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11th International Congress on Psychopharmacology & 7th International Symposium on Child and Adolescent Psychopharmacology

[Abstract:0015][Neuroscience: Neuroimaging-Genetics-Biomarkers]

Optical coherence tomography findings in autism spectrum disorder and healthy controls

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ABSTRACT

OBJECTIVE: The studies conducted in the field of brain anatomy, physiology, histology, and functions in the past half a century since the definition of autism spectrum disorder (ASD) as a disorder caused by genetic, familial, and environmental factors have provided that this complex syndrome is a neurobiological disorder and that it has a negative effect on the social interaction, communication skills, interests and behaviours of the individual due to this disorder. In this study, we aimed to examine the optical coherence tomography (OCT) parameters including retinal nerve fiber layer (RNFL), ganglion cell layer (GCL), inner plexiform layer (IPL) and choroidal thickness with more patients and controls, the relationship between the severity of the disease and OCT parameters in patients, the duration of the disease and OCT parameters, and the relationship between OCT parameters and IQ in ASD subjects.

METHODS: This study involved 40 ASD patients who were being followed by the Child and Adolescent Psychiatry Department of Adiyaman University Medical School and 40 healthy volunteers as control. OCT measurements were performed for both groups. The RNFL, IPL thickness, and GCL volumes were measured and recorded automatically by a spectral OCT device.

RESULTS: When all the lower layers of RNFL were evaluated in both eyes; there was no difference in the RNFL layers between the ASD group and the control group ($p>0.05$) in right eye. In left eye, N ($p=0.016$) and NS ($p=0.023$) sectors of RNFL were significantly different from the control group. The mean choroidal thickness, which is the mean value of the measurements from three regions, was significantly decreased in the patients with ASD compared with the controls in both eyes ($p<0.05$). The GCL and IPL volumes were significantly decreased in the patients with ASD compared with the controls in both eyes ($p<0.05$). According to the Pearson correlation analysis, a significant correlation was found between Childhood Autism Rating Scale (CARS) and left GCL ($r=-0.396$, $p=0.013$), left IPL ($r=-0.337$, $p=0.036$); between duration of disease and right NI ($r=-0.368$, $p=0.020$), right TI ($r=-0.412$, $p=0.008$), right TS ($r=-0.522$, $p=0.001$), right mean ($r=-0.439$, $p=0.005$), left NS ($r=-0.345$, $p=0.029$).

CONCLUSIONS: We revealed that ASD subjects present with significant differences only at some locations in terms of RNFL sublayers, choroid, GCL, and IPL. The whole patient group displayed a significant retinal thinning in the left nasal quadrant compared to controls. Cross-sectional design of this present study limits conclusions about progressive degeneration during the course of ASD.

KEYWORDS
Optical coherence tomography; autism spectrum disorder; retinal nerve fiber layer; ganglion cell layer; inner plexiform layer

[Abstract:0018][OCD]

Blood levels of interleukin-1 beta, interleukin-6 and tumor necrosis factor-alpha and cognitive functions in patients with obsessive compulsive disorder

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ABSTRACT

OBJECTIVE: Cognitive dysfunction and immune system disorders are two actual issues for the patients with Obsessive Compulsive Disorder (OCD). The cognitive dysfunctions have been considered to substantial part of clinical phenomenon of OCD but exploration of various

KEYWORDS
Obsessive Compulsive Disorder; cognition; interleukins

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etiopathogenesis of cognitive dysfunction is needed. Immune dysfuncion has been implicated to be important part of pathopysiology of OCD and different lines of evidence suggests immune abnormalities in OCD. But whether these immune changes are traits of disease or secondary to clinical burden of the disease such as cognitive dysfunctions has not been determined. In this study we aimed to examine the relation of blood levels of Interleukin 1-beta (IL-1ß), Interleukin-6 (IL-6) and Tumor Necrosis Factor-α (TNF-α) with various neurocognitive functions in patients with OCD in comparison with its autogenous/reactive subtypes and healthy controls.
METHODS: Forty-two patient with OCD and 45 age, sex and educational level matched healthy control were enrolled in the study. The diagnosis of OCD was made with with Structured Clinical Interview for Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV). Yale-Brown Obsessive-Compulsive Scale, Beck Anxiety and Depression Inventory Scales were administered. Neuropsychological test battery including Wisconsin Card Sorting Test (WCST), Trail Making Test A and B (TMT-A, TMT-B) were used for evaluation of the patients and healthy control. The plasma of interleukin-1beta (IL-1ß), interleukin-6 (IL-6), Tumor Necrosis Factor-Alpha (TNF-α) of both groups were measured with ELISA kits.
RESULTS: Blood levels of IL-1ß, IL-6 and TNF-α were significantly higher in patients with OCD than the healthy control. There was significant difference in IL-1ß, IL-6 but not in TNF-α between autogenous/reactive subtypes and healthy controls. TNF-α is positively correlated with TMT-A, TMT-B and Stroop Test Part 5, negatively correlated with immediate memory, verbal learning, interference effect, immediate recall, delayed recall and recognition in RAVLT. IL-1ß was positively correlated with TMT-A score. IL-6 was positively correlated with scores of TMT-A, TMT-B. IL-6 was negatively correlated with immediate memory, verbal learning, interference effect, immediate recall and delayed recall in RAVLT, positively correlated with number of perseverative error and negatively correlated with the number of categories completed in WCST.
CONCLUSIONS: This is the first study that examines the relation of IL-1ß, IL-6 and TNF-α levels with cognitive functions in OCD. There may be a contribution to pathogenesis of OCD and subtypes then new choices for treatment might be developed. Moreover, uncovering the effect of cytokine blood levels on cognitive function of OCD, new data concerning etiopathogenesis and further treatment choices can be gained.

Table 1. Sociodemographic and Clinical Variables in AT OCD and RT OCD.

	AT OCD Mean± SD	RT OCD Mean± SD	Control	p
Age (year)	27.26±12.02	27.65±12.30	27.64 ±11.56	0.918
Education (year)	12.84±3.18	11.52±3.75	27.63 ±11.56	0.445
Duration of illness (year)	10.00±7.78	10.61±10.39		0.660
Age at onset of illness (year)	17.26±9.05	17.04±4.72		0.422
Last treatment duration (month)	10.00±16.38	16.82±16.33		0.065*
BDI	17.26±7.66	12.57±8.63	1.71±2.24	0.000*
BAI	13.68±8.14	9.00±8.81	0.42±1.26	0.000*
YBOCS				
Total score	32.79±9.37	23.87±9.31	0.00±0.00	0.004*

OCD: Obsessive compulsive disorder.
AT: Autogenous type.
RT: Reactive type.
BDI: Beck Depression Inventory.
BAI: Beck Anxiety Inventory.
YBOCS: Yale-Brown Obsessive Compulsive Scale.
Mean± SD: Mean standard deviation.
*p<0.05.

Table 2. Sociodemographic and Clinical Variables in OCD and Control Groups.

		OCD Mean± SD	Control Mean± SD		p
Age (year)		27.48 ±12.03	27.64 ±11.56		0.685
Education (year		12.12 ±3.53	27.63 ±11.56		0.731
Duration of illness (year)		10.33 ±9.20			
Age at onset of illness (year)		17.14 ±6.93			
Last treatment duration (month		10.00 ±16.38			
BDI		14.69 ±8.45	1.71 ±2.24		0.000*
BAI		11.12 ±8.74	0.42 ±1.26		0.000*
YBOCS	Total score		27.90 ±10.26	0.00 ±0.00	0.000*
			n (%)	n (%)	
Sex	Female		24 (57.1)	27 (60)	0.958
	Male		18 (42.9)	18 (40)	
Story of family psychiatric illness					
	Yes		26 (76.59)	8(23.5)	0.000*
	No		16 (30.2)	37 (69.8)	
Obsession Type	Reactive		23 (54.8)		
	Autogenous		19 (45.2)		

OCD: Obsessive compulsive disorder.
BDI: Beck Depression Inventory.
BAI: Beck Anxiety Inventory.
YBOCS: Yale-Brown Obsessive Compulsive Scale.
Mean± SD: Mean standard deviation.

Table 3. Comparison of IL-1ß, IL-6, TNF-α Serum Levels and Neurocognitive Test Scores of patients with OCD and Control Group.

	OCD Mean± SD	OCD Mean± SD	p
IL-1ß	14.99 ±2.14	14.39 ±2.67	0.014*
IL-6	42.15 ±19.36	30.46 ±13.33	0.000*
TNF-α	5.71 ±2.46	4.81 ±1.39	0.044*
TMT			
TMT-A	41.17 ±22.15	28.76 ±16.10	0.01*
TMT-B	99.93 ±50.10	60.04 ±31.46	0.00*
WCST			
Categories completed	3.17 ±1.12	4.0 ±1.0	0.00*
Perseverative reactions	11.24 ±7.04	6.11 ±2.82	0.00*
Perseverative errors	10.07 ±5.32	5.64 ±2.38	0.00*
RAVLT			
Immediate memory	7.17 ±2.38		0.01*
Delayed recall	9.83 ±3.16		0.00*
Verbal learning	50.79 ±11.22		0.00*
Recognition	12.88 ±2.76		0.021*
Stroop Test			
Total Interference Score	15.43 ±7.76		0.001*

OCD: Obsessive compulsive disorder TMT: Trail Making Test.
WCST: Wisconsin Card Sorting Test.
RAVLT: Rey Auditory Verbal Learning Test.
Mean± SD: Mean standard deviation.
*p<0.05.

Table 4. Correlation of Neurocognitive Test Scores and IL-1ß, IL-6, TNF-α Serum Levels in Patients with OCD.

	IL-1ß OCD	IL-6 OCD	TNF-α OCD
TMT			
TMT-A	0.005*	0.001*	0.005*
TMT-B	0.028*	0.000*	0.028*
WCST			
Categories completed	0.465	−0.04	0.495
Perseverative reactions	0.201	0.000	0.159
Perseverative errors	0.159	0.000	0.201
RAVLT			
Immediate memory	−0.022*	−0.000*	−0.022*
Delayed recall	−0.002*	0.000*	−0.002*
Verbal learning	−0.003*	0.000*	−0.003*
Recognition	−0.000*	0.381	−0.000*
Stroop Test			
Stroop Test Total Interference	0.98*	0.004*	0.039*

OCD: Obsessive compulsive disorder.
TMT: Trail Making Test (TMT).
WCST: Wisconsin Card Sorting Test.
RAVLT: Rey Auditory Verbal Learning Test.
*p<0.05.

[Abstract:0021][Addiction]

Relationship of self-mutilative behaviour with internet gaming disorder symptoms and emotion dysregulation among young adults

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ABSTRACT

OBJECTIVE: Self-mutilative behaviour (SMB) might be defined as "deliberate self-injury to body tissue without the intent to die". It has long been speculated that SMB serves a coping function that is activated by an increase in emotional arousal. Emotion regulation refers to the modulation of emotional arousal, the awareness, understanding, and acceptance of emotions, as well as the ability to act in desired ways regardless of emotional state [1]. In recent years, increasing attention has been given to emotion dysregulation (EDR) as a potentially common feature of many forms of addiction, including video game addiction [2]. Some researchers have argued that individuals who have emotion dysregulation are more likely to engage in addictive behaviors in an attempt to escape from, or minimize, negative moods and/or try alleviate distressing feelings. Although the positive effects of healthy gaming

KEYWORDS
Emotion dysregulation; Internet gaming disorder; self-mutilative behaviour; university students

have been widely demonstrated by previous research, gaming can become pathological for some players when the activity becomes dysfunctional, harming an individual's social, occupational, family, school, and psychological functioning due emerging functional impairment caused by the activity. Internet gaming has a propensity to alleviate dysphoric moods and may therefore be used to cope with real life problems. Studies have shown that EDR is associated with IGD [3]. The aim of the present study was to evaluate relationship of IGD symptoms with SMB, while controlling the effect of EDR on this relationship among young adults.

METHODS: The study was conducted with online survey among 1010 volunteered university students in Ankara and people who play games on the Internet and who are in the e-mail database of a company located in Istanbul that organizes e-sports tournaments. Participants were evaluated by applying the Difficulties in Emotion Regulation Scale (DERS) and the Internet Gaming Disorder Scale – Short Form (IGDS-SF).

RESULTS: Age and gender did not differ between those with SMB (n=207, 20.5%) and those without SMB (n=803, 79.5%). IGDS9-SF and DERS scores were higher among those with SMB (Table 1). In linear regression analysis, severity of IGD predicted the presence of SMB, together with difficulties in emotion regulation, particularly "non-accept" (Nonacceptance of emotional responses), "impulse" (Impulse control difficulties) and "strategies" (Limited access to emotion regulation strategies) dimensions (Table 2).

CONCLUSIONS: These findings suggest that the severity of IGD is related with the presence of SMB, together with EDR, particularly "non-accept" and "impulse" and "strategies" dimensions among young adults.

References

[1] Gratz KL, Roemer L. Multidimensional assessment of emotion regulation and dysregulation: Development, factor structure, and initial validation of the Difficulties in Emotion Regulation Scale. J Psychopathol Behav Assess. 2004;2:41–54.

[2] Estevez A, Jauregui P, Sanchez-Marcos I, et al. Attachment and emotion regulation in substance addictions and behavioral addictions. J Behav Addict. 2017;6(4):534–544.

[3] Spada MM, Marino C. Metacognitions and emotion regulation as predictors of problematic internet use in adolescents. Clin. Neuropsychiatry. 2017;14:59–63.

Table 1
Comparing scale scores according to the presence of self-mutilative behaviour (SMB).

	SM					
	Absent *n*=803, 79.5%		Present *n*=207, 20.5%			
	Mean	S.D.	Mean	S.D.	*t*	*p*
Age	21.93	3.44	21.51	3.14	1.618	0.106
Gender (*n*, %)					$\chi 2$=0.366	0.545
Females	478	59.5	128	61.8		
Males	325	40.5	79	38.2		
IGDS9-SF	14.79	6.50	17.07	7.79	-3.893	<0.001
DERS	86.66	21.68	98.08	23.16	-6.663	<0.001
Non-accept	12.12	5.14	13.07	5.35	-2.365	0.018
Goals	15.33	4.76	16.87	4.82	-4.139	<0.001
Impulse	13.04	5.08	15.89	5.84	-6.414	<0.001
Awareness	15.76	4.26	16.59	4.79	-2.296	0.022
Strategies	18.86	6.93	22.76	7.74	-6.599	<0.001
Clarity	11.55	4.14	12.89	4.49	-4.086	<0.001

DERS: Difficulties in Emotion Regulation Scale

Table 2
Logistic regression analyses with self-mutilative behaviour (SMB) as dependent variable and severity dysregulation and severity of Internet gaming disorder symptoms as independent variables

								95% C.I.	
		B	S.E.	Wald	df	p	Exp(B)	Lower	Upper
Model 1	**DERS**	0.020	0.004	33.734	1	<0.001	1.021	1.014	1.028
	IGDS9-SF	0.030	0.011	7.573	1	0.006	1.030	1.009	1.052
Model 2	**Non-accept**	-0.062	0.019	10.310	1	0.001	0.940	0.905	0.976
	Impulse	0.074	0.020	13.051	1	<0.001	1.077	1.034	1.121
	Strategies	0.053	0.016	11.043	1	0.001	1.054	1.022	1.088
	IGDS9-SF	0.031	0.011	8.132	1	0.004	1.032	1.010	1.054

Nagelkerke R^2: Model 1=0.073, Model 2=0.102

[Abstract:0028][Psychosomatic medicine-Liaison Psychiatry]

Comparative evaluation of somatization and abnormal illness behaviors in fibromyalgia patients with diagnostic and statistical manual of mental disorders, fifth edition (DSM-5) and diagnostic criteria for psychosomatic research (DCPR)

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ABSTRACT

OBJECTIVE: In 1995, the DCPR system was developed by the international group of researchers to translate the psychosocial variables obtained from psychosomatic medical researches into operational tools.In the literature,many studies have shown that many somatization syndromes that cannot be diagnosed by the DSM-IV system can be differentiated by the DCPR system.However, there is limited study data comparing the relationship between DCPR and DSM-5.In this study,it was aimed to examine the diagnosis rates of DSM-5, which is a traditional system that mediate the detection of many associated psychological factors and DCPR system, has shown its clinical utility on the onset, etiology, course and disability of fibromyalgia. Then, analyzing the overlap between the obtained diagnoses and the psychological and psychosocial effects on functionality.

METHODS: From May 2017 to November 2017,200 patients who applied to the Physical Medicine and Rehabilitation Clinic of the Karadeniz Technical University School of Medicine and accepted to participate in the study from the patients who were diagnosed with fibromyalgia according to American College of Rheumatology (ACR)1990 criteria and who met inclusion criteria were taken into the study. All patients were evaluated for DSM-5 diagnostic criteria, and a semi-structured clinical interview was conducted for DCPR developed by Rafanelli et al. Symptom Check-List-90-R (SCL-90-R) for the detection of psychological conditions, The Fibromyalgia Impact Questionnaire (FIQ) was used to assess the psychosocial function, quality of life, and fibromyalgia.

RESULTS: There was a statistically significant difference between the DSM-5 and DCPR diagnosesof FIA scores between two groups with no DSM-5 diagnosisand ≥2 DSM-5 diagnosis.DSM-5 diagnosis sequence, which is most frequently detected in the FMS diagnostic research universe,41% of somatic symptoms and related disorders, anxiety disorder(17.5%) and depressive disorder(15%). Among DCPR diagnoses;persistent somatization(26%),thanatophobia(17.5%), disease phobia (16%) were the most frequently diagnosed diagnoses.While 65.5% of the study population had at least diagnosis with DSM-5, 80.5% were found to have at least 1 diagnosis with DCPR.The meannumber of patients, who diagnosed by DCPR but not diagnosed by DSM-5 are3 times higher than that of patients,diagnosed by DSM-5 but not diagnosed by DCPR.These ratios were found to be 22.5% and 7.5% respectively. The highest overlap betweenDSM-5 and DCPR subdiagnostic groups were persistent somatization and demoralization to DSM-5 grouped diagnostic categories.This rate was significantly high as the DSM-5 diagnosis of somatic symptom disorder (56.4%)and psychological factors affecting other medical conditions(45.5%). Among the subgroups of DCPR except tanatophobia, the highest overlap with DSM-5 which has somatic symptoms and related disorders.While DSM-5 and all patients diagnosed with somatic symptoms and related disorders had at least 1 diagnosis with DCPR, 42.2%of the patients who were diagnosed with abnormal disease behavior or somatization with DCPR were diagnosed and at least one SSD with DSM-5.

CONCLUSIONS: DCPR has been found to be more useful than DSM-5 in detectingsubthreshold or skipped diagnoses especially abnormal disease behaviors and the somatization process that play a key role in FMS. If these two systems are applied jointly in different clinical settings, early screening, awareness and treatment of many subthreshold psychological conditions will be prevented,and adverse effects in the disease process and related psychological and social context will be prevented.

KEYWORDS
Fibromyalgia; DSM-5; DCPR; somatization; abnormal illness behavior

[Abstract:0029][OCD]

Obsessive-compulsive disorder, genetic issues and internal health issues

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ABSTRACT

OBJECTIVE: Obsessive compulsive disorder (OCD) is a common, chronic, and long-term psychiatric disorder in which the individual feels uncontrollable, recurring thoughts (impulses) and an urge to repeat behaviors (coercion). It is a disorder with mental actions

KEYWORDS
Genetic factors; internal health; Obsessive compulsive disorder (OCD); OCD features

that cannot be prevented from repeating itself. Millions of people around the world suffer from OCD. According to 2017 data (World Health Organization), roughly %2,3 of any population (one in every 200 people) live with this disorder. In the study, environmental factors including sociodemographic characteristics which are among the factors that cause OCD formation were examined. This study was intended to examine the relationship between sociodemographic characteristics and OCD symptoms. Therefore, different types of obsessions and compulsions of the participants have been examined.
METHODS: Data were collected from 62 people in two mid-Anatolian cities. 23 (37%) were male and 39 (63%) were female. Their ages ranged between 17–63 and average age was 32 years. 34 (55%) of them were married, 18 (39%) were single and remaining were separated. Sociodemographic data form, Diagnosis DSM-V, Global Obsessive-Compulsive Scale (OCI-R), and Yale Brown Scale (Y-BOCS) were used for data collection. They received a general psychiatric examination.
RESULTS: The results showed that the most common obsessions were transmission and sexual suspicion. In addition, control, washing and questioning were found among the most common compulsions. Regarding the patients, 18 were first time, 29 were repetitive, and 15 were chronic OCD patients. Most common obsession types were found as suspicion, infection, and sexual. Their compulsions were mainly control, washing, avoiding or questioning. 40 of them (64%) indicated not having any internal health problem. Other patients were suffering from various internal health issues such as ophthalmologic problems, migraine, epilepsy, and hernia. The frequency of suffering internal health issues in females (46%) was found to be much higher than males (20%). However, no correlation was found between both genders. Most subjects (58%) reported having a relative person diagnosed with a mental issue especially OCD and depression.
CONCLUSIONS: Preliminary results revealed that correlation coefficient between OCD symptoms and number of kids (-0.22) showed that the greater number of kids, the less OCD severity. It was found that age and OCD symptoms had negative correlation. On the other hand, similar to previous studies, OCD severity increases as age rises. Having close relatives with OCD symptoms proves that it has a genetic component. Suffering from any internal disease was another factor that increases the risk getting it. Our data comparing male and female subjects diagnosed with it resulted in inconclusive conclusion and supported previous studies. Finally, our findings correlated with the previous research findings and supported the OCD theories about its causes (biology, genetics and environments). However, more detailed and comprehensive studies should be conducted to get more sound proofs about it and related issues such its risk factors, gender and other features.

[Abstract:0043][Schizophrenia and Other Psychotic Disorders]

Platelet count and platelet lymphocyte ratio in patients with psychosis

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ABSTRACT
OBJECTIVE: Certain negative changes in blood parameters are observed in patients with psychotic disorders due to disease induced inflammatory processes and factors such as negative living conditions, inadequate nutrition and psychotropic drug use. Also, smoking, which is common in this patient group, adversely affects blood cell functions and especially platelet aggregation in both acute and chronic periods. The present study aimed to examine the platelet count and functions in patients with psychotic disorders. For this purpose, patient and control group mean platelet volume (MPV) and platelet count and platelet/lymphocyte ratio were compared.
METHODS: Fifty 18–65 years old patients, who were diagnosed with an anxiety disorder based on DSM-5 diagnostic criteria, were included in the study. The control group included 50 healthy individuals similar in age and gender. A sociodemographic data form developed by the authors is applied to all participants. Complete blood count values for both the patient and the healthy control group were recorded based on the information stored on the system. MPV and platelet values for patients were compared with the test results of healthy controls. SPSS version 22 software was used for statistical analysis. The Student's t test was used for paired comparisons and the correlation between the variables was analyzed with Pearson's correlation analysis. $p < 0.05$ was considered statistically significant.
RESULTS: The mean age in the patient group was 38.8 ± 14.08 and the mean age in the control group was 36.76 ± 11.5. 58% of the patient group and 28% of the control group were smokers. The patient group platelet count was significantly lower when compared to the control group ($p = 0.026$). Although MPV rates were lower in the patient group, the difference was not statistically significant. There was no significant difference between patient and control group MPV, Hb, Htc, P / L, WBC and RBC values. There was no significant difference between the hematological parameters when the patient group was grouped as medicine users (n= 30) and non-medicine users (n= 20).

KEYWORDS
Psychosis; mean platelet volume; blood platelet

CONCLUSIONS: In the present study, it was determined that platelet count was lower in psychosis patients when compared to healthy individuals. In order to assess the platelet functions in the patient group, further studies that would include a higher number of cases are required.

[Abstract:0044][Addictions]

Evaluation of the correlation between smoking and sex life in a non-clinical sample

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ABSTRACT

OBJECTIVE: The present study aimed to examine the correlation between smoking and sex life among females between the ages of 18 and 55.

METHODS: The study sample included 60 randomly selected female individuals who volunteered to participate in the study. The sociodemographic data for the sample were collected and recorded with a semi-structured sociodemographic data form developed by the authors. Beck Anxiety Inventory and Beck Depression Scale were applied to all participants in the non-clinical sample to determine anxiety and depression symptoms and Arizona Sexual Experiences Scale was applied to assess the sex lives of the participants. In data analysis, the chi-square test was conducted with SPSS version 22 software and Pearson correlation tests were applied to determine the differences between the variables.

RESULTS: It was determined that the mean participant age was 36.08 ± 9.13. It was determined that 36 participants (60%) were married for more than 10 years. 66% of the individuals (40 individuals) were in arranged marriages. Only one patient consumed alcohol. 35% of the cases (21 individuals) were smokers. The mean BAI score of the sample (14.83 ± 12.91) was determined as mild anxiety, and the mean BDS score (15.76 ± 11.3) was considered as mild depression. BAI and BDS scores were significantly higher in the smoker group when compared to the nonsmoker group ($p = 0.007$, $p = 0.006$). It was found that mean ASEX score of the participants was high (16.13 ± 4.85). A positive correlation was determined between age and ASEX scores ($p = 0.01$). Although the smoker group ASEX score was higher, the difference between the groups was not statistically significant.

CONCLUSIONS: It was determined that anxiety and depression scores of the smokers were higher. Tobacco use is more intensive among stressful individuals or smoking increases anxiety and depression symptoms. Although there no correlation was identified between smoking and sex life, the high level of sexual problems in a sample known as healthy was noteworthy.

KEYWORDS
Smoking; sex life; anxiety

[Abstract:0045][Psychosomatic Disorders]

Comparison of patients with mild and severe fibromyalgia syndrome in terms of coping ways

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ABSTRACT

OBJECTIVE: Fibromyalgia syndrome (FMS) is a rheumatological disease. Its etiology and pathogenesis has not been fully explained. Its prevalence in the world is 2%. Although FMS is defined as a physical disease, it is stated by some authors that it is a psychological disorder or psychological factors take place in its etiology. Stress is defined as the situation that occurs when the organism's physical and psychological limits are threatened; it disrupts the stability of the individual and force the ability to cope. Individuals use five different stress coping ways which are appropriate and in appropriate. Coping ways are defined; self-confident approach, desperate approach, submissive approach, optimistic approach, search for social support approach.

METHODS: 103 women with FMS diagnosis but with no psychiatric diagnosis were included in the study. Sociodemographic form, Fibromyalgia Impact Questionnaire (FIQ), Ways of Coping Questionnaire (WCQ) were applied. SPSS 22.0 was used to analyze the data. The suitability of the data to the normal distribution was examined by Kolmogorov-Smirnov test. Student t-test and Pearson correlation analysis were used to evaluate independent groups. Data were examined at 95% confidence level; p value less than 0.05 was considered significant.

KEYWORDS
Fibromyalgia; psychological stress; severity of illness index

RESULTS: The mean age of the patients FMS was 42.76 ± 10.08. Patients were divided into two groups as mild (70 below) and severe (70 and over) FMS according to FIQ scores. Of the 103 women, 54 were mild (52.4%) and 49 were severe (47.6%) FMS. As the FIQ score increased (FMS severity), the self-confident approach (r = -0,217; p = 0,028) score was decreasing significantly.
CONCLUSIONS: In the study, it was shown that as the severity of the disease increased, the self confident approach score which is one of the appropriate coping ways, decreased in FMS. To consider psychotherapeutic approaches in the treatment of severe FMS including appropriate stress coping ways will contribute positively to the treatment. Further prospective studies with larger samples includeing both sexes will contribute to the literature.

Table 1. Scores of age and ways of coping questionnaire.

	Mean	Std. Deviation
Age	42.76	10.08
Fibromyalgia Impact Questionnaire	66.55	15.02
Self-confident approach	13.79	4.11
Optimistic approach	9.19	3.38
Desperate approach	12.20	4.36
Submissive approach	10.47	3.55
Search for social support approach	7.05	2.31

Table 2. Stress coping ways according to fibromyalgia severity.

	Moderate Mean±Std. Deviation	Severe Mean±Std. Deviation	p
Self-confident approach	14.72±4.21	12.76±3.78	0.015
Optimistic approach	9.69±3.32	8.65±3.40	0.122
Desperate approach	11.96±4.49	12.47±4.25	0.559
Submissive approach	10.54±3.64	10.39±3.48	0.832
Search for social support approach	7.17±2.44	6.92±2.17	0.588
FIQ	55.63±12.16	78.58±5.87	0.000

[Abstract:0061][Neuroscience: Neuroimaging-Genetics-Biomarkers]

Neuropsychiatric and sociodemographic features of centenarian people who live in rize

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ABSTRACT
OBJECTIVE: Various studies to determine the fundementals of healthy aging are being conducted in countries, such as Korea, Japan, USA and Austria, of which eldery population is gradually rising. These studies aim to measure life satisfaction and life span by means of three fundemantal topics consisting of biological, physical, psychological and sociological factors. Biological factors mainly include age, gender and physical well-being.
METHODS: Total of 26 patients with extraordinary life span (Centenarian: > 100 years of age) who were referred to Rize Kaçkar Goverment Hospital and Rize Recep Tayyip Erdoğan University Neurology and Chest Diseases Departments are included in this study. Vital signs, oxygen saturation, ECG charts, tobacco and alcohol dependencies, sleep quality assessment, BMI, bone dansitometry, Minimental test, SF-36 Quality of Life and Geriatric Depression scales were evaluated for each patient. In addition; occupational histories and history of comorbid diseases were examined.
RESULTS: Mean age of patients was 102, mean BMI of patients was 19.5; and 48.5% was male where as 51.5% was female. Regarding the daily life routines, 46% of the patients was independent. Results of comorbid diseases diagnosed after physical examination were; 45% hypertension, 8% COPD, 28% osteoporosis. When the smoking habits were evaluated it was found that 68% of the patients never smoked in their lifes and none of the patients was presently smoking at the time of the evaluations. Of the COPD patients; 95% had history of smoking before. Regarding the Geriatric Depression Scale, only 3% of the patients had depression diagnosis. Rate of first or second degree of relatives who lived over 80 years was found to be 65%.

KEYWORDS
Centenarian; longevity; well-being; aging

CONCLUSIONS: In our knowledge, there is no study that includes common sociodemographic, physical, biological and neurophysical features of people with extraordinary life span and healthy aging elderly population. Longer life will be more meaningful if it is lived healthier and more successful; and this present study is one of the first researches in this field.

[Abstract:0064][Psychosomatic medicine -Liaison Psychiatry]

Evaluation of impulsivity and the relationship between affective symptoms and impulsivity in patients with epilepsy

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ABSTRACT

OBJECTIVE: It is well known that impulsivity is associated with many psychiatric disorders. There are limited data in the literature about impulsivity in patients with epilepsy and additionally these patients have increased risk of suicide and psychiatric comorbidities. The aim of this study to evaluate impulsivity and the relationship between affective symptoms and impulsivity in patients with epilepsy.

METHODS: In this cross sectional study 26 epileptic patients with generalized tonic clonic seizure and age, sex and education matched 20 healthy controls were enrolled. To determine participants' affective symptoms Hospital Anxiety and Depression Scale (HADS) was used and Barrat Impulsiveness Scale-11 (BIS-11) was performed for assessment of impulsivity for all subjects. The results were analyzed using SPSS-25. Differences between groups were evaluated using ANOVA and Student's t tests.

RESULTS: The study involved 26 patients with epilepsy and 16 patients had affective symptoms. Patients with epilepsy showed higher scores on two subscales of BIS-11(motor impulsivity ($p= 0.039$) and non planning impulsivity ($p< 0.001$)) and total score of BIS-11 ($p< 0.001$). Epileptic patients with affective symptoms showed higher scores on attentional impulsivity subscale of BIS-11 than epileptic patients without affective symptoms and controls. (respectively $p=0.015$; $p= 0.036$)

CONCLUSIONS: Impulsivity may be predictive for suicidality in patients with epilepsy. Therefore, diagnosis and treatment of impulsivity in these patients is important in terms of increasing the patients' quality of life.

KEYWORDS
Epilepsy; affective symptoms; impulsivity

[Abstract:0065][Epidemiology]

The determination of vitamin D, vitamin B12 and folic acid levels of patient in pychiatry clinic

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ABSTRACT

OBJECTIVE: The aim of this study was to examine vitamin D, vitamin B12 and folic acid levels of inpatients in psychiatry.

METHODS: After the approval of the local ethics committee, demographic characteristics of all cases, vitamin D, vitamin B12 and folic acid parameters were recorded. Vitamin B12 deficiency was considered present when the serum Vitamin B12 level was less than <191 pg/mL, vitamin D deficiency was defined as a level less than 20 IU/dL, folik acid deficiency was defined as a level less than < 3,1 pg/mL. Those who have severe physical illnesses that can affect their current psychiatric condition and may lead to anemia statements are excluded from the study.

RESULTS: 170 women and 132 men were included in the study. The average age of participants was 41.92±14.58. The most common diagnoses were major depressive disorder (33.8%), bipolar mood disorder (33.8%), psychotic disorder (16.6%), generalized anxiety disorder (7.6%), panic disorder), obsessive compulsive disorder (2.6%) and conversion disorder (2%), respectively. There was no significant difference in the levels of vitamin D (p=0,059) and vitamin B12 (p=0,879) according to sex, while the folic acid level was significantly lower in males (p=0,001). The participants of 58.6% had vitamin D deficiency, 10.9% had vitamin B12 deficiency and 6.3% had folic acid deficiency. In females, vitamin D

KEYWORDS
Folic acid; inpatient; psychiatry; vitamin B12; vitamin D

deficiency was 64.1%, vitamin B12 deficiency was 10.6% and folic acid deficiency was 4.7%. In males, vitamin D deficiency was 51.5%, vitamin B12 deficiency was 11.4% and folic acid deficiency was 8.3%. No significant difference was found between vitamin D, vitamin B12 and folate levels in the comparison between the diagnoses.
CONCLUSIONS: Due to the high number of patients with low vitamin D and vitamin B12 levels in this present study, more attention may be paid to vitamin D and vitamin B12 replacement. The lack of folic acid in men is noteworthy in this present study.

[Abstract:0066][Psychosomatic medicine -Liaison Psychiatry]

Investıgatıon of psychopathology and related varıables In adolescents wıth conversıon dısorders

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ABSTRACT
OBJECTIVE: Conversion disorder is one of the most common psychiatric disorders in developing countries. On the other hand studies especially in the group of children and adolescents is very limited. The aim of this study was to evaluate sociodemographic data, psychiatric comorbidity, onset and course of conversion disorders in this age group.
METHODS: In this present study, we evaluated 36 adolescents (33 females, 3 males) with the age range of 12–18 years and 37 controls with the same age group. All participants were expected to fill out the sociodemographic data form prepared by the researchers. Afterwards, psychometric tests and semi structured interview (K-SADS-PL) were applied by the clinician for the purpose of psychiatric diagnosis and in order to exclude mental retardation. SPSS 18.0 was used for analysis of data.
RESULTS: When findings were evaluated, no significant difference was observed between two groups regarding duration of education, family structure, number of siblings, average age of parents and education level of parents and socio-cultural / economic level.

While onset of symptoms was 14±1 years in conversion disorder group, time to psychiatry admission was 5±3 months. When symptoms were evaluated as subtype, 77.8% were psychogenic seizures, 5.6% motor type, 5.6% unusual movements (ataxia, posture), 5.6% mixed type, 2.8% sensory type (vision, speech), 2.8% anesthesia and loss of sensation were observed. When frequency of symptoms was examined, 83% of patients had more than one psychogenic episode per month and 36% experienced multiple seizures per day.

Risk factor that could cause susceptibility to disease was determined in 94.6% (n=34) patients. Family problems were determined in 72% (n=26), difficulties in friendship in 25% (n=9) cases and risk factors for individual difficulties in 27.7% (n=10) cases. Symptoms started after sexual abuse in one adolescent. The academic achievement was significantly lower in conversion disorder group than in control group ($p<0.05$), school absenteeism was more frequent ($p<0.05$) and there were significantly more problems in peer relationships ($p<0.05$).

In assessment made according to Kiddie Schedule for Affective Disorders and Schizophrenia- Present and Lifetime, 75% (n=27) of conversion disorder group had a psychopathology in premorbid period. The most common psychopathology was ADHD (11.1%; n=4) and generalized anxiety disorder (8.3%; n=3). In current examination, 75% (n=27) of adolescents had at least one psychiatric comorbidity. Most common cases were 41.7% (n=15) other somatoform disorders, 30.5% (n=11) depression.

While 58.3% (n=21) of patients with conversion disorder had a psychiatric disease in their relatives, this was 34% (n=13) in control group and showed a significant difference ($p<0.05$).
CONCLUSIONS: Many variables found in this present study are compatible with the limited studies conducted in our country, but they are higher than those conducted abroad. The studies to be carried out in terms of presipitating, perpetuating and protective factors in conversion disorder, which is quite common in developing countries, will be valuable in terms of community mental health protection.

KEYWORDS
Adolescent; conversion disorder; psychopathology

[Abstract:0068][Addictions]

Optimization of therapeutic tactics in patients with opioid addiction

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ABSTRACT

OBJECTIVE: The object of the study was to examine the pathogenetic significance of systemic oxidative stress, depending on the duration of opioid narcotization for further optimization of therapeutic tactics.

METHODS: The study included 52 male patients aged from 18 to 55 years with clinically-defined the drug addiction (ICD-10 — F11.2). The main methods of investigation were clinical-psychopathological, statictical. To determine the intensity of lipid peroxidation to determine the level of malondialdehyde was conducted in serum, the definition of middle molecules.

RESULTS: With this approach to the interpretation of the data could reveal that patients with a duration of narcotization up to 1 year has moderately severe endotoxemia - medium molecular peptides (0.063±0.009*) increase 3 times and oxidative stress - malondialdehyde (1.31±0.10*) increase 2.6 times due to lower activity of catalase in 1.5 times (26.9±1.1*) compared with the control (malondialdehyde 0.51±0.09 nmol/mg protein, medium molecular peptides 0.021 ±0.001 AU/mg protein, catalase 40.1±1.7 mmol of H2 O2 /mln. Erith*m), whereas patients with more than one year duration of narcotization the reduction of catalase activity was observed in 3.5 times - 11.6±0.9** and the level of malondialdehyde — 2.61±0.13** and medium molecular peptides — 0.109±0.012** exceeded control in 5.0 and 5.5 times, respectively (Note: *- Significant in relation to the control, P<0.05).

It should be noted that our results of research on the state of the antioxidant system in patients who use opioids, according to the oppression of the enzymatic link of antioxidant protection and the need to include substances with antioxidant properties, in the treatment of these patients. Based on the identified pathochemical features of the course of acute and chronic drug intoxication opiates, as well as the availability of the system operating in the blood of opioid addicts, the therapeutic tactics has been optimized as follows: included pathogenetic therapy with an effect on metabolic processes with the use of antioxidants. As membrane-pathogenetic therapy administered ethylmethylhydroxypyridine succinate (mexidol) at a dose of 500 mg/day for 2 admission. A comparative study of two groups of drug users receiving different treatments - traditional and optimized in combination with ethylmethylhydroxypyridine succinate (mexidol) shows a more pronounced therapeutic effect bioregularly antioxidant therapy.

CONCLUSIONS: Using optimized therapy helped achieve a significant reduction from baseline indicators of lipid peroxidation, which proves that the liver contribute to the development of the system operating in opium addiction, as well as the fact that the recovery of the antioxidant capacity of the body leads to the relief of the oxidative stress. The study period of abstinence in patients receiving optimized treatment including an antioxidant, found that significantly reduced the duration of withdrawal symptoms, reduced craving for the drug, and the low intensity of the generation of active forms of oxygen in the blood correlates with the effectiveness of therapy. Inclusion of ethylmethylhydroxypyridine succinate (mexidol) in the complex treatment of opioid addiction contributes to sustainable and prolonged suppression of free radical oxidation in the blood, observed immediately after treatment.

KEYWORDS
Opioid addiction; oxidative stress; antioxidants

[Abstract:0073][Psychotherapies]

Cultural dependence of attitude towards psychotherapeutic treatment - german compared to Turkish people in first and second generation

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ABSTRACT

OBJECTIVE: Migrants are affected by various stressors, which might adversely influence their mental health and might be associated with need of psychotherapeutic treatment. The present study compares the attitudes towards psychotherapy of Turkish migrants living in Germany and native Germans. Therefore, sex- and descent-specific differences concerning the open-mindedness towards psychotherapeutic treatment, the social support, the psychological burden and the demand of health services were analyzed. Additionally potential differences between migrants of the first and second generation were examined.

METHODS: 129 Turkish migrants and 129 native Germans were analyzed with the following instruments: Frankfurt-Acculturation-Scale (FRAKKS-T), Questionnaire on Attitudes towards

KEYWORDS
Attitudes towards psychotherapy; Turkish migrants in Germany; social support; sociodemographic variables

Psychotherapeutic Treatment (QAPT), Social Support Questionnaire (SSQ/F-SozU), Symptom-Checklist (SCL-14, short version) with the subscales anxiety, depression, somatization, Suinn-Lew Asia Self Identity Acculturation Scale (SL-ASIA) and Socio-Biographic Questionnaire (SBQ). The Turkish migrants were subdivided into migrants of the first (country of birth not Germany, n=97) and second (country of birth Germany, n=32) generation.
RESULTS: The majority of the test-persons (81.0%) had no personal experience with psychotherapeutic treatment. Turkish migrants were significantly less frequently treated than native Germans.

The judgement of the social support (SSQ/F-SozU): Shows neither significant differences between Turkish migrants/native Germans, between migrants of the first/second generation and between women/men. Was significantly more positive by Turkish women than by Turkish men.

The attitude towards the use of psychotherapeutic support (QAPT): Was significantly (QAPT-whole-scale, QAPT-positive/negative-items) more negative by Turkish migrants than by native Germans. Was significantly (QAPT-whole-scale, QAPT-positive-items) more positive by migrants of the first than of the second generation. Was significantly (QAPT-whole-scale, QAPT-positive-items) judged more positive by women than by men; difference was primary due to the difference in the group of Turkish migrants.

The psychological stress (SCL-14): Was judged significantly higher by Turkish migrants than by native Germans (whole scale and partial scales anxiety, depression, somatization). Was not judged significantly different between migrants of the first/second generation or between women/men.

The grade of acculturation (FRAKKS-T, SL-ASIA): was higher for the group of second generation migrants than for the group of first generation migrants.
CONCLUSIONS: The data-analysis shows that (male) Turkish migrants in spite of their higher subjective psychological burden use institutional support-services of the health-system less frequently and are more skeptical towards psychotherapeutic treatment. The possible reasons for this discrepancy are discussed in the context of the literature. Finally, visions of possible improvements will be presented.

[Abstract:0079][Schizophrenia and Other Psychotic Disorders]

Evaluation of the clinical features of schizophrenia patients following psychosocial skills training in a community mental health center of a training and research hospital

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ABSTRACT

OBJECTIVE: Today, the addition of psychosocial skills training programs to schizophrenia treatment becomes increasingly important. Psychosocial Skills Training (PST) is a program that facilitates patients to cope with the disorder, prevents exacerbations and recurrences, improves social functioning, disease-related insight, compliance with drug treatment and quality of life. The aim of this study was to determine the effects of PST application on clinical features such as symptom pattern, depression level, insight, treatment compliance and functionality in a group of patients with schizophrenia followed in Community Mental Health Center (CMHC).
METHODS: The study sample consisted of 30 schizophrenic outpatients diagnosed according to DSM-V diagnostic criteria. The patients were divided into three groups, each group consisted of 10 people. The training was given by the same researchers for 18 weeks in two sessions, each of which lasted forty-five minutes. The test battery was applied at the beginning and at the end of the training. Sociodemographic Data Form, Positive and Negative Syndrome Scale (PANSS), Calgary Schizophrenia Depression Scale (CSDS), Schedule for Assessing the Three Components of Insight (SATCI), Morisky Medication Adherence Scale (MMAS), Personal and Social Performance Scale (PSPS) were applied as part of the test battery.
RESULTS: Of the 30 patients, twenty-two were able to complete the training. When mean scale scores of cases who completed the training were compared at the beginning and at the end of the study, no statistically significant difference was found in PANSS positive symptoms (baseline 20.00±8.39, post-PST 18.71±4.85; p=0.184) and negative symptoms (baseline 21.78±7.29; post-PST 17.79±6.50) subscale scores. However, mean scores of PANSS general psychopathology subscale (baseline 42.82±14.19; post-PST 25.43±8.76; p=0.011) and PANSS total (baseline 82.79±25.55; post-PST 59.07±14.66; p=0.043) decreased significantly. There was no significant difference in the mean score of CSDS (Baseline 13.29 ±9.36; post-PST 10.43 ± 8.63; p = 0.207). The mean scores of SATCI (baseline 12.14±2.74, post-PST 16.29±2.49; p=0.002), MMAS (Baseline 4.25±1.32, post-PST 4.86±1.09; p=0.017)

KEYWORDS
Schizophrenia; psychosocial skills training; insight; compliance; functionality

and PSPS (baseline 46.43±16.22, post-PST 66.86±11.55; p=0.002) improved significantly after the training.
CONCLUSIONS: With this study, we emphasized the importance of creating therapy programs in CHMC. This study demonstrated that the PST program contributes considerable improvements to general psychopathology, treatment compliance, and functionality for schizophrenia patients. At the same time, significant improvement was obtained in terms of insight in the subjects who completed the program. Since the addition of this training program to the routine treatment of schizophrenia has contributed positively to the clinical pattern and functionalities of the patients, it is important to increase the awareness of mental health professionals in this area.

[Abstract:0082][Others]

Sociodemographic and clinical characteristics of voluntary and involuntary psychiatric admissions in a foundation university hospital

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ABSTRACT
OBJECTIVE: Despite the clinical, ethical, and legal controversions, involuntary admission is commonly used in psychiatry to enable treatment and prevent harm. In the worldwide clinical trials, the prevalence of involuntary admission ranges from 3.2% and 42%. The principles and procedures of involuntary admission and treatment change widely across different countries. This study aimed to examine and compare the sociodemographic and clinical characteristics of voluntary and involuntary admission of psychiatry patients.
METHODS: This retrospective study comprised of 108 patients who were involuntarily or voluntarily hospitalized in Psychiatry Clinic of Maltepe University Hospital between 1 January 2018 and 20 December 2018. The data were retrospectively obtained from hospital records.
RESULTS: The prevalence of involuntary admission was 23.1%. There was no statistical difference between voluntary and involuntary patients in their mean age (Voluntary admission: 43.8±18.0; involuntary admission: 44.6±17.5, p=0.853), mean years of education (Voluntary admission: 11.8 ±4.2; involuntary admission: 11.2±5.1, p=0.539), the mean duration of admission (Voluntary admission: 12.9±10.1; involuntary admission: 15.2±7.7, p=0.313), gender distribution (p=0.533), and marital status (p=0.950). Involuntary admission group showed significantly higher unemployment rate than voluntary admission group (77.3% and 51.6%, respectively; $\chi^2 = 4.44$, p=0.03). Involuntary patients were more likely to live alone than voluntary patients (36.0% and 13.3%, respectively; $\chi^2 = 6.58$, $p = 0.10$). Depression was the most common diagnosis among voluntary patients while schizophrenia and related disorders were the most common diagnosis among involuntary patients (55.7% and 48.0%, respectively; $\chi^2 = 17.9$, $p = 0.00$).
CONCLUSIONS: In the literature, involuntary admission rates vary from 3.2% and 42%. Studies from Turkey have shown rates of 13.1% and 23.11%. Our finding of involuntary admission prevalence is consistent with the literature. Most of the involuntary admissioned patients were unemployed, living alone, and had a diagnosis of a schizophrenia and related disorder. Our results support previous researches suggested involuntary admission is significantly associated with unemployment, living alone and having a diagnosis of schizophrenia and related disorder. However these findings should be supported with further studies with larger sample size.

KEYWORDS
Involuntary admission; schizophrenia and related disorders; sociodemographic features

[Abstract:0084][Mood disorders]

The relationship between leptin receptor polymorphism and suicide in depressed adolescents

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ABSTRACT
OBJECTIVE: Suicide is the second leading cause of death in adolescence. Genetic studies implicate the genetic component of suicide independent from associated psychiatric disorder. Although genetic is an important factor that might be associated with suicide,

KEYWORDS
Leptin; depression; genetics; impulsive behavior; suicide

limited progress is achieved to identify the candidate genes in adolescents. In this study, we want to research the relationship between major depressive disorder, suicide and leptin receptor single nucleotide polymorphism.
METHODS: 97 patients and 106 healthy controls were included study. Five leptin receptor SNP regions were examined. Depressive scores and suicidal behavior were measured by standardized scales. Logistic and linear regression analysis were used for determining to predictors.
RESULTS: Previous suicide attempt (B:5,553, t:2,125 p=0,035) and having a mutant allel in rs1171276 SNP region (B:4,346 t:1,958 p=0,048) were found as two strong predictor for Suicide Probability Scale scores in whole sample. Family history of depression (B: 1,426, p=0,000, expB: 4,164) and number of stressful life events (B:0,547, p=0.001, expB: 1,728) predicted depression significantly. There is no statistically significant difference regarding number of person who has homozygote or heterozygote genotype between patient and control groups.
CONCLUSIONS: Leptin receptor polymorphism could result an increase in impulsive behavior and suicide scores with leptin resistance. Our research is the first study examine the relationship between depression, suicidal behavior and leptin receptor polymorphism in adolescent sample. The relatively small sample size should be mentioned a limitation for this present study. Further studies are needed for generalize these results.

[Abstract:0088][Bipolar and Related Disorders]

The relationship between expressed emotion and treatment resistance in patients with major depression

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ABSTRACT
OBJECTIVE: Major Depression (MD); is the most common psychiatric disorder and its incidence is increasing day by day. Due to its high prevalence rates, risk of recurrence or chronicity; results such as suicidal attempts, loss of functionality and economic burden, it is an important public health problem. The concept of treatment-resistant depression (TRD) is defined as lack of response to two different groups of antidepressants at adequate doses and duration. The concept of expressed emotion (EE) is a multifaceted measure of criticizing, hostile and overprotective attitudes and expressions of the relatives towards the individual with the disease. Clinical course of MD and EE associations were examined in a variety of studies, and in the majority of cases, high EE was found to be associated with relapse. Although the association of EE with relapse is shown, information about its relationship with clinical severity of major depression and treatment resistance is limited. In this study, it was aimed to examine whether there is any difference in terms of EE between treatment resistant and nonresistant major depression patients, and the relationship between EE and the clinical characteristics of depression.
METHODS: The study included 50 patients with MD, 50 patients with TRD and the relatives of these 100 patients who were admitted to the Psychiatry Department of Marmara University Pendik Training and Research Hospital. The Quick Inventory of Depressive Symptomatology (QIDS-SR16) and EE scale were used to assess depressive symptoms and EE levels in both groups of patients. And patient's relatives were evaluated by LEE (Level of Expressed Emotion) scale.
RESULTS: In the TRD group, the LEE total score ($p = 0.020$), the LEE_ emotional response subscale score ($p = 0.011$) and the LEE_ attitude toward illness subscale score ($p = 0.036$) were found to be significantly higher. When EE scale total score and subscale scores are examined; EE total score ($p < 0.001$) and EE_emotional overinvolvement subscale score ($p < 0.001$) were found to be significantly higher in TRD group. When QIDS-SR16 scale total scores are compared; there was a statistically significant increase in the TRD group ($p < 0.001$). And there was a positive correlation between QIDS total score and total EE and LEE scores and all subscale scores ($p < 0.05$).
CONCLUSIONS: In this present study, there was no significant difference between the groups in terms of sociodemographic data (age, gender, etc.). When TRD and MD groups were compared in terms of clinical variables; as expected, inpatient treatment, ECT, number of suicide attempts, number of past depressive episodes and duration of current episode were found to be higher in TRD group than MD group.

In the TRD group, the LEE and EE total score, level of LEE subscale emotional response and attitude toward illness and level of EE subscale emotional overinvolvement were significantly higher compare to MD group.. To clarify the relationship between EE and treatment resistance, further research in larger groups is needed.

KEYWORDS
Expressed Emotion; Major Depression; Treatment Resistance

[Abstract:0092][Perinatal Psychiatry]

Comparison of fetal and maternal attachment between peripartum anxiety disorder diagnosed and healthy women

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ABSTRACT

OBJECTIVE: 'Prenatal (fetal) attachment' has been defined as emotional bonding of the pregnant woman to the unborn fetus. On the other hand 'maternal attacment' describes the emotional bonding of the mother to the baby. Maternal depression has been associated with maternal attachment problems (1) and these results are well documented. Although anxiety disorders are more frequently observed than depressive disorders in perinatal women (2), there are limited number of studies that have examined the effects of anxiety on maternal and fetal attachment. This study examined both the effects of prepartum and postpartum effects of anxiety on attachment.

METHODS: This study was carried out with 15 pregnant, 30 postpartum women who were diagnosed with peripartum anxiety disorder and were followed up at Bakırkoy Women Mental Health Unit in Bakırkoy Mental Health Hospital. 29 healthy control pregnant and postpartum women were included to compare for assessed parameters. Prenatal Attachment Inventory and Mother Attachment Inventory were utilized to assess prenatal and postpartum attachment. High scores of Maternal and Fetal Attachment Inventory reflect a positive quality of attachment. Multidimensional Scale of Perceived Social Support was used to evaluate the social support from relatives and other social environment. The severity of anxiety disorder and comorbid depressive disorder was evaluated with Beck Anxiety Inventory (BAI) and Beck Depression Inventory (BAI).

