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## Debate



## D001

Con

**Clinical/therapeutic: debate: sexual addiction: does it exist?**

A. Weinstein

*University of Ariel, Behavioral Science, Ariel, Israel*

It has been argued that compulsive sexual behavior (CSB) similar to pathological gambling (PG), meets the criteria for addiction. There is evidence showing that compulsive sexual behavior has the characteristics of addiction such as salience, mood modification, tolerance, withdrawal and adverse consequences. There are studies that have shown that exposure to visual sexual stimuli in individuals with compulsive sexual behavior is associated with activation of reward mechanisms similar to drug addiction. Cross-sectional studies report high rates of co-morbidity between compulsive sexual behavior and other psychiatric disorders such as depression, anxiety; Attention Deficit Hyperactivity Disorder (ADHD), obsessive-compulsive disorder (OCD) and personality disorders. However, despite many similarities between the features of hypersexual behavior and substance-related disorders there are gaps in our knowledge on compulsive sexual behavior and its treatment which precludes a definite conclusion that this is a behavioral addiction rather than an impulse control disorder. Therefore, more research is needed before definitively characterizing HD as an addiction at this time. This talk will review the empirical evidence and it will summarize the arguments against considering sexual addiction as a behavioral addiction (the cons side).

*Disclosure of interest.*– The authors have not supplied a conflict of interest statement.

## D002

Pro

**Mental health policy: debate: do we need compulsory treatments in psychiatric practice?**

T. Kallert

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Mostly based on the results of the EUNOMIA study, still the largest prospective study on the use and outcomes of coercive measures (involuntary hospitalization, mechanical restraint, forced medication, seclusion) in general hospital psychiatry ever conducted, the presentation will outline that

1. Coercive interventions are a medico-legal and clinical reality in Europe, but show significant variation across countries; further, patients' views on involuntary hospitalization also differ across sites
2. There might be a link between the extent to which national mental health legislation protects patients' rights and the extent to which patients retrospectively evaluate that their involuntary admission was appropriate
3. Patients who feel coerced to admission may have a poorer prognosis than legally involuntary patients
4. Effective treatment of positive symptoms and improving patients' global functioning may lead to a reduction in perceived coercion
5. Caregivers' appraisals of involuntary inpatient treatment correlate with patients' symptom improvement

*Conclusion.*– If compulsory treatments in psychiatric practice are needed is an open question. Many aspects of the use of such interventions deserve deeper attention in research and clinical practice. The complexity of this field is such that simple pro-con answers are not possible. In general, we have to work on a standard of clinical practice guided by respecting autonomy and rights of our patients to the utmost.

*Disclosure of interest.*– The authors have not supplied a conflict of interest statement.

## D003

Con

**Mental health policy: debate: do we need compulsory treatments in psychiatric practice?**

G. Szmukler

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I shall argue that involuntary treatment can be unnecessary in the practice of psychiatry. This is the position taken by a number of UN treaty bodies, including the UN Committee for the Convention on the Rights of Persons with Disabilities (CRPD), the UN Working Group on Arbitrary Detention and the UN Commissioner on

Human Rights. Other UN bodies' positions are less explicit about an absolute prohibition on involuntary interventions, but are framed in terms that support a central role for 'will and preferences', a key concept in the UN CRPD. They call for an urgent need to develop alternatives to coercive interventions. An important Resolution on Mental Health and Human Rights from the UN Human Rights Council calls upon States to "abandon all practices that fail to respect the rights, will and preferences of all persons, on an equal basis" and to "provide mental health services for persons with mental health conditions or psychosocial disabilities on the same basis as to those without disabilities, including on the basis of free and informed consent".

I shall note the huge variation, twenty- to thirty-fold, between European countries in the use of involuntary treatment, implying unacceptable arbitrariness in its use. Attention will be drawn to the negligible research effort devoted to developing treatment approaches for the avoidance of coercive interventions. I shall then show how a focus on supportive measures aimed at enhancing patients' involvement in their care, together with a focus on respecting the person's 'will and preferences' would result in involuntary treatment becoming unnecessary.

*Disclosure of interest.*– The authors have not supplied a conflict of interest statement.

## D004

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Con

### **Mental health policy: debate: should the UHR paradigm for transition to mental disorder be abandoned?**

F. Schultze-Lutter

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Current clinical high-risk (CHR) of psychosis criteria – particularly criteria relying on attenuated or transient positive symptoms and cognitive basic symptoms – are associated with conversion rates many times higher than the general incidence of psychosis. Yet, non-conversions still outnumber conversions, and CHR-relevant phenomena are not uncommon in the community, fueling an ongoing debate about their justification. This debate, however, widely disregards main general findings: persons meeting CHR criteria already suffer from multiple mental and functional disturbances for those they seek help; they exhibit various psychological and cognitive deficits along with morphological and functional cerebral changes, whereby, the majority of them fulfils general criteria for mental disorders; and beyond their association with subsequent psychotic disorders, CHR criteria do not specifically associate with any other mental disorder. Furthermore, while CHR symptoms might not be uncommon in the general population, CHR criteria almost as rare as psychotic disorders and, already at mere symptom level, are considerably associated with proxy measures of clinical relevance on community level, including low psychosocial functioning. Hence, the clinical picture defined by current CHR criteria might not be perceived only in terms of a psychosis-risk syndrome alone but rather as a psychosis-spectrum disorder in its own right with conversion to psychosis just being one and likely the worst of several outcomes and still the best available starting-point for an early detection of psychosis. Thus, the UHR paradigm clearly should not be abandoned but might rather act as a model for the early detection of other mental disorders.

