ISSN 0924-9338

April 2019
Vol. 56S – pp. S1–S900

EUROPEAN PSYCHIATRY

THE JOURNAL OF THE EUROPEAN PSYCHIATRIC ASSOCIATION

Abstracts of the 27th European Congress of Psychiatry Warsaw, Poland 6-9 April 2019

89134

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EUROPEAN PSYCHIATRY
THE JOURNAL OF THE EUROPEAN PSYCHIATRIC ASSOCIATION

European Psychiatry (ISSN 0924-9338) 2019 (volumes 55-62) One year, 8 issues. See complete rates at http://www.europsy-journal.com
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Subscriptions begin 4 weeks after receipt of payment and start with the first issue of the calendar year. Back issues and volumes are available from the publisher. Claims for missing issues should be made within 6 months of publication. Includes air delivery.
Subscriptions – Tel.: (33) 01 71 16 55 99. Fax: (33) 01 71 16 55 77. http://www.europsy-journal.com
Publisher – Agnieszka Freda. Tel.: 0031612252117. E-mail: a.freda@elsevier.com
Journal Manager – Kheira Jolivet. Tel.: 33 (0) 1 71 16 50 21. E-mail: EURPSY@elsevier.com
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Imprimé en France par Jouve, 53101 Mayenne.
Dépôt légal à parution

ELSEVIER

Vol. 56, Supplement April 2019

EUROPEAN PSYCHIATRY

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Abstracted in: BIOSIS/Biological Abstracts, Current Contents/Clinical Medicine and Social & Behavioural Sciences, EMBASE/Excerpta Medica, MEDLINE/Index Medicus, PASCAL/INIST-CNRS, Psychological Abstracts, PsycINFO, PsyLIT, Research Alert, SciSearch

Abstracts of the 27th European Congress of Psychiatry - 2019

European Psychiatry 56S (2019) S1–S2

Contents lists available at ScienceDirect

European Psychiatry

journal homepage: http://www.europsy-journal.com

Debate

D001

Con

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

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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?

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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?

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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

https://doi.org/10.1016/j.eurpsy.2019.01.004
0924-9338/

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

Con

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

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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.

Methods.– 15 children with ADD between 6 to 7 years of age were included and randomly assigned to treatment conditions according to a 2 × 2 cross-over design. The body-oriented therapy included the exercises from yoga and breathing techniques. To assess the executive functions and attention in children we used 4 subtests from NEPSY (Tower, Auditory Attention and Response Set, Visual Attention, Statue). Effects of treatment were analyzed by means of an ANOVA for repeated measurements.
Results.– The ANOVA has revealed ($p < .05$) that for all 4 subtests on executive functions and attention the body-oriented therapy was superior to the conventional motor training, with effect sizes in the medium-to-high range (0.44–0.83).
Conclusions.– The findings from this pilot study suggest that body-oriented therapy can effectively influence the executive abilities in children with attention deficit disorder. However, it is necessary to do further research into the impact of body-oriented therapies on the prevention and treatment of ADD in children.
The research was supported by Act 211 Government of the Russian Federation, agreement 02.A03.21.0006.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PV0784

Psychoeducation as an important component of the rehabilitation of patients with alcohol addiction

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Background and aims.– Modern researches on alcohol addictionare devoted to updating the concept of psychosocial rehabilitation of patients, their social reintegration and improvement of quality of life. As one of such approaches psychoeducationcan be considered. The purpose of the work: Development and assessment of the effectiveness of psychoeducational programs in the system of psychosocial rehabilitation of patients with alcohol addiction.
Methods.– The study conducted a comprehensive clinical-psychopathological and psycho-diagnostic survey of 150 male patients aged 20 to 55 years, in whom according to the diagnostic criteria of the ICD-10, alcohol addiction syndrome was established. The main group (the patients of which participated in the psychoeducation program) consisted of 105 people. The control group included 45 patients who received standard regulated therapy in the hospital.
Results.– It was developed an algorithm of psychoeducation of patients with alcohol addiction, which is aimed at increasing the level of special (narcological) knowledge of the patient and his family; development of skills in solving life problems; communication skills training; coproprietorshipskills training. On the background of conducting a psychoeducational program in the system of rehabilitation of the patients with alcohol addiction, there was positive dynamics of mental status, high quality of remission, positive transformation of coping strategies in the patients of the main group, which included psychotherapy in the traditional complex of rehabilitation measures, which significantly exceeds the corresponding changes in the control group.
Conclusions.– The proposed system of psychoeducation of patients with alcohol addictionindicated a high performance compared with the traditional rehabilitation complex.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PV0785

Art-therapy in rehabilitation program in affective disorders

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Background and aims.– Art-therapy has a significant rehabilitation potential in working with patients with mental diseases, in particular affective disorders. The purpose was to evaluate the effectiveness of art-therapy in the rehabilitation of patients with affective disorders.
Methods.– The clinical-psychopathological, psychodiagnostical (The Hamilton Depression Rating Scale, The Hamilton Anxiety Rating Scale, The Social Adaptation Self-evaluation Scale by Bosc M. et al., 1997.) methods were used. 94 female patients with affective disorders were examined. 34 patients were diagnosed with recurrent depressive disorder, 28 with bipolar affective disorder, 20 with depressive episode, 12 patients with organic affective disorder.
Results.– The main group (49 patients) received the complex treatment with combination of psychopharmacotherapy and art-therapy. The second group (45 patients) had standard therapy. There were no statistically significant differences of level of social functioning between groups. The average depression score on the HDRS was 21.3 ± 3.1 ball. The average anxiety score on the HARS was 19.1 ± 2.2 ball. Indicators of the subjective level of social adaptation in patients demonstrate a difficulty in social adaptation. The object of art-therapeutic influence were the states of maladaptation, caused by chronic mental disorders. Psychoeducation was also utilized.
Conclusions.– The analysis of the dynamics of indicators on the SASS showed the significant improvement in the social functioning, interest in communication, daily activity, family interaction and creativity in the main group. Art-therapy help to stabilize the mood of patients, to greater extent, by reducing the level of anxiety, increasing self-esteem, self-confidence, interpersonal interaction, development of positive attitude towards their illness and forming a willingness for further treatment.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PV0786

A unique working model in rehabilitation- integrative groups of individuals with serious mental illness in the community

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Background and aims.–
Introduction.– The stigma of mental illness as an additional burden for people with serious mental illness (SMI) has been researched in the last decades (Gaebel et al., 2006). Stigma is a major barrier to recovery for people with SMI; it disturbs with community living and attainment of rehabilitation resources and goals, as well as damages self-esteem and self-efficacy (Scheyett., 2005). The model of 'Amitim' integrative groups aims to decrease both public stigma, as well as increasing well-being and direct social bonds between people with SMI and people from the general community. The model we shall present is part of the Amitim program (by the Israeli Ministry of Health and the Israeli Association of Community Center), which offers social rehabilitation in the community for people with SMI, and the promotion of personal recovery and social change.