RESULTS: The diagnosis of the women at pregnancy period were 4 panic disorder, 6 generalized anxiety disorder (GAD), 5 GAD and depressive disorder comorbidity. The diagnosis of women who were followed up from pregnancy to postpartum period were 2 panic disorder, 3 GAD, 8 GAD and depressive disorder comorbidity. The diagnosis of women at postpartum period were 4 panic disorder, 2 GAD, 11 GAD and depressive disorder comorbidity.

Although new onset of anxiety diagnosis at pregnancy period was %6, at postpartum period the ratio of new onset anxiety diagnosis was %58. Although the average week of admission to hospital was 12 at pregnancy period, the average week was 6 at postpartum period. The initiation of the disorder was earlier at postpartum period. The score of Perceived Social Support at patient group was lower than healthy control group. The prenatal attachment and the maternal attacment scores were significantly lower than healthy control group. There were significant positive correlations between Perceived Social Support score and prenatal and maternal attachment. There were negative correlations between BAI score and Perceived Social Support score, Prenatal Attachment score and Maternal Attachment score. There were negative correlations between BDI score and Perceived Social Support score, Prenatal Attachment score and Maternal Attachment score.

CONCLUSIONS: The comorbidity of anxiety disorder and depressive disorder was high both at pregnancy and postpartum period. The patient sample perceived lower support compare to the healthy control group. Early identification and treatment of maternal anxiety disorders in peripartum period may prevent disruptions in attachment. Increasing social support with psychosocial interventions may contribute to develop maternal and fetal bonding of women in peripartum period.

KEYWORDS
Anxiety disorder; peripartum; maternal; fetal; attachment; social support

[Abstract:0086][Forensic Psychiatry]

Sociodemographic and clinical characteristics of juvenile delinquents that assessed at a university hospital: data for 2014 – 2018

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ABSTRACT

OBJECTIVE: In this study, we aimed to examine the sociodemographic and clinical characteristics of children who were dragged into crime.

KEYWORDS
Forensic cases; juvenile delinquents; psychiatry

METHODS: The outpatient clinic files of the juvenile delinquents patients aged between 12 and 17 years who were referred to the Department of Child and Adolescent Psychiatry of Suleyman Demirel University School of Medicine between January 2014 and December 2018 for psychiatric examination were examined retrospectively.
RESULTS: A total of 189 children and adolescents in Isparta province between January 2014 and December 2018 were evaluated as forensic cases. The age range of the patients was 12–17 years and the mean age was 14.4 ± 1. 163 (86.2%) of the cases were male, 26 (13.8%) were female. 72.5% (n = 137) of the patients were diagnosed with psychiatric disorder. Only 16 (8,5%) of the children dragged to crime have regular child and adolescent psychiatry outpatient follow-up.
CONCLUSIONS: With the data obtained from this study, it can be ensured that early detection of children at risk and early treatment of the patients with psychiatric disorder, and the establishment of school - family - child and physician cooperation and the reduction of the possibility of crime can be ensured.

[Abstract:0091][Others]

PMS/PMDD effects on attention and short-term memory in adolescent girls

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ABSTRACT
OBJECTIVE: The studies on Premenstrual Syndrome (PMS) / Premenstrual Dysphoric Disorder (PMDD) in adolescents are scarse in number, and the studies conducted to date are prevalence studies, and they did not evaluate the attention, memory and other neuropsychological parameters in the adolescents with PMDD. In this present study, we aimed to evaluate the neurocognitive functions of the adolescent girls that are diagnosed with PMS or PMDD, such as attention and short-term memory. In addition, we aimed to assess these functions in terms of phase differences in menstruation.
METHODS: The participants (n=86) (14–18 y. ages) were completed the Premenstrual Assessment Form (PAF). 56 cases with a PMS severity score of 1.7 or more. Among them, 20 adolescents did not have the diagnostic criteria. Finally, 36 PMS/PMDD and 30 control (PAF scores less than 1.7) cases were recruited into the study. The adolescents were assessed two times according to the phase of menstruation one in follicular phase (6–10. day) and one in luteal phase (-7–-1. day). The Edinburgh Depression Scales were filled in these days, Visual Audio Digit Span (VADS) Test Form B and Form TBAG Stroop tests were administered.
RESULTS: The subjects with PMS/PMDD had a lower performance compared to the control group for Stroop test Time 5, and the test results were significantly lower in the luteal phase of this group compared to the follicular phase. In the VADS-B test subparameters, the PMS/PMDD group had significantly worse performance in the luteal period and there was no significant difference in the subparameters of VADS-B for the control group, in terms of phase difference. No significant difference was found between the groups in the VADS-B test subparameters.
CONCLUSIONS: The results of this study identified some neurocognitive problems, including attention, disruptive effects and short-term memory in adolescents with PMS/PMDD compared to control cases. In addition, these difference were found to be significantly changing between menstrual phases.

KEYWORDS
Premenstrual Syndrome; Premenstrual Dysphoric Disorder; attention; short-term memory; adolescence

[Abstract:0097][Others]

The predictive effect of sociodemographic factors on psychiatric problems and the relationship between perceived social support and psychiatric problems in adolescents

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ABSTRACT
OBJECTIVE: The prevalence of mental disorders in children and adolescents was reported to be 13.4 %. Adolescence is a critical period for the development of psychiatric disorders. The

KEYWORDS
Adolescents; anxiety; depression; social support; sociodemographic risk

etiology of psychiatric problems is complex and the individual, social, environmental and genetic factors are blamed in the etiology. The aim of this study was to determine the predictive sociodemographic factors on psychiatric problems and to examine the relationship between psychiatric symptoms and perceived social support in adolescents.
METHODS: This study was conducted with 862 (male: 451, female: 411) middle and high school students. The mean age of the participants was 14.6 ± 1.8 (min:12, max:18) years. The sociodemographic data form, multidimensional scale of perceived social support scale and brief symptom inventory were answered by the participants. Socio-demographic data form includes information about age, gender, family structure, income level of the family and the academic achievement of student. The multidimensional scale of perceived social support scale consists of 12 items in total and has 3 subscales (family support, friend suppor, special person support). Brief symptom inventory is consist of 53 items and 5 subscales (anxiety, depression, negative self concept, somatization, hostility). The relationship between sociodemographic characteristics and psychiatric symptoms was evaluated by multiple linear regression analysis. The relationship between social support and psychiatric symptoms was examined by correlation analysis.
RESULTS: Increased age is a predictor of anxiety, depression, negative self concept, somatization and hostility. Female gender is a predictor of depression and hostility. Single-parent family is a predictor of anxiety, depression and negative self concept. Low academic achievement is a predictor of anxiety, depression and hostility. The anxiety, depression, negative self-concept and somatization scores were significantly higher in adolescents with low family and friend support. The hostility scores were significantly higher in adolescents with low family support. Additionally, anxiety, somatization and hostility scores of the adolescents with high special person support were significantly higher.
CONCLUSIONS: In the current study anxiety, depression, negative self-concept, somatization and hostility were evaluated in adolescents. Age, gender, family structure and academic achievement were predictors of various psychiatric problems. In addition, the importance of social support in psychiatric problems was demonstrated. Research on social support shows that it plays a protective role in stressful life events and has positive effects on psychological well-being and disease severity. Furthermore, lower social support has been associated with poor treatment outcomes and has predicted higher health care utilization in mental disorders. In the light of these data, determining sociodemographic risk factors and knowing the importance of social support on psychiatric problems can make significant contributions to preventive mental health.

[Abstract:0100][Personality Disorders]

Personality disorders and their effects in migrainous women

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ABSTRACT
OBJECTIVE: This study aimed to examine the personality disorders (PDs) and their relationships with migraine in a sample of women.
METHODS: This study included 58 women with migraine who were diagnosed according to the criteria of the International HeadacheSociety (IHS)and 55 healthy age matched women volunteers. PDs were diagnosed with the Structured Clinical Interview-II for DSM-III, Revised Third Edition Personality Disorders. Lifetime Major Depression and other psychiatric disorders were diagnosed according to stuctured clinical Interview for DSM-IV axis I disorders.
RESULTS: Of the 58 women who had the diagnosis of migraine, 51(87.9%) had at least one PD. The most common PDs in the patient group were paranoid (n= 33, 56.9%),obssessive-compulsive(n= 30, 51.7%), borderline(n= 20, 34.5%), histrionic (n= 16, 27.6%) and avoidant PD (n= 15, 25.9%). 37.9% (22) of the migrainous women had the diagnosis of life time major depression and 51.7% (30) had the diagnosis of any psychiatric disorders. Logistic regression analysis revealed that Boderline PD (B=2.257, Exp(B)=9.558, p=0.005), obsessive-compulsive (B=1.344, Exp(B)=3.833, p=0.010) and paranoid PDs(B=1.244, Exp(B)=3.471, p=0.014) were associated with migraine. Only obsessive-compulsive PD was found significantly related to the presence of life time major depression (n=15 (41.7%),p=0.05). Avoidant PD wassignificantly asoociated with increased number of attacks in migrainous women(p=0.002). The duration of pain tended to be inversely related to the presence of borderline and obsessive-compulsive PDs(p=0.05,p=0.049,respectively).
CONCLUSIONS: Migraine seemed to be associated with a higher prevalence of PDs. In the literature, there are limited number of studies about the relationship between migraine and PDs. Kayhan and Ilık found that PDs are diagnosed in 81% of chronic migraine patients. Obsessive-compulsive PD ranks first place among PDs. In this present study,the most frequent PDs were paranoid and obsessive-compulsive PDs. Most of the studies in this era focused on the borderline PD due to treatment non-compliance, increased hospital

KEYWORDS
Migraine; Personality Disorders; Headache

outpatient admissions,high risk of medication and substance overuse and poor treatment prognosis. Patients having borderline and obsessive-compulsive PDs revealed shorter pain duration than the other patients. In this present study, together with chronic migrainours, episodic migraine patients were included. Pain sensation in bordeline PD is different foracute and chronic pain. Shorter pain duration may be related with the form of the migraine as being episodic or chronic for borderline migrainours. The association of comorbid OCPD with shorter pain duration might be related with their perfectionist and overcontrolling features. For those migraine patients who have comorbidpersonality disorder, a comprehensive management strategy that addresses the underlying personality disorders may improve the treatment outcomes.

Table 1. Personality disorders in women with migraine and without migraine.

	With migraine n	With migraine %	Without migraine n	Without migraine %	X2	d.f.	p value
Married	40	69.0	46	83.6	4.87	1	0.18
Family hx	30	51.7	8	14.5	17.48	1	0.000
Avoidant	15	25.9	3	5.5	8.77	1	0.003
Dependant	5	8.6	4	7.3	0.07	1	0.79
Obssessive-compulsive	30	51.7	8	14.5	17.48	1	0.000
Paranoid	33	56.9	9	16.4	19.86.	1	0.000
Schizotypal	8	13.8	2	3.6	3.61	1	0.057
Schizoid	4	6.9	0	0	3.93	1	0.047
Histrionic	16	27.6	8	14.5	2.87	1	0.090
Narcissistic	12	20.7	2	3.6	7.56	1	0.006
Borderline	20	34.5	2	3.6	17.13	1	0.000
Antisocial	1	1.7	0	0	0.95	1	0.32.
Any Psychiatric Disorder	30	51.7	13	23.6	9.44	1	0.002
Major depression	22	37.9	11	20.0	4.39	1	0.03

References

[1] Davis RE, Smitherman TA, Baskin SM. Personality traits, personality disorders and migraine: A review. Neurol Sci. 2013:34 (1);7–10.

[2] Kayhan F, Ilık F. Prevalence of personality disorders in patients with chronic migraine. Comprehensive Psychiatry 68 (2016) 60–64.

[3] Saper JR, Lake III AE. Borderline personality disorder and the chronic headache patient: Review and management recommendations. Headache 2002;42:663–74.

[4] Sansone RA, Sansone RA. Borderline personality and the pain paradox. Psychiatry, 2007 Apr; 4(4): 40–46.

[Abstract:0111][ADHD]

The comparison of efficacy and tolerability of modified release methylphenidate, osmotic release methylphenidate, and atomoxetine in children with attention-deficit/ hyperactivity disorder

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ABSTRACT

OBJECTIVE: Attention-deficit/ hyperactivity disorder (ADHD) is a common psychiatric condition that affects the daily functioning of children, adolescents, and adults. ADHD symptoms can cause academic, social, and/or occupational problems. In this study, we aimed to compare the treatment response in terms of ADHD symptoms of modified release methylphenidate, osmotic release methylphenidate, and atomoxetine in drug-naive children with ADHD. We also examined the tolerability profiles of these three medications.

METHODS: A total of 204 drug-naive primary school-age children (6–10 years of age) with documented DSM-5 ADHD diagnosis was included to the study. The subjects with the diagnosis of psychiatric disorders other than ADHD according to DSM-5 and those who had a physical illness and who used any other medications were excluded. The subjects were also not allowed to receive behavior therapy for ADHD symptoms. Clinical characteristics of the sample were obtained retrospectively from the medical records and structured psychiatric interviews. Improvement and side effects were assessed with Clinical Global Impression-Improvement Scale (CGI-I) and the adverse effect scale developed by the authors, respectively. ADHD treatments were grouped as following: modified release methylphenidate, osmotic release methylphenidate, and atomoxetine.

RESULTS: Mean age of the patients was 8.32 ± 1.15 and 67.1% (N=137) of the patients were male. The most common primary complaint of patients and families during first admission to

KEYWORDS

ADHD; atomoxetine; efficacy; methylphenidate; tolerability

the clinic was academic problems (48.0%, N=98). 33.3% (N=68) of the patients were using modified release methylphenidate, 35.3% (N=72) were using osmotic release methylphenidate, and 31.4% (N=64) were using atomoxetine. The CGI-I was significantly different between the three groups. There was no significance in terms of treatment compliance. Sleep disturbances, appetite, and sadness were meaningfully different between the groups.
CONCLUSIONS: Atomoxetine seems to be less effective and have less side effects than modified release methylphenidate and osmotic release methylphenidate. Modified release methylphenidate and osmotic release methylphenidate appear to show similar effectiveness. Osmotic release methylphenidate may be associated with more and severe side effects.

[Abstract:0112][Mood disorders]

The comparison of three selective serotonin reuptake inhibitors for adolescent depression

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ABSTRACT
OBJECTIVE: Major depression is a common psychiatric disorder among children, adolescents, and adults that affects the daily functioning. The prevalence of depression is reported to be 2.8% in children younger than 13 years and 5.6% in adolescents 13 to 18 years. Depression among children and adolescents is of vital importance because of the acute and long-lasting consequences. In this study, we aimed to compare the treatment response in terms of depressive symptoms of fluoxetine, sertraline, and citalopram in drug-naive adolescents with depression. This study also examined the tolerability profiles of these three medications.
METHODS: A total of 432 drug-naive adolescents (12–16 years of age) with documented DSM-5 major depression diagnosis was included. The subjects with the diagnosis of psychiatric disorders other than major depression according to DSM-5 and those who had a physical illness and who used any medications other than fluoxetine, sertraline, and citalopram were excluded. The subjects were also not allowed to receive cognitive behavioral therapy for depressive symptoms. Clinical characteristics of the sample were retrospectively obtained from the medical records and structured psychiatric interviews. Improvement was assessed with Children's Depression Inventory (CDI) and Clinical Global Impression-Improvement Scale (CGI-I) and side effects were examined with the adverse effect scale developed by the authors.
RESULTS: Mean age of the patients was 14.11 ± 1.75. 34.1% (N=147) of adolescents were male and 65.9% (N=285) were female. The most common primary complaint of patients during first admission to the clinic was about hedonic capacity (28.5%, N=123). 38.0% (N=164) of the patients were using fluoxetine, 43.3% (N=187) were using sertraline, and 18.7% (N=81) were using citalopram. The CGI-I and CDI scores were significantly different between the three groups. There was no significance in terms of treatment compliance. Stomach ache and aggression-irritability were meaningfully different between the groups.
CONCLUSIONS: Citalopram appears to be less effective than fluoxetine and sertraline. Fluoxetine and sertraline seem to show similar effectiveness. Sertraline may be associated with less side effects and may be the most appropriate treatment for adolescent depression.

KEYWORDS
Adolescent; citalopram; depression; fluoxetine; sertraline

[Abstract:0113][PTSD]

The comparison of efficacy and tolerability of fluoxetine and sertraline in syrian adolescents with post-traumatic stress disorder

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ABSTRACT
OBJECTIVE: After the beginning of the Syrian civil war in 2011 its cruelty and violence forced about 4.8 million people to leave their homes. Approximately 3.6 million people took shelter in Lebanon, Jordan, Turkey, or other neighboring countries and more than 1.1 million people went to Europe. These refugees were subjected to the conflict in Syria and the resulting violence and their displacement. These experiences might create serious mental problems, especially in children and adolescents who might have an increased risk for developing post-traumatic stress disorder. In this study, we aimed to compare the efficacy and tolerability of fluoxetine and sertraline in drug-naive Syrian adolescents with post-traumatic stress disorder.

KEYWORDS
Adolescent; fluoxetine; post-traumatic stress disorder; sertraline; Syria

METHODS: Sample for this study was drawn from a clinical sample of adolescents with post-traumatic stress disorder who were referred to Hatay State Hospital Child and Adolescent Psychiatry Clinic through August 2016 to 2018. A total of 726 drug-naive adolescents (12–16 years of age) with documented DSM-5 post-traumatic stress disorder diagnosis was included. The subjects with the diagnosis of psychiatric disorders other than post-traumatic stress disorder according to DSM-5 and those who had a physical illness and who used any medications other than fluoxetine and sertraline were excluded. Clinical characteristics of the sample were obtained retrospectively from the medical records and structured psychiatric interviews. Improvement and side effects were assessed with Clinical Global Impression-Improvement Scale (CGI-I) and the adverse effect scale developed by the authors, respectively.
RESULTS: Mean age of the patients was 13.58 ± 1.34. 43.8% (N=318) of adolescents were male and 56.2% (N=408) were female. 46.7% (N=339) of the patients were using fluoxetine and 53.3% (N=387) were using sertraline. At the 6th month of treatment, the CGI-I was not significantly different between the groups. There was also no significance in terms of treatment compliance. Appetite and aggression-irritability were meaningfully different between the groups.
CONCLUSIONS: Fluoxetine and sertraline appear to show similar effectiveness in the treatment of post-traumatic stress symptoms in Syrian adolescents. Fluoxetine may be associated with anorexia and aggression-irritability.

[Abstract:0114][Anxiety Disorders]

The clinical, sociodemographical and comorbidity features of 500 patients with social anxiety disorder

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ABSTRACT
OBJECTIVE: Social anxiety disorder (SAD), is a persistent fear and anxiety about being in one or more social or performance situations. To date, most data on characteristics of demographical and clinical features and comorbidity pattern of SAD has been obtained from epidemiological studies. Clinical studies investigating those issues are needed. The aim of this study is to determine the sociodemographical and clinical features and assess psychiatric comorbidity in patients with social anxiety disorder (SAD).
METHODS: 500 patients with a primary diagnosis of SAD were included. All patients were assessed by using the clinical version of Structured Clinical Interview for DSM-IV (SCID-I/CV) and a clinical and sociodemographical questionnaire.
RESULTS: We found a male and single patients preponderance in our sample. Lifetime comorbidity rate was approximately 90% and the most common comorbid conditions were mood disorders. The lifetime prevalence of major depressive disorder and bipolar disorder were 77% and 12.4 %, respectively.
CONCLUSIONS: In more than two-thirds of the patients who have a comorbid mood disorder, SAD was the disorder that occurred first. We also found a high prevalence of atypical features in the current depressive episodes. SAD is highly comorbid with mood disorders which usually appears earlier than the comorbid mood disorder, and it is associated with atypical depression.

KEYWORDS
Social anxiety disorder; comorbidity; atypically depression; mood disorder

[Abstract:0116][Addictions]

Comparison of executive functions in adolescents with synthetic cannabinoid and semi-synthetic opiate use disorder

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ABSTRACT
OBJECTIVE: Cases of synthetic cannabinoids and semi-synthetic opiate (heroin) using have high rates among drug users who applied to treatment for substance abuse in adolescent age group in Turkey. Our aim is to expand our clinical knowledge about these two groups and to compare the executive functions of these two groups with neuropsychological test battery.

KEYWORDS
Synthetic cannabinoid; semi-synthetic opiate; heroin; executive functions

METHODS: Thirty adolescent patients who using synthetic cannabinoid and thirty-two adolescent patients who using semi-synthetic opioid patients were included in the study. After the sociodemographic data form was completed, psychiatric comorbidities of the patients were evaluated by using the The Kiddie Schedule for Affective Disorders and Schizophrenia-Present and Lifetime Version (KSADS-PL). Then, Stroop Color Vocabulary Test and Wisconsin Card Sorting Test (WCST) were used to evaluate the executive functions of the cases.
RESULTS: In this present study, no statistically significant difference was found between the sociodemographic characteristics, age of starting, duration, frequency of substance use, abstinence time of the patients (p>0ç05). No statistically significant difference was found between the study groups in terms of comorbid psychopathologies. In the Stroop Test, selective attention functions of the semi-synthetic opiate group were found to be worse than the synthetic cannabinoid group (p <0.05). In the WCST test, the synthetic cannabinoid group was shown to exhibit more perseverative behavior, but was not statistically significant (0.05 <p <0.10). The other Stroop and WCST performances were not significantly difference between the two groups (p> 0.05). We found that selective attention function is impaired with increased using amount of synthetic cannabinoids; selective attention, cognitive flexibility and response inhibition is impaired with increased using amount of semi-synthetic opiate. Moreover, it was determined that as the abstinence period decreased, the selective attention function worsened and the reading speed slowed down in semi-synthetic opiyate users.
CONCLUSIONS: The sociodemographic characteristics, comorbid psychopathologies, substance use characteristics and executive functions other than selective attention of adolescents with synthetic cannabinoids and semi-synthetic opiates using are similar in this present study. In both groups, a positive relationship was found between the throughout life amount of substance used and impaired executive functions. İt was determined that as the abstinence period decreased, the selective attention function worsened and the reading speed slowed down in semi-synthetic opiyate users. There is a need for further studies on the effects of synthetic cannabinoids and semi-synthetic opiates on executive functions with limited number of studies in the literature.

[Abstract:0123][OCD]

Comparison of cognitive functions in patients with autogenous and reactive obsessive-compulsive patients

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ABSTRACT
OBJECTIVE: According to the current literature, the neuropschological functions as attention, memory, visuospatial and especially executive functions are found to be imparied in obsessive- compulsive disorder (OCD) patients when compared to healthy controls; but neuropsychological dysfunctions in patients have not been shown consistently as in neuroimaging studies. This may be due to the fact that in many of the existing studies OCD is treated as a heterogeneous group. Recently, two researchers, Lee and Kwon categorized obsessions according to cognitive developmental traits. According to this model autogenous and reactive obsessions are defined as the two sub-groups. Autogenous and reactive obsession differentiation gives an opportunity for a homogenous subtype definition on the basis of the differences in their cognitive developing process, triggering stimuli, thought content, neutralizing or control strategies. Autogenous obsessions tend to come abruptly into consciousness without identifiable evoking stimuli, which are perceived as ego-dystonic and aversive enough to be repelled and include sexual, aggressive, and immoral thoughts. On the other hand, reactive obsessions are evoked by identifiable external stimuli, which are perceived as relatively realistic and rational enough to do something toward the stimuli, and include thoughts about contamination, mistake, asymmetry. In this study, we aimed to examine whether there is a significant difference between autogenic and reactive groups in terms of cognitive functions
METHODS: In this study, 67 OCD patients were divided into autogenous and reactive sub-groups and the difference between groups in terms of cognitive functions was examined. Patients with depression and other major mental illnesses were excluded. 32 autogenous and 35 reactive OCD groups were sampled. Each group was administered a comprehensive neuropsychological battery to assess attention, memory, visuospatial skills and executive functions. Rey auditory verbal learning test (AVLT), Wisconsin card sorting test, Stroop test, controlled word association test and clock drawing tests were applied to patient groups.
RESULTS: There is no significant difference for gender, mean age, years of education,marital status and medication between two groups. As a result, BDE scores of autogenous OCD

KEYWORDS
Autogenous OCD; cognitive functions; Reactive OCD

patients were significantly higher than those of reactive OCD patients. Reactive OCD patients were found to have lower Rey 6 (Word List B) sub-test scores, which are indicative of free memory and learning under disturbed memory, than in the autogenous group.
CONCLUSIONS: It can be said that this is the most comprehensive study in the literature comparing the cognitive functions of reactive and autogenous OCB patients. BDE scores of autogenous OCD patients were significantly higher than those of reactive OCD patients. This result is consistent with previous literature data suggesting that autologous OCD patients are more depressive. Reactive OCD patients were found to have lower Rey 6 (Word List B) sub-test scores, which are indicative of free memory and learning under disturbed memory, than in the autogenous group. It was also concluded that the increase in OCD severity between autogenous and reactive groups correlated with the deterioration in different tests that assessed executive functions.It is thought that there is a need for studies to be carried out in larger sample groups with more specific neuropsychological tests.

[Abstract:0126][Mood disorders]

The relationship between emotional regulation difficulties and psychiatric problems in adolescents

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ABSTRACT
OBJECTIVE: Although the etiology of psychiatric problems is diverse, the difficulties in emotion regulation have been reported in recent years. Emotion regulation deficits have been consistently linked to psychopathology in cross-sectional studies. Accumulated evidence suggests that there are difficulties in regulating emotions in adolescents with psychiatric problems. Emotional regulation difficulties in psychiatric disorders such as depression, anxiety and disruptive behavior disorders have been indicated.

The aim of this study was to examine the relationship between emotional regulation difficulties and psychiatric problems in adolescents.
METHODS: One thousands two adolescents (N=1002) between 12 and 18 years of age from secondary and high schools affiliated to the provincial ministry education in Malatya were included in the study. The participants completed the sociodemographic data form, the emotion regulation difficulties scale and the brief symptom inventory under the supervision of the teacher. Correlation analysis was conducted between emotion regulation difficulties subscales and brief symptom inventory subscales.
RESULTS: The mean age of all adolescents was 14.7±1.8 years. Of the adolescents, 53.3% were male, 46.7% were female. Of these, 38.3% were in secondary school and 61.7% were in high school. All subscale scores of emotion regulation difficulties (except for awareness, non-acceptance, goals, impulse, strategies, clarity) were strongly associated with all psychiatric problems (Brief symptom inventory subscales: somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, psychoticism).
CONCLUSIONS: Similar to previous studies; the difficulties experienced in emotion regulation can cause important psychiatric problems, especially depression and anxiety. The present study contributes to the literature by demonstrating that there are significant associations in adolescents in terms of emotion regulation difficulties and psychiatric problems. Emotional regulation deficits are an important condition in various psychiatric symptoms and is a key target for psychiatric treatment interventions.

KEYWORDS
Adolescents; anxiety; depression; emotional regulation deficits; psychiatric problems

[Abstract:0129][Bipolar and Related Disorders]

Sleep characteristics assessed with actigraphy and their associations with neurocognitive functions in patients with bipolar disorder

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ABSTRACT
OBJECTIVE: There is clinical evidence that BD patients continue to have sleep problems in their euthymic periods as well as in mania, hypomania and depression periods(1).Although cognitive dysfunction is common during depression and mania, it has been shown to continue after

KEYWORDS
Bipolar disorder; actigraphy; sleep; cognitive functions

remission (2).Sleep has been reported to be critical in the regulation of mood as well as regulation of learning (3,4).Sleep deprivation has been shown to cause impairment in cognitive functions such as working memory and psychomotor vigilance(5).The purpose of this study is to assess the sleep characteristics in the euthymic period of bipolar disorder with actigraphy, which is an Objective assessment tool, and to examine the association between sleep characteristics and cognitive functions.
METHODS: 40 patients diagnosed with Bipolar Disorder according to DSM-5 and whose treatments were still continuing, who agreed to participate in the study and who met the inclusion criteria and 35 age, education level and gender matched healthy controls were included in the study. Objective assessment of sleep and activity was made with actigraphy. Neurocognitive functions were assessed with Trail-making Test, Stroop Test, Wisconsin Card Matching Test and Rey Auditory Verbal Learning Test.
RESULTS: In this present study, it was found that in terms of the sleep characteristics assessed with 5-day long actigraphy, patients with bipolar disorder had longer total sleep time and longer time in bed, lower sleep activities and longer sleep latency period when compared with healthy controls. In this present study, no significant difference was found between the patients and the control group in terms of the number of waking up at night and wake time after sleep onset (WASO).In this present study, the patients showed worse performance in trail-making test, stroop test and auditory verbal learning test. In Wiskonsin card matching test, significant results were found only in maintaining the setup sub-parameter. It was concluded that the patients' psychomotor speed, attention, executive functions, verbal learning and memory areas were affected. The association between sleep scales of the cognitive functions which are shown to be disrupted in patients when compared with healthy controls and actigraphy were examined. It was concluded that different cognitive areas were associated with different sleep characteristics. In this present study, it was concluded that total sleep time, WASO time, daytime sleepiness and disorders in sleep times negatively influenced verbal learning memory, psychomotor speed, attention and executive functions.
CONCLUSIONS: In this study, it was found that there were significant deteriorations in the sleep and circadian rhythms and cognitive functions of bipolar patients in euthymic period when compared with the healthy controls. This present study showed that deteriorations in the sleep and circadian rhythms were associated with deteriorations in cognitive functions.Future studies should include larger samples and longer actigraphy record times. The results of this present study should be supported with neuroimaging, genetic researches and specific molecules to be examined in BOS and serum to understand the common pathophysiological mechanism of the deterioration in both areas.

[Abstract:0130][Addictions]

Comparison of synthetic cannabinoid and other substance use disorders in laboratory and clinical features

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ABSTRACT
OBJECTIVE: New psychoactive substances, known as synthetic cannabinoids (SC) in Turkey, are the preferred substance of a significant proportion of patients with SUD who are inpatient.After the use of SC, myocardial infarction, acute renal failure, electrolyte disturbances and liver function tests were found to be high. Patients tend to hide the type of substance they use, the amount and duration of use, making it difficult to obtain sufficient and reliable information.The rate of positive results of urine illicit drug screening for SC is also very low.

All these characteristics revealed the need to determine the discriminatory characteristics of patients with SCI during their clinical follow-up.We aimed to determine the frequency of SUD among inpatients in psychiatric clinic, to draw attention to the increased use of SC and to compare the other substances with SC in terms of clinical findings and clinical features.
METHODS: Patients who were diagnosed with SUD according to DSM-5 and hospitalized between July 2017 and December 2017 in 12th Psychiatry Clinic were included in the study.

The patients were divided into three groups according to the substance they used: patients with SC (SCUD), patients with other substance use associated with SC use (SC + other SUD) and those with substance use other than SC (Other SUD).A urine sample and blood sample was taken.Vital signs were recorded. A sociodemographic and clinical data form was used to determine the clinical features of the patients. Any consultation request, physical detection

KEYWORDS
Cardiac enzyme monitoring; new psychoactive substances; substance use disorder; synthetic cannabinoid

and additional treatment applications were recorded..Three groups were compared to vital signs, liver function tests, renal function tests, cardiac enzymes, laboratory values.In addition, the patients were compared in terms of physical restraint application, parenteral additional treatment, consultation request, duration of substance use, number of inpatient treatment, number of parenteral additions, number of physical detections, duration of hospitalization.
RESULTS: Patient diagnosed with SUD compose % 27,2 of all patients.Patients with SCUD were 74.4% of patients with SUD. While 49.6% of the patient group had only SC use, 24.8% had another substance use disorder associated with SC. Cannabis (35.7%) and ecstasy (32.1%) were the most common comorbid agents.The rate of patients with 'other SUD' group was 25.6%.Any substance metabolite was found to be positive in 56 patients in results of urine illicit drug screening and the most common metabolite was cannabinoid. Cannabinoid metabolite was detected in 20 of the 22 patients with recently used cannabinoid. But only, results of 13 of 73 SK users had positive results of urine illicit drug screening Cardiac enzymes were found statistically significant high in patients with SCUD.
CONCLUSIONS: It is observed that SCs replace the other substances as the starting and preferential substances.The rate of substance metabolite detection in urine sample is very low due to the frequently changing substance contents of SC.Cardiac enzymes are elevated in patients with SCD.It is important to monitor vital and laboratory findings in order to manage the treatment of patients with SUD effectively and to prevent life-threatening medical conditions.Because of its fatal consequences, cardiac enzyme monitoring is important in patients with SCUD.

[Abstract:0132][Neuroscience: Neuroimaging-Genetics-Biomarkers]

The possible role of the kynurenine pathway and the cytokine levels in the adolescents with major depression

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ABSTRACT
OBJECTIVE: The biological mechanisms underlying major depressive disorder (MDD) are not yet sufficiently understood. The kynurenine pathway has been proposed to play a key role between peripheral inflammation and alterations in the central nervous system. This is due to reduced usability of tryptophan and production of oxygen radicals and highly potent neurotoxic agents in this pathway. In this study, we aimed to compare the metabolites of the serum kynurenine pathway (tryptophan, kynurenine, quinolinic acid and kynurenic acid) and interferon (IFN)-γ, interleukin (IL)-6, IL-1β and high-sensitivity C-reactive protein (hsCRP) levels in patients with MDD and in healthy controls and to evaluate the relationship between cytokine levels and the functioning of the kynurenine pathway.
METHODS: In total, 48 adolescent patients (age, 13–18 years) with MDD (no drug use) and 31 healthy controls were included in the study. Schedule for Affective Disorders and Schizophrenia for School-Age Children-Present and Lifetime Version (K-SADS-PL), Child Depression Rating Scale-Revised (CDRS-R) were applied, and a sociodemographic data form was completed. All patients were asked to fill out the DSM-5 Level 2 Irritability Scale-Child Form and the DSM-5 Level 2 Depression Scale-Child Form. Serum tryptophan, kynurenine, kynurenic acid, quinolinic acid, IFN-γ, IL-6 and IL-1β levels were measured by the enzyme-linked immunosorbent assay. The hsCRP level was measured by the immunoturbidimetric method.
RESULTS: Tryptophan levels were observed to be significantly lower in patients with MDD than in healthy controls (p=0.046); the kynurenine/tryptophan ratio was significantly higher in patients with MDD than in healthy controls (p=0.032); the levels of quinolinic acid were significantly higher in patients with MDD than in healthy controls (p=0.003); the kynurenic acid/quinolinic acid ratio was significantly lower in patients with MDD than in healthy controls (p=0.040). No significant difference was found between the groups in terms of kynurenine (p=0.564), kynurenic acid (p=0.182), IFN-γ (p=0.897), IL-6 (p=0.086), IL-1β (p=0.134) and hsCRP (p=0.473). There was a significant negative correlation between the IFN-γ and kynurenine/tryptophan ratio (r= −0.279, p=0.016).
CONCLUSIONS: As a result of this present study, it was determined that the activity of the IDO enzyme (kynurenine/tryptophan ratio) increased in patients with MDD, and there was an imbalance between neurotoxic and neuroprotective products in the kynurenine pathway. These findings suggest that tryptophan is catabolised via the kynurenine pathway instead of the serotonin pathway in MDD cases, and neurotoxic molecules in this pathway increase and contribute to the aetiology of MDD. Further studies are needed for adolescents to clarify this relationship.

KEYWORDS
Kynurenine; tryptophan; cytokine; depression; kynurenic acid; quinolinic acid

Table 1. Comparison of Tryptophan, Kynurenine, Kynurenic Acid, Quinolinic Acid, KIN / TRP Ratio and KYNA/QA ratio of patient and control groups.

	MDD N=48 mean±S.D.	Healthy Control N=31 mean±S.D.	p
Tryptophan (umol/L)	41.46±8.49	44.74±11.82	0.046*
Kynurenine(pmol/ml)	188.44±25.22	178.96±42.62	0.564*
Kynurenic acid (ng/ml)	1241.95±113.22	1201.58±152.91	0.182**
Quinolinic acid (ng/ml)	2.57±0.73	2.00±0.57	0.003**
KIN/TRP ratio (x10-3)	4.67±0.92	4.13±1.24	0.032**
KYNA/QA ratio	535.08±176.98	643.91±198.12	0.040*

*Mann-Whitney U Test, **Independent sample t test.

[Abstract:0140][Psychosomatic medicine -Liaison Psychiatry]

The effect of the pediatric cancer on quality of life, depression and anxiety of the healty siblings

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ABSTRACT

OBJECTIVE: Pediatric cancers may have traumatic, adverse effects on children with cancer. The majority of studies on the subject have been performed in mental health of children with cancer, and few have examined mental health of the siblings of children with cancer. The aim of the study to assess quality of life, depression and anxiety of healthy siblings of children with cancer.

METHODS: Sixty children aged 8–16 with cancer diagnosed in a sibling were included as the case group, while 60 children who didn't have sibling with cancer and comparable to the case group in terms of age and gender were included as the control group. Data were collected using the Revised Child Anxiety and Depression Scale (RCAD-S) for anxiety and depression symptoms, the Questionnaire for Quality of Life Assessment for Children and Adolescents Parent Form (Kid-KINDL) for quality of life and a personal information form to elicit sociodemographic characteristics.

RESULTS: Depression ($p<0.001$) and anxiety ($p=0.030$) scores were significantly higher in the case group than in the control group. Quality of life was significantly lower in the case group compared to the control group ($p=0.003$). There was a significant negative correlation between total scores of RCAD-S and Kid-KINDL ($r = -0.545$, $p<0.001$).

CONCLUSIONS: Healthy siblings of children with cancer may experience adverse psychological effects. It will be beneficial for clinicians to keep in mind that healthy siblings of children with cancer may be adversely affected and to consult the appropriate departments. Future studies on the current topic is needed.

KEYWORDS

Pediatric oncology; sibling; quality of life; anxiety; depression

[Abstract:0143][Bipolar and Related Disorders]

The effect of comorbid personality disorder on suicide attempts in patients with bipolar I disorder

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ABSTRACT

OBJECTIVE: Suicide attempt can be defined as any-infliction of harm with the intention of leading one's own death, which, in turn, is part of suicidal behavior: a cognitive-behavioral gradation that comprises thoughts of death, suicidal planning, suicide attempt, and suicide. Although suicidal behavior is influenced by several neurobiological and environmental factors, the presence of a psychiatric disorder is the primary risk factor. More than 90% of those who die by suicide have at least one diagnosis of mental disorder at the time of the event. Bipolar disorder (BD) is associated with the highest risk of suicidal behavior among all mental illnesses, and suicide is the leading cause of early death among patients with BD. Personality disorders (PDs) are also associated with a high risk of premature death by suicide.

KEYWORDS

Bipolar disorder; comorbidity; impulsivity; suicide attempt; personality disorder

The prevalence of PDs among those who die by suicide is high, ranging from 30–40%. Despite current finding that BD and PD independence enhance suicide risk, few studies that examined the effect of this comorbidity on suicide attempt have considered the influence the symptomatological state may have on the diagnostic evaluation of comorbid PD among patients with BD. The Objective of this research was to examine the effect of PDs on SAs in patients with BD type I who were evaluated in euthymic state.

METHODS: One-hundred seventy-two patients with BD type I, with and without a history of SA, were evaluated during euthymic state. The assessment included a clinical and sociodemographic questionnaire, the Young Mania Rating Scale, the Hamilton Depression Rating Scale, the Barratt Impulsiveness Scale, and Structured Clinical Interviews for DSM-IV Axis I and II Disorders. Logistic regression was performed to analyze associations between history of SA and patient characteristics. The study was approved by the Ethics Committee of Çukurova University.

RESULTS: History of SA was considerably associated with comorbid axis I disorder, rapid cycling, high impulsivity (attentional, motor, non-planning, and total), having any PD, and cluster B and C PDs. Female preponderance was found in the total sample (3.52:1). Most of the patients were in the 31–50 years group. Manic episodes were found more frequent, but the difference was not considerable (p=0.239). Patients having more than 11 episodes were more frequent but were not considered when compared between with and without SA groups (p=0.069). Comorbid Axis I disorders was found significantly high in patients with SA (p=001). After performing multivariate analysis, only cluster B PDs (p=0.014), high attentional impulsivity (p=0.003), and lack of paid occupation (p=0.014) remained considerable.

CONCLUSIONS: Cluster B PDs were considerably associated with SA in patients with BD type I. High attentional impulsivity and lack of gainful employment were also correlated with SA, which proposes that some cluster B clinical and social characteristics may aggravate suicidal behavior in this population. This finding offers alternatives for new therapeutic interventions.

Table 1. Clinical and sociodemographic charactrsitics of patients with bipolar disorder type I (n=172).

Variables		Bipolar patients (n=172) with suicide attempt (n=73)(%)	without suicide attempt (n=99)(%)	p
Gender	Female	51 (69.9)	80 (80.8)	0.116
	Male	22 (30.1)	19 (19.2)	
Age group (years)	18–30	6 (8.2)	11 (11.1)	0.101
	31–50	46 (63.0)	50 (50.5)	
	≥51	21 (28.8)	38 (38.4)	
Age of first episode (years)	≥20	27 (37.0)	34 (30.3)	0.112
	21–35	39 (53.4)	42 (42.4)	
	≥36	7 (9.6)	23(23.3)	
Polarity	Manic	32 (43.8)	61(61.6)	0.239
	Depressive	24 (32.9)	20 (20.2)	
	Euthymic	7 (9.6)	12 (12.1)	
	Rapid cycling	10 (13.7)	6 (6.1)	
History of Lithium use		65 (89.4)	88 (88.9)	0.349
Presence of psychosis		50 (68.4)	68 (68.7)	0.929
Number of episodes	1–5	19 (26.0)	41 (41.4)	0.071
	6–10	16 (21.9)	26 (26.3)	
	≥11	38 (52.1)	32 (32.3)	
Comorbid Axis I disorders		41 (56.2)	23 (23.3)	0.001
High impulsivity	Attentional	52 (71.2)	30 (30.3)	<0.001
	Motor	43 (58.9)	38 (38.4)	0.029
	Non-planning	50 (68.4)	32 (43.8)	<0.001
	Total	40 (54.8)	16 (16.2)	<0.001
Years of Education	≤8	19 (26.0)	17 (17.1)	0.549
	9–12	23 (31.5)	34 (34.4)	
	≥13	31 (42.5)	48 (48.5)	
Permanent parter (No)		41 (56.2)	66 (66.7)	0.239
		58 (79.5)	66 (66.7)	0.146

Table 2. Frequency of personality disorders by cluster in patiemts with bipolar disorder type I (n=172).

Presence of PD	Bipolar patients (n=172) with suicide attempt n=73	without suicide attempt n=99	p
Any PD	42 (57.5)	24 (24.4)	<0.0001
Cluster A	4 (5.4)	5 (5.1)	1.000
Cluster B	25 (34.2)	8 (8.1)	<0.0001
Cluster C	22 (30.1)	12 (12.1)	0.015
PD-NOS	8 (10.9)	3 (3.0)	0.119
Data peresented as n(%)			
NOS: Not otherwise specified			
Numbers and percentages do not add up to total amounts because some subjects had more than one personality diosrder			

Table 3. Multivarite analysis of factors associated with suicide attemps in the total sample (n=172).

Variables	Crude OR	95% CI	p	Adjusted OR	95% CI	p
Cluster B PD	5.5	1.6–18.6	0.005	4.5	1.4–15.4	0.014
High attentional impulsivity	3.6	1.5–10.1	0.012	4.4	1.7–11.8	0.003
No paid occupation	3.5	1.2–11.7	0.034	4.0	1.4–12.6	0.014
High non-plannning impulsivity	2.7	1.2–7.6	0.039	2.5	0.97–6.6	0.059

[Abstract:0146][Autism]

MACROD2 gene expression profile in autism spectrum disorder: a case-control study

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ABSTRACT

OBJECTIVE: Genomic variations in *MACROD2* have been reported in subjects with autism spectrum disorders (ASD) in recent genome-wide studies. In this study, we aimed to evaluate gene expression profile of *MACROD2* in individuals with ASD in Turkey.

METHODS: This study included 100 children with DSM-5 diagnosis of ASD as a study group, and age and gender matched 100 children with normal development as a control group. Blood samples were obtained from all participants and gene expression level determined by Real Time PCR method. R 3.4.0 and Statistical Program for Social Sciences (SPSS for Windows, 21.0) were used for statistical analyses.

RESULTS: Mean age of study and control groups were 9,22 ± 3,62 and 9,21 ± 3,57 years, respectively. 87% of the study and 85% of the control group were male. There was no significant difference in terms of age and gender between the two groups. *MACROD2* gene expression was found to be decreased in the study group compared to control group (study group=2,8, control group=2,0; fold change=-0,46). Though, this finding was not significant statistically (p=0,127).

CONCLUSIONS: Despite it was not statistically significant, *MACROD2* expression level was found to be decreased in subjects with ASD when compared to the control group. Given the fact that *MACROD2* gene expression profile and ASD relationship is not fully understood, this study may provide a basis for future studies in this area.

KEYWORDS

Autism; expression; genetics; MACROD2; Macro Domain Family

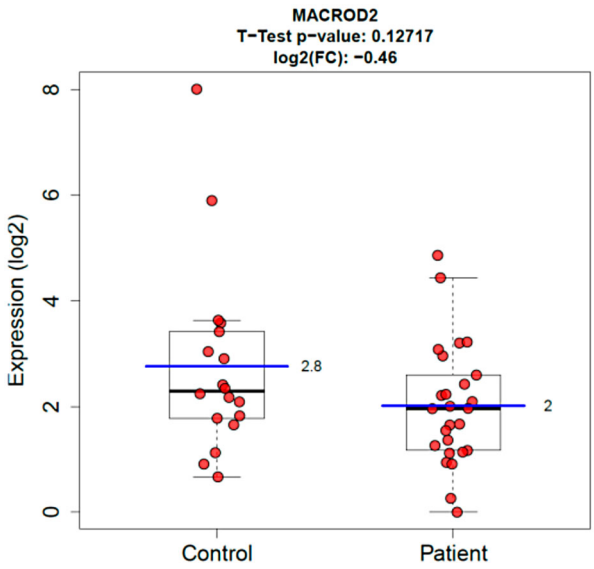


Figure 1. Boxplot Graphic View of MACROD2 Gene Expression Level of Patient and Control Groups (independent samples t test).

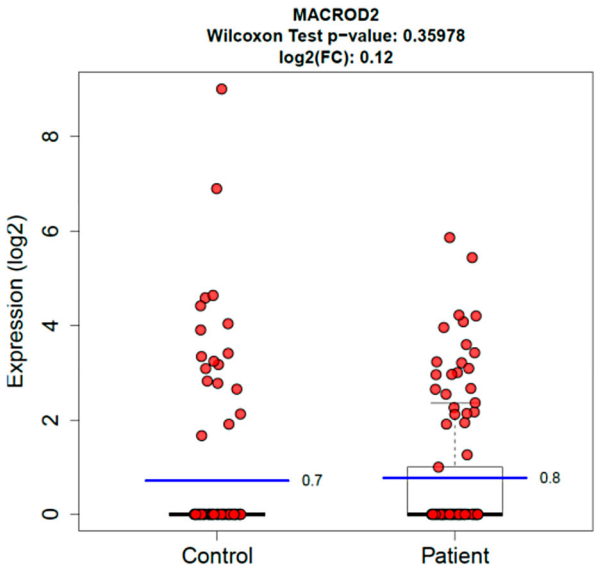


Figure 2. Boxplot Graphic View of MACROD2 Gene Expression Level of Patient and Control Groups (Wilcoxon Rank Sum test).

Table 1. Comparison of MACROD2 Gene Expression Level Between the Two Groups.

	Study Group	Control Group	Fold Change (log2(S/C))	p
*MACROD2	2,8	2	−0,46	0,127*
**MACROD2	0,7	0,8	0,12	0,360**

*Independent samples t test (subjects with no gene expression are not included) **Wilcoxon Rank Sum test (The value of 0 was assigned for subjects with no gene expression).

[Abstract:0144][Autism]

Dynamic thiol/disulfide homeostasis and its relation to autism symptom severity in children diagnosed with ASD

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ABSTRACT

OBJECTIVE: To evaluate the role of oxidative stress and antioxidant defense mechanism on the etiopathogenesis of autism with a novel oxidative stress marker, dynamic thiol/disulfide homeostasis (DTDH), and the relation of these plasma biomarkers to the severity of autistic symptoms and problem behaviors, which is studied on autism firstly.

METHODS: A total of 60 children with ASD (54 boys) aged 3–10 years and 54 healthy children (51 boys) matched for age and gender were included. ASD and comorbid psychiatric diagnoses was controlled for all participants with an clinical interview according to DSM-5 and K-SADS-PL by a child and adolescent psychiatrist. A sociodemographic data form, Childhood Autism Rating Scale and Abnormal Behavior Checklist were administered to all participants with a difference of Autism Behavior Checklist only administered to ASD group. And also plasma levels of dynamic thiol/disulfide homeostasis parameters were measured for all participants.

RESULTS: Distortion of dynamic thiol/disulfide homeostasis to the oxidative stress side for autism group compared to controls was determined. Native thiol ($p<0.001$) and total thiol ($p=0.014$) plasma levels of ASD group members were significantly lower than those of the controls, whereas disulfide ($p<0.001$) and thiol oxidation-reduction ratio ($p<0.001$) were significantly higher in autism group. However any statistically significant correlation between plasma biomarkers and symptom severities of autism and problem behaviors was not detected.

According the results of ROC Analysis, the cutoff points was detected as 420.2 µmol/L for native thiol, 473.25 µmol/L for total thiol, 22.6 µmol/L for disulfide and 5.03 for thiol oxidation-reduction ratio, which might be used for predicted ASD. The sensitivity and specifity of these cutoff values were found as %41.7 and %91.1 for native thiol, %48.3 and % 78.6 for total thiol, %56.7 and %78.6 for disulfide, and %58.3 and %83.9 for thiol oxidation-reduction ratio.

KEYWORDS

Autism spectrum disorder; dynamic thiol/disulfide homeostasis; oxidant-antioxidant equilibrium; oxidative biomarkers

An independent association of thiol/disulfide homeostasis parameters with the age of father at birth, native thiol and disulfide in first model, and also with the age of father at birth, total thiol and thiol oxidation-reduction ratio in second model was detected in multivariate logistic regression analysis. The predictive values for the first and the second model were both moderate, however, with an R^2 of 46,6% and 47,4% respectively
CONCLUSIONS: This study, for the first time in literature, demonstrates the influence of disturbed DTDH in children with ASD by measuring dynamic reduction/oxidation shifts. The most remarkable finding was the shift on oxidant-antioxidant equilibrium to the side of oxidative stress and the absence of expected compensatory increase in antioxidant response in ASD. This study supported and presented an different aspect of view to the literature about the oxidative hypothesis of ASD, in which claimed that the deficiencies in antioxidant defense mechanism during critical periods of early brain development, with the additive effects of any environmental factor disturbing the oxidant-antioxidant equilibrium and the intrinsic sensitivity of early brain tissues to oxidative demage, could have an essential role on heterogeneity of ASD phenotype.

[Abstract:0145][ADHD]

Psychosocial and clinical characteristics associated with attention-deficit/hyperactivity disorder symptoms in males seeking treatment for opioid dependence

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ABSTRACT
OBJECTIVE: Attention/Deficit and Hyperactivity Disorder (ADHD) are important for the treatment optimization symptoms in patients with opioid dependence. The aim of this study was to evaluate the ADHD symptoms in a sample of opioid dependent males and to examine the relationship of ADHD symptoms with socio-demographic and clinical characteristics.
METHODS: Sixty male opioid dependent outpatients who have been receiving buprenorphine/naloxone for at least one year were included in the study. Subjects were interviewed by using structured Clinical Interview for DSM-IV (SCID). ADHD symptoms were measured by the Adult ADHD Self Report Scale (ASRS). Participants were divided into ADHD-screened positive (ADHD-P) and ADHD-screened negative (ADHD-N) groups according to cut off scores of ASRS. Depressive symptoms were measured by the Beck Depression Inventory (BDI).
RESULTS: The mean age of the sample was 26.47±4.81. Mean score of ASRS was 27.50±17.11 and a total of 30% of the opioid dependent outpatients screened positively for ADHD on the ASRS. ADHD-P group reported earlier onset of substance use and smoking, higher BDI score, and a greater likelihood of parenteral use of opioid (p=0.000; p=0.012; p=0.033; p=0.000 respectively). The ADHD-P group had more number of relapse in the last one year (p=0.014). There were no significant differences in terms of dosage of buprenorphine/naloxone and lifetime legal problems between ADHD-P and ADHD-N groups (p=0.188; p=0.424 respectively). In correlation analysis; there were statistically significant correlation between ASRS total score and parenteral use of opioid (p=0.000, r=0.646).
CONCLUSIONS: As a result, ADHD symptoms were common in this sample of opioid dependent males. ADHD symptoms may contribute to increase risk of parenteral using, depressive symptoms and relapse. Recognizing comorbidity of ADHD may be important for clinicians when considering treatment of opioid dependence.