*Disclosure of interest.*– The authors have not supplied a conflict of interest statement.

E-PV0648

### **A study on the development of psychological inventory and support of psychological treatment for veterans of South Korea**

M.H. Hyun<sup>1\*</sup>, S.M. Bae<sup>2</sup>, Y.K. Cho<sup>1</sup>, M. Kang<sup>1</sup>, S. Jeong<sup>1</sup>, H. Cho<sup>1</sup>, B. Choi<sup>2</sup>, H. Kim<sup>2</sup>

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\* Corresponding author.

**Background and aims.**– There was a psychological, economic, and physical problems of Korean veterans, and unique needs of the veterans and the bereaved family. The objectives of this study was to develop a basic counselling questionnaire and a psychological inventory to identify psychological problems as well as psychological disorders related to social adaptation of the veterans.

**Methods.**– We conducted a semi-structured interviews and FGI (focused group interview) with 51 veterans and the bereaved families. A basic counselling questionnaire and preliminary questions of psychological inventory were developed through qualitative analysis and expert advice. Total number of 586 adults between 20s and 60s who reported psychological trauma completed an online survey.

**Results.**– As results of the factor analysis, the final 39 items were selected, and five factors were identified: anger, alcohol problem, depression, insomnia and re-experience. We then compared the individual characteristics and the levels by calculating the standard score of the subfactor scores, and the combined score with a computer program.

**Conclusions.**– The results from this psychological inventory may help to plan an appropriate psychotherapy based on types and severity of psychological disorders among veterans. Further research is needed to verify the reliability and the validity of this inventory using veteran population.

**Disclosure of interest.**– The authors have not supplied a conflict of interest statement.

E-PV0649

### **Socio-demographic risk factors for post-traumatic stress disorder in military personnel: about 30 cases**

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**Background and aims.**– Post-traumatic stress disorder (PTSD) is a disabling stress-related condition that occurs following exposure to traumatic event, with a prevalence in military personnel of 20-30%. Our study aims to describe the socio-demographic profile and to identify risk factors for post-traumatic stress disorder in military personnel.

**Methods.**– It's a case-control study.

Thirty military patients with PTSD were recruited from the external consultation of the psychiatry department of the Military Hospital of Tunis Versus thirty cases of military personnel who have participated in traumatic events and who have not developed a PTSD according to DSM-5 criteria.

We have collected socio-demographic data of every case and results were analysed using SPSS.

**Results.**– The analyse of socio-demographic profile of PTSD patients revealed that:

All participants were male.

The median age was 30 years [19–43].

53.33% were single, 30% were in relationship and 16.66% were separated.

The troop rank category was predominant with 53.33%.

Regarding the educational status, 66.66% have a secondary school level.

43.33% of them have a low socio-economic level.

The young age (<25 years), having troop rank and the high socio-economic level were identified as risk factors for PTSD.

**Conclusions.**– PTSD is a major concern to the military because it causes considerable impairment which have implications for the individual affected and for society in general. More research is needed to understand modifiable factors in the military environment that reduce the risk of PTSD.

**Disclosure of interest.**– The authors have not supplied a conflict of interest statement.

E-PV0650

### **Clinical and psychological characteristics of maladaptive states in the civilian population in conditions of macrosocial stress and hybrid warfare**

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**Background and aims.**– Since 2014, Ukraine has been in the state of hybrid warfare, the key point of which is massive brainwashing the population using means of information-psychological war. Purpose: allocate the clinical specificity of the maladaptive states in the civilian population under the influence of macro-social stress, depending on the vulnerability to the action of information and psychological technologies, as part of the hybrid warfare.

**Methods.**– 221 patients of general-somatic profile were examined with manifestations of psychological maladaptation. The main group: 112 people with high involvement in the use of TV, Internet or periodicals, and the comparison group -109 patients with the low level of using information-psychological war means. Clinical-psychological and psycho-diagnostic methods included a clinical interview and psychodiagnosis were used.

**Results.**– Patients in the primary medical network who are exposed to destructive information and psychological influences due to excessive involvement in watching TV, Internet use and reading of periodicals, have a greater severity of pathopsychological symptoms of maladaptive states compared with those with a safe level of TV and Internet use ( $p < 0.01$ ). They are characterized by a high level of severity of psychosocial stress, formed (38.4%) or expressed (37.5%) neuro-psychological maladaptation, with the predominance of anxiety and depressive manifestations of the clinically significant level. The leading pathopsychological phenomenon in them is pathological anxiety, which is realized in the form of dominance of anxious-depressive (33.0%) or anxious-dysphoric (38.4%) constellations.

**Conclusions.**– The obtained data confirm the presence of negative influence of the information-psychological war on the state of mental health of the civilian population.

**Disclosure of interest.**– The authors have not supplied a conflict of interest statement.