

EPA 2020 ABSTRACT SUPPLEMENT

European Psychiatry

THE JOURNAL OF THE EUROPEAN PSYCHIATRIC ASSOCIATION



EUROPEAN PSYCHIATRIC ASSOCIATION



CAMBRIDGE
UNIVERSITY PRESS



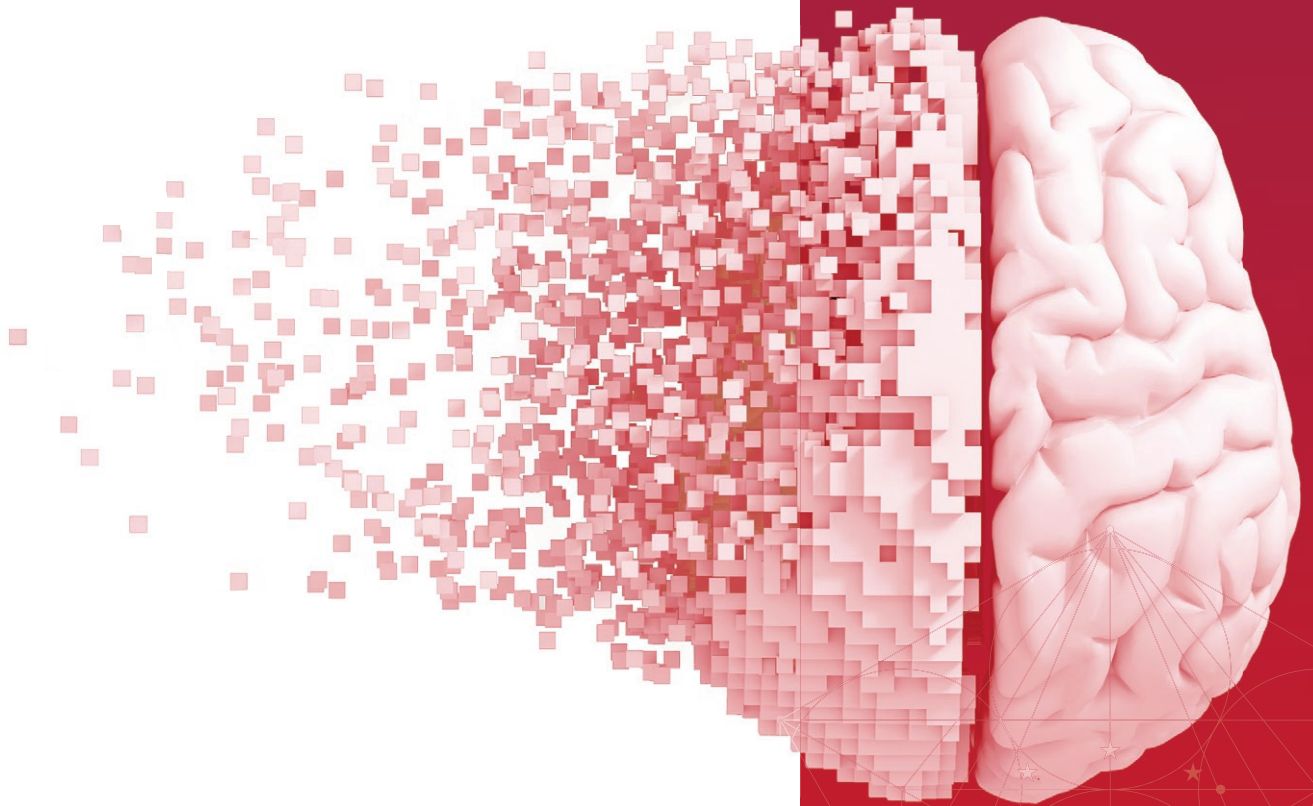
EUROPEAN
PSYCHIATRIC
ASSOCIATION

EPA 2020

28TH EUROPEAN
CONGRESS OF PSYCHIATRY

4-7 July 2020

VIRTUAL CONGRESS



THE SHARED HERITAGE

OF EUROPEAN
PSYCHIATRY





EUROPEAN PSYCHIATRIC ASSOCIATION

The Abstracts of the 28th European Congress of Psychiatry - 2020 are published as a Supplement to *European Psychiatry* and have been peer-reviewed by the Local Organising Committee of the European Congress of Psychiatry.