KEYWORDS
Opioid dependence; ADHD; attention deficit; hyperactivity; substance use

[Abstract:0149][OCD]

Insula volume in patient with obsessive-compulsive disorder and relationshıp with the clinical variabilties

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ABSTRACT
OBJECTIVE: Although obsessive-compulsive disorder (OCD) was classified as an anxiety disorder in the DSM-IV-TR, it has been changed to another category in the DSM-5, namely, that of obsessive-compulsive and related disorders. OCD, which has a worldwide lifetime prevalence of 2–3%, is

KEYWORDS
Obsessive-Compulsive Disorder; Volume; Insula; MRI; Brain Imaging

characterized by intrusive unwanted thoughts, ideas, or images that are distressing and urge the sufferer to perform ritualistic behaviors or mental acts to reduce this distress. Neuroimaging investigations are very useful to reveal a neurobiological model of the OCD. Studies conducted in the last quarter century have shown clear results and revealed that specific cortico-subcortical circuits could be involved in the occurrence of OCD symptomatology. These neuroimaging studies pointed out some important findings for OCD patients. For example; OCD structural neuroimaging studies have reported changes in frontal region and basal ganglia, from increases to decreases to no difference. In these studies, some areas have been described as key brain regions, including the orbitofrontal cortex (OFC), thalamus, anterior cingulate cortex and caudate nucleus. In this study; it has been aimed to examine the morphometric alterations of insula in OCD patients for understanding the pathophysiology.
METHODS: The study comprised 20 OCD patients who had applied to Fırat University Hospital Department of Psychiatry as out- or in- patients and had been diagnosed with OCD according to the criteria of DSM-IV and 13 healthy controls. The patients were administered the sociodemographical data form, Hamilton Rating Scale for Depression(HAM-D) and the Hamilton Rating Scale for Anxiety (HAM-A), Yale-Brown Obsessive Compulsive Scale(Y-BOCS) and SCID. The volumetric measurement of insula was performed on patients and control group by using MRI.
RESULTS: For the left and right insula volumes there were no differences between the patients and healthy controls.
CONCLUSIONS: This can be considered insula has a relationship with both pathophysiology and clinical course of the disease. This present study suggested that the investigations which use together the imaging technique that examine the functional qualifications of this area and the tests research the cognitive functions, make us to provide to reach more important and effective results.

[Abstract:0154][Bipolar and Related Disorders]

Evaluation of the relationship between cardiovascular disease risk and lithium treatment response in bipolar disorder

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ABSTRACT
OBJECTIVE: Cardiovascular diseases are the leading causes of the morbidity and mortality among patients with bipolar disorders. Lithium with its anti-suicidal and anti-inflammatory properties is the cornerstone treatment option in bipolar disorders. With this background, we aimed to evaluate the relation between cardiovascular disease risk(Qrisk) and lithium treatment response level among subjects with bipolar disorders.
METHODS: Data of the 35 patients who were followed in our mood clinic recruited for the study. Qrisk2 algorithm was used to calculate ten years of cardiovascular disease risk of the patients via www.qrisk.org web page and lithium treatment response scores were also calculated according to the Alda Lithium Treatment Response Questionnaire. Comparisons of Qrisk2 scores between good-bad lithium responders and the correlation analysis between Qrisk2 scores and lithium treatment response levels were done.
RESULTS: Nearly half of the patients were female(45.7%,n=16) and mean age of the patients was 38.3±11.4 years. Mean duration of illness was 12.8±8.7 years while mean age of the first onset was 25.5±11.1 years. We found that median value of Qrisk2 score was 2.2%(min:0.2, max:29.1). Mean lithium treatment response scale score was 6.7±1.6. When we compared the Qrisk2 scores between good-bad lithium responders, we could not find any difference between groups(p=0.77). There was also no correlation between total lithium response scores and Qrisk2 scores(p=0.73).
CONCLUSIONS: We expected to find lower scores of Qrisk2 in good lithium responders than bad responders considering the anti-inflammatory effects of lithium. However, we could not find any difference. Our cross sectional design makes it difficult to make further comments.

KEYWORDS
Bipolar disorders; lithium; qrisk; cardiovascular diseases; treatment response

[Abstract:0156][Anxiety Disorders]

Comparison of comorbid social anxiety disorder and major depressive disorder according to primary disorder

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ABSTRACT

OBJECTIVE: It has been shown that most of the patients with major depressive disorder (MDD) have an anxiety disorders as comorbidity. Social Anxiety Disorder (SAD) is the most common among anxiety disorders. In SAD patients, MDD is also one of the most common psychiatric disorders as an axis-I comorbidity [1]. The comorbidity of SAD and MDD is more common in patients with depression or anxiety than in the normal population [2]. In this present study, we aimed to compare the patients with the comorbidity of two diseases according to their primary diagnosis.

METHODS: 74 patients (MDD-SAD group) with MDD and SAD comorbidity whose primary diagnoses were MDD and 130 patients (SAD-MDD group) with SAD and MAD comorbidity whose primary diagnoses were SAD according to DSM-IV were enrolled in the Kartal Training and Research Hospital Psychiatry outpatient clinic. Only patients with active MDD and SAD according to SCID-I were included in the study. The sociodemographic and clinical characteristics, Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), Global Assessment Scale (CTI), Childhood Trauma Scale (CTQ-28), Liebowitz Social Anxiety Scale (LSAI) scores were compared in two groups by the Student-t test and categorical variables of groups were analyzed by Chi-square analysis.

RESULTS: In this present study, a statistically significant differences were found between MDD-SAD group and SAD-MDD group in terms of whether the episodes of depression were atypical, the diagnosis was accompanied by somatoform disorder and there was an asymptomatic period between the episodes of the disease. The atypical episodes of depression, accompanied by somatoform disorder, an asymptomatic period between the episodes of the disease were more common in the MDB-SAB group than in the SAD-MDD group ($p < 0.05$). In the MDD-SAD group, the mean age of diagnosing SAD was statistically younger than the SAD-MDD group ($p = 0.01$). Finally, the mean Tas-A ($p = 0.02$), physical neglect ($p = 0.02$), emotional neglect ($p = 0.049$) subscale scores of CTQ-28 and the mean BDI ($p = 0.01$) score of MDD-SAD group were significantly higher than the scores of SAD-MDD group.

CONCLUSIONS: Major depressive disorder and social anxiety disorder are often concurrent, which negatively affect quality of life, functioning and symptom severity [3]. To the best of our knowledge, this is the first study to compare differences of comorbid social anxiety disorder and major depression disorder according to primary disorder. In this present study also it can be seen that clinical features and prognosis of comorbidity may changed according to primary disease. If the primary diagnosis is depression, the severity of the childhood traumas and the clinical course of the disease may be much worse.

KEYWORDS

Comorbidity; Major Depression; Primary Disorder; Social Anxiety Disorder

[Abstract:0157][Addictions]

Patients with alcohol and substance use disorders, follow-up from psychiatry polyclinic; prevalence, clinical features, axis I and II supplementary diagnoses

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ABSTRACT

OBJECTIVE: Prevalance studies of Alcohol use disorder (AUD) / Substance use disorder (SUD) in Turkey mainly comprised of face-to-face surveys in young population without using structured diagnostic tools. Limited numbers of studies in Turkey revealed that prevalence of SUD in youth did not reach the levels as did developed countries but warned possible increase which should not be underestimated [1, 2]. This research aimed to widen the clinical knowledge on comorbidity of AUD/SUD among psychiatric patient population in Turkey.

METHODS: 734 patients were included to the study. Patients between 16 and 65 years of age who referred to outpatient psychiatry clinic, were enrolled in the study, independently from their primary psychiatric complaints. Michigan Assessment-Screening Test for Alcohol and Drugs (MATT-AM) was applied to all participants. At the second step, a substance screening list was given and the addiction module of The Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I) was applied to the patients with a MATT-AM score of five and higher. Later, remainder of SCID-I and SCID-II were both administered on those who were identified with alcohol or substance use problems at the second step.

RESULTS: 734 patients were included to the study. Out of these patients, 529 (72.1%) were females and 205 (27.9%) were males. Average age was 32.0 ± 9.5 years. 48 patients (6.5%) had MATT-AM scores of five and higher. 15 of them did not resume advanced interview.

KEYWORDS

Alcohol use disorder; clinical features; comorbidity; prevalence; substance use disorder

The alcohol and drug abuse module of SCID-I was applied to 33 patients. Remainder part of SCID-I, as well as complete SCID-II, were applied on 33 patients (4.5%) who were diagnosed in the alcohol and drug abuse model. 26 of the 33 were alcohol use disorder while nine were cannabis, nine were benzodiazepine and three were polysubstance use disorder. Seven of the 33 patients were borderline personality disorder, five were major depressive disorder. SCID-I and -II both demonstrated any type of axis I or II disorders in the patients with confirmed AUD/SUD diagnosis. In 11 patients, SCID-II pointed out AUD and/or SUD as a single axis I disorder.
CONCLUSIONS: In this present study, the prevalence of AUD/SUD among the patients who admitted to the general psychiatry settings and have not previously been treated in our clinic due to alcohol or substance problems has been found to be 4.5%. AUD/SUD are found to be not very prevalent among the patients referring to general psychiatry outpatient clinic. This result is fairly lower than the problematic alcohol use among psychiatry inpatients [3]. Depending on the results of this present study. It is useful to strictly inquire the alcohol and substance abuse particularly in patients with mood disorders (especially Major depressive disorder and Bipolar I disorder), anxiety disorders (especially Generalized anxiety disorder and Panic disorder) or personality disorders (especially Borderline personality disorder). Turkish adaptation of MATT-AM has been found to have a high specificity. Extensive studies based on broad participation are required to determine accurate prevalances of alcohol and/or substance use disorder among psychiatry patients.

[Abstract:0162][Schizophrenia and Other Psychotic Disorders]

Investigation of the relationship between total oxidant and antioxidant levels, symptom severity, C-reactive protein and metabolic syndrome in patients with schizophrenia

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ABSTRACT
OBJECTIVE: In this study we aimed to examine; a) whether the schizophrenia group and the healthy control group differed in terms of metabolic syndrome parameters, oxidative stress parameters and C-reactive protein (CRP), b) whether there was any difference in terms of oxidative parameters and CRP in schizophrenia patients with and without metabolic syndrome, c) whether there was a relationship between disease severity and oxidative parameters and CRP in schizophrenic patients.
METHODS: 26 drug-free schizophrenia patients (all on acute psychotic episode) and 26 healthy controls matched in terms of age, gender and educational status were compared in regard to metabolic syndrome, oxidative stress parameters and CRP. Positive and Negative Symptom Scale (PANSS) was used for disease severity assesment; while Global Assessment of Functionality Scale (GAF) was used to evaluate functioning and Calgary Schizophrenia Depression Scale (CDSS) was used to exclude depression in schizophrenia patients.
RESULTS: There was a significant increase in TOS (total oxidant status) and OSI (oxidative stress index)in schizophrenia patientscompared to healthy controls; while there was no difference in terms of TAS (total antioxidant status). There was no significant difference between the two groups in terms of CRP levels as well. There was no significant difference in terms of metabolic syndrome prevalence between the two groups, although it was slightly higher in the schizophrenia group. Comparison of the schizophrenia patients with and without metabolic syndrome revealed no significant difference in regard to PANSS, CDSS, TOS, TAS, OSI, CRP, and other clinical variables. TOS correlated positively with duration of hospitalization and number of hospitalizations. A negative correlation was found between OSI and IGD. TOS level was predicted by being a schizophrenia patient and by not having metabolic syndorme. A significant difference was found in terms of TAS, when the schizophrenia and the healthy control groups were divided into four groups according to presence of metabolic syndrome (TAS level was the highest in the healthy control group with metabolic syndrome, followed by the schizophrenia group with metabolic syndrome, then by the schizophrenia group without metabolic syndrome, and then by the healthy control group without metabolic syndrome). TAS level positively correlated with the presence of MS in the whole sample.
CONCLUSIONS: According to the results of this study, detailed investigation of oxidative stress in the etiopathogenesis of schizophrenia may contribute to prevention of neurodegeneration due to oxidative stress caused by metabolic syndrome, leading to a possible increase of lifespan in schizophrenia.

KEYWORDS
Schizophrenia; oxidative stress; C-reactive protein; metabolic syndrome

[Abstract:0163][Perinatal Psychiatry]

Etiology and prevelance of tocophobia in an obstetric outpatient clinic, and its relationship between adult attachment styles And state-trait anxiety

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ABSTRACT

OBJECTIVE: Tocophobia (Childbirth-related fear) has been described as a negative cognitive assessment of the anticipated childbirth, feelings of fear and anxiety when facing birth, very negative feelings towards birth, and the pathological dread and avoidance of childbirth [1]. A recent meta-analysis study revealed that the prevelance of tocophobia is estimated at 14% and it appears to have increased in recent years [2]. In this present study, we aimed to determine the prevelance of tocophobia and its relationship with the level of anxiety and adult attachment styles that may be associated with tocophobia.

METHODS: In this present study, we included 266 pregnant women who were applied to the Bakırkoy Dr. Sadi Konuk Training and Research Hospital Clinic of Gynecology and Obstetrics. Wijma Delivery Expectancy/Experience Questionnaire Version A (W-DEQ A), Spielberger State-Trait Anxiety Inventory (STAI), Adult Attachment Scale and one other questionnaire that include sociodemographic and obstetric background were filled in for all patients. We assessed tocophobia with W-DEQ A and we used ≥85 as a cut-off for tocophobia.

RESULTS: The mean age of women in this present study was 29.5 (±5.3) years. 40.2% (N=107) of the participants were nulliparous, 59.8 % (N=159) had at least one pregnancy history. In this present study, the frequency of tocophobia was found to be 7.5%. 21.1% (N=56) of the participants had a miscarriage history, and tocophobia in this group was 14.3%. The prevelance of tocophobia among 34 women (12.8%) with a history of curettage was 14.7%. The prevelance of tocophobia in women with a history of psychiatric treatment was found to be 15.4%. According the attachment syles, we found that 59% have a secure attachment, 23.7% have an avoidant attachment and 17.3 % have anxious-ambivalent attachment. We found that tocophobia group had statistically significantly higher scores than the other participants in state anxiety, trait anxiety and total anxiety ($p<0.05$). The prevalence of tocophobia was found to be 11.4% in pregnant women over 30 years of age (N=105). When the participants were compared according to their gestational weeks, the prevelance of tocophobia was 15.8% in the third trimester and the anxiety scores were higher in this group.

CONCLUSIONS: The severity of child-birth related fear was significantly associated with a previous miscarriage, history of curettage, history of psychiatric treatment and high anxiety levels. In this study, no relation was found between the prevelance of tocophobia and the attachment styles and number of pregnancies. Fear of child-birth was found to be higher in women over 30 years of age and in the more advanced gestational week but it was not found statistically significant. Although the prevelance of tocophobia in this present study (7.5%) is low compared to a previous world wide meta-analysis (14%), however it seems to be compatible with the prevelance of 8% in Europe [2]. Both the prevelance of tocophobia and its importance seem to be a field that needs to be given more interest by mental health professionals as an increasing issue in recent years.

KEYWORDS
Tocophobia; Attachment; Anxiety; Childbirth-related fear

[Abstract:0169][OCD]

The effects of metacognitions and thought control strategies on social functioning in obsessive compulsive disorders

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ABSTRACT

OBJECTIVE: Obsessive-compulsive disorder (OCD) is a chronic disease that characterized by persistent and distressing obsessions as well as compulsions. Explaining the development of OCD for treatment and prognosis is an important issue. The metacognitive model is one of the important model explaining in the development of OCD, based on psychological structures, information, events and processes involved in the control, modification and interpretation of thought. On the other hand, it is known that there are studies showing that OCD patients have low occupational functioning. However, one of the most important targets in treatment is increasing social functionality. As far as we know, there is no study

KEYWORDS
Obsessive compulsive disorder; metacognitions; thought control strategies; social functionality; depression

investigating the effects of metacognitions and thought control strategies on social functioning in the literature. It is thought that the researches on metacognitions and thought control strategies affecting the deteriorations in social functioning will be beneficial for better understanding of the disease and development of appropriate treatments. The aim of this study is to examine whether metacognitions and thought control strategies have an impact on social functioning in OCD patients.

METHODS: The study sample consisted of 62 patient volunteers diagnosed with OCD according to the DSM-V diagnostic criteria and age- and sex-matched 58 healthy controls. Participants filled in socio-demographic data form, Metacognition Questionnaire-30 (MCQ-30), Thought Control Questionnaire (TCQ), Social Functioning Scale (SFS), Beck Depression Inventory (BDI), and Beck Anxiety Inventory (BAI). The OCD symptoms severity of the patients were determined by the Yale–Brown Obsessive Compulsive Scale (YBOCS). After combining data, a multivariate model was created, and model tested with path analysis.

RESULTS: Of the 120 participants included in the study, 52 were male and 68 were female. The mean age of the patient group was 32.7±9.5. Results revealed that metacognitions are associated with OCD symptoms severity and social functionality, especially metacognitions related to uncontrollability and danger, need to control thoughts and cognitive confidence effect anxiety symptoms, depressive symptoms, obsessions and compulsions; social functionality is affected by all of them but mainly over depression.

CONCLUSIONS: In the present study, the relationship between metacognitive beliefs, metacognitive thought control methods, OCD severity and social functioning were examined. Metacognitions are related to disease severity and social functioning in obsessive compulsive disorder. It can be said that the main factor causing deterioration of social functions in OCD is based on the interactions of these three symptomatology ('uncontrollability and danger', 'need to control thoughts', and 'cognitive self-consciousness) but mainly through the symptoms of depression. As far as, the results of this study are presented as an important contribution to the literature. As a result; these results were the first in the literature to guide the determination of metacognitive therapy goals for the improvement of social functioning in the treatment of OCD. In addition, it has been shown that treatment of depressive symptoms in OCD patients may be helpful in improving social functioning. More studies in the future should examine the results.

Table 1. Comparison of Metacognition Questionnaire-30, Thought Control Scale, Social Functional Scale, Beck Depression Inventory, Beck Anxiety Inventory, and subgroup scores between the groups.

	Obsessive Compulsive Disorder (n=62) Mean±SD	Health Control Group (n=58) Mean±SD	Z/T value	p value
Metacognitions Questionnaire				
Positive beliefs	13.5±4.8	12.7±3.8	−0.7	0.45
Uncontrollability and danger	17.0±4.3	12.2±3.5	−5.6	<0.01**
Cognitive confidence	14.7±4.7	12.2±4.5	−2.6	0.01**
Need to control thoughts	18.8±3.8	11.7±4.5	−7.0	<0.01**
Cognitive self-consciousness	18.3±3.7	14.9±3.2	−4.5	<0.01**
Total	82.5±13.1	63.8±14.4	−6.2	<0.01**
Thought Control Questionnaire				
Distraction	14.5±3.9	17.2±3.6	−3.6	<0.01**
Social control	14.2±4.5	13.2±2.4	−1.0	0.31
Worry	12.4±3.5	9.6±3.1	−4.3	<0.01**
Punishment	13.2±3.4	9.2±2.7	−6.1	<0.01**
Reappraisal	15.8±3.5	15.2±2.9	−0.7	0.43
Total	70.2±10.4	64.5±10.4	−2.8	0.04**
Social Functioning Scale				
Social engagement/withdrawal	9.4±2.9	11.5±2.1	−4.1	<0.01**
Interpersonal	5.6±1.8	7.1±1.4	−4.6	<0.01**
Prosocial	15.7±9.9	26.2±11.9	−4.6	<0.01**
Recreation	15.3±7.4	21.1±7.6	−3.8	<0.01**
Independence-competence	33.2±5.1	37.6±2.4	−5.9	<0.01**
Independence-performance	27.2±8.2	32.0±5.6	−3.2	<0.01**
Employment occupation	4.3±2.1	6.1±1.6	−4.8	<0.01**
Total	111.5±30.0	141.9±22.9	−5.3	<0.01**
Beck Anksiyete Inventory	23.1±14.7	6.9±5.4	−6.5	<0.01**
Beck Depression Inventory	21.2±12.5	6.2±4.1	−6.7	<0.01**
YBOCS-O	13.0±2.9			
YBOCS-C	12.4±3.6			
YBOCS-Total	25.4±5.8			
İllness Duration	8.5±8.4			

YBOCS-O; Yale-Brown Obsessive Compulsive Scale Obsession Subscore, YBOCS-C; Yale-Brown Obsessive Compulsive Scale Compulsion Subscore, YBOCS-Total; Yale-Brown Obsessive Compulsive Scale Obsession Total Score. *:p value is <0.05, **:p value is <0.01.

[Abstract:0175][Psychopharmacology]

The relation of the subtypes of delirium with treatment efficacy and biochemical parameters

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ABSTRACT

OBJECTIVE: Delirium is a clinical syndrome that appears due to the temporary disruption of cerebral homeostasis accompanied by changes in consciousness, perceptions, thoughts, sleep-awake cycle [1]. Delirium is one of the most important emergency cases in geriatric patient population with high morbidity and mortality rates [2]. In clinical practice, three delirium types are defined as Hyperactive, Hypoactive and Mixed according to the psychomotor activity and the level of wakefulness [3]. In the present study, the purpose was to examine the treatment response of the subtypes of delirium and its relation with possible biochemical parameters.

METHODS: Thirty patients, who were diagnosed with delirium and who were hospitalized for treatment, according to DSM-IV Structured Clinical Interview, were included in the present study. Following the classification of the patients according to the subtypes of delirium, they were evaluated before the treatment and on the 7th day of the treatment. In both interviews, the Delirium Rating Scale (DRS), Richmond Agitation and Sedation Scale (RASS), and Memorial Delirium Rating Scale (MDRS) were applied to the patients. In addition, the biochemical parameters that were required for the patients in relevant clinics were recorded.

RESULTS: Delirium patients consisted of a total of 30 patients, 12 women and 18 men. The patients of all three subtypes of delirium responded to the treatment scores at significant levels in terms of scale scores. However, when the Hyperactive, Hypoactive and Mixed subtypes were evaluated in terms of the difference of change on the 1st and 7th days of the treatment separately, it was determined that the difference of change values were significantly higher in the hyperactive type in terms of RASS, DRS and MDRS ($p=0.004$; $p=0.002$; $p=0.001$, respectively).

CONCLUSIONS: As a result, the findings of the present study showed that patients who are diagnosed with delirium might show different treatment responses according to motor subtypes. These differences are the treatment duration and the side effects that may appear during treatment. The comorbidities of the study group who were diagnosis with delirium being high due to their ages, and the limited number of the patients were the limitations of this present study. Further studies are required to be conducted with bigger sampling groups.

KEYWORDS

Delirium; biochemical parameters; treatment efficacy

[Abstract:0177][Epidemiology]

The validation and adaptation of Turkish version of development and well being assesment adult form

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ABSTRACT

OBJECTIVE: Development and Well Being Assesment (DAWBA) is a structured clinical interview scale in which questions, interviews, and assessment techniques are developed in accordance with ICD-10 and DSM-4 to establish psychiatric diagnoses. The aim of this study is to test the validity of the Turkish version of the clinical interview questionnaire in DAWBA adult form with the intention of keeping its original meaning, concept, scope, criterion, application, item and measurement equivalence. Thus, the Objective is to provide the clinicians with an additional instrument which can help the patients in the evaluation and diagnosis phase.

METHODS: In this present study; Sociodemographic Questionnaire, The Strengths and Difficulties Questionnaire (SDQ), Turkish Version of Development and Well Being Assesment (DAWBA) adult form and clinical follow-up notes of the patients who were followed-up previously in our clinic were used as data collection tools. Our work was carried out in 3 steps consisting of translation into Turkish, implementation and evaluation of the results. Interviews were conducted with those who met the criteria at the outpatient clinic of psychiatry at Atatürk University Hospital Sixty-two patients who met the criteria were included in the study and the consistency of their clinical diagnosis and the diagnosis made via DAWBA was assessed for the validity of the Turkish version of the scale.

KEYWORDS

Development and Well Being Assesment; DAWBA Adult; Turkish Adaptation; Structured Interview

RESULTS: When the statistical results are examined, In the conducted clinical interviews 83.9% (n = 52) of all cases were thought to have a psychiatric disorder diagnosis and it is seen that 47 of these cases were diagnosed with sensitivity of 90.38% in the structured DAWBA Adult Form interviews. 8 out of 10 cases, which were believed not to have any clinical disorder after clinical interviews, were detected with selectivity of 80% ratio with DAWBA. Cohen's Kappa coefficient which compares the consistency of DAWBA Adult Form and clinical interviews In terms of identifying persons diagnosed with any disorder, is calculated 0.63 (κ=0.63). After evaluating all the interviewed cases, it is found that Dawba, regarding it's validity, has the following values: positive predictive rate is %95.92, negative predictive rate is % 61.54, positive likelihood ratio is 4.52, negative likelihood ratio is 0.12 and Accuracy rate is %88.71.
CONCLUSIONS: In conclusion, it has been shown that the diagnoses made with the Turkish version of the DAWBA adult form were consistent at a good level with the clinical diagnoses made by the clinicians. As a result of this present study, Turkish language has been gained an additional instrument which can be of use to clinicians in the progress of diagnosing cases, which can be used as a scanning tool and with a possibility of standing out comparing with other clinical interview scales because it will be possible in the near future to apply it through the internet, along with it's printed version.

[Abstract:0182][Others]

The prevalence of metabolic syndrome and its predictors among male patients in a psychiatry unit

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ABSTRACT
OBJECTIVE: Metabolic Syndrome (MetS) is defined by a combination of abdominal obesity, high blood pressure, low high-density lipoprotein cholesterol (HDL-C), elevated triglycerides, and hyperglycemia. MetS indicates a preclinical state for the development of cardiovascular disease and diabetes. Patients with severe mental illnesses, particularly schizophrenia and chronic mood disorders, demonstrate a higher prevalence of MetS or its components compared with the general population [1]. In this study, we aimed to determine the prevalance and common causes of MetS in all patients who were treated in inpatient psychiatry clinic.
METHODS: In this present study, 316 patients were included who were admitted in the 12nd Psychiatry Clinic of Bakirkoy Prof. Mazhar Osman Training and Research Hospital between April and October 2018 in a 6-month period. Patients' blood results and waist circumference measurements were evaluated according to IDF and ATP-III criteria for MetS. Past medical records of the patients were evaluated and classified according to DSM-5 based on discharge diagnosis.
RESULTS: The mean age of the 316 patients included in this present study was found to be 36.4 (±12.4). The prevelance of MetS was 19% for IDF and 15.5% for ATP-III. The prevalance of MetS in schizophrenia and bipolar disorder, which constitute the two largest diagnostic groups, was 24.7% and 28%, respectively. The prevelance of MetS in patients with regular drug use in these two diagnostic groups was found to be 47.2% in bipolar disorder and 45.2% in schizophrenia. 22.8% (N=72) of the patients had substance use and the prevalence of MetS in this group was found to be 8.3%. The prevalence of MetS was found to be 34.3% in 99 patients (31.3%) with regular medication use before admission. The mean duration of disease was 10.3 years (±9.2). MetS was found 13.3% in patients with the duration of the disease less than 10 years, and 25.3% in those with disease duration for more than 10 years. The mean number of previous hospitalizations was 4.8 (±6,9), and the prevelance of MetS was 8.5% for patients with the first time hospitalization (N=82). In patients hospitalized more than 10 times, MetS prevelance was found to be 29.6%. The median age of the patients was 34, and prevalence of MetS was found to be 6.7% under median age and 29.9% over median age.
CONCLUSIONS: In this present study, the prevalance of MetS was found to be higher in patients with advanced age, frequent hospitalizations, prolonged disease duration, being on regular medication, and absence of substance use ($p < 0.05$). According to the results of the study, the prevalance of MetS was found to be lower than the previous similar studies, however, there was a compatible prevelance in schizophrenia and bipolar disorder with regular drug use [2]. This result can be explained by the inclusion of all psychiatric inpatients at the hospital, high prevalence of substance use, poor treatment compliance and low socioeconomical characteristics of our patient group. MetS is seen more common in psychiatric patients, especially in elderly, and it is important to follow-up closely and select the right treatment options for these patients.

KEYWORDS
Metabolic syndrome; psychiatry ward; schizophrenia; bipolar disorder

[Abstract:0194][Bipolar and Related Disorders]

Effects of psychotropic drugs on emotion regulation in bipolar disorder patients: comparison with depressive and healthy controls

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ABSTRACT

OBJECTIVE: Considering the importance of emotion regulation (ER) in the etiology and / or protection of psychopathology, subjective reports of ER in a group of bipolar individuals were examined and the results were compared with a group of depressive patients and healthy controls. In addition, the effect of psychotropic drug therapy on ER was examined.

METHODS: Total of 200 paricipitants were enrolled in the study. Patients were divided into 3 groups; bipolar disorder BD) (n=48), depressive disorder (MDD) (n=76) and healthy control (HC) (n=76). All groups were administered a multidirectional Difficulties in Emotion Regulation Scale (DERS). Impact of antidepressants on ER and whether the amount of psychotropic medication had a differential effect on ER were examined.

RESULTS: The BD and MDD groups were significantly higher in the DERS than in the HC groups; this, presumably, suggests that the diagnostic groups have more difficulty in regulating their emotions. In addition, in the comparison of MDD and HC groups, it was observed that the depression group had difficulty in acceptance, goals, impulsivity and access to effective strategies. In contrast, BD participants showed selective difficulties in accessing emotion regulation strategies compared to the HC group. The discovery part of the study did not find the effect of antidepressants on MDD or any effect of psychotropic drug number on MDD.

CONCLUSIONS: ERD (emotion regulation dysregulation) differed between healthy controls and patient groups. In addition, the patients with BD had less difficulty compared to the healthy control group, although they showed less ERD than MDD patients. If a multidimensional ERD measurement is used, it is possible to evaluate these differences. In addition, our results showed that antidepressants did not alter ERD, and that the total drug amount was not associated with ERD. Although there is no relationship between drug therapies and ERD, psychotropic drug effects, including antidepressants, seem to be an area where more research is needed.

KEYWORDS

Antidepressant; bipolar disorder; depression; emotion regulation; psychotropic medication

Table 1. Descriptive statistics as well as results of the anova and post-hoc analyze for global and specific difficulties in regulating emotions between the bipolar, depressive, and healthy control groups.

	BD (n=36)	MDD (n=57)	HC (n=57)	ANOVA	ph:1vs3 p	d	Ph: 1vs2 p	d	Ph 2vs3 p	d
DERS1	69.39±16.68	79.09±17.79	60.89±11.99	*F(2,76.01)=12.59, p<.001	0.89	0.58	0.86	0.54	<0.001	1.19
DERS2	57.69±15.98	65.59±16.94	46.95±10.69	*F(2,73.73)=14.79, p<.001	.016	0.75	.161	0.46	<0.001	1.29
Non-Acceptance	11.29±3.09	13.78±5.98	9.39±3.49	*F(2,27.89)=9.59, p<.001	.073	0.55	.091	0.54	.001	0.88
Goals	12.83±4.69	15.09±4.49	10.49±4.19	F(2,93)=10.02, p<.001	.131	0.51	.154	0.45	<.001	1.05
Impulse	9.69±3.63	10.87±3.89	7.91±2.49	*F(2,73.58)=6.61, p=.002	.117	0.53	.468	0.29	.001	0.79
Awareness	11.68±3.71	13.52±3.69	13.33±3.79	F(2,96)=2.01, p=0.136	.249	−0.44	.166	0.47	.989	0.05
Strategies	15.49±5.98	16.69±5.19	11.01±2.79	*F(2,58.01)=13.59, p<.001	.005	0.89	.689	0.21	<.001	1.29
Clarity	8.26±2.66	9.03±2.72	8.03±1.85	F(2,78)=1.71, p=.182	.972	0.11	.549	0.25	.199	0.41

BD: Bipolar Disorder, MD: Major Depressive Disorder; and HC: Healthy Controls. ph: post-hoc, DERS1:Sum of the scores from all sub-scales of the DERS, DERS2: As for DERS1, but excluding the scores from the awareness sub-scales of the DERS. Since the variances were not homogeneous, Brown-Forsythe test were applied instead of F test.

Table 2. Descriptive statistics as well as results of the anovas and post-hoc tests for global and specific difficulties in regulating emotions.

	1 non-AD medication n=62	AD medication n=52	HC n=76	ANOVA	Ph: 1vs3 p	d	Ph: 2vs3 p	d	Ph: 1vs2 p	d
DERS1	73.49±17.09	79.28±17.97	60.89±2.49	*F(2,71.20)=11.89, p<.001	002	.87	<.001	1.21	.399	0.32
DERS2	61.19±16.14	65.45±17.59	46.98±10.73	*F2,68.32=13.23, p<.001	<.001	0.98	.001 1.22		.629	0.24
Non-Acceptance	12.01±4.34	13.59±5.78	9.39±3.48	F(2,91)=6.98, p=.001	.057	0.64	.001	0.83	.448	0.36
Goals	13.99±4.35	14.99±5.19	10.49±4.21	F(2,91)=8.71,p<.001	.007	0.80	.001	0.92	.786	0.20
Impulse	10.39±3.80	10.58±4.15	7.97±2.50	*F(2,68.95)=5.51, p=.011	.014	0.74	.011	0.73	.989	0.05
Awareness	12.19±3.51	13.83±3.98	13.34±3.79	F(2,91)=1.44, p=.229	.509	0.31	.929	0.13	.275	0.43
Strategies	16.03±5.29	16.97±5.89	10.98±2.81	*F(2,62.05)=14.41, p<.000	<.001	1.20	<.001	1.21	.919	0.12
Clarity	8.51±2.69	9.17±2.71	7.98±1.82	F(2,91)=1.92,p=.150	.749	0.21	.146	0.51	.632	.024

AD: Antidepressant, non-AD: other than Antidepressant, ph: post-hoc, DERS1:Sum of the scores from all sub-scales of the DERS. DERS2: As for DERS1, but excluding the scores from the awareness sub-scales of the DERS. Since the variances were not homogeneous, Brown-Forsythe test were applied instead of F test.

Table 3. Descriptive statistics as well as results of the anovas for global and specific difficulties in regulating emotions for the participants diagnosed with a psychiatric disorder and taking 1 as well as 2 or medications.

	1. Taking one medication n=52	2.Taking ≥2 Medication n=62	ANOVA	d
DERS1	77.42±18.87	75.01±16.47	*F(1,54)=0.21, p=.645	0.11
DERS2	63.49±17.65	62.87±16.29	*F(1,54)=0.82, p=.350	0.12
Non-Acceptance	12.99±5.49	12.54±4.89	F(1,54)=.08, p=.761	0.08
Goals	13.98±5.49	14.79±4.09	F(1.54)=.35, p=.549	0.15
Impulse	9.98±3.74	10.81±4.03	F(1.54)=.68, p=.406	0.22
Awareness	13.81±4.19	12.19±3.28	*F(1.54)=2.73, p=.101	0.44
Strategies	16.79±6.02	16.39±5.23	F(1.54)=.06, p=.813	0.06
Clarity	9.58±2.96	8.22±2.39	*F(1.54)=3.79, p=0.55	0.51

DERS1: Sum of the scores from all sub-scales of the DERS. DERS2: As for DERS1, but excluding the scores from the awareness sub-scales of the DERS. Since the variances were not homogeneous, Brown-Forsythe test were applied instead of F test.

[Abstract:0195][OCD]

A comparative examinataion of the relationship between early maladaptive schemas and symptom dimensions in patient with obsessive compulsive disorder, uneffected siblings of patients and healthy controls

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ABSTRACT

OBJECTIVE: The purpose of this study is (1) to evaluate the differences between the early unconformable schemes of the OCD patients and their siblings and the early unconformable schemes of the healthy controls; (2) to determine if the severity of OCD is related to the clinical variables like starting age, duration of the disease and its relation with the schemes. Thus, the OCD's resistance to treatment, occurrence, becoming chronic and the core pathologies before it comes to the clinical level can be predicted.

METHODS: In this research, the study group is the outpatients who applied to Karadeniz Technical University School of Medicine Psychiatry Polyclinics from December 2017 to November 2018 and who got an OCD diagnosis and comply with the conformity criteria and the siblings of the patients, who accepted to participate in this study, under the condition that they belong to and have raised by the same parents and they comply with the conformity criteria; and the healthy controls. All of the participants were informed about the study and their written consent was obtained. The ethics committee approval was granted with Decision ref. 2018/3 of Karadeniz Technical University Clinical Researches Ethics Committee. The socio-demographic data form, clinical consultancy structured for DSM-IV (SCID-I) and SCID-II, Yale-Brown Obsession Compulsion Scale, Beck Depression Scale, Young Scheme Questionnaire Short Form-3 were applied to all of the participant for purpose of evaluation of the personality disorders. The participants who did not comply with the SCID-I, SCID-II and BDS were left out.

RESULTS: No difference was found between the groups in terms of age, sex, marital status, employment status, residence, income distribution. There was not difference between the OCD and healthy control in terms of education year. However, the sibling group was significantly different from the other two groups. It was found that compared to the control groups the patients are more dominant in the failure, pessimism, social isolation/alienation, codependency, being abandoned, being punished, imperfection/embarrassment schemes and the scheme areas of impaired autonomy, disconnection and high standards are more dominant in the patient group. When the patient and sibling groups are compared, the pessimism and imperfection/embarrassment scheme is more dominant in the patient group and there is no difference in their scheme areas and there is no significant difference among the patients in the areas of social isolation/alienation, imperfection/embarrassment, failure, codependency, abandonment and being punished which are more dominant than the healthy controls. When the sibling and control groups are compared, it is observed that the codependency, being abandoned, check seeking schemes and the impaired autonomy scheme areas are more dominant in the sibling group.

CONCLUSIONS: This outcome allows to evaluate importance of the attitudes of parents in these schemes and the different schemes apart from such attitudes. Thus, the schemes which can pertain to OCD are examined. Consequently, this study has revealed findings which can be important in determination of etiopathogenesis of OCD and the therapy methods which are being studied.

KEYWORDS

Schemes; Scheme Areas; Obsessive Compulsive Disorder; Non-Affected Siblings

[Abstract:0196][Psychotherapies]

Investigation of the relationship between clinical characteristics, automatic thought and dysfunctional schemas in major depressive disorders

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ABSTRACT

OBJECTIVE: In this study, we aimed to examine the interaction of clinical symptomatology, autonomic thoughts and dysfunctional schemas about depression

METHODS: 101 patients from an outpatient clinic and 82 healthy controls from hospital employees were evaluated by SCID-I, sociodemographic data form, Automatic Thoughts Questionnaire (ATQ), Short Form of Dysfunctional Attitudes Scale Revised Turkish Version (DAS-R-TR), Personality Beliefs Questionnaire abbreviated Turkish form (PBQ-SF), Social Comparison Scale (SCS).

RESULTS: There was significant differences in all cognitive subscales between the control group and the depression group with more negative cognitions of the depression group. When we compare the first episode and recurrent depression group within themselves, there was a significant difference between the groups only in the sub-factor of personal dissonance and change desire for ATQ..When we assessed depression on the basis of severity, on the whole cognitive scales, more negative attitudes of the severe depression group were detected and there was a significant difference between the groups.

CONCLUSIONS: Symptomatology and cognitive structure of depression are in relationship, and this cognitive structure seemed to be more related to severity, rather than recurrence of depression. These findings suggest that severity of dysfunctional/irrational schemas rather then existence of them might be related to the symptomatology of depression.

KEYWORDS

Depression; Automatic Thoghts; Cognitive Schemas

Table 1. Sociodemographic data of the study groups

		STUDY GROUPS				P value
		DEPRESSION		CONTROL		
		Mean ± STD.		Mean± STD.		
AGE		28.87 ± 11.76		29.77 ± 9.78		0.574
YEARS OF EDUCATION		11.89 ± 3.75		16.52 ± 3.34		0.000
		N	%	N	%	
SEX	FEMALE	84	83.2	54	65.9	0.008
	MALE	17	16.8	28	34.1	
MARITAL STATUS	MARRIED	39	38.6	41	50	0.857
	SINGLE	57	56.4	41	50	
	DIVORCED	5	5	-	-	
LIVING ENVIRONMENT	FAMILY	39	38.6	40	48.8	0.969
	PARENTS	51	50.5	24	29.3	
	WİTH FRIEND	6	5.9	6	7.3	
	ALONE	5	5	11	13.4	
	OTHER	-	-	1	1.2	
EMPLOYMENT STATUS	WORKING	27	26.7	57	69.5	0.000
	UNEMPLOYED	50	49.5	9	11.0	
	STUDENT	24	23.8	16	19.5	
MONTHLY INCOME	0-1500	7	21.9	1	1.7	0.000
	1500-3000	9	28.1	11	18.3	
	3000-4500	11	34.4	14	23.3	
	4500 AND ABOVE	5	15.6	34	56.7	

Table -2: Evaluation of Recurrency of Depression and Cognitive Scales

	Recurrency	Mean	**P-Value**
Negative self-concept	No **Yes**	28,7679 27,7556	0,623
Confusion and Escape Fantasies	No **Yes**	19,4821 18,4000	0,392
Personal maladjustment and desire for change	No **Yes**	11,4107 10,0000	0,010
Loneliness and Isolation	No **Yes**	12,9643 11,6222	0,070
Hopelessness	No **Yes**	13,4464 12,1333	0,116
ATS total	No **Yes**	94,6429 88,8667	0,276
Perfectionism and Achievement	No **Yes**	26,5536 23,6444	0,205
Need for approval and Dependency	No **Yes**	16,1250 15,4222	0,650
Dysfunctional Attitude Scale-R total	No **Yes**	42,6786 39,0667	0,310
SCS total	No **Yes**	62,0179 64,1556	0,499

Table -3: **Evaluation of Severity of Depression and Cognitive Scales**

	Severity	**Mean**	**P-Value**
Negative self-concept	Moderate	22.3276	0,000
	Severe	36.7381	
Confusion and Escape Fantasies	Moderate	15.9655	0,000
	Severe	23.0714	
Personal maladjustment and desire for change	Moderate	9.5517	0,000
	Severe	12.4524	
Loneliness and Isolation	Moderate	10.6724	0,000
	Severe	14.7381	
Hopelessness	Moderate	10.8966	0,000
	Severe	15.5714	
ATS total	Moderate	76.9483	0,000
	Severe	112.9762	
Perfectionism and Achievement	Moderate	20.5517	0,000
	Severe	31.9286	
Need for approval and Dependency	Moderate	12.8966	0,000
	Severe	20.0238	
Dysfunctional Attitude Scale-R total	Moderate	33.4483	0,000
	Severe	51.9524	
SCS total	Moderate	69.9655	0,000
	Severe	53.0238	

[Abstract:0198][Autism]

Internet use habits, parental control and psychiatric comorbidity in children and adolescents with autism spectrum disorders

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ABSTRACT

OBJECTIVE: The aim of this study was to examine characteristics of and relationships between internet use habits, parental control and psychiatric comorbidity in a clinical sample of children and adolescents diagnosed with autism spectrum disorder (ASD).

METHODS: 60 children and adolescents aged between 6 and 18 years old (12.66±3.17) diagnosed as autism spectrum disorder-mild severity according to DSM-5 diagnostic criterias were included. Young Internet Addiction Scale (YIAS), Parental Control on Internet Use (PCIU), Screen for Child Anxiety and Related Disorders (SCARED) and Childhood Depression Scale (CDI) were filled out. Schedule for Affective Disorders and Schizophrenia for School-Age Children--Present and Lifetime (K-SADS-PL) was used for diagnostic interview.

RESULTS: Majority of the subjects had at least one electronic device at home (93.3%) that can connect to internet, have current internet access at home (91.7%) and have any personal device connecting to the internet (61.7%). 38.3 percent of the subjects were considered having problematic internet use (PIU) (a socre of 50 or above in YIAS). Most frequent methods of parental control on internet use were checking the internet activities after the child's use (65%), informing the child about possible risks of internet (61.7%), setting and following general rules on internet use (61.7%). Majority of the subjects (n=57; 95%) received at least one comorbid diagnosis. Most frequent life time diagnoses were; ADHD (n=52; 86.0%), obsessive compulsive disorder (n=19; 31.7%), enuresis (n=17; 28.3%), major depressive disorder (n=15; 25.0%), separation anxiety disorder (n=15; 25.0%), special phobia (n=14; 23.3%), oppositional defiant disorder (n=13; 21.7%).Parental control on internet use was strongly negatively correlated with internet addiction scale total score ($p<0.004$). Problematic internet use wasn't correlated with life time number of psychiatric disorders ($p=0.260$) but with self-reported anxiety and depression symptoms ($p<0.001$).

CONCLUSIONS: Despite lacking clarity about definition, contributing factors and phenomenology of PIU across different subpopulations of youth, it seems to be a growing problem with different aspects and possess a potential threat for mental health of individuals with ASD. In this present study, PIU is found to be affecting more than one third of participants and was showing negative correlation with the level of parental control. Despite identified high rates of psychiatric comorbidity in this diagnostic interview study, neither total number of comorbid disorders nor any particular disorder was found to be correlated with PIU. Nevertheless, such a correlation was found for self-reported symptoms of depression and anxiety. Thus, it is important for clinicians to be aware of problematic internet use and efforts should be made to examine and identify related problems while taking actions in individual's clinical management and treatment. Furter studies are needed to enhance our understanding about PIU and related factors in order to guide effectful management and prevention of internet related adversities in youth with ASD.

KEYWORDS

Autism spectrum disorder; problematic internet use; internet addiction; Asperger syndrome; comorbiditiy; parental control

[Abstract:0205][Psychopharmacology]

The effect of metformin on lithium-induced nephrogenic diabetes insipidus

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ABSTRACT

OBJECTIVE: Lithium salts have been widely used as mood stabilizers for the treatment of bipolar disorders and depression but in the long-term treatment has been reported to lead to progressive renal impairment in rats and humans. Metftormin has a positive effect on almost all stages of lithium-induced kidney injury. The purpose of this study was to examine a possible renoprotective effect of metformin against lithium-induced nephrotoxicity in a rat model.

METHODS: Rats were divided into four groups: (1) Sham group; (2) Lithium group (Li); (3) Metformin group (Met) and (4) Lithium/Metformin group (Lit/Met). The effects of metformin were examined by use of biochemical parameters consisting of serum and urine sodium (Na), potassium (K), chloride (K), urea, creatinine (crea), osmolality, blood lithium level, and tissue aquaporin (AQP2) level. In addition, the histopathological changes including intertubular hemorrhage, tubular necrosis, tubular atrophy, dilatation of bowman space and hydropic

KEYWORDS

Lithium; nephrogenic diabetes insipidus; metformin; aquaporin

swelling were evaluated. After calculating the score for each of the histopathological changes, the total score was obtained by summing all the scores.
RESULTS: Parameters indicating nephrogenic diabetes insipidus, serum Na, Cl and urea levels, were observed to be high in the Li group and low in the LiMet treatment group. Similarly, in the LiMet treatment group, the reduction in serum osmolality level and increase in urine osmolality level were observed to be statistically significant compared to the Li group ($p<0.001$, $p=0.007$ respectively). Tissue AQP2 level was significantly high in the LiMet treatment group. Compared to the Li group, the total histopathological damage score significantly decreased in the LiMet treatment group ($p=0.005$).
CONCLUSIONS: The findings of this study indicate that metformin therapy prevents the development of lithium-induced nephrogenic diabetes insipidus by increasing AQP2 accumulation in the renal apical plasma membrane. Renal histology also showed convincing evidence regarding metformin protective nature.

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[Abstract:0206][Impulse Control Disorders]

The examination of impulsivity with the depression and anxiety levels at morbid obese women

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ABSTRACT
OBJECTIVE: According to World Health Organisation (WHO), obesity is an increasing public health problem in both developed and developing countries. WHO defines over weight people who has Body Mass Index (BMI) between 25 – 29.9, obese people with BMI over 30 and finally WHO defines morbid obesity with BMI over 40. İmpulsivity is related with urgency, inevitability, spur of the moment, loss of control, loss of perseveration and looking for excitement. The researchs show that depression and anxiety diagnosis are more often and disease levels are higher in morbid obesity population than the normal population. Especially when the depression levels are higher, the impulsivity is seen more often and this affects negatively the eating behaviours and makes the BMI higher. The purpose of this study is the examination of impulsivity with depression and anxiety levels at morbid obese women.
METHODS: In this study we have thirty-six voluntary women over eighteen years old with morbid obesity disorder. The voluntaries are evaluated with Sociodemographic questionnaire, Beck depression inventory (BDI), Beck anxiety inventory (BAI) and Barratt impulsiveness scale (BIS). SPSS 16.0 was used for statistical analysis.
RESULTS: The BAI and BIS scores of our patients are higher than the cut-off points of this scales. BAI and BIS scores of the patients are not correlated with Barratt total and Barratt all subscale scores of the patients. There was no statistically significant difference between the BDI, BAI, BIS scores of married and single patients. There was no significant difference between BDI, BAI, BIS scores of patients who has psychiatric disorder and who has not psychiatric disorder.
CONCLUSIONS: The anxiety and depression scores are higher in obese patients. Psychiatric co-morbidities are seen more often especially anxiety and depression in morbid obese patients. We found no correlation between anxiety, depression and impulsivity. There were no statistically significant difference between marital status and anxiety, depression, impulsivity scores. Having psychiatric disorder doesn't affect the anxiety, depression and impulsivity scores statistically in morbid obese patients. So all these findings show us that impulsivity, anxiety and depression are affected in morbid obese patients independently from other factors. This present study's deficiencies are; we have few voluntaries, the study is one-centered and we have no control groups. There are few studies over morbid obese patients in our country but morbid obesity is an increasing disease in Turkey, so we hope that this present study will lead other studies over morbid obese patients.

KEYWORDS
Anxiety,,Body Mass Index; Depression; Impulsivity; Morbid Obesity

[Abstract:0210][Bipolar and Related Disorders]

Effects of sociodemographic features on the treatment compliance in patients with treatment resistant depression

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ABSTRACT

OBJECTIVE: Depressive Disorder (DB), with its lifetime prevalence of 17–21%, is one of the most common causes of physical, social and occupational disability in the world. It is a disorder with high rates of relapse, recurrence and chronicity(1,2). In randomized controlled researches it has shown that among the patients with depression who are under the treatment; only 30% - 40% have complete recovery (complete or almost complete disappearance of symptoms), 60% to 70% still have depressive symptoms, and 10–15% have no responds to treatment (2,3). Usually treatment of patients starts with one antidepressant agent, and if no treatment response is obtained despite of its usage with sufficient dose and duration (ususally 4–6 weeks, longer duration for elderly patients), it can be switched to another one with different mechanism of action(3). In case of unresponsivity to treatment with two different agent despite of sufficient time and dose, resistance to treatment is considered. In this present study, we aimed to determine the sociodemographic characteristics that may be associated with treatment compliance in patients with treatment-resistant cases with depression.

METHODS: Among the patients who admitted to the general psychiatry outpatient clinic and diagnosed as treatment resistant depressive disorder according to DSM-V criteria, 30 literate patients with 18–65 years of age were included in this study. The patients were evaluated with sociodemographic data form, Hamilton Depression Rating Scale (HDRS) and Morisky Treatment Adjustment Scale (MTQI).

RESULTS: Age of patients had 37.1 ± 12.2 years of mean, with a range of 18–65 years. 76.7% of the patients were female and 23.3% were male. There was a positive correlation between presence of domestic violence and the scores of Morisky Treatment Adjustment Scale

CONCLUSIONS: With its important negative effects on the quality of life treatment-resistant depression is an important disorder that should be evaluated carefully to obtain optmal treatment response. Treatment adherence is an important cause of low treatment response. It will be usefull to consider and evaluate the sociodemographic characteristics that may be associated with treatment compliance, such as familial factors, in especially the resistant cases of depression.

KEYWORDS

Treatment resistant depression; sociodemographic variables; treatment adherence; depressive disorder; domestic violence

[Abstract:0217][Bipolar and Related Disorders]

Caregiver burden in bipolar disorder with patients: preliminary report

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ABSTRACT

OBJECTIVE: Bipolar disorder is a disabling illness which causes considerable degree of burden on the caregivers. The aim was to study the burden experienced by the caregivers and their association with various sociodemographic variables of the caregivers as well as clinical characteristics of patients in bipolar disorder.

METHODS: In this study conducted with71 patients with bipolar disorder I who were diagnosed according to the DSM-5 criteria and their 71 caregivers were included. The participants who over 18 years of age were examined that socidemographic variables and clinical charasteristics associated with disease. The caregivers were evaluated with Hamilton Depression Rating Scale (HDRS), Hamilton Anxiety Rating Scale (HARS), Burden Assessment Scale (BAS), and the patients were evaluated with Insight Assessment Scale (IAS). Appropriate statistical tests, both parametric and non-parametric were carried out wherever indicated using SPSS software version 13.

RESULTS: Of the caregivers, 53% were male and 47% were female, 56% were married, 52% had medium socioeconomic level. The mean age of the caregivers was 45.8±11.6 years, and mean educational duration was 7.7±4.2 years. The mean scores found that HDRS is 22.7±5.3, HARS is 6.9±7.6, BAS is 44.7±11,6 of caregivers, and IAS is 11,2±5,1 of patients. The BAS has been shown correlate with HDRS (r=0.476, p=0.001), HARS (r=0.525, p=0.001) and male patient gender (r=0.244, p=0.041). The HDRS has been shown correlate with female caregiver gender (r=0,324,p=0,006), educational duration (r=0.268, p=0.024), low socioeconomic level (r=0.240, p=0,009), disease duration (r=0.463, p=0.009) and male patient gender (r=0,463, p=0,001).

