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Debate



D001

Con

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

A. Weinstein

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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?

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

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.

the combined abuse of hashish with tramadol, are very scarce and contradictory.

Aim. Identify the relationship between the nature of the parental family, the resulting upbringing and character accentuation, suffering from poly dependence on hashish with tramadol.

Methods.– We observed 20 persons suffering from the combined abuse of hashish with tramadol - the main group and the control group - 18 persons with tramadol addiction. All patients are male, aged from 24 to 39 years. The survey was carried out using a specially designed questionnaire.

Results.– Patients in the main group were brought up in single-parent families with unfavourable psychological circumstances. The model of upbringing in the conditions of rigid relationships was more common in the main group - 60.0%, while in the control group, education in the atmosphere of the cult of the disease prevailed-66.6%. The first sample of cigarettes and hashish in the overwhelming majority (65.0%) and (56.0%) respectively, occurred were in adolescence. For the first time, 78.0% of them used cannabis in places of gathering - in clubs, bars and discos.

Conclusions.– the formation of inadequate characterological and behavioural reactions of the individual and the risk of early narcotization and the development of polydependence, are influenced not only by premorbid features but also by the unfavourable nature of family relations, improper upbringing.

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

E-PV0966

Specifics of clinical manifestations of alcohol addiction in people with different psychotraumatic experiences and levels of psychosocial stress

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Background and aims.– Despite the fact that the close correlation between alcohol addiction and social stress is established at both genetic and biochemical levels and at population levels, it is still unclear how the stress factor affects the style of alcohol use and the alcohol addiction clinic. The purpose of the work is to study the clinical and psychopathological specifics of alcohol addiction in people with different psychotraumatic experiences and levels of psychosocial stress, to understand the ways of modification of existing therapeutic and rehabilitation strategies, taking into account the aggravating effect of stress on the formation and the course of alcohol addiction.

Methods.– Clinical-psychopathological and psychodiagnostic methods, scales for assessing stress (L. Rider, PSM-25, IES-R) and severity of alcohol addiction (AUDIT, SADQ-C, CIWA-Ar) were used.

Results.– 312 men were examined: 107 combatants, who had the experience of participating in military operations in the East of Ukraine as participants in the Anti-Terrorist Operation; 89 forced displaced persons from temporarily occupied districts of Donetsk and Lugansk region; 116 -residents of Kharkiv and Kharkiv region, who were not combatants or internally displaced persons.

Conclusions.– The regularities concerning the association of alcoholization and psychosocial stress are revealed: the factor of severity of psychosocial stress most strongly affects the severity of alcohol addiction; the factor of participation in military operations and the factor of forced resettlement can be considered as actual factors of alcoholization; the factor of presence of psychotraumatic experience in itself, not associated with distinct response to stress-

ful event, does not significantly affect the indicators of the severity of alcohol-related disorders.

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

E-PV0967

The diagnostic value of kynurenine as a marker of harmful ethanol use

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Background and aims.– L-kynurenine is a metabolite of the amino acid L-tryptophan which is used in the niacin's production. Kynurenine is synthesized by the tryptophan dioxygenase and indoleamine 2,3-dioxygenase. Kynurenine and its further products perform different biological functions such as regulating the immune response and dilation blood vessels during inflammation. The aim of the study was an evaluation of the usefulness assessment of kynurenine activity as the marker of ethanol abuse in people who died of ethanol intoxication as well as an attempt to determine the mechanism of their death.

Methods.– The research was conducted on two groups of the deceased: the first one consisted of 22 people who died due to ethanol intoxication (4–4.5% in the blood serum and 4–6.1% in the urine), the control group included 30 people in whose bodies no alcohol was found. Activity (pKat/mL) of kynurenine in supernatants of the serum, vitreous humor, cerebrospinal fluid and urine were determined.

Results.– Both in the control group and in the study group there were statistically significant ($p < 0.001$) higher level of kynurenine in the urine in relation to blood. In the control group, a higher level ($p < 0.001$) of kynurenine in the vitreous humor was demonstrated compared to cerebrospinal fluid. In the examined group these statistically significant differences were not as high as in the controls (kynurenine $p = 0.005$).

Conclusions.– Our study showed that lower kynurenine levels, in people which died due to ethanol intoxication, might be valuable as a marker of harmful ethanol use.

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

E-PV0968

The family pain in alcohol families

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Background and aims.– The problem of alcohol addiction is actively studied in the last decade in Europe. Most of the research on this topic was focused on the personality of the alcohol addicts, their cognitive and emotional traits. The relevance of the study is due to the wide prevalence of addictive behavior in Russian population and insufficient knowledge of the resource factors of the patient's family system.

Objectives.– To study the family pain experienced by adult people whose parents were alcohol addicts.

Methods.– The interviewees ($n = 52$, 41 women, 11 men) were recruited among mentally healthy adults who did not suffer from addictions but whose parents were alcohol addicts. The members of