Scientific Programme Committee (SPC)

Philip Gorwood – Chair (France)
Istvan Bitter (Hungary)
Julio Bobes (Spain)
Geert Dom (Belgium)
Andrea Fagiolini (Italy)
Peter Falkai (Germany)
Fernando Fernandez (Spain)
Silvana Galderisi (Italy)
Chantal Henry (France)
Laurence Lanfumey (France)
Diego Palao Vidal (Spain)
Mariana Pinto da Costa (Portugal)
Andrea Raballo (Italy)

Iria Grande (Barcelona)
Eduardo J. Aguilar (Valencia)
José Luis Ayuso-Mateos (Madrid)
Narcís Cardoner Álvarez (Barcelona)
Llanos Conesa (Valencia)
Marina Diaz-Marsá (Madrid)
Gerardo Florez-Menendez (Ourense)
Manuel A. Franco (Valladolid)
Leticia Gonzalez-Blanco (Oviedo)
Manuel Gurpegui (Granada)
Luis Gutiérrez-Rojas (Granada)
Angela Ibáñez (Madrid)
Javier Labad Arias (Barcelona)
Pilar Lopez (Madrid)
Ángel Luis Montejo (Salamanca)
José Manuel Olivares (Vigo)
Diego Palao Vidal (Barcelona)
Roberto Rodriguez-Jimenez (Madrid)
Carlos Roncero (Salamanca)
Margarita Sáenz (Bilbao)
Pilar A Saiz (Oviedo)

Local Organising Committee (LOC)

Julio Bobes – LOC Chair (Oviedo)
Celso Arango – LOC Co-Chair (Madrid)
Maria-Paz García-Portilla (Oviedo)

European Psychiatry (ISSN 1778-3585 (Online) 2020 (volume 63). Published by Cambridge University Press.

Abstract author inquiries

For inquiries please contact: ewilson-eames@cambridge.org
Contents of the Supplement are available on the journal website:
<https://www.cambridge.org/core/journals/european-psychiatry>

The Journal of the European Psychiatric Association

EPA Membership (100 €) includes free access to the *European Psychiatry* Archives. If you are interested in becoming a member of EPA, please visit

<https://www.europsy.net/become-a-member>



CONTENTS

Abstracted in: Science Citation Index (SCI) - Clarivate, Social Science Citation Index (SSCI) - Clarivate, Scopus, Medline/
PubMed, Google Scholar, PsycINFO

Abstracts of the 28th European Congress of Psychiatry - 2020

Debate	S1
Oral Communication.....	S3
e-Poster Presentations.....	S45
e-Poster Viewing.....	S283
ECP Programme.....	S590
Joint Symposium	S594
Plenary	S596
Symposium.....	S597
State of the Art	S618
Workshop	S620

$\Delta R^2=36.7\%$). Helplessness was associated to emotional representations ($\beta=.32, p<.05$), beliefs in cyclicity of trauma ($\beta=.24, p<.05$) and lower personal control ($\beta=-.22, p<.05, \Delta R^2=28.5\%$). Satisfaction with life was predicted by lower emotional representations and less severe subjective consequences of trauma ($\beta=-.33 - .27, p<.05, \Delta R^2=28.0\%$).

Conclusions: Emotional representations of trauma are related to uncertainty, helplessness and anxiety in rehabilitation demanding for their appropriate assessment and managing in sportsmen recovering after trauma. Research is supported by the Russian Science Foundation, project No. 19-78-10134.

Disclosure: Research is supported by the Russian Science Foundation, project No. 19-78-10134.

Keywords: rehabilitation; sport trauma; trauma representation

EPP0999

Cluster model of treatment engagement in psychiatric inpatients

M. Sorokin

National Medical Research Center of Psychiatry and Neurology n.a. V.M. Bekhterev, The Integrative Pharmacopsychotherapy Of Mental Disorders, Saint-Petersburg, Russian Federation

Introduction: Patients usually have difficulties in decision making about psychiatric help so they need specific rehabilitation interventions.

Objectives: Inpatient clusters identification in regard of psychiatric treatment engagement.

Methods: Treatment Motivation Assessment Questionnaire (TMAQ) (Sorokin et al., 2017) and Medication Compliance Scale (MCS) (Lutova et al., 2009) to reveal treatment engagement in 91 inpatients with severe mental disorders from V.M. Bekhterev Center. Also used: BPRS (Overall & Gorham, 1962), SANS (Andreasen, 1982), GAF (Salvi et al., 2005), ISMI (Ritsher et al., 2003), PDD (Link et al., 1991). Statistics: k-mean cluster analysis of TMAQ and MCS data, factor and dispersion analysis, size effect (Cohen's d), $p \leq 0.05$.