CONCLUSIONS: Caregiving to patients with bipolar disorder causes a considerable burden. Depressive and anxiety symptoms and caregiving to a male patient are associated with caregivers burden. The female caregiver, low educational duration and socioeconomic level, disease duration and caregiving to a male patient are associated with depression level of caregivers. Evaluating caregivers for mental status and performing necessary interventions and treatment can make positive contributions to both patients and caregivers.

KEYWORDS

Bipolar disorder; caregiver; burden

[Abstract:0219][Addictions]

The impact of using social network services on the smartphone addiction and sleep quality in university student

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ABSTRACT

OBJECTIVE: Sleep is a healing, relaxing and nutritious natural way to protect body energy, restore normal processes, activate physical growth and ensure mental refreshment. Likewise, sleep quality is also important in some special populations, such as college students who are experiencing major risks, social changes and challenges because of low academic performance, reduced mental health and declining quality of life. Smartphones that have been increasing in features day after day have become the most practical and most preferred of mobile devices. The fact that smartphones are being used so often in our daily practice and that they are indispensable have caused us to face the concept of 'smartphone addiction'. The reason that increases the risk of addiction is the growing number of social media services in usage and variety. Previous studies in the literature have shown that smartphone overuse and addiction are related to sleep quality. The aim of this study is to determine the effect of social media networks on smartphone addiction and sleep quality and examine the various related factors, in college students.

METHODS: Overall, 1369 university students (791 females and 578 males) were included in the study. The data were collected with a standardized, anonymous, self-report data collection page. Personal information, habits, educational information and smartphone information were asked for all attendees, along with the socio-demographic form. All volunteers were asked to question the quality of sleep, the Pittsburgh Sleep Quality Index (PSQI) self-rated scale, and Smartphone Addiction Scale Short Version (SAS-SV) for querying the smartphone addiction status.

RESULTS: The students consisted of 57.8% females and 42.2% males. The mean age of the participants was 21.54±2.97 years. The average SAS-SV score was 31.06±10.33 and PSQI score was 5.48±3.40. The mean SAS-SV and PSQI score was analyzed based on demographic variables and statistically significant differences were found between frequency of smartphone change, monthly smartphone bill, smartphone addiction, and sleep quality. It was statistically significant when students' daily Facebook, Twitter, Instagram, Snapchat, Swarm and Foursquare user's times were compared with the mean score of SAS-SV and PSQI.

CONCLUSIONS: This present study showed that overuse of smartphones along with social media networks in college students is potentially addictive and will affect sleep quality negatively. It was also discussed which popular social media networks increased smartphone addiction risk and affected sleep quality. As far as we know, these results are limited in the literature and so this present study will provide significant contributions. In conclusion, it will be useful to see the overuse of social media networks as a public health problem, to avoid dependency and to use it as intended. It should be read in mind that proper use of an object for any purpose may be of great benefit, but excluding it may lead to unintended consequences. We must take the necessary precautions, especially among our young people, to use them appropriately for the purpose of social media networks. Future research on this topic should be added to the literature in a well-structured and planned way of doing personality analysis and social interaction.

KEYWORDS

Addiction; Facebook; Instagram; Smartphone Addiction; Social Media Networks; Sleep Quality

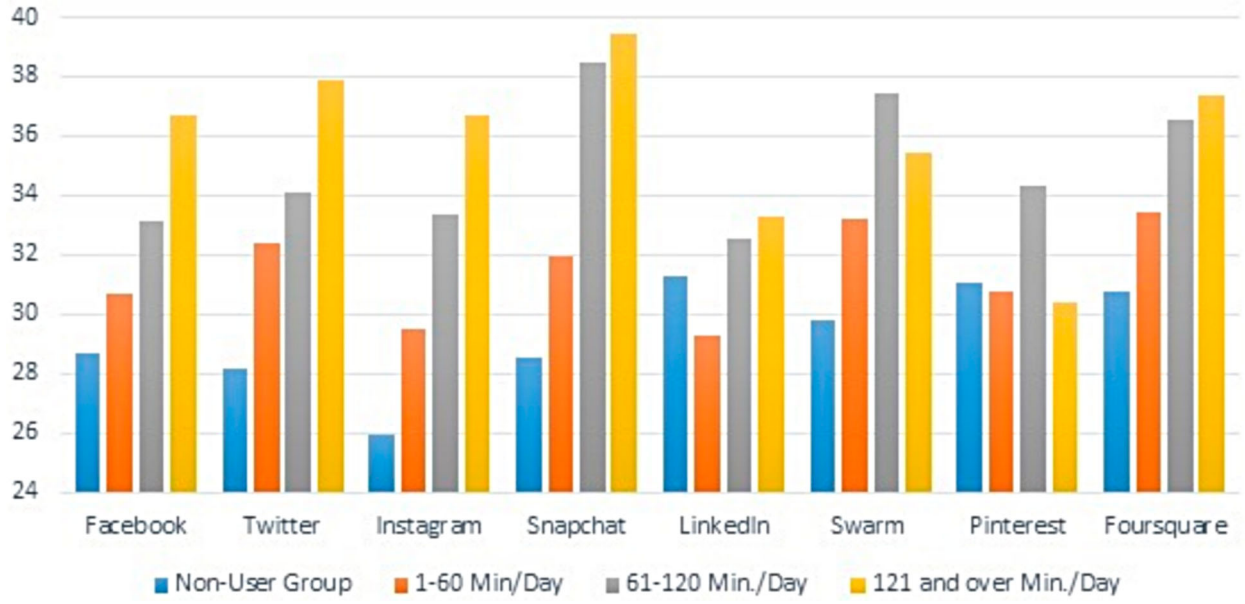


Figure 1. Graphical representation of the comparison of daily use of social media networks with SAS-SV scores.

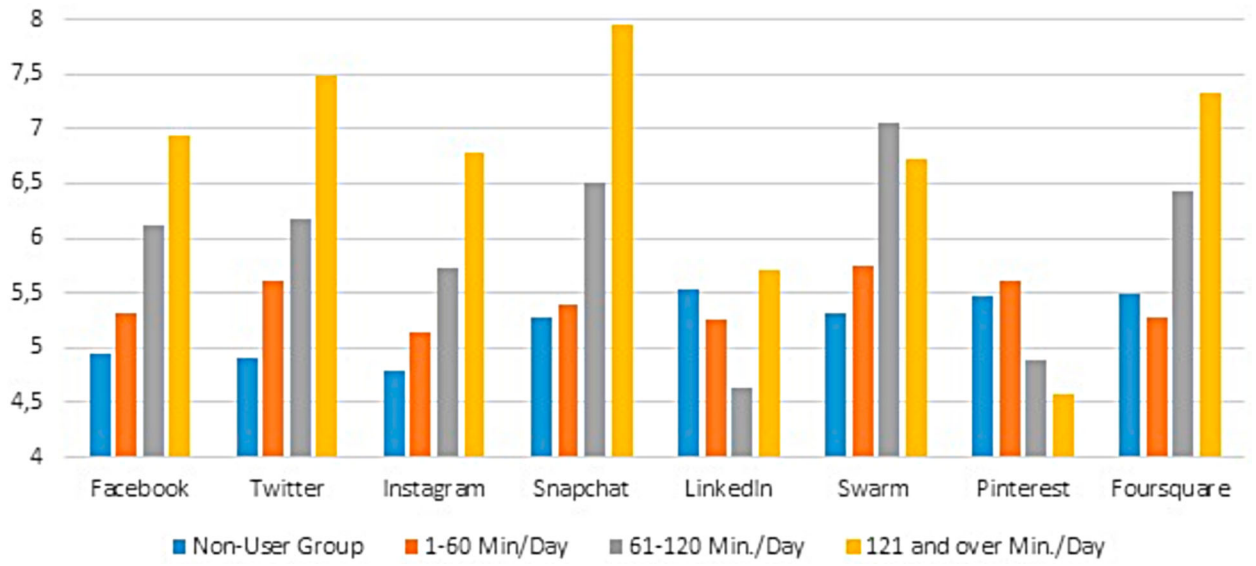


Figure 2. Graphical representation of the comparison of daily use of social media networks with PAQI scores.

Table 1. Comparisons of SAS-SV scores with daily usage of social media networks.

	SAS-SV Score Non-User Group (Mean±SD)	SAS-SV Score 1–60 Min/Day (Mean±SD)	SAS-SV Score 61–120 Min./Day (Mean±SD)	SAS-SV Score 121 and over Min./Day (Mean±SD)	P value
Facebook	28.67±9.43a 374 (27.3%)	30.69±9.93b 681 (49.7%)	33.17±10.25c 176 (12.9%)	36.68±12.08d 138 (10.1)	<0.001
Twitter	28.20±9.38a 619 (45.2%)	32.41±9.66b 485 (35.4%)	34.08±11.08b 181 (13.2%)	37.90±12.42c 84 (6.1%)	<0.001
Instagram	25.91±9.65a 202 (14.8%)	29.49±9.33b 595 (41.3%)	33.33±9.48c 433 (31.6%)	36.69±12.19d 169 (12.3%)	<0.001
Snapchat	28.55±9.65a 565 (41.3%)	31.93±9.80b 700 (51.1%)	38.50±11.86c 59 (4.3%)	39.44±13.10c 45 (3.3%)	<0.001
LinkedIn	31.31±10.39a 1169 (85.4%)	29.30±10.22a 182 (13.3%)	32.54±2.84a 11 (0.8%)	33.28±3.35a 7 (0.5%)	0.088
Swarm	29.80±10.17 a 897 (65.5%)	33.24±10.05 b 442 (32.35%)	37.47±13.14 b 19 (1.4%)	35.45±10.39 b 11 (0.8%)	<0.001
Pinterest	31.08±10.49 a 1196 (87.4%)	30.77±9.20 a 157 (11.5%)	34.33±9.48 a 9 (0.7%)	30.42±8.40 a 7 (0.5%)	0.787
Foursquare	30.74±10.25 a 1217 (88.9%)	33.42±1097 b 142 (10.4%)	36.57±2.50 7 (0.5%)	37.33±2.08 3 (0.2%)	0.008

p<0.05 = statistically significant, SAS-SV indicates Smartphone Addictions Scale Short Version, a,b,c,d the same letters are not statistically different, the different letters are statistically different.

Table 2. Comparisons of PSQI Scores with daily usage of social media networks.

	PSQI Score Non-User Group (Mean±SD)	PSQI Score 1–60 Min/Day (Mean±SD)	PSQI Score 61–120 Min./Day (Mean±SD)	PSQI Score 121 and over Min./Day (Mean±SD)	p value
Facebook	4.94±3.03a 374 (27.3%)	5.31±3.28a 681 (49.7%)	6.12±3.41b 176 (12.9%)	6.94±4.30b 138 (10.1)	<0.001
Twitter	4.91±3.09a 619 (45.2%)	5.62±3.06b 485 (35.4%)	6.17±4.06b 181 (13.2%)	7.48±4.62c 84 (6.1%)	<0.001
Instagram	4.80±2.87a 202 (14.8%)	5.15±3.32a 595 (41.3%)	5.73±3.32b 433 (31.6%)	6.79±4.01c 169 (12.3%)	<0.001
Snapchat	5.28±3.22a 565 (41.3%)	5.40±3.36a 700 (51.1%)	6.50±4.35b 59 (4.3%)	7.95±3.71b 45 (3.3%)	<0.001
LinkedIn	5.53±3.39a 1169 (85.4%)	5.25±3.60a 182 (13.3%)	4.63±1.12a 11 (0.8%)	5.71±3.40a 7 (0.5%)	0.622
Swarm	5.31±3.32 a 897 (65.5%)	5.74±3.42 a 442 (32.35%)	7.05±5.32 a 19 (1.4%)	6.72±3.58 a 11 (0.8%)	0.016
Pinterest	5.48±3.38 a 1196 (87.4%)	5.61±3.65 a 157 (11.5%)	4.88±1.96 a 9 (0.7%)	4.57±2.96 a 7 (0.5%)	0.802
Foursquare	5.50±3.39 a 1217 (88.9%)	5.28±3.42 a 142 (10.4%)	6.42±3.55 a 7 (0.5%)	7.33±4.50 a 3 (0.2%)	0.582

p<0.05 = statistically significant, PSQI indicates Pittsburgh Sleep Quality Index, a,b,c,d the same letters are not statistically different, the different letters are statistically different.

[Abstract:0220][OCD]

Coping strategies in parents of adolescents with obsessive compulsive disorder

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ABSTRACT

OBJECTIVE: The Objective of this study was to evaluate the relation between clinic, symptom severity in adolescents with obsessive compulsive disorder (OCD) and the coping strategies of their parents.

METHODS: The study group consisted of 60 patients between 11 and 18 years of age, who referred to Karadeniz Technical University School of Medicine Child-Adolescent Psychiatry Department, had normal intelligence level and diagnosed with OCD based on DSM-V diagnosis criteria and their parents. 60 healty children matched by age and sex with study group and their parents composed the control group. Both groups were evaluated with semi-structured interview form and Yale Brown Obsessive Compulsive Symptoms Scale for Children (CY-BOCS) by the first author. Parents of the patients and the control group were scaled with the COPE. Mann-Whitney U Test and Spearman Correlation Analysis were used for statistical analyses. Significance level was accepted as $p<0.05$.

RESULTS: In this study, the ratio of boys / girls in OCD group was found to be 1.1. 30% of patients (n=18) had a single obsession, 70% (n=42) had more than one obsession, and 20% (n=12) had one compulsion type, while the rest (n=48) described more than one type. The most frequent type of obsession was contamination with a ratio of 60% (n=36), followed by the religious, aggressive, sexual, somatic obsessions with ratios of 30%, 15%, 13.3%, 10%, respectively. On the otherside, controlling was the most detected compulsion type with a ratio of 45% (n=27), whereas the percentage of washing and cleaning compulsion was 38.3 (n=23), and the repetitive ceremonial behaviors were ranked 3rd (28.3%). In the study group, the denial and behavioral disengagement subscale and the nonfunctional coping main scale scores of parents were significantly higher, while active coping and planning subscale and problem focused coping main scale scores were significantly lower than the control group. Emotional focused coping attitude was the most frequently referred coping strategy with a score of 53.7±9.2, and the nonfunctional coping attitude was the least used coping strategy (39.5±7.4) among all main scales of COPE. In whole subscales, positive reinterpretation and improvement subscale had the highest score with 12.7±2.5, conversely substance use subscale had the lowest score with 5.0±2.0. There was nostatistically significant relationship between parental coping attitude scale scores and OCD severity of the patients. Additionally, the COPE's behavioral disengagement subscale score of the parents of patients with religious dominant obsession type was significantly higher than those free from religious dominant obsession type.

CONCLUSIONS: It is important to understand the contribution of the family in the beginning, care and/or treatment of the disorder starting during childhood. Parental coping strategies can be marked as important OCD-related characteristics where a suitable intervention might be required in family environment. Demonstrating the relation in this present study can be helpful in forming psychosocial interventions for improving parental coping abilities.

KEYWORDS

OCD; child; adolescent; coping; parent

[Abstract:0223][Schizophrenia and Other Psychotic Disorders]

Brain derived neurotropic factor levels and psychopathology scores in drug-naive first episode psychosis

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ABSTRACT

OBJECTIVE: Brain-derived neurotrophic factor (BDNF) is a dimeric protein and is the most studied neurotrophin. BDNF is thought to be very closely related to the neurodevelopmental pathologies because of it's various roles such as the regulation of neurogenesis, neuronal proliferation, development of neuronal pathways, neuronal survival, dendritic growth, regulation of synaptic plasticity. Defects in neuronal migration, neuronal connections and plasticity cause abnormal development in spesific brain areas, according to neurodevelopmental hypothesis of Schizophrenia. There is a special attention on BDNF but there are some contradictory findings about the relationship between it's levels in first episode of psychosis and it's clinical implications. The present study aimed to make these findings clear.

METHODS: The patients who were admitted to the Psychiatry Department of the Gülhane School of Medicine with the diagnosis of first-episode psychosis (FEP) were enrolled

KEYWORDS

Schizophrenia; Psychosis; BDNF

randomly. They were drug-naive and between 17–65. Psychometric properties, such as PANSS, CGI and BPRS scores were compared with blood sample which were taken during the admission.
RESULTS: The study was concluded by 34 FEP, 34 HC volunteers. There was no difference between two groups in terms of age, marital status, education and gender. The groups were also similar in terms of socio-demographicfeatures. Mean BDNF levels of FEP patients were 14.95±6.13 pg/mL while 17.89±4.84 pg/mL in HC group. The difference between gropus was statistically significant (t=2,197; p=0,032). PANSS general psychopathology subscales were positively correlated with the BDNF levels (r=0.420; p=0.014). This correlation was observed also in total PANSS scores, respectively (r=0.445; p=0.008).
CONCLUSIONS: In this study, BDNF levels of drug-naive FEP patients were significantly lover than HC group. This finding is the same with previous findings. Additionally, BDNF levels of FEP patients were positively correlated with the PANSS total and PANSS generel psychopathology scores, which is the different from previous studies.

[Abstract:0226][Bipolar and Related Disorders]

Comparison of bipolar patients with their first degree relatives and healthy controls in terms of social cognition characteristics and neurocognitive functions

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ABSTRACT
OBJECTIVE: It has been shown that in addition to cognitive functions, patients with bipolar disorder also have deterioration in social cognition. The fact that some studies have shown first degree relatives of bipolar patients to have deteriorations in social cognitive abilities such as theory of mind and emotion identification have caused the assertion that theory of mind and emotion identification disorders can be assessed as endophenotype candidate for bipolar disorder. The aim of this present study is to assess cognitive functions and social cognition in patients with bipolar disorder and their first degree relatives and to compare these functions with each other and healthy controls, to examine whether possible disorders in social cognition can be assessed as endophenotype candidate and to examine whether there is an association between social cognition and cognitive functions.
METHODS: 40 patients who referred to Black Sea Technical University School of Medicine Psychiatry Polyclinic as outpatient whose treatments were still continuing, who were diagnosed with Bipolar Disorder I according to DSM-5, who agreed to participate in the study, who met the inclusion criteria and who had been in the euthymic period for at least two months were included in the study. With the patients included in the study, 31 age, gender and educational status matched bipolar patient relatives and 35 healthy controls were included in the study. Neurocognitive functions were assessed with trail making test, Stroop Test, Wisconsin Card Sorting Test and Rey Auditory Verbal Learning Test. Social cognition was assessed with Dokuz Eylül Theory of Mind Scale (DEZİKÖ), Reading the Mind in the Eyes Test (RME), Facial Emotion Discrimination Test (FED) and Facial Emotion Identification Test (FEI).
RESULTS: In this present study, significant difference was found in Trail-Making test, Stroop Test and Rey Auditory Verbal Learning Test between bipolar patients, patient relatives and healthy controls. Bipolar patients were found to show worse performance in Trail-Making test, Stroop Test and Rey Auditory Verbal Learning Test when compared with healthy controls. Relatives of bipolar patients were found to show worse performance in Rey Auditory Verbal Learning Test when compared with healthy controls. Significant difference was found in Reading the Mind in the Eyes Test and Dokuz Eylül Theory of Mind Scale performance between groups. It was found that bipolar patients showed worse performance in both Reading the Mind in the Eyes Test and Dokuz Eylül Theory of Mind Scale when compared with healthy controls.It was found that relatives of bipolar patients did not show a significant difference in Reading the Mind in the Eyes Test when compared with healthy controls, while they were found to show worse performance in Dokuz Eylül Theory of Mind Scale. No statistically significant difference was found between the groups in terms of Facial Emotion Identification Test.
CONCLUSIONS: In this study, significant deterioration was found in the theory of mind of bipolar patients in euthymic patients and in their first degree relatives.It has been thought that deterioration in the theory of mind can be endophenotype candidate for bipolar disorder. No such result was found in terms of emotion identification.

KEYWORDS
Bipolar disorder; social cognition; cognitive functions; first degree relatives; endophenotype

[Abstract:0227][Others]

Anxiety, depression, quality of life, sleep quality levels and childhood traumas in patients with bruxism

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ABSTRACT

OBJECTIVE: Bruxism is a disease manifested with excessive teeth grinding and jaw clenching. Its prevalence among children is between 14 and 20 %. It drops to 3 % in people older than 60 years. Our Objective was to examine the correlation of bruxism with sociodemographic characteristics, depression, sleep quality, anxiety, childhood traumas, and quality of life and to determine the possible risk factors.

METHODS: This study was designed as an observational case-control study. We enrolled a total of 200 subjects in the study (100 patients diagnosed with bruxism and 100 controls). For the data collection we used Sociodemographic Data Form, Hospital Anxiety Depression Scale (HADS), Pittsburgh Sleep Quality Index (PSQI), Childhood Trauma Questionnaire (CTQ) and Short Form-36 Quality of Life Questionnaire (SF- 36).

RESULTS: The mean age of the patient and control groups were 30.14±7.77 and 31.32±9.50 years respectively ($p>0.05$). Of the patients, 54% in the patient group were females and 46% males and 52% of the subjects in the control group were females and 48% males ($p>0.05$). Regarding the sociodemographic characteristics, there was a significant difference between the groups in respect of age, gender, marital and employment status. The groups displayed a significant difference also for the HAD-A ($p<0.05$); HAD-D ($p<0.01$); PSQI ($p<0.01$) and CTQ ($p<0.05$) scores. Considering the sub-scales of SF-36; there was significant difference between the groups for physical function ($p<0.01$); pain ($p<0.05$); social function ($p<0.05$) and mental health ($p<0.01$) scores but not for role limitations ($p<0.05$); general health ($p<0.05$); vital energy ($p<0.05$) and role limitations for emotional problems. The logistic regression was performed in order to determine the effects of certain factors on the reporting possibility about the experienced problems related to bruxism. The model consisted of 5 variables as CTQ, anxiety, depression, Pittsburgh and gender. Only three of these independent variables made a statistically significant and exclusive contribution (Pittsburgh, depression and CTQ).

CONCLUSIONS: According to the results of this present study, scores of anxiety, depression and childhood traumas were higher in patients with bruxism compared to the control group. Also the scores of quality of life and sleep quality were lower in the patient group. The depressive symptoms, impaired sleep quality and childhood traumas increase the risk of bruxism. We conclude that taking the psychological status of the patients with bruxism into consideration and the involvement of the psychiatrists may increase the success rate of the treatment.

KEYWORDS

Anxiety; bruxism; childhood trauma; depression; sleep quality

[Abstract:0228][Psychopharmacology]

The effect of vortioxetine on nociceptive system

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ABSTRACT

OBJECTIVE: Vortioxetine is an antidepressant agent. Compared with other antidepressants, it was newly entered into the commercial use in Turkey and overseas markets. Apart from antidepressant and anxiolytic effects, which are the characteristics of many antidepressants, it has been shown that they also have an analgesic effect. However, whether vortioxetine shows an analgesic effect or not is unknown. The aim of this study is to examine whether vortioxetine has an analgesic effect or not. We aimed to examine the effect of vortioxetine on the nociceptive system in mice.

METHODS: First of all, we obtain the approval of the Ethics Committee. We obtained the mice from the Experimental Animal Production and Research Center of Kafkas University. We created 4 groups with 40 mice by using 10 mice in each group. The distilled water was given to the first group, 5 mg / kg of vortioxetine was intraperitoneally administered to the second group, 10 mg / kg of vortioxetine was intraperitoneally administered to the third group and 20 mg / kg of vortioxetine was intraperitoneally administered to the third group. We put each mouse one

KEYWORDS

Antidepressant; Mice; Nociception; Pain; Vortioxetine

by one on the hot plate at the 30th and 60th minutes. We indicated the duration passed on the mice's licking the hind legs or jumping as the pain threshold. In order to prevent injury in mice, we terminated the experiment for mice that did not show any pain response within 30 seconds and considered the pain threshold as 30 seconds. We evaluated the effect of duration for each dose with the paired t-test, and the effect of dose on the 30th and 90th minutes with the one-way ANOVA.
RESULTS: We detected that with the increase of dose (0 mg $p>0.05$, 5 mg $p<0.01$, 10 mg $p<0.01$, 20 mg $p<0.01$), and the duration (on the 30th minute $p<0.001$, in the 60th minute $p<0.001$), the pain threshold is decreased (Diagram).
CONCLUSIONS: The results of this present study suggest that vortioxetine can decrease the pain threshold.

[Abstract:0229][Anxiety Disorders]

Do adulthood separation anxiety disorder in panic disorder patients represent a distinct subtype?

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ABSTRACT
OBJECTIVE: The purpose of this present study is to determine the factors which may contribute to the occurrence of adult SAD in a sample of PD patients. We hypothesized that some clinical factors such as agoraphobia, clinical severity of PD, or childhood SAD are associated with the severity of adult SAD. Comorbidity between adult SAD and anxiety and mood disorders is frequent, so we preferred to study on PD patients without any lifetime and current comorbid anxiety and mood disorders, to examine the direct relationship between adult SAD and panic-related symptomatology.
METHODS: Patients presenting with panic disorder symptoms at a university psychiatry outpatient clinics between 2016 and 2018, were recruited for this study. All subjects were assessed with the Structured Clinical Interview for the DSM-IV (SCID-I). Patients with psychotic disorders, substance use disorder, major depression, any other lifetime or current anxiety disorders were excluded. We used the self-rating format of the Turkish version of Panic and Agoraphobia Scale (PAS). The childhood and adulthood SAD were assessed by Turkish version of Structured Clinical Interview for Separation Anxiety Symptoms. The severity of SAD before 18 years were measured retrospectively using Separation Anxiety Symptom Inventory (SASI). We used the Turkish version of Adult Separation Anxiety Questionnaire (ASA) to assess the severity of separation anxiety experienced after 18 years of age. State and trait anxiety levels weremeasured with the Turkish version of the STAI.
RESULTS: Gender, marital status, previous history and mean number of suicide attempts did not reveal significant differences between healty and patient groups. Patient groups showed different levels of education($F=3,687$, $p=0.01$). Patient groups also differed in ratings of STAI I ($F=4.510$, $p=0.005$), and II ($F=3.148$, $p=0.02$), total ($F=7,294$, $p<0.0001$), agoraphobia and avoidance behaviour ($F=3,567$, $p=0.01$), anticipatory anxiety ($F=3,870$, $p=0.01$), disability ($F=3,873$, $p=0.01$), and fear for health concerns ($F=8,153$, $p<0.0001$) subscales of PAS. Post hoc analysis showed that PD patients with CSAD and ASAD had significantly higher scores on STAI I-II, total, agoraphobia-avoidance behaviour, anticipatory anxiety, disability, fear for health concerns subscales of PAS than those without CSAD and ASAD. PD patients with CSAD and ASAD had higher scores of STAI -II (ANCOVA, $F=4.889$, $df=3$, $p=0.003$), and disability subscale scores of PAS (ANCOVA, $F=2.781$, $df=3$, $p=0.04$) compared to other two groups, after ASA scores were controlled. There were no differences in clinical scores between three groups when SASI scores were controlled.
CONCLUSIONS: Our findings might indicate that the continuity of SAD during adulthood seemed to be related to the severity of childhood SAD and trait anxiety, and was independent from panic or agoraphobia symptoms. This suggestion is consistent with some studies which proposed that there is a developmental continuity for childhood SAD, and ifadult SAD is considered as a subcategory of adult anxiety, any apparent relationship between chidhood separation anxiety and PD and/or agoraphobiadisappears. The delay in focusing on that category may have been a consequence of Bowlby's assertion that agoraphobia represents underlying separation anxiety in adulthood.

KEYWORDS
Seperation; anxiety; state; trait; adulthood,panic

[Abstract:0235][Forensic Psychiatry]

Children drawn to crime assessed in children's psychiatry polyclinic of a university hospital

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ABSTRACT

OBJECTIVE: Judicial cases related to adolescents in Turkey and the world are increasing day by day, and child psychiatrists and forensic physicians need more knowledge and experience in forensic and professional terms. It has been shown in different studies that aggressive behavior and crime is more frequent in boys and adolescents. The aim of this study is to determine the diagnosis, sociodemographic data, the nature of the crime and the risks that push against the crime by making the psychiatric examinations of the children brought to the child psychiatry outpatient clinic according to TCK 31 and TCK 32 by the judicial authorities. It is also aimed to examine the reports prepared in addition.

METHODS: The study was designed to examine the retrospective files of 107 children who were admitted to Dicle University Child and Adolescent Mental Health and Diseases Outpatient Clinic between 2017-June and November 2018 under the scope of TCK 31 and 32 for forensic psychiatric examination.

RESULTS: Male gender, dropout rates of school, substance use, attention deficit and hyperactivity disorder (ADHD), presence of behavior disorder and low socioeconomic status were found in the children included in the study. The most common crime was theft (37.3%), followed by terror (25.2%), wounding (17.8%), sexual abuse (15%) and drug (4.7%) crimes respectively. It has been determined that the ability to perceive the legal meaning and the consequences of the crime, which is claimed to be committed and to direct the behaviors related to this act, has not developed sufficiently in %77 of the cases.

CONCLUSIONS: Knowing the general characteristics and risk factors of these children and meeting their social, cultural and economic needs are important in terms of preventing these behaviors and contributing to taking necessary measures.

KEYWORDS

Children drawn to crime; forensic psychiatry; adolescent; judicial cases; behavior disorder

[Abstract:0242][Autism]

Parental characteristics affecting the age at diagnosis of autism spectrum disorder a preliminary report

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ABSTRACT

OBJECTIVE: Autism spectrum disorder (ASD) is a neurodevelopmental disorder which appears in early childhood and characterized by impairments in communication and social interaction and the presence of stereotyped or repetitive behaviors. Studies have demonstrated that early and intensive intervention programs can improve social, language and cognitive abilities and adaptive behavior in children with ASD. Although researches support that autistic disorder can be accurately diagnosed as early as 24 months of age, many children with ASD exhibit recognizable problems in social interactions in their first year of life. According to retrospective studies, although mothers recognize these early problems, the diagnosis of children is delayed due to various reasons, which leads to missing the opportunity to early and intensive intervention. In this study we aimed to examine the timing of ASD diagnosis and related factors associated with parents and the child. We want to present preliminary data from this present study.

METHODS: Sociodemographic data form was used for determining the age at the diagnosis and the age when mothers realize the developmental abnormalities in communication, language or any other areas with their children. Socioeconomic status is measured with Hollingshead-Redich Scale. Autism Spectrum Quotient (ASQ) is used for measuring the autistic traits and Toronto Alexithymia Scale is used for measuring alexithymia traits in mothers.

KEYWORDS

Autism Spectrum Disorder; Diagnostic Delay; Parental Characteristics; Alexithymia; Socioeconomic

RESULTS: 63 children were included in the study. Mean age was 43,3 months. The mean age at diagnosis was 36,6 months and the mean age mothers realizing the abnormalities with their children is 26,8 months. There is a 9,7 months delay between the diagnosis and the mothers' doubt about their children's development. This delay was found to be positively correlated with ASQ total scores (R: 0,286 p=0,024) and social skills (R:0,308 p=0,014) communication subscales (R.0,269 p=0,033) in Pearson correlation analysis. There is no significant correlation between diagnostic delay and socioeconomic status.
CONCLUSIONS: This study revealed valuable preliminary information regarding the age at ASD diagnosis in Turkey and associated factors. We found that, autistic features in mother of children with ASD is positively correlated with the diagnostic delay. No significant relationship was found between alexithymia traits and socioeconomic status. With the completion of this present study, more detailed results will be obtained.

[Abstract:0251][Eating Disorders]

Evaluation of night eating syndrome in major depression and bipolar disorder

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ABSTRACT
OBJECTIVE: Although there are studies about relationship between night eating syndrome (NES) with Major Depression (MD) and Bipolar Disorder (BD) separately; there are limited number of studies investigating relations of both disorders with NES. In this study, we aimed to examine NES comorbidity with BD than MD.
METHODS: 94 euthymic BD Type-I patients according to DSM-5 (avarage age±ss=37,00±11.47; %40.4 male), 91 MD patients in remission according to DSM-5 (average age±ss=36.37±11.75; % 39.6 male) whom are being treated in Bakırköy Mazhar Osman Mental Health and Neurological Diseases Education and Research Hospital, Outpatient Treatment Unit and 75 healthy control (average age±ss=31.93±6.13; %45.3 male) subjects are included into the study. SCID-I, Hamilton Depression Scale, Young Mani Evaluation Scale, Beck Anxiety Inventory, Eating Disorders Evaluation Scale, NES Questionnaire were applied to all participants. To all participants, semistructured sociodemographic data form and NES evaluation questionnaire wihch were created by us were performed.
RESULTS: There were statistically significant differences in terms of the prevalence of NES among patients with BD than MD. When compared with healty control group the rate of NES was found higher in MD group.($p<0.05$).
CONCLUSIONS: Clinicians should be aware of NES comorbidity especially in the treatment of MD.

KEYWORDS
Night eating syndrome; major depression; bipolar disorder

[Abstract:0252][Others]

The relationship between psychopathology-sociodemographic data and peer bullying in a child and adolescent psychiatry inpatient clinic: a controlled study, preliminary study

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ABSTRACT
OBJECTIVE: Peer bullying is defined as the deliberate and repetitive negative words and behaviors applied by the strong individual towards the powerless one. A child may be a bully or a victim or both. The effects of bullying are not limited only to that period but also continue in their future life. There are many studies regarding the psychological consequences of bullying in school-age children however it is underestimated issue in children with severe psychiatric disorders. Therefore, in this present study, we examined the prevalence of bullying in children with severe psychiatric disorders and the relationship between psychopathology and sociodemographic variables in children with severe psychiatric disorders.
METHODS: This present study is composed of 64 child and adolescents being severely psychiatric ill hospitalized at Uludag University School of Medicine Pediatric Psychiatry Inpatient Clinic as the study group and 62 healthy peers as a control group. All participants were assessed by a semi-

KEYWORDS
Bullying; Psychopathology; Inpatient; Adolescent

structured interview (K_SADS 5) and were wanted to fill out the Sociodemographic Data Form and Olweus Peer Bullying Questionnaire.
RESULTS: Of the clinical group, 71.9% were female and 28.1% were male. Of the clinical group, 39.1% were hospitalized for Depressive Disorder, whereas, 15.6% for mania, 10.9% for suicide attempt, 10.9% for psychosis and 23.5% for other psychiatric disorders. It was understood that 34.3% of the clinical group was exposed to bullying at least two or three times in the last three months and 18.7% of them were bullies. No significant correlation was found between the clinical group and the control group in terms of peer bullying victimization ($p > 0.05$) however, there was a significant correlation between the clinical group and the control group in terms of bullying ($p = 0.01$). There was no significant difference in the tobacco use ($p > 0.05$), alcohol use ($p > 0.05$) and substance abuse ($p > 0.05$) between bullies and victims. There was a significant difference in terms of involvement in legal issues ($p = 0.044$).
CONCLUSIONS: Since it is known that peer bullying can cause serious traumas and that its effects can be persistent, risks for being a victim or bully should be defined clearly. The high prevalence of bullying in the clinical sample is one of the remarkable point of this present study. Further studies are needed in clinical and non- clinical sample to enhance our understanding in this field.

[Abstract:0254][Psychopharmacology]

Medical treatment options for children with nocturnal enuresis

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ABSTRACT
OBJECTIVE: Enuresis is a common pediatric condition that affects the psychological status and daily life of children and their families. Many clinical admissions for evaluation are made due to the strain it puts on the family and children. Most cases of enuresis are benign without associated anatomic, neurologic, or behavioral abnormalities. In this study, we aimed to compare the efficacy and tolerability of desmopressin, oxybutynin, and imipramine in drug-naive children with nocturnal enuresis.
METHODS: Sample for this study was drawn from a clinical sample of children with nocturnal enuresis who were referred to Hatay State Hospital Child and Adolescent Psychiatry Clinic through January to June 2018. A total of 135 drug-naive children (6–12 years of age) with documented DSM-5 nocturnal enuresis diagnosis was included. The subjects with the diagnosis of psychiatric disorders other than nocturnal enuresis according to DSM-5 and those who had a physical illness and who used any medications other than desmopressin, oxybutynin, and imipramine were excluded. Clinical characteristics of the sample were obtained retrospectively from the medical records and structured psychiatric interviews. Improvement and side effects were assessed with Clinical Global Impression-Improvement Scale (CGI-I) and the adverse effect scale developed by the authors, respectively.
RESULTS: Mean age of the patients was 8.51 ± 2.35. 54.8% (N=74) of children were male and 45.2% (N=61) were female. 38.5% (N=52) of the patients were using desmopressin, 31.8% (N=43) were using oxybutynin, and 29.7% (N=40) were using imipramine. At the 2th month of treatment, the CGI-I was significantly different between three medication groups. There was no significance in terms of treatment compliance. Sleep disturbance, dry mouth, and constipation were meaningfully different between the groups.
CONCLUSIONS: Imipramine seems to be more effective than desmopressin and oxybutynin. Desmopressin and oxybutynin appear to show similar effectiveness. Imipramine may be associated with more and severe side effects.

KEYWORDS
Child; desmopressin; enuresis nocturna; imipramine; oxybutynin; treatment

[Abstract:0255][Others]

The Effect Of The Psychosexual Stage Where Circumcision is Performed On The Sexual Myths

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ABSTRACT
OBJECTIVE: Circumcision is one of the oldest and commonest surgical procedures. It is widely exercised globally and approximately a third of males are circumcised. Complications can be

KEYWORDS
Circumcision; Freud; psychosexual stage; sexual myths

seen right afterwards or after a certain time. Its effect on sexual function is uncertain. Subjects who believe in sexual myths have unscientific, incorrect and exaggerated sexual thoughts and concepts. A higher incidence of sexual disorder is seen in such subjects. Despite the many studies on circumcision, the effect of the age of circumcision on sexual myths is unknown.

To compare groups circumcised at different ages regarding sexual myths.

METHODS: A survey form including 30 common sexual myths was created through a literature survey and randomly selected university student males were informed about the study. Those who accepted to participate were asked to complete the survey form. The total sexual myth number for each subject was determined by using the total number of myths on each form. A total of 5 groups was then created according to Freud's psychosocial development periods and the age of circumcision and the mean number of sexual myths were determined for each group. The presence or absence of a difference between the group means was then evaluated.

RESULTS: There was no significant difference between the mean number of sexual myths in the groups (F=1.01 p=0.403). (Graph).

CONCLUSIONS: Our results indicate that the psychosocial period where circumcision takes place does not affect the number of sexual myths in males.

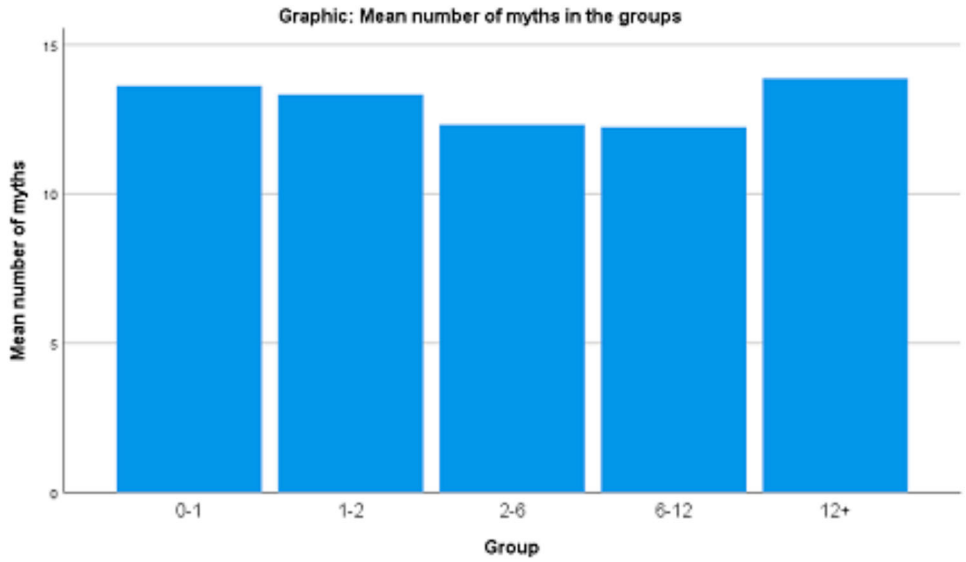


Figure 1. The mean number of myths in study groups.

[Abstract:0257][Sleep Disorders]

Effects of second generation antipsychotics risperidone, olanzapine And aripiprazole on sleep structure in the treatment of first-episode psychosis patients

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ABSTRACT

OBJECTIVE: Sleep disorders are a common problem in non-organic psychosis patients and are an important part of the clinical picture. In this group of patients, deterioration of sleep structure including insomnia, hypersomnia and changes in sleep patterns are seen more frequently than healthy individuals.A limited of polysomnography studies have been conducted in patients with first-episode psychosis and there is no consensus on sleep structure.Concurrently, the effects of atypical antipsychotics on sleep structure could not be elucidated clearly. In this study, 13 first-episode psychosis patients who underwent polysomnographic study were evaluated retrospectively and were aimed to compare effects on the sleep structures of the second-generation oral antipsychotics risperidone, olanzapine, aripiprazole were used in the treatment of these patients.

KEYWORDS

First episode psychosis; atypical antipsychotic; sleep

METHODS: This study was carried out retrospectively from the inpatient files in the psychiatry clinic of Gülhane Education and Research Hospital. The records of the first episodes of psychosis patients with polysomnographic studies were examined and compared in Gülhane Sleep Research Center.It was learned from retrospective analysis that risperidone was started to 5, olanzapine to 4 and aripiprazole to 4 patients, as monotherapy.In the first month and sixth month, polysomnography recordings of the patients were examined and compared.Statistical analyzes were performed with IBM SPSS Statistics 25 package program.Since the data did not fit the normal distribution and the sample size was not sufficient, a non-parametric test, Wilcoxon test, was applied. According to this test, $p<0.05$ was accepted as significant.
RESULTS: All patients included in the study were male and the mean age was 23.96 ±3.74.Comparison of polysomnographic evaluations at 1th month and 6th months; the mean dose of the drug was 6 mg/day in the patient group who used risperidone. From the parameters related to the continuity of sleep; increased sleep efficiency, increased total sleep time, decreased number of total wakefulness were found to and from sleep structure related parameters; increased Stage 3 sleep time and increased percentage were found to.These differences were statistically significant.The mean dose of the drug was 10 mg/day in the patients with olanzapine.From the parameters related to the continuity of sleep; decreased sleep latency, decreased the number of wakefulness were found to.From REM sleep related parameters;REM latency was found to be shorter.These differences were statistically significant.The mean drug dose was found to be 15 mg/day in the patient group who used aripiprazole.In this group, no statistically significant difference.
CONCLUSIONS: Sleep disorders are commonly observed in patients with psychotic disorder.Sleep disorders, psychotic symptoms and psychotic symptoms are suggested to play a role in the exacerbation.Therefore, the effects of antipsychotic treatment for psychotic disorder on sleep should be well known.The effects of many antipsychotic drugs used in the treatment of psychotic disorder on sleep are different. In this present study, the effects of risperidone olanzapine and aripiprazole in the atypical antipsychotic group, which are frequently used in clinical practice, on sleep structures of the first episode psychosis patients were examined. It was determined that risperidone and olanzapine had a statistically significant effect on sleep continuity and structure however, aripiprazole did not cause a statistically significant change on sleep.

[Abstract:0259][Anxiety Disorders]

Metacognitions and suicide ideation in patients with generalized anxiety disorder

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ABSTRACT
OBJECTIVE: Clinical studies have repeatedly demonstrated that anxiety disorders are associated with suicidal ideation, suicidal attempts and completed suicides. The metacognitive model asserts that individuals with generalized anxiety disorder, like most people, hold positive beliefs about worrying as an effective means of dealing with threat. However, worry is used as an inflexible means of coping, and this becomes a problem when negative beliefs concerning the uncontrollability and the dangers of worrying develop, leading to unhelpful control strategies. The aim of this study was to examine relationship between the metacognitive beliefs and suicide ideation of patients with generalized anxiety disorder.
METHODS: Thirty two patients diagnosed with generalized anxiety disorder according to DSM-5 were enrolled in this study. The Socio-demographic Data Form, Metacognition Questionnaire-30 (MQ-30), Beck Anxiety Inventory (BAI), Beck scale for suicidal ideation (BSSI) were all administered. Data were analyzed statistically with SPSS.
RESULTS: There were 26 (81.2%) female, 6 (18.8%) male patients. The mean age of the patients was 35.37±11.63 years old and the mean duration of education was 9.87±3.76 years. 56.3% of the patients were married, 54.2% of the patients were unemployed, 37.5% of the patients were smoking and 58.1% of the patients had suicide attempt history. Patients' mean MQ-30 scores were; the total score was 76.50±13.81, the positive beliefs about worry was 12.56±3.83, the negative beliefs about uncontrollability of thoughts and danger was 16.50±3.81, the cognitive confidence was 14.93±4.63, the beliefs about the need to control thoughts was 17.06±3.54 and the cognitive self-consciousness was 15.43±3.02. BAI mean score was 32.12±7.04 and SIS mean score was 14.12±5.01. There were positive moderate correlations between BSSI total score and MQ-30 total score and all of the MQ-30 subscales except the positive beliefs about worry. There were positive moderate correlations between BAI total score and "the positive beliefs about worry", "the beliefs about the need to control thoughts" of MQ-30 subscales. There were positive moderate correlations between BSSI total score and BAI total score.
CONCLUSIONS: There are various studies showing the effects of metacognition on anxiety

KEYWORDS
Anxiety disorder; beliefs; DSM-5; metacognition; suicide

disorders. In addition, there are studies showing that anxiety affects suicide. In this study, the positive correlations between BAI, BSSI and MQ-30 scores supports the literature. However, there is no data about the relationship between metacognitions and suicidal ideation in the literature of generalized anxiety disorder. Significant correlations in this present study supported the relationship between metacognitions and suicide ideation in generalized anxiety disorder.

[Abstract:0267][Others]

The sociodemographic and clinical assessment of children applied to the infant mental health unit of an outpatient clinic

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ABSTRACT

OBJECTIVE: The increasing emphasis on the field of infant mental health in recent years makes the multidimensional and special assessment of the child essential. In this study, defining the sociodemographical features, psychiatric disorders and interventions recommended to the families and to present the data of the infant mental health unit is aimed.

METHODS: A total number of 145 children applied consecutively to our unit between May-December 2017 were included. The records of participants were searched retrospectively. The sociodemographical features, developmental stages regarding to the test applied (Ankara Developmental Screening Inventory or Stanford-Binet Intelligence Test), scores of the scales Children Behaviour Checklist (CBCL) 1.5–5 fulfilled by caregivers, the properties of parent-child relationship and attachment behaviours with respect to the observation of clinic problem-solving procedure and finally diagnosis with respect to DC:0–5 and treatment suggested by the clinicans were evaluated. The observation of the children with their caregivers according to this procedure was completed in the play room while the professionals were watching behind the one side mirror.

RESULTS: Fourty five (31%) of participants were female and 100 (69%) were male with a mean age of 32 months (±9.2). Mothers were the primary caregivers of 71.2% of all children. The ratio of being enrolled in a kindergarten was 5.3%. The others were under the responsibility of a relative (17.5%) or a professional caregiver (6%). The most common complaints causing parents referring to the unit were speech delay (40%) and difficulty in eye contact and social relations (20%), being consulted for detailed assessment by different clinics (19.3%), bad temper (15.2%), hyperactivity (4.8%). The ratio of direct admission to the unit was 42.1%, whereas the 57.9% of all participants were referred to us from another clinic (e.g. pediatri, developmental pediatri or ear nose throat clinics). According to assessment of crowell procedure regarding to DC: 0–5, the ratio of secure attachment between the children and their caregivers was 16.3%, whereas anxious/ambivalent attachment was 15.8%. PIR-GAS scores were negatively correlated to the ages and to the education levels ($p<0.05$) of mothers and fathers as shown in Table 2. The correlation of CBCL scores and PIR-GAS was analyzed. The emotionally reactive and anxious/depressed subscales fulfilled by mothers were significantly correlated to PIR-GAS scores ($p<0.05$). As an intervention; the frequency of directing to a special education programme due to various diagnoses was 57%, directing to preschool education was 94.9%, appliying interactive guidance was 36.2%, consulting to other clinics was 31.6% and offering medical drugs was 6%.

CONCLUSIONS: The interaction of child with a stable environment providing protection, care, opputunities for physical and cognitive with supportive, stimulating and sensitive interactions is essential for a healthy development. Thus, detecting the difficulties in relationships and developmental risk factors and providing the necessary support to both child and family is required to protect the mental health and apply of early diagnose and treatment strategies.

KEYWORDS
Early childhood; infant mental health; psychopathology

[Abstract:0276][Others]

The characteristics of children with speech and language delay

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ABSTRACT

OBJECTIVE: Developmental -expressive language disorder is a frequently occurring condition in children, characterized by severe delay in the development of expressive language compared with receptive language and cognitive skills (1). In developmental speech and language delay

KEYWORDS
Devolopmental language delay; expressive language delay; child

(SLD), expressive language disorder (ELD) articulation skills(2). In this study we examine the characteristics and differences of child and adolescents who admitted to Eskisehir Osmangazi University Child Psychiatry Department and diagnosed as speech and language disorders with and without lack of stimuli.

METHODS: A total of 104 child and adolescents who were diagnosed as speech and language difficulties during 2016–2017. We analyze the demographic characteristic of child and adolescents with ELD, with and without lack of stimuli. as percentage, mean and standard deviation values were given. Pearson chi-squared and Fissher exact tests were used to compare the categorical variables. P <0.05 was considered statistically significant in all evaluations.

RESULTS: The total of 104 SLD cases 77.9% were male and the mean age was 4.7±3. The 73% (n=76)of SLD cases were diagnosed as developmental-expressive language delay (D-ELD),18.3 % (n=19) as stuttering, 4.8% (n=5) as articulation disorder, as 3.8% Social Comminication Disorder (n=4). In D-ELD group 33 were having developmental language delay due to lack of stimulus, 43 having no enviromental risk factor.

The psychiatric comorbidity rate was found as 5.8%(n=6).The rate of ADHD was found as 1.9%, 1.9% CD, 0.8 % Learning Difficulties, 0.8% encopresis. 7.7% have neurological disorder and 5.8% have medical problems.

Mother's literacy level (university level)was higher among D-ELD with lack of stimuli group and significant between group(p=0.015). There were no statistically difference in father's literacy level, socioeconomic level, family structure, sociaeconomic status, prenatal,natal and postnatal complications,psychiatric comorbity(p<0.05).

CONCLUSIONS: D-ELD is more common among boys. D-ELD range from 13.5% in 18- to 23-month-olds to 17.5% in children 30 to 36 months of age(3). Normal speech progresses through stages of cooing, babbling, words, and word combinations, whereas normal language progresses through stages of understanding and expressing more complex concepts. Development of proficiency in vocabulary and language use depends heavily on family and early school experiences. (2) Physical deprivation (e.g., poverty, poor housing, and malnutrition) and social deprivation (e.g., inadequate linguistic stimulation, parental absenteeism, emotional stress, and child neglect) have an adverse effect on speech development(4).In this study only mother's literacy level was found different. Future studies with more subjects are needed to determine the charasteristic of SLD children.

[Abstract:0284][Others]

Sociodemographic and clinical characteristics of psychiatry consultations requested for suicide attempt

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ABSTRACT

OBJECTIVE: The aim of this study was to examine the psychiatric consultations for suicidal attempt requested from the emergency department of Marmara University Pendik Training and Research Hospital

METHODS: Psychiatric consultations requested from the emergency department between 01/01/ 2015–01/01/2016 were retrospectively reviewed from the hospital database system. 343 of 965 consultation request were included in the study as "suicide attempt". All suicidal cases were assessed with regard to various clinical features.

RESULTS: The study comprises of 343 patients. The total number of women was 222 (64,7%) and the number of men was 121 (35,3 %). The most common diagnosis was major depression (n= 181; 52,8%) the second one was psychotic disorders (n=12; 3,4%). 130 (37,9%) out of patients had no any psychiatric diaognosis.

Two hundreds and twenty two (64.7%) of 343 suicide attempts during the specified period were committed by using overdose of medication. Thirty four (9%) out of the patients used puncturing device for the attempt and high jumping was used as the most common third method by twenty out of patients (5.8%). It was found that overdose of medication was more likely to be used by women (71,6%) than men (51,2%). 119 (34,6%) patients had one or more suicidal attempt in the past. Men were more prone to have a plan before commiting suicide compared to women (respectively 38,8% and 19.4%).

CONCLUSIONS: In line with the previous studies, suicide attempts were found to be more frequent in female gender in the present study and overdose drug intake was the most common method. Assessment of patients committing suicide or having suicidal ideation requires a careful management. It can be inferred from the results that clinicians should reveal the suicidal tendencies and intention prominently and enable to prevent the patients from recurrence of suicide attempt.

