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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

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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.

E-PP0355

The role of inhibition in the link between daily repetitive negative thinking and daily mood

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Background and aims.– Repetitive negative thinking (RNT) is a risk, maintenance and recurrence factor in numerous psychological disorders like depression, anxiety, addiction or eating disorders (for a review see: Watkins, 2008). A recent literature suggests that one of the factors responsible for RNT recurrence might be inhibition impairment (Yang et al., 2017).
The aim of the present study was to verify whether inhibition efficiency affects the causal link between daily RNT and mood in remitted depressive patients and healthy controls. We examined the relationships with the use ecological momentary assessment (EMA) methodology.
Methods.– 25 participants underwent a 7-day assessment via mobile phone application (mood and RNT assessment 5 times a day, inhibition assessment with Emotional Stroop Task, once a day).
Results.– The results show that remitted depressive patients reported higher level of rumination comparing to healthy controls. However, the 3 level model in multilevel modeling (level 1– observations, level 2 - days, level 3–persons) did not support the results from self-reported measures. It seems that in both groups daily RNT similarly predicts negative affect. Moreover, daily inhibition efficiency of negative material strengthens the link between RNT and daily mood.
Conclusions.– The present study disentangles the causal relation between RNT and mood in daily life. The study provides also data on the role of inhibition in this relation. The results are promising in the perspective of executive functions training addressing maladaptive RNT. The study provides an important contribution to methodological concerns of comparing retrospective self-reports to daily sampling measures, supporting their potential independence.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0356

Prevalence of depression among students of colleges in West Siberia

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Background and aims.– Depressive disorder (DD) is the most common and severe disease in adolescents. Objective was to study the probable prevalence of DD among students of colleges.
Methods.– One-time cross-sectional survey among students from 11 colleges was carried out in Tomsk and the Tomsk Region. Total number of respondents was 797, of whom 423–male, 374–female. The clinical sample included students aged 15–19 years. Mean age was 17.38 ± 1.86. Beck Depression Inventory (BDI - version for adolescence) was used for measuring the symptoms of depression and DD. For statistical processing rank correlation, x^2-criterion was used.
Results.– The evaluation of prevalence of DD showed the following distribution: Absence of symptoms of depression was revealed in 65% ($n = 466$), separate symptoms - 18% ($n = 128$), mild DD 13% ($n = 91$), major DD 4% ($n = 28$). During comparison of distribution of depressive symptoms in rural and urban areas there were no differences. Gender differences in the incidence of depression were observed in females and males (2:1) Mild and major DD in women was higher - 23.76% ($n = 82$) than in men - 10.05% ($n = -37$), ($p < 0.0001$). This study included 368 men (51.62%), 345 women (48.38%). At rank correlation of some items in the BDI, the most significant moderate associations ($r > 0.6$) were with cognitive impairment with low self-esteem, feeling of worthlessness, anhedonia and anergy. Correlation coefficient varied from 0.63 to 0.66.
Conclusions.– As a result of the investigation with use of the BDI probable differences in DD frequency in women and men and the main symptoms of depression with cognitive changes.

E-PP0357

Features of psychosocial maladaptation in women with depressive disorder depending on its etiology

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Background and aims.– It is well-known that depressive disorders affect the quality of social functioning. At the same time, the problem of psychosocial maladaptation, which is considered both as predictor of the emergence of depression and as consequence of the disintegrating influence of the disease on adaptive mechanisms and social connections, is particularly acute. Purpose: assessment of psychosocial maladaptation in women with depressive disorders of different genesis.
Methods.– Clinico-psychopathological and psycho-diagnostic methods were used. 252 women with diagnosis of depressive disorder were examined: 94 persons with psychogenic depression, 83 women with endogenous depression, 75 -with organic depressive disorder.
Results.– In order to identify and quantify the degree of psychosocial maladaptation, based on a comprehensive analysis of data on the peculiarities of functioning in various spheres, we have developed an original psycho-diagnostic scale that allows us to distinguish and evaluate the key trends in psychosocial maladaptation. The scale is suitable for use in clinical practice. The scale encompasses three main clusters of psychosocial functioning: macro-social (an assessment of socio-economic, socio-informational maladaptation); meso-social (an assessment of socio-professional, interpersonal maladaptation); micro-social (assessment of family, parental maladaptation).
Conclusions.– Assessment of the state of psychosocial maladaptation according to the data of the survey patients with depressive disorders of psychogenic, endogenous, organic nature allowed to establish that the severity of maladaptation in all 6 areas in patients with depression of organic genesis is the most difficult, endogenous –average, and psychogenic–the easiest. The revealed patterns are important for the planning of psychoprophylaxis and psychocorrective measures in patients with depressive disorders of various genesis.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.