Results: Patients of the 1st cluster (C1) showed intense negative symptoms ($SE=-0.68$ & -1.0). As compared with C3 they were more socially maladjusted ($SE=-0.66$) and less resisted to stigmatization ($SE=1.1$). C2 patients as compared with C3 were prone to discriminate mentally ill persons ($SE=-1.8$). No differences in socio-demography, nosology, positive symptomatology, illness duration, hospitalizations, pharmacotherapy but significant differences in treatment motivation structure and behavior during medication were found between groups. C1 patients were «avoiding treatment». They hadn't total derangement of treatment motivation structure but tend to minimal compliance scores. The highest motivation intensity and medium score of attitude to medication characterized C3 patients as «active participants in treatment». C2 patients were «passive recipients» of treatment because of their moderate motivation intensity but the most positive medication attitude ($SE=0.87$ & 1.83).

Conclusions: Treatment engagement depends on mostly not quantitative but qualitative indicators of patients' therapeutic motivation.

Conflict of interest: No

Keywords: psychiatric therapeutic process; Motivation; treatment adherence and compliance; patient engagement

EPP1001

Subjective reasons of stroke and relationship to rehabilitation in after-stroke patients

M. Kovyazina¹, A. Tkhostov^{2*}, E. Prigorneva¹, E. Rasskazova¹ and Y. Zueva¹

¹Lomonosov Moscow state university, Faculty Of Psychology, Moscow, Russian Federation and ²Lomonosov MSU, Faculty Of Psychology, Moscow, Russian Federation

*Corresponding author.

Introduction: Motivation for rehabilitation in after-stroke patients is determined by their anxiety and depression that, by their turn, are predicted by such psychological factors as feeling of helplessness, self-efficacious and anxious in rehabilitation. According to self-regulation in health and illness theory (Leventhal et al., 2002), attribution of illness reasons could affect patients' relationship to rehabilitation and could be changed by cognitive behavioral therapy.

Objectives: The aim was to reveal relationship between subjective reasons of stroke and relationship to rehabilitation (helplessness, health anxiety, self-efficacy) in after-stroke patients.

Methods: 50 after-stroke patients (35 men, 18-79 years old) with paresis not having prominent cognitive dysfunctions filled MOCA, appraised their satisfaction with treatment and were interviewed using Illness Perception Questionnaire revised (part of illness reasons, Moss-Morris et al., 2002), Illness and Treatment Self-Regulation Questionnaire (Kovyazina et al., 2019).

Results: After adjusting for MOCA scores, stress and anxiety as subjective reasons of the stroke were related to higher helplessness ($r=.35, p<.05$) and lower self-efficacy ($r=-.29, p<.05$). Belief that diet or other characteristics of food were related to stroke was associated to higher helplessness ($r=.24-.25, p<.05$) as well as beliefs in own behavior, attitudes or family problems ($r=.40-.61$).

Conclusions: Results indicate that in neurological patients helplessness regarding rehabilitation is related to personal and family, non-controlled internal (stress, anxiety) or external (food) attributions of illness. These attributions could be a target for psychological interventions for these patients. Research is supported by the Russian Foundation for Basic Research, project No. 17-29-02169.

Disclosure: Research is supported by the Russian Foundation for Basic Research, project No. 17-29-02169.

Keywords: subjective reasons; rehabilitation; after-stroke patients

EPP1004

Psychoeducation in the structure of therapy for computer-related dependence disorders

H. Kozhyna*, Y. Starodubtseva, K. Zelenska, T. Radchenko and V. Koshchii

KHARKIV NATIONAL MEDICAL UNIVERSITY, Psychiatry, Narcology and Medical Psychology, Kharkiv, Ukraine

*Corresponding author.

Introduction: In recent years situation in Ukraine has been characterized by continuously increasing demands and psychological stress of the population. Various mass psychogenic factors are leading to human maladaptation in conditions of social crisis and spread of addictive behavior.

Objectives: Aim of our work was to develop system of comprehensive therapy for computer-related dependence signs.

Methods: Comprehensive survey of 117 patients with computer-related dependence signs and adaptation disorders was performed by AUDIT-like tests in order to develop system of complex therapy for computer dependence.

Results: In clinical picture of computer dependence were noted: obsessive surfing in the computer network ($45.8 \pm 1.6\%$ of the examined persons), computer games ($22.3 \pm 1.2\%$), virtual communication ($5, 8 \pm 0.4\%$), gambling online ($14.1 \pm 1.1\%$), enthusiasm for porn sites ($1.2 \pm 0.1\%$). There were predominance of depressive symptoms ($72.9 \pm 2.1\%$ of the examined patients), anxiety ($69.4 \pm 1.9\%$) and asthenia ($84.7 \pm 2.2\%$), hyperesthesia with impaired affect ($52.7 \pm 1.8\%$), mixed states ($55.3 \pm 1.8\%$) among the clinical manifestations of adaptation disorders. All the examined people received pharmacotherapy with the use of antidepressants - selective serotonin or melatonin reuptake inhibitors and anxiolytic agents. Psychotherapy complex included the use of personality-oriented psychotherapy, existential psychotherapy, art therapy (drawing techniques). Psychoeducational work included use of information modules, motivational trainings, formation of communicative skills, problem-oriented discussions and learning skills of "mastering".

