18th International REVIEW of Psychosis and Bipolarity
Rome, ITALY, 22-24 May 2016

Venue:
Montecitorio Conference Centre & Hotel Nazionale
Piazza di Montecitorio 131, 00186 Rome, Italy

Final Programme

Prepared by: Russ Pendleton
Association Director
Day 1 Sun 22 May

0915  Registration
0945  Welcome and Introduction
      Conference chairs - Prof Paolo Girardi (IT) & Dr Giulio Perugi (IT)

1000  KN 1: The Continuum from Major Depression to Bipolar Disorder
      Chair: Prof P Girardi (IT)
            Prof J Angst (CH)

1030  MS 1: New Perspectives in Psychosis and Schizophrenia
      Co-Chairs: Dr G Perugi (IT). Prof A Serretti (IT)
      1. New Approaches in schizophrenia treatment: recent studies’ results & their implications in real clinical practice
          Prof A Serretti (IT)
      2. Inflammation, Autoimmunity and Psychosis: A “Humoral” Perspective
          Dr G Perugi (IT)
      3. Functional Remission in Schizophrenia
          Dr B Ghajati (TN)

1200  Coffee

1230  OP 1: Presentations of Single Study Submissions
      Chair: Mr R Pendleton (UK)
            Six 8-10 minute rapid fire talks on latest hot topics and research results

1330  Lunch & PS

1430  MS 2: Assessing Suicide Epidemiology, Risk Factors and Predictors
      Chair: Prof A Serretti (IT)
            1. Epidemiology and Assessment of Suicide Risk in Bipolar Disorders and Mixed States
               Prof M Pompili (IT)
            2. Predictors of Suicide Ideation in Older Adults with Bipolar Disorder
               Dr N O’Rourke (IL)

1530  Coffee

1600  MS 3: Consideration of Separate Elements in Aetiology, Development and Treatment
      Chair: Prof J Angst (CH)
            1. Cognitive Impairment in Tunisian Bipolar Patients
               Dr G Hamdi (TN)
            2. Development and Validation of the BD Sx
               Dr N O’Rourke (IL)
            3. The Association between Sensory Processing Patterns, Coping Strategies, and Quality of Life in Unipolar and Bipolar Patients
               Dr G Serafini (IT)
            4. Antiepileptics prescription for Impulsivity in Bipolar Disorder
               Dr G Hamdi (TN)

1800  Canapés & Welcome Evening, Refreshments and Informal Discussions

1800  OP 2: Presentations of Single Study Submissions
      Chair: Mr R Pendleton (UK)
            Six 8-10 minute rapid fire talks on latest hot topics and research results

1900  Formal Sessions Close for the Day, Refreshments will continue until Delegates leave...
Programme & Abstracts
Rome 22-24 May 2016

Day 2 Mon 23 May

0900  MS 4: Diagnostic Issues on the Edge of the Spectrum
Chair: Prof A Erfurth (AT)
1. Is anti-depressant resistant depression a sign of Bipolarity?
   Prof Z Rihmer (HU)
2. Kretchmer Reloaded - Constitution and Temperament beyond Bipolarity
   Prof A Erfurth (AT)
3. Cyclothymia as a Neurodevelopmental Disorder
   Dr G Perugi (IT)

1000  KN 4: The underpinning role of cyclothymic temperament in ADHD using Conner’s Continuous Performance Test II (CPT-II) as biomarker
Chair: Prof Z Rihmer (HU)
Dr V Elin Giaever Syrstad (NO)

1030  Coffee

1100  KN 5: You win some, you lose some: the two sides of the serotonin transporter gene from risk variant to phenotypic plasticity
Chair: Prof Z Rihmer (HU)
Prof X Gonda (HU)

1130  KN 6: Social Cognition in Schizophrenia - Assessment and Treatment
Chair: Prof A Erfurth (AT)
Dr G Sachs (AT)

1215  KN 7: Precision Psychiatry in Bipolar Disorder
Chair: Prof A Erfurth (AT)
Prof E Vieta (ES)

1300  Lunch & PS

1430  MS 5: Nothing new under the sun? An update on current treatments for Bipolar Disorder and beyond
Chair: Dr D Popovic (IL)
1. Novel treatments in bipolar disorder
   Dr D Popovic (IL)
2. The importance of reporting negative trials: example of Valnoctamide for the treatment of bipolar mania
   Prof M Weiser (IL)
3. Repositioning of CNS drugs
   Prof Davidson (IL)

