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CONTENTS

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**

Debate .....	S1
E-Poster Presentation .....	S3
E-Poster Viewing .....	S445
ECP Program .....	S779
EPA Forum 2019 .....	S783
Joint Symposium .....	S784
Joint Workshop .....	S788
Oral Communications .....	S789
Plenary .....	S844
Presidential Symposium .....	S845
Symposium .....	S847
State of the Art .....	S886
Workshop .....	S888



## 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.

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

E-PV0155

### **A depressive disorder masking a gender dysphoria: a case report**

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*Background and aims.*– Gender dysphoria is a new entity introduced in the Diagnostic and Statistical Manual of Mental Disorder V that often starts in the childhood. Despite the psychological distress and the significant alteration of social and academic life that it causes, it remains misdiagnosed.

This case report aims to describe a case of gender dysphoria masked by depressive disorder.

*Methods.*– A patient case is presented with associated literature review.

*Results.*– Mr. NL, aged 17, an assigned male at birth, with no medical history, is a student in the third year of secondary school.

The patient was referred by his parents initially for a decline in school results with a tendency to isolation evolving since one year. At the interview, the depressive symptomatology was in the first place. The patient was put on antidepressant treatment combined with supportive psychotherapy.

Through the psychotherapy sessions, it was possible to emphasize the presence of a strong desire to be a girl, he would prefer to dress like a girl, playing often the stereotyped “girlish” games along with girls’ group. In addition, he tells with great suffering and sadness that he “is trapped in the wrong body” and he expresses an intense desire to acquire feminine physical forms.

The diagnosis of gender dysphoria was retained. The patient is still going through psychotherapy sessions to help him make the right decision.

*Conclusions.*– An early positive and etiological diagnosis of gender dysphoria will prevent a psychiatric complication that may hinder therapeutic management.

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

E-PV0156

### **Of psychiatric disorders in alcohol users attendance to Tehran outpatient alcohol withdrawal clinics in 2018**

A. Kheradmand<sup>1\*</sup>, S.S. Sadr<sup>2</sup>, A. Jahandideh<sup>3</sup>

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\* Corresponding author.

*Background and aims.*– a

*Methods.*– This is a cross-sectional study on 105 alcohol users who were referred to INCAS (Iranian National center for Addiction Studies).

For all the participants alcohol use questionnaire and demographic questionnaire were completed and prevalence of co-morbid psychiatric disorders was surveyed using SCID-1.

*Results.*– Most of participant were aged between 30 to 50 years old. None of them were above 70 years old and only one of them was below 19 years old. 23.8% of them had history of psychiatric visit and 16.2% had history of hospitalization in psychiatry ward. 91.4% (n=96) of participants were male and 8.6% (n=9) were female. Use of substances other than alcohol was also studied in participants which most used were opium (26.7%) and cannabis (16.2%).

Medium age for beginning of use of alcohol was 25 years old and duration of use was 20 years. About 45% of patients have no psychiatric disorder except for alcohol use disorder and 55% of them have co-morbid psychiatric disorder.

*Conclusions.*– The most common psychiatry disorder was BMD (34.5%) after that Sever depression (22.5%) and Anxiety disorders with 12.4% and schizophrenia with 10.3% respectively. Due to high prevalence of axis 1 psychiatric disorders in patients with alcohol abuse concise interview and history and if required comprehensive history is also suggested.

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

E-PV0157

### **Effect of methadone, buprenorphine and opium tincture maintenance therapy on sexual function**

A. Kheradmand<sup>1\*</sup>, A. fazeli<sup>2</sup>

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*Background and aims.*– methadone or buprenorphinemaintenance treatment is a common approach in opiate use disorders. In recent years; there has been a growing interest in using opium tincture for detoxification and maintenance treatment of opiate dependence in Iran. The aim of this study is to the comparison of sexual dysfunction in patients with methadone maintenance therapy (MMT), buprenorphine maintenance therapy (BMT) and Opium Tincture maintenance therapy (OMT).

*Methods.*– This randomized, double-blind trial was conducted from November 2017 to February 2018 in an addiction quitting clinic in Tehran, Iran. The study sample consisted of opium-addicted men who candidate for maintenance therapy. Participants (N=84) were randomly assigned to three groups (of the equal number), receiving either methadone (N=28), buprenorphine (N=28) and opium tincture (N=28), The mean score of sexual function was calculated by the Arizona Sexual Experiences Scale (ASEX) in first and after 3 months after therapy.

*Results.*– Although there was no significant different in ASEX scores in beginning and in end of the study between three groups (p>0.05), but this difference was significant in each group in comparing by themselves.

*Conclusions.*– These results showed that sexual dysfunction of OMT-similar to MMT and BMT and should be evaluate by clinicians during these maintenance treatments.

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

E-PV0158

### **Psychosocial rehabilitation of servicemen participants of military operations with traumatic injuries of great vessels of extremities, which was complicated by disorders of adaptation**

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\* Corresponding author.

*Background and aims.*– During military operations, mental disorders are common forms of pathological states that arise both in

military servicemen of the Armed Forces of Ukraine, prisoners, their relatives and refugees.