KEYWORDS
Suicide attempt; consultation; emergency department

[Abstract:0291][OCD]

The association with suicidal thougths and seperation anxiety, childhood trauma and temperament in patient with obsessive-compulsive disorder

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ABSTRACT

OBJECTIVE: Patients with obsessive-compulsive disorder (OCD) may be at risk of committing suicide . In fact, several studies suggested that between 5 and 25% of patients with OCD have attempted suicide at some point in their lives and generally have more suicidal ideation than non-affected individuals . Significant correlations were found between childhood traumas, seperation anxiety, temperament and suicidal thoughts in psychiatric disorders. In the present study, our primary Objective was to examine the associations of suicidal thougths with seperation anxiety, childhood trauma, impulsivity and temperament in a sample of patient with obsessive-compulsive disorder. We hypothesized that the associations of seperation anxiety, childhood trauma and temperament with suicidal thougths are differentially related to OCD.

METHODS: 160 OCD patients (aged between 18 and 65; 51 M/109F) were assessed through Yale-Brown Obsessive-Compulsive Scale (YBOCS), Beck scale for suicidal ideation (BSSI), Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), Childhood Trauma Questionare (CTQ), Barrat Impulsivity Scale (BIS), Temperament Evaluation of Memphis, Pisa, Paris and San Diego-autoquestionnaire version(TEMPS-A), Adult Separation Anxiety Questionnaire (ASAQ).

RESULTS: BDI, BAI, CTQ, BIS, depressive, cyclothymic and anxious temperament, the mean number of obsessions, current OCD severity, insight to OCD, history of depresive disorder, religious and miscellaneous obsessions were associated with suicidal thoughts.

CONCLUSIONS: Our results demonstrated that there was a significant association between suicidal thoughts and current depressive, anxious symptom severity, childhood trauma, impulsivity, depressive, cyclothymic and anxious temperament, the mean number of obsessions, current OCD severity, insight to OCD, and history of depresive disorder in OCD patients. Future research might help us to better understand the complex relationships between suicidal thoughts and traits in patients with OCD.

KEYWORDS
Obsessive-compulsive disorder; suicidal thoughts; childhood trauma; impulsivity; temparement

[Abstract:0297][Neuroscience: Neuroimaging-Genetics-Biomarkers]

Duration of illness and clinical stage may differ inflammatory response in the patients with schizophrenia

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ABSTRACT

OBJECTIVE: Schizophrenia has been associated with an increased level of peripheral pro-inflammatory markers. These findings have supported to conceptualise schizophrenia as a chronic low-grade inflammatory disorder. It has been proposed that the duration of illness and clinical stage influence the response of inflammatory cells. An investigation of cytokines and their activation profiles might be helpful to understand the underlying mechanism.

METHODS: 40 stable patients with schizophrenia (all medicated; 9 of all with treatment-resistant schizophrenia) and 40 age-sex-smoking status matched controls were recruited in this study. Cytokines (IL-2, IL-6, TNF-α) were measured from plasma samples by using ELISA cytokine kit.

RESULTS: Patients with schizophrenia showed significantly higher plasma levels of IL-6 ($p< 0.001$) than healthy controls. Furthermore, the duration of illness is associated with the higher levels of IL-2 ($p= 0.006$) and the treatment-resistant subgroup is associated with the higher levels of TNF-α ($p= 0,038$).

CONCLUSIONS: Despite the current literature, a clear profile of pro-inflammatory cytokines have not yet been defined in patients with schizophrenia. Our data may suggest that different stage of the illness and duration of psychosis may explain this inconsistency of the current findings.

KEYWORDS
Schizophrenia; duration of illness; treatment-resistant; cytokine; pro-inflammatory cytokines

[Abstract:0305][Psychopharmacology]

Paliperidone palmitate 3-month treatment in patients with schizophrenia: case series

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ABSTRACT

OBJECTIVE: Antipsychotic medication is the mainstay of pharmacological treatment in the acute phase, in the long-term maintenance therapy and in the prevention of relapse of schizophrenia. It is known that approximately two-thirds of patients with schizophrenia do not compliance with treatment. Therefore, long acting injectable antipsychotics have been developed in order to overcome the compliance problem.

Paliperidone palmitate 3-month (PP3M) formulation, a long-acting injectable atypical antipsychotic has been introduced in the market since 2015 in the US and Europe and since 2018 in Turkey for the treatment of schizophrenia in adult patients who have already been treated with paliperidone palmitate 1-month formulation (PP1M) for ≥4 months.

We aimed to present the follow-up results of the PP3M formulation treatment of 7 patients with schizophrenia, previously stabilized on PP1M.

METHODS: The patients who were admitted to psychiatry clinic of Selçuk University School of Medicine between January 2017 and January 2019 with the diagnosis of schizophrenia under the PP1M treatment were reviewed retrospectively. A sociodemographic and clinical data form arranged by researchers filled from reports of patients with schizophrenia including the total Positive and Negative Symptom Scale (PANSS) score, Clinical Global Impression Scale-Severity (CGI-S) and Simpson Angus Scale (SAS), body mass index (BMI), serum prolactin levels and metabolic parameters including fasting blood glucose, total cholesterol, LDL cholesterol, HDL cholesterol and triglycerides.

RESULTS: 7 of 28 patients using PP1M were switched to PP3M. Of the seven patients, 6 were female and one was male. The mean age was 51.8 years and the mean disease duration was 19.5 years. Two patients were using clozapine and one patient was using clozapine and aripiprazole as an additional oral treatment. The mean duration of PP1M use was 31.7 months and the mean dose of PP1M was 114.2 mg. The mean PANSS score was 52.2, the mean Abnormal Involuntary Movement Scale (AIMS) score was 2.0 and the mean CGI-S score was 2.85, the mean BMI score was 32.3, the mean prolactine level was 71.3 before the PP3M treatment.

The evaluations of the patients at the 3rd and 6th months of PP3M are as follows: The mean PP3M dose was 387.5 mg both in 3rd and 6th months; the mean PANSS score was 51.4 and 61.0; the mean AIMS score was 2.0 and 1.5; the mean CGI-S score was 2.7 both in 3rd and 6th months; mean BMI score was 31.3 and 31.9; the mean prolactine level was 81.9 and 69.7. It was revealed that metabolic parameters including fasting blood glucose, total cholesterol, LDL cholesterol, HDL cholesterol and triglycerides did not differ also in the first 6 months.

As a result, after switching to PP3M treatment, patients were determined to be stable in terms of side effects, clinical and metabolic parameters.

CONCLUSIONS: Treatment compliance in schizophrenia affects the course of the disease and the patients with regard to the frequency of hospitalization, the level of functioning and the quality of life. Long-acting injectable forms are recommended in patients with poor treatment compliance. Since PP3M treatment is applied every 3 months, it provides convenience for the patients.

KEYWORDS
Antipsychotics; paliperidone palmitate 3-month; schizophrenia

[Abstract:0306][Demential Syndromes]

The association between vitamin D levels and sleep disorders in alzheimer's disease

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ABSTRACT

OBJECTIVE: The aim of the study is to examine the relation between vitamin D levels and sleep disorders in Alzheimer's Disease (AD).

METHODS: The study group was consisted of 25 patients with AD that had vitamin D levels in the last 3 months. The control group was consisted of 26 participants that had resort to a neurologist with non-specific complaints like head-ache or vertigo. The control group had no complaint about amnesia and the score of Mini-Mental State Examination (MMSE) was more than 26. In order to

KEYWORDS
Alzheimer's Disease; sleep disorders; vitamin D

examine sleep disorders the neurologist conducted Pittsburg Sleep Quality Index (PSQI), Epworth Sleepiness Scale (ESS) and Insomnia Severity Index (ISI) to all participants.
RESULTS: There was no significant difference for age, gender, body mass index (BMI) and education between groups. Vitamin D levels was significantly lower in Alzheimer group (p=0.018). The mean score of MMSE was 20,5 in Alzheimer group and it was 26,5 in control group (p<0.001). The mean score of ISI and PSQI was higher in Alzheimer group but the difference was not significant (respectively p=0.364, p=0.325). The mean score of ESS was significantly higher in Alzheimer group (p=0.026). The ratio of daytime sleepiness in Alzheimer group was %56,5 where as it was %15,4 in control group (p=0.007). There was a negative correlation between vitamin D levels and the beginning time of amnesia (p=0.037, r=-0.420). There was no significant relation between vitamin D levels and sleep disorders in Alzheimer group.
CONCLUSIONS: The level of vitamin D is lower patients with AD. As the beginning time of amnesia is longer, the level of vitamin D is lower in AD patients. The ratio of daytime sleepiness in Alzheimer group is higher when compered to control group. We need more studies in order to reveal the relationship between vitamin D levels and sleep disorders in patients with AD.

[Abstract:0307][Schizophrenia and Other Psychotic Disorders]

The effect of psychosocial interventions on the clinical course of individuals with schizophrenia

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ABSTRACT
OBJECTIVE: The aim of this study is to compare the effects of psychosocial intervention programs on the clinical symptoms in individuals with schizophrenia.
METHODS: The study included 60 individuals followed in Ankara Dışkapı Training and Research Hospital between the ages of 18–59. Individuals who were diagnosed with schizophrenia according to DSM-5, who did not have mental retardation or organic brain disease, had no alcohol / substance abuse or dependence, were not hospitalized in the last six months and could adapt to group environment were included in the study. As psychosocial interventions, social skills training (SST) was applied to one group and occupational therapy intervention with social skills training (OT+SST) was applied to the other group. Individuals were divided into groups equally and homogeneously. The effect of both interventions on psychopathology was compared. Before, after the interventions and 6 months follow up, Sociodemographic Data Form, Brief Psychiatric Rating Scale (BPRS), Negative Symptoms Assessment Scale (SANS), Calgary Depression Scale for Schizophrenia (CDSS) were administered.
RESULTS: There was no significant difference between the groups in terms of sociodemographic data and clinical scales. According to the results of 2-way analysis of variance for the repeated measures, the effect of time and Time x group interaction was found to be statistically significant on the BPRS scale score. According to the results of the variance analysis for the repeated measurements, the change in time was significant in terms of depression score, whereas the effect of interaction between time and group was not statistically significant. According to the results of 2-way analysis of variance for the repeated measures, the effect of time and Time x group interaction was found to be statistically significant on the total score of SANS scale.
CONCLUSIONS: According to the results of this present study, there was a decrease in general psychiatric symptoms, depressive symptoms and negative symptoms at the end of each intervention. In the follow-up, general psychiatric symptoms and negative symptoms continued to decline. In literature, researches on this topic support the notion that psychosocial skills training results in a decrease in the negative symptoms of schizophrenia. Psychosocial skills training decreases symptom severity in schizophrenia patients and reduces the rate of comorbidity, such as substance use. Xiang and colleagues conducted a study with 96 schizophrenia patients that received routine psychiatric outpatient care and in addition, 50% of the patients also received psychosocial skills training and the other 50% received supportive counseling, each for the duration of 6 months. They stated that the psychosocial skills training group improved significantly more in terms of psychiatric symptoms and social functioning.

We compared the groups in term of psychosocial intervention, it was seen that there was a change in terms of psychiatric symptoms and negative symptoms in both groups; this change was more in the occupational therapy with social skills group. We assume that this finding support that occupational therapy is essential in psychosocial terapy interventions of schizophrenia.

KEYWORDS
Schizophrenia; psychosocial interventions; occupational therapy; psychopathology

[Abstract:0313][Addictions]

The relationship between peer bullying and online game addiction

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ABSTRACT

OBJECTIVE: Peer bullying is defined as exposure of a child or an adolescent having difficulty in defending himself/herself against disturbing behavior made by one or more students deliberately and in a repetitive manner. Online game addiction(OGA) is a kind of behavioral addiction in which the control over playing game is lost, failure to reduce the amount of time spent by playing game is occured and eventually impaired functionality develops. It is remarkable that there are many common points when psychological and social aspects of adolescents involved in peer bullying and adolescents with OGA are examined. The aim of this study is to identify the relationship between peer bullying and OGA.

METHODS: This study was conducted with 196 adolescents aged 12–16 years. Olweus Bully/Victim Questionnaire, Digital Game Addiction Scale has been applied to the all participants. Questions of digital game addiction scale have been re-arranged for online games. In addition, sociodemographic features of the participants, online game play times, online game play tools, online game type they play are recorded. According to the results of the Olweus Bully/Victim Questionnaire, participants have been splitted into two groups; those who were not involved in peer bullying and those involved in peer bullying(victim or bully). The groups have been compared in terms of OGA and online game types.

RESULTS: The participants in the study have been constituted of 83(42.3%) male and 113 (57.7%) female adolescents. The mean age of the cases was 14,56±1,4. %38,2 of the participants has declared to play online games. The prevalence of OGA has been determined as %14,8. It has been determined that the prevalence of OGA involving in peer bullying was %19,5 and % 10,1 for non-peer bullying. OGA was significantly higher in peer bullying (p=0.032). The prevalence of OGA in the victims was 18.6%, it was 22.2% in bullies, and there was no statistically significant difference between victims and bullies. 41.3% of the participants playing online games play games for 1–3 hours and 12% of them play more than 6 hours per day. 45.3% of online gamers have declared to play on their mobile phones and 38.6% of them have declared to play on their computers. It has been determined that the most preferred type of play by the participants is the shooting games(18.3%). No relationship has been found between game types and peer bullying.

CONCLUSIONS: The prevalence of OGA ranges from 0.7% to 27.5%. In this study, the prevalence of OGA was 14.8% and our results were consistent with literature data. No data were found in the literature regarding OGA in peer bullying. The results obtained from this present study show that OGA is higher in those included in peer bullying. When the subgroups were evaluated as victim and bully, there was no statistically significant difference although the rate was higher than those who did not participate in peer bullying. This result might be due to the low number of participants with OGA. We, as authors, are of the opinion that more studies are needed to determine the relationship of OGA with peer bullying

KEYWORDS
Online games; addiction; bullying

[Abstract:0322][ADHD]

Krill oil is associated with improvement in sleep functioning, but not ADHD symptoms in school-aged children

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ABSTRACT

OBJECTIVE: There is an increasing interest in the possible efficacy of Omega-3 fatty acid preparations in psychiatric disorders. It has been suggested that omega 3 use may be useful in children with ADHD. The present case-control study examined the short-term efficacy of krill oil in children with ADHD.

METHODS: A total of 70 children with newly diagnosed DSM-V ADHD diagnosis were included. The sample were randomized into two groups: ADHD medication + basic parent training (group 1) and ADHD medication + basic parent training + krill oil (group 2). Group 1 received ADHD treatment while group 2 received both ADHD treatment and 750 mg/day krill oil for 2

KEYWORDS
ADHD; children; krill oil; sleep

months. The baseline characteristics, including the scores of Turgay DSM-IV Disruptive Behavior Disorders Rating Scale (T-DSM-IV-S), Conners' Parent Rating Scale (CPRS), Conners' Teacher Rating Scale (CTRS-R), Children's Sleep Habits Questionnaire (CSHQ) and Children's Eating Behavior Questionnaire (CEBQ), of both groups were compared with the 2 months' follow-up scores. There were no significant differences regarding the baseline ADHD severity and ADHD medications used (MPH or ATX) between the study groups.
RESULTS: After two months of treatment, T-DSM-IV-S, CPRS and CTRS-R scores indicated that both groups had significant improvement on ADHD symptoms. Krill oil use did not have an impact on the treatment of ADHD symptoms. CSHQ scores after treatment was found to be limitedly but significantly improved in Group 2 (51.8 and 49.3 p=0.010) but not in Group 1 (50.6 and 51.1 p=0.72). Between study groups, there was no significant difference regarding the frequency of adverse reactions and CEBQ scores.
CONCLUSIONS: Krill oil is associated with a limited improvement in sleep functioning, but not ADHD symptoms in school-aged children. Placebo-controlled studies with larger sample size are needed to clarify the possible role of krill oil in the sleep problems of children with ADHD.

[Abstract:0323][Anxiety Disorders]

The role of metacognitive beliefs and schemas in social anxiety disorder

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ABSTRACT
OBJECTIVE: Social anxiety disorder (SAD) is one of the most common disorders in the general population. Based on the cognitive model of SAD, the core of social anxiety appears to be a strong desire to convey a particular favorable impression of oneself to others and marked in security about one's ability to do so. The contemporary cognitive models of SAD posit that socially anxious individuals have maladaptive schemas regarding themselves and relationships with others, which when activated in social situations would guide the above mentioned cognitive and attentional processes. Several studies have documented the role of these schema domains in a variety of psychological disorders. In contrast, few studies have examined their role in SAD. Metacognition is an upper system that allows to be aware of the events and functions of mind, and directs the mind's events and functions. Preliminary findings suggest a positive relationship between metacognitive beliefs and social anxiety. In this study we aimed to evaluate the early maldaptive schemas and metacognitive beliefs in SAD.
METHODS: The subjects of this study were forty patients diagnosed with social aniexty disorder according to DSM 5. Additionally, forty healthy controls which evaluated with similar sociodemographic features were included in the study. We used the Sociodemographic Data Form, Liebowitz Social Anxiety Scale (LSAS), Beck Depression Inventory (BDI), Young Schema Questionnaire (YSQ-SF) and Metacognition Questionnaire-30 (MQ-30) to identify and evaluate the participants. All statistical analysis was performed using SPSS.
RESULTS: The mean age of the patients was 21.56±4.90 years old and the mean duration of education was 9±2.8 years. There was no statistically significant difference between the groups in terms of mean age, education year, gender and marital status. While the patients' mean total scores of the LSAS was 116.81 ± 16.29, BDI score was 27.42±8.56. The mean total scores of MQ-30 was 75.69±17.58, the positive beliefs about worry was 12.56±4.44, the negative beliefs about uncontrollability of thoughts and danger was 15.93±4.19, the cognitive confidence was 14.29±4.45, the cognitive self-consciousness was 16.17±4.08 and the beliefs about the need to control thoughts was 16.00±4.09. The social anxiety group scored significantly higher than the control group in five out of fourteen early maladaptive schemas. The LSAS scores were high and closely correlated with MQ-30 scores.
CONCLUSIONS: In the present study, we aimed to examine early maladaptive schemas and metacognitions in SAD. The results show that early maladaptive schemas and metacognitions can play a relevant role in the development and maintenance of social anxiety. Replication of these results from a larger sample with diagnoses of SAD would help to confirm these findings.

KEYWORDS
Cognitive; metacognition; schemas; social phobia

[Abstract:0325][Addictions]

The relationship of smoking addiction with type D personality, impulsivity and childhood trauma

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ABSTRACT

OBJECTIVE: A relationship has been shown between type D personality and childhood trauma and many other disorders. However, the relationship between type D personality and childhood trauma and smoking is not known. The aim of this study was to address this inadequacy in the literature.

METHODS: Type D personality scale, sociodemographic data form, Fagerström Nicotine Dependence Test, Barrat Impulsivity Scale, Childhood Trauma Questionnaire were used.

RESULTS: The correlation assessment revealed a positive correlation between smoking dependence and type D personality, childhood trauma and impulsivity ($p<0.001$).

CONCLUSIONS: A positive correlation was found between type D personality and smoking. Smoking is a risk factor for cardiovascular system disorders, as many other diseases. It has also been reported that heart disease is more common in subjects with type D personality and smoking addiction. Our results are therefore consistent with the literature.

KEYWORDS

Childhood trauma; impulsivity; smoking; type D personality

[Abstract:0327][Addictions]

Parenting styles and perceived family climate in adolescents with attention-deficit/hyperactivity disorder and comorbid internet gaming disorder: a controlled study

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ABSTRACT

OBJECTIVE: The American Psychiatric Association included Internet gaming disorder (IGD) as a potential diagnosis and suggested further study to help clarify it more clearly. Attention-deficit/hyperactivity disorder (ADHD) is the most common psychiatric disorder among adolescents with IGD. While familial factors are known to affect the likelihood of adolescents playing problematic online games, little is known about interpersonal factors that contribute or protect to ADHD comorbid IGD. Thus, the aim of this study was to examine the relationships between parental attitudes, adolescent perception of family functioning and IGD in adolescents with ADHD.

METHODS: Forty-one adolescent with ADHD and thirty-three healthy volunteers were included in the study. The subjects in both groups were administered the Kiddie Schedule for Affective Disorders and Schizophrenia for School Aged Children-Present and Lifetime Version (K-SADS-PL) to confirm their diagnosis and to determine their psychiatric comorbidities once their informed consents were obtained. Online gaming questionnaire (OGQ) was given in the both groups. Perceived family climate was assessed by the Shortened Level of Expressed Emotion Scale (SLEES), and parenting styles were evaluated using the Parental Attitude Research Instrument (PARI).

RESULTS: There were no significant differences between the two groups in terms of socio-demographic data ($p>0.05$). When data of ADHD and control groups were compared in terms of OGQ total scores, it was found that the ADHD group obtained statistically significant high scores compared to the control group ($p=0.002$). The number of adolescents with IGD (29.3%) in ADHD group was significantly higher than adolescent with IGD (3.0%) in the control group ($p=0.003$). In ADHD group, adolescents with IGD had significantly higher scores in irritability subscales of SLEES than adolescents without IGD ($p=0.026$). In our sample, there was a weak positive correlation between OGQ scores and irritability subscales of SLEES scores ($r=0.251$, $p=0.031$). There was a moderate negative correlation between OGQ scores and equalitarian/democratic attitude subscales of PARI scores ($r=0.314$, $p=0.006$).

CONCLUSIONS: In this present study, percentage of IGD in the ADHD group was higher than control group as in the previous literature. This study showed that the adolescents with ADHD and IGD describing their families as more irritating the adolescents with ADHD and without IGD. According to the findings, higher levels of IGD were associated with high irritability perception and less egalitarian attitudes in whole group. Evaluation of the relationship between parental attitudes and IGD of adolescents with ADHD can guide diagnosis and treatment of ADHD, and thus is of critical importance. Researching this relationship using other evaluation tools in larger samples can contribute greatly to the understanding of factors involved in ADHD with comorbid IGD, potentially leading to improvements in its diagnosis and treatment.

KEYWORDS

Internet gaming disorder; ADHD; Family; Adolescents

[Abstract:0328][Others]

Psychopathology and related factors in children with epilepsy

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ABSTRACT

OBJECTIVE: Epilepsy, a disorder of recurrent seizures, is one of the most prevalent neurological disorders in children and adolescents. Comorbid psychiatric disorders are common in children and adolescents with epilepsy. Although changing due to the used rating and diagnostic instrument, epileptic children represent an overall rate of 21–60% and an increased risk of ≥3–6 times psychopathology, compared to the general population. Unfortunately, It was determined that only one third of the epilepsy patients with psychiatric disorders received mental health services. In this present study, it was aimed to determine the prevalence of psychopathology and its related factors, in this risky group of children.

METHODS: 45 children aged between 8–15 with absence or rolandic epilepsy (the most common epilepsy types of children and adolescents) were included in the study. Psychopathology was assessed with Kiddie Schedule for Affective Disorders and Schizophrenia-Present and Lifetime Version (K-SADS), a semi-structured schedule for assessing psychopathology in children and adolescents. Age, sex, type of epilepsy, type of the antiepileptic drug used, drug-free follow-up or multiple drug use (if any) and school success were also noted during the interview.

RESULTS: The study group consisted of 16 girls and 29 boys. Median age of the children was 10. In terms of epilepsy type, 21 of patients were absence (10 girls, 11 boys) and 24 rolandic (6 girls, 18 boys) epilepsy, which are the most common epilepsy types of children and adolescents.

Of the 45 children, 34 (75,55%) had a life-long diagnosis (past or present) of at least one psychiatric disorder (16/21 for absence and 18/24 in rolandic group). For current diagnoses, the rates were 11 of 21 and 5 of 24 for absence and rolandic epilepsy Attention deficit-hyperactivity disorder(ADHD), specific phobias and generalized anxiety disorder were at the forefront.

In terms of school success, it was determined that 12 students had poor school performance, 19 students had moderate, and 14 had good. The type of antiepileptics was not found to be related to school success; and follow up with one drug or without medication was not, either. However, there was a significant negative correlation between school success and multiple drug use (p= 0.045).

The most commonly used antiepileptic drug was valproic acid (n=14), followed by oxcarbazepine, levetiracetam, lamotrigine, carbamazepine and ethosuximide. While 9 patients were using combined drugs, 9 were followed-up without any medication. There was no correlation between the drugs and psychiatric diagnosis.

When children were compared in terms of epilepsy type, school success was not found to be significantly different between the epilepsy types (p= 0.639), whereas multiple drug use was more frequent in absence group and drug-free follow-up in rolandic group. At least one depressive episode in absence epilepsy was more common than in rolandic epilepsy ($p<0.05$). There was no significant difference in terms of other diagnoses.

CONCLUSIONS: Epilepsy increases the risk of both externalizing and internalizing disorders. It is essential to raise awareness of the psychiatric disorders that may develop in children with epilepsy. It would also be beneficial to monitor seizures by monotherapy if possible.

KEYWORDS
Children; Epilepsy; Psychopathology

[Abstract:0338][Mood disorders]

Changing cognitive functions and the thoughts of suicide by transcranial magnetic stimulation therapy in patients with treatment-resistant depression

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ABSTRACT

OBJECTIVE: Suicide is a major public health problem. This destructive symptom has great personal and social costs. It is known that 50–70% of suicide deaths occur in depressed patients. Major depressive disorder (MDD) is a heterogeneous syndrome consisting of many different symptoms. The National Mental Health Institute determined suicidal ideation as the criterion of the research field. About 40% of MDD patients (defined as deficiency to respond to two or more antidepressant trials) were diagnosed with Treatment-Resistant Depression (TRD). In 2008, the FDA approved the Transcranial Magnetic Stimulation (TMS) as a new

KEYWORDS
Cognitive functions; suicide; transcranial magnetic stimulation; treatment-resistant depression

treatment option for patients with treatment-resistant depression. Thanks to a moderate side effect profile and ease of administration, TMS is a potential alternative to ECT. On the other hand, the number of studies on the effect of TMS treatment for suicide is rather limited compared to ECT. The role of cognitive functions in suicidal ideation in MDD-diagnosed patients has not been adequately examined. In this study, we aimed to examine the relationship between suicidal ideation, cognitive functions and TMS and the relationship between these two parameters.
METHODS: This study consists of thirty patients who applied to the outpatient clinics, firstly diagnosed with major depressive disorder (MDD) according to DSM-V and then were referred to TMS treatment due to treatment resistance. The Montgomery-Asberg Depression Rating Scale (MADRS), Colombia Suicide Severity Rating Scale (C-SSRS), Scale for Suicidal Ideation (SSI) and Beck Hopelessness Scale (BHS) were administered before and after the treatment. Computer-based Cambridge Neurophysiological Assessment Battery (CANTAB) was used to assess cognitive flexibility, motor response inhibition, decision-risk taking and social cognition skills.
RESULTS: There were no statistically significant changes in cognitive tests (IED, SST, CGT) before and after treatment, including cognitive flexibility, motor response inhibition, decision-risk assessment. The test which evaluated social cognition (Emotion Recognition Test) showed statistically significant improvement. Changes in the scores of Beck Hopelessness Scale, Colombian Suicide Severity Rating Scale (CSSRS), Montgomery-Asberg Depression Rating Scale were found to be highly significant. When the relationship between cognitive functions and suicidal ideation was examined, it was determined that Colombia Suicide Severity Rating Scale (C-SSRS) and Suicidal Ideation Scale (SIS) scores were significantly correlated with the Intra-Extra Dimensional Set Shift (IED) test that assessed cognitive flexibility.
CONCLUSIONS: There was no significant change in cognitive flexibility, decision-making, risk taking and response inhibition functions after rTMS treatment in treatment-resistant depression patients, and it was found that there was a positive change in emotion recognition skills. In the depression clinic, it appeared that there was a significant improvement with treatment of hopelessness thoughts and suicidal thoughts. There was a significant relationship between suicidal ideation and cognitive flexibility as an executive function. We believe that curation of Treatment-Resistant Depression can be more effective through treatments targeting specific symptom clusters such as cognitive functions and suicidal ideation. We recommend increasing the number of studies involving healthy controls and sham groups in this area and working with larger sample groups.

[Abstract:0343][Mood disorders]

Complete blood count parameters of patients with bipolar disorder: acute vs chronic

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ABSTRACT
OBJECTIVE: There is an increasing knowledge about the role of inflammation in the pathophysiology of bipolar disorder. Evaluation of complete blood count parameters is an economical and easy method and is preferred for demonstration of inflammation due to these properties. In this study, the hematological parameters of patients who were diagnosed with bipolar disorder in the past, who were still diagnosed with bipolar disorder and who were diagnosed with bipolar disorder in the past and were still in the manic period were compared.
METHODS: The study sample consisted of bipolar disorder manic episode male patients hospitalized at Gülhane Training and Research Hospital/Ankara. Inclusion criteria include being a male, not having a disease causing inflammation, and not having chronic disease. 35 patients with first manic episodes of bipolar disorder and 42 patients with manic episodes of chronic bipolar disorder were included in the study. The blood samples of the patients were taken in the morning on the first day of hospitalization from antecubital vein with minimum tourniquet and studied on the same hemogram device. The severity of the illness was evaluated with Young Mania Rating Scale (YMRS). The data were analyzed with the appropriate method.
RESULTS: The mean age of the patients included in the study was 32.05±11.98. The mean age of the first episode patients was statistically lower (34.54±12.37&29.05±10.92, p=0.044). The mean number of episodes of chronic bipolar disorder patients was found to be 2.80±0.77. On the other hand, YMRS scores of the patient with first episode mania were statistically higher than those of chronic bipolar patients (28.71±3.40&23.66±3.19, p≤0.001). Patients with the first mania episode of bipolar disorder had higher WBC, Hgb, Hct, MCH, MPV, Neutrophil and eosinophil values than patients with the mania episode of chronic bipolar disorder (p< .05). Patients with the mania episode of chronic bipolar disorder had higher Plt, PDW, RDW and PLR values than the patients with the first mania episode of bipolar disorder (p< .05 respectively)

KEYWORDS
Bipolar disorder; inflammation; blood count; complete

There was no difference between the two groups in terms of MCHC, MCV, NLR, MLR, PCT, monocyte, basophil and lymphocyte values.
CONCLUSIONS: In this study, patients with manic episode (first vs. recurrent) were compared on CBC parameters. The results of the study showed that, inflammation has a special role on the pathogenesis of bipolar disorder.

[Abstract:0336][Addictions]

Needs of addicted patients who applied to addiction treatment centers

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ABSTRACT
OBJECTIVE: The purpose of this study was to determine psychological, social and economic needs of patients applied Alcohol and Substance Addiction Research, Treatment and Training Centers (AMATEM).
METHODS: This study was conducted with the patients applied to the AMATEMs in 6 provinces (Adana, Konya, Gaziantep, Manisa, Samsun and Elazığ) between the years of 2017–2018. The data was collected by a sociodemographic form and a structured questionnaire assesses the needs of patients.
RESULTS: In this study, 328 participants were included (314 males, 9 females and 5 unstated). The age mean was 30.4 ± 10.1 and the age range was between 18–69. 83.5% of participants were inpatients as well as 16.5% were outpatients. 42.1% of participants used more than one substance while 30.1% was opiate and 15.5% was alcohol. 39.8% of the participants had problems due to alcohol and substance for 0–5 years, 31.2% for 6–10 years, 19.4% for 11–20 years, 6.9% for more than 20 years. 48.8% of patients had the secondary school, 23.3% of high school, 12.9% of primary school, 5.8% of illiterate/ elementary school dropout, 8% of the associate degree/ bachelor's degree, while 1.2% did not have education. 56.2% of participants were single, 32.4% were married, 7.4% were divorced and 2.2% were living separately. While 48.6% of the participants had an occupation, 32.6% did not define themselves in any occupational group. 48.3% had a sufficient income, while 51.6% did not have sufficient income. 82.4% of them were living with their families and 78.3% did not state any housing problem after treatment. 67.1% of the participants received social supports from their families and 60.3% of them received financial support. Moreover, 66.7% of the participants had sufficient knowledge of the physical and mental damage of substances, 57.1% of them had legal consequences and 49.1% of them had sufficient knowledge about how to get rid of addiction. 64.9% said that their families or their families had partial or adequate knowledge of alcohol/ substance abuse, while 35.1% stated that they were inadequate in this regard. 45.7% of them did not know how to prepare CV and 76.1% had problems managing budget. 55% did not have any hobby while 84.8% had no regular physical exercise habits. 68.9% of participants stated that they need support for changing their social environment.
CONCLUSIONS: This study shows that patients who apply for addiction treatment are mostly supported by their families and relatives, but patients mostly need a job and a sufficient income. It also reveals that there is a need for rehabilitation programs where occupational and social skills can be developed, they can explore their own interest, and they can gain physical exercise habits.

KEYWORDS
Drug addiction; psychosocial needs; addiction treatment; treatment; substance addiction

[Abstract:0344][Others]

Family functioning, attachment to parents and friends, decision making and coping styles in adolescents with non-suisidal self injury

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ABSTRACT

OBJECTIVE: Non-suisidal self injury is an act that involves self-harm without a thought about suisid. Non-suisidal self injury may be associated with many psychiatric disorders. Interpersonal interaction (attachment to family and friends), peer bullying, and a history of abuse can be caused by the occurrence of non-suisidal self injury.

METHODS: Thirty-one patients aged between 10 and 17 years and 33 healthy controls were included in this present study who applied to Manisa Mental Health Hospital. Sociodemographic data form, Family Assesment Device, Inventory of Parent and Peer Attachment, Adolescent Decısıon Makıng Questıonnaıre and Problem Solving Inventory were applied to the patient and control groups.

RESULTS: Suicide attempt was significantly higher in non-suisidal self injury group (P<0.05). The presence of family mental illness was higher in the patient group (P<0.05). In the subscale of the Family Assesment Device showing the required attention, was found significantly lower in the non-suisidal self injury group than the control group (P<0.05).

When Adolescent Decısıon Makıng Questıonnaıre was evaluated, self-esteem subsscale in decision making was found to be significantly lower in non-suisidal self injury group (P<0.05).

The panic part of the same questıonnaıre was significantly higher in non-suisidal self injury group (P<0.05). The family subscale of the attachment inventory was significantly lower in in non-suisidal self injury group (P<0.05). When the Problem Solving Inventory was evaluated, it was found that the non-suisidal self injury group had significantly higher scores (P<0.05).

CONCLUSIONS: In children and adolescents with non-suisidal self injury, there are problems in relation to family, decision-making processes, family attachment and problem solving in accordance with literature. Supporting children and young people in these areas should be part of the treatment.

KEYWORDS

Adolescent; child; decısıon makıng; non-suisidal self injury; problem solving

[Abstract:0346][Others]

Clinical characteristics and psychiatric comorbidity distribution in children and adolescents with skin picking disorder

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ABSTRACT

OBJECTIVE: In this study, it was aimed to evaluate the clinical characteristics of children and adolescents admitted to the Child and Adolescent Psychiatry Outpatient Clinic, Fırat University School of Medicine with skin picking behavior or determined to have skin picking behavior during psychiatric evaluation.

METHODS: The data of a total of 33 cases admitted to our outpatient clinic between January 2017 and September 2018 with skin picking behavior or determined to have skin picking behavior after the evaluation were examined retrospectively. SPSS 20 package program was used.

RESULTS: Of the cases, 60.6% (n = 20) were girls and 39.4% (n = 13) were boys. The mean age of the girls and boys was 14.25+3.32 and 14.31+3.54 respectively, and the mean age of the whole group was 14.27+3.35. 39.4% (n = 13) of the cases consulted a doctor with the complaint of skin picking. In the remaining cases, skin picking behavior was detected during psychiatric evaluation. The mean time elapsed between the onset of skin picking behavior and referral to a physician of these 13 cases admitted with the complaint of skin picking was 15.62+5.42 months. Only six of the cases (18.2%) had lesions in one region. The remaining cases had lesions in multiple regions. The regions where the lesions were located were ranked as head-neck (face), hands, arms, legs, feet, torso and back according to the frequency order. In all cases, the mean age at the onset of complaints of skin picking was 12.15+3.02. In 66.7% (n = 22) of the cases, psychosocial stress factor was defined as the concurrent onset of complaints of skin picking. The first-degree relatives of 12 cases (36.4%) had a skin picking behavior. The first-degree relatives of 17 cases (51.5%) also had another psychiatric diagnosis other than skin picking. Two of the cases (6.1%) had mental retardation. Thirteen cases (39.4%) also had a concurrent nail biting. In addition, skin picking disorder was detected to be accompanied by depression in 30.3% (n = 10), anxiety disorder in 27.2% (n = 9), obsessive compulsive disorder in 12.1% (n = 4), trichotillomania in 9.1% (n = 3), attention-deficit/ hyperactivity disorder in 9.1% (n = 3), body dysmorphic disorder in 3% (n = 1) and autism spectrum disorder in 3% (n = 1) of the cases. Lesions were likely to require antibiotics in nine cases (27.2%). Lesion that will require surgical intervention was not detected in any of the cases.

CONCLUSIONS: Skin picking disorder, one of the new diagnoses of DSM-5, is a disorder that can lead to serious problems if not treated. It was considered that knowing the clinical characteristics of the skin picking disorder are important for the clinical practice of physicians. It is also important to evaluate comorbid diagnoses in the cases admitted to the clinic with skin picking behavior.

KEYWORDS

Adolescent; children; clinical characteristic; comorbidity; skin picking disorder

Considering that the comorbid diagnosis rate is high, it is useful to examine whether there is co-morbidity or not, in any case when a skin picking disorder is detected.

[Abstract:0347][Others]

Clinical characteristics and psychiatric comorbidity distribution in children and adolescents diagnosed with trichotillomania

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ABSTRACT

OBJECTIVE: Trichotillomania is a disorder characterized by repetitive hair pulling behaviors, resulting in significant hair loss. It is classified with obsessive compulsive disorder, hoarding disorder, skin picking disorder, and body dysmorphic disorder under the title of "Obsessive Compulsive and Related Disorders" in DSM-5. In this study, it was aimed to evaluate the clinical characteristics of children and adolescents diagnosed with trichotillomania admitted to Child and Adolescent Psychiatry Outpatient Clinic of Fırat University, School of Medicine.

METHODS: The data of a total of 35 cases diagnosed with trichotillomania who were admitted to our outpatient clinic between January 2017 and September 2018 were examined retrospectively. SPSS 20 package program was used.

RESULTS: Of the cases, 57.1% (n = 20) were girls and 42.9% (n = 15) were boys. The mean age of the girls was 14.0+2.57, the mean age of the boys was 12.2+3.17, and the mean age of the whole group was 13.2+2.93. In 51.4% (n = 18) of the cases, it was observed that the pulling behavior was in a single localization. The remaining cases had the pulling behavior in more than one area. The most frequent affected area was scalp, and this was followed by eyebrows and eyelashes. 48.6% of the cases (n = 17) had nail biting in addition to trichotillomania. The mean age at the onset of complaints was determined as 11.3 years. The mean time between the onset of complaints and referral to a physician was 11.5 months. The pulling behavior was determined to be mostly when studying, reading, being at the computer and watching television. The first-degree relatives of 11 cases (31.4%) also had hair pulling behavior. The first-degree relatives of 20 cases (57.1%) had another psychiatric diagnosis other than trichotillomania. These diagnoses were obsessive compulsive disorder, body dysmorphic disorder, depression, bipolar disorder, anxiety disorder, eating disorder, psychotic disorder, and skin picking disorder. In 21 cases (60.0%), psychosocial stress factor was defined as the concurrent onset of pulling behavior. Two of the cases (5.7%) were determined to have mental retardation. In addition, trichotillomania was detected to be accompanied by depression in 37.1% (n = 13), anxiety disorder in 25.7% (n = 9), obsessive compulsive disorder in 17.2% (n = 6), skin picking disorder in 8.6% (n = 3), attention-deficit/hyperactivity disorder in 8.6% (n = 3), disruptive behavior disorder (n = 2) in 5.7%, body dysmorphic disorder in 2.9% (n = 1) and autism spectrum disorder in 2.9% (n = 1) of the cases. Trichophagia was not detected in any of the cases.

CONCLUSIONS: Trichotillomania is a serious disorder that can significantly impair functionality if not treated. A clear description of the clinical characteristics of the disorder was considered to be highly important for the clinical practice of physicians. Due to the frequent comorbidity, it would be useful to arrange treatment by considering the comorbidities in evaluating the patients. Appropriate interventions applied during activities where the pulling behavior is frequent may reduce the pulling behavior.

KEYWORDS

Adolescent; children; clinical characteristic; comorbidity; trichotillomania

[Abstract:0351][Addictions]

The association between ADHD symptomatology and the severity of addiction among patients hospitalized due to substance use disorders

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ABSTRACT

OBJECTIVE: Substance use disorders (SUD) have high comorbidities with other psychiatric disorders and research has demonstrated comorbidity between SUD and Attention-Deficit/Hyperactivity Disorder (ADHD). The aim of this study was to demonstrate the association between ADHD symptomatology and the severity of addiction in a group of inpatients being treated for a SUD in a private hospital.

KEYWORDS

ADHD; substance; addiction; severity; comorbidity

METHODS: This cross-sectional study included 100 male patients hospitalized for a SUD and the diagnostic criteria for SUD were defined according to the DSM-V and ICD-10. The patients were determined on a voluntary basis and all of them read and signed the informed consent form. The severity of addiction is evaluated with the Substance Use Profile Index-Short Form (BAPI-K) and the sample group were screened using Adult ADHD Self-Report Scale (ASRS). In addition, the sociodemographic data were collected by using a questionnaire which is drawn up by the researchers.
RESULTS: Overall, 100 male patients, in the age range of 15–54 years, were enrolled to the study. Opiates (n=64), cocaine (n=13), synthetic cannabinoids (n=14), cannabinoids (n=7), methamphetamine (n=1) and ecstasy (n=1) were identified as the substances which were being used by the patients prior to hospitalization. The 85% of the patients reported that they have started to use substance regularly before 24 years of age. The mean BAPI-K total score, which is defined as addiction severity, was 7,66 ± 1,30 and the mean ASRS total score was 32,00 ± 9,81 of the sample group. ASRS subscale's mean scores were found as 14,00 ± 6,13 for attention deficit and 19,00 ± 5,24 for hyperactivity/impulsivity, respectively. There was a statistically significant relationship between addiction severity and attention deficit ($p<0.01$), and also between hyperactivity/impulsivity ($p<0.01$) and ADHD symptoms ($p<0.01$). Addiction severity was significantly associated with work loss ($p<0.01$), marriage problems ($p<0.01$), aggression and destructive behavior ($p<0.01$), financial loss ($p<0.01$) and legal problems ($p<0.01$).
CONCLUSIONS: The results of this study indicate that comorbid ADHD symptoms may increase the severity of addiction among the patients diagnosed with SUDs. Additionally, ADHD symptoms may be associated with early onset of SUDs. The results suggest that SUDs and ADHD comorbidity may related with negative outcomes such as work loss, marriage problems, aggression and destructive behavior, financial loss and legal problems. Even though the findings of this cross-sectional study cannot address the causal relationships between SUDs and ADHD; clinicians should take into consideration that there's a well-known higher rate of comorbidity between these two psychiatric disorders and earlier diagnosis and intervention of these disorders may prevent adverse social consequences among these patients.

[Abstract:0352][Anxiety Disorders]

Evaluation of twentyfour hours heart rate variability analysis among drug-naive patients with panic disorder without any other medical and psychiatric comorbidity

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ABSTRACT
OBJECTIVE: Panic Disorder is characterized by recurrent and unexpected panic attacks, which severely affects quality of life of the patients. One of the methods used to assess autonomic nervous system function is heart rate variability (HRV). HRV is guided by parasympathetic and sympathetic cardiac nerves and reflects the capacity of inhibition of autonomic stimulation by the parasympathetic system. The time measurement method used in this present study is based on the analysis of the intervals (NN interval) between two consecutive regular pulses from the sinus node in the 24-hour holter electrocardiogram (ECG) recordings. The aim of this study was to evaluate HRV time domain parameters based on twentyfour hour holter ECG analysis among drug-naïve patients with panic disorder (PD) without any other medical and psychiatric comorbidity.
METHODS: The study was conducted between March 2016 and September 2016 at Erzurum Training and Research Hospital. The study group consisted of 41 patients with PD and 46 healthy controls. Neurological diseases affecting the cognitive functions; cardiac or endocrinological disease (including DM); alcohol and / or substance intoxication or use disorder; any other psychiatric diagnosis; psychotropic medication use; benzodiazepine use or alcohol consumption in the last 24 hours; in the last two hours, using nicotine or caffeine was used as exclusion criteria. Participants were evaluated for any psychiatric diagnosis according to SCID-I. Hamilton Depression Rating Scale (HAM-D), Hamilton Anxiety Rating Scale (HAM-A), Panic Disorder Severity Scale (PDSS) and Clinical Global Impression Scale (CGI-S) were also applied to participants. Twentyfour hour Holter ECG outcomes were analyzed on a computer program and time domain parameters were evaluated.
RESULTS: Sociodemographic characteristics such as gender, age, education level and marital status were compared and no significant difference was found between the two groups. While SDANN was found to be significantly higher in PD group ($p <0.001$); duration of RMSSD, NN50 and pNN50 were found to be lower in PD group than the control group ($p =$

KEYWORDS
Panic disorder; heart rate variability; spectral analysis; autonomic nervous system

0.003, p = 0.005, p = 0.047, respectively). In the correlation analysis, there was a moderate negative correlation between CGI-S and NN50 and pNN50. In logistic regression analysis, the increase in SDNN was found to increase the probability of PD by 1.11 times (95% CI, 1,010–1,209); the increase in SDANN was found to decrease the probability of PD by 0.892 times (95% CI, 0.818–0.973), and the increase in pNN50 was found to decrease the probability of PD by 0.523 times (95% CI, 0.342–0.801).
CONCLUSIONS: Our results support the findings that there are some cardiovascular system characteristics in PD patients that are different from healthy controls.The data obtained in this present study confirm that there is a decrease in some HRV parameters reflecting parasympathetic activity among patients with PD. The reduced HRV observed in PD patients is also clinically relevant as it is also associated with an increased risk of cardiac disease and cardiac mortality. Long-term Holter studies are needed to assess the PD group's HRV value and autonomic functions in daily living conditions.

Table 1. Comparison of Holter Results.

	Healthy Controls (N=46) (Mdn ±IR)	Panic Disorder (N=41) (Mdn ±IR)	Statistics (Kruskal Wallis test)
SDNN	142.5±60.75	151.5±75.75	χ2=5.885, df=2, p= 0.053
SDANN	117.0±54.0	36.0±23.50	χ2=47.781, df=2, p<0.001
RMSSD	58.50±33.25	35.0±23.00	χ2=11.654, df=6, p= 0.003
SDNN index	71.0±34.50	68.50±27.00	χ2=1.062, df=2, p= 0.588
NN50	16126.0±1282934.75	7902.50±12286.75	χ2=10.714, df=2, p= 0.005
PNN50 %	15.795±14.83	6.66±11.92	χ2=6.095, df=2, p= 0.047

Table 2. Correlations Between Holter Results And psychometric scales.

	SDNN (ms)	SDAN (ms)	RMSSD (ms)	SDNN index ms	SDSD ms	NN50	PNN50 (%)
HARS	−0.065	−0.252	−0.097	−0.205	−0.035	0.021	−0.031
HDRS	−0.109	−0.084	−0.029	−0.143	0.092	0.218	0.128
CGI-S	0.145	−0.033	0.182	0.041	0.253	0.493**	−0.372*
PDSS	0.091	−0.006	0.000	−0.052	0.179	0.254	0.096

HARS: Hamilton Anxiety Rating Scale; HDRS: Hamilton Depression Rating Scale; CGI-S: Clinic Global Impression Scale; PDSS:Panic Disorder Symptom Severity.

Table 3. Holter Results Predicting Panic Disorders In Logistic Regression.

	B	S.E.	Wald	df	Sig	Exp (B)	95,0% C.I.for Exp(B) Lower	95,0% C.I.for Exp(B) Upper
sdnn	0.100	0.046	4.723	1	0.030	1.105	1.010	1.209
sdan	−0.114	0.044	6.707	1	0.010	0.892	0.818	0.973
rmssd	0.030	0.048	0.410	1	0.522	1.031	0.939	1.132
sdnnindex	0.055	0.40	1.909	1	0.167	1.056	0.977	1.142
sdsd	−0.016	0.42	0.141	1	0.707	0.984	0.907	1.069
nn50	0.000	0.000	3.505	1	0.061	1.000	1.000	1.001
pnn50	−0.648	0.217	8.904	1	0.003	0.523	0.342	0.801
gender (1)	1.349	1.218	1.227	1	0.268	3.852	0.354	41.893
age	−0.041	0.045	0.824	1	0.364	0.960	0.879	1.048
constant	−3.889	3.723	1.092	1	0.296	0.020		

[Abstract:0353][PTSD]

The relationship between post-traumatic stress symptoms, symptoms that can cot be explained with other medical conditions and alexithymia among sexually traumatized women

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ABSTRACT
OBJECTIVE: Individuals with sexual trauma may experience major depressive disorder (MDD), anxiety disorders, eating disorders, sleep disorders, suicide attempts, sexual problems and other symptoms that can not be explained with other medical conditions in addition to Posttraumatic Stress Disorder (PTSD). Studies have shown that there is a significant

KEYWORDS
Sexual trauma; posttraumatic stress symptoms; medically unexplained symptoms; alexithymia

relationship between PTSD, somatization and alexithymia in people who have experienced a traumatic event. People who suffer from sexual violence hide the incident because of shame, guilt, fear of getting harm, and fear of stigmatization. This may result in victims being deprived of medical and social assistance, having difficulties in maintaining their mental health problems or being exposed to unnecessary medical examinations and interventions due to many somatic complaints and frequent physician applications. The leading cause of frequent physician visits by victims of sexual violence is somatic symptoms that cannot be explained in spite of all medical examinations and investigations.

The aim of this study was to examine the relationship between post-traumatic stress symptoms, symptoms that can not be explained with other medical conditions and alexithymia among sexually traumatized women over the age of 18.

METHODS: The patients who were referred to Kocaeli University School of Medicine Department of Forensic Medicine with the request of the forensic report from the court between 01.12.2010 and 01.12.2013 were included in the study. Individuals aged 18 years and over who are literate and don't have psychoactive substance use or psychotic disorder and do not have medical disease to explain the mental and physical symptoms that not allow to have an interview were included in the study. The study group consisted of 30 sexually traumatized women and 30 women with no sexual trauma history as a control group. The participants were evaluated by Impact of Event Scale-R (IES-R), Symptom Checklist-R (SCL-90-R) Somatization Subscale, Functional Somatic Syndromes (FSS) List, The List of Mental Disorders Related with Somatization, Toronto Alexithymia Scale-20 (TAS-20).

RESULTS: The mean scores of total and subscales of IES-R, SCL-90-R somatization subscale and the number of alexithymic individuals have been found significantly higher in sexually traumatized women group. In the correlation analysis, there was a statistically significant positive correlation between IES-R total score, IES-R re-experiencing and IES-R avoidance subscales and SCL-90-R somatization subscale and TAS-20. There was no statistically significant correlation between IES-R avoidance subscale and SCL-90-R somatization subscale and TAS-20.

CONCLUSIONS: Relationship that we found between posttraumatic stress symptoms and the symptoms that can not be explaind with other medical conditions and alexithymia among sexually traumatized women is important to recognize and to treat posttraumatic stress symptoms in treatment seeking patients with the symptoms that can not be explaind with other medical conditions.

Table 1. Mean scores of the scales between groups.

	Patient Mean ± (SD)	Control Mean ± (SD)	p
IES-R total	44.46 (15.04)	30.23 (21.73)	0.006
IES-R Reexperiencing	15.03 (8.21)	10.90 (9.97)	0.063
IES-R Avoidance	16.53 (3.30)	11.70 (7.46)	0.003
IES-R Hyperarousal	10.60 (6.10)	6.33 (6.29)	0.007
SCL-90 R Somatization Subscale	18.00 (11.93)	11.13 (11.92)	0.030
FSS	0.50 (1.47)	0.40 (1.19)	0.739
MDRS	0.40 (0.92)	0.16 (0.64)	0.238
TAS-20	52.80 (13.7)	49.06 (14.4)	0.287

Impact of Event Scale-R (IES-R), Symptom Checklist-R (SCL-90-R) Somatization Subscale, Functional Somatic Syndromes (FSS) List, The List of Mental Disorders Related with Somatization (MDRS), Toronto Alexithymia Scale-20 (TAS-20).

Table 2. Correlations of the scales in the patient group.

	IES	IES-1	IES-2	IES-3	SCL-90 Somatization	FSS	MDRS	TAS-20
IES	1	0.935**	0.138	0.138	0.584**	−0.120	−0.139	0.408*
IES-1	0.935**	1	−0.070	0.825**	0.616**	−0.046	−0.091	0.377*
IES-2	0.138	−0.070	1	−0.131	−0.020	−0.237	−0.178	−0.137
IES-3	0.900**	0.825**	−0.131	1	0.580**	−0.056	−0.075	0.529**
SCL-90 Somatization	0.584**	0.616**	−0.020	0.580**	1	0.328	0.226	0.646**
FSS	−0.120	−0.046	−0.237	−0.056	0.328	1	0.554**	0.116
MDRS	−0.139	−0.091	−0.178	−0.075	0.226	0.554**	1	0.130
TAS-20	0.408*	0.377*	−0.137	0.529**	0.646**	0.116	0.130	1

IES: Impact Of Event Scale; IES 1: Impact Of Event Scale Reexperiencing; IES 2: Impact Of Event Scale Avoidance; IES 3: Impact Of Event Scale Hyperarousal; Symptom Checklist-R (SCL-90-R) Somatization Subscale, Functional Somatic Syndromes (FSS) List, The List of Mental Disorders Related with Somatization (MDRS), Toronto Alexithymia Scale-20 (TAS-20).

