations in gonadotropic hormones have been associated with BPD symptoms. In particular, it has been reported that hormonal fluctuations in female patients are closely related to BPD. Chanen and Thompson drew attention to this situation in a study. In their study, it was reported that emotional instability found in individuals with BPD was higher in women than in men, while impulsivity rates were lower in women than in men. In addition, in this study, it was also reported that behaviours such as sexual behaviours and emotional and physical abuse were higher in females than in males. This has been confirmed by other studies investigating the effects of gonadotropic hormones on mood. In a study conducted with 226 women of reproductive age, DeSoto et al. found that estrogen fluctuations during the menstrual cycle were associated with borderline symptoms. In another study, Cotrufo et al. showed that there is a relationship between increased testosterone levels and impulsivity. Rausch et al. compared individuals with BPD with healthy controls. In their study, they found that salivary testosterone levels were higher in individuals with BPD compared to healthy controls. In a more comprehensive study in which progesterone, estradiol and estrogen levels were evaluated, these hormonal fluctuations were associated with the main symptoms of BPD such as thought rumination, negative thinking, emotional instability and impairments in cognitive functions. Similar studies have been conducted on LH irregularities. In these studies, fluctuating LH levels were found to be associated with increased anger outbursts and emotional instability.

Despite all these, the relationship between BPD and gonadotropic interactions has not been fully explained. Studies in this field are quite limited and the reported results are contradictory. Therefore, there is a need for further studies in this field. Further large-scale and more comprehensive studies will be extremely important in terms of understanding the biological basis of BPD and developing effective treatment approaches.

Keywords: Borderline personality disorder, Gonadotropic hormones, Oestrogens

REFERENCES:

1) American Psychiatric Association. DSM-5 diagnostic classification. In: Diagnostic and Statistical Manual of Mental Disorders. 5th ed. Arlington; 2013.

2) Kutlu MA. Borderline personality disorder: A review. Journal of Civilization Studies. 2018;3:11-20.

3) Ferber SG, Hazani R, Shoval G, Weller A. Targeting the Endocannabinoid System in Borderline Personality Disorder: Corticolimbic and Hypothalamic Perspectives. Curr Neuropharmacol. 2021;19:360-371.

4) Osz F, Kilpatrick M, Muburi C, Castle D. Gonadal hormones in borderline personality disorder: implications for understanding symptoms and supporting treatment. Arch Womens Ment Health. Published online December 5, 2023. doi:10.1007/s00737-023-01406-0.

[Abstract:0478] [Erişkin Psikiyatri » Psikosomatik tıp - Liyazon psikiyatri]

rTMS's Effects on Cognitive Enhancement

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Transcranial magnetic stimulation is a non-invasive brain stimulation technique that creates a magnetic field by focally applying a figure-of-eight coil carefully placed over a designated stimulation area on the scalp, and is used for an increasing number of research and clinical applications. If the electrical current produced by this magnetic field in conductive brain tissue is strong enough to exceed a physiological threshold, it can depolarize neurons in the targeted cortical tissue and excitation in superficial tissues can propagate to distant targets through circuits that are structurally or functionally linked to the stimulation field. Unlike single-pulse TMS, patterned repetitive TMS (rTMS) is important in that it can create long-term effects on neural activity and behavior beyond the stimulation period and trigger neuroplastic changes resembling depression or long term potentiation. rTMS applies a certain number of stimuli per session over a period of 20-40 minutes, and this condensed stimulation allows changes in task performance. In particular, recent research emphasize the application of rTMS for the purpose of cognitive enhancement. The effects of factors such as location of stimulation, number of sessions, comorbid medication use and frequency of stimulation, on cognitive enhancement have been evaluated in various studies. For example, in a study, which examined thirteen studies and reached 293 participants, the total effect size of rTMS on cognitive performance was studied, indicating that the medium-large effect size favored active rTMS over sham rTMS. In this study, the results showed that high-frequency rTMS over the left DLPFC and low-frequency rTMS on the right DLPFC significantly improved memory functions, high-frequency rTMS targeting the right IFG significantly improved executive performance and the effects of consecutive rTMS sessions could last for up to few months. In a review of studies on different psychiatric diseases, it was stated that there were many studies showing significant improvements in working memory with rTMS. rTMS has been shown to improve the memories of people with depression and PTSD in several areas, including episodic memory, spatial memory, verbal fluency, and executive functions. Also, rTMS has been shown to be effective in improving performance on the Stroop interference task. Additional studies demonstrated improved attention, memory enhancement, including recognition memory and working memory as a result of rTMS in healthy individuals. It has been emphasized that for the people with mild cognitive impairment, rTMS improves cognitive functioning especially in the memory category, which is evident when applied to the left dorsolateral prefrontal cortex. A meta-analysis evaluating twelve randomized controlled trials involving 231 patients showed significant positive effects on cognition in groups receiving rTMS compared to control groups receiving sham rTMS. This study also shows that long-term TMS treatment and multiple site stimulation provides better cognitive improvement than short-term rTMS treatment and single site stimulation when grouped by number of sessions and stimulation site. Although current data show that rTMS is effective for cognitive improvement, it is important to support it with large sample studies.

Keywords: cognitive enhacement, mild cognitive impairment, rTMS

REFERENCES: Chou et al., A systematic review and meta-analysis of rTMS effects on cognitive enhancement in mild cognitive impairment and Alzheimer's disease, Neurobiology of Aging, 2020;86:1-10. Kim TD et al., Cognitive Enhancement in Neurological and Psychiatric Disorders Using Transcranial Magnetic Stimulation (TMS): A Review of Modalities, Potential Mechanisms and Future Implications. Exp Neurobiol 2019;28:1-16. Lin et al., The role of repetitive transcranial magnetic stimulation (rTMS) in the treatment of cognitive impairment in patients with Alzheimer's disease: A systematic review and meta-analysis, Journal of the Neurological Sciences, 2019;398:184-191.

[Abstract:0479] [Erişkin Psikiyatri » Diğer]

Usability of TMS in Cases of Mild Cognitive Impairment

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Transcranial magnetic stimulation (TMS) is a non-invasive neuromodulation technique. Cognition is a broad concept and different cognitive functions are subserved by different cerebral and cerebellar circuits, which may be more or less susceptible to stimulation techniques. As both TMS and tDCS are thought to affect mainly the outer layers of the brain, cognitive circuits that rely on midbrain and other deep structures such as the cingulate gyrus and the hippocampus may be expected to be insensitive to Non-invazive brain stimulation(NIBS). In addition, since NIBS is usually applied to the cerebral cortex, cognitive functions that rely highly on subcortical or cerebellar circuits may not be expected to be responsive either. • In studies using functional magnetic resonance imaging (fMRI), elevated hippocampal activation is observed in a number of conditions that confer risk for Alzheimer's disease (AD), including cognitively normal carriers of the ApoE4 allele, presymptomatic carriers of genetic mutations for familial AD, and patients with amnestic mild cognitive impairment (aMCI), although patients with late aMCI and early AD show reduced hippocampal activity. • In the case of early aMCI, a condition in which memory is worse than would be expected for a person's age, such increased hippocampal activation has been suggested to serve a beneficial compensatory function by recruiting additional neural resources. An alternative view is that excess activation directly contributes to memory impairment and may be tied to widespread degenerative processes in prodromal AD.

In this context, we wanted to discuss the effectiveness, usability, and effectiveness of TMS applications for mild cognitive disorders and their effectiveness on hippocampal activity, in line with the current information in the literature.

Keywords: mild cognitive impairment, transcranial magnetic stimulation, alzheimer disease

[Abstract:0480] [Çocuk Psikiyatri » Yeme bozuklukları]

Cognitive Behavioral Approach in Anorexia Nervosa

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Although many reasons are mentioned in the etiology of eating disorders, none of them alone can adequately explain them. Here, cognitive behavioral theory's explanations of Anorexia Nervosa (AN) and its use in treatment will be discussed. Initially, the behavioral theory claimed that positive and negative reinforcement and classical conditioning play a role. Later, it was emphasized that in addition to these, cognitive processes such as thoughts and core beliefs about the desire to be weak are also important. It was also claimed that there are deficiencies in the areas of autonomy and individuality in AN, and that negative early life experiences cause negative core beliefs about the self. It has been suggested that the person associates this negative self with the body and the compensatory strategies used to cope with this leads to eating disorders.

The treatment of eating disorders is challenging and it is difficult to decide which treatment will be effective. It is emphasized that multifaceted treatment including medical care, psychopharmacotherapy, individual therapy and psychoeducation can be effective in the treatment of eating disorders. In the first half of the 20th century, the medical perspective played an important role in the treatment of anorexia nervosa, whereas in the second half of the 20th century, individual therapies gained more importance. Current guidelines recommend cognitive-behavioral therapy for eating disorders as the main therapy for non-underweight adults and as one of the options for underweight adults. In children and adolescents, family-based methods are prioritized, while cognitive-behavioral therapy is recommended when family-based therapy is unacceptable, contraindicated or ineffective.

While treatment of anorexia nervosa can be outpatient or inpatient depending on the severity and complications of the disease, maintaining well-being after remission and preventing relapse is as important as achieving remission. Intensive Cognitive Behavioral Therapy (CBT) for anorexia nervosa is designed to reduce the high relapse rate typically seen following hospital discharge.

In a recent study involving adult and adolescent anorexia nervosa patients who responded poorly to previous treatments, 20 weeks of intensive CBT was applied and the results were evaluated at baseline, at the end of treatment, and at 20 and 60 weeks follow-up. As a result of the study; it was found that body mass index increased significantly at the end of treatment compared to baseline in both adults and adolescents, remained stable at 20 weeks follow-up, decreased slightly from 20 weeks to 60 weeks follow-up, but remained in the low normal range. In addition, there was no difference between adolescent and adult patients in terms of treatment acceptance, discontinuation or any outcome measurement.

In conclusion; in recent years, there is increasing data that CBT in anorexia nervosa may show similar efficacy in adolescents as in adults and its use has become widespread.

Keywords: adolescent, anorexia nervosa, cognitive behavioral therapy

REFERENCES:

[1] Dalle Grave R, El Ghoch M, Sartirana M, Calugi S. Cognitive Behavioral Therapy for Anorexia Nervosa: An Update. Curr Psychiatry Rep. 2016;18(1):2

[2] Dalle Grave R, Conti M, Calugi S. Effectiveness of intensive cognitive behavioral therapy in adolescents and adults with anorexia nervosa. Int J Eat Disord. 2020;53(9):1428-1438.

[3] Frostad S, Calugi S, Engen CBN, Dalle Grave R. Enhanced cognitive behaviour therapy (CBT-E) for severe and extreme anorexia nervosa in an outpatient eating disorder unit at a public hospital: a quality-assessment study. J Eat Disord. 2021;9(1):143.

[4] Mulkens S, Waller G. New developments in cognitive-behavioural therapy for eating disorders (CBT-ED). Curr Opin Psychiatry. 2021;34(6):576-583

[5] National Guideline Alliance (UK). Eating Disorders: Recognition and Treatment. London: National Institute for Health and Care Excellence (NICE); 2020.

[Abstract:0481] [Çocuk Psikiyatri » Diğer]

Internet Addiction and Suicidality Among Primary and Secondary School Students: A Perspective From Network Analysis

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Research interests: Psychiatric epidemiology, evidence-based medicine, health service research

Background: The COVID-19 pandemic has increased the risk of both Internet addiction and suicide across various populations, especially among children and adolescents. This study aimed to assess the inter-relationships between Internet addiction symptoms and suicidality among primary and secondary school students from the perspective of network analysis.

Methods: This was a cross-sectional, multicenter study. The Internet Addiction Test (IAT) was used to assess internet addiction symptoms. Participants were also asked about having any suicidal ideation and suicide plan. Univariate analyses and network analysis were subsequently conducted.

Results: Altogether, 5380 primary and secondary school students participated in the study. Among them, 3161 (58.8 %, 95 % CI = 57.4 %-60.1 %) students reported having Internet addiction symptoms and 798 (14.8 %, 95 % CI = 13.9 %-15.8 %) reported having suicidal ideation or suicide plan in the past two weeks. Network analysis revealed that IAT16 ('Request an extension for longer time spent online'; node strength = 1.223) was the most central symptom in the Suicidality-Internet addiction network model, while the edge suicidality-IAT4 ('Form new relationship with online users'; edge weight = 0.055) was the strongest edge linking both communities.

Conclusions: Internet addiction symptoms were common among primary and secondary school students during the COVID-19 school closure period in China and were significantly associated with suicidality. Targeted strategies such as strengthening self-control, sense of belonging and connectedness may be important in reducing the risk of both suicidality and Internet addiction among primary and secondary school students.

Keywords: Adolescents, Children, Internet addiction, Suicidality

[Abstract:0483] [Erişkin Psikiyatri » Bağımlılıklar]

What Is Needed For a Family? What do Researches Say?

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The relationship between family and addiction has a multidimensional structure and affects both the family and the addicted individual. While the family plays a protective role by preventing individuals from developing addictive behaviour, it is also a potential risk factor for the development of addictive behaviour (1,2). After addiction develops, the family affects the recovery process with its role in treatment (1). Family is also deeply affected by addictive behaviour. For all these reasons, addiction is referred to as a family disease (3,4). In many studies investigating the effect of family participation on the treatment process, it has been found that identifying the needs of the family and creating treatment programmes for their needs have a positive effect on the course of treatment. On the other hand, in cases where the family does not participate in the treatment, the course of treatment often results in drop-out of the treatment (5,6).

The Green Crescent Counselling Centre (YEDAM), a centre that includes the family in its treatment programmes, provides psychosocial support in the fields of tobacco, alcohol, substance, internet and gambling. In addition to the services it offers to addicted individuals, it has a holistic system in which the needs of family members are determined and intervention plans are created accordingly. At YEDAM, family members receive family counsellings, co-dependency counsellings, family psychological support counsellings and family group therapy services (7). According to the study evaluating the effect of the services provided to family members in YEDAM on addiction treatment, it was found that as the number of meetings attended by family members increased, the duration of substance use-free period increased in direct proportion. The findings of the same study show that the participation of the family in the treatment increases the compliance of the individual with substance use disorder to the treatment and reduces the rate of drop-out (6).

Regardless of the type of addiction, family members have difficulties in various areas during the treatment process. When all types of addiction served at YEDAM were evaluated together, it is seen that family bonds are most affected. Family members who received counseling services for internet addiction had the most difficulties in the area of giving responsibility, while family members who received counseling services for substance abuse and gambling had weakened family bonds. The needs of family members vary depending on the age of the addicted individual, the type of addiction, the type of substance used, the mental health problems observed in family members, and the pattern of co-dependency. Within the scope of this presentation, the areas where family members who receive services from YEDAM have difficulties and what their needs are according to the types of services they receive will be evaluated in the insight of current data.

Keywords: Addiction, co-dependency, family

[Abstract:0484] [Çocuk Psikiyatri » Diğer]

Dating Violence in Adolescents

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Adolescence is a critical period in which sexuality, sexual identity, dating and intimate relationships are discovered, as well as rapid changes in physical and mental development. Dating violence is a type of interpersonal violence that is increasing in frequency worldwide and is recognized as a preventable public health problem in many countries. Adolescent dating violence (ADV) includes all forms of physical violence, sexual violence, stalking or psychological aggression (including coercive acts) intentionally inflicted by a current or former partner, provided that one of the partners is in adolescence (1).

A meta-analysis of 101 studies revealed that approximately one in every four adolescents was exposed to physical TDV; 14% of girls and 8% of boys were exposed to sexual violence in dating relationships (2). Rates of psychological dating violence vary between 17-88% in females and 24-85% in males (3). One reason for such a wide range in the rates of psychological violence may be that adolescents fail to recognize the warning signs of abuse depending on their social/emotional developmental stage and interpret controlling behaviours and possessiveness as "true love" (1).

The use of technology by young people to communicate and interact with each other, including dating relationship dynamics, has been increasing in recent years. They also use media and digital tools such as text messages, e-mails, cell phones, social networks or webcams to develop and maintain dating relationships. A study conducted among sixth-grade students found that the prevalence rate of cyber dating abuse, including behaviours such as unwanted sexting or uploading embarrassing photos, was approximately 15% (4). Many studies have shown that TDV has long-term detrimental effects on mental health, such as depression, suicide attempts, eating disorders, alcohol substance use disorder, antisocial behaviours and adult dating violence (5).

This presentation aimed to address the issue of dating violence in all aspects and to provide information about ways of coping, especially in adolescents who are in the risky group and have started dating relationships through technology.

Keywords: Dating violence, adolescents, psychological affects

REFERENCES:
1. Miller E. Prevention of and Interventions for Dating and Sexual Violence in Adolescence. Pediatr Clin North Am. 2017 Apr;64(2):423-434. doi: 10.1016/j.pcl.2016.11.010.
2. Wincentak, K., Connolly, J., & Card, N. (2017). Teen dating violence: A meta-analytic review of prevalence rates. Psychology of Violence, 7(2), 224–241. https://doi.org/10.1037/a0040194.
3. Leen E, Sorbring E, Mawer M, Holdsworth E, Helsing B, Bowen E. Prevalence, dynamic risk factors and the efficacy of primary interventions for adolescent dating violence: An international review. Aggression and Violent Behavior, 2013;18(1), 159–174. https://doi.org/10.1016/j.avb.2012.11.015.
4. Martínez Soto A, Ibabe I. Recommended Instruments for Analyzing Cyber Dating Violence: A Systematic Review. Span J Psychol. 2022 Jan 20;25:e4. doi: 10.1017/SJP.21.50. PMID: 35045906.
5. Piolanti A, Foran HM. Psychological violence in dating relationships among adolescents: A systematic review and meta-analysis of prevention programs. Prev Med. 2022 Jun;159:107053. doi: 10.1016/j.ypmed.2022.107053.

[Abstract:0486] [Çocuk Psikiyatri » Şizofreni ve diğer psikotik bozukluklar]

General Information on Early and Very Early Onset Schizophrenia

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Psychotic disorders are rare in children. The poor prognosis associated with very early-onset and early-onset schizophrenia, as well as its impact on development, underscores the importance of accurate diagnosis. Misdiagnosis can lead to adverse outcomes. The decline in cognitive and social development also places a significant burden on the family. Even today, the overlap of symptoms, particularly in mood disorders, can contribute to misdiagnosis.(1)
Schizophrenia, derived from the Greek words meaning “splitting” and “mind”, represents a clinically diverse syndrome characterized by impairments in cognitive, emotional, and behavioral domains, none of which are pathognomonic for the disorder. These challenges often manifest in difficulties with social and occupational functioning.(2) When schizophrenia manifests before the age of 18, it is termed early-onset schizophrenia. Cases emerging before the age of 13 are referred to as childhood-onset or very early-onset schizophrenia. (3) According to the American Psychiatric Association, schizophrenia affects approximately 0.3-0.7% of the population, with variations observed across different cultures, countries, and regions. The American Academy of Child and Adolescent Psychiatry notes that early-onset schizophrenia, particularly very early-onset schizophrenia, is more commonly diagnosed in males. Etiologically, schizophrenia is believed to arise from the interplay of genetic and environmental risk factors. (4)

When diagnosing early-onset schizophrenia, the same criteria used for adults are applied. Psychotic symptoms are the hallmark features of schizophrenia, with positive symptoms encompassing delusions, hallucinations, disorganized thinking, and speech. Negative symptoms, such as blunted affect, alogia, avolition, and anhedonia, are also observed. In young individuals, negative psychotic symptoms are particularly associated with psychotic disorders, including early-onset schizophrenia. Hallucinations, disorganized thoughts, and blunted affect are more prevalent in cases diagnosed with early-onset schizophrenia, whereas complex delusions and catatonia are less common. It's noted that all cases of early-onset schizophrenia exhibit nonspecific prodromal symptoms, and psychotic symptoms typically emerge insidiously in most cases. (3,5)

Keywords: child, early onset, schizophrenia

REFERENCES:

1-Ropi, S., Kolaitis, G., Zaravinos-Tsakos, F., Androutsos, C., Dafoulis, V., Belivanaki, M.,.. & Christogiorgos, S. (2021). Family functioning, expressed emotion and quality of life in adolescents with early onset schizophrenia spectrum and affective psychotic disorders. Adolescent Psychiatry, 11(1), 35-51.

2-Agrawal, A., Pathan, J. K., Malviya, S., & Kharia, A. (2016). A Review on Chronic Disorder-Schizophrenia. International Journal of Pharmacy & Life Sciences, 7.

3- Remschmidt, H. E., Schulz, E., Martin, M., Warnke, A., & Trott, G. E. (1994). Childhood-onset schizophrenia: history of the concept and recent studies. Schizophrenia bulletin, 20(4), 727-745.

4- Rao, W. W., Zhang, Y. S., Ng, C. H., Cui, L. J., Li, J. F., Li, L.,.. & Xiang, Y. T. (2021). Prevalence of schizophrenia and its association with socio-demographic correlates in an agricultural region of China. Asian Journal of Psychiatry, 64, 102743.

5- Almulla, A. F., Al-Hakeim, H. K., & Maes, M. (2021). Schizophrenia phenomenology revisited: positive and negative symptoms are strongly related reflective manifestations of an underlying single trait indicating overall severity of schizophrenia. CNS spectrums, 26(4), 368-377.

[Abstract:0487] [Erişkin Psikiyatri » Yeme bozuklukları]

Chronobiology and Role of Desynchronization in Eating Disorders

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Chronobiology, the study of biological rhythms and their regulation, encompasses a diverse array of processes, including the circadian rhythm, which governs the timing of physiological and behavioral functions. Being major physiological domain with metabolic, hedonic and temporal aspects, regulation of eating is also closely related to biological rhythms and along with many other psychiatric disorders, disruptions in circadian rhythms have been implicated in eating disorders, prompting investigation into their involvement in the development and maintenance of these conditions.

Chronobiological disruptions are associated with dysregulation of the timing and amplitude of hunger and satiety signals, leading to erratic eating behaviors and impaired interoceptive awareness. One of the significant concepts related to disruption of biological rhythms in eating disorders is desynchronization—the misalignment between internal biological rhythms and external cues, such as light-dark cycles and meal times. Desynchronization can arise from a multitude of factors and contexts, including shift work, jet lag, irregular eating patterns, and exposure to artificial light at night. This biorhythmic misalignment has been linked to disrupted appetite regulation, disrupted metabolism, altered reward processing and disordered eating behavior - all of which are important features of eating disorders. Moreover, it may also exacerbate comorbid psychiatric symptoms, such as anxiety and depression, further complicating the clinical picture and hindering treatment outcomes. Chronotype, i.e., variability of personal preference for morning or evening ("larks" and "owls") has been shown to be associated with numerous medical and psychiatric conditions and similarly appears to be pertinent to eating disorders.

This presentation will include a review of circadian rhythms, central and peripheral regulation of eating, its relationship with other biological rhythms such as sleep-wake cycle, potential impact of disruption of such rhythms on the onset and maintenance of eating disorders, the concept of chronotype, its relationship with mental health and eating disorders, current evidence in specific conditions such as anorexia nervosa, bulimia nervosa, binge eating disorder and night eating syndrome and implications for future research and treatment potentials.

The role of chronobiology and desynchronization in eating disorders appears to have significant implications and relevance with regards to assessment and therapeutic interventions. By recognizing the influence of biological rhythms on eating behavior, clinicians can tailor treatment approaches to address circadian disruptions, sleep-wake cycles and rhythmicity of social life.

Keywords: chronotype, circadian, eating disorders

[Abstract:0488] [Erişkin Psikiyatri » Diğer]

The Association Between Traumatic Events, TRPD, and Immune-Mediated Inflammatory Disorders (Inflammatory Bowel Disease, Rheumatoid Arthritis, Multiple Sclerosis)

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Trauma is defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) as "actual or threatened death, serious injury, or sexual violence,"[1] yet it can be understood in a wider context encompassing emotional abuse, emotional neglect and physical neglect. Traumatic events can lead to trauma-related psychiatric disorders (TRPD) such as post-traumatic stress disorder (PTSD) and adjustment disorder. Traumatic events have recently been linked to immune-mediated inflammatory diseases (IMID) such as multiple sclerosis (MS), rheumatoid arthritis (RA) and inflammatory bowel disease (IBD).

Certain effects of trauma have been found to be common to all three IMIDs in question. Childhood maltreatment has been linked to pain catastrophizing in MS, RA and IBD. Emotional abuse in particular has been found to increase IMID risk.

The link between trauma, TRPD and MS has been extensively investigated. Study results are equivocal on whether childhood trauma increases MS risk. Exposure to higher number of childhood trauma types has been linked to earlier age of MS onset. Trauma has been implicated not only in MS incidence but also on self-reported fatigue. PTSD prevalence among MS patients is estimated to be about 5.2-8.5%. Studies yield conflicting results on whether PTSD is associated with a higher risk of MS. Almost one in five people with MS in a Turkish sample was found to have adjustment disorder.

RA has been linked to exposure to traumatic events and later development of PTSD. Childhood emotional abuse has been associated with higher RA risk. PTSD is estimated to occur in about 11% of people with RA. Studies yield conflicting results on whether PTSD is associated with a higher risk of RA. While one study has found no statistically significant increase in RA risk in patients with stress-related disorders, multiple studies have shown an association between RA and PTSD. One study has found a higher risk of RA only in people with 4 or more PTSD symptoms. People with RA with comorbid PTSD have been found to have higher blood levels of certain cytokines.

People with IBD are more likely to have a history of sexual trauma, violence or disruptive trauma, but the total count of childhood traumas does not differ significantly from healthy controls. IBD is thought to lead to post-traumatic stress, with almost 10% of a IBD sample deemed to meet post-traumatic stress criteria. Symptoms, diagnosis and treatment of IBD may be important traumatic events in IBD. A more severe IBD course may be associated with more post-traumatic stress symptoms. Between the two categories of IBD, Crohn's disease has been found to be associated with more post-traumatic stress symptoms than ulcerative colitis. Similar to other IMIDs, studies yield conflicting results on whether PTSD is associated with a higher risk of IBD. It is worth noting that self-reports of PTSD diagnosis by people with IBD might be underrepresentative of the total prevalence of PTSD highlighting the importance of PTSD screening.

Keywords: Psychological Trauma, Trauma and Stressor Related Disorders, Multiple Sclerosis, Arthritis, Inflammatory Bowel Diseases

REFERENCES:

1. Pai A, Suris AM, North CS. Posttraumatic Stress Disorder in the DSM-5: Controversy, Change, and Conceptual Considerations. Behav Sci (Basel). 2017;7(1):7. Published 2017 Feb 13. doi:10.3390/bs7010007

[Abstract:0489] [Erişkin Psikiyatri » Nörobilim: Nörogörüntüleme-Genetik -Biyobelirteçler]

Maintenance TMS for Depressive Disorders

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MDD is frequently marked by a tendency to recur and persist over time, making it a lifelong clinical challenge to manage. After the first episode of Major Depressive Disorder (MDD), the likelihood of relapse over a lifetime is estimated to be around 60%, rising to 70% after two episodes, and peaking at 90% for those with more than two episodes. Between 30% and 50% of individuals with MDD do not experience improvement with initial psychopharmacological treatments. Treatment-Resistant Depression (TRD) is diagnosed when there is no positive response after trying at least two different antidepressants at appropriate dosages for a minimum of 4–6 weeks. Treatment-resistant depression affects about 30% of individuals diagnosed with major depressive disorder.

Repetitive Transcranial Magnetic Stimulation (TMS) is technique of non-invasive brain stimulation being recognized as a potential treatment option for individuals with treatment-resistant depression (TRD). The latest research suggests that response rates fall between 40% and 50%, while remission rates are around 25% to 30%. Also, TMS has few side effects and a low risk of manic switch.

Although acute-phase TMS has shown promise in reducing depressive symptoms, the long-term maintenance efficacy and practical aspects of treatment are important for achieving optimal outcomes. Once the acute treatment is completed, the risk of relapse peaks at five months, with a relapse rate of 20%. In this presentation we will examine the effectiveness and practical considerations of maintenance TMS for depression.

We will outline the existing evidence that supports the efficacy of maintenance TMS in maintaining treatment benefits beyond the acute phase. Several studies have shown that ongoing or maintenance TMS treatments can result in prolonged remission and decreased rates of relapse in individuals with TRD. Moreover, recent research has brought to light the fact that a considerable proportion of patients do not exhibit an immediate response to acute rTMS protocols, but rather show a delayed response. This finding suggests that the mechanisms involved in magnetic stimulation are intricate and entail changes that unfold gradually. Within a neurobiological context, rTMS appears to target the abnormal connections between prefrontal regions and the anterior cingulate cortex, ultimately enhancing reward network functioning.We will explore the possible mechanisms that explain the long-lasting effects of TMS, such as neuroplastic changes and the alteration of neural pathways associated with depression.

Following that, we will explore the practical considerations that are vital for the successful implementation of maintenance TMS in clinical practice. Factors such as the frequency and duration of treatment, as well as patient selection, are important for optimizing long-term outcomes. We will explore methods for customizing maintenance TMS protocols to address the unique requirements of patients, such as personalized dosing and additional interventions. Additionally, we will discuss challenges such as treatment adherence and tolerability.

In conclusion, maintenance TMS shows potential as a feasible treatment choice for maintaining remission and averting relapse in individuals with TRD. This presentation seeks to update clinicians and researchers on the effectiveness and logistical aspects of maintenance TMS for depression.

Keywords: TMS, treatment resistant depression, maintenance treatment

REFERENCES:

1. d'Andrea G, Mancusi G, Santovito MC, Marrangone C, Martino F, Santorelli M, Miuli A, Di Carlo F, Signorelli MS, Clerici M, et al. Investigating the Role of Maintenance TMS Protocols for Major Depression:

Systematic Review and Future Perspectives for Personalized Interventions. Journal of Personalized Medicine. 2023; 13(4):697. https://doi.org/10.3390/jpm13040697

[Abstract:0490] [Erişkin Psikiyatri » Psikofarmakoloji]

Effects of Methylphenidate on Neuropsychiatric Symptoms in Alzheimer's Disease

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Alzheimer's disease (AD) presents a significant public health challenge, affecting 6.5 million individuals in the United States, a number projected to escalate to 12.7 million by 2050. One of the most pervasive aspects of AD is the prevalence of neuropsychiatric symptoms (NPS), affecting up to 88.7% of individuals with AD dementia and 81.2% of those with mild cognitive impairment. These symptoms not only complicate patient care but also exacerbate caregiver burden, leading to poorer outcomes for both parties. Understanding the root causes of NPS in AD has been elusive, though several neurobiological and non-neurobiological factors have been implicated. Disruptions in various brain circuits, including frontal-subcortical circuits and cortico-cortical networks, along with dysregulation in the ascending monoaminergic system, are among the proposed neurobiological models. Additionally, non-neurobiological factors such as unmet personal needs, environmental triggers, and relationship dynamics between patients and caregivers play significant roles in NPS manifestation.

Non-pharmacological interventions are typically the first line of treatment for NPS in AD. However, their efficacy in real-world settings is often limited. This limitation necessitates the exploration of pharmacological options, despite their associated challenges. Antidepressants, atypical antipsychotics, and benzodiazepines are frequently prescribed to manage NPS in AD, albeit with varying degrees of efficacy and safety concerns. Notably, none of these pharmacological agents are currently approved by the US Food and Drug Administration specifically for treating NPS in AD. The lack of FDA-approved pharmacological treatments underscores the urgency for developing effective interventions tailored to addressing NPS in AD. Moreover, individualized approaches considering patient characteristics and preferences are crucial in optimizing treatment outcomes.

Methylphenidate has been studied for its effects on neuropsychiatric symptoms in Alzheimer's disease, particularly focusing on apathy, which is a common and challenging symptom in this patient population. The ADMET 2 randomized clinical trial found that methylphenidate, at a dosage of 10 mg twice daily, was associated with a significant reduction in apathy severity as measured by the Neuropsychiatric Inventory (NPI) apathy subscale over a 6-month period. This effect was most pronounced in the first 100 days of treatment. However, the trial did not find significant differences in cognitive measures or quality of life between the methylphenidate and placebo groups. A secondary analysis of the ADMET 2 study data indicated that methylphenidate did not show clinically meaningful improvement in other neuropsychiatric symptoms of Alzheimer's disease, excluding apathy, after 6 months of treatment. This suggests that methylphenidate's effects may be highly selective for apathy without a broader impact on neuropsychiatric symptoms in this patient population.

In terms of safety, methylphenidate was found to be well-tolerated, with no significant differences in the safety profile noted between the treatment and placebo groups in the ADMET 2 trial. It is important to note that while these findings are promising for the treatment of apathy in Alzheimer's disease, they should be interpreted in the context of the study's limitations, including its focus on a single symptom and the need for further research to confirm these results and explore the long-term clinical significance.

Keywords: Alzheimer's disease, methylphenidate, neuropsychiatric symptoms, treatment

[Abstract:0491] [Erişkin Psikiyatri » Kişilik bozuklukları]

Brain Metabolism of Borderline Personality Disorder

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Studies focusing on the organic aspects of personality disorders are increasingly prevalent. Since the early 2000s, research on the pathophysiology and organic aspects of borderline personality disorder (BPD) has been evident. It is noted that changes in brain maturation, metabolism, and stress response systems, influenced by genetic characteristics and environmental risk factors are precursors to BPD. Literature indicates findings regarding gene-environment interactions, serotonin and acetylcholine anomalies, mesolimbic anomalies (hippocampus, amygdala, etc.), decreased volumes of the Orbitofrontal Cortex and Anterior Cingulate Cortex and altered cortisol response to stress. Limbic system hyperactivation (amygdala, hippocampus, VLACC) and Dorsolateral Prefrontal Cortex hypoactivation are among other identified brain anomalies. This presentation aims to comprehensively evaluate the literature findings concerning brain metabolism, which are involved in the etiopathology of BPD and briefly mentioned above.

Keywords: borderline personality disorder, brain metabolism, neuroimaging, hypocampus, amigdala

[Abstract:0492] [Çocuk Psikiyatri » Duygudurum bozuklukları]

Developmental Characteristics of Depression in Children

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Depressive disorder beginning early in life may have serious functional consequences. Therefore, understanding the disorder during childhood is critical for determining its etiology and course, as well as for developing effective intervention strategies. Current formal criteria for defining depressive disorders in children are largely based on the adult criterias. The experience and expression of depressive symptoms will depend on the child's level of physiological, social and cognitive development. For this reason, it has been suggested that a developmental perspective may be more appropriate. There are perspectives accept that developmental differences may occur solely on the basis of symptoms [1]. On the other hand, it is also argued that the effect of developmental level has relatively little influence on the phenomenology. According to this perspective, the clinical presentations and natural course of depression are remarkably similar across the lifespan. However, it is clear that there may be important developmental differences. Children undergo important developmental changes that influences their understanding of emotions, concept of the self and social cognitions. These changes could affect their experience of certain depressive symptoms. For example, there is data suggesting that the predominance of characteristic symptoms can change with age, including very common symptoms in children (somatic complaints, irritability, behavior problems and social withdrawal) and symptoms less commonly found in children (psychomotor retardation, oversleeping and delusions) [2]. It is reported that psychosocial factors such as negative life events are more effective than biological factors in the formation of these symptoms. Nevertheless according to another perspective; biological and psychosocial factors are equally important in the development of depression in this age group. There appears to be a complex interplay among genetic, neurobiological, cognitive, interpersonal, and environmental factors in concert with developmental challenges in the onset and maintenance of depression [3]. These developmental differences may be associated with the observed variability in clinical response to treatment and longitudinal course. Characterization of the developmental differences will be helpful in developing more specific and effective interventions for children, thereby allowing them to reach their full potential as adults. In this presentation, the developmental characteristics of depression in children will be discussed by different perspectives.

Keywords: children, depression, development

References

1. Weiss B, Garber J. Developmental differences in the phenomenology of depression. Development Psychopathol. 2003; 15(2): 403-430.
2. Bahsl, SC. Depression in childhood and adolescence: clinical features. J Pediatr (Rio J). 2002; 78(5): 359-366.
3. Côté SM, Boivin M, Liu X, Nagin DS, Zoccolillo M, Tremblay RE. Depression and anxiety symptoms: onset, developmental course and risk factors during early childhood. J Child Psychol Psychiatr. 2009; 50(10): 1201-1208.

[Abstract:0495] [Erişkin Psikiyatri » Diğer]

Architecture of Artificial Intelligence

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Artificial Intelligence (AI) is a broad field of research aimed at enabling computers to exhibit human-like intelligence. Conceptually extending back to the 800s, but first formally proposed in the 1950s, the concept of AI represents an effort to simulate human thinking and decision-making capabilities using computers. In its early stages, AI research largely relied on knowledge-based approaches such as symbolic logic and expert systems.

One of the most significant developments in the field of AI is the discovery and development of artificial neural networks (ANNs). A simple neural network model called the perceptron emerged in the 1950s; however, due to its limited ability to solve the XOR problem, it remained largely disregarded for a long time. Nevertheless, in the 1980s, when it was discovered that multilayer artificial neural networks (deep learning) could solve this problem, interest in artificial neural networks was reignited.

Two critical factors have driven the development of AI: increasing computational power and the availability of large amounts of data. The continuous increase in computational power of computers and the abundance of large data from sources such as the internet have propelled AI research forward. Particularly, the training and utilization of complex artificial neural network models such as deep learning became possible due to the opportunities provided by this increased computational power and data availability.

AI operates by encoding algorithms developed to mimic the human brain into computers. In contrast to traditional programming approaches, programs in AI often learn from data themselves to solve problems. This process is called "machine learning," and it is accomplished by providing the program with features extracted from data. Machine learning can be implemented using various techniques such as simple regression, clustering, Bayes decision theory, and artificial neural networks.

Artificial neural networks are mathematical models that mimic the neural networks of the human brain. These networks consist of interconnected artificial neurons and are typically organized in layers. The increase in the number of layers in artificial neural networks led to the development of deep learning techniques. Consequently, unlike classical machine learning, deep learning enables the extraction of features by the program, allowing for the evaluation of more abstract features.

