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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.

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more susceptible to sleep changes and are associated with worse outcomes.
Conclusions.– There is evidence that sleep deprivation or poor quality of sleep can increase the severity of psychotic experiences. In patients at risk for psychosis, sleep disorders are predictive of a greater severity of psychotic symptoms. Sleep patterns should be assessed and treated when disturbed in psychotic patients and patients at risk.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0866

Problematic gaming and social media use: assessment and statistical predictors

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Background and aims.– The incredible advancement and high accessibility of the internet brought along both positive and negative changes in our lives. One of the most crucial questions – receiving continuously increasing research interest – is how online video gaming and social media use effects the development of children and adolescents and the lives and mental health of young adults. Besides the evident positive consequences of these applications (e.g., means to relax, improving a large variety of skills, increasing social relatedness), possible negative consequences, including the problematic or addictive use, have emerged as well.
Methods.– The presentation gives an overview of the recent advancements in the assessment of problematic use (i.e., screening and diagnosis), an important topic within this research field. Furthermore, it also reviews some of the statistical predictors of these problem behaviors.
Results.– Gender appears to be crucial both in the use of social media and video games, the former being used more among girls, while the latter among boys. While time spent using these applications appears not to be a good predictor of problematic use if assessed alone, psychiatric symptoms (e.g., depressive symptoms, anxiety), low self-esteem, the use of certain emotion regulation strategies, and escapism as a motivation (i.e., using these applications to avoid real life problems) appear to be better indicators.
Conclusions.– The problematic use of certain internet-related activities is a relatively new concern; however, one that certainly needs our attention.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0867

Pregabalin addiction and withdrawal in primary and secondary care

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Background and aims.– Pregabalin is the primary medication used for anxiety. However, there is an increase in Pregabalin abuse for recreational use out of doctors prescribing. Aim of the current study is to describe a case of Pregabalin Addiction and Withdrawal (PGAW).
Methods.– The Clinical Global Impression (CGI) [Busner & Targum, 2007] scale described the clinical presentation with the two subscales CGI-S = Severity, and CGI-I = Improvement. The case refers to a 50-year old woman with a long history of Pregabalin abuse.
Results.– At admission, the score was CGI-S = 6 (severely ill). She was brought to the hospital after police found her wandering in the streets. At hospital admission, this patient presented with confusion, agitation, violence, assault of staff, and visual hallucinations. The urine was negative for recreational drugs. After inspection of clinical notes, the working diagnosis was PGAW. The team started a short course of Diazepam 5 mg four times daily to control her behaviour and reduce Pregabalin withdrawal. Presenting symptoms of PGAW were: lethargy, confusion, low mood, anxiety, and agitation [http://www.treatment4addiction.com/drugs/lyrica/]. At day 2, she had CGI-S = 4 (moderately ill) and CGI-I = 3 (minimally improved) she started to develop symptoms of withdrawal including sweating, tachycardia, carving for Pregabalin, depression, insomnia and anxiety, nausea, and diarrhoea. At day-3, she was much improved. She had CGI = 1 (very much improved) and CGI-S = 2 (subtle pathology). After 17 days, she was discharged from hospital asymptomatic.
Conclusions.– Healthcare professionals should consider the risk of Pregabalin addiction and withdrawal in all patients who are on this medication or who request strong tablets for anxiety symptoms.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0868

Modern features of adaptation disorders in people with computer addiction

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Background and aims.– Particular concern in society is addictive behavior in young people. Purpose: comprehensive study of clinical-psychopathological and pathopsychological peculiarities of adaptation disorders in people with computer addiction.
Methods.– A complex examination of 147 patients with adaptive disorders was conducted (F43.21, F43.22). The main group included 85 patients with signs of computer addictionin accordance with the results of AUDIT-like tests (Linskyi I.V., 2009), the control group: 62 patients with no signs of addictive behavior.
Results.– The structure of computer addiction in the examined people of the main group was the following: obsessive surfing -46.2% patients; 22.3% -computer games; 6.4% -virtual dating; 13.7% -passion for online gambling; 1.4% -cybersex. In the clinical image of adaptation disorders there was decreased mood (73.4% main and 74.1% control group); mood swings, propensity to short-term disruptive reactions (52.1% and 39.6%, respectively); the feeling of anxiety (69.7% main and 52.1% control group); confusion (55.4% and 54.2% respectively); asthenic symptom complex (84.5% and 82.3% respectively). The examined patients are characterized by the clinical manifestations of anxiety and depression on the scale of HADS -72.1% main and 65.4% control group; severe depressive (48.1% and 41.1%) and anxious (54.2% and 43.2% respectively) episodes on the HDRS scale; high levels of situational (43.5% and 39.7%) and personal (53.1% and 49.8%, respectively) anxiety.
Conclusions.– The obtained data of clinical and psychopathological manifestations and psychopathological features of adaptation disorders in people with computer addiction should be the basis for the development of a comprehensive program of therapy and rehabilitation of patients with disorders of adaptation and computer addiction.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.