[Abstract:0355][Bipolar and Related disorders]

Dynamic thiol/disulphide homeostasis as a novel oxidative stress marker to differentiate bipolar and unipolar depression: a machine learning case study

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ABSTRACT

OBJECTIVE: Bipolar disorder and unipolar depressive disorder are complex disorders. There are significant differences in bipolar depression compared to unipolar depression, such as the addition of mood stabilizers to treatment, and the fact that many antidepressants are not preferred as the first option. This has led to the need for a biomarker to differentiate the two diseases. We aimed to compare thiol disulphide balance of bipolar disorder - depressive episode (BPD) and unipolar depression (UPD) with healthy controls to determine whether there is similarity of oxidative indicators in UPD and BPD. We also applied two different decision tree machine learning algorithms to find out if it is possible to classify these disorder with using data concerning thiol disulphide balance.

METHODS: The patients who were admitted to our hospital and diagnosed either as depressive episode with bipolar disorder or unipolar depression according to DSM criteria were included in the study. A 5 cc of venous blood was collected from each participant. Blood cells were separated from serum and the samples were stored at -80°C. Thiol disulphide homeostasis were calculated. Using H2O artificial intelligence platform, distributed random forest and gradient boosting machine learning algorithms were used to analyze the data set using machine learning.

RESULTS: 111 volunteers also participated in the study, 37 of them were patients with BPD, 24 of them were patients with UPD and 50 of them were healthy controls. There were significant differences in disulphide, disulphide/native thiol, disulphide/total thiol between the BPD and the control group, and between the UPD and the control group. Disulphide, disulphide/native thiol, disulphide/total thiol were significantly higher in patients with BPD and in patients with UPD than the control group. No significant differences between BPD and UPD were detected in terms of disulphide level, disulphide/native thiol ratio, disulphide/total thiol ratio. In addition to this, both distributed random forest and gradient boosting algorithms were able to classify bipolar disorder and unipolar depression patients with 80% success rate.

CONCLUSIONS: According to our knowledge, this is the first study concerning thiol/disulphide homeostasis in patients with BPD. The results may imply that thiol and disulphide levels could be considered as oxidative markers for BPD and UPD and also therapeutic targets in terms of future pharmacological trials. No significant differences obtained between UPD and BPD which may imply that there is a common oxidative damage in both disorders.

KEYWORDS
Bipolar depression; machine learning; mood disorder; oxidative stress; unipolar depression

[Abstract:0356][Schizophrenia and Other Psychotic Disorders]

Klotho, vitamin D and homocysteine levels during acute episode and remission periods in patients with schizophrenia

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ABSTRACT

OBJECTIVE: Schizophrenia is a psychiatric disorder which is seen in 1% of the population with positive symptoms, negative symptoms and cognitive decline.

Klotho is a transmembrane protein associated with lifespan and is mainly expressed in the kidney, parathyroid gland and choroid plexus. In addition, the klotho has brain-specific functions and its relationship with neuroplasticity has recently been on the agenda. As an important aging suppressor, Klotho's transmembrane form functions as a compulsory co-receptor for fibroblast growth factor 23 (FGF23, a bone-derived hormone that regulates the balance of phosphate, calcium, and vitamin D). Also, defects in Klotho or FGF23 lead to premature aging syndrome and phosphate retention. The Klotho gene (KL) has a KL-VS allele, and it has been shown that the heterozygous KL-VS gene is associated with higher Klotho levels, better cognitive functions, and longevity, whereas homozygotes are associated with worsening cognitive functions and shorter lifespan.

Vitamin D deficiency is known to be associated with a deterioration of cognitive functions. Klotho protein works together with vitamin D in calcium metabolism. According to recent studies, it was found that the vitamin D / PTH pathway and the Klotho / FGF23 pathway were related to each other. In particular, 1,25-dihydroxyvitamin D[1,25(OH)D2], the active form of vitamin D, increases the expression of klotho. Recent studies have focused on the relationship between neurodegeneration and Klotho, homocysteine and vitamin D levels. In this study, our aim was to examine this relationship in schizophrenia.

KEYWORDS
Aging; biomarker; homocysteine; klotho; schizophrenia; vitamin D

METHODS: This study included 30 schizophrenic inpatients, 30 schizophrenic outpatients in remission and 28 healthy volunteers as the control group. The psychiatric diagnoses of our patients were evaluated according to DSM-IV criteria. The Positive and Negative Syndrome Scale (PANSS), the Clinical Global Impression (CGI) scale and the Global Assessment of Functioning (GAF) scale were used for clinical measurements. Serum Klotho, vitamin D, homocysteine, vitamin folic acid and B12 levels were analysed using ELISA and compared with the clinical properties.
RESULTS: The PANSS scores and CGI scores were significantly higher in schizophrenic inpatients than outpatients, and the GAF scores were significantly lower ($p<0.05$). Three groups: acute schizophrenia, remission group and control group were compared for Klotho, homocysteine and vitamin D serum levels; Klotho levels were higher but the difference was not statistically significant ($p>0.05$). However, vitamin B12, folic acid and homocysteine levels were higher in schizophrenic patients than the control group ($p<0.05$).
CONCLUSIONS: High levels of vitamin B12 and folic acid accompany high homocysteine levels and this association shows the relationship of schizophrenia with this pathway. Higher levels of homocysteine with concomitant higher levels of vitamin B12 and folic acid suggest a relationship of this pathway with the related pathways with schizophrenia. Differences in Klotho levels were found but it was not significant. Further studies are needed to examine possible relationships with larger samples.

[Abstract:0357][Psychotherapies]

Investigation of the effect single session of "Flash Technique" at a group

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ABSTRACT
OBJECTIVE: Eye movement desensitization and reprocessing (EMDR) psychotherapy is now an effective method of treatment for post traumatic stress disorder (PTSD). Many protocols have been developed in EMDR therapy. Neurobiology of how bilateral stimulation benefits EMDR therapy is not yet fully understood. Philip Manfield developed Flash Technique by utilizing the background of EMDR therapy. This technique does not require trauma due to trauma therapy. Philip Manfield and his colleagues presented Flash Technique as an effective and comfortable practice in trauma therapy that can be easily applied to groups. In this study, we aimed to examine the effect of one session of Flash Technique on the trauma symptoms.
METHODS: 17 volunteers who are psychology students and psychiatry residents were included in the study. Pre-session PCL-5 and Olaylatin Effect scales were applied to all volunteers. 30-minute Flash Technical application was done. At the end of the first week and at the end of the first month, the scales were repeated.
RESULTS: The decline in psychological trauma complaints of a single session Flash Technique group was statistically significant.
CONCLUSIONS: Unlike trauma therapies, Flash Technique, which is thought to treat trauma without being subjected to trauma, is a very ambitious practice. In this present study, we have seen that this practice can be performed safely on the group and without questioning the traumas. Controlled studies are needed to observe the difference of this effect from placebo and other treatments.

KEYWORDS
Flash technique; EMDR; group therapy; post traumatic stress disorder

[Abstract:0359][Schizophrenia and Other Psychotic Disorders]

Grouping of rats according to the prepulse inhibition (PPI) which is the biological marker of schizophrenia and the differences in response of groups to pharmacological agents

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ABSTRACT
OBJECTIVE: One of the most frequently used experimental methods to explain the etiology of schizophrenia is the prepulse inhibition (PPI). This study was performed to show that rats are able to be divided into groups according to the baseline inhibition values and that these

KEYWORDS
Amphetamine; apomorphine; MK-801; prepulse inhibition; rat; schizophrenia

groups can give different responses to pharmacological agents (apomorphine, amphetamine, MK-801, scopolamine, nicotine, caffeine) which have a role in the etiology of schizophrenia.
METHODS: Male Sprague Dawley rats (250–350 g) were used in the experiments. In each experiment, PPI values were measured in 24–40 rats by the startle reflex measurement device. Rats were sequenced from the lowest inhibition to the highest inhibition according to the inhibition values given to 78 dB pre-stimulus. 'Low group (n=8)' and 'high group (n=8)' were determined. Pharmacological agents that have a role in the etiopathogenesis of schizophrenia were injected to the groups which have statistically significant difference. To examine the effects of pharmacological agents on the groups, apomorphine (0.5 mg/kg and 1 mg/kg), amphetamine (4 mg/kg), MK-801 (0.05 and 0.15 mg/kg), scopolamine (0.4 mg/kg), nicotine (1 mg/kg) and caffeine (10 mg/kg and 30 mg/kg) were used. The t-test was used to compare the results from these two groups.
RESULTS: PPI values of the rats grouped as 'low' and 'high' inhibition were measured at intervals of one week and it was observed that the significant difference between the groups continued in the 3rd week. While apomorphine, MK-801, scopolamine and nicotine disrupt the PPI values at high group, amphetamine had a lowering effect on PPI in both low and high groups. Both doses of caffeine had a decreasing effect in the high group, whereas in the low group, 10 mg/kg dose increase PPI levels.
CONCLUSIONS: The reduction of PPI values with pharmacological agents is considered to be the disruption of PPI and this disruption is accepted as an experimental schizophrenia model. Studies are performed using pharmacological agents on this model. However, given that the low PPI value is considered to be one of the biological and endophenotypic marker, the subjects can be separated according to basal PPI values as 'low inhibition' for disrupt sensorimotor gating and as 'high inhibition' for normal or good function. Again, groups give different responses to the pharmacological agents that support the important hypotheses of the etiopathogenesis of schizophrenia. Our findings show that it is possible to create an endophenotypic model by experimental grouping according to basal PPI values besides pharmacological schizophrenia model. Using this model, antipsychotic effects of a newly developed molecule or drug can be evaluated.

[Abstract:0362][Mood disorders]

Mean platelet volume in adolescents with bipolar disorder

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ABSTRACT
OBJECTIVE: It has been revealed by recent research that there is a relationship between Bipolar Disorder (BD) inflammatory responses(1,2). It is suggested that there is a mild increase of inflammation during the episodes and even in remission(2). In this study, we examined MPV values of adolescents in BD manic episode as an inflammation marker with respect to healthy controls.
METHODS: In this retrospective study about MPV among BD adolescents, we compared blood count in terms of platelet count (PLT) and MPV values of 21 BD manic episode diagnosed adolescents with age and gender matched 30 healthy controls. Measures of age, MPV and PLT in adolescents with BD and control subjects were compared by using two-tailed t-test.
RESULTS: The mean age of adolescents was (195,3 ± 12,9 month) in the case group and (200,5 ± 15,2 month) in the control group. MPV values were found to be significantly higher in adolescents with BD (p = 0.002). There was no significant difference between the PLT values of the case and control groups (p = 0.199).
CONCLUSIONS: We found that mean platelet volume (MPV), a marker of platelet activity and inflammation, was significantly elevated in adolescents with BD manic episode compared to healthy controls. Our results are consistent with the literature and support the hypothesis that there is an increase in inflammation in adolescents with BD. Further studies are needed and may provide a new dimension to the treatment.

KEYWORDS
Mean platelet volume (MPV); platelet count (PLT); bipolar disorder; adolescents; inflammation

Table 1. Comparison of PLT and MPV values of patient and control groups.

	Bipolar (Mean± SD)	Control (Mean ± SD)	p
Age	195.4±12.9	200.5±15.2	0.212
Platelet (PLT)	276.05±57.77	255.83±52.24	0.199
Mean Platelet Volume (MPV)	8.56±0.65	7.93±0.67	0.002

References

[1] Mert DG, Terzi H. Mean platelet volume in bipolar disorder: the search for an ideal biomarker. Neuropsychiatr Dis Treat. 2016;12:2057–2062.

[2] Cevher Binici N, Alşen Güney S, İnal Emiroğlu FN. Neutrophil-lymphocyte and platelet-lymphocyte ratios among adolescents with bipolar disorder: A preliminary study. Psychiatry Res. 2018;269:178–182.

[Abstract:0366][Personality Disorders]

Diffusion tensor imaging of ventromedial prefrontal cortex in patients with antisocial personality disorder with high psychopathy scores and its relationship between agression

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ABSTRACT

OBJECTIVE: Antisocial personality disorder (ASPD) involves significant interpersonal and behavioral impairments and criminal behavior. However, little is known about the biologic basis of this disorder. The aim of this study was to examine the neural network connectivity in the ventromedial prefrontal cortex (vmPFC) of people with antisocial personality disorder and healthy control group. Additionally the relationship between possible structural abnormalities and psychometric tests was explored.

METHODS: Thirty male subjects meeting DSM-IV-TR diagnostic criteria for ASPD who were admitted to the outpaint unit of the Department of Psychiatry, GATA Haydarpasa Training Hospital and twenty five, age and sex matched healthy subjects were assessed by a semistructured sociodemographic form, Structured Clinical Interview Diagnosis for DSM-IV (SCID-I), Structured Clinical Interview Diagnosis for DSM-III-R Personality Disorders (SCID-II), Hare Psychopathy Checklist-Revised, Aggression Questionnaire. Diffusion-weighted images were obtained and circular region of interest (ROI) probes in color-coded fractional anisotropy (FA) maps were used.

RESULTS: Significant white matter FA score differences in the left VmPFC was found respectively in ASPD subjects relative to controls. Also there was a negative correlation between left VmPFC grey matter FA scores and total Aggression Questionnaire scores, verbal aggression subscale scores and anger subscale scores in ASPD subjects.

CONCLUSIONS: There is a structural abnormality in the VmPFC region of subjects with antisocial personality disorder and this abnormality is associated with agression. Further research about this topic would highlight the possible relationship between the brain structures and the antisocial personality disorder.

KEYWORDS

Antisocial personality disorder; psychopathy; diffusion tensor imaging; agression

[Abstract:0368][Forensic Psychiatry]

Sociodemographic, clinical and family characteristics of victims of sexual abuse in a university hospital in isparta province: 2014–2018 data

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ABSTRACT

OBJECTIVE: The aim of this study was to examine sociodemographic, clinical and familial characteristics of children who were victims of sexual abuse.

METHODS: The outpatient clinic files of children and adolescents who were the victims of sexual abuse who were referred to the Department of Child and Adolescent Psychiatry in Süleyman Demirel University, in January 2014 - December 2018 for the purpose of organizing forensic reports or consultations were reviewed retrospectively.

RESULTS: A total of 183 children and adolescents in Isparta province between January 2014 and December 2018 were evaluated as forensic cases within the scope of victims of sexual abuse. The age range of the patients was 3–17 years and the mean age was 13.2 ± 3.6 years. 147 (80.3%) of the cases were female and 36 (19.7%) were male. The most common type of sexual abuse reported by the victims was sexual penetration (41.5%). It was found that 57.9% of the cases were abused once. 79.2% of the cases were found to be familiar to the abuser. 59% (n = 108) of the patients had psychiatric disorder after abuse.

KEYWORDS

Forensic cases; psychiatry; sexual abuse

CONCLUSIONS: With the data obtained from this study, early detection of children at risk can be ensured.

[Abstract:0373][Mental Retardation]

The relation between psychiatric symptoms, comorbities and birth complications of children and adolescents with intellectual disabilities

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ABSTRACT

OBJECTIVE: İntellectual disability is a disorder that starts during the developmental stage and there are deficiencies in both conceptual, social, practical areas and adaptive function(1).The eatiologic findings and its relation with mental disorders in İntellectual Disability is limited. İn this study we examine the relation between the mental symptoms and comorbities of 177 child and adolescents who admitted to Eskisehir Osmangazi University Child Psychiatry Department and diagnosed as İntellectual Disability.

METHODS: 177 cases who were diagnosed as İntellectual Disability were evaluated in 2016–2017. Descriptive analysis as percentage, mean and standard deviation values were given. Pearson chi-squared and Fissher exact tests were used to compare the categorical variables. P <0.05 was considered statistically significant in all evaluations.

RESULTS: The total of 177 İD cases 63.8% were male and the mean age was 7.2±4.38. The severity of İD cases were 62.1% (n=111) mild İD, 22% (n=40)moderate İD,6.8% severe İD (n=12), 1.1% (n=2) very severe İD and %7.9 (n=14) were border İD.

The most seen complaints were developmental delay %16.9, school failure %11.8, learning difficulties %10.1, speech delay %8.4, behavioral problems %3.9, attention deficit %2.2 respectively.

The psychiatric comorbidity rate was found as 17.5%(n=31).The rate of OSD was found as 66.7%, ADHD 29.5%,CD 21.0 %, encopresis 14.3%, enuresis %7.7 and depression 2.3%.İn İD cases OSD, ADHD,CD comorbidity was found statistically significant higher than cases without İD diagnoses (p<0.005). 51.9% have neurological disorder and 29.9% have medical problems.. İD,ADHD,speech and language delay were most seen related diagnosis with preterm birth(%25.3) and low birth weight (25.4%).

CONCLUSIONS: Cerebral palsy and MR were seen together.37–71% of the children with cerebral palsy have an accompanying İD(2). Similar to previous studies in this present study; 51.9% of İD patients having also neurological disease (p <0.001).The preterm children have both lower processing rate and academic achievement so that it was found that İQ scores were lower than healthy children(3). İn this present study, the preterm delivery and low birth weight was higher.Low birth weight, hypoxic ischemic encephalopathy, prematurity, infections and multifactorial states are etiologic risk factors for neurodevelopmental disorders such as ADHD, OSD, Learning Disorder(4). İD is a chronic disorder that effects throughout life.The delivery complications were seen higher and and a risk factor for nerodevolepmental disorders. Early diagnosis and treatment of comorbid conditions is essential to increase the functioning and quality of life in İntellectually disabled children.

KEYWORDS
Intellectual Disability; comorbidity; birth weight-time; ADHD,LD,OSD

[Abstract:0375][ADHD]

The psychometric properties of DIVA-2.0 Turkish version

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ABSTRACT

OBJECTIVE: Adults with ADHD have significant risk for other psychiatric conditions such as substance use disorders, mood and anxiety disorders. The ambiguous reliability of child based criteria for adults, questionable validity of the symptom thresholds, inadequate accuracy of recall of childhood symptoms and the high level of comorbidity are the challenges for clinicians to diagnose ADHD.

According to our knowledge Diagnostic Interview for ADHD in adults (DIVA-2.0) is the only diagnostic interview translated to Turkish and used in Turkey. DIVA-2.0 had been validated only in Swedish and Spanish. This study aims to examine the psychometric characteristics of DIVA-2.0 in a sample of ADHD patients to demonstrate the validity and reliability in Turkish language.

METHODS: 272 patients were included to study. The criteria for inclusion in this study included being between the ages of 18–65, being treatment-naive for ADHD medications and having cognitive competence to complete the study. ADHD diagnosis were conducted according to

KEYWORDS
ADHD; DIVA; adult ADHD; validity

DSM-5 ADHD criteria. One hundred and fifty eight (% 62.2) participants met the criteria for ADHD following the interview, whereas ninety-six (% 37.8) patients who did not meet the criteria for ADHD constituted the 'non-ADHD group'. The study was approved by Zeynep Kamil Hospital Ethics Committee in 23/05/2018. All participants were informed about the study.
RESULTS: The scale, item total score correlation coefficients were found to vary between 0.29 and 0.76. All the items total score correlation coefficient except one (Adulthood Hyperactivity/ impulsivity item-1: 0.298) were found to be higher than 0.52. Cronbach alpha internal consistency coefficients were calculated as 0.888, 0.901, 0.890 and 0.819, for childhood inattentive, adulthood inattentive, childhood hyperactivity/ impulsivity and adulthood hyperactivity/ impulsivity, respectively. These values show that the internal consistency of DIVA 2.0 is high. Factor analysis was conducted to examine the construct validity of DIVA 2.0. Suitability of the data for factor analysis was examined, the sample size was found to be appropriate, and it was concluded that there was sufficient relationship between the variables to perform factor analysis (Kaiser-Meyer-Olkin sampling adequacy coefficients: 0.925, 0.921, 0.923 and 0.899, respectively and the Bartlett sphericity test-Chi Square values 964.514, 1123.465, 968.757 and 672.209, respectively, and p <0.001). The Principal Component Analysis was applied to the correlation matrix obtained from the DIVA 2.0 items and a factor greater than eigen value 1 was obtained for each scales. These factors accounts for 53.1%, 56.1%, 53.3% and 44.7% of the scales, respectively. As a factor has been obtained after the initial analysis in factor analysis, no other methods of analysis have been undertaken. Factor values of the items are presented in table 2. Values range was from 0.38 to 0.82.
CONCLUSIONS: DIVA-2.0 is available in 19 languages, however it has not been validated in Turkish. These values show that the internal consistency of DIVA 2.0 is high. In conclusion, the results of this study demonstrate that the DIVA 2.0 instrument can be used in Turkish population with acceptable psychometric properties for the diagnose of ADHD in adults.

[Abstract:0377][Others]

Evaluation of elimination disorders in terms of emotional and behavioural problems

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ABSTRACT
OBJECTIVE: Enuresis and encopresis are common childhood problems related to the absence of bladder or bowel control that is expected based on the child's age or developmental status. Both conditions are very distressful to children and their family members and have significant social and psychological consequences in children and adolescents. Some studies have found elevated rates of internalizing problems,externalizing behaviors and attentional difficulties in children with elimination disorders. In this study, it is aimed to evaluate emotional and behavioural problems of children with elimination disorders(ED).
METHODS: 70 children and their mothers included in the study. The inclusion criteria were admission to the child and adolescent psychiatry outpatient clinic with a complaint of incontinence and diagnosis of ED; lack of medical causes of incontinence; volunteering for participation; and being aged of 5–18 years. The diagnostic procedure included clinical interview by a certified child psychiatrist, with the child and mothers, and filling out DSM-based specific ED criteria. A sociodemographic information form was handed out to participants. Mothers were given Strength and Difficulties Questionnaire(SDQ)-Parent Report Form to assess patient's emotional and behavioural problems. Schedule for Affective Disorders and Schizophrenia for School-Age Children-Present and Lifetime Version (K-SADS-PL) was applied to participants to assess any psychiatric comorbidity. SPSS 20 was used for statistical analysis. Chi-square was used for categorical data. Because the scale scores of the groups didnt show normal distribution, Mann Whitney U was used. p<0,05 was accepted statiscally significant.
RESULTS: Participants were divided 3 groups as; enuresis, encopresis and comorbidity of enuresis and encopresis. Upon the comparison of sociodemographic characteristics of group members, no significant difference was found among the groups. Constipation was found significantly lower in enuresis group(p<0,001). No significant difference was found between groups in terms of diagnosis rate according to K-SADS(P=0.056). According to SDQ results, no significant difference was found between groups in terms of hyperactivity/ inattention, conduct problems, peer relationship problems, prosocial behaviour and emotional symptoms.
CONCLUSIONS: Some studies have found elevated rates of internalizing problems, externalizing behaviours and attentional difficulties in children with elimination disorders, whereas others demonstrated no significant differences when compared to controls. In this present study, no significant difference was found between the 3 groups in terms of emotional and behavioural problems. The present study has several strengths and limitations. Firstly, this must be notable that the absence of a control group was major limitation of this present study. More studies with large samples, including control groups should be carried out.

KEYWORDS
Children; encopresis; enuresis

[Abstract:0381][Mood disorders]

Red cell distribution width level in Bipolar disorder: preliminary report

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ABSTRACT

OBJECTIVE: The red cell distribution width (RDW) is a parameter that measures the heterogeneity in the size of the circulating red blood cells. Recent studies have suggested a relationship between RDW and several diseases and inflammatory processes and suggest an association between inflammation and psychopathology in mood disorders. We aimed to examine the presence of an inflammatory processes in bipolar disorder (BD) on the basis of RDW level.

METHODS: This retrospective study was performed on 259 patients with bipolar disorder (142 females, 117 males, mean age: 36.2±11.1) who met the diagnostic criteria for BD according to DSM IV –TR and age, gender matched 101 healthy controls (56 females, 45 males, mean age: 35.8±8.8). Participants with diabetes mellitus, hypertension, hepatic, renal, pulmonary, infection and severe systemic diseases were excluded from the study. Appropriate statistical tests, both parametric and non-parametric were carried out wherever indicated using SPSS software version 13. The receiver operator characteristics (ROC) curve was plotted to verify the accuracy of RDW.

RESULTS: The mean RDW levels were 13,8±0,8% in the patients and 13,6±1,1% in the controls, and were significantly higher in the patients with BD compared to healthy controls (p=0,039). The clinical and socio-demographic characteristics of the patients were not correlated to RDW levels. Also, there were no significant differences in terms of age and gender. The area under the ROC curve was 0.570, the sensitivity and specificity were 0.64 and 0.50 respectively (p=0.039) (Figure 1).

CONCLUSIONS: RDW obtained from simple and inexpensive blood tests were significantly higher in patients with BD than healthy controls, and implying that inflammatory activation probably plays an important role in the pathophisology of BD. We believe that increased RDW levels may also serve as a biomarker of the BD. However, there is a need for studies evaluating the prospective, longitudinal and different mood states in this area.

KEYWORDS

Bipolar Disorder; red cell distribution width; inflammation

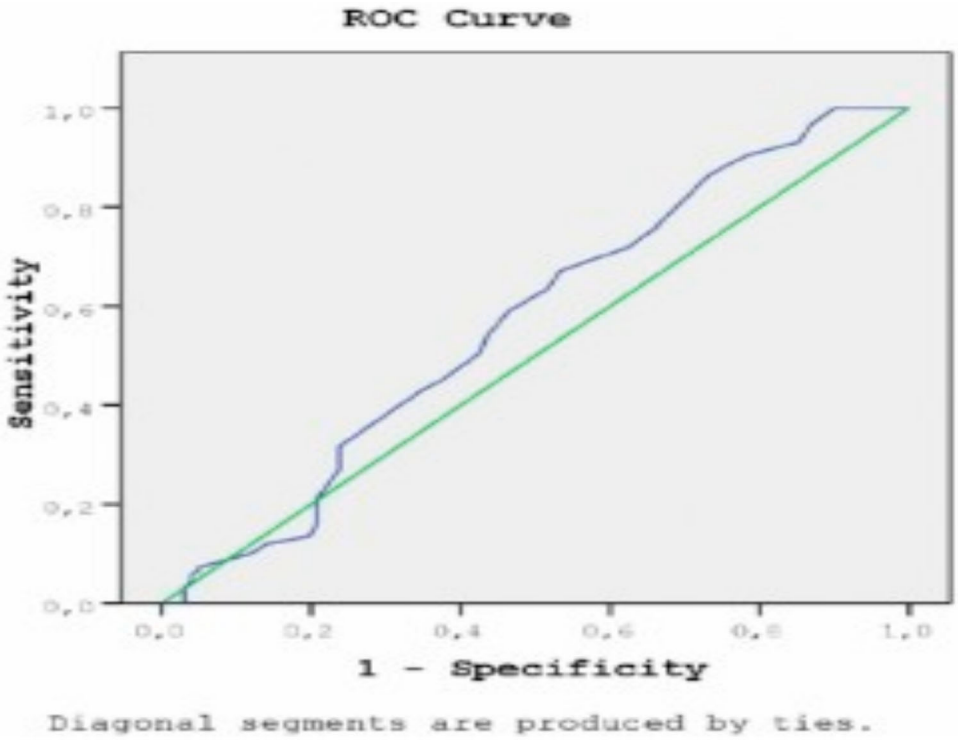


Figure 1. ROC curve for RDW.

[Abstract:0388][Addictions]

Comparison of substance use characteristics in terms of personality profiles of patients with opioid use disorder

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ABSTRACT

OBJECTIVE: Substance use disorders (SUD) are very common in the whole world and affect people with their biopsychosocial environment. It has been observed that personality traits are defined as negative and inconvenient in the individuals using substance in the studies about whether personality characteristics are a risk factor for SUD. It is known that negative personality traits are associated with the risk of starting alcohol and substance use at an early age, non-compliance with treatment and the risk of not being treated. In this present study, we aimed to compare the sociodemographic and substance use characteristics of the patients diagnosed with opioid use disorder (OUD) according to their personality profiles.

METHODS: The study included 33 male patients who were inpatient at the Pamukkale University School of Medicine, Psychiatry/AMATEM Department. Sociodemographic data form prepared by our clinic and The Minnesota Multiphasic Personality Inventory (MMPI) were applied to the patients.

RESULTS: 33 male patients with OUD were included in this present study. The mean age was 23.1 ±4.5 (18–39) years. 21.2% of the patients were married (n=7) and 78.8% were single (n=26). 57.6% (n=19) of the patients were graduated from primary school, 39.4% (n=13) of the patients were graduated from high school and 3.0% (n=1) of the patients were graduated from university. 45.5% (n=15) of the patients were still working.The age of onset of substance use was 17.8±3.9 (13–28), duration of drug use 5,2±2,5 (1–12) years however, 57.6% (n=19) and 42.4% (n=14) were using the substance through inhalation with the use of foil and intravenous injections, respectively. 21.2% (n=7) of the patients had an additional axis I diagnosis, 12.1% diagnosed with attention deficit and hyperactivity disorder (ADHD), 3.0% diagnosed with anxiety disorder, 3.0% diagnosed with psychotic disorder and 3.0% diagnosed with both ADHD and depressive disorder. While 57.6% (n=19) of the patients' hospitalization were the first time; 42.4% (n=14) of them had also a history of admission. The mean duration of hospitalization was 30.5±11.8 (5–55) days. 60.6% (n=20) of the patients were discharged after completion of treatment and 39.4% (n=13) did not complete the treatment due to various reasons (refusal of treatment, non-compliance with treatment). No significant difference was found between the substance use and treatment compliance according to the MMPI subscale scores. According to MMPI subtest scores, the paranoia subtest scores were found to be significantly higher in the first hospitalization group than the group had a history of previous hospitalization (p=0.037). Hypochondriasis subtest scores were found to be significantly higher than those with a history of previous hospitalization (p=0.048). There was a weak negative correlation (r=-0.347, p=0.04) between the age of onset of substance use and psychopathic deviation with subtest scores.

CONCLUSIONS: The presence of psychopathic-antisocial features was found to be compatible with the literature, which could increase the risk of earlier age of onset of substance use. Considering the low rates of treatment for SUD, the assessment of personality can be important in predicting substance use risk and planning treatment in the light of personality traits, since it is the main target in combating SUD.

KEYWORDS
MMPI; opioid; personality; psychopathic; substance

[Abstract:0391][Uyku bozuklukları]

Sleep habits of children diagnosed with attention/ deficit/ hyperactivity disorder and effects of treatment on sleep-related parameters: methylphenidate vs. atomoxetine

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ABSTRACT

OBJECTIVE: Sleep problems are known to be more prevalent among children diagnosed with ADHD. Those problems include higher levels of resistance at bedtimes, delayed settling to sleep, frequent awakenings during the night, higher apnea/ hypopnea indices and day time sleepiness. Psychostimulants have been reported to delay sleep onset, reduce total sleep duration and suppress non-REM cycles in ADHD children although there are other studies reporting no significant effects. As for atomoxetine, which is a non-stimulant widely used in treatment of ADHD, some of the studies report somnolence as an adverse effect while others report no significant disruption in sleep parameters in children using this agent.

Therefore, the primary aims of this study were;

a) to evaluate the baseline sleep habits of treatment-naive children with ADHD applying to the outpatient clinics of Child Psychiatry department of a tertiary treatment center

b) to evaluate the effects of treatment with methylphenidate and atomoxetine on sleep parameters.

METHODS: Sixty-two treatment naive children with clinically normal intelligence capacity diagnosed with ADHD according to DSM-5 criteria [APA 2013] and K-SADS-PL-Turkish who gave verbal assent and whose parents provided informed consent were enrolled in the study. Treatment compliance (according to pill counts), receiving treatment for at least three

KEYWORDS
Attention deficit/ Hyperactivity Disorder (ADHD); Atomoxetine; children sleep habit questionnarie (CSHQ); Methylphenidate; sleep parameters

months, lack of general medical disorders requiring treatment (according to pediatric consultations), lack of primary sleep disorders (according to clinical interview and pediatric neurology consultation) were criteria for inclusion. Children were treated naturalistically with methylphenidate formulations (ATC: N06BA04).Both MPH and ATX treatments were started at 0.5 mg/ kg/ day and titrated weekly to a maximum of 1.2 mg/ kg/ day. Parents completed Children Sleep Habit Questionnarie (CSHQ) at baseline and at the end of treatment. Clinicians blinded to treatment status also scored the CGI-Severity and CGI-Improvement scales.
RESULTS: Regardless of treatment choice, both MPH and ATX reduced symptom severity of ADHD, in all domains (i.e. inattention and hyperactivity/ impulsivity) with similar effect sizes [33].Treatment- related adverse effects and improvement according to clinician evaluations were similar

When a score of $\geq$ 41 in CSHQ was used for cut-off 93.5 % of children with ADHD (n=58) had clinically significant sleep problems at baseline. At baseline, CSHQ scores of children receiving ATX were similar to those receiving MPH except daytime sleepiness (Mann-Whitney U test, Z= - 2.3, p= 0.03, Effect size, r=0.29). After treatment, rate of children with clinically significant sleep problems were found to be 83.9 % (n= 52). Both MPH (Z= - 4.8, p=0.000) and ATX (Z= - 2.8, p=0.005) significantly reduced total CSHQ scores with similarly large effect sizes (0.7 for MPH vs. 0.8 for ATX).
CONCLUSIONS: ATX treatment in children with ADHD significantly reduced parasomnias and daytime sleepiness with a large effect size. Respectively. MPH treatment in this sample significantly improved all domains of sleep except delayed sleep onset and sleep-disordered breathing with moderate effect sizes. Studies using standardized dosing and treatment schemes with longer treatment durations and using both Objective and subjective (i.e. sleep diaries, CSHQ etc.) measurements may clarify differential effects of treatments on sleep among children with ADHD.

[Abstract:0396][Schizophrenia and Other Psychotic Disorders]

Assessment of the clinical management of antipsychotic treatment in patients with schizophrenia with moderate and severe clinical course

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ABSTRACT
OBJECTIVE: In schizophrenia treatment, clinicians have difficulties to manage treatment resistance and non-adherence that result in relapses, severe clinical course, re-hospitalizations and functional disabilities. In this study, we aimed to assess the clinical management of anti-psychotic treatment in patients with schizophrenia with moderate and severe clinical course.
METHODS: This was a retrospective study carried out in a University Hospital in Turkey. The data of patients with schizophrenia who were followed up at the Community Mental Health Center or hospitalized at the Psychiatry Clinic between January and September 2018 were recruited to the study. Inclusion criteria were as having 4 or higher scores at the Clinical Global Impressions Severity Scale (CGI-S), non-adherence to drug treatment, relapsing a psychotic episode, changing the antipsychotic treatment due to insufficient response and having the clinical assessment data for the analysis.Sociodemographic data, scores of the psychopathology assessments [The Clinical Severity Scale (CGI), Negative and Positive Symptoms Assessment Scales (SANS, SAPS) and Brief Psychiatric Rating Scale (BPRS)] before and after the drug treatment change during study period were recorded. The scores of the clinical scales at the onset and after 8 to 12 weeks after the treatment intervention were enrolled.
RESULTS: There were 215 patients who had 4 points or higher at the CGI-S scale and available hospital records both before and after the antipsychotic treatment. Table 1 summarizes the sociodemographic characteristics, duration of the disease, and the antipsychotic treatment of the patients. Assessment of the sociodemographic data revealed that there were no significant differences between the treatment groups in terms of age, gender, and duration of the disease (p>0.05). According to the documented and available data of the patients, 113 of the patients (40.1%) were treated with a combination of depot and oral antipsychotics and it was the most common use of antipsychotic treatment. The second common use of antipsychotic therapy was long acting depot antipsychotic treatment and 35 patients (12.8%) were followed up with only intramuscular depot injections. Table 2 shows the SANS, SAPS scores before and after the antipsychotic therapy via ANOVA. All of the groups showed significant clinical improvement at the SANS, SAPS and BPRS scales after the antipsychotic therapy (p=0.000).
CONCLUSIONS: It was remarkable that combination treatments were common in the patients with schizophrenia with moderate and severe clinical symptoms. Although antipsychotic monotherapy is recommended in most of the treatment guidelines of schizophrenia,

KEYWORDS
Schizophrenia; combination treatment; clozapine; long-acting injection

common use of antipsychotic combinations were also reported in many previous studies. The negative and positive symptoms were more severe in the patients on clozapine, and twenty-three percent of the patients were followed up with clozapine as a single drug or in a combination. That indicates proper use of clozapine in treatment resistant patients in this study. The approach of using long acting depot injections is getting more common in the clinical practice to avoid treatment non-adherence of the patients. Finally, the outcomes of that study was consistent with the current literature, and necessity of the use of combined treatment should be inquired in future studies.

Table 1. Sociodemographic and clinical characteristics of the patients.

Characteristics	Total Sample (n=215)
Age (Mean±SD)	39.39±10.78
Gender (n,%) Female	63, 29%
Male	152, 71%
Onset age of the disease	23.69±7.58
Duration of the disease	15.31±8.31
Antipsychotic treatment of the Patients	(n,%)
Combination of depot and oral antipsychotics	113, 40.1%
Combination of clozapine and depot antipsychotics	22, 7.8%
Combination of clozapine and oral antipsychotic	19, 6.7%
Depot antipsychotic	35, 12.4%
Oral antipsychotic	9, 3.2%
Clozapine	9, 3.2%
Combination of two depot antipsychotics	8, 2.8%

Data; number of cases (percentage). # Mean±Standard Deviation.

Table 2. SANS, SAPS scores of the groups before and after the antipsychotic treatment.

	Combination of depot and oral antipsychotics	Combination of clozapine and depot antipsychotics	Combination of clozapine and oral antipsychotic	Depot antipsychotic	F	p
SANS scores before the treatment	36.88±6.31	41.95±8.94	43.74±8.09	34.80±23.46	9.615	0.000*
SANS scores after the treatment	27.73±6.60	32.09±8.57	30.89±6.81	23.46±8.67	7.841	0.000*
SAPS scores before the treatment	45.12±7.96	48.45±7.20	51.00±8.49	41.31±7.71	7.475	0.000*
SAPS scores after the treatment	25.68±7.06	29.68±6.48	30.42±6.75	23.43±8.72	5.649	0.001*

One-way ANOVA test, $p < 0.05$*.

[Abstract:0405][ADHD]

Sluggish cognitive tempo is associated with autistic traits and anxiety disorder symptoms in children with ADHD

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ABSTRACT

OBJECTIVE: There is an increasing interest in the phenomenology and associated factors of sluggish cognitive tempo (SCT) symptoms in children with ADHD. SCT is characterized by daydreaming, mental fogginess, confusion, hypoactivity, sluggishness or slow movement, lethargy, apathy and sleepiness. Anxiety disorders are among the most common comorbid conditions in ADHD. Recent studies have shown that autistic traits appear in almost one-fifth of children with ADHD. This study aimes to examine the association of SCT symptoms with autistic traits and anxiety disorder symptoms in children with ADHD

METHODS: A total of 194 children with DSM-V ADHD diagnosis were included: 95 newly diagnosed drug-naive children (group 1) and 99 children who are on medication treatment for at least 3 months (group 2). Study measures included the Turgay DSM-IV Disruptive Behavior Disorders Rating Scale (T-DSM-IV-S), Conners' Parent Rating Scale (CPRS), Conners' Teacher Rating Scale (CTRS-R), Barkley Sluggish Cognitive Tempo Scale (BSCTS) and The Autism-Spectrum Quotient (AQ) children version and Screen for Child Anxiety and Related Disorders-SCARED.

KEYWORDS

Sluggish cognitive tempo; autistic trait; ADHD; anxiety

RESULTS: The frequency of SCT symptoms was 30.3% (n=29) and 30.3% (n=30) in group 1 and group 2, respectively. In group 1, those who had SCT symptoms had higher total scores on AQ (mean: 62 vs 54, p<0.05) and SCARED (mean: 26 vs. 18, p<0.05). Similarly in group 2, those who had SCT symptoms had higher total scores on AQ (mean: 61 vs. 56) and SCARED (mean: 27 vs. 17, p<0.05). Significant associations were also found regarding the subscores of AQ and SCARED.
CONCLUSIONS: SCT symptoms are associated with a vulnerability to autistic traits and anxiety disorders in children with ADHD. Children with ADHD who have SCT symptoms should be screened for such conditions. Future studies with larger sample size are needed to clarify the association of SCT with autistic traits and anxiety disorders.

Scales	Sample with SCT symptoms (n=29)	Sample without SCT symptoms (n=66)	*P value*
AQ scores	Mean (SD)	Mean (SD)	
Total	62.7 (15.0)	54.9 (12.9)	0.012
Social skills	11.6 (5.0)	7.9 (3.9)	0.000
Attention switching	13.5 (3.4)	11.8 (3.6)	0.035
Attention to details	11.8 (4.2)	13.4 (4.4)	0.115
Communication	13.4 (5.1)	10.6 (4.3)	0.007
Imagination	11.4 (4.8)	10.0 (3.9)	0.131
SCARED scores			
Total	26.2 (11.5)	18.8 (10.7)	0.003
Panic/somatic	4.4 (3.6)	2.4 (2.7)	0.004
Generalized anxiety.	5.1 (3.7)	4.1 (3.2)	0.202
Separation anxiety.	6.3 (3.2)	5.6 (3.1)	0.366
Social phobia	8.3 (3.6)	5.6 (3.8)	0.002
School phobia	1.8 (1.7)	1.0 (1.2)	0.009

Table 1. AQ and SCARED scores in newly diagnosed children with and without SCT

[Abstract:0401][Schizophrenia and Other Psychotic Disorders]

Assessment of family burden, social support and psychological wellbeing of the caregivers of schizophrenic patients

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ABSTRACT
OBJECTIVE: Schizophrenia is a lifelong chronic psychiatric disorder with a relatively early onset. Schizophrenia has negative effects not only on the lives of patients but also of their families as well and puts them under serious burden in many aspects. Burden is defined as the negative effects that caregiver feels as a result of dealing with various problems of the patient with a chronic disease. These include the emotional cost of being caring, embarrassment, overloaded feeling, changes in life conditions, and financial difficulties. In other words; schizophrenia is a disease that disrupts the natural flow of life by preventing people from gaining or maintaining important adult roles. It was aimed in this study to examine to what extent the burden, social support and psychological wellbeing among the caregivers of patients with schizophrenia.
METHODS: Relatives of the patients with schizophrenia were included in the study. Relatives of schizophrenic patients' group consisted of 30 volunteers. The volunteers completed demographical information questionnaire, Zarit Burden Interview (ZBI), Multidimensional Perceived Social Support Scale (MPSSS), and General Health Questionnaire (GHQ). Data were analyzed by using SPSS 13.0 for Windows. T-test was used for pairwise comparisons, and Pearson moments-correlation was used for correlations.
RESULTS: The youngest caregiver of the patients was 19 years old and the oldest was 70 years old. The mean age of caregivers was 50.1 ± 11.7. 23 (76.7%) of the caregivers of schizophrenic patients were female and 7 (%23.3) were male. 66.7% of the relatives of schizophrenia patients were married, 13.3% were divorced and 13.3% were widowed. The comparison of age and GHQ

KEYWORDS
Burden; caregiver; psychological wellbeing; schizophrenia; social support

scores was statistically significant in schizophrenia patient relatives (p = 0.04). The relationship between the burden of the relatives of schizophrenia patients and the MPSSS scores was statistically significant (p = 0.04). The relationship between the burden of the relatives of schizophrenia patients and the GHQ results was statistically significant (p=0.03). A dominance of female caregivers was found in the study. A negative correlation was found between social support and burden in the caregivers of patients with schizophrenia.
CONCLUSIONS: The results of this study underline the importance of social support in alleviating the burden of the caregivers of schizophrenia. The monitorization of the psychological states of caregivers of the schizophrenic patients has to be taken into consideration.

[Abstract:0404][Schizophrenia and Other Psychotic Disorders]

Retinal microvascular abnormalities in individuals with schizophrenia as shown by optical coherence tomography angiography imaging

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ABSTRACT
OBJECTIVE: Cerebrovascular abnormalities have defined as a pathological feature in schizophrenia. As the retinal and cerebral blood vessels have originated from the same embryological origin, and their structure and functions are similar, retinal microvessels may be a good model in detecting abnormalities in cerebral microvessels. Optical coherence tomography angiography is a simple, noninvasive technology for retinal microvascular scanning. The purpose of this study was to evaluate the optical coherence tomography angiography (OCT-A) findings in schizophrenia.
METHODS: Fortythree patients with schizophrenia and 39 age and sex-matched healthy controls were included in this cross-sectional study. Patients with diabetes mellitus, hypertension, cardiovascular disease, mental retardation or an ophthalmological disease that could affect the OCT-A measurements were excluded from the study. Schizophrenic patients were evaluated with Positive and Negative Syndrome Scale (PANSS) for the severity of the disorder on admission. Retinal microvascular network was evaluated with OCT-A (Optovue, Inc., Freemont, CA) at the macula and optic disc and the OCT-A findings were compared between the groups.
RESULTS: The mean age of patients with schizophrenia was 37.6±1.0 and the mean age of healthy controls was 41.3±9.3. In the schizophrenia group; the mean disease duration was 8.3 ±6.4 years and mean total PANSS score was 60.5±35.6. The foveal retinal thickness was significantly lower in schizophrenia patients (245.1±23.8 vs 256.1±19.5, p=0.03). Retinal vascular density at the superficial and deep capillary plexuses, foveal avascular zone area, foveal avascular zone perimetry, acirculatory index and non-flow area were similar between the groups. The capillary vessel density within the optic disc was significantly lower in patients with schizophrenia (46.6±4.9 vs 49.1±5.2, p=0.03). Retinal nerve fiber layer thickness showed a moderately negative correlation with disease duration (r=-0.41, p=0.006). No significant correlation was found between the PANSS score and OCT-A measurements.
CONCLUSIONS: The present study showed that the capillary density within the optic disc was reduced in patients with schizophrenia. This finding supports the previous studies that found that retinal microvascular changes could serve as a proxy marker for liability to psychosis symptoms. Further studies with a longitudinal follow-up are required to evaluate the role of OCT-A in schizophrenia research.

KEYWORDS
Capillary density; optical coherence tomography angiography; retinal vessel density; schizophrenia

[Abstract:0412][Psychopharmacology]

Society and physician response to developing psychiatry: changes in preschool children within 15 Years

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ABSTRACT
OBJECTIVE: In this study, we aimed to examine how psychiatric science, which has developed rapidly in the last 20 years, has affected the parents and child mental health professionals to approach on psychiatric disorders.

KEYWORDS
Childhood psychopharmacology; preschool children; risperidone

METHODS: We compared the data of 0–6 years old children who applied in Mersin University Child and Adolescent Psychiatry Clinic between years 2002–2004 and 2016–2018.
RESULTS: As results of comparision, the rate of applying increased by 2.3 times in 15 years. While the age at admission to the clinic was decreased, the application of families have a low level of education had increased. The referral to the clinic for consultation was increased. Although the most common complaints were similar between groups, the rate of normal psychiatric examination, attention deficit and hyperactivity disorder, and oppositional defiant disorder were increased; while the rate of any speech disorder was decreased. Autism and developmental delay rates were similar. The rate of offering pharmacological agent treatment has increased from 14.1% to 22.9%. In earlier group, most frequently prescripting pharmacological agents were risperidone (36.3%), thioridazine (26.4%), fluoxetine (13.2%), in late group risperidone (76.9), fluoxetine (14.1%) and methylphenidate (4.8%) were most frequently prescripting agents. The prescription of risperidone was found to be significantly increased among the groups. There was no difference between the rates of fluoxetine or methylphenidate prescription.
CONCLUSIONS: The results of this study suggest decreasing the prejudices against psychiatric science and raising acceptance of possible psychiatric disorders by a wider population of society. İncreasing rating of diagnosing as attention deficit and hyperactivity disorder and oppositional defiant disorder may be explained by increasing sensitivity to the psychiatric disorders by society depending on increment expectation of adaptation to the rules of collective life in this age group. While the rate of referral with the speech problem remained unchanged, decreasing of diagnosing with any speech disorder indicates families to be more sensitive to deviations which are variants of normal depending on the increasing psychiatric awareness. Remaining unchanged of the rate of developmental delay or autism extension disorders can be explained by forcing severe psychiatric disorders the parents to seek help at all times.

Despite similar efficacy, more acceptable side effect profiles raise preferabilities of atypical antipsychotics. It is a striking and thought-provoking finding of this study is that one of the most commonly used agents in preschool children 15 years ago is not used today. Considering the average human life and time of risperidone in use we may say this agent is quite new. When all of these issues are considered, it is clear that it is needed to following-up of patients treating by these agents meticulously, runing long-term and large-sample studies, and increasing cumulation of literature on these agents for this age period.

It is truth that developing psychiatry science will continue to affect us about psychiatric disorders. The psychopharmacological treatment strategies applied on rapidly developing brain are also affected by these developments. Therefore it should be accepted that evidence for these agents needs to be expanded.

[Abstract:0418][ADHD]

The association between ADHD subtypes and problematic internet use in adolescents

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ABSTRACT
OBJECTIVE: The clinical and psychosocial correlates of ADHD subtypes in adolescence are not completely identified. Problematic internet use is highly common in adolescents, especially those with ADHD. This study aims to examine the possible association between ADHD subtypes and problematic internet use in adolescents.
METHODS: A total of 98 adolescents (mean: 14.1 years,73.5% male) with a documented DSM-V ADHD diagnosis were included. ADHD subtypes, including the proposed restrictive subtype, were diagnosed based on clinical interview, parental reports and teacher reports. To assess the severity and types of problematic internet use; Young's Internet Addiction Scale (IAS), Digital Game Addiction Scale (DGAS) and Facebook Addiction Scale (FAS) were administered to the sample.
RESULTS: 43 adolescents (43.9%) had ADHD combined (ADHD/C), and 55 (56.1%) had ADHD predominantly inattentive (ADHD/I) subtypes. Among those with (ADHD/I), 22 (40%) had met the proposed restrictive subtype (ADHD/R) criteria. The total score of IAS was signficantly higher in adolescents with ADHD/I when compared to those with ADHD/C (mean: 51 vs. 45, $p<0.05$). 38.8% of the adolescents with ADHD/I had a DGAS score indicative of game addiction, while the same frequency was 25.5% in those with ADHD/C ($p<0.05$). There was no significant difference regarding the FAS total score between the suybtpe groups. No significant associations were found for ADHD/R.

KEYWORDS
ADHD; subtypes; internet use; adolescents

CONCLUSIONS: When compared to those with ADHD/C, adolescents with ADHD/I had a higher frequency of problematic internet use. ADHD/I is specifically associated with digital game addiction but not facebook/instagram addiction. In light of these findings, it may suggested that the management of internet addiction may differ between adolescents with ADHD/I and ADHD/C. Future studies are needed to clarify the correlates of internet addiction in adolescents with ADHD.

[Abstract:0419][ADHD]

Is there a relationship between inflammation and ADHD?

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ABSTRACT

OBJECTIVE: The inflammation hypothesis has been mentioned in the pathogenesis of Attention-deficit/ hyperactivity disorder (ADHD) in recent years. Neutrophil to lymphocyte ratio(NLR) is a systemic inflammatory marker that can easily be obtained from a complete blood count. In this study, it was aimed to evaluate the NLR in ADHD and the correlation between NLR and subtypes of ADHD.

METHODS: This retrospective study included 178 children with ADHD between the ages of 10 to 18 (121 boys and 57 girls). NLR was measured according to the complete blood counts concurrent with the time of diagnosis. ADHD diagnosis was established according to DSM-5 criteria. Patients who had a history of acute or chronic disease with respect to the patients' records were excluded from the study.The NLR of the ADHD patients was compared with the NLR of the same age and gender group from a healthy population sample of another study.

RESULTS: The NLR of the ADHD patients was found significantly lower than the healthy population sample (1.30±0.60, p=0.000 for the boys and 1.43±0.42, p=0.000 for the girls). We also found a significant positive correlation between this low NLR and combined ADHD subtype in this study.

CONCLUSIONS: Inflammation may be important in the pathogenesis of ADHD. Further studies in larger gender and age-matched patient groups are needed to explain the role of this difference in the multifactorial pathophysiology of ADHD.

KEYWORDS
ADHD; inflammation; neutrophil to lymphocyte ratio

[Abstract:0420][ADHD]

The association of subtypes and sluggish cognitive tempo symptoms with neurocognitive functioning in adolescents with ADHD

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ABSTRACT

OBJECTIVE: The neurocognitive profiles of ADHD subtypes in adolescence and the possible impact of sluggish cognitive tempo (SCT) symptoms on neurocognitive functioning are not well described. This study aims to examine the association of ADHD subtypes and SCT symptoms with Wisconsin Sorting Card Test (WCST) scores in adolescents.

METHODS: A total of 48 adolescents (mean: 14.2 years, 77% male) with a documented DSM-V ADHD diagnosis were included. ADHD subtypes, including the proposed restrictive subtype (ADHD/R), were diagnosed based on clinical interview, parental reports and teacher reports. Study measures included the Turgay DSM-IV Disruptive Behavior Disorders Rating Scale (T-DSM-IV-S), Conners' Parent Rating Scale (CPRS), Conners' Teacher Rating Scale (CTRS-R) and Barkley Sluggish Cognitive Tempo Scale (BSCTS). Standard version of the WCST was administered to the sample.