1600  Coffee

1630  MS 6: The Issue of Tolerability in the Long Term Treatment of Bipolar Disorders
Chair: Dr A Murru (ES)
1. Metabolic Effects of Treatment with Lithium Salts
   Dr L Tondo (IT)
2. Neurtropic Drugs during Lactation
   Dr I Pacchiarotti (ES)
3. Hyperprolactinaemia and Medications for Bipolar Disorder: Neglected but Relevant
   Dr A Murru (ES)

1900  Sessions Close for the Day

2030  Conference Dinner, Lifetime Achievement Award and Speeches
Day 3 Tues 24 May - Special Symposium in Remembrance of Prof Koukopoulos

1000  Coffee & Opening Discussions

1030  MS 7: Past and Future of Lithium Therapy

Chairs: Paolo Girardi, Leonardo Tondo

1. The pharmacology of lithium
   Dr I Panaccione (IT)

2. The history of lithium treatment
   Dr A Koukopoulos (IT)

3. Clinical aspects of mood stabilizing effect of lithium
   Dr L Tondo (IT)

4. Does a neuroprotective effect of lithium exist?
   Dr G Sani (IT)

5. Lithium, a classic drug frequently discussed, but sadly, seldom prescribed
   Prof O Zivanovic (RS)

1300  Conference Close
GENERAL INFORMATION

Venue
Montecitorio Conference Centre & Hotel Nazionale
Piazza di Montecitorio 131,
00186 Rome, Italy
Tel. +39 06.69.50.01
www.hotelnazionale.it

Registration Desk
Registration for IRPB 2016 will take place on Sunday 22 May 2016 from 09.15 - 09.45 hrs.

Name Badges
Upon registering you will receive your name badge. You are requested to wear your name badge during the conference. Please note that delegates without a name badge will not be allowed to enter the conference venue or sessions.

Language
The official language of the conference is English.

Certificate of Attendance
Certificates of Attendance will be available to download from the conference website www.irpb.info

Lunch, Refreshments and Breaks
Lunch will be provided on 22 and 23 May 2016. Other refreshments will be provided according to the programme.

Posters
Electronic Poster Screens will be available to view posters throughout the programme days. However, there are 2 scheduled poster sessions during the lunchbreaks on 22 and 23 May 2016 according to the programme. Poster presenters should make themselves available to answer any questions about their poster during those times.

Speakers
Speakers should arrive at least 3 hours before their talk in order to load their slides in advance with the technicians.

Internet Access
There is free WiFi available in all public areas of the conference. Access details are available from the Registration Desk.
Welcome & Introduction

Welcome to IRPB 2016 and to Rome. We wish you a wonderful stay and an enjoyable, educational experience at the conference.

The International Review of Psychosis and Bipolarity is an expert review meeting that allows delegates to update themselves with recent progress in the field. It includes talks and summary presentations from many experts in the field, often bringing their own new data to the meeting. These keynote plenary speakers are invited to the conference, however there are also oral sessions and shorter oral platforms which are submitted to the programming committee and which we are extremely pleased to be able to include in the programme. This year, as with all years, the standard of the programme is extremely high and we wish to extend our thanks to all the speakers for taking the time to prepare their presentations and for their analyses of progress in the field. We are looking forward to an exciting and informative programme.

Included in the programme also are Posters, usually reporting on the results of one study, the posters are presented via electronic means through television screens near the registration area. The IFPB would like to extend the invitation to join us for lunch and poster sessions when poster authors will be asked to stand near the e-Poster television screens to answer any questions on their posters.

All sessions, platforms and posters will be recorded and made available on the internet (with speaker permission) in the members access only section. As a delegate you have access to this section for 12 months following the conference, so if you miss something, you can always catch up another time outside of the conference. For this reason, we offer CME accreditation to all delegates without monitoring attendance at the conference. It is the responsibility of the delegate to claim the appropriate amount of CME accreditation up to a maximum of 24 points.

CME certificates of attendance are available for downloading and printing off, and are to be filled in by delegates appropriately from the homepage of the website. These certificates will remain on the website for many months after the conference.