Keywords: Architecture of Artificial Intelligence, machine learning, deep learning

REFERENCES:

1. Deep learning for small and big data in psychiatry.

2. Le WT, Maleki F, Romero FP, Forghani R, Kadoury S. Overview of Machine Learning: Part 2: Deep Learning for Medical Image Analysis. Neuroimaging Clin N Am. 2020;30(4):417-431. doi:10.1016/j.nic.2020.06.003

3. Maleki F, Ovens K, Najafian K, Forghani B, Reinhold C, Forghani R. Overview of Machine Learning Part 1: Fundamentals and Classic Approaches. Neuroimaging Clin N Am. 2020;30(4):e17-e32. doi:10.1016/j.nic.2020.08.007

4. Muthukrishnan N, Maleki F, Ovens K, Reinhold C, Forghani B, Forghani R. Brief History of Artificial Intelligence. Neuroimaging Clin N Am. 2020;30(4):393-399. doi:10.1016/j.nic.2020.07.004

5. Khamparia A, Singh KM. A systematic review on deep learning architectures and applications. Expert Syst. 2019;36(3). doi:10.1111/exsy.12400

[Abstract:0496] [Çocuk Psikiyatri » Diğer]

Follow-Up Studies in Groups at High Risk of Developing Psychopathology During Childhood and Adolescence

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The definition of "high risk of developing psychopathology" can vary depending on the context, population being studied, and specific mental health conditions under consideration. Generally, it refers to individuals who have an increased likelihood or susceptibility to developing mental health disorders based on various factors such as genetics, environmental influences, life experiences, and biological predispositions. It's important to note that being classified as "high risk" does not mean that an individual will definitely develop a mental health disorder. Rather, it indicates an elevated likelihood or predisposition, highlighting the importance of early intervention, support, and preventive measures to promote mental well-being and reduce the impact of risk factors.

Research focusing on high-risk groups often centers on individuals who are considered at-risk due to the presence of a first-degree family member diagnosed with a mental illness. This approach is expected considering that these children and adolescents have a higher genetic predisposition and familial patterns that contribute to their susceptibility to mental health conditions. However, it is important to note that this approach alone may not be sufficient to fully understand the complexities of mental health risks. The biopsychosocial model emphasizes the complex interplay between biological (genetic and neurobiological), psychological (cognitive, emotional, and behavioral), and social (environmental and cultural) factors in shaping mental health outcomes. Longitudinal studies of high-risk populations can significantly contribute to defining the contribution of environmental influences, such as early life stressors, adverse childhood experiences, and lack of social support, to mental health outcomes as well as determining early diagnostic markers.

Since childhood mental disorders encompass a broad spectrum of diagnostic groups, this panel will include follow-up studies focusing on high-risk autism, bipolar disorder, and shizophenia. Prospective studies of high-risk (HR) autism individuals, defined as having younger brothers and sisters of a child diagnosed with an Autism Spectrum Disorder (ASD), are centered on following high-risk infants from birth to older ages in an effort to determine early diagnostic markers before the onset of the disease. These studies aim to track the developmental trajectories of HR infants and identify any behavioral, cognitive, or physiological indicators that may predict the likelihood of ASD manifestation.

Having a parent with Bipolar Disorder (BD) or Schizophrenia diagnosis is the most significant risk factor with the highest impact on the lifetime emergence of mood disorders and psychosis. Therefore, longitudinal studies focusing on HR children and adolescents with BD and Schizophrenia provide an opportunity to investigate the initial abnormalities and early vulnerability factors in this high-risk group. These studies aim to track the developmental trajectories, identify potential early markers, and understand the underlying genetic, neurobiological, and environmental factors contributing to the increased risk of BD and schizophrenia in HR individuals.

Keywords: high risk autism, high risk bipolar, high risk schizophrenia

[Abstract:0497] [Farmakoloji » Bağımlılıklar]

Cannabis Dependence

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Cannabis addiction involves neurobiological changes in the brain that drive compulsive drug-seeking behavior and loss of control over cannabis use. This addiction process unfolds in three stages: binge/intoxication, withdrawal/negative affect, and preoccupation/anticipation, each disrupting different neurocircuits. Chronic cannabis use can impact the brain's reward, endocannabinoid, and stress systems, leading to altered dopamine release, dysregulation of mood and memory, and changes in stress response. These neurobiological changes also impair executive function, affecting decision-making and impulse control, as evidenced by decreased frontal cortical function in cannabis abusers shown in neuroimaging studies, indicating long-term effects on brain metabolism.

The short-term undesirable consequences of cannabis use include impaired coordination, altered perception, memory problems, increased heart rate, and anxiety. Over time, long-term effects may manifest as cannabis use disorder (CUD), cognitive impairments, mental health risks, respiratory issues, academic or work performance decline, social problems, and potential addiction with withdrawal symptoms.

Several risk factors contribute to cannabis addiction, such as genetics, early exposure, mental health issues, peer influence, and environmental stressors. To prevent addiction, individuals can educate themselves, develop healthy coping strategies, seek support, engage in well-being activities, set boundaries, avoid enabling environments, consider therapy, and stay informed about treatment options.

Treatment for CUD involves behavioral therapies like Cognitive Behavioral Therapy (CBT) and Motivational Enhancement Therapy (MET), motivational interviewing, support groups, potential pharmacological interventions, integrated treatment for co-occurring disorders, relapse prevention strategies, and individualized care. These approaches aim to address problematic cannabis use, enhance motivation for change, provide peer support, manage withdrawal symptoms, prevent relapse, and tailor treatment to individual needs for effective recovery.

Despite efforts by authorities to combat drug use, including cannabis, in countries like Türkiye, there is a continuous increase in substance use rates. Additional deterrent measures are needed to effectively combat this trend.

Keywords: Cannabis, Addiction, Dopamine

[Abstract:0498] [Erişkin Psikiyatri » Yeme bozuklukları]

Clinical Management of Anorexia Nervosa In Inpatient Unit

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Anorexia nervosa (AN) is a type of eating disorder that has the highest mortality risk among all of the mental disorders. Due to malnutrition, various medical complications may be severe and require hospitalization. In addition medical instabilization, risk of suicidality, psychiatric comorbidities, failure of long-term outpatient treatments can be considered among the reasons for hospitalization of patients with AN. There is a general consensus regarding the indications for hospitalization for patients with AN in the international guidelines covering current eating disorder treatments. However, due to the nature of the disease, serious denial and resistance to treatment may be encountered during the hospitalization process. In this case, it is of great importance to have a psychiatric team experienced in treating eating disorder patients in the inpatient unit. Moreover, multidisciplinary team (physician from internal medicine, dietitians, clinical psychologists etc.) work is needed to implement a nutrition rehabilitation program and to prevent and manage refeeding syndrome.

In severe cases, inpatient treatment is only one step of AN treatments. Correcting medical complications, providing regular, adequate and balanced meals, developing healthy eating behavior, preventing inappropriate compensatory behaviors, starting controlled weight gain, and ensuring treatment cooperation with the patient are among the goals of this process. Clinical management in inpatient treatment may present various challenges for the treatment team. In this presentation, general principles and challenging points of AN treatment in the inpatient unit will be discussed.

Keywords: anorexia nervosa, clinical management inpatient treatment medical complications, refeeding syndrome

[Abstract:0499] [Çocuk Psikiyatri » Otizm Spektrum Bozuklukları]

Social Cognition and Social Skills in Autism Spectrum Disorder

Duygu Murat

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Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder characterized by difficulties in social interaction and communication, stereotypical behavior, and restricted interests. In ASD, many areas that constitute interpersonal relationships, such as communication, social cognition, and processing of emotional signals, are impaired. Social cognition can be defined as the ability to understand the thoughts and intentions of others, to make sense of their behavior, to predict, and to interact with complex social environments.

Cognitive deficits in children with ASD are tried to be explained by three important neuropsychiatric models such as theory of mind disorder, executive dysfunction and weak central coherence. In this panel, we will focus on the effects of these theories on social communication in autism. Executive dysfunctions especially difficulty in cognitive flexibility is one of the reasons why children with autism have difficulty switching from one activity to another, resulting in repetitive behaviors and having problems solving social problems. Weak central coherence causes information to be processed in fragments.This makes it difficult to understand or make sense of the whole subject or contex in ASD. Theory of mind is the ability to understand another person's mental state, that is, their beliefs, emotions, desires and intentions, which is necessary to predict the behavior of another person. Many studies conducted in this field have shown that individuals with ASD have difficulty in understanding other people's thoughts and feelings and in understanding that other people may have other thoughts and feelings, unlike themselves.

Social cognitive skills develop as the brain matures from infancy and early childhood through adulthood. Shared attention develops with the maturation of the frontal lobe around the age of 1 year. Shared attention and protodeclerative pointing indicate that the child is aware of the caregiver's mental state. Around in 18 months, a child learns at basic level that seeing guides knowing. A 4-year-old child can retain information about how different people can think differently about the same situation. Around the age of 6-7, an individual develops the ability to understand another individual's mental state about what their beliefs (second-order theory of mind). Understanding of faux pas develops after the ages of 9-11. Children may understand false beliefs at earlier or later ages during the developmental process. Baron Cohen and his colleagues showed that children with ASD could not pass the false belief test. Individuals with ASD often fail social cognition tasks. Although high-functioning ASD patients showed typical performance in the experimental task, they had poor social skills in daily life. Individuals with ASD do not imitate the facial expressions of others. The lack of spontaneous imitation in ASD is due to their weak spontaneous attention to the behavior of others.

Individuals with ASD can be taught to think about the mental states of others. In teaching theory of mind, what people see (perception), what people know (knowledge), and what people think (belief) are studied. Interventions to improving social skills aim to reduce the difficulties they experience in school, home and social environments and to increase their social competence.

Keywords: Social Cognition, Social Skills, Autism

[Abstract:0501] [Erişkin Psikiyatri » Psikoterapiler]

Mindfulness and Self-Compassion for Stress Reduction: A Holistic Approach to Mental Well-being

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In today's fast-paced world, stress has become a ubiquitous part of life, impacting individuals across various demographics and professions. The field of psychiatry recognizes the critical need for effective stress reduction strategies to promote mental well-being. One promising avenue that has gained considerable attention is the integration of mindfulness and self-compassion practices.

Mindfulness involves cultivating present-moment awareness, allowing individuals to observe their thoughts, feelings, and bodily sensations without judgment. It encourages a non-reactive stance towards stressors, fostering resilience and emotional regulation. Self-compassion, on the other hand, entails treating oneself with kindness and understanding, particularly during moments of difficulty or failure. It involves acknowledging one's suffering with a sense of common humanity, recognizing that challenges are a natural part of the human experience.

Research in psychiatry has increasingly demonstrated the profound benefits of mindfulness and self-compassion for stress reduction. Studies have shown that regular mindfulness practice can lead to reductions in anxiety, depression, and overall psychological distress. By cultivating a present-centered awareness, individuals can break free from rumination and worry, reducing the impact of stress on their mental health.

Similarly, self-compassion has been associated with greater emotional resilience and well-being. Individuals who practice self-compassion are better able to cope with setbacks and failures, experiencing lower levels of self-criticism and perfectionism. Moreover, self-compassion fosters a positive inner dialogue, promoting self-care and self-acceptance.

In clinical settings, mindfulness-based interventions (MBIs) and self-compassion practices are increasingly being integrated into treatment approaches for various mental health conditions, including anxiety disorders, depression, and trauma-related disorders. These interventions offer individuals practical tools to manage stress, regulate emotions, and cultivate a greater sense of well-being.
In conclusion, mindfulness and self-compassion represent powerful tools in the psychiatrist's toolkit for stress reduction and mental well-being. By integrating these practices into clinical care and promoting their adoption in daily life, psychiatrists can empower individuals to navigate life's challenges with greater resilience, compassion, and inner peace.

Keywords: mindfulness, self-compassion, stress, management

REFERENCES:

Gilbert, P., & Simos, G. (Eds.). Compassion focused therapy: Clinical practice and applications. Routledge; 2022
Millard, L. A., Wan, M. W., Smith, D. M., & Wittkowski, A. The effectiveness of compassion focused therapy with clinical populations: A systematic review and meta-analysis. Journal of Affective Disorders. 2023 (1) 326:168-192.
Van den Brink, E., & Koster, F. Mindfulness-based compassionate living. Routledge; 2015

[Abstract:0503] [Erişkin Psikiyatri » Psikoterapiler]

Understanding the Basics of Compassion-Focused Therapy and its Clinical Implications in Psychiatry. (Mini Workshop)

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Compassion-Focused Therapy (CFT) has emerged as a promising approach in the field of psychiatry, offering a unique framework for addressing a wide range of mental health concerns. In this workshop, we will explore the fundamental principles of CFT and its clinical implications for psychiatric practice.

At its core, CFT is rooted in the understanding of the human capacity for compassion and its role in promoting emotional well-being. Unlike traditional cognitive-behavioral approaches, which may focus primarily on symptom reduction, CFT emphasizes the cultivation of compassion towards oneself and others as a pathway to healing and transformation.

During the workshop, participants will gain insight into the theoretical underpinnings of CFT, including evolutionary psychology, attachment theory, and neuroscience. By understanding the evolutionary roots of the threat system and the soothing system, clinicians can appreciate the importance of compassion in regulating emotions and promoting mental health.

We will also explore practical techniques and interventions used in CFT to foster compassion and alleviate psychological distress. These may include mindfulness exercises, compassionate imagery, and compassionate self-talk. Participants will have the opportunity to learn how to integrate these techniques into their clinical practice to enhance therapeutic outcomes.

Furthermore, the workshop will address the clinical implications of CFT across various psychiatric disorders, such as depression, anxiety, trauma-related disorders, and personality disorders. CFT offers a transdiagnostic approach that targets underlying processes, such as shame and self-criticism, which are common across different mental health conditions.

Through exercises and interactive discussions, participants will gain insights into how CFT can be tailored to meet the unique needs of individual clients. By fostering a compassionate therapeutic relationship and creating a safe space for exploring difficult emotions, clinicians can facilitate healing and promote psychological growth.

In conclusion, this workshop aims to provide participants with a understanding of the basics of Compassion-Focused Therapy and its clinical implications in psychiatry. By integrating principles of compassion into their practice, clinicians can enhance the effectiveness of their interventions and support clients in their journey towards greater emotional well-being and resilience.

Keywords: mindfulness, compassion focused therapy, clinical applications, depression

References:

Gilbert, P., & Simos, G. (Eds.). Compassion focused therapy: Clinical practice and applications. Routledge; 2022

Millard, L. A., Wan, M. W., Smith, D. M., & Wittkowski, A. The effectiveness of compassion focused therapy with clinical populations: A systematic review and meta-analysis. Journal of Affective Disorders. 2023 (1) 326:168-192.

Van den Brink, E., & Koster, F. Mindfulness-based compassionate living. Routledge.

Gilbert, P. Mindful Compassion. Hachette UK; 2015

Germer, C., Germer, C. K., & Neff, K. Teaching the mindful self-compassion program: A guide for professionals. Guilford Publication; 2019

[Abstract:0504] [Çocuk Psikiyatri » Psikosomatik tıp - Liyazon psikiyatri]

Consultation and Liasion Psychiatry in Child and Adolescent with Dermatological Diseases

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Pediatric and adolescent dermatological diseases have profound effects not only on physical health but also on psychological and social well-being. The skin, being the largest organ in the body, serves as a critical interface with the external environment and plays a significant role in social interactions. Psychological stress can influence the onset or exacerbation of these diseases, with approximately one-third of skin disease patients experiencing psychological or psychiatric morbidity. Chronic skin conditions like atopic dermatitis, psoriasis, and acne vulgaris can be worsened by stress and may even increase the risk of suicide in some cases. Additionally, psychiatric symptoms such as mood disorders, anxiety disorders, and obsessive-compulsive disorder can manifest as dermatological conditions like skin-picking disorder, nail-biting, or trichotillomania.

The close relationship between psychiatry and dermatology has led to a wide variety of patients within the field of psychodermatology. Psychodermatological disorders are generally classified into psychophysiological disorders, psychiatric disorders with associated skin symptoms, and skin diseases with associated psychiatric symptoms. To effectively evaluate these conditions, a multidisciplinary approach involving dermatologists, psychiatrists, and psychologists is recommended. This integrated approach can address the complementary needs of patients.

However, there is a need to increase the number of clinics offering such services and to expand research efforts in the field of psychodermatology. Such endeavors would enable patients to be approached holistically from a biopsychosocial perspective, supporting effective evaluation, appropriate treatment, and monitoring of medication side effects. It is recommended to view skin diseases not only as cosmetic concerns but also as health issues that can contribute to the development of various psychopathologies, affecting patients, their families, and society as a whole. Therefore, the establishment of multidisciplinary psychodermatology units comprising dermatologists, psychiatrists, and psychologists should be encouraged.

Within the scope of psychodermatology, there are psychiatric disorders with dermatological symptoms and dermatological diseases with psychiatric symptoms. Dermatitis artefacta, trichotillomania, obsessive-compulsive disorder, eating disorders, body dysmorphic disorder, delusional parasitosis, and neurotic excoriations are examples of disorders where skin manifestations are either secondary to psychiatric disorders or occur due to self-stimulation. Conversely, psychiatric symptoms may arise from dermatological conditions such as alopecia, vitiligo, psoriasis, chronic eczema, severe acne, or other conditions causing cosmetic disfigurement. While the skin manifestations in these cases may be more pronounced than emotional issues, they can significantly affect patients' social interactions, self-esteem, and body image, potentially leading to psychiatric conditions like major depression or social phobia.
In conclusion, collaborative efforts between dermatologists and psychiatrists are crucial in addressing the complex interplay between dermatological and psychiatric conditions in pediatric and adolescent populations. Expanding research and clinical resources in psychodermatology can enhance the comprehensive management of these conditions, ultimately improving patient outcomes and quality of life.

Keywords: Child Psychiatry, Dermatological Diseases, Psychophysiology, Consultation

[Abstract:0505] [Erişkin Psikiyatri » Duygudurum bozuklukları]

Prodromal and Residual Symptoms in Depression

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The term depression is commonly used to describe an emotional state, a syndrome, and a group of specific disorders. In this context, depression has emotional, cognitive, somatic, perceptual and behavioral symptoms. Despite many effective treatments, depression remains a very common, disabling and costly condition. Diagnostic criteria for depression are designed in classification systems such as the International Classification of Diseases(ICD) and (Diagnostic and Statistical Manual of Mental Disorders)DSM. These classification systems specify criteria for the number, severity, and duration of symptoms that the patient is expected to undergo before an acceptable diagnosis. However, in clinical practice, it is not uncommon to encounter sub-threshold symptoms of the clinical picture before a depressive episode is diagnosed. This is called prodrome. Such subthreshold symptoms may persist for significant period of time in some patients and may cross the threshold into clinical depression with or without stressors. Prodrome can be considered an early marker of depression and is probably biologically determined. Various studies have also revealed other subsyndromal states, namely oligosymptomatic mood states and brief episodes variously referred to as minor, subsyndromal, brief, or intermittent. In addition, these studies have increased the importance of early detection of individuals at risk(1,2). Although mood instability, such as sudden and intense mood changes in a relatively short period of time, is widely experienced feature, it is argued that it is a precursor to depression due to the lack of uniform definition. The neurobiological correlates of mood instability have not been fully deciphered, and current evidence suggests abnormalities associated with the amygdala and prefrontal cortex(3). In medicine, prodromes can be identified by early symptoms and signs that differ from the acute clinical phase. The prodromal period generally refers to the time interval between the onset of the first prodromal symptom and the onset of the characteristic signs/symptoms of the fully developed disease. Anxiety/tension, irritability, loss of interest, sleep disturbance, decreased drive or motivation, emotional distance, depressed mood, gastrointestinal problems, fatigue, impaired concentration, and decreased energy are reported as prodromal symptoms in patients with depressive disorder. Residual symptoms are experienced by most patients treated for depression, including those who have achieved remission. These symptoms prevent individuals from fully recovering and feeling truly “well”. Often, symptoms associated with deficits in positive affect (such as anhedonia, irritability, anxiety, pessimism, and lack of motivation) persist after other symptoms of depression have resolved. Traditional nosography has emphasized a cross-sectional description of syndromes. Evaluation of prodromal symptomatology and its relationship to the residual phase of affective disorders can complement this approach by providing a longitudinal perspective. Such a perspective paves the way for the development of clinical staging in psychiatry. Over the years, staging has been increasingly recognized as an important component of clinical assessment, particularly with reference to unipolar depression. Identifying prodromes helps plan early intervention and preventive strategies in individuals, and also gives a clue about the likelihood of clinically significant depression developing as a full-fledged syndrome. Thus, it minimizes the impact of a depressive episode and improves the quality of life.

Keywords: depression, prodromal, residual

REFERENCES:

1. Fils JM, Penick EC, Nickel EJ, Othmer E, Desouza C, Gabrielli WF, et al. Minor versus major depression: A comparative clinical study. Primary care companion to the Journal of Clinical Psychiatry. 2010;12:PCC–08m00752.

2. Zimmerman M, Martinez JH, Dalrymple K, Chelminski I, Young D. “Subthreshold” depression: Is the distinction between depressive disorder not otherwise specified and adjustment disorder valid? J Clin Psychiatry. 2013;74:470–6.

3. Broome MR, He Z, Iftikhar M, Eyden J, Marwaha S. Neurobiological and behavioural studies of affective instability in clinical populations: A systematic review. Neurosci Biobehav Rev. 2015;51:243–54

[Abstract:0506] [Erişkin Psikiyatri » Duygudurum bozuklukları]

Affective Symptoms in Geriatric Patients

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Affective disorders are one of the most common mental disorders in individuals over the age of 65, including unipolar (depressive disorder) and bipolar (manic-depressive) subtypes. In a recent meta-analysis (1), the prevalence rate for current major depression in the elderly ranged from 3.3% to 16.5% for lifetime major depression. Unipolar depression is seen in 10-38% of the elderly population.

Overall, 35.3% of late-life depression cases can be considered mild, 51.9% moderate, and 12.7% severe. (2) Increasing age in patients with depression is responsible for a higher percentage of cases with an unfavorable clinical course, higher relapse rates, worse response to treatment, and incomplete functional recovery. Moreover, depression in the elderly is a very under-recognized syndrome (40-60% of cases). The prevalence of treatment-resistant depression is also common among the elderly, with an estimated rate of 26–41/100 person-years. (3) The lifetime prevalence rate of Bipolar Disorder in people aged 60 and over is 1%. (4) BP alone represents 4-8% of patients hospitalized in psychogeriatric units. (5) An older adult presenting with symptoms of mania, mixed states, or depression requires careful differential diagnostic evaluation to rule out any organic disease and identify potentially treatable medical conditions. Laboratory workup should include a comprehensive metabolic panel, complete blood cell count, thyroid function, toxicology screening, and more specialized evaluations (such as neuroimaging and special studies—such as electroencephalogram and lumbar puncture) that history, physical, or neurological examination may indicate. Depression in older adults may present with more sleep disturbances, fatigue, psychomotor retardation, and hopelessness about the future than in younger adults with the same condition. Other very common symptoms in seniors with depression are complaints of poor memory and concentration, slow cognitive processing speed, and executive dysfunctions that are confused with dementia, called pseudodementia. Neurological comorbidities, such as Parkinson's disease and stroke, may be associated with depression in the elderly, resulting in differences in the clinical presentation of symptoms. Post-stroke depression is often associated with severe vegetative symptoms. Depression in Parkinson's disease is generally milder and less anhedonic than depression in healthy geriatric patients. Older adults with early-onset bipolar disorder more often present with mixed episodes, whereas late-onset bipolar older adults show higher levels of premorbid psychosocial functional deficit, less severe psychopathology, and greater cognitive impairment, particularly in psychomotor performance and mental flexibility. As the population ages, many age-related conditions (including mood disorders) increase steadily over time, requiring specific diagnostic tools and treatment approaches. Depression and bipolar disorder (BD) in the elderly are associated with increased risk of dementia, suicide risk, and overall mortality, as well as medical comorbidities and cognitive decline. There are differences in the etiology, clinical presentation, and treatment of mood disorders in older adults. Awareness of these differences and their clinical implications is important for effective treatment of mood disorders in the elderly.

Keywords: affect, geriatric, mood

REFERENCES:

1. Volkert J, Schulz H, Härter M, Wlodarczyk O, Andreas S (2013) The prevalence of mental disorders in older people in Western countries. a meta-analysis. Ageing Research Reviews 12: 339–353. 10.1016/j.arr.2012.09.004

2. Guerra M, Prina AM, Ferri CP, et al. A comparative cross-cultural study of the prevalence of late life depression in low and middle income countries. J Affect Disord. 2016;190:362–368

3. Little JT, Reynolds CF 3rd, Dew MA, et al. How common is resistance to treatment in recurrent, nonpsychotic geriatric depression? Am J Psychiatry. 1998;155(8):1035–1038.

4. Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. Arch Gen Psychiatry. 2005;62(6):593–602.

5. Yassa R, Nair V, Nastase C, Camille Y, Belzile L. Prevalence of bipolar disorder in a psychogeriatric population. J Affect Disord. 1988;14(3):197–201.

[Abstract:0507] [Erişkin Psikiyatri » Bağımlılıklar]

Gaming Disorder and Gambling Disorder: Similarities and Differences

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The acts of gambling and gaming have historically been regarded as distinct. Gambling and gaming can be broadly differentiated based on their fundamental attributes. Gambling is defined by its inherent risk, chance-based results, and financial elements such as bet and betting mechanisms. On the other hand, gaming is distinguished by its interactive and skill-based characteristics. Both of them are being accused of exacerbating injury by engaging in excessive engagement. The increasing popularity of the internet and social media platforms has greatly facilitated the availability of gambling options. The incorporation of monetary elements, such as microtransactions, into digital games has led to a growing convergence between gambling and gaming. Microtransactions are essential in a game to acquire supplementary features or superior equipment. Furthermore, the prevalence of "loot boxes" that exhibit the random attributes of gambling has also increased, particularly in the realm of video games. Loot boxes are digital currencies that encompass a variety of items, such as clothing or other equipment, and can be acquired through monetary transactions. Recent studies have revealed a correlation between expenditures on loot boxes and the occurrence of problem gambling. Furthermore, there is a suggestion that engaging in video games may heighten the inclination to gamble, owing to the numerous resemblances between gambling and gaming. However, recent research does not provide complete substantiation for this claim. The existence of parallels between video games and gambling has prompted the proposition that video games could potentially serve as a precursor to engaging in gambling activities. The available evidence indicates that there exists a limited correlation between overall gambling behavior and playing video games, with the majority of this association being attributed to demographic and personality factors. Insufficient empirical evidence exists to substantiate a causal link between problematic gaming and problem gambling. Nevertheless, there seems to be a favorable correlation between problem gambling symptoms and the act of purchasing loot boxes. There is a possibility that gamblers who play video games will be drawn to features that give them the opportunity to participate in risk-taking through the use of predictable systems of variable reinforcement. There is insufficient evidence to support the notion that loot boxes promote gambling or serve as a gateway to other types of gambling, such as gaming-related betting (e.g. e-sports betting). In general, the available evidence is insufficient to substantiate the 'gateway theory'. Additional longitudinal study is recommended to enhance our comprehension of the connections between gaming and gambling disorders.

Keywords: Addiction Medicine, Gambling, Video Games

REFERENCES: Delfabbro, P., & King, D. L. (2020). Gaming-gambling convergence: Evaluating evidence for the ‘gateway’hypothesis. International Gambling Studies, 20(3), 380-392. Gibson, E., Griffiths, M. D., Calado, F., & Harris, A. (2022). The relationship between videogame micro-transactions and problem gaming and gambling: A systematic review. Computers in Human Behavior, 131, 107219. Sirola, A., Savela, N., Savolainen, I., Kaakinen, M., & Oksanen, A. (2021). The role of virtual communities in gambling and gaming behaviors: A systematic review. Journal of Gambling Studies, 37(1), 165-187.

[Abstract:0508] [Erişkin Psikiyatri » Diğer]

Is rTMS a Promising Intervention for Eating Disorders?

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Eating disorders are severe conditions that result in prolonged physical and psychosocial impairment, and in certain instances, life-threatening consequences. According to the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5), eating disorders are classified as anorexia nervosa, bulimia nervosa, binge eating disorder, and eating disorder not otherwise specified. Within a spectrum of disordered eating behaviors (overeating – undereating), eating disorders are characterized by changes in weight and food reward.1 Psychotherapeutic and psychopharmacological interventions are the primary approaches for treating eating disorders, but their impact is limited to a moderate extent and a substantial proportion of individuals with eating disorders do not achieve complete or a long-lasting recovery. Repetitive transcranial magnetic stimulation (rTMS) is a focal, non-invasive brain stimulation technique that modulates the neural activity of the cerebral cortex and induces neuroplastic changes. rTMS is widely used in the treatment of mood disorders and obsessive-compulsive disorder and shows promising results in substance use disorders, post-traumatic stress disorder, cognitive disorders, as well as chronic pain syndromes, movement disorders such as Parkinson's disease, myoclonus, and epilepsy with mild, tolerable side effects.

Alterations in the reward-related neuro-circuitries that play a central role in the drive to eat have been demonstrated in individuals with eating disorders, in addition to hypoactivity of prefrontal cortex.2 The prefrontal cortex, particularly the dorsolateral region, is significantly involved in inhibitory control, cognitive flexibility, and eating behavior. Patients with eating disorders commonly exhibit difficulties in inhibitory control, evident in their tendencies towards bingeing and purging. Moreover, patients with eating disorders may show limited cognitive flexibility, leading to an obsessive preoccupation with eating, weight, and shape. In addition to prior research demonstrating the efficacy of rTMS in reducing cravings and addiction-related behaviors in substance use disorders, the role of reward circuits and the inhibitory control system in the neurobiology of eating disorders suggests the potential utility of rTMS in addressing eating disorders.

The outcomes of rTMS studies in eating disorders exhibit heterogeneous results. Some research has demonstrated favorable impacts on mitigating disordered eating behaviors and food cravings. Notably, rTMS seemed to improve body mass index is individuals with obesity.3 Additionally, rTMS demonstrated a modestly positive effect on affective symptoms including negative affectivity, depressive and anxious symptoms in individuals with eating disorders.3 Moreover, the utility of rTMS in eating disorders seems well tolerated and safe. Current findings have the potential to support the hypothesis on the effectiveness of rTMS in the treatment of eating disorders, particularly binge eating disorder. Although rTMS appears promising for eating disorders, the limited number of studies and small sample sizes impede the broader applicability of these findings. This presentation will elucidate the neurobiological hypotheses underpinning the efficacy of rTMS in addressing eating disorders, and will also synthesize and examine the results from existing studies on TMS in various types of eating disorders.

Keywords: eating disorders, repetitive transcranial magnetic stimulation, anorexia nervosa, binge eating disorder, bulimia nervosa, body mass index

REFERENCES:

1- Schmidt, U., & Campbell, I. C. Treatment of eating disorders can not remain ‘brainless': the case for brain-directed treatments. Eur Eat Disord Rev. 2013; 21(6), 425-427.

2- Rachid, F. Repetitive transcranial magnetic stimulation in the treatment of eating disorders: a review of safety and efficacy. Psychiatry Res. 2018; 269, 145-156.

3- Cavicchioli, M., Sarzetto, A., Erzegovesi, S., Ogliari, A. Is Repetitive Transcranial Magnetic Stimulation (rTMS) a promising therapeutic intervention for eating disorders and obesity? Clinical considerations based on a meta-analytic review. Clin Neuropsychiatry. 2022; 19(5), 314.

[Abstract:0509] [Erişkin Psikiyatri » Uyku bozuklukları]

ADHD and Chronobiology, Sleep and Lifestyle

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Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder characterized by symptoms of inattention, impulsivity, and hyperactivity. It typically begins in childhood and persists into adulthood in 40-60% of cases, negatively impacting functionality. Although the etiology of ADHD is unclear, recent findings suggest an interaction between genetic and environmental factors.

The circadian rhythm, which is one of the biological rhythms, defines approximately a daily rhythm. In the human body, the suprachiasmatic nucleus (SCN) located in the hypothalamus, also known as the biological clock, regulates the functions of the circadian rhythm. In ADHD, disruption in the pathways of the SCN, dorsomedial hypothalamic nucleus, and locus coeruleus causes circadian rhythm problems. It has been suggested that the tonic hyperactivity in the locus coeruleus may be associated with changes in circadian rhythm in ADHD.

Studies in adults with ADHD have found that more than 70% of adults have sleep disorders. Many studies on ADHD have displayed problems with falling asleep and staying asleep, decreased sleep quality, and delayed circadian rhythm. The difficulty in falling asleep experienced in ADHD can be attributed to the mind being constantly preoccupied with thoughts and being unable to stop this process. Going to bed late may be due to not completing the tasks that need to be done during the day. Additionally, increased screen exposure and spending time on smartphones and social media just before bed are known to have a negative impact on sleep hygiene. The use of screens to fall asleep is common in adult ADHD patients.

In this presentation, the effects of sleep disorders and circadian rhythm disturbances in ADHD patients, as well as daily lifestyle changes recommended in treatment, will be discussed.

Keywords: Adult ADHD, circadian rhythm, lifestyle changes

[Abstract:0511] [Erişkin Psikiyatri » Diğer]

Apathy in Geriatric Patients

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Apathy is a widespread neuropsychiatric syndrome characterized by loss of motivation, emotional response, and spontaneity. The presence of apathy in neurocognitive disorders is associated with a worse prognosis, decreased daily functioning, increased caregiver burden, and a higher risk of death. Apathy is common in mild behavioral impairment (MBI), mild cognitive impairment (MCI), and dementia, and its prevalence increases as cognitive impairment progresses. While Alzheimer's disease (AD) is the leading cause of apathy due to its high prevalence, it is also frequently seen in other neuropsychiatric disorders such as frontotemporal dementia (FTD), Lewy body dementia (LBD), Parkinson's disease (PD), and Huntington's disease (HD). The high prevalence of apathy in FTD, which causes atrophy in the frontal and temporal cortical regions, and in LBD, which causes defects in the subcortical dopamine pathways, suggests that apathy is a syndrome resulting from the disruption of a widespread neural circuit in the brain for various reasons. Neuroanatomical studies show a neural circuit between the dorsal anterior cingulate cortex and ventral striatum via the ventral pallidum, and each element of this neural circuit receives dopaminergic inputs from the ventral tegmental area. Apathetic behavior emerges when any component of this neural circuit is damaged. Apathy is a neuropsychiatric syndrome that can be difficult to distinguish from depression clinically, often leading to missed diagnoses. According to consensus criteria for apathy diagnosis published in 2021, diagnosis requires the presence of cognitive impairment in the patient. At least one symptom in at least two of the following three dimensions: diminished initiative, diminished interest, and diminished emotional expression/responsiveness. Moreover, the clinical picture is not better explained by the effect of medication, substance use, or another psychiatric disorder. There are no approved treatments for apathy. Although studies have found varying therapeutic effects of methylphenidate, donepezil, and agomelatine on apathy, more studies are needed to generalize these findings. In recent years, neuromodulation methods have offered hope as a treatment for apathy. Transcranial magnetic stimulation (TMS) targeting the dorsolateral prefrontal cortex in Alzheimer's patients is effective and safe in alleviating apathy symptoms. However, the number of patients in studies is still insufficient. Exploring the use of deeper stimulating coils with TMS applications to target the dorsomedial prefrontal cortex or anterior cingulate cortex may emerge as a promising area of research for apathy treatment. As a result, despite its significant impact on daily life activities and social functioning in geriatric patients, apathy is often overlooked or mistakenly treated as depression. The risk of misdiagnosing apathy as depression is that antidepressants may exacerbate the apathy syndrome. Recognizing apathy by clinicians is crucial for the development of new treatments and for protecting patients from incorrect treatments.

Keywords: Dementia, apathy, depression

[Abstract:0512] [Erişkin Psikiyatri » Psikofarmakoloji]

Management of Antipsychotic-Related Sexual Side Effects

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Sexual side effects related to antipsychotic use are common and affect quality of life. It is considered the most important side effect of antipsychotics by the group of patients taking them. Sexual dysfunction can also be caused by the illness itself. Psychiatrists may ignore sexual side effects by not giving them enough importance. However, this side effect has a negative effect on treatment compliance. As patients may be reluctant to mention them, the importance of asking about sexual side effects, especially using a scale, is emphasised. The clinician should both inform the patient about sexual side effects and make it a habit to ask about them during routine examinations. If sexual side-effects are suspected, characteristics such as whether they are actually related to the antipsychotic, comorbidities, substance use disorders, use of other medications that may cause sexual side-effects, and prolactin levels should be carefully considered.

Antipsychotics cause sexual side effects mainly through D2 antagonism, 5-HT2 agonism, H1 antagonism and M1 antagonism. Because aripiprazole is a partial dopamine agonist, it does not increase prolactin and causes fewer sexual side effects. Doses above 20 mg/day have been reported to cause hypersexuality. Quetiapine has little effect on the PRL, so it is not expected to cause sexual side effects at doses up to 500 mg/day. Olanzapine causes a slight increase in PRL. It is relatively safe compared with other drugs. Ziprasidone is also a safe option in terms of sexual side effects. Clozapine also causes fewer sexual side effects than typical antipsychotics. Risperidone causes both PRL increase and retrograde ejaculation. Paliperidone also increases PRL. Paliperidone LAI causes fewer sexual side effects than risperidone LAI. Sexual dysfunction with haloperidol has been reported in rates of almost 70%. Although there is a view that second-generation antipsychotics are less likely to cause this side effect because they cause less prolactin elevation, there is also a view that there is no difference from first-generation antipsychotics.