Conclusions: The patients of the main group receiving complex therapy had reduction in computer dependence, while the patients of the control group had computer dependence with permanent loss of situational control.

Conflict of interest: No

Keywords: adaptation disorders; computer dependence; psychoeducation; psychotherapy

EPP1005

The role of the psychiatrist in early rehabilitation in children after severe brain injury

Y. Sidneva^{1*} and S. Valiullina²

¹Clinical and Research Institute of Emergency Pediatric Surgery and Trauma; N.N. Burdenko National Medical Research Center of Neurosurgery, Neurosurgery; Rehabilitation, Moscow, Russian Federation and ²Clinical and Research Institute of Emergency Pediatric Surgery and Trauma, Rehabilitation, Moscow, Russian Federation

*Corresponding author.

Introduction: In CRIEPTST in early recovery of mental activity a multidisciplinary team includes a psychiatrist.

Objectives: The rehabilitation tasks of the psychiatrist (neuropsychiatrist) include diagnosis of the disorders and their drugs correction.

Methods: According to the structure of the Institute, it is accepted that these tasks are performed in the departments of intensive therapy, neurosurgery and rehabilitation. The neuropsychiatrist determine: 1) the level of consciousness, 2) disorders in functions - emotional, personal, motivational, cognitive and motor, 3) psychotic symptoms.

Results: The psychiatrist identifies the main specialized syndrome and compares it with the general clinical picture of the course of the disease, determining the significance of the syndrome of recovery in the dynamics of the general condition, the degree of its influence on the severity of the course of the disease, and the effectiveness of rehabilitation measures. Accounted for: 1) of the developing child's

organism and mental development; 2) pathogenesis processes. The psychiatrist recommends drug therapy for correction: 1) of mental recovery, 2) of psychotic disorders. At present after sTBI most drugs are prescribed on the "off-label" principle. The drugs are recommended taking into account the pharmacological effect depending on the disorders of the neurotransmitters: affecting the metabolism of glutamate, GABA, dopamine, choline (acetylcholine), serotonin. Neuromodulating effect have: 1) antiparkinson; 2) muscle relaxants; 3) anti-Dementia; 4) antidepressants; 5) antipsychotics; 6) hypnotics; 7) anticonvulsants; 8) other neurotropic drugs.

Conclusions: A differentiated approach to diagnosis and medical treatment in children after sTBI with regard to the level of lesion, pathogenesis mechanisms resulting from the trauma itself and reactive processes in response to trauma, taking into account the mental development and recovery increases the chances of more effective rehabilitation, recovery mental functions with minimal defects.

Conflict of interest: No

Keywords: rehabilitation of children; severe traumatic brain injury; mental recovery; recovery of consciousness

Research methodology

EPP1006

Cultural and linguistic validation into literary arabic of stigma scale

H. Guedria^{1*}, D. Ben Hadj Ali¹, M. Gharmoul², A. Braham³ and S. Ben Nasr²

¹University of Sousse, Faculty of medicine, Farhat Hached Hospital, Sousse, Tunisia, Psychiatry Department, Lr12es04, sousse, Tunisia;

²University of Sousse, Faculty of medicine, Farhat Hached Hospital, Sousse, Tunisia, Psychiatry Department, Lr12es04, SOUSSE, Tunisia

and ³University of Sousse, Faculty of medicine, Farhat Hached Hospital, Sousse, Tunisia, Psychiatry Department, Lr12es04, SOUSSE, Tunisia

*Corresponding author.

Introduction: The internalization of public stigma by persons with serious mental illnesses may lead to self-stigma, which harms self-esteem, self-efficacy, and empowerment. Corrigan developed a scale that assesses the degree of stigma of mental illness among the general public.

Objectives: This study set out to conduct a translation and cultural validation of the sigma scale into literary Arabic

Methods: Following the translation methodology recommended by Mapi-research institute, the sigma scale was translated in a standardized way consisting of forward translation, quality control, backward translation and a pilot testing including clinicians' review and a pre-test among 20 medical students in the medical university of Sousse, aged between 19 and 24 years and chosen randomly.

Results: A preliminary version was obtained and was submitted to a validation procedure. No difficulties of compatibility between the cultural backgrounds were identified. No difficulties of compatibility between the cultural backgrounds were identified. A pretest in 20 volunteers demonstrated clarity and understandability across social classes, but also suggested minor changes in the vocabulary