All conferences are about more than the science though, and we have ample time for networking built into the programme. Please take the time to attend the social and networking event at the end of day 1 plus the conference dinner in the evening of day 2. We need to know numbers for the conference dinner as early as possible so please ask for your ticket from registration as soon as you can. We hope that you find the conference to be an excellent experience, if you have any questions or need help in any way, please feel free to ask at the registration desk.

With Warm Regards

IFPB Secretariat

Conference Director: Russell Pendleton BSc (Hons) MBA MiOD
Correspondence Address: 58 Kingsway, London, SW14 7HW, United Kingdom
Web: www.perimetercommunications.com
Email: rp@pericomms.com
Web: www.irpb.info
Email: secretariat@irpb.info
Recognition of Psychosis and Bipolarity at an academic, clinical, and National level has increased in recent times. However, an International network of like-minded individuals or groups is still lacking. The International Review of Psychosis & Bipolarity www.irpb.info provides a forum for all Psychiatrists to meet on an annual basis, and provides the perfect stepping stone upon which to base an International, regional and cross-cultural federation.

The International Forum of Psychosis & Bipolarity seeks to establish itself as such an organization. It provides the basis for individuals or National organizations to form like-minded International groups, and to drive common objectives, research and projects.

We welcome your ideas to start new initiatives, and look forward to working with you.

JOIN THE IFPB

The International Forum of Psychosis & Bipolarity www.ifpb.info is the parent association for the IRPB bringing together clinicians, researchers and psychiatrists together throughout the year with its membership activities.

Objectives
To advance development of and co-operation between the Bipolar Disorders and Psychosis Societies and to help new societies grow and establish themselves
To promote and co-operate in International exchange arrangements for all Psychiatrists/Neuroscientists
To stimulate, encourage and help develop programmes of clinical and experimental Bipolar Disorders research
To establish and develop representation of Bipolar and Psychotic organisations on a global level

Membership Features
Annual Conference
Online Learning Library
Annual Review Publication
Awards
Membership Directory
CME Accreditation Services
CME Accredited Physician Programs
Advocacy Services

CME ACCREDITATION SERVICES

The IFPB CME Accreditation Committee can assess your medical education activity for CME accreditation in the area of Affective Disorders, Psychosis, Anxiety or Addiction. This can be a conference, online learning programme or written course. Any programme can be assessed for International CME Accreditation points following closely to the European Union guidelines, please contact:

Association Director • Russ Pendleton • +44 (0)7878 201 416 secretariat@irpb.info with the following information:
• The draft programme
• A brief biography of the speakers

CME CREDITS
Each medical specialist should claim only those hours of credit that he/she actually spent in the educational activity. The Global Addiction CME credit system is based on 1 Global Addiction CME per hour with a maximum 18 credits.
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ABSTRACTS

Prof Paulo Girardi
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Conference Co-Chair

Dr Paulo Girardi is a Full Professor of Psychiatry at the Sapienza University of Rome, Italy, School of Medicine and Neuroscience, Department of Neurosciences, Mental Health and Sensory Organs (NESMOS). He is also Director of the Psychiatric Department of Saint Andrea Hospital of Rome, Italy.

Dr Girardi was born in Rome and graduated in Medicine and Surgery in July 1972. He was the recipient of a research grant for Educational and Scientific Training from 1972 through to 1975. He was a researcher at the Sapienza University of Rome from 1 October 1980 and specialised cum Laude in Psychiatry from October 1982. He became an Assistant in 1988 and was made Clinical Assistant at the Outpatient Unit of Santa Maria della Pietà Psychiatric Hospital in 1993. In 2001 he became Medical Staff director of Sant'Andrea Hospital. From March 2002 he was Associate Professor of Psychiatry at the 2nd Medical School, Sapienza University, Rome, Italy and Full Professor of Psychiatry from November 2010 at the School of Medicine and Psychology, Sapienza University of Rome, Italy, as well as Director of the Psychiatric Unit of the Sant'Andrea Hospital.