The most common sexual side effect of antipsychotics in men is erectile dysfunction; in women, orgasm is most commonly affected. Lack of lubrication is one of the expected sexual side effects.Ejaculate volume decreases in men.It is not recommended to wait for spontaneous remission of sexual side effects associated with antipsychotics.The first recommended intervention is to reduce the dose.In the other step, the recommended intervention is to change the antipsychotic.In this step, a change to aripiprazole, olanzapine, ketyapine and ziprasidone is recommended. It should be noted that olanzapine at doses above 15 mg/day and ketyapine at doses above 500 mg/day may cause sexual side effects.The addition of drugs such as aripiprazole, a PDE-5 inhibitor, is another recommended treatment approach.Treatment options such as aripiprazole and vitamin B6 are recommended to control elevated PRL.

Keywords: sexual side effect, antipsychotic side effect, treatment adherence, antipsychotics, sexual dysfunction

REFERENCES:

de Boer et al. (2015). The facts about sexual (Dys) function in schizophrenia: an overview of clinically relevant findings. Schizophrenia bulletin, 41(3), 674-686.

Lu, Z., et al. (2022). Pharmacological treatment strategies for antipsychotic-induced hyperprolactinemia: a systematic review and network meta-analysis. Translational Psychiatry, 12(1), 267.

[Abstract:0513] [Erişkin Psikiyatri » Nörobilim: Nörogörüntüleme-Genetik -Biyobelirteçler]

Antidepressants and Neuroplasticity

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Depression is affected by biological, psychological, and environmental factors; but uncertainty remains regarding the pathogenesis of depression and the mechanisms through which antidepressants act. The four main areas of the brain involved in depression are the Prefrontal Cortex (PFC), Hippocampus, Amygdala, and Anterior Cingulate Cortex (ACC). The neuroplasticity hypothesis of depression develops from the monoamine hypothesis and attempts to resolve the problems of the monoamine hypothesis. The neuroplasticity theory of depression is supported by evidence from three areas: neuroplasticity is reduced in the hippocampus and PFC in people with depression, the concentration of neurotrophic factors such as brain-derived neurotrophic factor (BDNF) is reduced in people with depression, and antidepressants appear to improve neuroplasticity in the Hippocampus and PFC by increasing the concentration of neurotrophic factors. Neuroplasticity is defined as the functional and structural changes of neurons and synapses in the brain depending on stimuli. Modulating neural plasticity is a key common mechanism of action of antidepressant treatments. In this context, treatments focused on directly promoting neural plasticity may increase response rates and shorten the time required for therapeutic effects to become apparent. Antidepressants increase neuroplasticity through neurotransmitters' stimulation of postsynaptic monoamine receptors. These receptors are mostly G-protein coupled receptors (GPCR) and initiate subsequent signaling after stimulation. Stimulation of these receptors will activate adenylate cyclase (AC), which will catalyze ATP to cyclic adenosine monophosphate (cAMP), and cAMP will further activate cAMP-response element binding protein (CREB) through activation of protein kinase A. CREB is involved in the neuroplasticity of the hippocampus and it is responsible for the gene expression of many proteins such as BDNF, glutamate receptor unit 1 (GluR1), etc. Antidepressants regulate neuroplasticity by reducing presynaptic glutamate release in the PFC, especially depolarization-evoked glutamate release. Decreased glutamate release may indicate decreased neurotoxic activity and enhanced synaptogenesis, synaptic connections, and neurogenesis. Antidepressants can bind to the glycine binding region of the NMDA receptor and inactivate this region. Inactivation of NMDA receptor activity will result in inhibition of eukaryotic Elongation Factor 2 (eEF2) and increase BDNF expression through subsequent signaling. Additionally, antidepressants will upregulate the expression of AMPA subunits GluR1 and potentiate the function of AMPA. Depolarization of the AMPA receptor will activate voltage-dependent calcium channels (VDCCs) and induce the influx of Ca2C into the cytoplasm, further triggering exocytosis of BDNF. Extracellular BDNF will then further stimulate the membrane receptor TrkB and regulate gene expression and neuroplasticity through subsequent signaling. Therefore, stimulation of AMPA and inactivation of NMDA will work synergistically to improve neuroplasticity in the brain. Antidepressants can directly increase neuroplasticity through long-term potentiation (LTP)-like process. It has been demonstrated that hippocampal synaptic plasticity is suppressed by stress, and antidepressants reverse the negative effect of stress by inducing LTP-like processes and strengthening the synaptic connection. Although the molecular mechanisms underlying neuroplasticity have not been fully elucidated, this hypothesis offers the most promising framework for understanding the pathogenesis of depression and antidepressant efficacy. However, some key themes need to be clarified in future studies.

Keywords: Neuroplasticity, Antidepressants, BDNF

REFERENCES:

Liu B, Liu J, Wang M, Zhang Y and Li L. (2017). From Serotonin to Neuroplasticity: Evolvement of Theories for Major Depressive Disorder. Front. Cell. Neurosci. 11:305. doi: 10.3389/fncel.2017.00305

[Abstract:0514] [Erişkin Psikiyatri » Diğer]

Mood Stabilizers and Neuroplasticity

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Neuroplasticity,also known as Brain Plasticity, is brain's unique ability to change and adapt. In the past, it was believed that the Central Nervous System (CNS) was a stable structure from birth and could not be changed. However, over the years, this view was replaced by the view that the brain is constantly changing. The term plasticity was first applied to behavior in 1890 by William James. He described Neurolopilasticity as a "a structure weak enough to yield to an influence, but strong enough not to yield all at once". Neuropilasticity is helping the process during learning,memory tasks and also for repair and regeneration of injured tissue. Researches on neuroplasticity has brought a different dimension to neuroscience and continues to do. Advances in neuroimaging techniques faciliate researching Neuropilasticity. These neuroimaging studies shows that impairments in cellular plasticity in Bipolar Disorder (BD) patients.Some studies show that long-term use of mood stabilizers may restore these dysfunctions by their neurotrophic effects.Mood stabilizer drugs -such as Lithium, Valproate,Carbamezapine, Oxcarbazepine,Lamortrigine-have been used to treat bipolar disorder, schizoaffective disorder, resistant depression, and many other psychiatric disorders. It has been shown in many different studies that Mood Stabilizer Drugs have effects on Neuroplasticity. Lithium (Li+) is frequently used for treating mood disorders especially Bipolar Disorder. Some studies shows that Lithium has ability to facilitate plasticity through regulation of the glutamate system, BDNF(Brain Derived Neurotrophic Factor) and cytoskeletal components. Lithium stimulates gene expression of brain-derived neurotrophic factor (BDNF). Studies have shown that low BDNF levels during depressive and manic episodes in bipolar patients are reversed with Lithium treatment. Lithium and BDNF plasma levels are related to each other.BDNF one of the key pathway of Neuropilasticity. Lithium has ability to facilitate neuroplasticity through activation of the Wnt/β-catenin pathways in concert with changes in glutamate and glucocorticoid (GC) levels. Valproic acid, (VPA) primarily used to treat Epilepsy and Bipolar Disorder and prevent Migraine Headaches. Valproic acid induce that genes which encode the transcription factors (TFs) that specify neuronal cell fate, including MEF2D, MYT1L, NEUROD1, PAX6 and TBR1, and their target genes. Some studies showed that using Valproic Asid after Nervous System injury protects neurons from cell death and enhances their regeneration ability after Nervous System injury via increasing Bcl-2.
There are several studies showing that Valproic Acid is linked to neuroplasticity through these pathway. Carbamazepine is used for the treatment of seizures,bipolar disorder and neuropathic pain.In recent studies shown that Lithium, Valproic Acid and Carbamazepine regulate the Neuroplasticity via cyclic adenine monophospate response element-binding protein, brain-derived neurotrophic factor, bcl-2, and mitogen-activated protein kinases.
Another agent frequently used for bipolar disorder is Lamortigin. Different opinions have been reported in studies investigating the connection between neuroplasticity and lamortigine.
While science community has witnessed many ground breaking studies about neuroplasticity, there is still much to be discovered about neuropilasticity

Keywords: Carbamezapine, Lithium, Mood Stabilizers, Neuroplasticity, Valproic Acid,

REFERENCES: Gray JD, McEwen BS. Lithium's role in neural plasticity and its implications for mood disorders. Acta Psychiatr Scand. 2013 Nov;128(5):347-61. doi: 10.1111/acps.12139. Epub 2013 Apr 26. PMID: 23617566; PMCID: PMC3743945.

[Abstract:0515] [Erişkin Psikiyatri » Diğer]

Returning to the Valuable Path: Foundations of ACT (Acceptance and Commitment Therapy)

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Acceptance and Commitment Therapy (ACT) is a psychotherapy approach that uses personal values as a guide for the therapeutic journey. It is based on behavioral therapy traditions, supported by the functional analysis of human language and Relational Frame Theory (RFT). There are many randomized controlled trials showing the effectiveness of ACT on several clinical conditions. The ACT model of psychopathology is defined as 'psychological inflexibility,' and the functional model as psychological flexibility. Its aim is to increase a person's functionality by enhancing their psychological flexibility skills. Rather than symptom reduction, ACT aims to help the individual's behavior be guided by his/her own values. The goal of this workshop is to introduce the ACT model and some of the key concepts in ACT.The educational objectives are as follows: Firstly, participants will gain an understanding of the concept of contextual behavioral methodology and Acceptance and Commitment Therapy (ACT). Secondly, they will learn to describe behavioral analyses and six core processes of ACT.

Keywords: Acceptance and Commitment Therapy, values, psychological flexibility

REFERENCES:

1. Hayes, S. C., Villatte, M., Levin, M., & Hildebrandt, M. (2011). Open, aware, and active: contextual approaches as an emerging trend in the behavioral and cognitive therapies. Annual Review of Clinical Psychology, 7, 141-168.

2. ACT'i Kolay Öğrenmek, Russ Harris, Litera Yayınları

3. YAVUZ, Kaasım Fatih; ALPTEKİN, Furkan Bahadır. Davranışın İşlevsel Analizi ve Klinikte Kullanımı. 2017.

[Abstract:0516] [Farmakoloji » Bağımlılıklar]

Toxicological Evaluation of Cannabinoid Use Disorder

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Adolescence and early adulthood represent a significant transitional phase with both physical and psychological growth, encompassing changes in brain structure and function, as well as cognitive and emotional maturation. This period also presents heightened susceptibility for some individuals to initiate substance use. Adolescence, aged 12-17, is crucial period for drug use onset. According to European Drug Report 2023, last year cannabis uses among the EU population aged 15-34 was estimated at 15.1% (15.3 million), and males exhibit higher usage rates compared to females (1). Considering the ongoing development of the adolescent brain, substance use during this period can result in enduring negative consequences. Early initiation of drug use among adolescents can accelerate the onset of dependence. Synthetic cannabinoids pose a significant public health and safety challenge worldwide due to their ever-changing chemical compositions. Their dynamic nature complicates detection in drug screening tests, consequently fueling their usage. Synthetic cannabinoids acting as agonists on cannabinoid receptors, constitute a swiftly expanding category of drugs within the realm of new psychoactive substances. Their clinical and forensic research takes significant attention due to their potential as legal substitutes for cannabis, attracting a growing number of young consumers. The prevelance of cannabis use take the third place after tobacco and alcohol use among the young adults with 1.8 % (aged 15-34) in Türkiye (1). Herbal cannabis and cannabis resin consumption is widespread in Turkey, with synthetic cannabinoids notably popular among young adults. Considering the growing market for cannabis, drug monitoring system is an essential to analyze illicit use. Cannabinoids are usually analyzed via immunoassay testing such as enzyme multiplied immunoassay technique (EMIT), enzyme-linked immunosorbent assay (ELISA) (2), fluorescence polarization, and radioimmunoassay. After these methods confirmatory analysis should be carried out, because immunoassays may yield false negative or false positive outcomes due to structurally similar compounds that antibodies can detect such as pH-affecting adulterants, or other surfactants (3). The majority of toxicology labs need to employ gas chromatography coupled with mass spectrometry (GC-MS) techniques for confirmatory analysis of cannabinoids in biological specimens. However, using GC methodologies presents challenges in identifying and quantifying acidic cannabinoid components (4). There has been increasing attention towards utilizing liquid chromatography coupled with mass spectrometry (LC-MS) for confirmatory analysis, owing to its heightened sensitivity, selectivity, and broader range of applications. In contrast to GC-MS methodologies, LC-MS does not necessitate time-consuming and costly derivatization processes to achieve comparable sensitivity (4).

Keywords: cannabinoids, confirmatory analysis, drug monitoring system

REFERENCES:
1. European Monitoring Centre for Drugs and Drug Addiction (2023), European Drug Report 2023: Trends and Developments, https://www.emcdda.europa.eu/publications/european-drug-report/2023_en
2. Spindle TR, Cone EJ, Schlienz NJ, Mitchell JM, Bigelow GE, Flegel R, Hayes E, Vandrey R. Acute Pharmacokinetic Profile of Smoked and Vaporized Cannabis in Human Blood and Oral Fluid. J Anal Toxicol. 2019 May 1;43(4):233-258.
3. Sharma P, Murthy P, Bharath MM. Chemistry, metabolism, and toxicology of cannabis: clinical implications. Iran J Psychiatry. 2012 Fall;7(4):149-56.
4. Antunes M, Barroso M, Gallardo E. Analysis of Cannabinoids in Biological Specimens: An Update. Int J Environ Res Public Health. 2023 Jan 28;20(3):2312.

[Abstract:0517] [Erişkin Psikiyatri » Diğer]

Artificial Intelligence Research in Psychiatry

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The rapid advancements in the field of Artificial Intelligence (AI) have profoundly impacted the discipline of psychiatry. Recent studies have demonstrated the feasibility of utilizing AI technologies to analyze patients' voices, images, handwriting, brain scans, particularly facilitated by wearable technologies. Significant progress has been made in psychiatric diagnosis, treatment, and monitoring processes (e.g., MindLAMP) through the analysis of complex behaviors and sentiment analysis in texts. Additionally, AI-driven simulations of diseases, avatar therapies, and chatbots for psychotherapy have emerged, along with AI-supported companion robots, enabling new diagnostic and treatment possibilities through the examination of big data and identification of biopsychosocial markers.

AI algorithms can objectively and accurately detect disorders such as depression and anxiety by analyzing patients' voice tones, speech rates, emphases, facial expressions, gestures, body language, and handwriting. Text, speech, and image data serve as crucial resources for emotion analysis by AI. Moreover, by utilizing similar data, AI can gain insights into patients' thought processes, thus contributing significantly to the diagnosis and treatment monitoring of disorders like bipolar disorder and schizophrenia. Data sources providing insights into complex behaviors are also leveraged in AI research in psychiatry, potentially aiding in the diagnosis and treatment of conditions such as obsessive-compulsive disorder (OCD), autism spectrum disorder (ASD), and attention-deficit/hyperactivity disorder (ADHD).

AI has the potential to play a crucial role in examining neural representations of psychiatric disorders through the analysis of brain scans and deriving meaning from neuroimaging data. Deep learning algorithms can identify complex patterns from brain images, which can be utilized in identifying specific disorders and monitoring treatment response. However, ethical and privacy concerns associated with AI technologies must be considered, and clinicians must apply their expertise and judgment to AI-derived data accurately. Understanding the ethical, legal, and practical limitations of AI and managing them is crucial to making the integration of AI into psychiatric practice more efficient and responsible.

CONCLUSION: The integration of AI in psychiatry holds transformative potential, offering opportunities to enhance diagnostic accuracy, provide personalized treatment approaches, and develop advanced therapeutic interventions. However, concerns such as patient privacy, biases, erosion of therapeutic relationships, transparency in decision-making processes, and legal regulations must be addressed. This review discusses the current state and applications of AI in mental health within the framework of existing literature, highlighting both opportunities and limitations.

Keywords: artificial intelligence in psychiatry, pattern recognition, decision support system

REFERENCES:

1. Robert C. Machine learning, a probabilistic perspective. Taylor & Francis. Chance. 2014;27:62-63.

2. Nasrallah HA, Kalanderian H. Artificial Intelligence in Psychiatry: Potential Uses of Machine Learning Include Predicting Suicide and Psychosis Risk. Current psychiatry. 2019; 18:33. [Google Scholar]

3. Vieira S, Walter HL, Pinaya, Mechelli A. "Using Deep Learning to Investigate Neuroimaging Correlates of Psychiatric and Neurological Disorders: Methods and Applications." Neurosci Biobehav Rev. 74.Pt A 2017;58–75. Network. [PubMed]

4. Ayhan Y, The Impact of Artificial Intelligence on Psychiatry: Benefits and Concerns-An assay from a disputed 'author' Türk Psikiyatri Dergisi 2023;34(2):65−67

5. Turan B, Gülşen M, Yılmaz AE. Artificial Intelligence Applications in Psychiatric Disorders Medical Scıences Ankara Üniversitesi Tıp Fakültesi Mecmuası 2022;75(Suppl 1):56-62

[Abstract:0518] [Çocuk Psikiyatri » Psikosomatik tıp - Liyazon psikiyatri]

Consultation Liaison Psychiatry: Psychiatric Aspects of Neurological Diseases in Children and Adolescents

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The management of neurological disorders in children and adolescents highlights the importance of multidisciplinary approaches such as consultation liaison psychiatry. This approach has a critical role in understanding and treating psychiatric problems in individuals with neurological disorders. The prevalence of psychiatric disorders in children and adolescents with neurological disorders and their impact on quality of life increases the importance of consultation liaison psychiatry.

Neurological diseases can lead to various psychiatric disorders in children and adolescents. For example, conditions such as epilepsy, cerebral palsy, neurodegenerative diseases and traumatic brain injury can cause various psychiatric disorders such as anxiety, depression, attention deficit hyperactivity disorder (ADHD) and behavioral disorders.

Consultation liaison psychiatry offers a multidisciplinary approach to the diagnosis and treatment of psychiatric problems caused by neurological disorders. This approach encourages collaboration between child psychiatry, neurology, pediatrics and other relevant disciplines to address both the physical and mental health of the patient. This multidisciplinary collaboration allows for the creation of an individualized and comprehensive treatment plan.

The importance of consultation liaison psychiatry in the management of neurological disorders in children and adolescents is also noteworthy in terms of the effectiveness and accessibility of health services. Psychiatric disorders can negatively affect treatment adherence and overall health outcomes of individuals with neurological diseases. Therefore, early initiation of psychiatric support and interventions can contribute to better health outcomes for children and adolescents with neurological disorders. Consultation liaison psychiatry plays an important role in coordinating these multidisciplinary interventions and ensures that both patients and families are supported.

Furthermore, the importance of consultation liaison psychiatry in the management of psychiatric disorders in children and adolescents stems from the need to support the social and academic functioning of patients. Children and adolescents with psychiatric and neurological disorders may have more difficulties in school and social relationships than their peers. Therefore, a comprehensive treatment approach is important to support their social skills and academic success. Psychiatric interventions can help these individuals overcome their difficulties and facilitate their integration into society.

Studies conducted within the scope of consultation liaison psychiatry emphasize the importance of early diagnosis and treatment of psychiatric disorders in children and adolescents. Early intervention can positively affect the course of psychiatric and neurological diseases in the long term and improve the quality of life of patients. In this context, the integration of consultation liaison psychiatry in clinical practice is seen as an important step in the management of neurological and psychiatric disorders in children and adolescents.

In conclusion, consultation liaison psychiatry plays a central role in the comprehensive evaluation and treatment of neurological disorders in children and adolescents. This approach is critical in understanding the complex relationship between neurological and psychiatric disorders and meeting both the physical and psychological needs of these patients. Multidisciplinary collaboration and early intervention can improve health outcomes and support the social and academic functioning of these individuals. Therefore, fostering such collaboration among health care providers is an important factor in making progress in the field of child and adolescent health.

Keywords: Consultation-Liaison Psychiatry, Pediatric Neurological Disorders, Psychiatric Comorbidity, ADHD, Anxiety Disorders, Multidisciplinary Approach

[Abstract:0519] [Erişkin Psikiyatri » Perinatal psikiyatri]

Sleep, Biological Rhythms and Anxiety in the Perinatal Period

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Pregnancy involves significant physical and psychological changes, often accompanied by challenges such as disrupted sleep patterns. This sleep disturbance during pregnancy can increase the likelihood of developing depression and anxiety. Hormonal fluctuations play a critical role in altering sleep patterns, duration, and quality. Consequently, the prevalence of sleep disorders and insufficient sleep among pregnant women highlights the importance of addressing their sleep-related issues. It's noteworthy that poor sleep not only affects the mother's health but also impacts fetal well-being.

Anxiety disorders are common during pregnancy, with prevalence rates ranging from 1 to 20%, depending on the specific disorder. Research indicates a clear link between poor sleep quality and heightened depressive and anxiety symptoms among pregnant women, both concurrently and in the future. Additionally, individual factors such as circadian preference contribute to sleep quality and the likelihood of experiencing depressive or anxiety disorders. Particularly, pregnant women with an evening preference, often termed "night owls," are at an increased risk of experiencing depressive and anxiety symptoms during pregnancy and are more prone to postnatal depression. Evening-type pregnant women also report more anxiety symptoms and sleep disturbances, even after adjusting for sleep duration and deprivation, compared to morning-types.

Addressing sleep-related issues during pregnancy is crucial for maintaining maternal and fetal health, with a specific emphasis on understanding the impact of individual sleep preferences on mental well-being. Considering chronobiological factors can provide further insights into how circadian rhythms and desynchronization influence mental health outcomes during pregnancy. This holistic approach is essential for optimizing the well-being of both the mother and the developing baby.

Keywords: Anxiety, chronobiology, chronotype, circadian rhytm, sleep, sleep pattern

[Abstract:0522] [Çocuk Psikiyatri » Duygudurum bozuklukları]

Differential Diagnosis of ADHD and BPD in Children

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Are ADHD and BPD co-definitions in children? Are they two completely different diagnoses? Are they variants of each other? These issues are discussed in the literature. ADHD, a neurodevelopmental disorder, can sometimes appear as a premorbid condition for a future diagnosis of BPD. It is necessary to examine these two disorders carefully as a diagnosis and differential diagnosis.

ADHD and BPD literature was examined. Diagnosis and differential diagnosis are discussed in detail in the presentation using a case example.

The two disorders have many common features. Phenomenologically, excessive talking, distraction, psychomotor agitation, irritability and emotional lability, outbursts of anger, and decreased tolerance are observed. Both show hereditary transmission. There is a history in first degree relatives. Additionally, ADHD-BPD may cross-over. Antipsychotics and antiepileptics can be used in drug treatment. Subcortical changes can be observed in brain imaging studies.

If symptoms similar to ADHD begin late and suddenly, if grandiosity is evident, if the need for sleep is decreased, if inappropriate sexual behavior is evident, if recurrent severe mood fluctuations, anger outbursts and seizures are prominent, if delusions and hallucinations are observed, and if the treatment of the child diagnosed with ADHD does not respond to stimulants. On the contrary, if there is an increase in symptoms, bipolar disorder should be considered.

There is a bidirectional overlap between BPD and ADHD. Bipolar disorder with ADHD may represent a developmentally specific phenotype of early-onset BPD.

It is thought that individuals with BPD and ADHD may have a disorder different from both ADHD and BPD.

In addition to clinical observation and follow-up, imaging may be helpful in the differential diagnosis. In ADHD, a decrease in total brain and gray matter volume and abnormalities in the basal ganglia, prefrontal structures and corpus can be observed. In addition, abnormalities in the subcortical structures (thalamus, amygdala and hippocampus) and temporal, frontal and insular cortices and widespread changes in the white matter (e.g. limbic system) are observed in BPD.

As a result, brain development in children continues until the age of 21-24, being faster in certain periods. Mental illnesses can vary in diagnosis. It is difficult to distinguish normal developmental features from abnormal ones. Because; There is not always clarity regarding the diagnosis. Follow-up is important and follow-up studies are necessary.

Keywords: BPD, ADHD, Differential diagnosis, co-diagnosis, child adolescent

[Abstract:0523] [Erişkin Psikiyatri » Travma, stres ve ilgili durumlar]

Psychosomatic Effects of Childhood Trauma and Complex PTSD

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In the 11th edition of the World Health Organization's International Classification of Diseases (ICD-11), a novel diagnostic entity, complex post-traumatic stress disorder (CPTSD), has been introduced alongside the existing Post-Traumatic Stress Disorder (PTSD), under the broader category labeled as "Disorders specifically associated with stress". The introduction of CPTSD provides a new perspective on the understanding and interpretation of trauma-related disorders.

PTSD is characterized by three symptom clusters that pertain directly to the traumatic event: re-experiencing in the here and now, avoidance of traumatic reminders, and heightened sense of threat. The diagnosis of C-PTSD incorporates six symptom clusters, which include the aforementioned three related to PTSD, as well as an additional three clusters that signify persistent and severe disturbances in self-organization; these encompass affect dysregulation, extremely negative self-concept, and difficulties in forming and maintaining relationships.

Understanding the somatic symptoms of mental disorders necessitates a biopsychosocial approach that integrates genetic predispositions, environmental influences, and psychological factors. Within this framework, various contributing factors converge to manifest as somatic presentations, encompassing genetic predispositions, early traumatic experiences, learned behaviors, and psychological elements, culminating in a characterological style that accentuates somatic expression over emotional articulation.

Posttraumatic Stress Disorder (PTSD) is intricately linked both to medically unexplained somatic syndromes, such as dizziness, tinnitus, and blurred vision, and to a wide range of medical conditions involving various physiological systems. Cardiovascular, respiratory, musculoskeletal, neurological, and gastrointestinal disorders are significantly associated with psychological trauma. This wide range of associations underlines the complex interplay between psychological trauma and physical health and suggests that PTSD has a multifaceted psychophysiological impact on affected individuals.

In Complex Posttraumatic Stress Disorder (CTSD), which is usually caused by persistent and interpersonal traumas such as childhood adversity, somatic symptoms are more frequent than in classic PTSD. The persistent and pervasive nature of somatic symptoms in both PTSD and cPTSD has profound implications for physiological well-being, potentially through chronic stress responses, altered neuroendocrine functioning, and sustained activation of the immune system.

The close relationship between somatization and psychological trauma makes it an absolute necessity that patients presenting with psychosomatic symptoms in the clinic be evaluated for trauma-related disorders. Furthermore, the exploration of somatic complaints during patient history-taking of patients presenting with trauma-related disorders is essential for the psychosocial well-being of patients. In addition to PTSD, the introduction of Complex PTSD as a separate diagnostic entity is also very important in terms of providing a new clinical framework for understanding the psychosomatic sequelae of psychological trauma.

In this presentation, we examine in detail the definition and clinical manifestations of complex PTSD, a new diagnostic entity, and detail the different aspects of trauma-related somatic symptoms. In conclusion, our presentation highlights the psychosomatic consequences of trauma and emphasizes the importance of considering somatic symptoms within the context of trauma-related disorders.
Keywords: Complex PTSD, Psychological Trauma, Psychosomatic Symptoms

REFERENCES:

1. Maercker A, Cloitre M, Bachem R, Schlumpf YR, Khoury B, Hitchcock C, Bohus M. Complex post-traumatic stress disorder. Lancet. 2022 Jul 2;400(10345):60-72. doi: 10.1016/S0140-6736(22)00821-2. PMID: 35780794.

2. Gupta MA. Review of somatic symptoms in post-traumatic stress disorder. Int Rev Psychiatry. 2013 Feb;25(1):86-99. doi: 10.3109/09540261.2012.736367. PMID: 23383670.

3. Astill Wright L, Roberts NP, Lewis C, Simon N, Hyland P, Ho GWK, McElroy E, Bisson JI. High prevalence of somatisation in ICD-11 complex PTSD: A cross sectional cohort study. J Psychosom Res. 2021 Sep;148:110574. doi: 10.1016/j.jpsychores.2021.110574. Epub 2021 Jul 16. PMID: 34298467; PMCID: PMC8359920.

[Abstract:0525] [Erişkin Psikiyatri » Duygudurum bozuklukları]

What is the Role of Antidepressant Drugs in Long COVID Treatment?

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Since the beginning of the Covid-19 pandemic, it has been reported by WHO that the number of cases has exceeded 700 million and more than 7 million people have died due to the disease. At the beginning of the pandemic, research focused on vaccines and effective treatment methods to prevent/reduce contagiousness, while the focus of research has recently shifted to the treatment of cognitive, somatic and behavioral symptoms after covid infection. After acute Covid infection, most of the patients reached their pre-disease well-being after 2-3 weeks on average; it was found that in 20% of the patients, symptoms lasted longer than 5 weeks regardless of the severity of acute infection, and in 10% of the patients, this period exceeded 12 weeks.

Prolonged covid or post covid syndrome is defined by WHO as the presence of symptoms and signs that usually occur 3 months after acute COVID-19 infection, persist for at least 2 months, and are not explained by another health condition. Prolonged covid is a clinical condition in which the structure and function of many organs may be impaired. Although the symptoms vary, the most common symptoms are fatigue, shortness of breath, memory, attention and sleep disturbences, persistent cough, chest pain, muscle pain, impaired sense of taste and smell, depression/anxiety and fever.

For nearly three decades, there has been a growing literature supporting that antidepressants may modulate the inflammatory response. Studies conducted during this period have found that antidepressants, especially those with serotonergic activity, cause a decrease in some of the markers of peripheral inflammation and that this decrease is most consistently observed for IL-6 and TNF. In addition to being a critical neurotransmitter in the central nervous system, serotonin is also known to be an immune response modulator. Peripheral serotonin is produced in enterochromaffin cells in the gut and released into the circulation, where it is taken up by platelets via SERT and found in platelet plasma membranes. Serotonin is then stored in dense granules and released upon platelet activation. Many immune cells (e.g. macrophages, T cells, dendritic cells, B cells) express SERT and serotonin receptors, which in turn are influenced by serotonin released by platelets during the inflammatory response. SRIs directly affect this cycle, which may be a potential mechanism for the effect of SRI-acting antidepressants on the inflammatory response.

There is strong evidence that major depression is associated with a chronic low-grade inflammatory response and activation of the compensatory anti-inflammatory system. Studies have shown that pro-inflammatory cytokines and acute phase proteins (mainly IL-6, TNF and CRP) are increased in patients with major depression. Considering the potential effect of SRI-acting antidepressants on the inflammatory response, current literature information on the use of antidepressants in prolonged covid will be discussed at this meeting.

Keywords: Antidepressant Drugs, Long Covid, Serotonin

[Abstract:0526] [Çocuk Psikiyatri » Yeme bozuklukları]

The Neurobiological Approach in Anorexia Nervosa

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The average prevalence of AN is estimated to be 0.37-1.3%. Although the lifetime prevalence of AN is 0.6%, the disease is 3 times more common in women than in men. AN and other Eating disorders are multifactorial disorders with high morbidity and mortality, especially in adolescence and young adulthood.

Eating behavior not only provides the body with the necessary energy but also has a pleasurable characteristic. In a healthy body, cortical and subcortical brain regions work together to maintain weight and appetite balance. It has been demonstrated that individuals with eating disorders have structural and functional differences in the aforementioned brain regions.

Many neuro-peptides such as leptin, insulin and ghrelin play a role in the regulation of appetite. Leptin is a neuropeptide released from adipose tissue as a result of increased energy resources in the body and creates a feeling of satiety. In people with AN, leptin levels are very low as a result of prolonged fasting and a decrease in adipose tissue. In a meta-analysis, insulin levels were found to be low in all eating disorders. Since ghrelin stimulates DA release from the ventral tegmental area, it is also a hormone associated with the hedonic aspect of eating behavior. Plasma ghrelin levels were found to be higher than normal in individuals with AN.

Abnormalities of the 5-HTergic system have been found in eating disorders and in some studies it has been observed that these abnormalities persist after recovery. Decreased levels of tryptophan, a serotonin precursor, due to restricted food intake in people with AN may explain the decrease in hunger and anxiety in these patients. It is thought that there may be an imbalance in this DA and 5-HT neurotransmitter system in eating disorders. In an fMRI study, it was found that the response of the ventral striatum to reward was low in people with eating disorders, leading to an inadequate hedonic response elicited by eating.

Brain atrophy and enlargement of the ventricles in patients with AN is a finding proven by many studies and meta-analyses. It has been shown that body perception is impaired in patients with parietal lobe damage and parietal lobe dysfunction is present in patients with AN. In studies conducted in individuals with AN, dorsolateral prefrontal cortex (DLPFC) was found to be associated with cognitive control and restriction of eating.

According to the results of twin studies, the heritability of AN is reported to be 48-88%. In a family study, it was shown that the incidence of AN increased 10-fold in first-degree relatives of people with AN disorder. Estrogen receptor 1 gene (ESR1) was found to be associated with restrictive type AN. In meta-analysis studies, 1438A allele of 5HT2A receptor gene and short allele (S allele) of 5HT transporter gene were found to be associated with AN. In addition, polymorphism of the DRD2 receptor gene was found in AN.

In conclusion, eating disorders are disorders in which psychological and social factors as well as biological factors play a role in the etiology.

Keywords: Anorexia Nervosa, Adolescent, Neurobiology

[Abstract:0527] [Erişkin Psikiyatri » Uyku bozuklukları]

Circadian Disruption and Psychosis: Insights From Novel Approaches

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A range of neurological and psychiatric disorders manifest with associated irregularities in sleep patterns and circadian rhythms. Recent comprehensive reviews have delved into the intricate relationship between schizophrenia and various facets of circadian disruption. It is theorized that a combination of disrupted sleep and circadian rhythms may lead to heightened dopamine activity in the brain, increasing vulnerability to psychotic episodes. Moreover, elevated dopamine levels can disrupt sleep, potentially establishing a positive-feedback loop wherein disturbances in dopamine and sleep mutually exacerbate each other. In normal populations, melatonin's effects on sleep and its ability to suppress dopamine activity regulate this loop. However, individuals with psychosis often exhibit abnormal melatonin regulation, suggesting a lack of homeostatic control. These irregularities can significantly impact a patient's quality of life. While various factors may contribute to these abnormalities, dopamine and, to a lesser extent, melatonin are particularly implicated. Antipsychotic medications, which primarily reduce circulating dopamine levels via D2 receptor antagonism, may partially restore balance in this pattern. The role of melatonin in this context remains underexplored, despite its potential significance in schizophrenia and sleep regulation. The disruption of circadian rhythms and associated psychosis presents a complex interplay that warrants further investigation. Understanding these mechanisms could offer valuable insights into the development of targeted interventions aimed at restoring circadian balance and ameliorating symptoms of psychosis.

Keywords: Circadian rhytm, chronobiology, psychosis, sleep, schizophrenia

[Abstract:0528] [Erişkin Psikiyatri » Duygudurum bozuklukları]

Late-onset Bipolar Disorder

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Late-onset bipolar disorder (LOBD) presents a unique challenge in psychiatric practice due to its complexities in diagnosis and treatment. This presentation will explore the current literature on LOBD. Older age bipolar patients can be categorized into two main groups: those who experience their first manic episode in old age, referred to as late onset patients (LOBD), and elderly patients who had their first episode of mania in their 20s, known as "early onset" patient. Research on older age bipolar disorder is limited. Research studies have shown that individuals who experience the onset of mania at the age of 60 or older typically have a mean age of onset ranging from 51 to 60 years.

Previous research has shown that older adults with early and late onset BD have more similarities than differences.The symptoms of late-onset mania are similar to those seen in younger patients, although some cases may present with atypical features. It is important to rule out secondary causes of mania in late-onset cases before diagnosing a primary affective disorder, as there are several potential differential diagnoses that require a comprehensive psychiatric and medical evaluation, including brain imaging. The prognosis and treatment of late-onset mania do not appear to differ significantly from those in younger individuals.

The limited number of studies that have specifically examined the differences between late-onset bipolar disorder and early-onset bipolar disorder have produced mixed results. Some suggest that late-onset individuals have better overall functioning and less severe symptoms, while others have found no discrepancies in cognitive functioning, mental health symptoms, or comorbidities. Yet, recent research supports the idea that late-onset bipolar disorder may exhibit a clinical phenotype comparable to that of traditional early-onset bipolar disorder.

Some characteristics of LOBD are different than those of early-onset bipolar disorder, notably early onset bipolar disorder is associated with a highly positive family history, whereas LOBD is frequently associated with neurological diseases.

Diagnosing late-onset bipolar disorder can be challenging due to overlapping symptoms with age-related mood changes, neurodegenerative disorders, and medical illnesses. Underdiagnosis and misdiagnosis are common, as symptoms may present atypically and clinicians may lack awareness of LOBD.

Effective management of late-onset bipolar disorder requires a comprehensive approach, including pharmacological interventions, psychoeducation, and psychosocial support. However, treatment decisions are complicated by age-related physiological changes, risks of polypharmacy, and potential interactions with other medical conditions. Older adults may be more sensitive to medications and more prone to adverse effects.

This presentation will emphasize the importance of recognizing and accurately diagnosing LOBD to optimize treatment outcomes and improve the quality of life for individuals affected by the disorder. Ongoing efforts are necessary to improve the awareness of BD in older adults and to ensure appropriate follow-up of individuals throughout their entire life.

Keywords: late-onset bipolar disorder, older age, mania

REFERENCES:

1. Lavin P, Buck G, Almeida OP, Su CL, Eyler LT, Dols A, Blumberg HP, Forester BP, Forlenza OV, Gildengers A, Mulsant BH, Tsai SY, Vieta E, Schouws S, Briggs FBS, Sutherland A, Sarna K, Yala J, Orhan M, Korten N, Sajatovic M, Rej S; GAGE-BD Investigators. Clinical correlates of late-onset versus early-onset bipolar disorder in a global sample of older adults. Int J Geriatr Psychiatry. 2022 Oct 24;37(12). doi: 10.1002/gps.5833. Epub ahead of print. PMID: 36317317.