RESULTS: 27 adolescents (55.3%) had ADHD combined (ADHD/C), and 21 (44.7%) had ADHD predominantly inattentive (ADHD/I) subtype diagnosis. Among those with (ADHD/I), 10 (21.3%) met the criteria of ADHD/R. Among the WCST scores; number of categories completed and number of correct responses were found to be lower in adolescents with ADHD/C when compared to those with ADHD/I ($p<0.05$). No significant associations were found for ADHD/R and SCT symptoms. Adolescents who met ADHD/R did not differ from those with ADHD/I.

KEYWORDS
ADHD; adolescent; Wisconsin Sorting Card Test; subtype

CONCLUSIONS: When compared to those with ADHD/I, adolescents with ADHD/C had a worse performance on WSCT. Given that adolescents with ADHD/C had poorer executive functions, they may need specialized interventions for academic skills and daily life. ADHD/R and SCT symptoms did not appear to be associated with a specific executive functioning profile. Future studies with larger sample sizes are needed to clarify the possible impact of ADHD/R and SCT on executive functions.

[Abstract:0445][Others]

The relationship of peer bullying with familial expressed emotion and psychopathology

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ABSTRACT

OBJECTIVE: Peer bullying (PB) is defined as "one or more students constantly behaving negatively towards another student". For an action to be considered as bullying, it must be intentional and intended to cause harm, be repetitive and there must be power inequality between the bully and the victim. In addition, the relationship between peer bullying and family attitudes of children and young people has been reported. However, it is not clear whether this relationship is a direct cause for peer bullying or it causes peer bullying by creating psychopathology. The aim of this study was to examine the prevalence of peer bullying among the 5th, 6th, 7th, and 8th grade students in the city of Bursa and to multidimensionally determine the accompanying factors. The long-term aim of the study was to conduct a prestudy for developing a protective program for the case of peer bullying.

METHODS: The sample of the study consisted of 5th, 6th, 7th, and 8th grade students, and the students were divided into four groups as victim, bully, bully-victim and no peer bullying. In the study, a personal information form prepared by the researchers, the "Olweus Bullying Questionnaire", the "Strength and Difficulties Questionnaire" and the "Shortened Expressed Emotion Scale" were used as data collection tools. The statistical analysis of the data was done with IBM SPSS Statistics Version 23.0.

RESULTS: The sample of the study consisted 856 students. When the study groups were compared in terms of sub-scales, behavioral problems and emotional problems were significantly higher in both the bully and the victim groups, while prosocial behaviors were found to be significantly less in these two groups. However, teenagers, who were a victim or a bully, were found to perceive their families significantly less emotionally supportive and intrusive compared to their peers who were not. The perception of the family as intrusive ($p=0.005$) increased the chances of being a victim by 1.042 times, experiencing emotional problems ($p=0.002$) by 1.161 times and peer problems ($p=0.040$) by 1.147 times. Experiencing behavioral problems ($p=0.043$) increase the chances of being a bully by 1.330 times. Intrusiveness ($p<0.001$) increase the chances of being a bully-victim by 1.075 times, the lack of emotional support ($p=0.044$) by 1.030 times, emotional problems ($p<0.001$) by 1.301 times and peer problems ($p=0.027$) by 1.268 times. Increased prosocial behaviors ($p=0.027$) decrease the chances of being a bully-victim by 1.219 times.

CONCLUSIONS: In this present study, the effects of the perceived family climate and psychopathology on peer bullying was analyzed. Considering the place of family climate in the etiology of psychopathology, it was thought that this effect might be caused through psychopathologies. The findings showed the importance of family climate in peer bullying. For this reason, the necessity of therapeutic interventions protecting the mental health of individuals in the reduction of peer bullying and developing family-based protection methods besides the existing school-based protection methods were considered.

KEYWORDS
Peer bullying; expressed emotion; psychopathology; adolescence

[Abstract:0446][Others]

Clinical use of transcranial magnetic stimulation in children and adolescents: a retrospective chart review

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ABSTRACT

OBJECTIVE: Transcranial magnetic stimulation (TMS) is one of the noninvasive brain stimulation techniques used for the treatments of neurologic or psychiatric disorders. During a TMS procedure a coil is placed on the targeted region of the scalp, in which an electric current flow and produces a magnetic field. The magnetic field stimulates nerve cells which results in improving of symptoms. There are different types of TMS: Single pulse, paired-pulse, Repetitive TMS and theta burst. Transcranial magnetic stimulation is commonly well-tolerated. The most common side effects are headaches and scalp discomfort. Low-frequency stimulations ($\leq$ 1 Hz) results in cortical inhibition and high frequency rTMS ($\geq$ 5 Hz) results in cortical activation. Clinical uses in child and adolescent psychiatry practice are depression, eating disorders, psychosis, bipolar disorder, tics.

METHODS: The charts of the patients treated with TMS in the child and adolescent department of NP Istanbul Brain Hospital were retrospectively reviewed. The side effects were recorded. To assess the efficacy of TMS, the changed scores of scales were recorded. Hamilton Depression Rating Scale was used for depression. Yale-Brown Obsessive-Compulsive Scale was used for obsessive compulsive disorder.

RESULTS: Transcranial magnetic stimulation is generally safe and well tolerated in children and adolescents. Some patients with autism spectrum disorders could not tolerate the procedure mainly because of its loud noise. One patient aged 13 underwent deep TMS for her eating disorder. The TMS was found to be effective in depressive disorders and autism spectrum disorders.

CONCLUSIONS: There is a need for further studies of TMS as a therapeutic intervention.

KEYWORDS

Transcranial Magnetic Stimulation; Child; Adolescent; Safety; Autism Spectrum Disorder; Depression

[Abstract:0468][ADHD]

Relationship between biochemical markers and domains of d-CPT test in children with attention-deficit/hyperactivity disorder

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ABSTRACT

OBJECTIVE: Attention-deficit/ hyperactivity disorder (ADHD) is a commonly diagnosed psychiatric disorder in the childhood and it has been suggested that both environmental and genetic factors take place in the etiology. Therefore, it is important to determine metabolic and endocrine abnormalities. MOXO test, which is a recently developed continue performance task (CPT) test that incorporates distractors during continous performance is shown to be more specific in detecting domains that are affected in ADHD. The aim of this study was to assess how the different domains (attention, hyperactivity, impulsivity and timing with/without visual/auditory distractor(s)) of d-CPT (distractor incorporated CPT) MOXO test change with levels of biochemical markers such as vitamin B12, folic asid, vitamin D, TSH, ferritin, serum iron and total iron-binding capacity.

METHODS: Thirty-one children with ADHD were included in the study between time period December 2018 - January 2019. The subjects were administered the Kiddie Schedule for Affective Disorders and Schizophrenia for School Aged Children-Present and Lifetime Version (K-SADS-PL) to confirm their diagnosis. All cases were diagnosed with ADHD-combined type and drug-naïve patients. d-CPT MOXO test were administered before medical treatment.

RESULTS: This study included 31 children age between of 6–14 years (mean age 9.06 ± 2.39) with ADHD whose 87.1% were boys (n=27) and 12.9% of children (n=4) were girls. There was a significant positive correlation between serum iron and timing with combined distractors (r=0,369, p=0,041); a significant negative correlation between total iron-binding capacity and timing without distractors (r=-0,375, p=0,037), with auditory distractors (r=-0,356, p=0,049) and with combined distractors (r=-0,368, p=0,040). Likewise, a significant positive correlation between serum ferritin and timing without distractors (r=0,370, p=0,040) and with auditory distractors (r=0,367, p=0,042); and also between serum ferritn and attention domain with visual distractors (r=0414, p=0,021), with auditory distractors (r=0,533, p=0,002) and with combined distractors (r=0,417, p=0,020) were found.

CONCLUSIONS: In this study, it was determined that serum ferritin, iron and total iron-binding capacity level were correlated with timing and attention domains of d-CPT MOXO test. It was understood that serum iron parametres should be evaluated before treatment for optimal treatment response. Iron deficiency which is known to have important roles on neurocognitive functions are frequently accompanies with ADHD in childhood. According to results of this study, iron parametres is more related with attention and timing functions with respect to hyperactive/impulsive domains; it is suggested that iron metabolism considered to have more important effects on symptoms related with attention and processing speed.

KEYWORDS

Attention-deficit/ hyperactivity disorder; ferritin; d-CPT MOXO; biochemical markers; iron; children

[Abstract:0475][Addictions]

Can the preferred digital game genres effect the choronotype of adolescents with problematic digital gaming behavior?

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ABSTRACT

OBJECTIVE: Digital game addiction is a serious mental health problem among adolescents that has been shown to be associated with many different psychopathologies. Moreover the relationship between addiction and chronotype is a striking subject of recent years. The aim of this study is to compare the chronotypic characteristics, game genre preferences and related factors with them between the adolescents with problematic digital gaming behavior (PDGB) and high risk group for PDGB.

METHODS: This study was conducted with totally 139 adolescents within three different groups according to the Digital Game Addiction Scale (DGAS) and the frequence of gaming. 37 adolescents with PDGB and gaming daily are constituted the study group (PDGB group). One of the control group was High Risk Group (HRG) that was consisted of 45 adolescents with PDGB but not gaming daily and the other was Healthy Group (HG) with 57 adolescents with no serious psychiatric disorder and no PDGB. There was no significant difference between the groups in terms of age and gender distribution. All participants completed Childhood Chronotype Questionnaire (CCQ) and Strengths And Difficulties Questionnaire (SDQ), also they were asked to score their interest in the preferred digital game genre from 1 to 6 points. The data were analyzed with SPSS 23.0 package program and the required statistics were applied.

RESULTS: The mean age of PDGB group (24 male, 13 female), HRG (30 male, 15 female) and HG (28 male, 29 female) was14.4 ± 1.5. The total DGAS scores in all groups were significantly different ($p < 0.001$) in post-hoc analysis. The mean score of interest in the "first person shooter games and action/adventure games" was the highest in PDGB and HRG groups, however the highest scores were got in the "activity/education and strategy games"in the HG. The mean scores of SDQ hyperactivity/inattention, emotional, behavioral problem subscales and total difficulties of the PDGB and HRG were similar, but significantly higher than the controls ($p < 0.001$ in all difficulty areas).In addition, 67.6% of PDGB and 60% of HRG were eveningness and only 31.6% of HG was eveningness. The mean scores of interest in "first person shooter games and action/adventure games" was higher in the PDGB with eveningness type and HRG with morningness type.

CONCLUSIONS: In this study, PDGB and HRG had increased emotional and behavioral problems, tend to be eveningness and mostly interested in first person shooter games and action/adventure games. However it was interesting that these type of games are preferred in PDGB with eveningness and HRG with morningness. Consequently, the behavior problems, sleep habits and possible problematic gaming behaviors of adolescent applied to child psychiatry clinics should be examined carefully and the population at risk should be closely monitored. Another question in the mind with these results is whether there is a longitudinal and biological relationship between the preferred games and the choronotype. Follow-up research should be continued in this direction.

KEYWORDS
Adolescent; digital game genres; problematic gaming; digital game addiction; chronotype

[Abstract:0476][Autism]

Treatment characteristics of children and adolescents diagnosed with autism spectrum disorder: a retrospective study

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ABSTRACT

OBJECTIVE: The aim of this study was to examine the treatment characteristics of patients with autism spectrum disorder (ASD) in a training and research hospital.

METHODS: The data of the patients who admitted to our out-patient clinic between October 2017-October 2018 and diagnosed with ASD according to DSM-5 then treated and followed-up, were reviewed retrospectively. Statistical analysis was performed using SPSS v.17.0 package program and $p < .05$ was considered significant.

RESULTS: Median age of a total of 422 patients with ASD was 8.3 years (range: 1.8–19.5 years), and median age at first admission to our hospital was 5.2 years (range: 1–17.5 years). Median

KEYWORDS
Autism; child; comorbidity; drug use; special education

age at diagnosis of 251 ASD patients was 3.6 years. Of all patients, 83.6% (n = 353) were male, and 6.2 % (n = 26) were from foreign nationalities. It was determined that 42.4% (n = 179) of the sample consisted of cases diagnosed with OSD for the first time. It was found that approximately 1/3 of the cases (n = 153) admitted for renewal of their ASD health committee report, about 1/3 (n = 137) had speech retardation and the remaining 1/3 admitted for other reasons.

16.1% (n = 68) had at least one medical disorder that the most common was epilepsy with a rate of 8.9% (n = 38). In 52.6% (n = 222) of the patients with ASD, there was no other accompanying psychiatric disorder, while 47.4% (n = 200) had at least one comorbid psychiatric disorder. Among these psychiatric comorbidities, attention-deficit/ hyperactivity disorder (ADHD) was seen with a rate of 17.8% (n = 75). It was found that 80.1% of the sample (n = 338) continued special education for ASD. The median age at onset of special education was 3.8 years and the minimum age was 1.6 years whereas the maximum was 12 years.. 44.3% (n = 187) of the cases followed with the diagnosis of ASD had been recommended at least one psychotropic drug, and the most commonly prescribed pharmacotherapeutic agents were antipsychotics (35.8%, n = 151), followed by medications for ADHD (16.8%, n = 71). Considering age, medical comorbidity, and presence of psychiatric comorbidity, there was no significant predictor of psychotropic agent use in patients with ASD (p>.05).

CONCLUSIONS: According to this present study, psychotropic drug use in patients with ASD is independent from the presence of medical and / or psychiatric comorbidity. This suggests that psychotropic agents may be used to reduce the severity of autism-related symptoms in patients with ASD. The high rates of psychotropic drug use and special education of the patients with ASD in our sample may be related to the fact that the sample was taken from a Training and Research Hospital in Ankara where it is relatively easy to access to these treatments.

[Abstract:0483][Psychopharmacology]

Retrospective analysis of antipsychotic drug use in preschool children with disruptive behavior disorders: preliminary results

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ABSTRACT

OBJECTIVE: Although there is increasing number of evidence about the psychopathology in preschoolers, there is still limited information in literature about psychopharmological treatments for this stage. In this study, we aimed to examine the antipsychotics used, their side effects and the variables that predict the clinical benefit in preschool children diagnosed with disruptive behavior disorder.

METHODS: Forty preschool children with disruptive behavior disorder and given antipsychotic treatment at Hacettepe University Child and Adolescent Psychiatry Department were included in this retrospective study. The patients without two clinical check ups after the treatment had started were excluded. The symptom severity and clinical functionality were evaluated by using Clinical Global Impression Scale (CGI) and Global Assesment Scale (GAS) according to patients' records.

RESULTS: The mean age of the patients (11/29, F/M) was 48 (±14.5) months. 17 patients had Mental Retardation (MR), 22 patients had Autism Spectrum Disorder (ASD) comorbidities. There was a statistically significant difference between the first and second assessments of the patients according to symptom severity and clinical functionality. The patients who had ASD or MR comorbidity showed worse treatment response. Age, presence of preschool education, prenatal-postnatal problem or medical disease history had no significant effect on the antipsychotic treatment outcome.

CONCLUSIONS: Antipsychotic drug use in preschoolers with disruptive behaviour disorder may be effective and safe according to our results. Further prospective studies in larger clinical samples with longer follow-up periods are needed to draw certain conclusions about the psychopharmacological treatments in preschoolers.

KEYWORDS
Antipyschotic drug; disruptive behaviour disorder; preschool

[Abstract:0488][ADHD]

Effects of stimulants on body mass index and sleep In children with ADHD

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ABSTRACT

OBJECTIVE: This study aims to evaluate the effects of the acute impact of methylphenidate (MPH) on sleep parameters in attention-deficit/hyperactivity disorder (ADHD) children. Second aim of this study also evaluates the effects of the chronic impact of methylphenidate (MPH) on BMI in these patient group and compared with healthy children.

METHODS: Fourty five ADHD children were enrolled and daily sleep diaries were evaluated after taking medication. This cross-sectional case-control study also included sixty five healthy children. BMI Z scores were measured at baseline and at last follow-up. All subjects are evaluated with Kiddie Schedule for Affective Disorders and Schizophrenia-Present and Lifetime Version (K-SADS-PL). Socio-demographic data form, Conners Parent Rating Scale-Revised Short, The Pittsburgh Sleep Quality Index (PSQI) and Children's Sleep Habits Questionnaire (CSHQ)-Abbreviated Form were administered.

RESULTS: Fourty five patients (mean [standard deviation] age: 14,02 [1,6] years, 35 (77%) males) were included. Mean dose was 27,07(9,89) mg/(kg·d). After 32,22(19,6) months taking MPH, BMI standard deviation score (SDS) were reduced by treatment baseline BMI-SDS: 18,28(4,25), and follow-up BMI-SDS [SDS]: 19,88(5,4), t-test $p < 0,05$). When we compared ADHD and healthy control group, we observed significant statistical difference between two groups on the mean total scores of CSHQ and PSQI ($p<0,05$). For CSHQ, subscales about sleep delay, sleep duration and daytime sleepiness are also significantly higher in ADHD group ($p<0,05$). For PSQI, subscales about sleep disturbance, sleep latency and subjective sleep quality differed significantly.

CONCLUSIONS: These findings indicate children with ADHD under stimulant treatment experience more sleep problems than healthy peers acorrding to both self and parent reports. Future research is needed to examine the findings, sleep habits and disorders of the present study on more specific issues and to determine differences between children on sleep and growth development as a result of MPH use.

KEYWORDS

Methylphenidate; attention-deficit/hyperactivity disorder; body mass index; child; sleep

Table 1. Sociodemographic characteristics of the participants.

	ADHD (Mean/SD	Control group (Mean/SD)
Age. years	14.02(1.6)	14.29(1.59)
Male	35 (%77)	47 (%72)
Female	10 (%23)	18 (%28)
First BMI	18.28(4.25)	
Follow-up BMI	19.88(5.4)	
MPH duration of use (months)	32.22(19.6)	
MPH mean dose(mg)	27.07(9.89)	
WISC-R total score	89.45(18.7)	

Table 2. Means and standart deviations of the Pittsburgh Sleep Quality Index (PSQI) total and sub-scores of ADHD and the control group.

	ADHD (Mean/SD)	Control group (Mean/SD)	p value*
Subjective sleep quality	0.8(0.7)	0.38(0.52)	0.000
Sleep latency	1.03(0.94)	0.65(0.64)	0.04
Sleep duration	0.18(0.45)	0.12(0.33)	0.62
Sleep efficiency	0.3(0.66)	0.12(0.33)	0.18
Sleep disturbance	1.18(0.54)	0.31(0.55)	0.000
Use of sleep medication	0(0)	0(0)	1
Daytime dysfunction	0.86(0.97)	0.66(0.87)	0.26
Total score	4.34(2.22)	2.25(1.4)	0.000

*Mann-Whitney test.

Table 3. Means and standart deviations of the Child Sleep Habits Questionnaire (CSHQ) Abbreviated Form total and sub-scores of ADHD and the control group.

	ADHD (Mean/SD)	Control group (Mean/SD)	p value*
Bedtime resistance	7.74(2.45)	6.86(0.78)	0.25
Sleep delay	1.64(0.75)	1.23(0.42)	0.02
Sleep duration	4.55(1.58)	3.56(0.61)	0.03
Sleep anxiety	4.79(1.67)	4.65(0.87)	0.32
Night wakings	3.84(1.02)	3.7(0.77)	0.72
Parasomnia	8.37(1.37)	8.13(0.95)	0.63
Sleep breathing problems	3.25(0.55)	3.48(0.87)	0.22
Daytime sleepiness	13.45(3.92)	10.58(1.44)	.00
Total score	1.74(0.44)	1.36(0.48)	0.01

*Mann-Whitney UTest.

[Abstract:0489][ADHD]

Arterial spin labeling evaluation of children with ADHD

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ABSTRACT

OBJECTIVE: Arterial spin labeling (ASL) is a relatively new imaging modality in the field of the cognitive neuroscience. In the present study, we compared the dynamic regional cerebral blood flow alterations of children with ADHD and healthy controls by using event-related ASL scanning.

METHODS: The DSM-IV-based Disruptive Behavior Disorders Rating Scale (DBDRS-parent and teacher form) was utilized to diagnose for ADHD. The go/no-go test is widely used in the neuroimaging research of ADHD. Arterial spin labelling imaging technique was employed to evaluate dynamic cerebral blood flow alteration during the cognitive task. The image analyses were performed by FEAT (fMRI Expert Analysis Tool) Version 6.

RESULTS: The study comprised of 17 healthy controls and 20 children with ADHD. The mean age was 10.88±1.45 and 11±1.91 for the control and ADHD group, respectively ($p=0.112$). The go/no-go task was utilized during the ASL scanning. The right anterior cingulate cortex (BA32) extending into the right medial frontal cortex (BA10 and 11) displayed greater activation in ADHD children relative to the control counterparts ($p<0.001$). With a lenient significance threshold, greater activation was revealed in the right-sided frontoparietal regions during the go session, and in the left precuneus during the no-go session.

CONCLUSIONS: In sum, we found that children with ADHD displayed increased rCBF in the right anterior cingulate cortex (BA32) and MFG (BA10 and 11) relative to control subjects during a cognitive attention task. Additionally, we observed increased rCBF in the dorsal and ventral network-associated parietal areas in these child ADHD patients relative to their counterparts. These results indicate that children with ADHD needed to over-activate their dorsal and ventral attention network-related regions to compensate for the attention demand by a given task.

KEYWORDS

ADHD; arterial spin labelling; perfusion fMRI

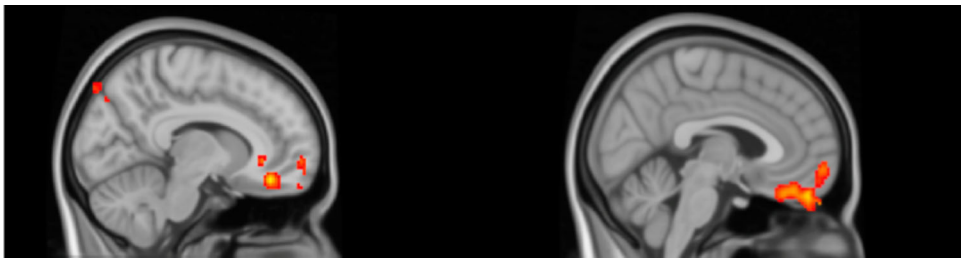


Figure 1. Anterior Cingulate Cortex (right) and medial frontal cortex (right) are the identified areas showing greater activation in children with ADHD compared to the controls.

[Abstract:0493][Others]

Adolescence suicidal behavior and its relation with attachment patterns of the adolescents with their parents: a case-control study

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ABSTRACT

OBJECTIVE: Suicide attempt in adolescence is an important cause of mortality and morbidity, and suicide is the second most common cause of death in young people aged 12–25 years. Suicidal behavior has many individual and environmental risk factors. The relationship between insecure attachment to the parent and the attempted suicide was demonstrated in related studies. There is a few research on the relationship between attachment and suicide attempts of the adolescents in Turkey. The aim of this study was to examine the relationship between parental attachment patterns and adolescents with and without suicidal behavior.

METHODS: Adolescents who were admitted to a training and research hospital due to suicide attempt were included in the study group whereas those who applied to a pediatric outpatient clinic due to their acute physical complaints without chronic physical disease or suicide attempt history or active psychiatric complaints were included as control. The Inventory of Parent and Peer Attachment-Short Form (IPPA-SF) was used to identify the attachment patterns of the adolescents with their parents. SPSS 17.0 was used for analyses. Student's t test and Mann-Whitney U tests were applied where appropriate. P <.05 significance level was accepted.

RESULTS: A total of 109 patients with a total of 56 suicide attempts and 53 controls were included in the study. The mean age of the whole sample was 15.2 years ± 1.3 years (range: 12–17 years). The mean age of the suicide group and the control group were similar. Of 80.7% (n = 88) were girls and 19.3% (n = 21) were boys. The groups were similar in terms of gender distribution. It was found that the level of education of the parents was significantly lower in the suicide group than in the control group. As regards IPPA-SF scoring, the median value of the maternal attachment score was found to be significantly lower in the suicide group compared to the control (56 vs. 69.5, respectively, z = -4.224, p <.001). Similarly, the mean of father attachment score was significantly lower in the suicide group compared to the control (48.6 vs. 62.1, respectively, t (92) = 4.497, p.001).

CONCLUSIONS: The low scores of attachment to parents in suicide group are consistent with the literature that insecure attachment may be an important risk factor for suicidal behavior. In the suicide group, low levels of parental education may cause attachment problems. It is thought that education level may affect the quality of parenting and parental quality may have a positive effect on secure attachment. Approaches to improve parental attachment can play an important role in preventing of suicide. There is a need for further studies in this field.

KEYWORDS
Adolescent; attachment; parent; suicide

[Abstract:0501][Schizophrenia and Other Psychotic Disorders]

Reduced blood agmatine level in early-onset schizophrenia

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ABSTRACT

OBJECTIVE: Agmatine is a polyamine which blocks NMDA receptor channels and interacts with imidazoline and α2adrenoceptorsA.gmatine also has indirect effects on NMDA receptor functioning by regulation of Nitric Oxide (NO) production. Given agmatine's neurophysiological effects particularly on NMDA functioning we aimed to measure blood agmatine levels in adolescents with schizophrenia.

METHODS: Adolescents with first psychotic attack were included in the study (Mean age was 17 ±3.08 for schizophrenia subjects and was 15.75±0.62 for healthy controls, p=0.180). The severity of psychosis was measured by SAPS and blood agmatine level was detected by LC/MS method. Adolescents with psychosis were followed up for at least six months to confirm the diagnosis of schizophrenia.

RESULTS: Eighteen adolescents with schizophrenia (8 males/10 females) and 12 healthy controls (3 males/9 females) were included. Blood agmatine level was 4.04±2.34 ng/ml in schizophrenia but 9.11±1.18 ng/ml in healthy controls (F=8.01, t= -6.88, p=0.008). Total SAPS

KEYWORDS
Agmatine; polyamine; schizophrenia; psychosis; adolescent; early-onset

score was 24.06±1.86 in schizophrenia group and no correlation was found between the mean SAPS score and blood agmatine level (r=0.425, p>0.05).
CONCLUSIONS: Since agmatine has a direct and indirect influence on NMDA receptor, this decrement might be related to neurobiological alterations during psychosis.

[Abstract:0427][Mood disorders]

The effect of electroconvulsive therapy on autobiographical memory in patients with a major depressive episode

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ABSTRACT
OBJECTIVE: We aimed to assess the specificity and episodic richness of autobiographical memory (ABM) longitudinally, in patients treated with electroconvulsive therapy (ECT).
METHODS: Nineteen patients diagnosed with Major Depressive Episode and 21 healthy controls were compared using Autobiographical Memory Test at four time periods; pre-ECT, end of ECT course (Post-ECT), and at 3-and 6-month follow-up. Mood was assessed using Montgomery-Åsberg Depression Rating Scale (MADRS). All participants were asked to retrieve specific autobiographical memories in response to 5 neutral cue words. After ECT course and at 3- and 6-month follow-up, participants were asked to recall the same memories which they produced at pre-ECT baseline. Assessments were carried out by the first author in terms of specificity and episodic richness for each of the retrieved and recalled memories. Richness was scored on a scale of 0 to 3, and specificity on a scale of 0 to 2. We utilized a reliable assessment method with an almost perfect interrater agreement.
RESULTS: Using the generalized estimating equations (GEE) analysis, we found that at post-ECT assessment, both the specificity and episodic richness were lower in patients compared to the controls. Both scores improved 6 months after ECT and patients' scores became comparable to the control group. (For specificity, post-ECT scores were 1.34±0.88 and 1.96±0.15 and 6-month follow-up scores were 1.72±0.53 and 1.83±0.29; for episodic richness, post-ECT scores were 1.54 ±1.10 and 2.32±0.42 and 6-month follow-up scores were 2.04±0.75 and 2.27±0.36, in patient and control groups respectively). This difference remained statistically significant after controlling for the severity of depression.
CONCLUSIONS: Our results indicate a decrease in the specificity and episodic richness of autobiographical memories in patients with major depressive episode after an acute course of 6 to 20 brief pulse bilateral electroconvulsive treatments. However, these autobiographical memory deficits improved at 6-month follow-up and no significant differences between the patients and controls were found.

KEYWORDS
Autobiographical memory; depression; electroconvulsive therapy; episodic richness; specificity

[Abstract:0449][Psychopharmacology]

Antipsychotic profiles of inpatients with schizophrenia and bipolar disorders in a sample from Turkey

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ABSTRACT
OBJECTIVE: As in all psychiatric disorders, it is important to select the correct antipsychotic in the spectrum of psychotic diseases. There are various improved treatment guidelines and expert opinions regarding choosing agent. In clinical practice, however, it is known that clinician's choice of antipsychotic is influenced by factors such as efficacy, cost, side effects, and ease of use. However, recently developed long-acting injectable antipsychotic forms cause controversy. Although it offers ease of use and treatment compliance, it causes cost increase. Although there are many studies on this subject, a limited number of studies have been found in our country.

The aim of this study was to reveal the antipsychotic profile of schizophrenia and bipolar disorder inpatients in the Education and Research Hospital in one year.

KEYWORDS
Antipsychotic profiles; inpatient; schizophrenia; bipolar disorders

METHODS: The sample of this retrospective and cross-sectional study consisted of schizophrenia and bipolar disorder (BD) patients who were inpatient in 2018 at Gülhane Training and Research Hospital. Preferred antipsychotics have been identified for the included patients. Afterwards, comparisons were made according to gender and diagnosis.
RESULTS: Antipsychotic profile is presented in Table 1. There was a statistically significant difference in the use of oral olanzapine, LAI-paliperidone LAI-aripiprazole and LAI- zuclopentixhol in the antipsychotic choices in female and male. When the diagnoses were compared according to gender, the antipsychotic profile was statistically different only in LAI-zuclopentixhol.
CONCLUSIONS: The results of the study play an informative role in assessing how often physicians prescribe drugs in actual clinical practice. Olanzapine had been the most preferred oral antipsychotic in inpatient schizophrenia and BD patients. The second most common oral antipsychotic was risperidone. The most preferred long-acting injectable antipsychotics were paliperidone, risperidone and aripiprazole, respectively. These results reveal the antipsychotic usage profiles of inpatient schizophrenia and BD patients.

Table 1. Characteristics of patients receiving oral or depot antipsychotics.

	Gender	Total n (%)	X2 p value	Schzophrenia n (%)	Bipolar Disorder n (%)	X2 p value
Oral	Female	57 (48.3%)	16.085	51 (89.5%)	6 (10.5%)	0.028
	Male	93 (66.9%)	<0.001**	84 (90.3%)	9 (9.7%)	0.866
LAI	Female	49 (41.5%)		42 (85.7%)	7 (4.3%)	1.943
	Male	26 (18.7%)		25 (96.2%)	1 (3.8%)	0.163
Combıned	Female	12 (10.2%)		12 (100%)	0	
	Male	20 (14.4%)		20 (100%)	0	
Oral Olanzapine	Female	29 (24.6%)	9.051	28 (96.6%)	1 (3.4%)	1.666
	Male	59 (42.4%)	0.003**	52 (88.1%)	7 (11.9%)	0.197
Oral Risperidone	Female	13 (11.0%)	2.022	11 (84.6%)	2 (15.4%)	0.435
	Male	24 (17.3%)	0.155	22 (91.7%)	2 (8.3%)	0.510
Oral Paliperidone	Female	2 (1.7%)	0.392	2 (100%)	0	
	Male	4 (2.9%)	0.531	4 (100%)	0	
Oral Clozapine	Female	5 (4.2%)	0.620	5 (100%)	0	
	Male	9 (6.5%)	0.431	9 (100%)	0	
Oral Aripiprazole	Female	7 (5.9%)	1.886	6 (75.0%)	2 (25.0%)	0.625
	Male	2 (1.4%)	0.170	2 (100%)	0	0.429
Other Oral Antipsychotics	Female	8 (6.8%)	2.183	7 (87.5%)	1 (12.5%)	0.545
	Male	4 (2.9%)	0.140	4 (100%)	0	0.460
LAI Risperidone	Female	9 (7.6%)	0.362	9 (100%)	0	
	Male	8 (5.8%)	0.547	8 (100%)	0	
LAI Paliperidone	Female	37 (31.4%)	10.645	33 (89.2%)	4 (10.8%)	0.548
	Male	20 (14.4%)	0.001**	19 (95.0%)	1 (5.0%)	0.459
LAI Aripiprazole	Female	12 (10.2%)	7.453	10 (83.3%)	2 (16.7%)	0.577
	Male	3 (2.2%)	0.006**	3 (100%)	0	0.448
LAI Haloperidole	Female	1 (0.8%)	2.166	1 (100%)	0	
	Male	5 (3.6%)	0.146	5 (100%)	0	
LAI Zuclopentixhol	Female	2 (1.7%)	4.336	1 (50.0%)	1 (50.0%)	5.455
	Male	10 (7.2%)	0.037*	10 (100%)	0	0.020*

[Abstract:0456][Mood disorders]

Relationship between theory of mind and metabolic parameters in patients with bipolar disorder

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ABSTRACT
OBJECTIVE: It is widely accepted in the literature that there are pathologies of theory of mind in bipolar disorder. In addition to this, it is reported that the presence of metabolic syndrome in bipolar disorder increases the level of cognitive insufficiency. The aim of this study is to examine the relationship between theory of mind and metabolic parameters in patients with bipolar disorder in remission using Reading the Mind in the Eyes test.
METHODS: Patients with bipolar disorder in remission were recruited in the study when they applied to our clinic for annual blood lipid panel evaluation. To all subjects it was given a Reading the Mind in the Eyes test.

KEYWORDS
Bipolar disorder; remission; theory of mind; mentalization; the mind in the eyes test

RESULTS: 30 patients applied for this study. 60% of them were female and 40% of them were male. It resulted that, as the age and the number of attack episodes of the patients increased, the score of their Reading the Mind in the Eyes test was found to have a statistically significant decrease. Furthermore, as the fasting blood sugar level decreased, the scores obtained from the Reading the Mind in the Eyes test also decreased. However, there was found no significant correlation between insulin level and the score of Reading the Mind in the Eyes test.
CONCLUSIONS: Disturbances in the theory of mind have been reported in bipolar patients, but the number of studies examining the relationship between the theory of mind and the metabolic parameters of patients with bipolar disorder is limited. Therefore, it is of significant importance to consider the impairment of cognitive functions of patients together with their general medical condition. The small size of the samples and the lack of control groups were limitations in this study.

[Abstract:0479][Schizophrenia and Other Psychotic Disorders]

The relationship of empathy and smell detection with social functioning in patients with schizophrenia

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ABSTRACT
OBJECTIVE: In this study, it is aimed to examine the level of odor perception ability and also affective and cognitive empathy in inadequacy of social functioning and daily activities that are the criteria of termination in schizophrenia patients in addition to study of disparity level of odor perception ability and affective and cognitive empathy in schizophrenia patients and healthy controls.
METHODS: In this cross-sectional study, 48 patients who applied to Erenkoy Mental and Neurological Diseases Hospital between 01.01.2017–01.10.2017 with schizophrenia that is diagnosed according to the DSM-V diagnostic criteria and 51 healthy controls were included. While the Sociodemographic Data Collection Form, Sniffin Sticks Scale Test, Questionnaire Cognitive and Affective Emphaty Scale (QCAE) were applied to the both patients and healthy controls, the related Positive and Negative Symptom Scale (PANSS), Individual and Social Performance Scale (PSP) were applied only to patients to show the level of clinical severity and functionality.
RESULTS: As a result of the statistical analyses, significant difference was observed between the patient and control group in all of the Sniffin Sticks Odor Test parameters. Total odor score was found to be 9.4 ± 1.9 (4.5–13.8) in patients and 13.0 ± 2.0 (7.3–15.5) in control group ($p < 0.001$). Patients showed lower and significantly different scores on QCAE total and cognitive empathy (CE) subdimension ($p = 0,05$, $p = 0,007$). In this present study, correlation between the total odor score and QCAE was found to be statistically significant ($r = 0.372$, $p = 0.009$), consistent with our hypothesis. Especially the correlations between CE ($r = 0,481$, $p = 0,001$), its subdimensions PT ($r = 0,372$, $p = 0,009$), OS ($r = 0,459$, $p = 0,001$) and odor threshold and CE ($r = 0,395$, $p = 0,005$), its subdimensions PT ($r = 0,275$, $p = 0,05$), OS ($r = 0,411$, $p = 0,004$) and odor total score were found to be significant. Furthermore, in twenty two patients that have a duration of illness more than ten years; olfactory threshold ($R2 = 0,70$, $\beta = 0,42$, $p= 0,001$), negative symptomps ($R2 = 0,70$, $\beta = -0,009$, $p= 0,048$) and QCAE ($R2 = 0,70$, $\beta = 0,41$, $p= 0,023$) showed a statistically significant predictive relationship with PSP in multivariate regression model.
CONCLUSIONS: In this present study, we showed that patients' smell perception and cognitive empathy are impaired and odor threshold is the strongest prognostic factor that predicts decreased social functioning. These findings suggest that the social cognition can be improved with empathy and odor attempts in the treatment of patients with schizophrenia in the coming years

KEYWORDS
Schizophrenia; empathy; odor perception; social functioning; social cognition

[Abstract:0495][Schizophrenia and Other Psychotic Disorders]

Comparison of metabolic syndrome and quality of life in patients who used only antipsychotic and antipsychotic combined with mood stabilizer with psychotic disorder in remission

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ABSTRACT

OBJECTIVE: Metabolic syndrome (MS) is a clinical condition characterized by glucose intolerance, increased triglyceride, decreased HDL, hypertension and abdominal obesity. It has been found that the incidence of metabolic syndrome increases the risk of cardiovascular disease in patients with schizophrenia. The aim of this study was to compare the metabolic syndrome frequencies and metabolic syndrome related parameters of patients with schizophrenia and schizoaffective disorder who received antipsychotic (AP) drug treatment, who received antipsychotic and mood stabilizing (MSD) drug treatment, and who didn't received drug treatment.

METHODS: 90 patients that diagnosed with schizophrenia and schziaffective disorder were admitted to the psychiatry outpatient clinic of Atatürk University Research Hospital between October 2017 and June 2018. All patients were divided into 3 groups: Patients receiving antipsychotic medication for at least 6 months were Group-1, patients receiving antipsychotic and mood stabilizer treatment for at least 6 months were Group-2 and drug-naive and newly diagnosed patients were group-3. Groups were compared according to presence of metabolic syndrome, sociodemographic characteristics, BMI, waist circumference, blood pressure, HDL, LDL, triglycerides and fasting blood glucose levels.

RESULTS: 28.9% of the patients were female and 71.1% were male; the mean age was 35,30 ± 11,49 years. MS was present in 33% (n=30) of all patients and 67% (n=60) of MS was not detected in the whole group. The MS rate in the newly diagnosed group (26,7%) was not significantly different than the other two groups. Diastolic blood pressure and BMI values in group-2 were statistically higher than group-3. LDL and TG levels in group-1 were statistically higher than group-3 and waist circumference values were higher in group-1 and group-2 than group-3. In group 1, total cholesterol level was statistically higher than group 2.

CONCLUSIONS: Our findings suggest that drug use with antipsychotic treatment does not affect rate of metabolic syndrome. However, some parameters related to metabolic syndrome such as waist circumference, diastolic blood pressure, BMI, total cholesterol, LDL and TG levels were found to be higher in patients receiving medication than drug-naive patients.

KEYWORDS

Antipsychotic drug; mood stabilization drug; metabolic syndrome

[Abstract:0497][Psychopharmacology]

Long-acting injectable aripiprazole use in an inpatient sample from Turkey

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ABSTRACT

OBJECTIVE: Long-acting injectable formulations of antipsychotics are alternative treatments to oral agents. They offer a reliable option for reducing rehospitalization or treatment failure. Aripiprazole is an atypical antipsychotic drug that is proposed to act via partial agonism of dopamine D2 receptors. Two different aripiprazole LAI formulations have been developed. The once-monthly polymorphic monohydrate–water preparation has a lower molecular weight (m.w. = 466.4 g/mol), and the aqueous suspension can be lyophilized. The second aripiprazole depot injection preparation uses a prodrug approach, where the lauroxil formulation (N-acyloxymethyl) results in a higher molecular weight compound (m.w. = 660.7 g/mol). An extended-release injectable formulation of the dopamine, serotonin receptor partial agonist (DS-RPA) antipsychotic aripiprazole monohydrate 400 mg has been approved by the Turkish Ministry of Health for once-monthly treatment of psychiatric disorders in 2017.

METHODS: The aim of this study was to describe the clinical and sociodemographic characteristics of a sample of inpatients treated with aripiprazole once-monthly 400 mg.

This is a a retrospective study of patients treated with LAI aripiprazole in Department of Psychotic Disorders, Psychiatry Hospital, Pamukkale University, from January 2017 upto now. The following variables were studied: sociodemographic characteristics, diagnosis, long-acting injectable aripiprazole monotheraphy, concomittant oral treatment or another long-acting injectable treatment.

RESULTS: A total of 97 patients were included into the study. The mean age of patients was 33.24 (±13.43). The gender of the patients was 40.20% (n=39) male and 49.80% (n=58) female. The most commonly used psychiatric disorder in aripiprazole treatment was bipolar disorder with 40.21% (Table 1). While 13 of the patients were treated with only long-acting injectable aripiprazole, 84 patients were treated with long-acting injectable aripiprazole and other antipsychotics. 28 patients treated with long-acting injectable aripiprazole combined with other LAI antipsychotics; Schizophrenia in 35.71 %, schizoaffective disorder in 32.14%, bipolar disorder in 25.00%, other psychiatric disorders 7.14% (Table 2). 13 patients treated with only long-acting injectable aripiprazole; 5 for bipolar disorder, 3 for depressive disorder, 3 for schizophrenia, 1 for obsessive-compulsive disorder, 1 for other psychiatric disorders (Table 3).

KEYWORDS

Long-acting injectable aripiprazole; psychopharmacology; antipsychotic

CONCLUSIONS: In Turkey; depot antipsychotics such as long-acting injectable risperidone, long-acting injectable paliperidone, long-acting injectable flupentixol, long-acting injectablehaloperidol, long-acting injectable zuclopenthixol have been used for many years. Long-acting injectable aripiprazole has been used in treatment since January 2017. Long-acting aripiprazole, given at intervals of 4 weeks, are generally used for patients with a history of relapse due to poor adherence to oral maintenance therapy.

Table 1. The diagnoses of patients treated with LAI aripiprazole.

Depressive disorder	(n=10) 10.31%
Bipolar disorder	(n=39) 40.21%
Schizophrenia	(n=25) 25.77%
Schizoaffective disorder	(n=15) 15.46%
Obsessive-compulsive disorder	(n=4) 4.12%
Other psychiatric disorders	(n=4) 4.12%
Total	(n=97) 100%

Table 2. Other LAI antipsychotics/ oral antipsychotics combined treatment with LAI aripiprazole.

	LAI aripiprazole combined with other LAI antipsychotics	LAI aripiprazole combined with other oral antipsychotics
Depressive disorder	(n=0) 0%	(n=10) 14.49%
Bipolar disorder	(n=7) 25%	(n=32) 46.38%
Schizophrenia	(n=10) 35.71%	(n=15) 21.74%
Schizoaffective disorder	(n=9) 32.14%	(n=6) 8.70%
Obsessive-compulsive disorder	(n=0) 0%	(n=4) 5.80%
Other psychiatric disorders	(n=2) 7.14%	(n=2) 2.90%
Total	(n=28) 100%	(n=69) 100%

Table 3. Monotherapy and combined treatment with LAI aripiprazole.

	Combined with LAI aripiprazole	Only LAI aripiprazole
Depressive disorder	(n=7) 8.33%	(n=3) 23.08%
Bipolar disorder	(n=34) 40.48%	(n=5) 38.46%
Schizophrenia	(n=22) 26.19%	(n=3) 23.08%
Schizoaffective disorder	(n=15) 17.86%	(n=0) 0%
Obsessive-compulsive disorder	(n=3) 3.57%	(n=1) 7.69%
Other psychiatric disorders	(n=3) 3.57%	(n=1) 7.69%
Total	(n=84) 100%	(n=13) 100%

[Abstract:0507][Psychopharmacology]

Evaluation of psychotropic drug use in epileptic patients simultaneous with antiepileptic medication: preliminary results

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ABSTRACT

OBJECTIVE: Psychiatric comorbidities are common in patients with epilepsy, occurring at rates 2–3-fold or higher than in the general population without epilepsy. Therefore, psychotropic drugs are frequently needed for this population. The aim of this study is to examine the benefits, side effects of psychotropic drug use and clinical variables affecting the utilization of psychotropic drugs in patients receiving concomitant antiepileptic medication.

METHODS: We retrospectively reviewed the medical records of patients on antiepileptic treatment, aged 0–18, who were evaluated both in the Child and Adolescent Psychiatry and Child Neurology Departments of Hacettepe University between 2017–2019. The patients who had at least two psychiatric evaluations after the psychotropic drug prescription were included. The psychiatric comorbidities, psychotropic drug doses, side effects, clinical parameters which may have an effect on clinical outcomes were recorded. The psychiatric symptom severity and clinical functionality were also reassessed by using the Clinical Global Impression Scale(CGI) and the Global Assessment Scale(GAS).

KEYWORDS

Psychotropic drug; epilepsy; antiepileptic; children; adolescent

RESULTS: The mean age of the patients (24/38, F/M) was 11(±4.4) years for boys and 13 (±4.2) years for girls. 28 patients had Mental Retardation(MR) and 17 patients had Autism Spectrum Disorder comorbidities. 4 (%6.5) patients left the psychotropic drug due to seizure after the beginning of psychiatric treatment. There were a statistically significant difference among the first, second and third assessments of the patients according to symptom severity. No significant improvement was found in the clinical functioning of patients with MR comorbidity, while this was not the case for the non-MR group. Age, gender or medical disease history did not have any effect on the improvement of symptom severity and clinical functionality. Also, EEG findings were not found different before and after the use of psychotropic drugs.
CONCLUSIONS: The utilization of psychotropic drugs in patients using antiepileptic medication concurrently may be effective and safe according to our results. More evidence from further prospective designed studies are needed for clinicians to arrange successful psychiatric treatments in this special group of patients.

[Abstract:0510][Neuroscience: Neuroimaging-Genetics-Biomarkers]

Serum vitamin D levels among children with autism spectrum disorder and attention-deficit/hyperactivity disorder: a case control study

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ABSTRACT
OBJECTIVE: In recent years, increasing prevalences of Autism Spectrum Disorder(ASD) and Attention-deficit/ hyperactivity disorder (ADHD) have stimulated research on etiology of these disorders including roles of vitamins in central nervous system (CNS) functioning. Therefore, in this study, we aimed to examine the serum levels of vitamin D in children diagnosed with ASD and ADHD and compare them with healthy controls.
METHODS: Forty eight ADHD children, 35 ASD and 35 healthy children aged from three to sixteen years old were enrolled in this study. Serum Vit D was measured at Gen5 spectrophotometric system according to commercial assay and standard levels were determined with the Human Elisa Kit. DSM-IV Based Screening and Assesment Scale for Disruptive Behavior Disorders- Clinician form (DBSAS-DBD) and The Childhood Autism Rating Scale (CARS) were used for assessing symptom severity for ADHD and ASD groups.
RESULTS: ADHD, ASD and control groups differed significantly regarding vitamin D levels. Vitamin D levels correlated significantly and negatively with CARS scores in patients with ADHD while no correlation reached significance for children with ASD and controls. Season of birth did not affect vitamin D levels in patients with ADHD and controls while ASD children born in summer had significantly elevated levels of vitamin D compared to those born in autumn.
CONCLUSIONS: This present study results show that low serum vitamin D levels are detected in children diagnosed with ASD and ADHD compared to healthy controls. Deficiencies in Vitamin D levels may play a role in the etiopathogenesis of both ASD and ADHD. Therefore monitoring vitamin D status in prenatal stage or early childhood may protect the developing brain from many environmental risk factors and reduce the risk of developing ASD and ADHD-like symptoms in childhood.

KEYWORDS
Attention-deficit/ hyperactivity disorder; Autism Spectrum Disorders; Birth Season; Serum Vitamin D

[Abstract:0513][Mood disorders]

Comparison of emotional schemas, metacognitive processes and coping strategies between unipolar and bipolar depression

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ABSTRACT
OBJECTIVE: The aim of our research was to establish the differences between major depressive disorder (MDD) and bipolar disorder type-I (BD type-I) patients for metacognitive processes, cognitive and emotional coping styles, rumination and emotional schemas. We also aimed to contribute to the literature on the determination of the psychotherapeutic goals that may be effective for each disease.
METHODS: 70 MDD, 66 BD type-I patients diagnosed according to DSM and 70 controls were included into the study. The age and gender distribution of participants in all three groups were

KEYWORDS
Major depressive disorder; bipolar depressive disorder; metacognitions; emotional schemas

similar. After being informed about the needs of the study, the participants who volunteered to participate in the study filled SCID-I, sociodemographic data form, Young Mania Rating Scale, Hamilton Depression Scale, Hamilton Anxiety Scale, Metacognitive-30 Scale, Ruminative Thinking Style Scale, Young-Rygh Avoidance Scale and Leahy Emotional Schema Scale.
RESULTS: In the MDD and bipolar depressive disorder (BDD) groups, other subscale scores except the positive beliefs of Metacognitive-30 Scale and Metacognitive Scale total scores didn't show statistically significant difference but were found higher than the control group. The Ruminative Thinking Style Scale score didn't show any statistically significant difference in the MDD and BDD groups and was higher than the control group. Young-Rygh Avoidance Scale total score, cognitive / emotional avoidance and behavioral / somatic avoidance scores in the MDD and BDD groups weren't statistically different but higher than the control group. There were no statistically significant differences in the subscale scores of the Leahy Emotional Schema Scale in the MDD and BDD groups. In both groups, uncontrollability, weakness, comprehensibility, rationality, rumination, difference, denial of emotions, validation, feelings of guilt and criminality scores were statistically significant and higher than the control group
CONCLUSIONS: Our findings indicate that the emotional schemas and metacognitions may be targets in the treatment of BDD like MDD.

[Abstract:0517][ADHD]

The effect of methylphenidate treatment on the peer bullying in children and adolescents with attention-deficit/hyperactivity disorder

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ABSTRACT
OBJECTIVE: Descriptive studies presenting evidence concerning the rates of peer bullying among patients with Attention-Deficit/ Hyperactivity Disorder (ADHD) are available in the literature. In cross-sectional studies, patients taking medication for ADHD or not but diagnosed with ADHD are compared in terms of peer bullying. Yet, there has been no longitudinal study conducted to see the peer bullying in this same group of patients before and after the treatment. Current study aims to examine the effect of ADHD treatment on peer bullying as well as the relationship between the severity of ADHD symptoms and peer bullying.
METHODS: 50 patients between the ages of 8–16 who are diagnosed with ADHD, started using metilfenidat for treatment and are observed to have been exposed to or displayed peer bullying behavior over the past few months were included in this study. In order the evaluate the severity of the ADHD symptoms, Conners Parent and Teacher Rating Scales (CPRS and CTRS) were used while Olweus Bully/Victim Questionnaire for students, parents and teachers forms were employed to evaluate peer bullying in pre-treatment and after a three-month treatment period. Then, the results obtained in three months time were compared and the effect of metilfenidat treatment on peer bullying among the child and adolescent patients diagnosed with ADHD was examined.
RESULTS: In pre and post medication, statistically significant differences were found in the total the scores of the CPRS and CTRS as well as the scores related to all sub parameters (p<0,001). In pre-medication, it has been found out that the scores of the sub parameters CPRS-Oppositional (p=0,004), CPRS-Hyperactive Impulsive (p=0,016) and CTRS-Oppositional (0,022) are statistically significant between the bullies and the victims. According to the data driven from the Olweus Bully/Victim Questionnaire for students, there is a statistically significant decrease between the ratios of being a bully (p=0,008) and bully/victim (p=0,039) in pre and post medication but no significant difference the ratios of being a victim.
CONCLUSIONS: Current study concludes that CPRS- Inattentive, CPRS-Hyperactive Impulsive and CTRS-Oppositional subscale scores in children and adolescents with ADHD were higher than the victim group, and there was a decrease in peer bullying after the methylphenidate treatment in bullies and bullies-victims groups.

KEYWORDS
Attention-deficit/ hyperactivity disorder; peer bullying; methylphenidate

[Abstract:0532][Yeme bozuklukları]

Clinical indicators affecting remission in eating disorder cases admitting to a university clinic: a preliminary study

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ABSTRACT

OBJECTIVE: Eating disorder is a chronic disease related with inadequate or excessive food intake, that can lead to severe physical and mental problems. The physical, psychiatric and social changes caused by eating disorders affect the chronic course of the disease, the health of the individual, and the quality of life, both in the early phase and in the future, significantly. The aim of this study is to change the course of the disorder over the life cycle, to reduce the negative consequences of poor psychosocial functions and high morbidity and mortality, by sharing these findings.