Dr Girardi has contributed to and authored more than 250 scientific publications. He co-authored the book "Manuale di Psicofarmacologia dell’anziano" (Manual of Psychopharmacology for the Aged) (with R. Tatarelli and A. Bernabei); co-authored the book "Curare con il paziente" (Taking Care With the Patient) (with R. Tatarelli and E. De Pisa) and edited the book "Manuale di riabilitazione fisica e psichica dell’anziano" (Manual of physical and psychological rehabilitation of the aged) (with Q. Granata and R. Tatarelli). He has taught at various training workshops and CME activities. He regularly holds teaching classes at Sapienza University, Rome. He co-edited two international books on suicide and he published extensively on suicide. He was a founding member of the “Centro Lucio Bini” (Lucio Bini Centre) and “Aretaeus”, Rome, Italy. He founded the Associazione Italiana Lotta Allol Sigmma (A.I.L.A.S.) (Italian Association Fight Against Stigma) with Roberto Tatarelli. He is a member of several Scientific Associations and Societies including SIP, SIPS, AEP etc.

Dr Giulio Perugi
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Conference Co-Chair

Co-Chair of the conference, Dr Perugi works as the co-director of the Day-Hospital unit of the Department of Psychiatry of the University of Pisa. Dr Perugi is professor of Clinical Psychiatry and Psychopharmacotherapy at the University of Pisa, Italy and since December 2000, Dr Perugi has been the director of the Institute of Behavioural Sciences “G. Delisio” in Pisa. Dr Perugi received his medical degree at the University of Pisa in 1981 and he trained in Psychiatry until 1985. He works as the co-director of the Day-Hospital unit of the Department of Psychiatry of the University of Pisa and is professor of Clinical Psychiatry and Psychopharmacotherapy at the University of Pisa, Italy. Since December 2000, he has been the director of the Institute of Behavioural Sciences "G. Delisio" in Pisa.

Dr Perugi is also involved in the International Research Project on Mood Disorders in collaboration with the University of South California in San Diego. In this field he has developed and directed many research projects on Mixed States, Mania, Anxious-Bipolar Co-morbidity and Atypical Depression-Bipolar II Borderline connection. In the field of anxiety disorders he has directed several studies on clinical features and long-term naturalistic treatment of Panic Disorder-Agoraphobia, Obsessive-Compulsive Disorder and Social Phobia.

Dr Perugi is part of the editorial board of the Journal of Affective Disorder and other 5 International Journals. He is the author of 3 books and over 350 papers, published in national and international Journals (about 120 peer reviewed), on psychopathology, clinical psychopharmacology, and pharmacotherap

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Jules Angst, MD, is Emeritus Professor of Psychiatry at Zurich University in Zurich, Switzerland, and Honorary Doctor of Heidelberg University in Heidelberg, Germany. He trained under Manfred Bleuler and was Professor of Clinical Psychiatry and Head of the Research Department of Zurich University Psychiatric Hospital (the Burghölzli) from 1969 to 1994. He continues to work full-time in epidemiological and clinical research. His monograph (1966) established and validated the distinction between bipolar disorders, depression, and schizoaffective disorders on the basis of genetics, course, and personality. He was the first to show the unfavourable long-term course of mood disorders. In 1984 he described the familial response to imipramine; on the basis of multicentre studies, he provided statistical evidence for the long-term efficacy of lithium (1970) and for the efficacy of clozapine (1971). His more recent work in psychopharmacology has focused on the long-term prophylactic effect of antidepressants and atypical neuroleptics against suicide, on the early onset of action of antidepressants, and on "drug-induced hypomania". His recent main research has been in epidemiology covering the classification, comorbidity and course of mood and anxiety disorders including subdiagnostic syndromes (recurrent brief depression, bipolar-II disorders, hypomania, minor bipolar disorder, and anxiety), OCD, neurasthenia, perimenstrual syndromes and migraine. He has also studied the relationship of personality with birth order, astrology, blood groups, smoking, drug abuse, suicide, mood disorders, and schizophrenia. He has received many awards in recognition of his work, including the Anna Monika Awards (1967/1969), Paul Martini Prize for Methodology in Medicine (1969), Otto Naegeli Prize (1983), Eric Strömberg Medal (1987), and the Emil Kraepelin Medal of the Max Planck Institute, Munich (1992). He has also received the Selo Prize NARSAD/Depression Research, USA (1994), Mogens Schou Award for Research in Bipolar Disorder, USA (2001), the Burghölzli Award for Social Psychiatry (2001), the Lifetime Achievement Award of the International Society of Psychiatric Genetics (2002), the Wagner-Jauregg Medal (2007), the Juan J. López-Ibor Award (2010), the Lifetime Achievement Award in Biological Psychiatry (WFSPB 2011), in Neuropsyhoparmacology (ECNP 2012), and Suicide Prevention (AFSP 2013). Professor Angst is an Honorary Fellow of the Royal College of Psychiatrists. He is a Honorary member of the Mexican, Chilean, Polish, and Austrian Psychiatric Associations; the American Psychopathological Association; the German Association of Biological Psychiatrists, the Swiss Society of Psychiatric Epidemiology; the Swiss Society of Biological Psychiatry, the European College of Neuropsychopharmacology and the Association of European Psychiatrists, of which he was President from 1986 to 1998. In 2002 he was elected as a fellow of the American Psychiatric Association.
The Continuum from Major Depression to Bipolar Disorder