[Abstract:0529] [Erişkin Psikiyatri » Diğer]

Stress and Psychiatric Disorders: Genetics or Epigenetics

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Psychiatric disorders represent a significant global health burden, affecting millions of individuals worldwide. Among the multifactorial etiologies of psychiatric disorders, stress has emerged as a pivotal factor, intricately linked with the manifestation and progression of conditions such as depression, anxiety disorders, post-traumatic stress disorder, and schizophrenia. While the role of genetic predisposition in susceptibility to psychiatric disorders has long been acknowledged, recent advances in epigenetics have illuminated the dynamic interplay between genetic factors and environmental stressors, providing new insights into disease pathogenesis and potential therapeutic avenues. Genetic studies have identified numerous susceptibility loci associated with psychiatric conditions, offering valuable insights into the heritability and molecular mechanisms underlying these disorders. However, the incomplete penetrance and variable expressivity observed in many cases suggest that genetic predisposition alone is insufficient to account for disease manifestation. This realization has spurred investigations into epigenetic mechanisms, which serve as dynamic regulators of gene expression in response to environmental stimuli, including stress. Chronic stress exposure has been shown to induce widespread changes in the epigenome, altering the expression of genes involved in stress response pathways, neurotransmitter signaling, and synaptic plasticity. Importantly, these epigenetic changes can persist long after the cessation of stress, contributing to the development of psychiatric symptoms and increasing vulnerability to future stressors. Moreover, emerging evidence suggests that epigenetic mechanisms may act as a bridge between genetic susceptibility and environmental stress, modulating gene-environment interactions in the pathogenesis of psychiatric disorders. This panel explores the complex interplay between genetics and epigenetics in the context of stress-related psychiatric disorders.

Keywords: psychiatric disorder, genetics, epigenetics, stress

[Abstract:0530] [Erişkin Psikiyatri » Non-biyolojik tedaviler]

Is The Light Therapy Ray of Hope for Alzheimer's

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Sleep disturbances, depression, and agitation are common among individuals with Alzheimer's disease or related dementias, leading to negative effects on the daytime functioning of the affected individual and the well-being of caregivers (1). The biological rhythm plays a significant role in human health. Studies on the biological clock have shown decreased neuronal activity in the suprachiasmatic nuclei (SCN) of elderly individuals, especially after the age of 80, and decreased circadian rhythm amplitude after the age of 50 (2). Disrupted circadian rhythms and poor sleep in elderly adults may result from dysfunctional circadian pathways or a pathway that processes light information with less fidelity (3). Sleep disturbances are among the most common neurobehavioral symptoms of ADRD. Sleep disturbances ultimately become exhausting for family caregivers and are a major reason for the institutionalization of ADRD patients (4-5) Clinical research has shown that light therapy can improve sleep disturbances in individuals with ADRD (2). After institutionalization, patients who experience the most sleep disturbances at night are likely to become aggressive during the day. The "sundowning" phenomenon, characterized by increased agitation in the late afternoon and early evening, can also contribute to aggressive behavior, leading to negative outcomes for both individuals with ADRD and caregivers.(6) Bright light therapy appears to be a potential treatment for aggressive behavior in ADRD patients. However, the timing of treatment plays a significant role in addressing agitation in Alzheimer's patients. Depression is a commonly observed condition in Alzheimer's patients, likely due to social isolation (2). Depression can lead to worse health outcomes, psychological distress, and functional impairments. While some studies have demonstrated positive effects of light therapy in certain cases of depression, attempts to treat depression symptoms in ADRD patients have yielded complex results (7). Promising results have been obtained from studies on light therapy and Alzheimer's disease, but when designing thoughtful, quantitative lighting solutions based on the fundamental principles of circadian regulation, attention should be paid to maintaining good vision and safety while awake and minimizing nocturnal sleep disturbances.

Keywords: light therapy, alzheimer disease, sleep disturbance, depression

REFERENCES:

1. Hanford, N., & Figueiro, M. (2013). Light therapy and Alzheimer's disease and related dementia: past, present, and future. Journal of Alzheimer's Disease, 33(4), 913-922.
2. Swaab D, Fliers E, Partiman T. The suprachiasmatic nucleus of the human brain in relation to sex, age and senile dementia. Brain Res. 1985; 342:37–44. [PubMed: 4041816]
3. Campbell SS, Kripke DF, Gillin JC, Hrubovcak JC. Exposure to light in healthy elderly subjects and Alzheimer's patients. Physiol Behav. 1988; 42:141–144. [PubMed: 3368532]
4. Ancoli-Israel S, Parker L, Sinaee R, Fell RL, Kripke DF. Sleep fragmentation in patients from a nursing home. J Gerontol. 1989; 44:M18–21. [PubMed: 2910988]
5. Shaw FE, Kenny RA. Can falls in patients with dementia be prevented? Age Ageing. 1998; 27:7– 9. [PubMed: 9504359]
6. Cohen-Mansfield J, Werner P, Freedman L. Sleep and agitation in agitated nursing home residents: an observational study. Sleep. 1995; 18:674–680. [PubMed: 8560134]
7. Riemersma-van der Lek RF, Swaab DF, Twisk J, Hol EM, Hoogendijk WJ, Van Someren EJ. Effect of bright light and melatonin on cognitive and noncognitive function in elderly residents of group care facilities: a randomized controlled trial. JAMA. 2008; 299:2642–2655. [PubMed: 18544724]

[Abstract:0531] [Erişkin Psikiyatri » Uyku bozuklukları]

From Ethology to Treatment: Targeting Circadian Rhythm in Sleep Disorders

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The term circadian is comes from the combination of two Latin words circa (approximate) and dies (day). The phenomenon of circadian rhythm is a biological cycle that roughly correspond to 24 hours. It plays a central role in various physiological processes, including sleep-wake cycles, hormone secretion, and body temperature regulation. These rhythms are regulated by the main circadian clock located within the suprachiasmatic nucleus of the hypothalamus. Synchronization of these processes depends on environmental cues, in particular alternating cycles of light and darkness. At the molecular level, circadian rhythms are governed by a complex interplay of transcriptional-translational regulation mediated by clock genes and their protein products. Circadian rhythm sleep disorders cover a diverse range of conditions marked by disruptions in the timing of sleep and wakefulness, resulting in significant impairments in daily functioning and overall well-being. This spectrum of disorders includes Delayed Sleep Phase Disorder, Advanced Sleep Phase Disorder, Irregular Sleep-wake Rhythm Disorder, and Shift Work Disorder. Each of these disorders are characterized by distinct alterations in sleep timing and duration, often leading to symptoms such as excessive daytime sleepiness, insomnia, and worsening cognitive performance. Delayed Sleep Phase Disorder is characterized by a delay in the sleep-wake cycle, which makes falling asleep and waking up at socially acceptable times more difficult. On the other hand, Advanced Sleep Phase Disorder is characterized by early evening drowsiness and early morning awakenings, caused by early sleep onset and awakening. Irregular Sleep-wake Rhythm Disorder is characterized by irregular or fragmented sleep and excessive daytime sleepiness. In this disorder, sleep patterns do not align with the typical 24-hour day-night cycle. Shift Work Disorder is common among people who work with shifts, causing misalignment between work schedules and the innate circadian rhythm. This may result in sleep disturbances and diminished alertness during working hours. The management of circadian rhythm sleep disorders aims to regulate sleep-wake schedules by behavioral approaches, light therapy, or sometimes, pharmacotherapy. A comprehensive understanding of the intricate interplay between circadian rhythms and sleep disorders is critical for the development of effective therapeutic strategies aimed at restoring optimal sleep-wake patterns and improving overall quality of life.

Keywords: circadian clock, circadian rhythm sleep disorders, sleep-wake cycle

[Abstract:0532] [Farmakoloji » Perinatal psikiyatri]

Can Dexmedetomidine Prevent Postpartum Depression?

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Pregnancy is an important period in a woman's life where physiological, psychological and social changes occur and requires adaptation to these changes. Changes that occur during pregnancy, birth and postpartum can cause various mental illnesses in women. Postpartum depression (PPD) is a psychiatric disorder that is common in the perinatal period and is a significant cause of morbidity and mortality for mother and baby.
In DSM-5, a peripartum-onset major depressive episode is defined as postpartum depression when it occurs during pregnancy or up to 4 weeks postpartum. The World Health Organization (WHO) defines the period up to 1 year after birth as postpartum depression. ICD-10, another common diagnosis and classification system, associates mental disorders that begin within six weeks after birth with the puerperium.

Although postpartum depression rates are quite high, postpartum depression is a disease that is often overlooked and untreated. Depressive symptoms and findings in pregnant women; It can sometimes be difficult to diagnose pregnancy depression because it is similar to the physiological changes and complaints of pregnancy and may have subsyndromal features. Women with prolonged and severe symptoms are diagnosed, while others may be missed. Postpartum depression symptoms are heterogeneous. It presents with symptoms of major depression such as depression, anhedonia, thoughts of guilt, irritability, lack of concentration, psychomotor agitation, psychomotor retardation, sleep disturbance, appetite and weight changes. Patients with severe disease may have suicidal thoughts, suicide attempts, disrupting baby care, and even behavior that harms the baby. Suicidal ideation in postpartum depression occurs in approximately 5-14% of patients. It has an important place among the causes of maternal death in the first year after birth.

There is a vast literature on the treatment of postpartum depression. Many treatments have been adapted from treatments for major depression, and the number of treatments specifically approved for postpartum depression is limited. Serotonin reuptake inhibitors (SSRI), serotonin noradrenaline reuptake inhibitors (SNRI), tricyclic antidepressants, estradiol, progesterone, psychotherapies, electronvulsive therapy and brexalonone can be used in treatment. In a previous exploratory study, dexmedetomidine administration in the early postpartum period reduced PPD incidence and was well tolerated.

Dexmedetomidine is a highly selective α2-adrenoreceptor (α2-AR) agonist commonly used in the perioperative period. Postmortem studies of depressed patients completing suicide show α2-AR expression to be increased in several brain regions. The platelets of patients with PPD also show increased α2-AR density, which was reversed by successful antidepressant treatment. The role of the α2-AR is also indicated by preclinical data, with dexmedetomidine significantly improving depression-like behavior in sleep-deprived mice. Previous data show an α2-AR gene alteration to be associated with PPD susceptibility. Many studies have also confirmed that dexmedetomidine can upregulate brain-derived neurotrophic factor (BDNF), which is closely related to the pathogenesis and prognosis of PPD. Overall, alterations in the levels of α2-AR and BDNF are closely associated with mood dysregulation, including PPD, with dexmedetomidine showing promise in the regulation of pathophysiological changes in depression as well as possible treatment efficacy in PPD.

Keywords: Depression, Dexmedetomidine, Postpartum

[Abstract:0534] [Erişkin Psikiyatri » Yeme bozuklukları]

A Perspective on Ethical Issues in Eating Disorders: Search for a Guide to the Clinician’s Dilemmas

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Ethical discussions in eating disorders have focused on decisions of compulsory treatment of individuals who refuse to treatment. Ethical issues about this topic seem like related to severity and duration of eating disorder, decision making capacity and risks/benefits of compulsory treatment.

İt is emphasised that compulsory treatment is indicated for only a small proportion of individuals suffering from life threatening, unresponsive anorexia nervosa. Nonetheless, compulsory treatment may be futile for some individuals with severe and enduring anorexia nervosa. Also, it is doubtful to define which patients are most suitable for compulsory treatment. Some case series show that involuntary hospitalised individuals has similar short term weight restoration outcomes compared to voluntarily individiuals in the same facility. According to follow-up data, the former ones has more mortality rates. To sum up, we do not have satisfactory evidence to force an individual with anorexia nervosa to be treated compulsorily due to lack of evidence related to long term benefits of involuntary hospitalisation. So that, it is recomended that compulsory treatment should only be used sagely and rarely (1).

Answering the question whether compulsory treatment is ethical approach, lies in making decision capacity. Furthermore, it ihas been argued that whether compulsory treatment is ethically acceptable in a possbile scenario a patient has decision making capacity but prefer to refuse a beneficial treatment. According to one approach, an adult patient with decision making capacity has the right to refuse even life enhancing tratment (2). On this view, compulsory treatment occurs a possible way only when clinician or legal authority find an individual incompetent to refuse treatment. In parallel with this principle, most papers in the literature have been trying to find an absolute conceptualisation of making decision capacity. Maybe that is why most of the researchers do not find taking an individual's right to refuse a life enhancing treatment away accaptable. However, determining incompetence is a very controversial issue. Standard tests for decision making capacity are found by some researchers incapable to measure competence in individuals with anorexia nervosa. Their argument is that decison making capacity extends to further than that measured by the tests. The researchers found that some charecteristics can compromise making diecision capacity. Some patients had been experiencing their illnes as their identity and they reported being thinner or slimmer was the most important value which iwas worth dying for. Some of the participants knew definetely being at their weight might be mortal, but when this fact was applied to them, they were not believing that (3).

In conclusion, the dilemma seems between clinician's will to recover a patient from suffering and respect to their autonomy

Keywords: anorexia nervosa, decision making capacity, involuntary treatment,

1.Carney T, Touyz SW, Yager J. Involuntary treatment and quality of life. Psychiatr Clin N Am. 2019;42:299–307.
2.Charland LC. Ethical and conceptual issues in eating disorders. Cur Opin Psychiatry. 2013;26:562-565.
3.Tan JOA, Hope T, Stewart A, et al. Competence to make treatment decisions in anorexia nervosa: thinking process and values. Philos Psychiatr Psychol. 2006;13:267-282.

[Abstract:0535] [Çocuk Psikiyatri » Diğer]

Evaluation and Interdisciplinary Study in Developmental Disabilities

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The psychological evaluation of children is different from adults. Because; The developmental process of children continues, it is difficult to distinguish normal/abnormal in children, problems and mental disorders progress differently at each stage of development, just meeting with the child is not enough, and verbal communication is not sufficient for evaluation. Observation is the most important step in the evaluation process. In addition, it may be necessary to obtain information from the family and teachers, if any, to evaluate self-report scales and the scales to be completed by the family, to interpret projective and objective tests, and to examine cognitive function tests when necessary. The same approach is valid for children with

developmental delays. In this approach, it is important and necessary for disciplines that concern the child to work together, both in the evaluation process and in the intervention phase.

In multidisciplinary work with children with special needs, two concepts are mentioned: "multidisciplinary" and "interdisciplinary". In both applications, the child is the common denominator. In the multidisciplinary approach, according to the needs of the child, professional groups such as child psychiatrist, pediatrician, physiotherapist, special education teacher, child development specialist, psychologist, occupational therapist, language and speech therapist, occupational therapist, psychiatric nurse, classroom teacher are involved in the evaluation and follow-up process of the child and communicate with each other. They pass, but they work in different places. In the interdisciplinary approach, different disciplines work in communication in the same place, follow the process closely through meetings and intervene when necessary.

In the interdisciplinary study plan, after a detailed psychological evaluation by the child and adolescent psychiatrist, cognitive tests and developmental tests are requested from special education specialists and psychologists according to the child's needs. The results of the tests, along with the teacher forms from the school he/she attends, if any, are explained to the family within the framework of possible diagnosis and differential diagnoses, together with the physician and the specialist who performed the test. Then, referrals are made to the educators and/or psychologists within the team. Therapy and/or trainings are followed with weekly supervisions. Any developments regarding the child are detailed in meetings attended by all experts in contact with the child, and the family is also invited to the meetings when necessary.

In this presentation, the interdisciplinary approach will be detailed through case examples.

Keywords: Interdisciplinary, multidisciplinary, developmental disabilities, psychological evaluation, child psychiatry

[Abstract:0536] [Çocuk Psikiyatri » Yeme bozuklukları]

Clinical Features in Anorexia Nervosa

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Anorexia nervosa is a serious eating disorder usually begins in adolescence. The core symptoms of anorexia nervosa are fear of gaining weight, restricting eating high-calorie foods, body perception problems, and compensatory behaviors to lose weight. There are two different types of anorexia nervosa: restrictive and binge eating. While perfectionist personality traits are generally observed in the restrictive eating type impulsive; risk-taking personality traits can be seen in the binge eating type. The cases of anorexia nervosa cases in which the criteria are not fully met are diagnosed as atypical anorexia nervosa. It is reported that atypical anorexia nervosa also has serious complications and its prognosis is similar to the typical anorexia nervosa.

The cognitions of patients includes overvalued thoughts about weight, body appearance and the calories of foods. Patients often appear cachectic and psychomotor activity is decreased. Lanugo hairs and ecchymosis may be seen on the body. Subcutaneous fat tissue has become thinner. Amenorrhea may be observed. Attention and learning problems may occur. Depressive symptoms and high anxiety levels are frequently observed in anorexia nervosa. Eating behaviors are often involve rituals. They may frequently check their appearance and weight in the mirror and on the scale, or they may avoid these checks.

It is reported that approximately 50% of diagnosed cases are hospitalized. Frequent reasons for hospitalization include severe malnutrition, resistant vomiting, cardiometabolic complications, lack of oral intake, suicide plans and attempts. Relapse is common in recovered cases. Although the mortality rate is reported to be 5-10%, it is stated that this rate is 2% in the adolescent age group. The most common causes of mortality are cardiometabolic complications are such as electrolyte imbalance, arrhythmia, etc. Parenteral nutrition may be considered in patients who refuse oral intake. However, it is not recommended to consume more calories than 30-50% of the daily calorie need in the early periods of the treatment. This may result in refeeding syndrome. The treatment team may include a child and adolescent psychiatrist, a pediatrician, a psychotherapist and, a dietitian. Patients are often not willing to cooperate. Their insight is significantly limited about their condition. Their compliance with diet and medication recommendations is low.

Although there is no FDA-approved psychiatric drug for anorexia nervosa, antidepressants and atypical antipsychotics are frequently used in the treatment. Fluoxetine, sertraline, which are SSRIs, and risperidone, olanzapine, and aripiprazole, which are atypical antipsychotics, are among the frequently used agents in treatment.. As psychotherapy, family-oriented psychotherapy, cognitive behavioral psychotherapy and psychoanalytic psychotherapy can be used in treatment.

Keywords: Anorexia nervosa, clinical manifestations, youth, psychotherapy, complications

REFERENCES:
1) Steinhausen, H. C. (2002). The outcome of anorexia nervosa in the 20th century. American journal of Psychiatry, 159(8), 1284-1293.
2) Gan, J. K. E., Wu, V. X., Chow, G., Chan, J. K. Y., & Klainin-Yobas, P. (2022). Effectiveness of non-pharmacological interventions on individuals with anorexia nervosa: A systematic review and meta-analysis. Patient Education and Counseling, 105(1), 44-55.

[Abstract:0537] [Erişkin Psikiyatri » Diğer]

A New Perspective on Human Behavior and Experience: Introduction to the Experience Sampling Methodology (ESM) - Overview of ESM

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Scientific research within psychology and psychiatry traditionally relies heavily on standardized measurement tools, predominantly self-report scales. These instruments, while advantageous in many respects, come with inherent limitations. Notably, they are susceptible to recall bias, wherein participants may inaccurately recall past experiences or feelings. Moreover, these methods fail to capture the nuances and variability of human experiences in real-time.

The limitations of traditional standardized measurement methods in psychology and psychiatry have led to a growing interest in intensive longitudinal methods like Experience Sampling Methodology (ESM). ESM is described as “a tool for evaluating individuals' internal experiences, including emotions, thoughts, bodily sensations, symptoms, and contextual factors, within their everyday lives.” ESM involves collecting data from individuals in their natural environments multiple times throughout the day, allowing researchers to capture real-time fluctuations in psychological experiences.

One of the primary advantages of ESM is its ability to overcome recall bias, as participants report their experiences shortly after they occur, reducing the reliance on memory. Additionally, ESM enables the examination of within-person variability, providing insight into how individuals' experiences change over time and in different contexts. By measuring psychological constructs such as emotions multiple times throughout the day, ESM allows researchers to better understand their temporal dynamics and how they are influenced by various factors. This approach can uncover patterns of emotional regulation, daily stressors, and other dynamic processes that may not be captured by traditional measurement methods. ESM can also provide valuable insights into individual differences in psychological experiences, both within and between persons. By examining how individuals' experiences vary across different situations and over time, researchers can better understand the complexity of human behavior and mental health. Furthermore, ESM offers a valuable perspective for therapists that extends beyond its applications in scientific research. Integrating ESM into therapeutic practice can enrich the therapeutic process, deepen understanding of clients' experiences, and enhance treatment outcomes by promoting personalized and contextually relevant interventions.

Overall, this workshop offers a foundational understanding of ESM and its implications for advancing research and clinical practice in psychology and psychiatry. Participants will gain insights into how ESM can address the shortcomings of traditional measurement methods and enrich our understanding of human behavior and experience, ultimately advancing both scientific knowledge and therapeutic interventions.

Keywords: Experience sampling methodology, ecological momentary interventions, context, variability, psychopathology, treatment evaluation

REFERENCES:

Myin-Germeys, I., Kasanova, Z., Vaessen, T., Vachon, H., Kirtley, O., Viechtbauer, W.,&Reininghaus, U. (2018). Experience sampling methodology in mental health research: new insights and technical developments. World Psychiatry, 17(2), 123-132.

Myin-Germeys, I., & Kuppens, P. (2022). The open handbook of experience sampling METHODOLOGY: A step-by-step guide to designing, conducting, and analyzing ESM studies.

Vaessen, T., Steinhart, H., Batink, T., Klippel, A., Van Nierop, M., Reininghaus, U. &Myin-Germeys, I. (2019). ACT in daily life in early psychosis: an ecological momentary intervention approach. Psychosis, 11(2), 93-104.

[Abstract:0538] [Farmakoloji » Psikofarmakoloji]

Customizing Classical Psychedelics to the Medical Setting: Improving on A Good Thing!

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The anticipated approval of MDMA and psilocybin in medical settings will mark a momentous achievement. It is also important to see this event as not the end but rather a beginning to continuously study and enhance the safety and efficacy of these medicines as we help reduce suffering from a variety of conditions from PTSD and depression to pain and addictions. Many have expressed concern of the high cost and resources utilization with current protocols. There is a need to scale the medicines to create a better fit within the traditional medical model. For example, a shorter half-life may address health equity by increasing accessibility to more patients. In addition, there are health concerns such as cardiac risk with traditional psychedelics reported in the recent FDA Guidance on Clinical Trials with Psychedelic Drugs (1). The presentation will address key concerns that may pose an impediment to widespread international clinical use and in will outline potential solutions through drug development.

To address the long duration of action with traditional MDMA, conservative substitutions were made to the molecular structure, resulting in a family of short acting MDMA analogs. Molecular modeling and rational design were utilized to increase the available motifs for the targeting of metabolic enzymes, thus providing faster clearance of the drug and a shorter total duration of effect. Data will be presented from in vitro and animal assays demonstrating the shorter total duration and replicated receptor binding affinities when compared with MDMA.

The use of psilocin as a therapeutic agent is desired as it is the active drug from the natural compound psilocybin. Two key technical hurdles must be addressed to active this GOAL: the oxidative stability of the molecule and off target receptor binding with known risk factors. Specially, the binding affinity to the 5-HT2B in the heart has been shown to induce risk of valvular fibrosis in other well studied medications. Addressing this risk would allow for use in sustained dosing strategies that are desired for conditions ranging from dementia to chronic inflammation. Psilocin analogs will be presented that both display enhanced oxidative stability and increased specificity for 5-HT receptor binding affinity. Included in these analogs are candidates that include both properties and specific selectivity for 5-HT2A and none for 5-HT2B; an intriguing candidate both as a neuroplastigen and anti inflammatory anti-inflammatory compound.

Keywords: Pharmacology, Psychodelic, Neuroplasticity

REFERENCES:

1. https://www.fda.gov/regulatory-information/search-fda-guidance-documents/psychedelic-drugs-considerations-clinical-investigations

[Abstract:0539] [Erişkin Psikiyatri » Travma, stres ve ilgili durumlar]

Sleep Disruptions, Circadian Rhytym Challenges and Somatic Symptoms in Complex PTSD

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Complex Post-Traumatic Stress Disorder (CPTSD) has recently been integrated into the ICD-11 as an autonomous diagnosis after extensive scientific and clinical deliberations. CPTSD typically emerges in individuals subjected to menacing or appalling events where evasion is arduous or unattainable, frequently linked to prolonged or repetitive traumatic ordeals. In addition to encompassing all diagnostic criteria for PTSD, CPTSD encompasses emotional dysregulation, negative self-concept, and disturbances in interpersonal relationships, augmenting the three primary symptom clusters. Various manifestations such as sleep disturbances, circadian rhythm disruptions, and somatic symptoms may be associated with CPTSD.

Sleep disruptions are frequently encountered subsequent to traumatic occurrences. Longitudinal studies suggest that sleep difficulties exacerbate post-traumatic stress symptoms. Nonetheless, there exists limited empirical evidence regarding the correlation between sleep disturbances and ICD-11 CPTSD symptoms. A reciprocal and closely intertwined association exists between the stress and circadian systems. It has been posited that the pathophysiological mechanisms underlying stress-associated sleep and circadian disruptions may significantly contribute to the genesis of trauma-related disorders (Agorastos, 2019). Studies indicate a plausible association between CPTSD symptoms and somatic manifestations, potentially mediating the link between disturbances in self-regulation and exposure to trauma (Morina, 2015).

CPTSD, acknowledged as a novel diagnostic entity within the ICD-11, necessitates further investigation. The intricate interplay among CPTSD symptoms, somatic manifestations, and sleep disturbances remains incompletely elucidated. This presentation aims to delineate the definition and symptomatology of CPTSD, exploring its interrelations with sleep disruptions, circadian rhythm irregularities, and somatic symptoms.

Keywords: Circadian rhythms, Complex PTSD, Sleep disturbances

REFERENCES:

Agorastos, A., Pervanidou, P., Chrousos, G. P., & Baker, D. G. (2019). Developmental Trajectories of Early Life Stress and Trauma: A Narrative Review on Neurobiological Aspects Beyond Stress System Dysregulation. Frontiers in psychiatry, 10, 118. doi:10.3389/fpsyt.2019.00118

Bondjers, K., Hyland, P., Roberts, N. P., et al. (2019). A longitudinal assessment of the impact of event centrality on posttraumatic stress disorder and depression symptoms in survivors of intimate partner violence. Journal of Traumatic Stress, 32(2), 254-262. doi:10.1002/jts.22367

Morina, N., van Emmerik, A. A., Andrews, B., et al. (2015). Meta-analysis of the association between psychotrauma and somatic symptoms. Journal of Clinical Psychiatry, 76(4), 2-11. doi:10.4088/JCP.14r09179

[Abstract:0540] [Erişkin Psikiyatri » Anksiyete bozuklukları]

The Zebrafish Models of Stress-Related Disorders: Anxiety, Depression and Related Behavioral Deficits

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Stress is a common risk factor for developing depressive disorder and anxiety. In mammals, stress response is mainly mediated by the interplay between hypothalamus, pituitary and adrenal glands, which form HPA axis. Prolonged stress and hyperactivation of HPA axis reduce the ability to adapt and cope with stress and trigger anxiety and depression. Animal models of stress are widely used in studies of affective disorders and show robust behavioral, neuroendocrine, neuroimmune, and neuromorphological responses. Exploring the emotional dysregulation mechanisms requires further comparative cross-species analyzes of reponses to stress. Zebrafish (Danio rerio) is a small aquatic-vertebrate that has emerged as a model species for neuroactive biopsychiatry research. The importance of zebrafish in developing valid experimental models of anxiety and depression is based on several characteristics that make them ideal for research. Physiological and genetic homology between zebrafish and mammals is particularly important. Zebrafish possess all major neurotransmitters, hormones, related receptors, and their neurotransmitter and neuroendocrine systems share several structural features with mammalians. Neuroanatomical structures of zebrafish, habenula, basal ganglia, hippocampus, and amygdala, have been associated with anxiety and depression. Life cycle of zebrafish; pre-embryonic incubation, post-embryonic incubation, larval stage, juvenile stage, adult stage and aging stage. Due to rapid development, they can be used to investigate developmental pathogenesis, facilitating external developments within the clear chorion, embryonic visualization and long-term monitoring, allowing experimentally controlled genetic, environmental and pharmacological manipulations. They are also cost-effective, can multiply quickly, abundantly, can be housed in large numbers in small areas, making them suitable for medium- and high-throughput analyses. Although it is assumed that fish behavior is initially mostly primitive and instinctively driven; Recent research has revealed the complexity of zebrafish behavior and its relevance to modeling fear- and anxiety-like behaviors. Numerous paradigms have been adapted from rodents and applied to zebrafish, showing similarity in reduced exploration, increased thigmotaxis or freezing. There is increasing interest in Zebrafish models of anxiety and depression. Novel tank test, open field test, light-dark box tests, social preference test, shoaling, predator avoidance tests are zebrafish experimental models used to evaluate anxiogenic-anxiolytic responses, some of which have been adapted from rodents. Measures of anxiety in adult fish include latency to discover tendency to stay on top/higher on bottom in new tank test. In light-dark test, zebrafish spend more time in dark area(skototaxis), indicating anxiety-like response. Genetic models of anxiety in zebrafish also exist; show an anxiety-like profile with social withdrawal and reduced exploration. Depressive-like states in zebrafish can be induced by chronic mild stressors applied over a long time. When exposed to chronic stress, adult fish experience a mobility decrease, changes in shoaling and body color. Stressing zebrafish reared in social isolation increases anxiety-like behavior and reduces whole-brain dopamine and 5-HT metabolite 5-HIAA levels in novel tank test. Zebrafish models appear to be valid and advantageous models to be used in research on anxiety, depression, and related behavioral deficits and new treatment endeavors.

Keywords: Anxiety, depression, Zebrafish models

[Abstract:0541] [Çocuk Psikiyatri » Yeme bozuklukları]

Psychoanalytic Approach in Anorexia Nervosa

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In eating disorders, which have a long history, the first psychoanalytic explanations were on the oral aspect, its relationship with sexuality, pregnancy fantasies and rejection of sexuality in line with Freud's theory in the 1930s. Later, Bruch mentioned the distortion in body image for the first time and emphasized the role of autonomy, feelings of competence and control and the mother-infant relationship.

Eating disorders are associated with the oral period when feeding and sexuality cannot be separated. Sexual conflicts related to pregnancy fantasies and femininity regress to the oral period and thus become more controllable. The main conflict is sexuality and pregnancy, and starving oneself is a defense against these fantasies. In addition, with the loss of adipose tissue in the increasingly weakened body, secondary sex characteristics regress, menstruation, which is associated with fertility, stops, the body almost returns to its child state. Freud associated loss of appetite with loss of libido in a sexual context.

Kernberg characterizes eating disorders as sadistic attacks on the body. He states that these attacks are actually directed towards heterosexuality, desires and femininity, that by restricting eating, one punishes oneself by avoiding these impulses and pleasure, and that all these are perceived as success against pleasure and sexuality.

According to the theory of self psychology, the mother's inability to respond appropriately to the needs of the infant in the early mother-infant relationship leads to the development of an unintegrated self. Eating disorder symptoms are aimed at restoring a sense of wholeness and efficacy and diminishing the distress about the self. Emotional and physical changes in adolescence are perceived as a threat to the unintegrated self, and the pre-pubertal body is tried to be preserved with eating disorders.

Keywords: adolescent, anorexia nervosa, psychoanalytic approach

[Abstract:0542] [Farmakoloji » Bağımlılıklar]

Social Support in Addiction: Why and how?

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Addiction is a social problem that involves biological, psychological, and social elements. The multidimensional nature of this issue makes it difficult for singular approaches to be successful. For this reason, the development of permanent solutions to addiction requires the expansion of multidisciplinary work areas. Within these multidisciplinary studies, social support services are essential for holistic recovery.

In the literature, social support is most succinctly defined as an individual's supportive relationships with those around them. Research has shown that the social integration experienced through the sense of belonging and connectedness provided by a social support system is necessary for mental health and has a protective effect against many mental health problems. The protective effects of social support on mental health are demonstrated primarily by how perceived social support offers a coping mechanism against challenging life events. Secondly, it provides protection by building social identity through social relationships and developing supportive social networks.

The Green Crescent Counseling Center (YEDAM), which incorporates social support services into addiction treatment, provides psychosocial support in areas such as tobacco, alcohol, substance, internet, and gambling addiction. As part of the social support offered alongside psychological support, a detailed assessment of the addicted individual, their family, and social risks is initially conducted. Following this assessment, the client's social risks and needs are quantitatively measured with the Social Risk Index (SORI). An intervention plan is then created using the Social Work Matrix (SÇM) to ensure the individual's social participation, address their social needs, make arrangements in their social life, and facilitate a counseling process, with implementation beginning shortly thereafter. During the intervention process, the client's social risks are assessed at certain intervals, and the impact of the interventions on these risks is monitored. A study conducted at YEDAM observed that clients receiving services under this program had a longer duration of stay in the treatment process compared to other clients.

This presentation will evaluate the social risks faced by addicted individuals receiving social support services from YEDAM, the interventions for these risks, and their effects on recovery, in light of current data.

Keywords: social support, social work, addiction

REFERENCES:

• Berkman, L. F., & Glass, T. (2000). Social integration, social networks, social support and health. In L. F. Berkman & I. Kawachi. (Eds.), Social epidemiology (pp. 137–173). New York: Oxford University Press.
• Cohen, C. I., Magai, C., Yafee, R., & Walcott-Brown, L. (2006). The prevalence of anxiety and associated factors in a multiracial sample of older adults. Psychiatric Services, 57(12), 1719– 1725. • Daley DC, Feit MD. The many roles of social workers in the prevention and treatment of alcohol and drug addiction: a major health and social problem affecting ındividuals, families, and society. Soc Work Public Health 2013; 28(3-4): 159–164.
• Hawkins, J.D. ve Catalano R. (1985). Aftercare in drug abuse treatment. The International Journal of the Addictions, 20(6&7), 917-945.
• Karasu, F. (2017). Üniversite öğrencilerinin internet bağımlılığı ile sosyal destek arasındaki ilişkinin incelenmesi. Kilis 7 Aralık Üniversitesi Sosyal Bilimler Dergisi, 7(14), 372-386.

[Abstract:0543] [Çocuk Psikiyatri » Şizofreni ve diğer psikotik bozukluklar]

Cognitive Processes in Prepsychosis, Early Onset and Very Early Onset Schizophrenia

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Schizophrenia is a mental disorder characterized by disturbances in emotion, thought, and behavior, leading to impairments in social and occupational functioning. When it begins before the age of 18, it is referred to as early onset schizophrenia (EOS), and when it begins before the age of 13, it is designated as very early onset schizophrenia (VEOS) (1). Although the incidence of EOS and VEOS is not clinically common, they are severe psychiatric diseases that progress with destruction and functional impairment (2). The main diagnostic criteria of the disease include positive and negative symptoms, and significant impairments in the cognitive field can also be observed (1). Therefore, in this presentation, we aimed to present you with literature information about the cognitive processes seen in early-onset schizophrenia.

Cognitive impairments in schizophrenia can occur in many areas of cognitive development, from processing speed to working memory and social cognition. In early-onset schizophrenia, memory is affected even before disease onset and after clinical stabilization. Studies have reported that working memory, verbal memory and learning are the most affected areas. It has been reported that impairments in memory, such as attention, may be major contributors to the functional effects of schizophrenia. It has been stated that in patients with early schizophrenia, impairments in executive functioning are more common during the first episode rather than the prodromal period and tend to be persistent. Impairments in social cognition have been reported in cases of early onset schizophrenia (3). Zhang et al. indicated that cognitive impairment exists across different stages of psychosis (prodromal, first episode, and chronic psychosis), affecting functionality, with deficits in delayed memory being the most common impairment (4). In the NAPLS-2 study, it was found that impairments in attention, working memory, and declarative memory abilities, particularly in clinical high-risk psychosis, were significant predictors of psychosis development (5). It is stated that the cognitive impairments seen in early-onset schizophrenia show similar characteristics to the impairments seen in people with adult-onset psychosis and attenuated psychosis syndrome (3). As a result, it can be thought that cognitive impairments can be seen at every stage of psychotic disorders and that preventive interventions in this area, especially in the early stages, may have significant effects on the functional results of the disease. Future studies in this area will guide us.

Keywords: cognitive, schizophrenia, child, adolescent

REFERENCES:

1) American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (DSM), Fifth Edition. Arlington: American Psychiatric Press, 2013.
2) Kardaş, Ö., Kardaş, B., & Erermiş, H. S. (2018). Çok erken başlangıçlı şizofreni ve erken başlangıçlı şizofreni hastalarında sosyodemografik ve klinik özellikler. Anadolu Psikiyatri Dergisi, 19(6), 615-623.
3) Harvey, P. D., & Isner, E. C. (2020). Cognition, social cognition, and functional capacity in early-onset schizophrenia. Child and Adolescent Psychiatric Clinics, 29(1), 171-182.
4) Zhang, T., Li, H., Stone, W. S., Woodberry, K. A., Seidman, L. J., Tang, Y.,.. & Wang, J. (2015). Neuropsychological impairment in prodromal, first-episode, and chronic psychosis: assessing RBANS performance. PloS one, 10(5), e0125784.
5) Seidman, L. J., Shapiro, D. I., Stone, W. S., Woodberry, K. A., Ronzio, A., Cornblatt, B. A.,.. & Woods, S. W. (2016). Association of neurocognition with transition to psychosis: baseline functioning in the second phase of the North American Prodrome Longitudinal Study. JAMA psychiatry, 73(12), 1239-1248.

[Abstract:0544] [Erişkin Psikiyatri » Psikosomatik tıp - Liyazon psikiyatri]

Bio-psycho-social Approach to Trauma and Stressor-Related Disorders in Consultation Liasion Psychiatry

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Trauma and Stressor-Related Disorders (TSRD) encompass a spectrum of conditions outlined in the DSM-5TR, including Posttraumatic Stress Disorder (PTSD), Acute Stress Disorder, Adjustment Disorders, and Prolonged Grief Disorder. Individuals with TSRD typically have experienced a traumatic or stressful event. Bio-psycho-social risk factors such as smaller hippocampal volume, difficulty regulating affect, and lower socioeconomic status have been associated with TSRD. Consultation liaison psychiatry has explored TSRD in patients with cardiovascular disease, cancer, and those receiving intensive care for COVID-19. This study aims to evaluate TSRD within the framework of a biopsychosocial approach in consultation and liaison psychiatry practice.

Keywords: traumatic stress, anxiety, consultation liaison psychiatry

REFERENCES:

1) Princip M, Ledermann K, von Känel R. Posttraumatic Stress Disorder as a Consequence of Acute Cardiovascular Disease. Curr Cardiol Rep. 2023 Jun;25(6):455-465.