Adaptation disorders often take a protracted course, greatly reduce the quality of life of a sick serviceman, impair the ability to work, violate social adaptation, and deepen the devastating effects of the disease itself.

Psychosocial rehabilitation of servicemen with traumatic injuries of great vessels of extremities, which was complicated by disorders of adaptation using psychoeducation.

**Methods.**– A comprehensive clinical and psychopathological examination of 153 military servicemen – military operations participants, with traumatic injuries of the great vessels of extremities, which was complicated by disorders of adaptation, psychoeducation.

**Results.**– All patients received psychopharmacotherapy. Main group: 97 patients, participated in psychoeducational program, received psychopharmacotherapy. Control group: 56 patients, received regulated therapy. It was established the significant positive dynamics of the level of social functioning in patients of the main group, ( $p < 0.05$ ) exceeds the corresponding changes in the control group; the transformation of coping strategies, the transition of the maladaptive types of an attitude towards the disease into adaptive ones, the development of a personal resource through personal realization, improvement of interpersonal relations and a sense of support of loved ones, which determines a high level of quality of life renewal.

**Conclusions.**– The obtained results allowed to substantiate expediency of use of psychoeducation in the system of psychosocial rehabilitation of sick servicemen with traumatic injuries of great vessels of extremities, which was complicated by disorders of adaptation.

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

E-PV0159

### **Psoriasis exacerbation in bipolar disorder relapse: a case report**

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**Background and aims.**– Psoriasis is a chronic and systematic disease that equally affect men and women in 1.5% to 2% of the population, it's a frequent skin disorder that needs a long-term pharmacological treatment and may have a profound impact on the quality of life. Otherwise, psychiatric disorders and especially bipolar disorder are some of the associated problems that can be observed in patients with psoriasis.

**Methods.**– We will discuss a clinical case and will eventually proceed to a literature review about this subject.

**Results.**– A 60 years old man suffering since four years from psoriasis and stabilized under a local medical treatment, was hospitalized for psycho-motor instability and logorrhea. The diagnosis of a manic episode was assessed by the fifth edition of the diagnostic and statistical manual of mental disorders (DSM -5). The patient has many stress factors: he was about to retire, he got removed from his usual work spot and he has a conflict with his brother. Two months before the manic episode, the patient had an itching thick red scaly patch of skin. During his hospitalization, he got risperidone and chlorpromazine and was examined by a dermatologist who assessed an exacerbation of psoriasis and prescribed adequate local treatment. The evolution was favorable, both disorders was managed.

**Conclusions.**– The association between psychiatric disorders and dermatological conditions is well known, but the dermatologist has often a difficulty to identify the psychological distress that's why

we need to enhance the knowledge of such comorbidities to a better quality of medical care.

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

E-PV0160

### **Experience in the use of autologous bone marrow mesenchymal stem cells (ABMSC) in treatment of personality and behavioral mental disorders and drug-resistant epilepsy**

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**Background and aims.**– Clinical effects of transplantation ABMSC, allow to consider method as a new, promising direction in the treatment of personality and behavioral mental disorders and drug-resistant epilepsy.

Development of a new method of treatment of personality and behavioral mental disorders and drug-resistant epilepsy using ABMSC, which will enhance cognitive skills, reduce frequency of seizures, increase period of remission.

**Methods.**– Cultural, morphological, molecular-genetic, clinic-functional, pathopsychological.

**Results.**– Transplantation of ABMSC was performed in 20 patients with drug-resistant epilepsy. 2 courses of transplantation were done; 1 course is single transplantation of ABMSC intravenously, one week after - endolumbic. Cellularity for intravenous transplantation – 62,75\*106, endolumbic – 8,75\*106, viability - not less than 95%. Expression of surface markers meets the criteria of the IACT. After 12 months, clinical remission had 3 patients, decrease seizure by more than 50% - 15, no effect - 2, no deterioration after transplantation; all patients enhanced cognitive skills. Comparison group - clinical effect - remission and a decreasing frequency of seizures more than 75% wasn't noted, 10–75% decrease - 11 patients, without effect - 7; only 8 patients enhanced their cognitive skills.

**Conclusions.**– The study clearly shows that the course transplantation of ABMSC is a modern and promising method of treatment of personality and behavioral mental disorders and drug-resistant epilepsy. The results demonstrated in the study group are superior to those in the comparison group. Also, method is safe-in the main group, no patient had significant adverse or deterioration. The study should be continued to get detailed results.

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

E-PV0161

### **The relationship between impulsivity and alexithymia in a sample of strong nicotine addicted. a preliminary study**

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**Background and aims.**– Given the correlation between tobacco addiction and impulsivity, this study means to evaluate the role of alexithymia in the relationship between impulsivity and tobacco addiction. Alexithymia is defined as a difficulty in the mental representation of emotions due to a loss of integration between physiological and cognitive component of emotions. Alexithymia can be characterized by an operative kind of thought, lacking in imagination, fantasy or oneiric activity that, according to the