METHODS: The patient files of anorexia nervosa (AN) and blumia nervosa (BN) cases who admitted to Inonu University School of Medicine Department of Child and Adolescent Mental Health and Diseases were evaluated retrospectively. The cases were diagnosed according to DSM-5 system.

RESULTS: A sum of 18 patients were included in the study. Fifteen (18.3%) were followed-up with anorexia nervosa and 3 with blumia nervosa. 12 patients had restrictive type and 3 had purgative type of the disease. Seventeen (94.4%) patients were female and 1 (5.6%) was male. The mean age of the cases was 14.83±1.58. Severity of the patients according to VBG percentiles were as follows: 7 (38.7%) very severe, 2 severe (11.1%), 2 moderate, and 7 not severe. Regarding comorbidities, 8 (44.4%) had major depression, 5 (%27.8) major depression, anxiety, obsessive compulsive disorder, and activity and attention disorder, 2 (11.1%) had anxiety, 2 (11.1%) had activity and attention disorder, and 1 had obsessive-compulsive disorder. Eleven (67.7%) patients had vomiting, 13 (72.2%) had amenorrhea, and 11 (61.1%) had constipation/diarrhea. The mean age of the mothers was 42.89±6.08, and the mean age of the fathers was 46.33±8.21. We found that 13 (72.2%) patients met the remission criteria according to DSM-V criteria, and 5 (27.8%) did not. In this present study, we evaluated the types and severity of eating disorder, comorbidities, and the relationship between vomiting and remission. Remission was significantly associated with comorbidity and vomiting. Regarding comorbidities, 100% of patients with major depression, 50% with anxiety, 40% with major depression and a psychiatric comorbidity, and 100% with activity and attention disorder, had remission. Remission was found in 72.2% of the patients with eating disorder and a comorbidity; this was statistically significant ($p = 0.045$). Remission was found in 90% of the patients with vomiting and in 42.9% of those without vomiting; this was statistically significant ($P = 0.047$).

CONCLUSIONS: The results of treatment in eating disorders are variable and mortality is high. Therefore, early diagnosis, treatment by an experienced team, and changing the course of the disorder over the life cycle decreases the long-term negative consequences of eating disorders. Our findings suggest that addressing comorbidities and vomiting is important in the treatment of eating disorders. We believe that this present study will contribute to the literature.

KEYWORDS

Anorexia nervosa,bulimia nervosa,eating disorder

[Abstract:0533][OCD]

Relationship of clozapine plasma level, 5-HT2A rs6311 and rs6313 polymorphisms with obsessive-compulsive symptoms in schizophrenia patients under clozapine monotherapy

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ABSTRACT

OBJECTIVE: It is noteworthy that the occurrence or exacerbation of obsessive-compulsive disorder and obsessive-compulsive symptoms (OCS) due to clozapine is higher than other second-generation antipsychotics. OCS may be associated with plasma levels of clozapine. Serotoninergic antagonism is a prominent mechanism in the explanation of OCS caused by second - generation antipsychotics. In the second generation antipsychotics, 5-HT2A antagonism is in the foreground according to D2 antagonism and 5HT2A / D2 antagonism rate is higher in clozapine compared to other antipsychotics. Strong 5-HT2A/D2 receptor antagonism properties of clozapine were suggested as a possible mechanism of OCS/OCD. 5-HT2A rs6311 and rs6313 genetic polymorphisms have been associated with OCS in OCD, but whether these genetic polymorphisms are involved in OCS among schizophrenia patients using clozapine is unanswered. We aimed to examine the effect of plasma clozapine level and 5-HT2A rs6311 and rs6313 genetic polymorphisms on OCS in schizophrenia patients using clozapine.

METHODS: 50 patients who diagnosed with schizophrenia according to DSM-5 and were admitted to a university hospital between November 2016 and April 2018 were included into

KEYWORDS

Clozapine; obsessive-compulsive symptoms; serotonin receptor polymorphisms

study. All participants were under clozapine monotherapy. Yale-Brown Obsession-Compulsion Scale (YBOCS) was used to examine the severity of OCS. Plasma level of clozapine was determined by High Pressure Liquid Chromatography. Polymerase Chain Reaction was used to examine targeted gene regions.
RESULTS: No correlation was found between the corrected clozapine plasma levels (Cor-PClz) and YBOCS total scores. However when the whole sample was divided into two groups as those with OCS (N = 30) and those without (N = 20) Cor-PClz levels were higher in patients with OCS (694.322 ± 367.19 µgr/lt) than those without (474.55 ± 237.68 µgr/lt) (T = 2.36, p=0.022). No significant difference was found between the 5-HT2A rs6311 polymorphism groups according to YBOCS total score. Similarly 5-HT2A rs6313 polymorphism groups, as well as 5-HT2A rs6311 and rs6313 polymorphism groups were not different in terms of YBOCS total score or the presence of OCS.
CONCLUSIONS: Our results indicate that although not correlated with OCS, plasma clozapine level is an important determinant of the presence of OCS in schizophrenia patients under clozapine monotherapy. The examined genetic polymorphisms of 5-HT2A were not associated with OCS. The most important limitation of this study is the cross-sectional design as recall bias hampered to evaluated whether OCS were secondary to clozapine or existed before the initiation of therapy which may be revealed by longitidunal studies.

[Abstract:0537][Bipolar And Related disorders]

The expression of emotion and coping with stress in major depressive disorder patients with somatic symptoms

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ABSTRACT
OBJECTIVE: The expression of emotional dysphoria through bodily symptoms is commonly seen in the psychiatric disorders mainly as Major Depressive Disorder (MDD). This is a study aimed at assessing the somatic symptoms of the MDD patients who consulted our polyclinic, doing research on the correlation between these symptoms and the emotional expression styles, the ways of coping with stress of the individuals, their levels of depression and anxiety and comparing the results with the control group.
METHODS: 74 patients who consulted Haydarpasa Numune Research and Training Hospital between August 2017 and October 2017 and were diagnosed with MDD according to DSM-5 and 73 healthy control group patients were included in the study. All the participants were evaluated with Psychosomatic Symptoms Subscale of Rosenberg's Self-Esteem Scale, Emotional Expression Styles Inventory, COPE Inventory, Beck Depression Inventory and Beck Anxiety Inventory.
RESULTS: A negative correlation between the self-centred expression of the emotion of happiness and psychosomatic symptoms has been found while a positive correlation between the aggressive expression of the emotions of sadness and anger and psychosomatic symptoms has been found. As the self-centred expression of the emotion of happiness increases, the psychosomatic symptom point decreases (p=0,001) and as the aggressive expression of the emotions of sadness and anger increases, the psychosomatic symptom point increases too (p=0,006; p=0,015). A negative correlation between the use of instrumental social support, positive reinterpretation and growth, the use of emotional social support that are ways of coping with stress and the psychosomatic symptoms has been found whereas a positive correlation between denial and substance use and the psychosomatic symptoms has been found. As the use of instrumental social support, positive reinterpretation and growth and the use of emotional social support increase, the psychosomatic symptom point decreases (p=0,006; p=0,030; p=0,011), and as denial and substance use increase, the psychosomatic symptom point increases too (p=0,049; p=0,009).
CONCLUSIONS: Somatic symptoms are the most prevalent and important problems that are commonly seen in MDD patients. According to the results of this present study, there is a correlation between somatic symptoms and the emotional expression styles of the individuals and their attitudes towards dealing with stress. The fact that the verbal expression of emotions and functional coping strategies are related to positive affect puts forth the importance of aiming at verbal expression of emotions and functional strategies of coping with stress in the treatment of depression patients with somatic symptoms.

KEYWORDS
Somatization; psychosomatic symptoms; major depressive disorder; emotional expression; coping with stress

[Abstract:0542][Neuroscience: Neuroimaging-Genetics-Biomarkers]

Comparision of patients with social anxiety disorders and healthy controls for emotional information processing, cognitive functions and clinical specifications

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ABSTRACT

OBJECTIVE: The aims of this study were to examine the relation between emotion recognition skills and other cognitive test performances in patients with social anxiety disorder and to asses changes in a biological functional evaluation test, which is event related potentials.

METHODS: This is a clinical, observational, cross-sectional, controlled study. We recruited 26 patients from Erenkoy Mental Health Reseach and Training Hospital inpatient and outpatient clinics and 29 healthy control who volunteered to participate. We applied sociodemographic and clinical data forms, Liebowitz Social Anxiety Scale, Reading The Mind In The Eyes Test, CANTAB Battery (ERT, PAL, RVP, RTI) and event-related potentials tests to patients and healthy controls.

RESULTS: ERT latency was 2073.4±605.4 in patient group, 1588.6 ±508.3 in healthy controls and was significantly longer in patients (p =0.002). Rest of the data did not show any statistically significant difference. Although it was statistically significant, emotion recognition in patients showed less accuracy for happiness, sadness; more accuracy for disgust, fear and wonder. Visual p300 was the evaluated ERP and 24 sub-values from 8 derivatives (p3,p4,pz,cz,t5,t6,o1, o2) that are amplitude, diffrence and latency were not statistically diffrent between patients and healthy controls. 5 sub-values (pz p300 difference, t5 p300 latency, t6 p300 difference, t6 p300 latency, o1 p300 latency) were at the lower limit and all the other sub-values were markedly higher in patient group.

CONCLUSIONS: In this study with social anxiety disorder patients, we examined the relation between emotion recognition skills and other cognitive test performances and evaluated changes in a biological functional evaluation test, which is event related potentials. ERT latency was statistically different between groups, and it means that patients performed similar correct response ratio as healthy controls, only by spending more time. Groups did not differ on Theory of Mind. We suggest that, cognitive data measurements in ERP which were higher in patient group but did not show statistical significance need to be repeated in larger sample groups that are excluded from comorbid psychiatric disorders and patients under treatment.

KEYWORDS

Social anxiety disorder; cognitive function; emotion recognition; event related potentials

[Abstract:0544][ADHD]

Factors in determining the drug treatment of attention-deficit/hyperactivity disorder

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ABSTRACT

OBJECTIVE: Treatment of Attention-Deficit/ Hyperactivity Disorder (ADHD), which is one of the common mental disorders, should be multimodal. Comorbidities are common and must be kept in mind during the assessment and intervention. In guidelines behavioural therapy is considered as the first-line treatment for children aged 4–5 years and drug treatment is recommended as a part of treatment for older children because of its effectiveness with acceptable side effects. In Turkey, stimulant preparations (immediate-release methylphenidate (IR-MPH), modified release methylphenidate (MR-MPH)) and a non-stimulant preperation (atomoxetine (ATX)) could be prescribed. The duration effect of IR-MPH and MR-MPH is 4–6 and 8–12 hours respectively. Although ATX has a duration effect of 24 hours, its effect occurs in 6–8 weeks which could influence drug selection. There are two kind of MR-MPH with different release profiles in Turkey: Osmotic release oral system technology methylphenidate (OROS-MPH) containes 22% IR-MPH, prolonged (slow) release methylphenidate (MPH-Retard) containes 50% IR-MPH. This study aimed to explore the drug treatment of patients with ADHD according to age, comorbidity and side effects.

METHODS: The medical files of 138 children treated in Hacettepe University Department of Child and Adolescent Psychiatry with diagnosis of ADHD since June 2018, were reviewed retrospectively.

KEYWORDS

ADHD; atomoxetine; comorbidity; methylphenidate; treatment

RESULTS: Mean age of girls and boys were 12.22±3.31 years and 10.86±3.32 years respectively. The first prescibed drugs for ADHD were: 54.3% OROS-MPH, 26.1% MPH-Retard, 13.0% IR-MPH and 6.5% ATX. MR-MPH was the most common prescribed among school aged children (45.9% OROS-MPH, 29.4% MPH-Retard, 16.5% IR-MPH, 8.2% ATX) and adolescents (66% OROS-MPH, 23.4% MPH-Retard, 6.4% IR-MPH, 4.3% ATX). Prescriptions according to patients' mean age were: 9.11±2.73 years for IR-MPH, 12.25±3.50 years for OROS-MPH, 10.17±2.50 years for MPH-Retard and 10.69±2.11 years for ATX. 79.7% had no side effects while appetite suppression was the most common mentioned (12.3%). Learning disorder (20.3%) and distruptive behavior problems (10.8%) were the most common comorbidities, while 50.7% had no any comorbities. 11.6% had more than one comorbidity. 75.4% used only ADHD medication and 92% mentioned the improvement as "good". Although 83.3% used only one drug for ADHD, IR-MPH was added (12.9%) because of comorbidity (15.9%) and to start the morning effect earlier or to prevent the afternoon/night effect from ending earlier (13.8%). Most of the patients continued their first prescribed ADHD medication (73.2%), the switching between MR-MPH preparations was common (15.2%) mainly because of inadequate response (13.0%) and side effects (11.6%). Except ADHD medication, risperidone was added to the treatment mostly (13.0%).
CONCLUSIONS: These preliminary results suggest that stimulant treatment is preferred mostly and it is effective and well tolerated for ADHD. IR-MPH alone has been prescribed to young children mostly in order to manage its possible side effects easily. The prolonged action of MR-MPH sometimes leads to appetite suppression and insomnia. Adding IR-MPH to MR-MPH is an alternative to augment the morning/afternoon effect or to maintain the evening effect longer without increasing the dose. Because amphetamine is not approved in Turkey, switching between MR-MPH preparations is an option to provide the effect.

[Abstract:0547][Others]

The effectiveness of parenting program based on Video Interactive Guidance: Ten cases

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ABSTRACT
OBJECTIVE: Programmes targeting parenting are the leading early intervention strategy for child mental health and behavior problems. Interventions that utilise video feedback methods promote children's behaviour through increased parental sensitivity. In our infant mental health outpatient clinics, interactive guidance without video based on The Video Interaction Guidance (VIG) based on Netherlands is most often. These typically involve watching parents and infants together during playing together which are then reviewed with a therapist to highlight moments of positive interaction. Although, this is frequently used intervention, there has been a few pilot studies and limited data. In this study, it is aimed to assess the effectivenessof this method on infants and mothers.
METHODS: This study is a prospective study. The sample of the study consisted of 10 children, aged between 2–6 years, diagnosed as having an neurodevelopmental disorder. Following diagnostic process, parents of the cases participated in Interactive Guidance based Parenting Programme for 4 sessions. The group were compared before and after the implementation on rates of variables. Data were collected from mothers' by using a sociodemographic data form Beck Depression Inventory, State Trait Anxiety Inventory, Coping Style Questionnaire, Parenting Attitudes Styles and Crowell procedure scores. The study data were evaluated with Paired Sample t test and Willcoxon signed rank test.
RESULTS: The data of the study was planned to be included in 10 patients, but data of 6 patients were presented in this abstract. Oral presentation will be planned to present data of 10 patients. The mean of patients' age was 32±6.41 months. One patient was female and five patients was male. The diagnosis of two patients were Global Developmental Delay, one patients were Autism Spectrum Disorder, three patients were Global Developmental Delay and Autism Spectrum Disorder. Reduction in Beck Depression Inventory and STAI were observed but it was not significance (p values, p=0,3, p=0,62, respectively). Using of ineffective coping styles scores were lower in the cases following Interactive Guidance based Parenting Programme (p=0.06). Parental Attitudes styles were not significantly different regarding these variables (p values p=0.74, p=0.57, p=0.33, p=0.09 respectively).
CONCLUSIONS: These results are very small and more limited evidence for this program that target mothers and children in the first three years of life, thus forthcoming research is needed.

KEYWORDS
Infant; parent; guidance

[Abstract:0548][Others]

Frequencies of thalassemia trait and clinical features in PANS

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ABSTRACT

OBJECTIVE: Thalassemia is the most commonly observed hereditary blood disease in the worldwide. Thalassemias are autosomal recessive inherited diseases resulting from reduction or absent production of one or more of the globin chains. The incidence of thalassemia has been reported as 2.1 % in Turkey but differences region. In the literature, the role of cellular and humoral immune responses and possible autoimmune responses related to Pediatric Acute Onset Neuropsychiatric Syndrome (PANS)/Pediatric Autoimmune Neuropsychiatric Disorders Associated With Streptococcal Infections (PANDAS)/PANS have gained importance. Current reports shown that β-thalassemia trait creates a tendency to autoimmune disorders and the prevalence of β-thalassemia minor is significantly increased in in these disorders (e.g. rheumatoid arthritis, diabetes, fibromyalgia). İt is suggested that thalassemia trait accompaniment to autoimmune disease and psychiatric disorders may be the result of haplotypal associations between the close proximity genes. Beta globin genes reside at 11p15.5 close to brain derived neurotrophic Factor, tyrosine hydroxylase and dopamine receptor 4 (DRD4). Alfa globin genes reside at 16p13.3 which associates with bipolar disorder, tic disorders. Chromosome 11 and 16 has been implicated to have a linkage associated with psychiatric disorders such as ADHD, Tourette syndrome, impulse control disorders, and bipolar disorder. The aim of this study was to examine the frequencies of thalassemia trait in children and adolescents with PANS/PANDAS and the relationship between thalassemia trait and inflammation and immunity.

METHODS: In this study, A total of 319 children and adolescents with PANS/PANDAS who had been followed between the years of 2015–2017 were analyzed retrospectively. Psychiatric disorders of patients were diagnosed by using DSM-V criteria and demographic characteristics of patients have been obtained from socio-demographic chart review. We evaluated biochemical parameters, red blood cell (RBC) counts, mean corpuscular volume (MCV), mean corpuscular hemoglobin (Hb), and red cell distribution width (RDW), serum ferritin level and Mentzer Index (MCV/RBC), antistreptolysin O (ASO), Vitamin B12 and 25- OH VİT D3 levels.

RESULTS: In this study, we included 319 patients who applied with PANS/PANDAS (mean age: 9,77. ± 3,45 years; range: 2–18 years). Samples were obtained from 185 (58.9%) boys and 129 (41.1%%) girls. This present study found the prevalence of thalassemia trait in PANS was 12,1% (Of the 38 enrolled, 14 were girls (36,8%) and 24 boys (63,2%). Psychiatric disorders were obsessive-compulsive symptoms/disorder (OCS/OCD) 138(43,3%), tic disorders 135 (45,8%), Attention-Deficit/ Hyperactivity Disorder 192 (66,4%), anxiety disorders 81 (29,3%), obsessive-compulsive spectrum disorders 18 (6,9%).

CONCLUSIONS: We concluded that the frequency of thalassemia traits is high in PANS (12,1%). It may be a possible genetic link between PANS and thalassemia trait. Thalassemia traits may be play roles in pathogenesis of PANS and as a susceptibility factor in PANS.

KEYWORDS

Thalassemia trait; pediatric acute onset neuropsychiatric syndrome; autoimmunity; prevelance

[Abstract:0562][ADHD]

Investigation of the relationship between attention-deficit/hyperactivity disorder and mitochondrial DNA (mtDNA) copy number: one-year follow up study

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ABSTRACT

OBJECTIVE: Attention-Deficit/ Hyperactivity Disorder (ADHD) is a widespread psychiatric disorder in childhood. The etiology of ADHD is not entirely known. The mitochondrial dysfunction hypothesis is one of hypotheses about the etiology. In our previous study, we

KEYWORDS

Attention-deficit/ hyperactivity disorder; ADHD; mitochondrial dysfunction;

found that mtDNA copy number was significantly higher in patients with ADHD than healthy controls, and that there was no significant correlation between other factors and the mtDNA copy number. These findings support that mitochondrial dysfunction may involve in the etiopathogenesis of ADHD. In this second study, it was aimed to examine mtDNA copy number, one of the best biomarkers of mitochondrial dysfunction, in patients with ADHD after one-year follow up. The patient group included in the previous study would be reevaluated after one year, and the resulting mtDNA copy numbers would be compared with the first mtDNA copy numbers.
METHODS: Twenty-eight ADHD patients, whose fourteen of them used the drug for ADHD and fourteen drug-free patients participated in the study. Sociodemographic data form, Kiddie-Sads-Present and Lifetime Version - Turkish Adaptation (K-SADS-PL-T), Conners rating scales were applied and DSM-V based clinical interviews were conducted to participants. Venous blood samples were taken from all participants and DNA isolation was performed and DNA stored until the day of analysis. The analysis was performed by Real Time PCR method and the ratio of the amount of mitochondrial DNA (mtDNA) to the amount of nuclear DNA, the relative mtDNA copy number was reached.
RESULTS: In the study, it was determined that there was no change in the mtDNA copy numbers of ADHD patients after one year follow-up (p=0.546). Moreover, there were no significant differences between two groups with medication (mtDNA copy number= 53.073 ± 28.359) and without medication (mtDNA copy number= 55.686 ± 30.174) (p=0.667).
CONCLUSIONS: As a conclusion, it was revealed that the mtDNA copy number did not change in ADHD patients after one-year follow-up and the usage of drugs for ADHD did not affect the mtDNA copy number.

mtDNA; oxidative stress; real-time PCR

[Abstract:0566][Schizophrenia and Other Psychotic Disorders]

Add-on aripiprazole treatment for atypical antipsychotic-induced hyperprolactinemia in female schizophrenic patients: preliminary findings of a 12-week follow-up study

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ABSTRACT
OBJECTIVE: Symptomatic hyperprolactinemia is one of the most distressing side effect of antipsychotic treatment in schizophrenia which often causes disruption of treatment adherence. Add-on aripiprazole to the preexisting antipsychotic medication has been recommended as an effective strategy in the management of antipsychotic-induced hyperprolactinemia. The present study aimed to evaluate the efficacy and safety of adjunctive aripiprazole treatment in schizophrenia patients with atypical antipsychotic-induced hyperprolactinemia.
METHODS: The study group consisted of 26 female schizophrenic patients who were on a stable dose of atypical antipsychotic medication (risperidone, paliperidone and amisulpiride) and were detected hyperprolactinemia in laboratory examinations. All patients were continued on the previous antipsychotic medication and add-on aripiprazole 5 mg/day was initiated. Serum prolactin(PRL) levels were measured administered at baseline and at the 1st, 4th, 8th and 12th weeks. The Positive and Negative Syndrome Scale(PANNS), Clinical Global Impression Scale(CGI) were administered at baseline and at the 1st, 4th, 8th and 12th weeks of the add-on aripiprazole treatment follow-up period. Also Barnes Akathisia Rating Scale (BARS) was administered at baseline and at the 1st week of aripiprazol treatment.
RESULTS: The mean age of the study group was 39,12±4,01 years and the mean duration of disease was 57,62±25,19 months. The mean PRL level of the patients was 107,32±23,51 ng/ml and the mean PANNS-total score was 54,39±6,24 at baseline. The mean PRL level of the study group was 36,26±14,39 ng/ml at the 12th week. PRL levels did not altered in the 1st week(p=0,091) but decreased significantly at week 4 (p< 0.001), week 8 (p< 0.001) and week 12 (p< 0.001). The percentage of patients with symptomatic hyperprolactinemia (ie, amenorrhea and galactorrhea) was 80.8%(n=21) at baseline, while it was 69.2% (n=18) at 4th week, 42.3%(n=11) at 8th week and 11.5%(n=3) at 12th week of the add-on aripiprazole treatment and the Cochrane's Q test revealed statistically significance in difference between percentages (p<0,001, df=4). PANSS-total scores did not significantly changed during 12 weeks(p<0,001) follow-up period. Similarly, there were no significant difference in BARS scores between baseline and 1st week(p=0,07) of aripiprazole add-on therapy.
CONCLUSIONS: This present study results demonstrated that add-on therapy with aripiprazole 5 mg/day in female schizophrenic patients resulted in a significant reduction of serum PRL levels compatible with improvement in hyperprolactinemia symptoms. These findings are consistent with previous studies. The decrease in PRL levels due to aripiprazole is considered to be associated with its functional agonist properties under antipsychotic-induced

KEYWORDS
Hyperprolactinemia; atypical antipsychotics; aripiprazole; schizophrenia

hypodopaminergic state. However, studies focusing on the temporal linkage of the reduction of PRL levels with the adjunctive aripiprazole treatment are limited. This present study findings indicate that the decrease in prolactin levels are tend to initiate after the 4th week of treatment but symptomatic recovery seems to be more prominent after 8th week of add-on therapy. It can be concluded that add-on aripiprazole therapy is a safe and reliable treatment option for schizophrenic patients with remission, but at least 8 weeks is recommended to wait for recovery of hyperprolactinemia symptoms.

[Abstract:0568][Specific Learning Disorder]

Speech delay, articulation problems, and hemispheric laterality assessment in dyslexia and ADHD

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ABSTRACT

OBJECTIVE: Dyslexia is defined as a neurodevelopmental disorder with difficulty in learning to read and spell despite adequate education, intelligence, sociocultural opportunities and without any obvious sensory deficits. Another neurodevelopmental disorder ADHD and dyslexia are often comorbid disorders and share behavioral-cognitive and also language abnormalities. Researches have reported higher rates of non-right-handers in patients with dyslexia which might be a cornerstone of the theory that dyslexia can be genetically linked to abnormal brain lateralisation.

The current study aims at assessing speech delay, articulation problems, and hemispheric laterality in children with dyslexia, with ADHD, and comorbidity of the two mentioned disorders.

METHODS: The study sample (n=97, m/f: 69/28, mean age: 8.4 ±1.2) consisted of three groups: dyslexia (n=32), ADHD (n=22), and comorbid (n=43) group. Data regarding speech delay and articulation problems collected from parents. Hemispheric laterality assessed by choice of hand, foot, and eye.

RESULTS: Groups were similar according to age and gender. Speech delay (p=0.021) and articulation problems (p=0.001) were higher in dyslexia and comorbid groups than the ADHD group. Choice of the left hand (p=0.01) and left foot (p=0.027) were higher in dyslexia and comorbid groups than the ADHD group. Choice of the eye was similar in all three groups (p=0.168).

CONCLUSIONS: This study suggests that speech delay, articulation problems, and left hemispheric dominance are more frequent in children with dyslexia than the children with ADHD. Also, comorbidity of ADHD in dyslexia have no significant impact on regarding issues.

KEYWORDS

ADHD; articulation problems; dyslexia; hemispheric laterality; Speech delay

[Abstract:0572][Autism]

A study of the relationship betweeen gut microbiota and autism spectrum disorders

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ABSTRACT

OBJECTIVE: Autism Spectrum Disorder (ASD) is neurodevelopmental disorders with core symptoms, including communication impairments, stereotyped behaviors and social abnormalities. Of several comorbidities observed in ASD, gastrointestinal problems have significant attention because of its reported prevalence and relationship with symptom severity (1). Therefore, recent studies have focused on a link between gut and brain, named the gut-brain axis (GBA).GBA consists of bidirectional communications between the central and the enteric nervous system, correlating emotional and cognitive centers of the brain with peripheral intestinal functions (2). Also, gut microbiota (GM) play a key role in this axis influencing the release of neuro-immuno-endocrine mediators and different mechanisms such as immune activation, intestinal permeability, enteric reflex (3). An imbalance in GM, which covered the overgrowth of some microorganisms and the loss of others (dysbiosis), was observed in autistic children compared to controls (3). In this study we aimed to determinate the differences and diversity in bacterial composition in ASD, and show the

KEYWORDS

Autism; Fecal Calprotectin; Gut Microbiota; LBP; sCD14

effects of dysbiosis on intestinal permeability and bacterial translocation.
METHODS: The study group is consisted of 30 patients with ASD and 30 siblings aged between 4–12 years. The control group is also 30 healthy children with similar ages. All participants were assessed according to DSM 5 criteria, and administered Gastrointestinal Severity Index (GSI) and Development and Well-Being Assessment (DAWBA). Childhood Autism Rating Scale (CARS) was only applied for ASD group. Lipopolisaccarid binding protein (LBP) and soluble CD14 were assayed in serum samples, and calprotectin was determined by ELISA method in feces. Differences and variability of GM were analyzed via quantitative real-time PCR between groups.
RESULTS: The mean age of the participants was 8.39 (± 2.45), and 61,1% (n=55) male and 38,9% (n=35) female were consisted. 18 (60%) of the case and sibling groups with the same socio-demographic characteristics were in urban areas and 12 (40%) were in rural areas; all control group have lived in urban areas. There was no statistically significant difference between two groups in terms of the presence of psychiatric disease in the family. A significant difference was found between three groups in terms of the copy numbers of GM (p=0.001). When compared to control group, it was seen that microbial of copy number case and sibling groups decreased. GSI scores of case group were significantly higher than others, and related to CARS scores. The mean value of fecal calprotectin was higher in case group, but no statistically significant difference was found between three groups (p=0.951). A correlation was determined between fecal calprotectin and CARS scores(r=0.369, p=0,049). The mean value of s-CD14 and LBP were the highest in the sibling group and a significant difference was found between three groups (p=0.000, p=0.000; respectively).
CONCLUSIONS: Although the relationship between GM and ASD has been examined several times, studies on the correlation of the mechanisms, caused by dysbiosis, with biological markers are limited. With this study, the inclusion of siblings exposed to similar genetics and occurring in similar conditions with ASD patients provided a different comparison possibility. Results will be discussed in detail in the presentation.

References

[1] Association AP. Diagnostic and statistical manual of mental disorders (DSM-5®): American Psychiatric Pub; 2013.
[2] Heijtz RD, Wang S, Anuar F, Qian Y, Björkholm B, Samuelsson A, et al. Normal gut microbiota modulates brain development and behavior. Proceedings of the National Academy of Sciences. 2011;108(7):3047–52.
[3] Sherwin E, Sandhu KV, Dinan TG, Cryan JF. May the force be with you: the light and dark sides of the microbiota–gut–brain axis in neuropsychiatry. CNS drugs. 2016;30(11):1019–41.
[4] Mulle JG, Sharp WG, Cubells JF. The gut microbiome: a new frontier in autism research. Current Psychiatry Reports. 2013;15(2):337.

[Abstract:0579][ADHD]

Counselors' knowledge about attention-deficit/hyperactivity disorder and learning disability

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ABSTRACT
OBJECTIVE: Attention-Deficit/hyperactivity disorder (ADHD) and Learning disorders (LD) are complicated disorders with accompanied by a lot of symptoms. In order to cope with the symptoms, children need continuous support from parents, teachers, and school counselors. The aim of this study was to evaluate the knowledge of counselors about the features of ADHD and LD.
METHODS: 113 school counselors were included in the study. A short questionnaire was prepared about ADHD and LD, which has the option of filling the spaces and marking multiple choice question. Socio-demographic data form were filled out. The detailed parameters were evaluated during the study.
RESULTS: In this study,performed as scanning modal, Independent Groups t-Test and MannWhitney U Test are carried out upon the gathered datum by the way of poll. 113 cases were included in the study. The mean age of the patients was 28.5± 9.4. A total of 68 patients were female (60.2 %) and 44 patients were male (38.9). While the rate of teachers working area in the city center was 54% (n= 61), the percentage of teachers working area in the periphery was 46% (n= 52). Mean number of students assisted by teachers were 382.7±48.8. Mean duration of teaching year was 5.7 ± 2.4 years. Mean number of having child was 1.47 ± 1.1. A total of 56 (49.6%) patients were married and 55 patients were single (48.7%). Although 72% of the teachers (n=81) think that the group which is the most benefited from the education is ADHD, 28% (n=32)of the teachers think that the group which is the most benefited from education is LD.
CONCLUSIONS: ADHD and LD is a neurodevelopmental disorder that can persist throughout

KEYWORDS
Attention-deficit hyperactivity disorder; counselors; education; learning disability; treatment

life. These diseases are a risk factor for other psychiatric comorbidities if it continues in adulthood. In this study, it was seen that the counselor teachers did not have sufficient equipment about ADHD and LD. But they are especially stabilized to serve as a key intermediary between parents and teachers. Also, counselors can be essential in helping students with ADHD and LD thrive. It is very important that ADHD or LD manifests itself in many different ways, so counselors should be equipped with adequate in these common diseases. Adequate training efforts are required for teachers to enhance their equipment. Further research is required for the structure of adequate training efforts.

[Abstract:0591][Mood disorders]

Evaluation of clinical phenomenology in children and adolescents with bipolar disorder

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ABSTRACT

OBJECTIVE: The aim of this present study was to evaluate the clinical phenomenology, prognosis, and the effect of resilience on clinical course in hospitalized children and adolescents with bipolar disorder.

METHODS: The study group included 60 cases with bipolar disorder who were selected between 12 and 18 years to the inpatient unit of the Child and Adolescent Psychiatry Clinic of Bakirkoy Prof. Dr. Mazhar Osman Research and Training Hospital for Psychiatric and Neurological Disorders. Psychiatric assessment was established in remission period by using the Kiddie Schedule for Affective Disorders and Schizophrenia Present and LifetimeVersion. We also administered Clinical Global Impression Scale (CGI), Young Mania Rating Scale (YMRS), Child and Young Resilience Scale, Children Global Assessment Scale (CGAS) to the patients and Parental Attitude Research Instrument (PARI) to the parents. Statistical analysis was performed with SPSS 21.

RESULTS: Psychotic symptoms were found in 76.7% of the cases in this present study. Psychotic symptoms were significantly higher in male cases. The most common symptom was found to be decreased need for sleep (90%). Subsequent symptoms were increased speech, irritability and motor hyperactivity. Suspiciousness was found to be significantly higher in psychotic bipolar cases and elevated mood was significantly higher in nonpsychotic cases. In psychotic bipolar cases, the duration of hospitalization and the time to remission were not statistically significant, but were found to be longer. The scores of YMRS and PANSS were significantly higher in the group with psychotic symptoms. Depression (50%) was the most common comorbidity. The comorbidity of ADHD was found to be significantly higher in nonpsychotic cases. There was no difference in terms of resilience scores. When the prognostic factors were examined, it was determined that the severity of disorder was related to poor judgement and persecutory delusions.

CONCLUSIONS: In this present study, it was found that bipolar disorder in children and adolescents was frequently with psychotic symptoms, mostly in males and the most frequent symptom was decreased need for sleep. Poor judgement and persecutory delusions were found to be predictors of poor clinical course in children and adolescents with bipolar disorder. It will be important to evaluate poor judgement and persecutory delusions in children and adolescents with bipolar disorder in terms of clinical course.

KEYWORDS

Bipolar Disorder; Children; Adolescents; Clinical Phenomenology

[Abstract:0604][Psychopharmacology]

Nigella sativa oil improved cognitive symptoms in subchronic MK-801 model of schizophrenia in rats

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ABSTRACT

OBJECTIVE: Schizophrenia is one of the most complex disorders of psychiatry. Symptoms of schizophrenia are classified in three main clusters as positive (hallucination and delusion), negative (the lack of motivation and socialization) and cognitive (deficits in learning and

KEYWORDS

Nigella Sativa Oil; MK-801; Schizophrenia; Novel Object Recognition Test

attention) symptoms. Current antipsychotic drugs commonly attenuate the positive symptoms of schizophrenic patients while negative and cognitive symptoms, unfortunately, remain untreated, yet. Nigella sativa (black seed) is used for the treatment of various diseases by the traditional methods in many geographies. Certain studies have shown the antidepressant, anxiolytic, neuroprotective and procognitive effects of Nigella sativa products. It has been thought that the major components such as thymoquinone, thymohydroquinone, and dithymoquinone were responsible for the beneficial effects of Nigella sativa. In this study, we aimed to firstly examine the effects of Nigella sativa essential oil on behavioral deficits in the subchronic MK-801 model of schizophrenia in rats.
METHODS: Wistar Hannover rats divided into five groups as the followings; control, Nigella sativa oil (0.2 ml/kg), MK-801 (0.2 mg/kg), MK-801+Nigella sativa oil (0.2 ml/kg) and MK-801 + Clozapine (5 mg/kg) (n=8 per group). MK-801 was intraperitoneally and bidaily injected for the seven days for modeling schizophrenia. Prepulse inhibition of the acoustic startle response (PPI) test was performed 15 min after the last dose of MK-801. Clozapine and Nigella sativa oil were intraperitoneally injected to rats 30 min before the PPI test. Then, a seven days washout period was waited to avoid the acute effect of MK-801. After the washout period, clozapine and Nigella Sativa oil were daily administered for six days. Locomotor activity and novel object recognition (NOR) tasks were conducted at the fifth and sixth days of treatments, respectively. Paired Student's t-test, one-way and two-way analysis of variance (ANOVA) followed by Tukey's post hoc test were used for the statistical analyses in the GraphPad Prism software.
RESULTS: In NOR task, all groups including MK-801 spend more time with the novel object than familiar one ($p<0.05$). For the discrimination index, MK-801 administered rats had lower discrimination index compared to the control group ($p<0.001$). Nigella Sativa oil ($p<0.01$) and clozapine ($p<0.05$) treatments reversed the effects of MK-801 on the discrimination index of NOR task. In the PPI test, MK-801 administration decreased ($p<0.001$) PPI compared to the control group while only clozapine treatments increased ($p<0.05$) the PPI in rats. None of the treatments significantly altered the locomotor activity of rats even though there were small fluctuations in their activity.
CONCLUSIONS: This present study showed that Nigella Sativa oil, commonly used as a nutritional supplement, may improve cognitive symptoms of schizophrenia which is still an unsolved problem for patients. In further studies, it may be important to identify the compound responsible for this beneficial effect and the mechanism underlying this effect. In addition, the interaction of Nigella sativa oil with current antipsychotic drugs used in clinical treatment is also an important issue to be examined.

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[Abstract:0623][Neuroscience: Neuroimaging-Genetics-Biomarkers]

Comparison of optical coherence tomography findings of patients diagnosed with schizophrenia using first generation antipsychotic, clozapine, and second generation antipsychotics other than clozapine with control group

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ABSTRACT
OBJECTIVE: The effect of antipsychotic (AP) drugs on optical coherence tomography (OCT) findings in schizophrenia has not yet been fully elucidated. In this study, we aimed to examine the effects of AP treatment subgroup on OCT findings in schizophrenia patients.
METHODS: The study consisted of three subgroups of patients diagnosed with schizophrenia treated with the first generation antipsychotic group (FGAG), the second generation antipsychotic group (SGAG) and the clozapine group (CG) in the psychiatric outpatient clinic. In this retrospective study, the patient group was also divided into two groups called treatment resistant schizophrenia (TRS) and non-treatment resistant schizophrenia (N-TRS). The thickness of the retinal nerve fiber layer (RNFL), ganglion cell layer (GCL), inner plexiform layer (IPL) and choroidal thickness for both eyes were measured using a spectral OCT device.
RESULTS: There were significant differences between the patient group and control group, and between control group and FGAG, SGAG, and CG in terms of RNFL and

KEYWORDS
Antipsychotics; ganglion cell layer; inner plexiform layer; choroidal thickness; optical coherence tomography; schizophrenia

its sub parameters ($p<0.05$). No significant difference was found between FGAG, SGAG, and CG ($p>0.05$) while there was a significant difference between the control group and the patients with schizophrenia group, more prominent in TRS, in terms of GCL and IPL ($p<0.05$). In terms of the choroidal thickness that SGAG has the highest value for both eyes; the choroidal layer thickness of control group, CG, and FGAG decreased with the same order. A non-significant difference between the SGAG and the control group ($p>0.05$), a significant difference between SGAG and CG, FGAG ($p<0.05$), a significant difference between control group and FGAG ($p<0.05$) were found.
CONCLUSIONS: The fact that RNFL sub-parameters were different in the patient groups compared to the control group was considered as an indicator of axonal degeneration. It was observed that schizophrenia caused thinning in GCL and IPL and there was a negative correlation between these parameters and resistance to treatment. The absence of a significant difference between FGAG, CG, and SGAG in terms of GCL and IPL suggests that the course and severity of the disorder play an important role in the pathophysiology of neuronal degeneration, rather than the AP drugs use. The presence of the choroidal layer thickness of SGAG was thicker than the control group, and the choroidal layer thickness of SGAG was less than FGAG and CG were associated with the deterioration of the metabolic parameters of the SGA use. Thinner choroidal layer thickness in the CG compared to the SGAG and control group was thought to be related to the patients with schizophrenia using clozapine had a resistance to the treatment and antiinflammatory properties of clozapine. Thinner choroidal layer thickness in the FGAG compared to the other drug sub-groups and control group was associated with the use of FGAG in accordance with the literature in daily practice when there was not sufficient response to the SGAG, evaluation of an intermediate stage treatment prior to the switch to clozapine, and re-use of FGAs in TRS that did not respond to clozapine treatment.

[Abstract:0630][ADHD]

Had children with attention-deficit/ hyperactivity disorder got shorter duration of breastfeeding?

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ABSTRACT
OBJECTIVE: Breastfeeding is crucial for the early developmental period. It is shown that the duration of breastfeeding has a positive relation with cognitive development and its gains are persistent in childhood [1]. Also, it is known that both environmental and genetic factors play an important role in the etiology of Attention-deficit/ hyperactivity disorder (ADHD). Absence or short duration of breastfeeding is found to be among the possible risk factors in the emergence of ADHD [2]. Thus, there is growing interest to elucidate the possible association in the recent studies [1–3]. In the light of above, we aimed to examine the duration of breastfeeding in children with ADHD and compare it with healthy counterparts.
METHODS: 86 children diagnosed with ADHD without other neurodevelopmental disorders and chronic medical disease were included in the study group. 86 age and sex matched children without chronic medical and psychiatric disease were obtained as the control group. The Turgay DSM-IV Based Disruptive Behavior Disorders Child and Adolescent Rating and Screening Scale (T-DSM-IV-S) and Schedule for Affective Disorders and Schizophrenia for School Age Children were used to assess psychiatric disorders. The duration of breastfeeding is recorded based on the parents' report.
RESULTS: The mean age of the cases was 7±1 years and %83.7 (n=72) was male both in the ADHD and the control group. The duration of breastfeeding was found to be 12,5±9,8 months in ADHD group and 15,6±9,2 months in control group. In addition, when we grouped the duration of breastfeeding in 6 months' period, the number of children who had breastfeeding less than 6 months in ADHD group (n=29) was significantly higher than the controls (n=11) (p=0,001).
CONCLUSIONS: Studies had shown the association between ADHD and short breastfeeding period [2]. Our findings are found to be consistent with the previous studies. Although, these cross-sectional designed studies awaken more questions than the answers, we may assume that breastfeeding period has an important role in the emergence of ADHD. Further studies with well-designed methodologies will clarify this relationship.

KEYWORDS
Attention deficit disorder with hyperactivity; breast feeding; child

References

[1] Stadler DD, Musser ED, Holton KF, Shannon J, Nigg JT. Recalled initiation and duration of maternal breastfeeding among children with and without ADHD in a well characterized case–control sample. Journal of abnormal child psychology 2016;44(2):347–55.
[2] Mimouni-Bloch A, Kachevanskaya A, Mimouni FB, Shuper A, Raveh E, Linder N. Breastfeeding may protect from developing attention-deficit/hyperactivity disorder. Breastfeeding Medicine 2013;8(4):363–7.
[3] Sabuncuoglu O, Orengul C, Bikmazer A, Kaynar SY. Breastfeeding and parafunctional oral habits in children with and without attention-deficit/hyperactivity disorder. Breastfeeding Medicine 2014;9(5):244–50.

[Abstract:0631][ADHD]

Sedentary behaviors and ADHD: do children with ADHD are more physically active than the others?

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ABSTRACT

OBJECTIVE: Attention-deficit/ hyperactivity disorder (ADHD) is a neurobehavioral disorder which is characterized by attention problems, hyperactivity and impulsivity. According to the description of hyperactivity and impulsivity symptoms it was assumed that children with ADHD would have more physical activity than healthy counterparts but some studies had shown the opposite [1]. Also, recent studies provide evidence for children with ADHD spend more time on media [3]. With the well-known association between sedentary behaviors and obesity and growing results of high obesity prevalence in ADHD, researchers are focused to elucidate this relationship [1–3]. Therefore, we aimed to examine the sedentary behaviors in children diagnosed with ADHD in a cross sectional design and contribute to the growing literature.

METHODS: 86 children diagnosed with ADHD without other neurodevelopmental disorders and chronic medical disease were included in the study group. 86 age and sex matched children without chronic medical and psychiatric disease were obtained as the control group. The Turgay DSM-IV Based Disruptive Behavior Disorders Child and Adolescent Rating and Screening Scale (T-DSM-IV-S) and Schedule for Affective Disorders and Schizophrenia for School Age Children were used to assess psychiatric disorders. Parents were asked to report the number of hour that their children spent watching TV-computer and organized sport activities.

RESULTS: The mean age of the cases was 7±1 years and %83.7 (n=72) was male both in the ADHD and the control group. ADHD group's daily average media time spent on TV and computer was found 2,93±1,28 hours and control group's 2,55±1,15 hours (p=0,023). According to the results of weekly average time spent on sports it was found that ADHD group spent 1,48±1,98 hours and control groups spent 1,62±1,82 hours (p=0,409).

CONCLUSIONS: It is proposed that children with ADHD exhibit increased motor activity such as increased fidgetiness or restlessness rather than the sustained physical activity [1]. However, in terms of physical inactivity, findings of the present studies are contradictive [1–3]. We found no significant difference between the groups but it is plausible that the lack of the consistent measurement methods may be the cause of this discrepancy. When we evaluate our results with increased media time, we may suggest that children with ADHD prone to have sedentary behaviors. Further studies needed to clarify this relationship.

KEYWORDS
Attention-deficit/ disorder with hyperactivity; sedentary behavior; child

References

[1] Khalife N, Kantomaa M, Glover V, Tammelin T, Laitinen J, Ebeling H, et al. Childhood attention-deficit/hyperactivity disorder symptoms are risk factors for obesity and physical inactivity in adolescence. J Am Acad Child Adolesc Psychiatry 2014;53(4):425–36.
[2] San Mauro Martin I, Blumenfeld Olivares JA, Garicano Vilar E, Echeverry Lopez M, Garcia Bernat M, Quevedo Santos Y, et al. Nutritional and environmental factors in attention-deficit hyperactivity disorder (ADHD): A cross-sectional study. Nutr Neurosci 2018;21(9):641–7.
[3] Gormez V, Orengul AC. Assessment of electronic media use in children and adolescents with attention-deficit/ hyperactivity disorder. Anadolu Psikiyatri Dergisi 2017;18(5):495–503.

[Abstract:0640][Mood disorders]

Evaluation of ischemia modified albumin levels in major depression patients

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ABSTRACT

OBJECTIVE: Depression is an important public health problem. The association of depression with antioxidant defence system has been reported. In studies, increased serum superoxide dismutase activity was found in depressive patients. Ischemia-modified albumin (IMA), calculated by the evaluation of cobalt binding to albumin, is a new biomarker that measures ischemia. IMA has also been associated with diseases related to oxidative stress such as psoriasis, diabetes, multiple sclerosis, some cancers, polycystic ovary syndrome, schizophrenia and bipolar disorder. The aim of this study was to evaluate IMA levels as a new parameter related to oxidative stress in patients with major depressive disorder (MDD)

METHODS: A total of 59 patients diagnosed with major depressive disorder in Yozgat Bozok University Psychiatry Department who are between 18–65 years of age, not using psychotrophic medication for 3 months and 59 age and gender matched healthy controls (control group) were included in the study. Patients with comorbid psychiatric or systemic disease, history of chronic drug use due to any disease, smoking, alcohol and substance use, pregnancy or breastfeeding were not included in the study. Serum IMA and albumin levels were measured in blood samples taken from patient and control groups. 9 ml blood was taken into the biochemical tubes without preservatives and centrifuged at 2500 g for 10 minutes in half an hour. IMA measurement in serum was performed spectrophotometrically according to the method described by Bar-Or et al. Yozgat Bozok University Clinic Research Ethics Committee approved the study.

RESULTS: Among of the patients with depression, 27 (45.8%) were male and 32 (54.2%) were female and among control group 29 (49%) were male and 30 (51%) were female. The mean age of the patients was 39.40 ± 12.20 years and the control group had a mean age of 38.67 ± 9.29. No statistically significant difference was found between the patient group and the control group in terms of age and gender ($p = 0.942$, $p = 0.714$, respectively). The mean IMA level of the patients was 84.40 ± 3.92 and the control group was 82.62 ± 3.02 and the difference was statistically significant ($p < 0.01$). The mean albumin levels were 4.16 ± 0.36 and 4.03 ± 0.32 in the patient group and the control group, respectively, and the difference was statistically significant ($p = 0.01$).

CONCLUSIONS: IMA has recently been proposed as a marker for oxidative stress and has been reported to increase in the inflammation process. On the other hand, it is argued that oxidative damage caused by iron increase enhances IMA. In this context, IMA may be a new marker in determining iron induced oxidative injury. In this present study, higher IMA levels were determined in depression patients than healthy controls. This result may be an indicator of increased oxidative stress in patients with depression. As far as we know, a study evaluating IMA levels in depression patients has not been found in the literature.

KEYWORDS

Major depressive disorder; ischemia modified albumin; oksidative stress

Table 1. Sociodemographical characteristics and distribution of serum IMA and albumin levels in patient and control groups.

	Patient	Control	p and Z value
Age	39.40 ± 12.20 (min=18,max=65, median=45)	38.67±9.29 (min=23,max=60, median=35)	p=0.942 Z=−0.073
Gender	27(%45) male 32 (%55) female	29(%49) male 30 (%51) female	p=0.714 Z=−0.367
HDRS	28.76±8.29 (min=14,max=46, median=30)	2.58±1.55 min=0,max=6, median=2	**p<0.001** Z=−9.392**
IMA	84.40±3.92 (min=66.5,max=92.3, median=84.2)	82.62±3.02 (min=73,max=90, median=82.9)	**p< 0.001** Z=−3.33**
Albumin	4.16±0.36 (Min=2.28,max=4.82, median=4.19)	4.03±0.32 (Min=2.99,max=4.85, median=4.06)	**p=0.01 * Z=−2.570**

IMA:Ischemia Modified Albumin, HDRS:Hamilton Depression Rating Scale, Z:Mann-Whitney U test *p<0.05, **p<0.001.

[Abstract:0650][Neuroscience: Neuroimaging-Genetics-Biomarkers]

Possible indicator in attention-deficit/hyperactivity disorder s: nitric oxide and adrenomedulline

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ABSTRACT

OBJECTIVE: Many studies show that adrenomedullin (ADM) is associated with nitric oxide (NO) and various mechanisms and is involved in the etiopathogenesis of schizophrenia, bipolar disorder and autism by oxidative stress. In this study, we aimed to evaluate the comparison of serum ADM and NO levels in children with ADHD and the relationship between ADHD and serum NO and ADM levels in children with ADHD who had no new drug use, considering contradictory information regarding serum NO and ADM levels We purposes.

METHODS: Twenty-nine children with ADHD were included in the study. The semi-structured interview was conducted by the researcher in all the children attending the study. Sociodemographic information form and Conner içins Parent and Teacher Rating scale for ADHD symptoms were evaluated. Serum NO and ADM levels were measured by ELISA.

RESULTS: No significant difference was found between serum NO and ADM levels of children with ADHD and healthy children (Table 1), no relation was found between serum NO and ADM levels and there was no correlation between ADHD levels and ADHD symptoms in children with ADHD ($p > 0.05$).

CONCLUSIONS: Oxidative stress, nitric oxide and adrenomedullin in the body are associated with several etiologic factors for attention-deficit/ hyperactivity disorder with mechanisms such as HPA axis and neurotransmitter regulation. Serum ADM and NO were defined in a semi-structured interview, working in a group without drug use and comorbid medical-psychiatric conditions and emphasizing the clinical importance of the possible markers for ADHD. In order to explain the relationship of these parameters with ADHD in the future, experimental animal studies, which include the parameters of oxidant-antioxidant and HPA axis, in which children, adolescents and adult age groups are compared, and human studies with larger sample size are needed.

KEYWORDS
ADHD; Adrenomedulline; Nitric Oxide

[Abstract:0786][Psychopharmacology]

The cytotoxic potentials of some antipsychotic drugs, methylphenidate and atomoxetine on human lymphocytes and hepatocellular carcinoma cells

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ABSTRACT

OBJECTIVE: Risperidone (RIS) and aripiprazole (ARI) are atypical antipsychotic drugs and are commonly used for the treatment of schizophrenia, bipolar disorders and persistent aggression in children with different psychiatric disorders. Methylphenidate (MPH) is a psychostimulant agent and atomoxetine (ATX) is a selective norepinephrine reuptake inhibitor. MPH and ATX are approved for the treatment of treatment of attention deficit/hyperactivity disorder in children, adolescents and adults. All of these drugs can be used alone or combine in clinical practice. The effects of cell proliferation cytotoxic properties of MPH, ATX, ARI and RIS are discussed controversially. The aim of the present study was to evaluate the impact of these drugs in different concentrations between 0 (vehicle) and 5000 ng/ml on the survival of human hepatocellular carcinoma (HEPG-2) and healthy blood (lymphocytes) cells.

METHODS: Cell viability/cytotoxicity was determined MTT assay is a colorimetric assay based on assessing the cell metabolic activity. Dose-response curves were used to determine specific IC50 values.

RESULTS: The results of the present study indicated that the tested drugs induced cytotoxicity depending on the doses exposed. Moreover, the application of the highest drug concentrations (500 ng/ml and above) caused the sterility in cell cultures and all cells died. However results revealed that treatment of drugs led to a significantly enhanced cell survival in both cell lines at lower concentrations.

CONCLUSIONS: Together with the results of obtained, we can say that the drugs are quite efficient in inducing cell viability at this minimal experimental dosages. It is anticipated that outcome will be supported by similar or more advanced studies.

KEYWORDS
Methylphenidate; atomoxetine; aripiprazole; risperidone; cytotoxicity; MTT