2) Cordova MJ, Riba MB, Spiegel D. Post-traumatic stress disorder and cancer. Lancet Psychiatry. 2017 Apr;4(4):330-338.

[Abstract:0545] [Erişkin Psikiyatri » Otizm Spektrum Bozuklukları]

The Zebrafish Model of Neurodevelopmental Disorders

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Neurodevelopmental disorders (NDD) are associated with a wide range of clinical features that affect multiple pathways related to brain development and function. The etiology of NDDs, which include communication disorders, autism spectrum disorder (ASD), attention-deficit/hyperactivity disorder (ADHD), intellectual disability, specific learning disability, and motor/tic disorders is multifactorial, complex and remains poorly understood. Animal models have been used to evaluate etiology and develop new treatments for NDDs and associated comorbidities. Zebrafish is recognized as a new animal model for research into human neuropathology. The zebrafish brain shares similarities with human neuroanatomical and neurochemical pathways. Features of the human brain, such as neuronal degeneration and glial cell activation, can be modeled in the central nervous system of fish. Additionally, zebrafish have rapid, external development of transparent embryos that enable real-time visualization of fundamental neurobiological processes such as neuronal migration and axon growth in a living organism. Zebrafish, which have several advantages such as chorion transparency that allows easy observation of development, low cost and rapid development, present well-defined neuronal complexes as well as preserved GABAergic, monoaminergic, purinergic, glutamatergic and melatonergic systems. Additionally, zebrafish is a good model to evaluate chemical, neurotoxic, and genetic insults during neurodevelopment. Zebrafish are well suited to study NDDs due to high neuroplasticity, allowing analysis of multiple neuronal adaptations and their behavioral (emotionality, sociability) traits controlled by relatively well-defined circuits. Studies show that zebrafish models can also be used to screen new treatments for various NDDs. Many studies on NDDs have been conducted using zebrafish models. Zebrafish are actively used to model various aspects of ASD, including sociocognitive deficits and behavioral perseverations. For example, dizocilpine (MK-801), a noncompetitive glutamate N-methyl-D aspartate (NMDA) receptor antagonist that mimics ASD-like phenotypes, causes social deficits (impaired fish shoaling) in adult fish. Risperidone, an atypical antipsychotic used to reduce anxiety and aggression in children with ASD, reduces anxiety-like behaviors and cortisol levels induced by acute stress (net chasing) in zebrafish. Aripiprazole, another atypical antipsychotic used to control irritability, hyperactivity, and stereotypy in ASD, similarly reduces the stress response in zebrafish. Common phenotypes associated with ADHD include inattention, impulsivity, and hyperactivity, all of which can be assessed in zebrafish. Alcohol exposure evokes zebrafish motor hyperactivity following dopaminergic stimulation. Screening the behavioral effects of thousands of drugs in zebrafish larvae reveals a variety of information that may aid in the development of new ADHD treatments and improve our understanding of the mechanisms involved in this disorder. Primary microcephaly, which is an autosomal recessive inheritance, is similar to microcephaly characterized by small cortices in zebrafish, which can be evaluated by expression of the gene associated with abnormal spindle-like microcephaly. Similarly, microcephaly and microphthalmia are clinically observed in Fancd2 (Fanconi anemia complementation group D2) mutant zebrafish.These are just a few examples of studies of NDDs using zebrafish. Nevertheless, the human adaptability of findings obtained in animal models, including zebrafish, generally relates to the range of mechanisms and phenotypic profiles that the animal model can address.

Keywords: animal models, autism, attention-deficit/hyperactivity disorder, neurodevelopment disorder, zebrafish

REFERENCES: de Abreu MS, Genario R, Giacomini ACVV, et al. Zebrafish as a Model of Neurodevelopmental Disorders. Neuroscience. 2020;445:3-11. Cheresiz SV, Volgin AD, Kokorina Evsyukova A, et al. Understanding neurobehavioral genetics of zebrafish. J Neurogenet. 2020;34(2):203-215. Ijaz S, Hoffman EJ. Zebrafish: A Translational Model System for Studying Neuropsychiatric Disorders. J Am Acad Child Adolesc Psychiatry. 2016;55(9):746-8.

[Abstract:0546] [Çocuk Psikiyatri » Şizofreni ve diğer psikotik bozukluklar]

Understanding Psychotic Disorders from Rdoc Perspective

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Research Domain Criteria (RDoC) is a research framework created by the National Institute of Mental Health (NIMH) in 2009. It is designed to deepen our understanding of mental disorders and involves the integration of behavioral and neuroscience studies. Many psychopathologies are being re-examined within this framework, with a focus on investigating the neurological, biological, psychological, social, and cultural structures underlying diseases. This presentation aims to review the etiology and clinical features of psychotic disorders within the RDoC framework.

In the literature, it is frequently observed that schizophrenia is examined within the RDoC framework among psychotic disorders. Many studies in the field of genetics focusing on etiology underline transdiagnostic findings, suggesting that several psychopathologies may be associated with common genetic loci (1-2). When examined from a neurodevelopmental perspective, it is observed that the development of the inhibitory control system is associated with the onset age of hallucinations (3), neurogenesis may be disrupted by a second hit, such as trauma, in individuals carrying the met allele of the BDNF val66met SNP (4), and many factors such as perineural networks (5) may be related to psychotic disorders. Auditory and visual hallucinations are among the most extensively studied symptoms within the RDoC framework. The negative, threatening, and derogatory content of hallucinations is noted to be associated with the domain of negative valence systems in the RDoC matrix (6). Additionally, hallucinations are reported to be linked to auditory perception, visual perception, and somatosensory perception, all part of the cognitive domain (7). Attention is drawn to declarative memory due to the similarity of the content of many auditory hallucinations with previously heard speech memories (8-9). Motor function impairments observed in psychotic disorders are addressed within the scope of the RDoC framework through three fundamental mechanisms: firstly, basal ganglia circuits involve motor activation and inhibition problems, secondly, cerebellar-subcortical circuits and changes in sensorimotor dynamics, and finally, cortico-motor circuits and changes in psychomotor organization and speed (10). In social cognition, another area of investigation, it has been stated that emotion recognition deficits are evident across psychotic disorders (11).

As a result, examining psychotic disorders within the framework of RDoC provides us with a holistic perspective in understanding mental disorders and may be a guide for future studies in this field.

Keywords: psychotic disorders, Research Domain Criteria, RDoC, schizophrenia

REFERENCES:

1)Cross-Disorder Group of the Psychiatric Genomics Consortium. Genomic relationships, novel loci, and pleiotropic mechanisms across eight psychiatric disorders. Cell. (2019) 179:1469-82.e1411. 10.1016/j.cell.2019.11.020

2) Cross-Disorder Group of the Psychiatric Genomics Consortium. Genetic relationship between five psychiatric disorders estimated from genome-wide snps. Nat Genet. (2013) 45:984–94. 10.1038/ng.2711

3) Badcock, J. C., & Hugdahl, K. (2014). A synthesis of evidence on inhibitory control and auditory hallucinations based on the Research Domain Criteria (RDoC) framework. Frontiers in Human Neuroscience, 8, 180. doi:10.3389/fnhum.2014.00180.

4) Aas, M., Haukvik, U. K., Djurovic, S., Tesli, M., Athanasiu, L., Bjella, T.,.. Melle, I. (2014). Interplay between childhood trauma and BDNF val66met variants on blood BDNF mRNA levels and on hippocampus subfields volumes in schizophrenia spectrum and bipolar disorders. Journal of Psychiatric Research, 59, 14–21. Retrieved from http://dx.doi.org/10.1016/j. jpsychires.2014.08.011

5) Berretta, S., Pantazopoulos, H., Markota, M., Brown, C., & Batzianouli, E. T. (2015). Losing the sugar coating: Potential impact of perineuronal net abnormalities on interneurons in schizo- phrenia. Schizophrenia Research, 167(1–3), 18–27. Retrieved from http://dx.doi.org/10.1016/j. schres.2014.12.040

6) Slotema CW, Daalman K, Blom JD, Diederen KM, Hoek HW, Sommer IE. Auditory verbal hallucinations in patients with borderline personality disorder are similar to those in schizophrenia. Psychol Med. 2012;42:1873–1878.

7) Ford JM, Morris SE, Hoffman RE, Sommer I, Waters F, McCarthy-Jones S, Thoma RJ, Turner JA, Keedy SK, Badcock JC, Cuthbert BN. Studying hallucinations within the NIMH RDoC framework. Schizophr Bull. 2014 Jul;40 Suppl 4(Suppl 4):S295-304. doi: 10.1093/schbul/sbu011. Epub 2014 May 21. PMID: 24847862; PMCID: PMC4141312.

8) McCarthy-Jones S, Trauer T, Mackinnon A, Sims E, Thomas N, Copolov DL. A new phenomenological survey of auditory hallucinations: evidence for subtypes and implications for theory and practice. Schizophr Bull. 2014;40:231–235

9) Waters FA, Maybery MT, Badcock JC, Michie PT. Context memory and binding in schizophrenia. Schizophr Res. 2004;68:119–125

10) Mittal, V. A., Bernard, J. A., & Northoff, G. (2017). What can different motor circuits tell us about psychosis? An RDoC perspective. Schizophrenia bulletin, 43(5), 949-955.

11) Gur RC, Gur RE. Social cognition as an RDoC domain. Am J Med Genet B Neuropsychiatr Genet. 2016 Jan;171B(1):132-41. doi: 10.1002/ajmg.b.32394. Epub 2015 Nov 26. PMID: 26607670; PMCID: PMC4843508.

[Abstract:0549] [Erişkin Psikiyatri » Dikkat eksikliği hiperaktivite bozukluğu (DEHB)]

Psychostimulants in Pharmacotherapy for Adult ADHD: Oldies but Goldies

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Guidelines and clinical practices published in Attention Deficit Hyperactivity Disorder (ADHD) indicate that pharmacological treatment is a frontline approach for effective treatment. Among the pharmacological treatment options, psychostimulant medications are recommended as the first-line treatment for ADHD.

While medication treatment for ADHD is limited to moderate or severe impairments in daily functioning, limiting ADHD solely to individual performance and functionality may overlook its direct impact on family, marriage, parenting, daily life, social relationships, and other aspects of life. Impairments in these areas of life incur significant individual and social costs. ADHD, when left untreated, is a disorder with high individual and societal costs.

Currently, in Canada and the USA, methylphenidate, long-acting methylphenidate formulations, and a prodrug called lisdexamfetamine have been licensed for the treatment of ADHD in adults. In European Union countries, however, the use of methylphenidate is licensed only in Germany for newly diagnosed cases In many countries, the use of methylphenidate in adults has been approved based on the positive response to treatment observed from childhood to adulthood. The efficacy of psychostimulants in ADHD treatment has been demonstrated through randomized controlled trials using symptom screening scales.

When one class of psychostimulants fails to produce a response, the probability of responding to another class of psychostimulants is around 20-40%. However, in our country, there is no other psychostimulant available besides methylphenidate.

The main goal of treatment is to maintain blood levels as stable as possible throughout the day, as sudden increases in plasma drug levels have been reported to cause dopamine surges, particularly in the mesolimbic pathways, leading to euphoria. The differences between methylphenidate forms stem from the difference in the amount of methylphenidate released suddenly. Osmotic release methylphenidate (Concerta) contains 22% sudden-release and 78% long-release methylphenidate The most common comorbidities are anxiety disorders, mood disorders, sleep disorders, substance use disorders, and personality disorders.

Anxiety disorders, mood disorders, and substance use disorders should generally be addressed first in the treatment of comorbid conditions. The symptoms of these disorders lead to social and psychological consequences that require earlier intervention clinically and can also complicate the treatment process of ADHD. However, addressing ADHD in personality disorders allows for the control of executive function problems, impulsivity, and mood swings, as well as assisting in the continuity of psychotherapeutic intervention and ensuring the continuity of therapy for personality disorders. In the case of comorbidity of ADHD in personality disorders, it is recommended to address ADHD first.

Generally, stimulants are well-tolerated medications. Clinical studies mention mild side effects. Only a small proportion of cases discontinue treatment due to side effects. Clinicians should fully inform the client about side effects at the beginning of treatment.

Keywords: adult adhd, psychostimulants, pharmacotherapy

REFERENCES:

1) Aksoy UM.A 2024 Erikinlerde DEHB Tedavisinde Psikostimulanlar Erişkin Dikkat Eksikliği ve Hiperaktivite Bozukluğu Tanı ve Tedavi Kılavuzu Türkiye Psikiyatri Derneği 2. Edition 2024 in Press

2) NICE. Clinical guideline; 2008. http://www.nice.org.uk.

3)Banaschewski, T., Coghill, D., & Zuddas, A. (Eds.). (2018). Oxford textbook of attention deficit hyperactivity disorder. Oxford University Press.

[Abstract:0550] [Erişkin Psikiyatri » Bağımlılıklar]

Addiction and Comorbid Conditions

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Since the word, “comorbidity”, is used in medicine for “two different medical conditions existing at the same time period in an index person”, researchers have postulated a different term for co-existence of mental disorders and substance use disorders (SUD): dual-diagnosis. There is significant amount of data regarding the epidemiologic and etiologic relationship between mental disorders and substance use disorders. With high prevalances and poor prognosis, dual diagnosis has become a public health concern worldwide. This complex interaction poses significant challenges for patients and healthcare providers alike. Traditional treatment modalities often focused on individual disorder seperately without adequately addressing the co-occurring conditions. The growing number of researches indicate that managing both conditions simultaneously, yield better outcomes. Also, by combining pharmacotherapeutic, psychotherapeutic, and holistic interventions, patients receive comprehensive care targeting both substance abuse and mental health symptoms. Integrative treatment approaches have been shown to be addressing the complex interplay between biological, psychological, and social factors contributing to dual diagnosis, ultimately promoting long-term recovery and improved quality of life (1). Integrative treatment modalities encompass a range of interventions tailored to meet the unique needs of patients with dual diagnosis. Various pharmacotherapeutic interventions play a crucial role in managing symptoms of co-occurring mental health disorders and substance withdrawal, while psychotherapeutic approaches, including cognitive-behavioral therapy and dialectical behavior therapy, address underlying possible psychological factors contributing to dual diagnosis. Also, mindfulness-based practices, exercise therapies, and nutritional changes in daily diets might help to promote overall well-being and reduce the risk of relapse. Numerous studies have demonstrated the effectiveness of integrative approaches in treating dual diagnosis. On the other hand, there is currently no single pharmaceutic agent or therapeutic approach available in the management of dual diagnosis. Each clinic condition has to be addressed thoroughly. In the case of depression and SUD comorbidity selective serotonine reuptake inhibitors stand out, while olanzapine shows favourable outcomes when compared to other second generation antipsychotics (2). Developing good therapeutic alliance, making decisions with the patient, patient’s relatives, healthcare team in order to create an individualised treatment plan, targeting to support patient in developing new skills to manage the prognosis of dual diagnosis might be counted as basic principles for management strategies. In conclusion, the treatment of dual diagnosis requires a comprehensive and integrated approach that addresses both SUD and mental health disorders simultaneously. By combining pharmacotherapy, psychotherapy, and holistic interventions, healthcare providers can provide extensive care that promotes healing and recovery. It is imperative to continue to search, develop, and implement comprehensive treatment approaches to improve outcomes and support individuals with dual diagnosis on their journey to recovery. Current literature data and recommandations in treatment guidelines will be thoroughly evaluated in this session.

Keywords: Dual diagnosis, treatment, pharmacotherapy, psychotherapy

REFERENCES:

1. Chetty A, Guse T, Malema M. Integrated vs non-integrated treatment outcomes in dual diagnosis disorders: A systematic review. Health SA Gesondheid. 2023; 28: 2094.

2. Krause M, Huhn M, Schneider-Toma J, Bighelli I, Gutsmiedl K, Leucht S. Efficacy, acceptability and tolerability of antipsychotics in patients with schizophrenia and comorbid substance use. A systematic review and meta-analysis. European Neuropsychopharmacology. 2019; 29: 32-45.

[Abstract:0551] [Çocuk Psikiyatri » Duygudurum bozuklukları]

Diagnostic Challenges in Children and Adolescents with Mood Disorders

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Representing a wide range of psychopathology, mood disorders include depressive disorders and bipolar disorder. As clinicians began to diagnose mood disorders in children and adolescents, it was recognized that this particular group did not necessarily exhibit the same symptoms as their adult counterparts. Although the same DSM-5 criteria for Major Depressive Disorder (MDD) are valid for all ages, a remarkable difference is that irritable mood is more prevalent among children and adolescents than depressive mood, and reactivity and fluctuations in mood are also more common in children and adolescents with MDD. Additionally, several somatic complaints frequently accompany mood symptoms, further complicating the accurate diagnosis of MDD. On the other hand, in the presence of explosive outbursts and intense irritability, the diagnosis becomes more challenging, since the topography of anger attacks and severe irritability is rather complex. Around mid 1990's there was an ongoing debate whether or not children with extreme irritability without distinct episodes could be possibly considered to have a broad phenotype of Bipolar Disorder (BP). Some researchers such as Geller and colleagues (1998) have argued that pediatric patients with BP manifest rapid cycling, showing mood swings within a day. With the inclusion of those children with chronic course of extreme irrtiability, the rates of BP diagnosis in children and adolescents had shown a dramatic increase. Furthermore, Liebenluft and colleagues (2003) operationalized criteria to indicate a new syndrome, namely Severe Mood Dysregulation (SMD). However, longitudinal follow-up studies showed that patients with SMD had an elevated risk for Anxiety Disorders and MDD, rather than BP. Accordingly, episodic irritability, rather than non-episodic chronic irritability, turned out to be more predictive of full-blown bipolar disorder. Given the explosive nature of temper outbursts and high rates of disruptive disorder in the youth presenting with SMD, and high rates of depressive disorder outcomes in SMD, a new diagnostic category was proposed as Disruptive Mood Dysregulation Disorder (DMDD), which has been further included in the depressive disorder section of DSM-5. Additionally, since symptoms of explosive outburtsts can be transdiagnostic, the concept of irritability and mood dsyregulation has its own pitfalls. In this panel presentation major challenges during the evaluation of mood dysregulation and the diagnosis of mood disorders in children and adolescents will be put under scope.

Keywords: Mood Dysregulation, Irritability, Mood Disorders, Differential Diagnosis, Children and Adolescents

[Abstract:0552] [Erişkin Psikiyatri » Dikkat eksikliği hiperaktivite bozukluğu (DEHB)]

Brief Tips for Diagnosis and Treatment of Adult ADHD

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ADHD can present itself as an open view diagnosis in some cases, while in others, it presents a rather complex diagnostic puzzle. It's important to conceptualize Attention Deficit Hyperactivity Disorder as an Activity and Attention Disorder as classified in the ICD. Clinicians should search for and document traces of this disorder, where an individual's attention and activity are neurobiologically and developmentally determined and cannot be voluntarily changed.

Even though ADHD may exhibit traces of "salience" deficiency, it is not a disorder where the individual lacks willpower or discipline intentionally. Describing ADHD simply as a lack of willpower, determination, or self-discipline is misleading. Maintaining a non-labeling and unbiased psychiatric interview stance is crucial for ADHD.

Diagnosing ADHD is the most important and challenging step for clinicians. The presence of additional diagnoses as a rule for ADHD requires clinicians to review many disorders resembling ADHD, take detailed and high-quality psychiatric histories, and conduct high-quality psychiatric interviews. The diagnosis of ADHD is a form of "diagnosis of exclusion" conducted within a framework of "diagnosing what is not there," and it is based on excluding other psychiatric disorders that would explain the symptoms and demonstrating that the underlying substrate is of ADHD origin.

Symptom screening scales and diagnostic interviews should be conducted, and values obtained from symptom screening scales should be noted considering symptom clusters. It should be remembered that symptom screening scales primarily inquire about DSM-based symptoms and are not diagnostic. It's important to consider evaluating and combining information obtained from different sources for ADHD diagnosis and not to rely solely on the results obtained from a single examination or investigation.

Brain imaging reports brought along during the initial interview should be reviewed. Neuroimaging is not a mandatory examination for ADHD diagnosis. However, when necessary, an MRI scan can be performed as it provides a more detailed examination and examines structural features. EEG is not a necessary or mandatory examination for diagnosis.

Otherwise no neuropsychological test is diagnostic. This can be explained by the fact that the virtual reality created in the laboratory environment may not encompass all the realities and clues offered by life or may not mimic reality accurately. Although not diagnostic, parameters related to sustained attention in neuropsychological tests and impairments in short-term memory tests can be indicative. However, they hold no meaning when there is no reflection on life consequences in examination results or when impairments in areas of life where the individual experiences difficulties are not demonstrated in the clinical interview.

Diagnosing adult ADHD requires clinicians to have a good understanding of developmental psychopathology and to analyze how life stages and symptoms differ during these periods.

Keywords: adult, adhd, neurodevelopmental disorders, diagnosis

[Abstract:0553] [Erişkin Psikiyatri » Otizm Spektrum Bozuklukları]

A Social Skills Training Program for Young Adults

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Social skills are fundamental for young adults to thrive in various social contexts, yet many individuals encounter challenges in this domain. However, many individuals struggle with developing and maintaining effective social skills, which can hinder their overall well-being and success. In response to this need, the Program for the Education and Enrichment of Relational Skills (PEERS), developed at UCLA's Semel Institute, offers a structured and evidence-based approach to enhancing social competence in young adults.

PEERS is grounded in decades of research and is designed specifically for individuals with social difficulties, including those with autism spectrum disorder (ASD) and related conditions. The program targets key areas such as conversational skills, making friends, and handling peer rejection through a series of structured lessons and guided practice sessions. It is a 90-minute weekly program in which two parallel groups, the social coach and the young adult group, are run simultaneously.

Central to the PEERS approach is its focus on teaching concrete social skills using didactic instruction, role-play demonstrations, and behavioral rehearsal exercises. Participants learn practical strategies for initiating and maintaining conversations, interpreting social cues, and resolving conflicts, among other essential skills.

A unique feature of PEERS is its emphasis on including caregivers in the intervention process. Parents or other social coaches attend concurrent sessions where they learn strategies to support and reinforce their young adult's social skill development in naturalistic settings.

Evaluation studies of the PEERS program have demonstrated significant improvements in participants' social skills, friendship quality, and overall social functioning. Moreover, findings indicate sustained gains over time, highlighting the program's long-term efficacy.

In conclusion, the PEERS approach offers a comprehensive and empirically supported intervention for young adults struggling with social difficulties. By equipping participants with practical skills and empowering caregivers to provide ongoing support, PEERS promotes social success and enhances overall quality of life for individuals with diverse social challenges. Further dissemination and implementation of the PEERS program hold promise for addressing the pervasive social skills deficits observed in young adults today.

Keywords: ASD, PEERS®-YA, social skills training

REFERENCES:

1. Oh M, Laugeson E, Kim J-H, Lee K, Kim J, Lee S, Lim B, Cha S, Bong G, Yoon N-H, Bahn GH and Yoo HJ (2021) A Randomized Controlled Trial of the Korean Version of the Program for the Education and Enrichment of Relational Skills for Young Adults (PEERS®-YA-K) With Autism Spectrum Disorder: A Pilot Study. Front. Psychiatry 12:730448. doi: 10.3389/fpsyt.2021.730448

2. Reichow B, Volkmar FR. Social skills interventions for individuals with autism: Evaluation for evidence-based practices within a best evidence synthesis framework. J Autism Dev Disord. (2010) 40:14966. doi: 10.1007/s10803-009-0842-0

3. LaugesonEA.PEERS R forYoungAdults:SocialSkillsTrainingforAdultsWith Autism Spectrum Disorder and Other Social Challenges. New York, NY: Taylor &Francis (2017). doi: 10.4324/9781315297057

[Abstract:0555] [Erişkin Psikiyatri » Diğer]

Understanding the Self: Prospects for Psychiatry

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An understanding of the self helps explain not only human thoughts, emotions, behaviours, and attitudes but also everyday interactions and decisions. This presentation focuses on a dynamic approach to the self, emphasizing how our sense of self develops over time and maintains a grounded, realistic orientation. We are combining psychological experiments, cognitive neuroscience and data mining approaches to comprehend the stability and adaptability of the sense of self across different groups. Through this lens, it is timely and important to consider a new pathway to progress, through research related to the self. As changes in the self-concept and in the way people think and feel about the self, play a critical role in a range of psychiatric conditions, such as mood disorders, understanding how self-referential processing underpins dimensional psychological functions offers potentially valuable insights into core aspects of mental health.

Keywords: Self, mental health, psychiatric conditions, self-referential processing

[Abstract:0557] [Erişkin Psikiyatri » Psikofarmakoloji]

Lithium and its Anti-Aging Properties: Myth or Reality?

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The first medical use of lithium began in the 1800s with the treatment of gout. Today, it continues to be the pharmacological gold standard in the treatment of bipolar disorder (BD) with its mood-stabilizing effects. Lithium is effective in the treatment of acute emotional attacks, decreasing the recurrence of emotional attacks and significantly decreasing the risk of suicide in patients (1).

BD is associated with many clinical signs of aging, including increased rates of age-related diseases such as cardiovascular diseases, malignancies, and diabetes. Studies report shortened telomeres, increased oxidative stress, and accelerated epigenetic aging in patients. Lithium is reported to be helpful as a potential agent to slow down this accelerated aging process in bipolar disorder. It has been shown to reverse the effects caused by the disease potentially. Patients with bipolar disorder treated with lithium have been shown to have longer telomere lengths compared to untreated patients (2).

Similar to the effects of BD on physiological aging, it has also been shown to affect cognitive aging. In particular, it has been associated with impairment in various areas of cognition, including attention, processing speed, executive function, learning and memory, and psychomotor speed. This impairment has been shown to occur not only during active affective periods but also during euthymia and remission (3). The findings support the view that there are age-related structural changes in BD and the hypothesis of accelerated aging in this disorder. Lithium has been shown to reduce mortality more when compared with other mood stabilizers used in bipolar disorder. This clinical improvement has been associated with increased grey matter volume in the anterior cingulate gyrus, amygdala, and hippocampus, which are responsible for cognitive control and emotional processing (4).

The findings of anti-aging mechanisms associated with lithium use and clinical results in this field vary. Despite many promising results, further studies are needed to elucidate the mechanism by which lithium may act as an anti-aging agent and to what extent these mechanisms are related to mood-stabilizing properties in BD. Although lithium is the first-line pharmacological treatment for BD, it also has adverse systemic side effects on the kidneys, thyroid gland, and parathyroid gland. It requires careful follow-up due to its narrow therapeutic index. Revealing its potential anti-aging effects, in addition to its neuroprotective effects, will enable the prospective development of targeted therapies and reduce the negative perspective associated with lithium.

Keywords: Aging, bipolar disorder, lithium

REFERENCES:

1. Salarda, E. M., Zhao, N. O., Lima, C. N., & Fries, G. R. (2021). Mini-review: The anti-aging effects of lithium in bipolar disorder. Neuroscience letters, 759, 136051. https://doi.org/10.1016/j.neulet.2021.136051.

2. Martinsson, L., Wei, Y., Xu, D., Melas, P. A., Mathé, A. A., Schalling, M.,.. & Backlund, L. (2013). Long-term lithium treatment in bipolar disorder is associated with longer leukocyte telomeres. Translational psychiatry, 3(5), e261-e261. https://doi.org/10.1038/tp.2013.37.

3. Bortolato, B., Miskowiak, K. W., Köhler, C. A., Vieta, E., & Carvalho, A. F. (2015). Cognitive dysfunction in bipolar disorder and schizophrenia: a systematic review of meta-analyses. Neuropsychiatric disease and treatment, 3111-3125 https://doi.org/10.2147/NDT.S76700.

4. Phillips, M. L., Travis, M. J., Fagiolini, A., & Kupfer, D. J. (2008). Medication effects in neuroimaging studies of bipolar disorder. American Journal of Psychiatry, 165(3), 313-320. https://doi.org/10.1176/appi.ajp.2007.07071066

[Abstract:0558] [Erişkin Psikiyatri » Psikofarmakoloji]

The Efficacy of Omega-3 in Adult Psychiatric Disorders - Part 2

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There are approximately 50 million dementia patients in the world. Alzheimer's disease has an important place among dementia patients. In recent years, significant research has been conducted on Omega-3 supportive therapies that can be an adjunct or alternative to medical treatments. In prospective studies with a high number of cases, Omega-3 supplements have been shown to reduce the risk of Alzheimer's disease. Placebo-controlled randomized controlled trials of Omega-3 supplementation in patients with Alzheimer's disease have shown no significant benefit. On the other hand, studies on the use of Omega-3 in cases with MCI (mild cognitive impairment) have shown an association with halting the progression of cognitive decline. In randomized controlled trials in healthy individuals, Omega-3 use is expected to delay cognitive aging by 2.5 years.

Research has been conducted on the use of Omega-3 in patients with schizophrenia, which causes as severe functional impairment as dementia and appears in 1% of society. Prospective or randomized controlled studies have shown that there is a decrease in positive, negative, depressive symptoms or aggressive behavior. It has been observed that the effect is more pronounced in high-risk psychosis patients, reducing the risk of ongoing schizophrenia.

Omega 3 should be considered as an adjunctive treatment for Alzheimer's disease and schizophrenia, which are considered to be chronic and cause neurodegeneration.

Keywords: Omega-3, Alzheimer's disease, SCHIZOPHRENIA

REFERENCES:

1-Omega-3 Polyunsaturated Fatty Acids and Their Health Benefits Fereidoon Shahidi, Priyatharini Ambigaipalan PMID: 29350557

2-Omega-3 fatty acids' supplementation in Alzheimer's disease: A systematic review Scheine Canhada, Kamila Castro, Ingrid Schweigert Perry, Vivian Cristine Luft PMID: 28466678

3- Omega-3 fatty acids and cognitive function, Francine K Welty, PMID: 36637075

4-Omega-3 index as risk factor in psychiatric diseases: a narrative Helena Sofia Antao, Ema Sacadura-Leite, Narcisa Maria Bandarra and Maria Luisa Figueira

5-Polyunsaturated Fatty Acids: What is Their Role in Treatment of Psychiatric Disorders? Paola Bozzatello, Paola Rocca, Emanuela Mantelli and Silvio Bellino

[Abstract:0559] [Erişkin Psikiyatri » Duygudurum bozuklukları]

Prodromal and Residual Symptoms in Bipolar Disorder

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Bipolar disorder is a severe, recurrent and disabling disorder with devastating consequences for the individual, family and society. It also shortens life expectancy, imposes high costs on healthcare systems, and carries a high risk of relapse and recurrence. The risk of relapse and recurrence within two years of the first episode is approximately 60 percent. Even in patients treated conservatively, the risk of relapse and recurrence is about 25%. Evidence suggests that recurrent episodes in bipolar disorder are associated with progressive structural changes in the brain. Therefore, recognition of prodromal signs is important to prevent episodes and neurodegeneration caused by episodes, reduce the need for hospitalization, cause fewer cognitive deficits, improve disease prognosis, and preserve neuroplasticity by allowing early diagnosis and early interventions.

Prodromal signs can be defined as early symptoms and signs that are distinct from the acute clinical phase. In studies conducted in patients with bipolar disorder, a significant proportion of patients have been reported to have subthreshold manic or depressive prodromal symptoms, including elevated or irritable mood, increased energy, racing thoughts, slurred speech, depressed mood, anhedonia, sleep disturbances, fatigue, self-harm, and suicidal ideation. It reportedly takes an average of 10 years from onset to definite diagnosis for patients with bipolar disorder. Considering the high morbidity, mortality, and chronic course caused by delay in diagnosis, the importance of recognizing prodromal symptoms for early diagnosis and treatment becomes clear.

Apart from the recurrent episode periods, sub-threshold residual symptoms often occur in bipolar disorder. Subtle signs of disease that persist despite significant improvement are referred to as residual symptoms. In clinical practice, residual symptoms are ignored, and the focus is on the recurrent episode periods. However, in a chronic disorder that progresses with remissions and exacerbations, residual symptoms are essential in that they have a high probability of recurrence. Residual symptoms impair the patient's quality of life and have a negative impact on functionality. There are studies that report that the negative impact of residual symptoms, particularly depressive symptoms, on social and psychosocial functioning is more pronounced. In one study, it was shown that more than half of the patients had residual manic and depressive symptoms. In another study, residual manic and depressive symptoms were found to affect the number of perseverative errors, fluency of speech, and ability to plan. A study examining 74 patients reported that 68 percent had residual mania symptoms and 54 percent had residual depression symptoms. Residual symptoms can be classified as mood-related, cognitive, neurovegetative, social, and behavioral.

Prodromal and residual symptoms are ignored during clinical follow-up of patients with bipolar disorder. Detection of prodromal symptoms and early intervention are critical for delaying episodes, reducing the severity of episodes, and even preventing relapse, recurrence, and hospitalization. Residual symptoms impair the patient's quality of life between episodes, predispose to new episodes, and lead to a worse disease course. In addition, the importance of psychoeducation, family interview, maintenance therapy, and long-term clinical follow-up for prodromal and residual symptom detection and early intervention is becoming increasingly clear.

Keywords: bipolar disorder, prodromal symptoms, residual symptoms, functionality, quality of life, prognosis

[Abstract:0560] [Erişkin Psikiyatri » Diğer]

Antipsychotic Medications and Neuroplasticity

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Neuroplasticity means the changes of brain functions and it's structure with stimulations. Schizophrenia is a serious mental illness characterized by changes in processes that regulate both synaptic plasticity and functional connectivity between brain regions and it's also a long-term disease that effect individual's evaluation of reality abnormally. Even though there is no clear etiology of schizophrenia, decreased neuroplasticity is one of the certain reasons that identified. Antipsychotics are the main treatment of schizophrenia and they occupying dopamine D2 receptors. Most of the evidence shows that antipsychotics play a role in changing synaptic structure and remodeling the neuronal functional unit. Antipsyhchotic drugs have an delayed therapeutic effect on brain areas like striatum, prefrontal cortex, thalamus and hippocampus by ınducing neuroplasticity. One of the typical antipsychotic drugs; haloperidol has an neurotrophic effect on caudate and putamen. When typical antipsychotic drugs and atypical antipsychotics are compared about increasing of brain volume, typical antipsychotics have a much stronger effect. Antipsychotics effect protein phosphorylation, gene expression and new protein synthesis. They can modulate synaptic strength by affecting ions such as Ca, Na channels. Also antipsychotic treatment increases the synapse number. Atypical antipsychotic drugs doesn't effect the striatum as much as conventional antipsychotics. Atypical antipsychotic drugs increase neuroplasticity by inducing gene expression in prefrontal cortex, which is a critical area for schizophrenia. Pathological reorganization of synapses may explain the persistence of psychotic disorders and resistance to typical antipsychotics. Therefore, early identification and treatment of psychotic disorders may improve clinical outcomes and sensitivity to antipsychotics, possibly by preventing altered brain connectivity. Changes in the hippocampus-prefrontal cortex pathway are important in regulating learning new information and memory. Disconnectivity in synapses involving both the hippocampus and prefrontal cortex has been found in patients with schizophrenia and is a possible cause of impairments in the working memory domain. Typical antipsychotics, have been associated not only with changes in striatal activity but also with an increase in IEG expression after both acute and chronic challenges. The beneficial effect of first-generation antipsychotics on psychotic symptoms are due to their action on dopamine receptors located in striatum. Atypical antipsychotics such as quetiapine, olanzapine and clozapine have been effective in regulating cortical expression of IEGs, especially BDNF in the hippocampus and PFC, and also affect the subcortical region, including the dorsal and ventral striatum. Monotherapy with atypical antipsychotics such as risperidone in drug-naive first episode psychosis patients has been shown to significantly increase the functional connectivity between the cingulate cortex and PFC and provide improvement in positive symptoms. It has also been found that clozapine increases the power in the alpha, delta and theta bands in the EEG of patients diagnosed with schizophrenia and is more effective in the frontal regions. In PET, Clozapine was more effective in increasing blood flow in the cingulate cortex and PFC, whereas haloperidol had a more significant effect on striatal regions.

Keywords: Typical-typical antipsychotic, Neuroplasticity, schizophrenia

REFERENCES:

de Bartolomeis A, De Simone G, Ciccarelli M, Castiello A, Mazza B, Vellucci L, Barone A. Antipsychotics-Induced Changes in Synaptic Architecture and Functional Connectivity: Translational Implications for Treatment Response and Resistance. Biomedicines. 2022 Dec 8;10(12):3183. doi: 10.3390/biomedicines10123183. PMID: 36551939; PMCID: PMC9776416.

[Abstract:0563] [Erişkin Psikiyatri » Diğer]

A New Perspective on Human Behavior and Experience: Introduction to the Experience Sampling Methodology (ESM) - Applications of ESM

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Experience Sampling Methodology (ESM) has numerous applications in psychology and psychiatry. It can aid in understanding psychopathology symptoms, capturing the dynamic nature of emotions, identifying internal and situational contexts of psychopathology, examining the interaction between individuals and their environments, and assessing treatment effects and developing interventions.

ESM allows researchers to assess various aspects of individuals' internal experiences, including emotions, thoughts, bodily sensations, symptoms, and contextual factors. This comprehensive approach provides a holistic understanding of individuals' psychological states within their everyday lives. ESM is also highly regarded for its ecological validity, meaning that the data collected accurately represent individuals' experiences in their natural environments and daily routines. This is essential for understanding how psychological processes unfold in real-life contexts.

ESM involves collecting data from participants multiple times throughout the day for a set period, typically using self-reporting methods. The example provided illustrates how data can be collected at 70 time points over the course of a week, with 10 assessments per day. This intensive data collection allows for the observation of both within-person fluctuations and between-person differences. With the widespread use of mobile phones and various mobile applications, data collection methods have evolved, making it easier to gather data remotely and in real-time. This advancement enhances the feasibility and convenience of implementing ESM in research studies.

In therapeutic settings, ESM enables therapists to gather detailed, real-time data on clients' experiences, including emotions, thoughts, behaviors, and environmental contexts. This information offers valuable insights into clients' daily functioning, symptom patterns, triggers, and coping strategies, facilitating more effective treatment planning tailored to their specific needs and challenges. Moreover, ESM encourages clients to generalize therapeutic skills and strategies to their daily lives by tracking their experiences outside of therapy sessions. Engaging in ESM prompts clients to become more aware of their internal experiences and how they are influenced by their environment. It increased self-awareness can facilitate insight, self-reflection, and self-regulation, which are essential components of therapeutic growth and change. ESM empowers clients to actively participate in their treatment process by tracking their experiences and providing valuable data for therapy. This collaborative approach fosters a sense of ownership and agency in clients' recovery journeys.

Overall, this workshop highlights the diverse applications of ESM in both research and clinical practice. Participants will gain practical insights into how ESM can advance our understanding of human behavior and inform therapeutic interventions, ultimately improving the quality of care provided to individuals.

Keywords: Experience Sampling Methodology, Daily Diary, Variability, Context, Measurement, Application

REFERENCES:

Balaskas, A., Schueller, S. M., Cox, A. L., & Doherty, G. (2021). Ecological momentary interventions for mental health: A scoping review. PloS one, 16(3), e0248152. Myin-Germeys, I., & Kuppens, P. (2022). The open handbook of experience sampling

METHODOLOGY: A step-by-step guide to designing, conducting, and analyzing ESM studies. Myin-Germeys, I., Oorschot, M., Collip, D., Lataster, J., Delespaul, P., & Van Os, J. (2009). Experience sampling research in psychopathology: opening the black box of daily life. Psychological medicine, 39(9), 1533-1547.

[Abstract:0564] [Erişkin Psikiyatri » Uyku Bozuklukları]

Rhythm Distruptions in Mood Disorder: Clinical and Treatment Implications

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In humans, most physiological and behavioral functions follow a rhythmic pattern, suggesting that disruptions in circadian rhythms could be involved in the development of psychiatric disorders. Individuals with mood disorders often experience significant disturbances in their circadian rhythms and sleep/wake cycles, which are key diagnostic criteria for these conditions. The suprachiasmatic nucleus (SCN), in the ventral part of the anterior hypothalamus, orchestrates physiological and behavioral circadian rhythms. Existing literature underscores the myriad of mechanisms linking disturbances in rhythm to mood fluctuations, among which lies the disrupted function of the SCN. The disruption of circadian rhythms may thus perturb mood through a multitude of interconnected pathways, reflecting the intricate interplay between these systems. Genetic studies have shown that clock genes, such as CLOCK, BMAL1, PER3, NR1D1, and others, may also play a role in bipolar disorder, similar to mood disorders. Environmental factors like shift work, travel across time zones, and irregular social schedules can worsen mood-related episodes. Chronotherapeutics refer to treatments that influence or interact with the biological circadian rhythm system. In this context, primary categories of chronotherapeutic interventions developed over the last five decades for mood disorders: luminous light therapy (LLT), sleep manipulation or arousal therapy (ST), dim light therapy (DLT), melatonin and its analogs (MA), interpersonal and social rhythm intervention (ISRI), and cognitive behavioral therapy for sleep disorders (CBT-SD). Among the current array of chronotherapeutic options, both LT and SD have emerged as the most substantiated treatments for acute unipolar and bipolar depressions. SSRIs, lithium, and agomelatine are known to affect circadian rhythms, indicating their potential to address rhythm disturbances in mood disorder patients. Interventions like sleep deprivation, triple chronotherapy, and melatonin use can be beneficial for insomnia, poor sleep quality, or phase delay syndrome.. Maintaining stability in social rhythms may also help prevent mood relapse, as therapies such as Interpersonal and Social Rhythm Therapy (IPSRT) encourage the establishment of regular daily activity patterns to improve circadian processes and mood. Triple Chronotherapy, amalgamating Total Sleep Deprivation, Advanced Sleep Phase Adjustment, and Bright Light Therapy, emerges as a safe and potent strategy in swiftly and consistently ameliorating depressive symptoms, particularly when coupled with standard pharmacological interventions. Research indicates that therapies based on circadian rhythms could effectively address certain groups of patients experiencing disruptions in both circadian rhythms and mood. Despite the well-established negative impact of circadian rhythm disruptions, there is still limited appreciation for leveraging biological timing for health benefits. Assessing environmental and lifestyle factors and implementing time-based treatment strategies like chronotherapy to stabilize biological rhythms could enhance functionality in various psychiatric conditions. Overall, optimizing circadian rhythms may play a significant role in treating psychiatric disorders, emphasizing the need for personalized approaches to intervention. In conclusion, integrating chronotherapeutic approaches into standard psychiatric care may offer new avenues for managing mood disorders.

Keywords: Chronotherapy, Circadian Rhythms, Mood Disorders

[Abstract:0565] [Erişkin Psikiyatri » Diğer]

Psychodynamic Perspective of Suicide

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The frequency of suicide attempts and self-harm behavior is increasing in many countries. The psychodynamic approach can contribute to the understanding and evaluation of suicidal patients. This approach is based on the impact of childhood experiences on adult life. Memory records that are "engraved" in the human mind in childhood are called the unconscious. There are unconscious emotions that are not immediately visible in the individual, drives that are tried to be suppressed, and these affect emotions and behaviors in the "now". In this approach, unconscious conflicts, self-integrity,the distinction between self and others, and the style of the relationship with the other determine personality organization and personality structure.

According to Freud, suicide is the turning of aggression against internalized objects into self. Menninger argues that suicide can have three different components: the wish to die, the wish to kill, and the wish to be killed. [1]

Self-harm is a behavior that targets the self, but it also targets the body. In the psychodynamic approach, the mind develops by originating from the body. The ego develops from stimuli coming from every corner of the body, especially the body surface. "Goodness" from the mother; care and nutrition soothe unpleasant sensations from the body (such as hunger, and pain). The mother's ability to "contain or hold" anxiety and physical pain is internalized by the ego. If the baby is not adequately contained or held, if there is no "good enough mothering", ego integrity does not occur,and the baby cannot fully distinguish between good and bad, self and others, and internal and external stimuli.[2]

In the psychodynamic approach, the relationship between mother and baby is a "matter of life and death" for the baby, and this age affects the whole life. Suicide and self-harm behavior can be understood within the framework of this relationship. According to this approach, suicide is the patient's need to quickly soothe the unbearable and painful subjective inner experiences (such as shame, disgrace, self-hatred, and revenge). There is difficulty handling and processing emotions, almost as if in infancy. The unbearable inner feelings that are tried to be cured by suicide indicate deprivation and interruption in the early mother-infant relationship. [3]

Many psychodynamically oriented treatment methods are effective in reducing self-destructive behavior and suicide attempts, especially in borderline personality organizations. Unlike the "neutral and passive" therapist in classical psychoanalysis, the common point of these therapy methods is the presence of a therapist who actively cares about the patient. The therapist helps the patient feel worthy of attention; It contributes to reducing feelings such as loneliness, shame, and self-blame. In these interventions, where supportive techniques predominate, a new parental relationship is established. Some of these techniques include increasing self-esteem through mirroring, supporting some defense mechanisms that are effective in the patient's coping and increasing adaptation, prioritizing positive transference, supporting ego functions and thus testing reality, and increasing the patient's adaptation with these methods.

Keywords: Psychodynamic approach, psychodynamic psychotherapy, self-harm, suicide, supportive techniques

REFERENCES:

1. Sadock, B.J., V.A. Sadock, and P. Ruiz, Kaplan & Sadock's Synopsis of Psychiatry: Behavioral Sciences/clinical Psychiatry. 2015: Wolters Kluwer.

2. Yakeley, J. and W. Burbridge-James, Psychodynamic approaches to suicide and self-harm. BJPsych Advances, 2018. 24(1): p. 37-45.

3. Schechter, M., et al., The Psychoanalytic Study of Suicide, Part I: An Integration of Contemporary Theory and Research. Journal of the American Psychoanalytic Association, 2022. 70(1): p. 103-137.

[Abstract:0566] [Erişkin Psikiyatri » Diğer]

Existential Perspective on Suicide

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From an existential standpoint, suicide is a profound and complex subject when examined through philosophical and psychological perspectives. Suicide is typically defined as the act of ending one's own life, and the reasons behind this act can be diverse.
Today, both because psychiatric disorders are thought to play an important role in suicidal behavior and because contemporary psychiatry has a biological orientation, research is mostly carried out to reveal the appearance and biological causes of the current situation. However, it should not be forgotten that besides psychiatric illnesses, existential crises experienced by individuals, traumatic memories, familial risk factors, psychodynamic factors, and societal factors also play a significant role in suicide.

One of the most distinguishing features that sets humans apart from other animals is their possession of self-awareness. As humans, we can separate ourselves from our surroundings and perceive ourselves as objects through the awareness brought by the concept of 'self.' Only humans, through this awareness, are aware that life is finite, thanks to their sense of time. Therefore, it is inevitable for humans to experience certain existential anxieties.

Existential therapist Yalom (1980), as one of the pioneers who integrated existential philosophy into psychology, identified four fundamental existential anxieties that he claimed that those anxieties affect individuals throughout their lives: death, freedom, existential isolation, and meaninglessness. In addition to loneliness and alienation, moving away from hope and confusing hope with dreams, expectations and fantasy is one of the most important causes of existential despair today. When hope disappears from our existence, even temporarily, boredom, then unbearable anxiety, then meaninglessness, hopelessness and melancholy can enter our lives. Additionally, people may not be aware that they experience these existential concerns, but Yalom argued that all individuals are affected by them, whether they are aware of these concerns or not. From an existential perspective, the issue of finding meaning in life is a critical one. According to Yalom, the meaning of life is the sense of coherence perceived by an individual in their life. When we carefully examine all these sources of existential anxiety, we see that they all share a commonality related to the finitude, the mortality of human existence.

According to Heidegger, non-existence or "no-thingness" is one of the most important problems that existential psychiatry deals with. This is because non-being is an inseparable part of being, and understanding the meaning of being entails grasping that non-being could occur at any moment. Humans are the only beings aware of their birth and eventual death, and this reality causes them anxiety about whether they are living a meaningful life.

Considering all these perspectives, these factors are some of the fundamental reasons that influence suicide risk from the perspective of existential psychiatry, but they are not limited to these. Since each individual's experience is different, determining and preventing suicide risk generally requires a complex and multifaceted process.

Keywords: Existential problems, Human existence, suicide,

REFERENCES:

Göka, E. (1997). Varoluşun psikiyatrisi. Vadi Yayınları. Yalom, I. D., & Babayiğit, Z. İ. (2001). Varoluşçu psikoterapi. Kabalcı Yayınevi. Beck AT, Kovacs M, Weissman A. Hopelessness and suicidal behavior: An overview. The Journal of The American Medical Association. 1975; 243: 1146-1149.

[Abstract:0567] [Erişkin Psikiyatri » Kişilik bozuklukları]

'Ketamine' in the Treatment of Borderline Personality Disorder

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Borderline personality disorder (BPD) is a psychological disorder with a characteristic pervasive pattern of instability in affect regulation, impulse control, interpersonal relationships, and self-image. People with BPD experience profound mood disturbances, suicidal ideation, and social difficulties, and they comprise up to 40% of high utilizers of psychiatric services. BPD has a prevalence of 1.6% in the general population 1. Currently there are no Food and Drug Administration (FDA)-approved treatments for BPD. It was found that, approximately 85% of patients with BPD had at least one comorbid psychiatric disorder. Most people with BPD have coexisting mental disorders such as mood disorders (ie, major depression or bipolar disorder) (83%), anxiety disorders (85%), or substance use disorders (78%). There is an established correlation between increased suicide risk and a diagnosis of BPD. Suicidal ideation and behavior occur in both Major Depressive Disorder (MDD) and BPD and patients with comorbid MDD and BPD have an elevated risk of suicide attempts relative to those with MDD alone. Antidepressant medications have been far less effective in BPD than in MDD, even in the case of BPD with co-morbid MDD. In addition, the effect of antidepressant treatments on suicidal thoughts in BPD is weakly 2.

Ketamine, formerly used as psychedelic, is a non-competitive, voltage-dependent N-Methyl-D-aspartate (NMDA) receptor antagonist. Ketamine is an FDA-approved anesthetic commonly used in perioperative pain management. In recent years, there is growing evidence on the therapeutic potential of this substance in psychiatric disorders as ketamine possesses antidepressant effects, especially in animal studies. Recent research into ketamine has demonstrated the role of the glutamatergic system in the management of depression 3. Subanesthetic doses of ketamine have been shown to improve mood and decrease suicidality in people with MDD. Ketamine often works rapidly and is effective in many patients not responsive to standard antidepressants.

After the efficacy of ketamine was defined, the use of BPD became the subject of research. Studies on suicide attempts and depressive symptoms in BPD have been intensified, and side effects have been described. It has been determined that there is a decrease in depressive symptoms, anxiety symptoms, suicidal ideation, and an increase in socio-occupational functioning with ketamine infusion in BPD patients 4. Ketamine has also been shown to reduce depressive symptoms in BPD patients with treatment-resistant depression. It has been reported that transient dissociative symptoms are most common after infusion as a side effect, but ketamine is generally well tolerated by patients. The effect of ketamine on impulsivity is not clear. Impulsivity may increase with dissociative symptoms after treatment 5.There are limited studies in the literature examining the efficacy of ketamine in BPD. With the current knowledge, ketamine reduces depressive symptoms in BPD, but placebo-controlled studies are needed with larger sample groups to define its effectiveness and side effects.

Keywords: Borderline Personality Disorder, ketamine, Major Depressive Disorder, impulsivity, dissociative symptoms

REFERENCES:

1. Comtois KA, Carmel A. Borderline Personality Disorder and High Utilization of Inpatient Psychiatric Hospitalization: Concordance Between Research and Clinical Diagnosis. J Behav Health Serv Res. 2016;43(2):272-280. doi:10.1007/S11414-014-9416-9

2. Stoffers-Winterling JM, Storebø OJ, Pereira Ribeiro J, et al. Pharmacological interventions for people with borderline personality disorder. Cochrane Database Syst Rev. 2022;11(11). doi:10.1002/14651858.CD012956.PUB2

3. Dehestani S, Mohammadpour AH, Sadjadi SA, Sathyapalan T, Sahebkar A. Clinical use of ketamine in psychiatric disorders. Annales Médico-psychologiques, revue psychiatrique. 2023;181(6):495-508. doi:10.1016/J.AMP.2022.05.008

4. Fineberg SK, Choi EY, Shapiro-Thompson R, et al. A pilot randomized controlled trial of ketamine in Borderline Personality Disorder. Neuropsychopharmacology. 2023;48(7):991-999. doi:10.1038/s41386-023-01540-4

5. Danayan K, Chisamore N, Rodrigues NB, et al. Real world effectiveness of repeated ketamine infusions for treatment-resistant depression with comorbid borderline personality disorder. Psychiatry Res. 2023;323. doi:10.1016/j.psychres.2023.115133

[Abstract:0569] [Erişkin Psikiyatri » Yeme bozuklukları]

The Role of Social Cognition in Eating Disorders: How Aware Are We?

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Social cognition is the ability to interact with complex social environments. It is the capacity to understand the beliefs and intentions of other individuals, to decode the meaning of their behavior and to recognize that others have a different mind from one's own. It is possible to examine social cognition under the subheadings of emotion perception, social perception, social knowledge, attribution bias and theory of mind (1).

Emotion perception is the process of interpreting emotional information obtained from a person's facial expression or voice intonation. Social perception is defined as the ability to make a judgment with the social clues obtained from the information about the situation in which the person is in. Social knowledge is defined as awareness of roles, rules and goals that guide social situations and social interactions.

Attributions are judgments about the causes of one's own or others' behaviors, situational circumstances, or the behaviors of oneself or others. Attributions are causal explanations and bias reflects how the causes of positive or negative events are explained, as opposed to the mental attribution of the situation.

Theory of mind is defined as the capacity to interpret, infer and explain the mental states underlying the behavior of others; it includes understanding false beliefs, cues, intentions, humor, innuendo, metaphor and irony. Theory of mind skills are based on reasoning skills.

In the first studies in the literature on social cognitions in eating disorders, it was stated that female patients with Anorexia Nervosa (AN) had deficiencies in defining emotional states and interpreting the relationships between themselves and other people.

In the following years, as a result of several clinical follow-ups, concerns about social cognitive problems in AN were put forward, it was reported that there was a premorbid social disorder, low success in solving social problems and less able to empathize. In AN cases, an increased incidence of social phobia and higher alexithymia scores have been reported. Some researchers have suggested that AN has a cognitive profile similar to autism spectrum disorders. According to the results of the researches, AN patients have problems in emotion recognition and theory of mind skills; they experience social difficulties; before, during and even after treatment.

The results of the studies evaluating the social cognition functions of AN cases mostly indicate that social and emotional impairment. The number of studies indicating that there is no impairment is more limited.

Considering these findings, it appears that impaired social cognitive skills significantly contribute to the development and maintenance of AN, suggesting that enhancing social abilities may be beneficial in the treatment of the disease.

Keywords: anorexia nervosa, cognition, eating disorder, social cognition, theory of mind

[Abstract:0571] [Erişkin Psikiyatri » Diğer]

The Concept of Suicide and the Epidemiology of Suicide, Suicide in Special Groups

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Suicidal behavior is defined as actions that may result in death or injury,with the intention of killing oneself.This definition can be expanded to include suicidal thoughts,plans,attempts, and completed suicides.According to the World Health Organization (WHO),more than 700,000 people die from suicide every year.According to 2019 data, suicide is the fourth cause of death among 15-29 year olds.The worldwide age-standardized suicide rate is 2.3 times higher in men than in women. According to the data of the Turkish Statistical Institute (TUIK), the crude suicide rate in our country in 2022 is given as 4.88 per hundred thousand, and it was found to be approximately 3 times higher in men. In our country, as in most parts of the world, suicide attempts are more common in women, and completed suicide is more common in men. The most commonly used suicide method in our country in 2022 is hanging(46.8%).This is followed by the use of firearms(25%),jumping from heights(13.6%), use of chemical substances(8.5%) and use of cutting tools(2%).

Suicide is a serious public health problem;It can only be prevented with low-cost interventions. A comprehensive, multisectoral suicide prevention strategy is needed for national interventions to be effective.For this,risk factors must first be evaluated.Risk factors in suicidal behavior are roughly grouped under 5 headings:

1.Individual factors:genetics,mental illnesses,history of previous suicide attempts
2.Relational factors:conflict,separation,poor social support
3.Environmental factors:trauma,abuse,natural disaster,war
4.Social factors:labeling,inappropriate suicide news in the media easy access to suicide tools
5.Factors related to the health system:difficulty in accessing health services

50% of those who died by suicide had attempted suicide at least once before, and 25% had attempted suicide within the previous year. For the general population, a history of suicide attempt is considered the most important risk factor for future suicide.

Some specific groups are considered important in terms of suicide risk.These groups can be counted as the elderly, children and adolescents, different cultural groups and some professional groups(doctor,soldier,police).

Suicidal Behavior in Physicians

Medicine is one of the professions with a high risk of suicide.Although there is no data on this in our country yet,it is known that physician suicides are increasing.According to studies, physicians who engage in suicidal behavior usually have an underlying psychiatric disorder and the most common psychiatric disorders are depression and alcohol/substance use disorders. However, factors such as harsh education and working conditions, hierarchical environment, increase in violent behavior towards physicians, malpractice and legal problems are also important.The fact that they do not seek medical help due to stigma and career concerns, that they sometimes try to self-medicate,that they remain untreated for these reasons,that they have easy access to lethal drugs and have knowledge about drugs makes it easier to commit suicide.Physician suicides are very important from an individual as well as social perspective. A healthy physician workforce is an important part of the healthcare system. To prevent physician suicides,risk factors should be investigated and a professional support model should be created for physicians.

Keywords: suicide, suicide epidemiology, physician suicide

REFERENCES:

1. World Health Organization. Suicide worldwide in 2019: Global Health Estimates [Internet]. World Health Organization,Geneva. 2019. 4–9 p. Available from: https://apps.who.int/iris/rest/bitstreams/1350975/retrieve

2. İntiharı Anlama ve Müdahale (2019). Türk Psikiyatri Derneği, Editör:Halise Özgüven Devrimci, Mustafa Sercan, Basım sayısı:1, Sayfa Sayısı 458, ISBN:978-605-81674-7-6

3. Ramanathan K, Antognini D, Combes A, Paden M, Zakhary B, Ogino M, et al. Mental illness and suicide among physicians Samuel. Lancet. 2021;398(January):920–30.

[Abstract:0572] [Erişkin Psikiyatri » Diğer]

Neurobiological Approach to Suicide

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To understand suicide in terms of neurobiology, it's essential to adopt a comprehensive approach that considers biological, genetic, clinical, and environmental aspects. The stress-diathesis model is a useful framework, proposing that stress can induce suicidal tendencies in individuals with inherent traits like reactive aggression and mood disorders. At the core of this model lies serotonin, a neurotransmitter vital for regulating mood and cognition.

Current research points to low serotonin activity as a key biological factor in suicidal behavior, influenced by genetics, early experiences, and substance use. Individuals who attempt or die by suicide often exhibit disruptions in serotonin function, evident in abnormalities in neurotransmission and receptor activity. Post-mortem and neuroendocrine studies support these findings, underscoring disturbances in serotonin activity in brain regions linked to mood and impulse control.

Additionally, abnormalities in other neurobiological systems, such as the noradrenergic system and the hypothalamus-pituitary-adrenal (HPA) axis, have been associated with suicidal behavior, particularly in individuals with a history of childhood adversity. Genetic studies further emphasize a hereditary component to suicide risk, with certain gene variants linked to increased susceptibility, especially when combined with environmental stressors such as childhood maltreatment.

Ongoing research endeavors, utilizing advanced imaging and genetic analyses, aim to unravel the intricate interplay between genetic predisposition, neurobiological dysfunction, and environmental stress in suicidal behavior. By identifying potential intervention targets, these efforts hold promise for reducing the burden of suicide and improving mental health outcomes.

Keywords: suicide, neurobiology, genetics, behavior

[Abstract:0573] [Çocuk Psikiyatri » Şizofreni ve diğer psikotik bozukluklar]

Prepsychotic Process, Diagnosis and Treatment of Very Early-Onset Schizophrenia

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Very early-onset schizophrenia (VEOS) is a very rare, progressive neurodevelopmental disorder with symptoms beginning before the age of 13, a severe course, significant loss of cognitive, affective and social functioning and a poor prognosis. The prevalence is 1 in 40,000 children. It is twice as common in boys as in girls. Familial predisposition is high, onset is insidious, and the prognosis is generally poor.

The onset is more insidious than early-onset schizophrenia. This makes it difficult to recognize the disease early. In retrospective studies, it has been shown that the average age of onset is 6.9 years, and the duration of diagnosis is 9.5 years. In the prodromal period, deterioration in academic and school success, withdrawal, social isolation, inappropriate affective and disorganized behaviors, obsessive pursuits, destructive behaviors such as aggression and hostility, decreased ability to perform daily activities, and decreased personal care and hygiene are observed. During infancy, a delay in motor and language development is observed in half of the cases. There may also be symptoms that may be confused with autism spectrum disorder, such as echolalia or other speech abnormalities, social isolation, and stereotypies. The IQs of these children are generally lower than their healthy peers. Sometimes, IQ is at the level of intellectual disability. Negative symptoms of flat or odd affect are common.

Children have more negative symptoms (social withdrawal, anhedonia, withdrawal from daily activities) in the prodromal period compared to adolescents, while positive symptoms increase with age. Auditory hallucinations are present in the majority of VEOS cases. Compared to adult-onset schizophrenia, hallucinations are less complex and usually include childhood themes (such as scary animals, monster themes, and bad peoples) in the younger age group.

VEOS may mimic organic disorders as its clinical manifestations show heterogeneity. Therefore, organic causes such as neurological disorders, endocrine and metabolic diseases, infections and intoxications should be excluded from the differential diagnosis. The prodromal symptoms of VEOS may overlap with the initial symptoms of other psychiatric disorders. Therefore, a good differential diagnosis is necessary. Especially detailed developmental history and investigating premorbid features are very important in diagnosis and differential diagnosis. It is known that during the period from the onset of symptoms until the diagnosis of schizophrenia, these children receive different diagnoses, and the initiation of treatment is delayed. In the differential diagnosis, normal developmental characteristics, intellectual disability, autism spectrum disorders, depressive disorder, mood disorders with psychotic features, substance abuse, organic psychoses, obsessive-compulsive disorder, sexual abuse, dissociative disorders and anxiety disorders should be considered.

Although a multimodal approach including both psychopharmacological and psychosocial interventions is recommended in the treatment of VEOS, the mainstay of treatment is antipsychotic drugs. Current recommendations are to use atypical antipsychotics such as risperidone, aripiprazole, olanzapine and quetiapine with close monitoring of side effects.

Keywords: schizophrenia, children, very early-onset, clinical features

REFERENCES:

Abidi S. Psychosis in children and youth: focus on early-onset schizophrenia. Pediatr Rev. 2013 Jul;34(7):296-305; quiz 305-6. doi: 10.1542/pir.34-7-296. Kara K. Erken Başlangıçlı şizofreni. Sadock BJ, Sadock VA, editör. Çocuk ve Ergen Psikiyatrisi Kısaltılmış Temel Kitabı. 1. baskı. Ankara: Güneş Tıp Kitapevleri; 2012. p.166-71. Masi G, Mucci M, Pari C. Children with schizophrenia: clinical picture and pharmacological treatment. CNS Drugs. 2006;20(10): 841–866 Özatalay E, Çocukluk çağı şizofrenisi. Çuhadaroğlu Çetin F, editör. Çocuk ve Ergen Psikiyatrisi Temel Kitabı. 1. baskı. Ankara: Hekim Yayın Birliği; 2008. p.488-503. Özsungur, Berna, et al. "Çok erken başlangıçlı şizofrenide klinik görünüm ve tanı güçlükleri Olgu sunumları." Çocuk ve Gençlik Ruh Sağlığı Dergisi 19.2 (2012).

[Abstract:0574] [Çocuk Psikiyatri » Adli Psikiyatri]

Introduction to the Adolescent HGFPS at Adana City Training and Research Hospital

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Adana City Hospital High Security Forensic Psychiatric Hospital (HFAP) has been in service since 23 January 2018 and is the first HFAP hospital opened in Turkey. In the outpatient clinics of the HFAP unit in our hospital, outpatient medical control and inpatient protection and treatment of patients who have applied with the letters of judicial judicial authorities, law enforcement agencies and penal execution institutions in accordance with the relevant laws and for whom security measures are applied for protection and treatment purposes are carried out.

HFAP are the units that ensure that the patients under protection and treatment are under the control of the healthcare team by restricting them, preventing them from committing offences and not under prison conditions. Although forensic psychiatry wards are not a penal institution, their architectural structure, equipment and equipment should be prepared in a way to prevent the risk of patients harming themselves or others, and security guards trained in preventing aggression should be available.

HFAP is a separate building from Adana City Hospital, and security controls are provided at the entrances and exits, which are covered with high walls. Within the hospital, 1 adolescent and paediatric service with 10 beds was established. The beds are located in different corridors, 7 of which are boys' rooms and 3 of which are girls' rooms. The ward rooms are single rooms, each room has a toilet and bathroom suitable for the use of the inpatients. Security measures have been taken for the risk of harming themselves, others or their surroundings. There is a social area in the ward where patients can rest, watch television and communicate with each other. There is a sports area with sports equipment in the building. Table tennis, table football and table football are available in the social areas of the ward. There are inner gardens that will allow daytime outings. There are areas in the inner gardens where people can sit.

Psychiatric rehabilitation programmes are a service that helps patients discharged from psychiatric hospitals to acquire the skills they need and to use environmental resources so that they can live independently. The aim of psychiatric rehabilitation is to provide social support and develop skills to enable individuals with mental illness to achieve their social, occupational, educational and family roles under professional assistance. For this purpose, psychiatric rehabilitation activities are carried out in our hospital with the trainers assigned by the Public Education Centre. In the clinical rehabilitation area, there is a cinema, painting workshop, exhibition area, sports workshop, library, ceramic workshop, music workshop, etc. Child and adolescent psychiatry congresses are very suitable meetings where assistants and young specialists are together and where experience and knowledge can be shared. In this presentation, in the context of Adana City Hospital YGAP; high security forensic psychiatric hospital treatment and rehabilitation practices that will be useful in clinical practice will be discussed.

Keywords: Adolescent, child, Hospital, security

[Abstract:0575] [Çocuk Psikiyatri » Psikosomatik tıp - Liyazon psikiyatri]

Consultation and Liasion Psychiatry in Child and Adolescent with Cardiological Diseases

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Pediatric CLP traditionally focuses on consultation, differential diagnosis, psychopharmacology, and treatment. Important aspects of CLP are thought to be its ability to integrate medical, psychiatric, and behavioral aspects of patient care (1). Despite the expected response time of weeks to months for psychiatric interventions to be effective, some studies have shown that patients who receive psychiatric consultations benefit in a shorter period of time. Studies examining the duration of referral to psychiatric consultations have concluded that there is a proportional relationship between shorter referral time and shorter duration of hospitalization(2). Neglecting psychiatric situations while addressing physical diseases means providing inadequate care (3). In the study, which was conducted with data from a study of 6482 people between the ages of 13-18, a relationship between anxiety disorders and heart diseases was reported (4). When the existence of physical illnesses before psychiatric disorders was examined, significant relationships were found between heart diseases and anxiety disorders (5). The prevalence of neurodevelopmental delay or impairment is high in congenital heart disease. In addition, there are links between psychological and neurodevelopmental outcomes in congenital heart diseases (6, 7, 8, 9). Only a small proportion of children with congenital heart disease are offered psychiatric evaluation or treatment, or psychiatric support is included in their treatment (10). In a study conducted in mitral valve prolapse patients, state anxiety scores were found to be significantly higher in the MVP group compared to healthy controls (11). In a study of 68 children with dilated cardiomyopathy, bodily problems were found to be common, and in this study, depressive and anxiety problems were more common in children aged 6 years and older than in the normal population (12). In a study evaluating the psychological well-being and quality of life of children and their parents who were followed up with hypertrophic cardiomyopathy between the ages of 3-18, it was shown that the quality of life of children with hypertrophic cardiomyopathy was significantly reduced (13).

While there are studies reporting psychiatric problems only in patients with heart disease, there are also studies reporting behavioral and emotional problems independent of the type and severity of the disease despite surgical interventions (14). Studies have shown that most of the heart transplant patients experience neurodevelopmental delay, poor adaptation to treatment, behavioral, emotional and academic difficulties after treatment (15). It has been reported that the incidence of depression after heart transplantation can be up to 26%, and the duration of hospitalization is longer in the group with depression between patients with and without post-transplant depression (16).

The use of psychotropics in children with heart disease is also important topic.

As a result, the relationships between pediatric cardiology and psychiatry are often valuable to clinicians.

Keywords: cardiology, child and adolescent, consultation-liasion psychiatry

REFERENCES:

1. Shaw RJ, Wamboldt M, Bursch B, Stuber M. Practice patterns in pediatric consultation-liaison psychiatry: a national survey. Psychosomatics. 2006 Jan-Feb;47(1):43-9. doi: 10.1176/appi.psy.47.1.43. PMID: 16384806.
2. Sockalingam S, Alzahrani A, Meaney C, et al. Time to consultation-liaison psychiatry service referral as a predictor of length of stay. Psycho- somatics 2016;57:264–72.
3. Ludmir J, Small AJ. The Challenge of Identifying and Addressing Psychological Comorbidities. J Am Coll Cardiol. 2018 Apr 10;71(14):1590-1593. doi: 10.1016/j.jacc.2018.02.042. PMID: 29622167.
4. Tegethoff M, Belardi A, Stalujanis E, Meinlschmidt G. Association between mental disorders and physical diseases in adolescents from a nationally representative cohort. Psychosom Med. 2015 Apr;77(3):319-32. doi: 10.1097/PSY.0000000000000151. PMID: 25851547.

5. Tegethoff M, Stalujanis E, Belardi A, Meinlschmidt G. Chronology of Onset of Mental Disorders and Physical Diseases in Mental-Physical Comorbidity - A National Representative Survey of Adolescents. PLoS One. 2016 Oct 21;11(10):e0165196. doi: 10.1371/journal.pone.0165196. PMID: 27768751; PMCID: PMC5074457.
6. Marino BS, Lipkin PH, Newburger JW, Peacock G, Gerdes M, Gaynor JW, Mussatto KA, Uzark K, Goldberg CS, Johnson WH Jr, et al; on behalf of the American Heart Association Congenital Heart Defects Committee, Council on Cardiovascular Disease in the Young, Council on Cardiovascular Nursing, and Stroke Council. Neurodevelopmental outcomes in children with con- genital heart disease: evaluation and management: a scientific statement from the American Heart Association. Circulation. 2012;126:1143–1172. doi: 10.1161/CIR.0b013e318265ee8a
7. Drakouli M, Petsios K, Giannakopoulou M, Patiraki E, Voutoufianaki I, Matziou V. Determinants of quality of life in children and adolescents with CHD: a systematic review. Cardiol Young. 2015;25:1027–1036. doi: 10.1017/S1047951115000086
8. Wilson WM, Smith-Parrish M, Marino BS, Kovacs AH. Neurodevelopmental and psychosocial outcomes across the congenital heart disease lifespan. Prog Pediatr Cardiol. 2015;39(pt B):113–118.
9. Verrall C, Blue G, Loughran-Fowlds A, Kasparian NA, Walker K, Dunwoodie S, Sholler GF, Badawi N, Winlaw DS. “Big issues” in neurode- velopment in congenital heart disease. Open Heart. 2019;6:e000998. doi: 10.1136/openhrt-2018-000998
10. Loccoh EC, Yu S, Donohue J, Lowery R, Butcher J, Pasquali SK, Goldberg CS, Uzark K. Prevalence and risk factors associated with non-attendance in neurodevelopmental follow-up clinic among infants with CHD. Cardiol Young. 2018;28:554–560. doi: 10.1017/S1047951117002748
11. Jackson JL, Gerardo GM, Monti JD, Schofield KA, Vannatta K. Execu- tive function and internalizing symptoms in adolescents and young adults with congenital heart disease: the role of coping. J Pediatr Psychol. 2018;43:906–915. doi: 10.1093/jpepsy/jsx154
12. van der Mheen M, van der Meulen MH, den Boer SL, Schreutelkamp DJ, van der Ende J, de Nijs PF, Breur JM, Tanke RB, Blom NA, Rammeloo LA, Ten Harkel AD, du Marchie Sarvaas GJ, Utens EM, Dalinghaus M. Emotional and behavioral problems in children with dilated cardiomyopathy. Eur J Cardiovasc Nurs. 2020 Apr;19(4):291-300. doi: 10.1177/1474515119876148. Epub 2019 Sep 25. PMID: 31552760; PMCID: PMC7153220.
13. Spanaki A, O'Curry S, Winter-Beatty J, Mead-Regan S, Hawkins K, English J, Head C, Ridout D, Tome-Esteban MT, Elliott P, Kaski JP. Psychosocial adjustment and quality of life in children undergoing screening in a specialist paediatric hypertrophic cardiomyopathy clinic. Cardiol Young. 2016 Jun;26(5):961-7. doi: 10.1017/S1047951115001717. Epub 2015 Sep 8. PMID: 26346425.
14. AW Spijkerboer, EMWJ, Utens AJJC, Bogers, FC, Verhulst, WA, Helbing, Long-term intel- lectual functioning and school-related behav- ioural outcomes in children and adolescents after invasive treatment for congenital heart disease. British Journal of Developmental Psychology 2008;26(4):457-70.
15. Re JM, Dean S, Mullaert J, Guedeney A, Menahem S. Maternal distress and infant social withdrawal (ADBB) following infant cardiac surgery for con- genital heart disease. World J Pediatr Congenit Heart Surg. 2018;9:624– 637. doi: 10.1177/2150135118788788
16. Okwuosa I, Pumphrey D, Puthumana J, Brown RM, Cotts W. Impact of Identification and Treatment of Depression in Heart Trans- plant Patients. Cardiovasc Psychiatry Neurol 2014;2014:747293.

[Abstract:0576] [Çocuk Psikiyatri » Duygudurum bozuklukları]

Developmental Characteristic of Depression in Adolescent

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Depression is a significant mental health issue, particularly prevalent during adolescence. The frequency of depression increases during the transition from childhood to adolescence, with a rising ratio favoring females. A diagnosis of depression can significantly affect functionality and may pose serious risks such as suicide. Despite specific diagnostic criteria, depression in adolescence may often go undiagnosed, with symptoms either attributed to adolescence or misdiagnosed. Given that different psychiatric disorders in adolescents require different treatments and may have different prognoses, accurate diagnosis is crucial. Many studies have found that depressive symptoms in children and adolescent populations can vary with age. Although the same diagnostic criteria as adults are used, significant phenomenological features specific to depressive disorders may exist during adolescence. Young individuals with depression may not always appear sad; they may exhibit irritability, mood swings, emotional outbursts, and anger (1). Instead of a depressive mood, irritability or crankiness may be observed in adolescents, and this symptom may not be recognized as indicative of depression by teachers or parents. Symptoms that may be observed in depressive adolescents include sleep disturbances, changes in appetite and weight, loss of energy, lack of interest or marked loss of interest, feelings of hopelessness and guilt, isolation and difficulty concentrating, psychomotor retardation, poor school performance, and low self-esteem (2). Problems such as suicidal thoughts and attempts, alcohol, and drug use may arise. The development of abstract thinking during the transition from childhood to adolescence allows for a clearer understanding of the concept of death, which can lead to serious thoughts and attempts at death. The clinical presentation may vary between genders. In female adolescents, sadness, loneliness, irritability, pessimism, low self-esteem, and eating disorders are often observed, while in male adolescents, symptoms such as physical complaints, decreased ability to think or concentrate, impaired decision-making, restlessness, and decreased pleasure may occur. Studies emphasize that girls tend to report feelings such as sadness, emptiness, boredom, anger, and anxiety with more subjective symptoms. On the other hand, male adolescents may report more feelings of humiliation, defiance, and anger. In male adolescents, behavioral problems such as truancy, physical violence, theft, and substance abuse may be observed. Studies highlight that alcohol use can be a strong indicator of depression. Additionally, many studies indicate that depressed adolescents are likely to have one or more comorbid psychiatric disorders. Considering the possibility of symptom variation and complexity with comorbid psychiatric conditions is important (3). While the exact causes of developmental and gender differences in depressive symptoms are not fully understood, hormonal factors, ongoing brain development, cognitive functions, and the maturation effects on emotional and behavioral regulation may contribute to these differences. This presentation will discuss the developmental characteristics of depression in adolescents with different dimensions.

Keywords: depression, adolescent, developmental, symptoms

REFERENCES:

1. McLaughlin KA, King K. Developmental Trajectories of Anxiety and Depression in Early Adolescence. J Abnorm Child Psychol [Internet]. 2015 Feb 1 [cited 2024 Mar 22];43(2):311. Available from: /pmc/articles/PMC4286282/

2. Topal Z, Tufan AE. Çocuk ve Ergenlerde Distimik Bozukluk ve Rekürren (Yineleyici) Depresif Bozukluk Kliniği, Tanısı ve Tedavisi. Türkiye Klinikleri Çocuk Psikiyatrisi-Özel konular [Internet]. 2016;2(1):79–84. Available from:
https://www.researchgate.net/publication/317686170

3. Rao U, Chen LA. Characteristics, correlates, and outcomes of childhood and adolescent depressive disorders. Dialogues Clin Neurosci. 2009;11(1):45–62.

[Abstract:0577] [Erişkin Psikiyatri » Diğer]

Frontotemporal Dementia and Differential Diagnosis

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Although dementias in individuals younger than 65 are relatively rare, these conditions are more likely to present with behavioral and emotional symptoms, and as a result, there is a higher probability that they will mimic primary psychiatric disorders. The prototype concept of a dementia presenting with behavioral symptoms is the behavioral variant frontotemporal dementia, in which, at least initially, the neural circuits related with psychiatric disorders are disturbed. Several clinical characteristic such as the late and insidious onset, a progressive course, atypical presentation, and a strong family history for a similar slowly-deteriorating condition may be helpful in the diagnosis. Despite these characteristics, a misdiagnosis is very frequent. Neuropsychological tests including social cognition, and structural and/or nuclear imaging may significantly increase the diagnostic certainty. CSF biomarkers, as well as genetic testing (in familial cases) may be required for the final diagnosis. In this presentation, we will discuss several of our cases, and review the most recent literature in order to provide a clinically useful perspective.

Keywords: frontotemporal dementia, Bipolar disorder, Pick's disease

[Abstract:0578] [Erişkin Psikiyatri » Psikofarmakoloji]

A New Hope for Treatment-Resistant Depression: Cariprazine

Çağdaş Hünkar Yeloğlu

Adana Dr. Ekrem Tok Ruh Sağlığı ve Hastalıkları Hastanesi

Major depressive disorder is a serious psychiatric illness that influences approximately 350 million individuals globally causing significant disabilities. Treatment-resistant depression (TRD) is a type of major depressive disorder which does not respond to traditional and first-line treatment options. And even though existing pharmacological treatment options are abundant, almost half of the major deppresive disorder patients still do not have satisfactory responds to the antidepressant treatment. Due to the continuing multitude of these treatment resistant depression cases, there is a need for more alternative treatment options. Carizapine, which is a D2, D3 partial agonist atypical antipsychotic with a complex serotonergic receptor activity, is one of the most promising pharmacological agent among those options.Besides schizophrenia, it is already approved by the Food and Drug Administration for treating bipolar depression and as an adjunctive treatment for major depressive disorder(1,5 - 3 mg per day). Right now, cariprazine is the latest atypical antipsychotic after aripiprazole, olanzapine, quetiapine, risperidone and brexpiprazole that showed significant efficacy in augmentation trials for patients affected by treatment resistant depression. İn this session, we are going to explore its potential preference for treatment resistant depression by examining, summarizing and discussing the previous studies about the subject that includes case series and meta analysis. Regarding its unique receptor profile, we will examine and discuss its antidepressant, antianhedonic and pro-cognitive effects in terms of its pharmacological properties.

Keywords: treatment resistant depression, carizapine, dopamine

[Abstract:0580] [Erişkin Psikiyatri » Duygudurum bozuklukları]

Mood Disorders and Comorbid Psychiatric Conditions

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INTRODUCTION: Mood disorders, encompassing major depressive disorder (MDD), bipolar disorder (BD), and related conditions, significantly impact global health. These primary disorders frequently co-occur with other psychiatric conditions, such as anxiety disorders, substance use disorders, personality disorders, attention deficite hyperactivity disorder (adhd), eating disorders (ed) and psychiatric conditions in the elderly complicating diagnosis, management, and patient outcomes.

Anxiety Disorders: The most common comorbid conditions with mood disorders, contributing to increased severity of symptoms, higher risk of suicide and poorer treatment outcomes.

Substance Use Disorders: The underlying mechanisms linking mood disorders and substance use disorders are multifaceted, involving genetic vulnerability, neurobiological changes, and psychosocial factors. Research highlights the role of neurotransmitter systems, such as dopamine and serotonin, in the pathophysiology of both conditions, suggesting potential targets for intervention. This comorbidity is associated with poorer clinical outcomes, including increased risk of suicide, reduced quality of life, and higher healthcare utilization.

Personality Disorders: Frequently co-occurring, especially borderline personality disorder, which can significantly affect the management and therapeutic approach to mood disorders. In the context of comorbidity between cluster b personality disorders and mood disorders, an increase in self-mutilation and suicide attempts can be observed.

ADHD: The rate at which attention-deficit hyperactivity disorder (adhd) is found in those with mood disorders differs significantly across studies Individuals with mood disorders who also have adhd tend to experience worse outcomes, such as more frequent episodes of mood swings and a higher risk of suicide.

Eating Disorders: The majority of mood disorders accompanying eating disorders are depressive disorders, including major depressive disorder (MDD) and dysthymia. The onset chronology of these disorders remains unclear, as mood disorders manifest before the onset of eating disorders in some cases, while in others, they emerge following the onset of eating disorders.

Dementia: Affective disorders have been linked to an increased risk of developing dementia and this association is seen to be dependent on clinical and demographic variables. Depression can act as both a prodrome and a risk factor for dementia. In cases of dementia that are accompanied by mood disorders, there is an increased mortality rate.

Clinical and Treatment Implications Effective management of mood disorders with comorbid psychiatric conditions requires a comprehensive, integrated treatment approach that addresses both the mood disorder and the comorbid conditions. Treatment strategies may include pharmacotherapy, psychotherapy and psychosocial interventions, tailored to the individual's specific set of conditions.

Personalized Medicine: Emerging research focuses on personalized approaches to treating mood disorders with comorbid conditions, considering genetic, neurobiological and environmental factors.

Integrated Care Models: Recent studies emphasize the effectiveness of integrated care models that combine psychiatric, psychological, and social support services to address the complexity of comorbid conditions.

CONCLUSION: Mood disorders with psychiatric comorbidity present a significant challenge for mental health professionals. Psychiatric comorbidity in mood disorders can contribute to diagnostic complexity in many aspects. On the other hand, comorbidities are associated with treatment resistance, recurrence of mood

episodes, and increased mortality rates. Continuous research and innovation in treatment strategies are required to improve outcomes for these complex patient populations.

Keywords: Adhd, anxiety, mood disorders, personality disorders

REFERENCES:

1. Fava, M., & Kendler, K. S. (2020). "Major depressive disorder." Neuron, 106(3), 477-491.

2. McIntyre, R. S., & Cha, D. S. (2020). "Cognitive deficits in bipolar disorders: Implications for emotion." Clinical Psychology Review,41, 110-124.

3. Patel, R., & Oduola, S. (2021). "Comorbidity in mood disorders." Psychiatric Clinics of North America, 44(1), 127-138.

4. Godart, N., Radon, L., Curt, F., Duclos, J., Perdereau, F., Lang, F.,.. & Flament, M. F. (2015). Mood disorders in eating disorder patients: Prevalence and chronology of ONSET. Journal of affective disorders, 185, 115-122

[Abstract:0581] [Çocuk Psikiyatri » Otizm Spektrum Bozuklukları]

Low-Dose Suramin Intravenous Infusions for the Treatment of Autism Spectrum Disorder

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Autism spectrum disorder (ASD) is a neurodevelopmental disorder characterized by impairments in social interaction and communication, repetitive behaviors, and restricted interests. This disorder emerges in early childhood and persists throughout life. The core symptoms of ASD, along with associated symptoms, can be challenging not only for individuals with ASD but also for individuals such as family members, caregivers, and educators. A definitive treatment for ASD is not yet possible. However, the most promising approaches in reducing core symptoms are reported to be educational and behavioral interventions. Currently, the U.S. Food and Drug Administration (FDA) has not approved any medication specifically for the core symptoms of ASD. However, Risperidone and Aripiprazole have FDA approval for the treatment of irritability associated with autistic disorder. Suramin is an anti-trypanosomal agent used in the treatment of African sleeping sickness caused by Trypanosoma brucei rhodesiense. It acts as an antagonist for purinergic receptors, including P2X and P2Y receptors, primarily in the central nervous system. Due to its antagonist effect on purinergic receptors, suramin is being investigated for its potential therapeutic effects in various disorders. Purinergic receptors, including P2X and P2Y subtypes, play roles in a wide range of physiological and pathological processes, including inflammation, thrombosis, and neurotransmission. Preclinical studies have reported that suramin modulates purinergic signaling through antagonism of P2X and P2Y receptors, leading to restoration of normal mitochondrial function and improvements in core symptoms of ASD due to reduced neuroinflammation. The use of low-dose suramin in ASD has been investigated as a novel approach in clinical trials. In a small phase I/II randomized clinical trial, a single intravenous infusion of suramin at 20 mg/kg was reported to lead to improvements in language development and social interaction, along with promising results in reducing repetitive behaviors and restricted interests in children with ASD. Recently, a randomized, double-blind, placebo-controlled study with a larger sample size was conducted, consisting of three different groups: a placebo group, a group receiving 10 mg/kg of suramin, and a group receiving 20 mg/kg of suramin. In this study, the group receiving 10 mg/kg of suramin showed numerically greater but not statistically significant improvement in ASD symptoms compared to the placebo group. However, the group receiving 20 mg/kg of suramin did not show improvement compared to the placebo group. These findings suggest a new potential for low-dose suramin in ASD, but further research is needed to confirm its efficacy and safety, as well as to determine the optimal dose and treatment protocols. It is important to note that suramin is currently not approved for the treatment of ASD, and its use in this context should be considered experimental and within the boundaries of clinical research.

Keywords: autism spectrum disorder, children, suramin, treatment

REFERENCES:

1.Naviaux JC, Schuchbauer MA, Li K, Wang L, Risbrough VB, Powell SB, Naviaux RK. Reversal of autism-like behaviors and metabolism in adult mice with single-dose antipurinergic therapy. Transl Psychiatry. 2014 Jun 17;4(6):e400.

2.Naviaux RK, Curtis B, Li K, Naviaux JC, Bright AT, Reiner GE, Westerfield M, Goh S, Alaynick WA, Wang L, Capparelli EV, Adams C, Sun J, Jain S, He F, Arellano DA, Mash LE, Chukoskie L, Lincoln A, Townsend J. Low-dose suramin in autism spectrum disorder: a small, phase I/II, randomized clinical trial. Ann Clin Transl Neurol. 2017 May 26;4(7):491-505.

3.Hough D, Mao AR, Aman M, Lozano R, Smith-Hicks C, Martinez-Cerdeno V, Derby M, Rome Z, Malan N, Findling RL. Randomized clinical trial of low dose suramin intravenous infusions for treatment of autism spectrum disorder. Ann Gen Psychiatry. 2023 Nov 6;22(1):45.

[Abstract:0582] [Erişkin Psikiyatri » Şizofreni ve diğer psikotik bozukluklar]

Psychotic Symptoms in Geriatric Patients

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Contrary to popular belief, psychotic symptoms can be quite common in elderly individuals. Psychotic symptoms are observed in hospitalized patients at a rate of 5-15%, while in residents of nursing homes, they are seen at a rate of 62%. The presentation of life-threatening conditions such as delirium alongside psychotic symptoms, and the challenges encountered in managing these symptoms in conditions like dementia, highlight the severity of secondary psychotic states. There are factors in elderly patients that facilitate psychotic symptoms.

Sensory loss, social isolation, medical conditions, polypharmacy, dementia, and delirium, all stemming from age-related biological changes, can either lead to the emergence of psychotic symptoms or predispose individuals to such symptoms. Considering the etiology, late-onset psychotic symptoms pose a higher risk in terms of mortality and morbidity compared to those starting in younger ages. Additionally, managing psychotic symptoms in elderly patients can become more complex due to concurrent illnesses and increased sensitivity to side effects.

Basically, psychotic disorders in old age are classified as primary psychotic disorders and secondary psychotic disorders. Primary psychotic disorders include schizophrenia spectrum disorders such as late-onset (LOS) and very-late onset schizophrenia-like psychosis (VLOS), as well as mood disorders such as major depression and bipolar disorder, where psychotic symptoms emerge as a core symptom of the disorder. Secondary disorders, on the other hand, arise as consequences of conditions such as neurocognitive impairments, delirium, and substance use disorders. While a small proportion of schizophrenia-like psychotic disorders start in late life, delusional disorder stands out as a disease that starts later among psychotic disorders. Additionally, psychotic depression, with an average onset age of 50, is notable for delusional content in 45% of depression patients admitted to hospitals for depression-related reasons.

In this group of diseases, it is necessary to first conduct research to determine whether the disease developed primarily or secondarily, so that treatment strategies to be followed can be determined accordingly. Treatment of secondary psychotic disorders should target the primary cause, while pharmacological treatments are also employed in primary psychotic disorders. Given the potential adverse effects of long-term medication use in elderly patients, a deeper understanding of pharmacological treatment strategies appears to be essential.

Keywords: late-onset schizophrenia, elderly, psychotic disorders,

REFERENCES:

1) Reinhardt MM, Cohen CI. Late-Life Psychosis: Diagnosis and Treatment. Curr Psychiatry Rep, 2015, 17, 1

2) Tampi R R, Young J, Hoq R, Resnick K, & Tampi, DJ. Psychotic disorders in late life: a narrative review. Therapeutic advances in psychopharmacology,2019, 9, 2045125319882798

3) Chahine LM, Acar D and Chemali Z. The elderly safety imperative and antipsychotic usage. Harv Rev Psychiatry 2010; 18: 158–172

[Abstract:0584] [Çocuk Psikiyatri » Bağımlılıklar]

Treatment Approaches for Cannabis Dependence in Children and Adolescents

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Cannabis use, especially among children and adolescents, is becoming increasingly prevalent. In some parts of the world, the legalization of cannabis and its acceptance under certain medical conditions have changed societal perceptions, leading to an underestimation of its potential risks. However, this perception overlooks the fact that cannabis can have serious neuropsychiatric effects, particularly during developmental periods. As a physician new to child and adolescent psychiatry might ask, "Is cannabis really harmful?" This question highlights often overlooked aspects of the dangers of cannabis. Studies have shown that widespread cannabinoid receptors in the brain play significant roles in changes during adolescence and in the genetic expression related to the development of the central nervous system. The increase in these receptors during adolescence may have a critical impact on the neurobiological effects of cannabis.

Cannabinoid receptor type 1, more abundant in the brain and especially widespread in gray matter, and cannabinoid receptor type 2, primarily located in microglia in the brain, will be thoroughly discussed. This presentation will cover the effects of cannabis on the developing brain from the fetal period to the end of adolescence, as well as the etiology, epidemiology, symptomatology, and treatment methods of cannabis addiction. Exposure to cannabis during the prenatal period has been identified as a risk factor for autism and other neurodevelopmental disorders. Furthermore, it is known that chronic cannabis use in adolescents can impair cognitive processes, alter brain functional connections, and lead to a decline in intelligence level.

The role of cannabis use in triggering psychiatric illnesses in adolescents, especially significantly increasing the risk of schizophrenia, is well documented. The earlier the exposure to cannabis, the greater the likelihood of cognitive impairment, social and academic dysfunction. Cannabis exposure in adolescents and younger individuals can lead to different effects and clinical conditions than in adults. Therefore, the effects of cannabis use in children and adolescents, along with the potential long-term harm to brain development, should be carefully evaluated.

Adolescence is a critical phase where individuals undergo rapid physical and psychological changes. During this period, brain development continues, and the use of psychoactive substances like cannabis can have lasting effects on brain structure and function. Particularly in the adolescent brain, which lacks psychological and physiological resilience and has a high presence of predisposing negative factors, cannabis has the potential to cause serious adverse effects. In this context, understanding the impact of cannabis on adolescent brain development remains a crucial and repeatedly emphasized issue in safeguarding the mental health of young people.

Access to evidence-based therapies is often limited and poor adherence to treatments is common. Even with evidence-based psychosocial treatment, abstinence rates remain modest and patients have difficulty in maintaining treatment gains after 9 months. Clinicians should continue to screen for CUD and provide assistance in treatment. Motivational enhancement therapy cognitive behavioural therapies, family based therapies, mindfullnes have utility in treating cannabis use disorder.

Keywords: cannabis, adolescent, brain

[Abstract:0585] [Erişkin Psikiyatri » Psikofarmakoloji]

Anxiety Disorders and Comorbid Conditions

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Although anxiety is generally conceived as a condition associated with psychiatric disorders, there are numerous clinical presentations in which anxiety may emerge as an important symptom stemming from nonpsychiatric conditions. Identifying comorbid conditions related to anxiety disorders is crucial for precise diagnoses and effective management. Antidepressants and anxiolytics are commonly preferred treatment modalities for anxiety spectrum disorders; however, these interventions may be inappropriate in some cases due to medication side effects. In addition to nonpsychiatric conditions, anxiety frequently coexists with other psychiatric disorders. Previous studies have shown that anxiety disorders are commonly comorbid with substance use disorder, psychotic spectrum disorders, neurodevelopmental disorders, sleep disorders, eating disorders, and mood disorders. Treating anxiety symptoms may sometimes exacerbate other psychiatric symptoms, while underestimation of anxiety could lead to serious and undesirable outcomes. Moreover, managing anxiety at the outset of treatment may contribute to better treatment responses and delay the onset of serious psychiatric conditions such as psychosis. It has also been reported that anxiety comorbidity is associated with worse treatment continuity and response. Therefore, prioritizing anxiety symptoms is important for improving quality of life and treatment compliance. Making decisions regarding pharmacological and non-pharmacological options to alleviate symptoms in a holistic manner is typically a complex issue for clinicians. This presentation will discuss psychiatric conditions with anxiety comorbidity from a management perspective.

Keywords: anxiety, comorbidity, management

[Abstract:0586] [Çocuk Psikiyatri » Perinatal psikiyatri]

The Adjustment of Growing Family to a Newborn Sibling: Transition to Siblinghood

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The birth of a baby sibling is a normative life event for children. Majority of firstborn children have experenced the arrival a newborn sibling at least once during their childhood. This normative developmental transition is called the transition to siblinghood (TTS), which is stressful for young children and their parents (1). In response to stress, young children often experience sleep distruptions, increases in tamper tantrums, anxiety, clinging and whininess (2). However, the birth of a sibling can lead to positive changes, as well as opportunities for children to develop emotionally through their daily interactions with the infant baby. Most children are toddlers between 2 and 3 years of age when their sibling is born. Many of the problems experienced by children in this age group are age-related and transient, often reflecting difficulties in adjusting to a stressful developmental transition such as the birth of a sibling (3). Urinary cortisol levels in firstborn bonobos increased 5-fold after birth and remained elevated for 7 months. As changes in cortisol are widely accepted as a physiological marker for measuring stress responses in humans and other mammals, this finding provides physiological evidence that TTS is a stressful life event for the firstborns (4). Volling et al. conducted a longitudinal research design across the first year after the birth (prenatal, 1, 4, 8, and 12 months) to investigate individual differences in young children's emotional and behavioral adjustment after the birth of a sibling. The study found little evidence that older children experienced a sudden change in behavior with the birth of a sibling, except for aggression. The sudden and rapid change in aggression occurred in riskier family structures. It was short-lived and disappeared by 4 months of age. The trajectory of problem behaviors is predicted by a number of child and family characteristics that may serve as targets for future interventions (5). In this presentation, transition to siblinghood after the birth of a sibling will be discussed with current data from the literature.

Keywords: sibling, family, firstborn, birth of a sibling, transition to siblinghood

REFERENCES:

1. Volling, B. L. (2012). Family transitions following the birth of a sibling: an empirical review of changes in the firstborn's adjustment. Psychological bulletin, 138(3), 497.

2. Campbell, SB. Behavior problems in preschool children: Clinical and developmental issues. New York: Guilford Press; 2002.

3. Volling, B. L. (2017). Chapter I. Introduction: Understanding the Transition to Siblinghood from a Developmental Psychopathology and Ecological Systems Perspective. Monographs of the Society for Research in Child Development, 82(3), 7.

4. Behringer, V., Berghänel, A., Deschner, T., Lee, S. M., Fruth, B., & Hohmann, G. (2022). Transition to siblinghood causes a substantial and long-lasting increase in urinary cortisol levels in wild bonobos. Elife, 11, e77227.

5. Volling, B. L. (2017). Chapter XI. General Discussion: Children's Adjustment and Adaptation Following the Birth of a Sibling. Monographs of the Society for Research in Child Development, 82(3), 142.

[Abstract:0587] [Çocuk Psikiyatri » Psikosomatik tıp - Liyazon psikiyatri]

Pediatric Consultation and Liasion Psychiatry: An Overview

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“Pediatric consultation-liasion” or “pediatric consultation” care refers to child psychiatrists or child psychologists who are mental health professionals providing psychological and/or psychiatric care to medically ill children, with particular attention to biological, psychological, and social mediators of well-being (1). In recent years, there has been a growing need for pediatric mental health consultation services. This is due to changes in the current healthcare environment, better recognition of biopsychosocial factors affecting health, and more complex and challenging pediatric patients and conditions (2). Child and adolescent psychiatrists work primarily as consultants in hospitals. They may also work as consultants in other settings, such as schools and the court system. Psychiatric consultations are requested for children in the inpatient pediatric setting for a wide variety of reasons such as suiside risk assessment, adjustment to medical illness, treatment adherence, delirium, assistance in the diagnosis and management of medically unexplained symptoms and pscyhopharmacological interventions. Therefore, the role of the child psychiatrist includes the primary psychiatric management of the child as well as working colloboratively with the pediatric medical team. (3). In general, child and adolescent psychiatrists in the hospital setting evaluate children with primary psychiatric disorders leading to medical illness, psychiatric symptoms of medical illness or treatment, adjustment to chronic or life-threatening illness, and differential diagnosis of psychosomatic illness. (1). Consultant child psychiatrists must have particular competence in the diagnosis and treatment of common childhood psychiatric disorders, a good understanding of chronic disease processes, and the ability to make multidimensional assessments within the context of biopsychosocial integrity. For this reason, special emphasis should be placed on counsultation and liasion training in residency programs (4). In this presentation, an overview of pediatric consultation and liasion psychiatry will be presented with current data from the literature.

Keywords: Consultation liaison, adolescent psychiatry, child psychiatry, pediatric mental health

REFERENCES:

1. Pinsky E, Rauch PK, Abrams AN. Pediatric consultation and psychiatric aspects of somatic disease. In:A. Thapar, et al. editors. Rutter's Child and Adolescent Psychiatry 2015. p.586-98.

2. Carter, B. D., & Kullgren, K. A. (Eds.). (2020). Clinical handbook of psychological consultation in pediatric medical settings (pp. 11-24). Springer.

3. Becker, J. E., Smith, J. R., & Hazen, E. P. (2020). Pediatric consultation-liaison psychiatry: an update and review. Psychosomatics, 61(5), 467-480.

4. Gurkan CK. Çocuk ve Ergende Konsültasyon Liyezon Psikiyatrisine Genel Bakış. Türkiye Klinikleri; 2016.

[Abstract:0588] [Erişkin Psikiyatri » Duygudurum bozuklukları]

Non-invasive Brain Stimulation for the Treatment of Psychiatric Disorders: An Update

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NIBS (Non-Invasive Brain Stimulation) refers to a collection of techniques that involve the application of external stimuli to the brain without the need for surgery or invasive procedures. These techniques are used to modulate brain activity and have therapeutic potential in various neurological and psychiatric conditions. Examples of NIBS techniques include transcranial magnetic stimulation (TMS), transcranial direct current stimulation (tDCS), and low-intensity focused ultrasound pulsation (LIFUP). They are safe and well-tolerated, making NIBS an interesting option for application in different settings.

Transcranial Magnetic Stimulation (TMS) is a non-invasive technique used to stimulate certain regions of the brain. It involves the use of a pulsating magnetic field, generated by a coil placed near the scalp, to induce electrical currents focally in specific areas of the brain. These magnetic pulses can either excite or inhibit neural activity, depending on the frequency pattern of stimulation. In addition to the use of TMS for neurophysiological research purposes, one of the most common uses of the technique is in the treatment area. Currently, rTMS is cleared by multiple regulatory agencies for the treatment of treatment-resistant depression, depression with comorbid anxiety disorders, obsessive compulsive disorder, and substance use disorders, such as smoking cessation. Current research supports the potential future use of TMS for other psychiatric syndromes, including the negative symptoms of schizophrenia, persistent hallucinations, and post-traumatic stress disorder.

Recent efforts aim to improve the effects of TMS in treatment of psychiatric disorders. One of the key areas of research involves shortening of the treatment period and increasing treatment response, as was aimed in the recent Stanford accelerated intelligent neuromodulation therapy (SAINT). This method used a personalized approach based on using the information on the patient's brain network structure and/or function; in addition to an expedited administration of multiple daily stimulations in a short period of time (in 5 days versus 20-30 days in ordinary treatment). The second personalized approach would target specific symptoms in a transdiagnostic manner, which would necessitate identification of key brain areas across disorders to stimulate. A third factor is the specific cognitive, emotional, and oscillatory state of the brain at the time of stimulation. Cognitive tasks which might activate certain brain networks, as well as symptom provocation around TMS protocol might potentially increase response to treatment; although further research is required on this topic. The state of the brain can be visualized by concurrent TMS-fMRI, TMS-electroencephalography (EEG), or even TMS-fMRI-EEG. Another aspect of state dependence concerns the oscillatory state of the brain during stimulation, for which EEG provides valuable information. A fourth factor is potential biomarkers of TMS response (blood and neuroimaging biomarkers), which might be variable among subjects. Finally, understanding the neuroplastic effects of TMS at different biological scales and different timescales across disorders is crucial.

Current information on the effects of tDCS and LIFUP is preliminary and further research is required on the physiological and therapeutic effects of these modalities.

Keywords: TMS, NIBS, Depression

REFERENCES:

1. van den Heuvel OA, Oberman LM. Current State of the Art of Transcranial Magnetic Stimulation in Psychiatry: Innovations and Challenges for the Future. Biol Psychiatry. 2024 Mar 15;95(6):485-487.

2. Antal A, Luber B, Brem AK, Bikson M, Brunoni AR, Cohen Kadosh R, Dubljević V, Fecteau S, Ferreri F, Flöel A, Hallett M, Hamilton RH, Herrmann CS, Lavidor M, Loo C, Lustenberger C, Machado S, Miniussi C, Moliadze V, Nitsche MA, Rossi S, Rossini PM, Santarnecchi E, Seeck M, Thut G, Turi Z, Ugawa Y, Venkatasubramanian G, Wenderoth N, Wexler A, Ziemann U, Paulus W. Non-invasive brain stimulation and neuroenhancement. Clin Neurophysiol Pract. 2022 May 25;7:146-165.

[Abstract:0589] [Erişkin Psikiyatri » Şizofreni ve diğer psikotik bozukluklar]

Psychotic Disorders and Comorbid Psychiatric Conditions

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Psychotic disorders, such as schizophrenia, schizoaffective disorder, and brief psychotic disorder, significantly impact mental health, affecting about 1% of the global population.A notable aspect of psychotic disorders is their high comorbidity rate with other psychiatric conditions, including mood disorders, anxiety disorders, substance use disorders, and ocd, which can complicate
diagnosis, treatment, and prognosis.

Depression in Psychotic Disorders:

"This comorbidity is not merely a symptom; it's a profound experience that significantly impacts recovery and quality of life. Depression in the context of psychosis is particularly challenging due to overlapping symptoms, such as social withdrawal and lack of motivation. Understanding this relationship is crucial. Studies have shown that addressing depression within psychotic disorders can lead to better outcomes. Integrated treatment approaches, combining pharmacotherapy with psychotherapy, particularly Cognitive Behavioral Therapy, have shown promise.

Anxiety Disorders Comorbid with Psychotic Disorders:

"The presence of anxiety in psychotic disorders is an indicator of increased symptom severity and reduced functional outcomes. The interplay between anxiety and psychosis can be complex, with anxiety potentially heightening psychotic symptoms and vice versa. Treatment strategies should be comprehensive, addressing both sets of symptoms simultaneously. Cognitive Behavioral Therapy, alongside appropriate pharmacotherapy, has been effective in reducing anxiety symptoms and improving overall functioning. Early intervention is paramount, as it can significantly alter the course of illness."

Substance Use Disorders and Psychosis:

"Substance use disorders present a unique challenge when comorbid with psychotic disorders. Substance use can precipitate psychosis in vulnerable individuals and exacerbate existing psychotic symptoms. Distinguishing between substance-induced psychosis and primary psychotic disorders is critical for effective management. Integrated treatment models, which address both substance use and psychotic symptoms concurrently, are essential. Motivational interviewing and relapse prevention strategies, coupled with antipsychotic treatment, form the cornerstone of this integrated approach. Engaging patients in dual recovery programs can significantly improve outcomes."

Bipolar Disorder and Psychotic Features:

"Bipolar disorder with psychotic features represents a complex clinical picture that demands nuanced understanding and treatment. The presence of psychosis in bipolar disorder can complicate diagnosis and treatment, often requiring a careful balancing of mood stabilizers and antipsychotics. It's imperative to maintain a long-term perspective, focusing on mood stabilization to prevent both manic and depressive episodes, which can trigger psychosis."

OCD Co-occurring with Psychotic Disorders:

"This comorbidity can be particularly distressing for patients, as OCD symptoms may worsen during psychotic episodes. Differentiating between obsessions and delusions is crucial for accurate diagnosis and treatment. Cognitive Behavioral Therapy, specifically Exposure and Response Prevention (ERP), has been effective in treating OCD symptoms, even in the presence of psychosis. Pharmacotherapy may include SSRIs and antipsychotics, carefully balanced to address both OCD and psychotic symptoms."

CONCLUSION: As we conclude our discussion on the intersection of psychotic disorders with comorbid conditions, it's clear that our journey through the complexities of these interactions has highlighted the critical need for comprehensive, integrated treatment approaches. This exploration has emphasized the importance of early intervention and personalized care strategies to support individuals facing these challenges.

Keywords: comorbid psychiatric conditions, psychotic disorders, comorbidity

REFERENCES:

[Wang MQ, Wang RR, Hao Y, Xiong WF, Han L, Qiao DD, He J. Clinical characteristics and sociodemographic features of psychotic major depression. Ann Gen Psychiatry. 2021 Mar 26;20(1):24. doi: 10.1186/s12991-021-00341-7. PMID: 33771161; PMCID: PMC8004453.] Heslin M, Young AH. Psychotic major depression: challenges in clinical practice and research. The British Journal of Psychiatry. 2018;212(3):131-133. doi:10.1192/bjp.2017.43 Zhang, ZF., Huang, J., Zhu, XQ. et al. Clinicodemographic correlates of psychotic features in bipolar disorder – a multicenter study in China. BMC Psychiatry 23, 365 (2023). https://doi.org/10.1186/s12888-023-04761-5 Wisdom JP, Manuel JI, Drake RE. Substance use disorder among people with first-episode psychosis: a systematic review of course and treatment. Psychiatr Serv. 2011 Sep;62(9):1007-12. doi: 10.1176/appi.ps.62.9.1007. PMID: 21885577; PMCID: PMC3575521

[Abstract:0591] [Çocuk Psikiyatri » Diğer]

Social Cognition and Theory of Mind

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For people who are social beings, social skills are central to daily life. The fact that the human brain, which has the most developed brain, has a more developed social brain compared to other living things indicates the importance of social skills in human life. Again, the fact that a lack of social acceptance triggers emotional and physiological reactions similar to physical pain can be considered another indicator of how important social connection and social acceptance are for people. Social cognition plays an important role in regulating social skills. Cognitive processes that affect social behaviors, such as social interaction and relationships, are called social cognition. Social cognition is important in understanding how other people shape our behavior and choices, as well as how we perceive and respond to others. Social cognition begins to develop in early childhood and this development continues in adolescence. Social cognition has three main components: social perception, social understanding, and responding to social information (social decision-making). Social perception, the first step of social cognition, is the recognition of complex perceptual information such as the facial expression, gesture, posture, body language, and voice of other people. The second component of social cognition is social understanding. The behavior of others is not completely predictable, so successful social relationships depend on being able to understand the mental states such as beliefs, desires, intentions and, emotions of others. Being able to do this requires, in a sense, the development of "theory of mind" skills, which are based on the person's knowledge that the mental states and emotions of others may be different from his/her own and that this difference may affect the person's behavior, for effective social communication and interaction. Studies on theory of mind show that having impairments in theory of mind skills causes problems in many areas such as social communication and interaction, attention, behavior and learning. Understanding the behavior of others in terms of tendencies and intentions is very important for social decision-making, which is the third step of social cognition, which is being able to make contextual decisions in different social contexts. Impairments in social cognition are observed in many psychiatric disorders such as autism spectrum disorder, attention deficit hyperactivity disorder, schizophrenia disorder, depression, post-traumatic stress disorder, borderline personality disorder and affect the person's quality of life. In this presentation, social cognition and the theory of mind will be discussed in terms of their importance in life and neurobiology.

1- Arioli, M., Crespi, C., & Canessa, N. (2018). Social cognition through the lens of cognitive and clinical neuroscience. BioMed research international, 2018.

2- Şahin, B., Bozkurt, A., Usta, M. B., Aydın, M., Çobanoğlu, C., & Karabekiroğlu, K. (2019). Theory of mind: Development, neurobiology, related areas and neurodevelopmental disorders. Psikiyatride Guncel Yaklasimlar, 11(1), 24.

3- Keysers, C., & Gazzola, V. (2007). Integrating simulation and theory of mind: from self to social cognition. Trends in cognitive sciences, 11(5), 194-196.

Keywords: Social cognition, Social skills, Theory of Mind

REFERENCES:

1- Arioli, M., Crespi, C., & Canessa, N. (2018). Social cognition through the lens of cognitive and clinical neuroscience. BioMed research international, 2018.

2- Şahin, B., Bozkurt, A., Usta, M. B., Aydın, M., Çobanoğlu, C., & Karabekiroğlu, K. (2019). Theory of mind: Development, neurobiology, related areas and neurodevelopmental disorders. Psikiyatride Guncel Yaklasimlar, 11(1), 24.

3- Keysers, C., & Gazzola, V. (2007). Integrating simulation and theory of mind: from self to social cognition. Trends in cognitive sciences, 11(5), 194-196.

[Abstract:0593] [Erişkin Psikiyatri » Şizofreni ve diğer psikotik bozukluklar]

Social Skills in Psychosis Continuum

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Social skills are fundamental abilities facilitating effective interaction and communication in social contexts. These skills encompass a range of components, including verbal and non-verbal communication, empathy, recognition of social cues, conflict resolution, and assertiveness. Evidence suggests pronounced deficits in social skills among individuals across the psychosis continuum, including those at clinical high risk for psychosis (1).

Drawing from a synthesis of empirical research and clinical insights, this session explores the multifaceted nature of social skills deficits in psychosis, including impairments in social cognition, communication, and interpersonal relationships. These deficits contribute significantly to functional impairments among individuals with psychosis, compounded by neurocognitive deficits and negative symptoms (2). Moreover, it examines the complex mechanisms underlying these deficits, ranging from neurobiological correlates to environmental influences.

Furthermore, this presentation highlights the implications of social skills deficits in psychosis for treatment and intervention strategies. Social skills training (SST), characterized by its systematic approach to teaching interpersonal skills, emerges as a promising intervention to address these deficits. Meta-analytical evidence underscores the superiority of SST over treatment as usual and other psychological interventions for negative symptoms and general psychopathology in psychotic disorders (3). By examining evidence-based approaches, this presentation emphasizes the potential avenues for enhancing social functioning and ameliorating symptomatology across the psychosis continuum.

Keywords: social skills, schizophrenia, psychosis

REFERENCES:

1. Lim, K., Rapisarda, A., Keefe, R. S., & Lee, J. (2022). Social skills, negative symptoms and real-world functioning in individuals at ultra-high risk of psychosis. Asian Journal of Psychiatry, 69, 102996.

2. Browne, J., Mueser, K. T., & Pratt, S. I. (2020). Social skills training for persons with schizophrenia. In Social skills across the life span (pp. 329-342). Academic Press.

3. Turner, D. T., McGlanaghy, E., Cuijpers, P., Van Der Gaag, M., Karyotaki, E., & MacBeth, A. (2018). A meta-analysis of social skills training and related interventions for psychosis. Schizophrenia bulletin, 44(3), 475-491.

[Abstract:0594] [Çocuk Psikiyatri » Duygudurum bozuklukları]

Longitudinal Course of Bipolar Disorder in Children and Adolescents

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Childhood and adolescent- onset bipolar disorder has been increasing recently. Bipolar disorder (BD) is a heterogeneous disorder marked by complex etiologic factors and highly variable clinical presentation, longitudinal course, and various treatment modalities. Individuals who develop bipolar disorder (BD) typically experience their first mood symptoms in childhood or adolescence, and 60% to 70% have initial onset before age 18 years. In children and adolescents, diagnosis becomes difficult and may take time due to reasons such as the first episode being a depressive episode, the clinical presentation varying, the boundaries of the episodes being unclear, the symptoms of subsyndromal mixed episodes, and rapid cycling. Prediction of longitudinal course is currently limited, representing a significant challenge for implementing personalized approaches to the treatment of BD. Early onset of BD is generally associated with a more severe clinical course, more comorbidities, fewer euthymic days, more suicide attempts, and poorer prognosis. A more frequent chronic course, increased comorbidity and suicide rates have been reported in children and adolescents in the presence of mixed period characteristics. In early-onset BD, before the mood disorder symptoms are fully established anxiety and ADHD symptoms could be seen. Although the first episode in this group of patients appears as mania, in many patients depressive symptoms and subsyndromal mixed symptoms appear first, and subthreshold hypomania and manic episodes are observed later. In the largest longitidunial study, the Course and Outcome of Bipolar Youth (COBY) study, predominantly episodic course was found for major mood syndromes with the presence of a sizeable number of subjects with persistent subsyndromal mixed and depressive symptoms. Youths with BP spectrum disorders showed a continuum of BP symptom severity from subsyndromal to full syndromal with frequent mood fluctuations.

Keywords: bipolar disorder, child and adolescent psychiatry

[Abstract:0595] [Erişkin Psikiyatri » Psikofarmakoloji]

Management Of Antidepressant-Related Sexual Side Effects

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Major depressive disorder is primarily treated with antidepressant medications. While sexual dysfunctions such as decreased libido may occur within the scope of major depressive disorder, some sexual dysfunctions may also arise as side effects of antidepressant treatment. It is important to provide psychoeducation about sexual side effects to patients before starting treatment.

Patients often report treatment-related sexual side effects at low rates, and healthcare providers may not routinely inquire about sexual side effects. Therefore, sexual side effects may easily be overlooked or neglected. Sexual side effects associated with antidepressants can often lead to treatment non-adherence or discontinuation, and thus require careful consideration.

Nearly all antidepressants have been reported to be associated with sexual dysfunctions. However, the frequency of sexual side effects associated with antidepressants varies significantly across studies. In a study by Rothschild, sexual dysfunction was detected in approximately 40% of patients using antidepressants. In a study by Montejo-Gonzales et al., the frequency of sexual dysfunction associated with antidepressants was found to be 58%. In this study, the rate of sexual side effects associated with paroxetine use was reported as 65%.

Antidepressant-induced sexual dysfunction affects all phases of sexual activity, including desire, arousal, and orgasm, in both men and women. The most common sexual problems reported in women using antidepressants are decreased libido (72%), sexual arousal (83%), and orgasm (42%) problems. In men, issues related to desire and orgasm are predominant.

Initiating treatment with medications associated with the lowest incidence of sexual side effects would be appropriate. Dose escalation should be done carefully, and sexual side effects should be routinely queried during the treatment process. Medical and non-medical treatment methods can be employed in cases of sexual side effects. Some of these methods include waiting, reducing medication dosage, and taking medication breaks. If these methods are not successful, switching to a medication with a lower risk of sexual side effects may be an option. If continuing with current antidepressant treatment, adding bupropion or aripiprazole may be considered. Phosphodiesterase-5 inhibitors may be used in the presence of erectile dysfunction, and lubricants may be recommended in cases of vaginal dryness.

In this session, the sexual side effects associated with antidepressants and their causes, as well as coping strategies for sexual side effects, will be discussed in detail. One of the key objectives of the session is to emphasize the need for routine addressing of antidepressant-induced sexual side effects.

Keywords: antidepressant, antidepressant related, sexual side effects

REFERENCES:

1. Montejo AL, Prieto N, de Alarcón R, Casado-Espada N, de la Iglesia J, Montejo L. Management Strategies for Antidepressant-Related Sexual Dysfunction: A Clinical Approach. Journal of Clinical Medicine. 2019; 8(10):1640. https://doi.org/10.3390/jcm8101640

2. Agnes Higgins, Michael Nash & Aileen M Lynch (2010) Antidepressant-associated sexual dysfunction: impact, effects, and treatment, Drug, Healthcare and Patient Safety, 2:, 141-150, DOI: 10.2147/DHPS.S7634

3. Rothschild, A. J. (2000). Sexual side effects of antidepressants. Journal of Clinical Psychiatry, 61(11), 28-36.

4. Montejo-Gonzalez, A. L., Llorca, G., Izquierdo, J. A., Ledesma, A., Bouso o, M., Calcedo, A., & De la Gandara, J. (1997). SSRI-induced sexual dysfunction: fluoxetine, paroxetine, sertraline, and fluvoxamine in a prospective, multicenter, and descriptive clinical study of 344 patients. Journal of Sex and Marital Therapy, 23, 176-194.

5. Rothmore, J. (2020). Antidepressant-induced sexual dysfunction. Medical Journal of Australia, 212(7), 329-334.

[Abstract:0596] [Çocuk Psikiyatri » Psikofarmakoloji]

Neuroscience-Based-Nomenclature

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The existing nomenclature for psychotropic drugs is based on WHO's Anatomical-Therapeutic-Chemical (ACT) classification system, which was established in the 1960s (Worley, 2017). The drugs prescribed in common psychiatric practice are classified as "antidepressants", "neuroleptics"or "antipsychotics". The naming of the drugs is usually defined by the first intended use. However, as the scientific knowledge has accumulated and in line with clinical practice new indications have been proposed for formerly used molecules. For example selective serotonin reuptake inhibitors (SSRIs) and other drugs initially developed for the treatment of depression are also used as the main pharmacological treatments for anxiety disorders. Similarly many antipsychotics such as quetiapine, initially developed for the treatment of psychotic symptoms, due to their multi-receptor effects, are also being used in the treatment of depression and bipolar disorder. Complementarily, in clinical practice it is difficult for clinicians to explain why an anxious child should take an antidepressant drug, or why a depressive adolescent should take an antipsychotic. Both the caregivers and patients may be confused. To overcome these problems of the current terminology, in 2008 a task force was set up comprising representatives from five international organizations: European College of Neuropsychopharmacology, the American College of Neuropsychopharmacology, Asian College of Neuropsychopharmacology, International College of Neuropsychopharmacology and the International Union of Basic and Clinical Pharmacology (Wilson 2018). A new, pharmacology-driven nomenclature, namely Neuroscience-based-Nomenclature (NbN) has been proposed. In this system, psychotropic agents are named after their pharmacological domain (such as serotonin, dopamine, acetylcholine and, gamma-aminobutyric acid) and mode of action (such as agonist, antagonist, reuptake inhibitor, and enzyme inhibitor) rather than their indication. Due to its neuroscience base the NbN is flexible and adaptable to include novel pharmacological developments. One main weakness of the NbN could be that it is still in development. So far, 4 editions for adults (NbN, NbN2, NbN-2R, and NbN3) and another version specific for children and adolescents (NbN C&A) have been published. NbN is available as a book, e-book, and as a free App (Cortese et. Al 2022). In this expert opinion section the theory behind NbN and its possible use in clinical practice will be discussed.

Keywords: Psychopharmacology, Treatment, Nomenclature

REFERENCES:

1. Worley, L. (2017). Neuroscience-based nomenclature (NbN). The Lancet Psychiatry, 4(4), 272-273.

2. Wilson, S. (2018). Naming the drugs we use: neuroscience-based nomenclature, a helpful innovation. Therapeutic Advances in Psychopharmacology, 8(6), 171-172.

3. Cortese, S., Singh, M. K., & Novins, D. K. (2022). The neuroscience-based nomenclature child & adolescent (NbN C&A) for psychotropic medications: innovation in progress. Journal of the American Academy of Child & Adolescent Psychiatry, 61(11), 1317-1318.

What Else is Brewing in the Alchemy Cauldron?: The Role of Atypical Antipsychotics and Mood Stabilizers in Adult ADHD Treatment

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Attention Deficit Hyperactivity Disorder (ADHD) is commonly associated with childhood. Still, it's increasingly recognized that it can persist into adulthood, affecting work, relationships, and overall quality of life. While medications like methylphenidate and atomoxetine have been the cornerstone of treatment for ADHD, some individuals either do not respond adequately to these medications or may have comorbid psychiatric disorders. The most prevalent comorbidities observed in ADHD are Mood disorders, anxiety disorders, substance use disorder (SUD), and personality disorders (1). In such cases, atypical antipsychotics and mood stabilizers emerge as potential alternative or adjunctive treatments (2).

Atypical antipsychotics were initially developed to treat psychotic disorders such as schizophrenia. However, their efficacy in treating various psychiatric conditions beyond psychosis, including mood disorders and impulse control disorders, has been recognized. Many antipsychotic medicines are commonly used to regulate problem behavior, which, while not a key feature of ADHD, is often a factor that affects the lives of patients and their families. Their primary mode of action is based on D2 dopaminergic and H1 histaminergic antagonism. New medications were investigated following this hypothesis (3)

Mood stabilizers, on the other hand, are primarily used in the management of ADHD and also ADHD + comorbid bipolar disorder to stabilize mood swings. While the exact mechanisms underlying ADHD are not fully understood, dysregulation of dopaminergic and noradrenergic pathways in the brain is believed to play a significant role. Atypical antipsychotics and mood stabilizers modulate these neurotransmitter systems, potentially addressing some of the neurochemical imbalances associated with ADHD. Additionally, these medications may help manage comorbid conditions commonly seen in adults with ADHD, such as mood instability, impulsivity, and aggression (4).

The purpose of this presentation is to convey current literature information that could benefit clinicians, not only the most commonly used medications for ADHD but also as potential alternatives in managing comorbid conditions.

REFERENCES:

MacDonald L, Sadek J. Management Strategies for Borderline Personality Disorder and Bipolar Disorder Comorbidities in Adults with ADHD: A Narrative Review. Brain Sci. 2023 Oct 26;13(11):1517. doi: 10.3390/brainsci13111517. PMID: 38002478; PMCID: PMC10669289.
Massimiliano Buoli, Marta Serati & Wiepke Cahn Alternative pharmacological strategies for adult ADHD treatment: a systematic review, Expert Review of Neurotherapeutics. 2016 16:2, 131-144, DOI: 10.1586/14737175.2016.1135735
Marco Pozzi, Silvana Bertella, Erika Gatti, Gabriëlla G. A. M. Peeters, Carla Carnovale, Stefania Zambrano & Maria Nobile (2020) Emerging drugs for the treatment of attention-deficit hyperactivity disorder (ADHD), Expert Opinion on Emerging Drugs. 2020 25:4, 395-407, DOI: 10.1080/14728214.2020.1820481
Salvi V, Ribuoli E, Servasi M, Orsolini L, Volpe U. ADHD and Bipolar Disorder in Adulthood: Clinical and Treatment Implications. Medicina (Kaunas). 2021 May 10;57(5):466. doi: 10.3390/medicina57050466. PMID: 34068605; PMCID: PMC8151516.

Diabetes-Specific Eating Disorder: What is 'Diabulimia?'

Pınar Sivrikaya

Diabetes mellitus type 1 is a metabolic disease in which nutrition is important in the treatment and follow-up of the disease and glycemic control is a priority. 1 However, complications such as weight gain caused by exogenous insulin used for the treatment of the disease can disrupt body perception and cause anxiety and depression, which can trigger eating disorders. 2 Diabulimia is defined as the deliberate self-administration of insufficient insulin for weight loss in patients with type 1 diabetes. 3 Repeated inadequate insulin administration may lead to increased rates of complications such as diabetic ketoacidosis, poor glycemic control, neuropathy, retinopathy and hospitalization, as well as late puberty, irregular menstrual cycles, anxiety problems, depressive episodes and suicide attempts.1,4 Despite this, people with diabulimia continue this behavior despite knowing the risky medical consequences. Diabulimia, in which genetic, biological and environmental factors are thought to play a role, is not yet included in the DSM-V classification.1 Studies show that diabulimia is more common in the female gender. In a study conducted in the United States among women with type 1 diabetes between the ages of 13 and 60, the rate of deliberate neglect of insulin was reported to be 31%. In the same study, half of the participants who stated that they neglected insulin treatment cited weight gain as the reason for this behavior.4 In studies on the etiology of diabulimia, researchers focus on the psychomantic effects on individuals that the treatment of the disease requires self-control. Goddard and Oxlad suggested that patients try to regain the control they think they have lost due to diabetes with irregular eating behavior and occasional insulin restrictions. This behavior may initially lead to the desired weight loss, but as it becomes a habit, positive perceptions are replaced by feelings of guilt. Insulin restriction increases the likelihood of experiencing diabetes-related complications, which in turn triggers feelings of guilt for previous actions. 5 This is referred to as diabetic distress and is thought to affect 20 to 40% of patients with type 1 diabetes.6 Concerned that insulin treatment may lead to increased fat storage, people with type 1 diabetes are uncomfortable with the risk of weight gain. The deterioration in their physical appearance resulting from weight gain can lead individuals to perceive their body image as problematic. The accompanying stigma of having diabetes can lead to feeling isolated from society and insistence on maintaining an idealized body image. The emphasis on strict diet and medication regimens by health care providers and family members may also lead to the belief that the person is under social pressure and not in control. In the continuation of this process, diabetic individuals may experience significant psychological distress such as anxiety, depression and burnout. People express fear of diabetes-related health complications and feel overwhelmed by the management of treatment. The desire for control over their lives can contribute to disordered eating behaviors such as diabulimia.7

Considering the potential risks that diabulimia may pose to patients' lives, approaches to its diagnosis and treatment gain importance. In this field, a multidisciplinary team including internal medicine and psychiatry specialists, dieticians, nurses and psychologists should work together. 2

Keywords: Diabetes distress; Diabulimia; Eating disorders; Type 1 diabetes.

REFERENCES:

1.Eating behavior disorder in individuals with type 1 diabetes mellitus: Diabulimia Gülsüm Şahin1, Yasemin Atik Altınok2, Alev Keser1
2. Diabetes and eating disorders: A study of 'diabulimia' Sophie Elizabeth Coleman1* and Noreen Caswell2
3. Winston AP. Eating disorders and diabetes. Curr Diab Rep. 2020. https:// doi.org/10.1007/s11892-020-01320-0.
4. Polonsky WH, Anderson BJ, Lohrer PA, Aponte JE, Jacobson AM, Cole CF. Insulin neglect in women with IDDM. Diabetes Care. 1994;17:1178-85.
5.Goddard G, Oxlad M. Insulin restriction or omission in type 1 diabetes mellitus: a meta-synthesis of individuals' experiences of diabulimia. Health Psychol Rev. 2022. https://doi.org/10.1080/17437199.2021.20251 33
6. Skinner TC, Joensen L, Parkin T. Twenty-five-year study of diabetes distress. Diabetes Med. 2020;37(3):393-400. https:// doi. org/ 10. 1111/ dme.14157.
7.Candler T, Murphy R, Pigott A, Gregory JW. The fifteen-minute consultation: Diabulimia and eating disorders in childhood diabetes. Arch Dis Child Educ Pract Ed. 2018;103(3):118-23.
https:// doi. org/ 10. 1136/ archd ischild- 2017- 312689.

Sensory Processing in Children with Autism Spectrum Disorders:

Gülseren Taşkıran

Autism Spectrum Disorder (ASD) is a complex neurodevelopmental disorder characterized by deficits in social communication and the presence of restricted, repetitive behaviors. The prevalence of autism spectrum disorder (ASD) with current reports is 1 in 54 children in the United States and 1 in 89 children in European countries.

Sensory processing is defined as the brain's ability to register, organize, and make sense of information received from one's senses. In this population, dysfunctional or unusual processing of sensory information has been noted since the earliest descriptions of autism. Sensory processing refers to both, the neurological mechanism which includes the reception, modulation, integration, and organization of incoming sensory stimuli and the behavioral response to sensory information. A growing number of clinicians also have proposed atypical sensory symptoms in children be categorized with the diagnostic term Sensory Processing Disorder (SPD) , which 's originally conceived as sensory integration dysfunction (Ayres, 1969), is reported to affect between 5%-16% of the general child population. SPD has been acknowledged in Classification:0-3R, 2005, but not in DSM-5.

Sensory processing difficulties or disorder (SPD) have been associated with social, emotional, and behavioral responsiveness in children with ASD are reported across all ages and levels of symptom severity and adversely affect daily functioning, irrespective of the child's intelligence quotient score and academic performance . Such abnormalities have been documented across all sensory modalities and up to 95% of parents of children with ASD report some atypical sensory behavior in their child (e.g., seeming indifference to pain, avoidance of certain sounds or textures, unusual smelling of objects, seeking out visual experiences of lights or movement). Many these individuals may also perform poorly during conditions that require collapsing information across multiple modalities (MSI). Although both behavioral and neurophysiological processing impairments in simple MSI have been reported in ASD, salient differences in sensory integration are also evident at a complex level, particularly during speech comprehension and production. Attention also impacts every stage of sensory processing The discussion of sensory processing in ASD would be incomplete without the consideration of the role of attention on cognitive processing current practice. Acknowledging this, the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association, 2013) lists "hyperor–hypo-reactivity to sensory input or unusual interests in sensory aspects of the environment" as a type of restricted and repetitive behavior. There is limited consensus regarding the pattern of these sensory deficits in ASD. With the advancement of electrophysiological studies, neuroimaging and other innovative technologies, tremendous gains have been made over the past few decades to guide our understanding of the neurobiology of sensory processing. It is hoped that these advancements will provide insight and tailor appropriate and effective intervention in sensory integration and sensory processing to improve participation in people with ASD.

Keywords: Autism Spectrum Disorder, Sensory Processing, Sensory Processing Disorder

Inpatient Clinical Practice in Children and Adolescents

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Child and adolescent inpatient psychiatric facilities are crucial in tackling mental health issues among youth globally. The prevalence of mental health disorders in this demographic is increasingly acknowledged as a significant global health challenge[1]. Stigmatization and lack of awareness often hinder timely access to psychiatric interventions[2], while the complexity of diagnostic procedures and diverse treatment requirements necessitates specialized and comprehensive care approaches.

The integration of various professionals such as psychiatrists, psychologists, social workers, nurses, and other specialists ensures holistic care addressing medical, psychological, and social dimensions[3]. Tailoring treatment plans to accommodate the distinct needs, preferences, and cultural backgrounds of young patients leads to improved outcomes[4]. Involving families in treatment decisions and providing psychoeducation and support services facilitate recovery and long-term stability[5]. Moreover, creating a secure, nurturing, and developmentally appropriate environment is fundamental for fostering trust and therapeutic rapport, which are vital for effective interventions[6]

Enhancing child and adolescent inpatient psychiatric clinics demands a comprehensive strategy involving interdisciplinary collaboration, personalized interventions, innovative approaches, and global knowledge exchange. By prioritizing the welfare of young patients and their families, efforts can be made towards establishing resilient and inclusive mental health systems that cater to the evolving needs of future generations. The text aims to emphasize the importance of the history of child and adolescent psychiatric services, pre-admission assessment, indications for admission, inpatient treatment algorithms and modalities, considerations in inpatient treatment clinics, and assessments of what is needed.

REFERENCES:

Patel, V., Saxena, S., Lund, C., Thornicroft, G., Baingana, F., Bolton, P., ... & Eaton, J. (2018). The Lancet Commission on global mental health and sustainable development. The Lancet, 392(10157), 1553-1598.
Fristad, M. A., MacPherson, H. A., & Vesco, A. T. (2016). Psychoeducational psychotherapy for children with bipolar disorder. Behavior Modification, 40(1-2), 225-247.
American Academy of Child and Adolescent Psychiatry. (2018). Practice parameter for child and adolescent psychiatric inpatient hospitalization. Journal of the American Academy of Child & Adolescent Psychiatry, 57(11), 867-882.
Nock, M. K., Ferriter, C., & Holmberg, E. B. (2017). Parent management of attendance and adherence in child and adolescent therapy: a conceptual and empirical review. Clinical Child and Family Psychology Review, 20(1), 1-15.
Haine-Schlagel, R., Brookman-Frazee, L., Janis, B., & Gordon, J. (2016). Evaluating provider training in evidence-based practice: lessons learned from the National Child Traumatic Stress Network. Clinical Psychology: Science and Practice, 23(2), 170-186.
Garralda, M. E., & Raynaud, J. P. (2016). Emotional and behavioural aspects of depression in children and adolescents. Springer.

Effects of Personality Difficulties and Adverse Childhood Experiences on ECT for Depression

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ABSTRACT

Comorbid borderline personality disorder has previously been reported to be associated with decreased electroconvulsive therapy (ECT) effectiveness in depression. The impact of comorbid personality disorders (PD) more generally on ECT response is less well characterised. A brief personality screening tool for personality difficulties that exhibits good prognostic utility and is acceptable to both patients and clinicians would be useful. To this end, we have evaluated the Standardised Assessment of Personality – Abbreviated Scale (SAPAS). A cut-off score of ≥3 on this 8-item scale had a high sensitivity (0.94) and specificity (0.85) in identifying the presence of a DSM-IV diagnosis of PD in patients attending routine psychiatric services. In a prospective cohort study (N=50), we enrolled adult inpatient consecutive referrals for an acute course of ECT with a unipolar major depressive episode and baseline 24-item Hamilton Rating Scale for Depression (HRSD-24) score of ≥21. Patients were treated with twice-weekly brief-pulse ECT (1.0 msec pulse width) at 1.5x seizure threshold for bitemporal and 6x seizure threshold for right unilateral electrode placement. A multivariable linear regression model with robust standard errors was fitted to the end-of-treatment HRSD-24 scores. Controlling for baseline depression severity, age and presence of psychotic features, the SAPAS≥3 group (N=29) had an adjusted mean end-of-treatment HRSD-24 score of 7.46 (95% CI 2.55-12.37) points higher than the SAPAS<3 group (□=0.34, p=.004). Adverse childhood events (ACE's) have also been reported to negatively affect response to treatment for depression but have not previously been investigated in response to ECT. We will report here our most recent data from a large retrospective (N=500) study of ECT for depression in patients admitted to hospital. The presence of personality difficulties and ACE's both have substantial effects on response to ECT and should be incorporated into decision making when considering ECT.

General Information About Social Media Use and Technology-Facilitated Abuse in Adolescents

Hicran Doğru

Antalya Eğitim ve Araştırma Hastanesi

Adolescents are heavy users of social media platforms like Facebook, Instagram, Snapchat, TikTok, Twitter, etc. These platforms offer opportunities for communication, self-expression, and connection with peers. Technology-facilitated abuse (TFA) refers to various forms of abuse or harm facilitated through technology. TFA may arise from deceit, fraud, or imprudence, targeting assets (e.g. bank accounts) or individuals. This can include cyberbullying, online harassment, sharing of private or intimate content without consent (revenge porn), sextortion, stalking, etc. Gaining a deeper understanding of how the risks and features of technology-facilitated abuse (TFA) differ among various youth demographics would offer valuable insights into tailoring prevention and intervention strategies effectively.

Adolescents can be particularly vulnerable to TFA due to their increased reliance on digital communication and social media. Research indicates that a significant proportion of adolescents experience some form of TFA. Cyberbullying, for example, is a prevalent issue, with studies showing that anywhere from 15% to 40% of adolescents have been involved in cyberbullying either as victims or perpetrators. The risk factors for experiencing technology-facilitated sexual violence (TFSV) include lower levels of self-esteem, diminished social support, heightened depressive symptoms, and nearly significant reductions in perceived control. TFA can have serious consequences for the mental health and well-being of adolescents. Victims of cyberbullying and other forms of TFA may experience anxiety, depression, low self-esteem, and even suicidal thoughts. The constant connectivity of social media can exacerbate these issues, as victims may feel like there is no escape from the harassment.

Many parents are concerned about their children's social media use and the potential for TFA. They may employ various strategies to monitor and regulate their children's online activities, such as setting limits on screen time, using parental control software, or having open conversations about online safety. Schools and organizations often implement educational initiatives to raise awareness about TFA and promote responsible digital citizenship among adolescents. These programs may include workshops, presentations, and curriculum integration aimed at teaching students how to recognize and respond to TFA. Social media platforms have implemented policies and reporting mechanisms to address TFA. Users can report abusive behavior, and platforms may take action by removing offensive content, suspending accounts, or providing support resources to victims.

There is ongoing research into the prevalence and impact of TFA among adolescents, as well as advocacy efforts to address the issue. Researchers, policymakers, and advocacy groups work to develop effective strategies for prevention (such as education programs and online resources) intervention, and support for victims. Understanding the relationship between social media use and TFA in adolescents is crucial for promoting healthy online behavior and safeguarding young people from harm in digital spaces.

Does Cognitive Behavioral Therapy Have any Advantages over Other Therapies?

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There is an ongoing debate among psychotherapists: Which model of psychotherapy should we use and specialise in? Resolving this question increases the possibility of providing our clients with the most suitable and highest quality service. At that point, Cognitive Behavioral Therapy (CBT) is one of the most widely used therapies, and many scientists emphasize that it is the gold standard of therapy. Empirically supported treatment criteria set by the American Psychological Association (APA) for clinical treatments (Division 12) says that " At least two appropriately designed studies with adequate sample sizes demonstrating that it is more effective than placebo, or It has been shown to be as effective as another treatment known to be effective for that condition." According to these criteria, 15 of the 16 therapies found to be effective in various disorders were identified as cognitive or behavioural therapies. However, ongoing discussions persist regarding whether CBT is really more effective than other therapies (Chambless and Hollon SD. 1998)

We would like to examine the answer of this question according to the most updated research . Cuijpers et al. (2023) conducted a meta-analysis to compare CBT with other treatment modals for depression. CBT found more effective compared to care as usual and waitlist. In addition, CBT was effective as pharmacotherapies in the short term but more effective in the longer term. However, their meta-analysis did not clearly establish the superiority of CBT over other psychotherapies for depression. Similarly, even though a meta-analytic review found CBT to be superior to psychodynamic therapy, it was not superior to interpersonal or supportive therapies in both post-treatment and follow-up assessments (Tolin, 2010).

Various explanations have been put forward to account for these controversial results. Firstly, therapists who believe in the effectiveness of CBT may tend to interpret findings that favor CBT. However, even when this bias is controlled, CBT still demonstrates significant benefits compared to other therapies, particularly for depression and anxiety disorders (Tolin, 2010; David et al., 2018).

Secondly, many newer or older psychotherapies often compare themselves to CBT in order to demonstrate their effectiveness, as CBT is well-known as an evidence-based psychotherapy. This can lead to a tendency to favor other therapies when reviewing the literature, which may also potentially result in an underestimation of effectiveness of CBT. It's important to consider that even small statistical improvements in the effectiveness of CBT can have substantial implications for clinical practice.

Lastly, it's important to acknowledge the challenges in definitively determining whether CBT is superior to other forms of psychotherapy. These challenges arise from factors such as variability in study designs, the complexity of mental health conditions, limitations in research designs, biases among researchers, the evolving nature of the field of psychotherapy, and the need for individualized treatment approaches (Tolin, 2010).

Therefore, we should redefine the meaning of the term of ''CBT is the gold standard''. By gold standard, it is not meant to suggest the best possible standards we could have, but rather the best standards that are currently available. Assuming CBT has the best possible therapy model we could ever reach goes against the progressive nature of CBT because, as CBT professionals, we always strive for more development and improvement. As mentioned earlier about the CBT being the gold standard of the psychotherapy; let's dive into factors that makes CBT as gold standard of the field:

1. It is the most researched psychotherapy in the field.
2. There is no scientific evidence of another psychotherapy model is superior to CBT.

3. Lastly, because of the high volume of research in the field, CBT is the most consistent psychotherapy with mainstream paradigms of human mind and behavior (e.g. information processing). (David et al., 2018).

In conclusion, CBT's proven effectiveness and substantial research support affirm its status as a most preferred psychotherapy. Its effectiveness and flexible applicability make it a cornerstone of effective treatment. As we strive for excellence in mental health, leaning on CBT's solid foundation will surely improve the outcomes for our practice.

REFERENCES:

Tolin D. F. (2010). Is cognitive-behavioral therapy more effective than other therapies? A meta-analytic review. *Clinical psychology review*, *30*(6), 710–720. https://doi.org/10.1016/j.cpr.2010.05.003

Chambless DL, Hollon SD.Defining empirically supported therapies. J Consult Clin Psychol. 1998 Feb;66(1):7-18.

Cuijpers, P., Miguel, C., Harrer, M., Plessen, C. Y., Ciharova, M., Ebert, D., & Karyotaki, E. (2023). Cognitive behavior therapy vs. control conditions, other psychotherapies, pharmacotherapies and combined treatment for depression: a comprehensive meta-analysis including 409 trials with 52,702 patients. *World psychiatry : official journal of the World Psychiatric Association (WPA)*, *22*(1), 105–115. https://doi.org/10.1002/wps.21069

David, D., Cristea, I., & Hofmann, S. G. (2018). Why Cognitive Behavioral Therapy Is the Current Gold Standard of Psychotherapy. *Frontiers in psychiatry*, *9*, 4. https://doi.org/10.3389/fpsyt.2018.00004

First Presentation: Neuroimaging Of Inflammation in Schizophrenia

Marek Kubicki, MD, Ph.D.

Schizophrenia is a devastating disorder and a leading cause of disability across different countries and societies. While a wide array of therapeutic options are available, many individuals with schizophrenia do not respond to treatment, highlighting a “pressing need for more effective treatments and delivery of services”. The role of neuroinflammation in the development of schizophrenia has been suggested, and by now, there is evidence for the involvement of activated microglia in excessive synapse elimination during brain development. Furthermore, post-mortem studies showed increased brain microglial density. Furthermore, clinical studies found an elevation of inflammatory biomarkers in blood and cerebrospinal fluid in schizophrenia, suggesting that approximately 30-45% of individuals with schizophrenia present with an “inflammatory subtype”. Given that neuroinflammation seems to correlate with cognitive dysfunction in a transdiagnostic manner, this heterogeneity warrants stratification approaches to care where interventions are targeted at subgroups of individuals and ultimately at the individual level. However, how peripheral inflammation, neuronal maturation, neuroinflammation, and brain function in schizophrenia are mechanistically related remains unclear and limits treatment development.

Our laboratory has introduced and applied to schizophrenia research neuroimaging correlate of neuroinflammation called Free Water Diffusion Imaging. We have published a series of articles demonstrating an increased FW in individuals with early-course schizophrenia. Subsequently, we showed that increased FW is less prominent in chronic schizophrenia. To examine the link between FW and inflammation, we showed increased FW in a maternal immune activation rodent model and association with peripheral cytokine elevation in individuals with schizophrenia. These findings suggest that increased FW might be a viable neuroinflammatory biomarker, especially in the early course of schizophrenia.

Recently, my laboratory has been focusing on research, that would translate these observational imaging findings to clinics. In a collaboration with University of Lausanne, we are testing a mechanistic model of schizophrenia, where early neuroinflammation and oxidative stress, can lead to long-term neuronal dysfunction, structural and functional brain changes, clinical symptoms and cognitive deficits. We suggest that a dysregulation of specific neuroinflammatory pathway, controlled by a protein called MMP-9, is crucial to understand these pathologies in schizophrenia.

During my talk, I will present evidence of Free Water increase throughout schizophrenia timecourse, will show results of our studies demonstrating upregulation of peripheral and central concentrations of MMP-9 in schizophrenia, and finally recent findings linking brain imaging, peripheral biomarkers and cognitive deficits in schizophrenia.

We believe that studying the relationship between MMP-9 pathway and neuroimaging provides a novel avenue for developing viable biomarkers for more precise, mechanism-driven diagnosis, better outcome prediction, targeted treatment, and efficient treatment monitoring. This approach is especially relevant since several available MMP-9 inhibitors have been introduced as promising treatment options for schizophrenia.

Second Presentation: Using Neuroimaging and Proteomics to Study Aging in Psychiatric Disorders

Johanna Seitz-Holland, MD, Ph.D.

With an aging population, the absolute number of aging individuals with serious mental illnesses, such as major depression, bipolar disorder, schizophrenia, and other psychotic disorders, will increase if interventions cannot prevent or treat them effectively. Furthermore, clinical and epidemiological studies suggest that at least a subset of individuals with serious mental illness is especially vulnerable to aging. Serious mental illness is associated with excess medical comorbidity burden, frailty, and premature mortality due to general medical conditions. Furthermore, a significant percentage of individuals with serious mental illness experience early cognitive impairments along with clinical and cognitive decline throughout their lifespan. Individuals with serious mental illness also present with increased rates of dementia, and imaging studies suggest that individuals with serious mental illness present with an older-looking brain than expected based on their chronological age. The cited evidence supports the idea of premature aging potentially in a subgroup of individuals with serious mental illness. However, while some individuals are likely more vulnerable to premature aging, the current approaches are computationally challenging, and no diagnostic options exist that allow for the clinical detection and monitoring of premature aging. Second, premature brain aging and an increased risk for physical comorbidities are often treated as two independent conditions, with the latter receiving minimal attention. A parsimonious hypothesis that accounts for aspects of brain dysfunction and physical health deficits has not yet been articulated or tested. Third, treatments target acute positive symptoms, with limited attention to long-term neuroprotective treatment or physical illness.

Here, we show research that aims to provide a first step toward tackling these challenges by studying “inflammaging” and “cellular senescence”. Cellular senescence is a complex stress response in which cells irreversibly lose their proliferative capacity and develop a multicomponent secretory phenotype (senescence-associated secretory phenotype [SASP]). While this phenotype is cell-dependent, there are common SASP proteins expressed by all senescent cells. These include proteins involved in cycle control, communication, and the immune-inflammatory response.

One approach to studying the association between peripheral SASP proteins and human brain health is to use peripheral protein measures to construct an “SASP index.” This approach has been applied to depression and consistently demonstrated higher SASP in individuals with depression. First, we will show a study examining the drivers of higher SASP in 426 individuals with late-life depression. We will show that male sex, worse cognitive functioning, and worse physical health are related to the SASP index.

Next, we will examine the same set of proteins and their association with brain health in a transdiagnostic sample of 300 individuals with psychosis. We will show an association with the neuroimaging measure of free water (FW) introduced in the previous talk. Last, we will examine if including more proteins and using data-driven statistical approaches increases the diagnostic potential of proteomics.

Third Presentation: Neuroimaging and Proteomics in Eating Disorders

Lauren E. Breithaupt, Ph.D.

Anorexia nervosa is the second most lethal psychiatric disorders, and at present, remains one of the few psychiatric disorders without any FDA approved medications. Individuals acutely ill with anorexia nervosa show lower gray matter, which recovers with both symptoms and low body mass index (BMI) resolution. Identifying potential BMI - gray matter relationship moderators may optimize anorexia nervosa treatments. Prior work among adolescents without anorexia nervosa suggests that inflammation impacts gray matter in a state-dependent manner, meaning that adolescents with both a low- and or high- BMI show strong correlations with gray matter volume that is absent among those within a normative BMI range. Thus, we hypothesized that peripheral inflammation would moderate the BMI- gray matter relationship among adolescents with anorexia nervosa.

Structural MRI scans of females [$M(sd)_{age}$=18.6 (2.92) years] with anorexia nervoa (n=55) and healthy controls (n=33) were processed using Freesurfer 7.1 to extract gray matter values. We calculated the mean concentrations of six cytokine families using targeted inflammation proteomics and used linear regression for moderation analyses.

As hypothesized, the CXC chemokine family attenuated the relationship between BMI z-score (BMIz) and gray matter volume (β=-13,314, FDR=.02), particularly in temporal, occipital, and frontal lobes (FDR≤.05). Within regions of interest, this attenuation was observed in the medial orbitofrontal (FDR<.01) and middle temporal regions (FDR=.06). Specifically, CXCL1, 5, 6, 10, and 11 reduced the BMIz- gray matter volume association in medial orbitofrontal cortex, while CXCL1, 6, 8, and 11 reduced it in middle temporal regions (FDR<.05).

The CXC chemokine family, involved in inflammation, reduces the BMIz- gray matter volume relationship in medial orbitofrontal cortex and middle temporal regions. Moderating inflammation may indirectly support gray matter restoration, promoting neuroplasticity and supporting behavioral interventions. Thus, targeting CXC chemokine expression may optimize AN treatments.

Neurobiology of Anxiety Disorders: Current and Future

Nathan Huneke

Anxiety disorders are the most common psychiatric conditions, but our understanding of their neurobiology remains incomplete. In this Meet the Expert session, I will begin by summarising our current understanding of the neurobiology of these disorders. I will then discuss how research in our laboratory might be uncovering new insights into these disorders through the use of experimental medicine models and research into the orexin and endogenous opioid systems.

Current Knowledge of Placebo Effect in Anxiety Disorders and Future Directions

Nathan Huneke

Anxiety disorders are the most common psychiatric conditions and cause significant distress, impair function and reduce quality of life. New treatments with improved side-effect profiles and effectiveness are needed for these disorders. However, few treatments translate from the pre-clinical arena to clinical practice. This is likely due to an ongoing poor understanding of the neurobiology of these disorders, issues with pre-clinical models of disease, and large placebo responses seen in clinical trials. Despite placebo responses being large in anxiety disorders, their mechanisms have been little explored. In this presentation, I will discuss research in which I have explored placebo responses and related mechanisms in anxiety disorders. First, I will discuss a systematic review and meta-analysis exploring whether blinding integrity is associated with treatment response in anxiolytic trials (Haq et al. 2024, https://doi.org/10.31219/osf.io/fp3gs). Second, I will share the results of a systematic review in which we explored the functional neuroanatomical correlates of placebo responses in anxiety disorders (Huneke et al. 2022, Int J Neuropsychopharmacol 25(6):433-447). Finally, we attempted to develop a procedure to induce placebo anxiolysis in healthy volunteers in the laboratory (Huneke et al. 2024, Int J Neuropsychopharmacol, *in press*). Findings and future research questions will be discussed.