Despite clear improvements in the definition of bipolar disorders in DSM-5, major depressive disorders (MDD) continue to be overdiagnosed, making MDD a heterogeneous group for drug trials, treatment and research in general. This presentation of data from the Zurich Cohort Study provides information on three groups of subjects diagnosed as MDD. Modifying DSM-5 criteria for mania/hypomania (including increased energy/activity as criterion A but without dominance over the two mood items), we derived three subgroups: 1) MDD, 2) MDD+mmnsx (hypomanic symptoms), 3) MDD +MSY (full manic syndrome) and compared them with 4) Bipolar disorders (BP-III). The corresponding prevalence rates were (1) 13.3%, (2) 5.9%, (3) 4.9% and (4) 3.5%. Groups 2 and 3 had higher family histories for mania, anxiety, panic and substance abuse than group 1. The critical group 3 (MDD + MSY) had significantly higher comorbidity with anxiety, panic and alcohol abuse than pure MDD. These data support the hypothesis that subjects with MDD+MSY constitute a valid and clinically relevant group of hidden bipolar. The data further suggest that the duration of hypomanic episodes and consequence may be unnecessary for diagnosis. The findings explain the high rate of so-called false positives of the screening with the Hypomania Checklist -32-R. Of course replication by other studies is needed.

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New Approaches in schizophrenia treatment: recent studies’ results & their implications in real clinical practice

Second generation antipsychotics are effective in schizophrenia but a number of unmet needs remain. Partial efficacy and poor tolerability are among the most relevant issues. In order to face current limitations, new compounds are recently available or are close to market which promise a range of benefits compared to current treatments. The presentation will detail positive and negative aspects of new compounds such as iloperidone, Asenapine and Lurasidone. Further compounds in development with innovative mechanism of action will be also commented.

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Inflammation, Autoimmunity and Psychosis: A “Humoral” Perspective

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Functional Remission in Schizophrenia
Authors: Ghajati, Boutheina; Chennoufi, Leila; Tounsi, Abir; Labbane, Raja; Cheour, Mejda

Introduction: From Kraepelin’s times, schizophrenia has been primarily considered as a “deficit state” systematically associated with functional handicap and emotional isolation. However, progress in pharmacotherapy and new insights into the disease pathogenesis have come to recognize the possibility of a favorable outcome. After developing the criteria of symptomatic remission, researchers are currently discussing the social and professional functioning of patients with schizophrenia. The aim of this study was to determine the prevalence of functional remission as well as its predictors among patients with schizophrenia.

Methods: We conducted a cross-sectional, retrospective and descriptive study in the psychiatry department “C”, in Razi hospital (Tunis), between October 2014 and March 2015. Sixty patients suffering from schizophrenia spectrum disorder (DSM IV-R) were included. Functional status was explored with the global assessment of functioning scale (GAF), the social and occupational functioning assessment scale and the social autonomy scale (SAS). Symptomatic remission was defined according to the remission in schizophrenia working group (RSWG) criteria. All participants were assessed with the positive and negative syndrom Scale (PANSS), the Calgary depression scale in schizophrenia (CDSS), the Birchwood insight scale (BIS), the Simpson and Angus extrapyramidal side effects scale, the mini mental state exam (MMSE), the frontal assessment battery (FAB) and the clock test.

Results: Rates of functional remission were respectively: 63,30% at the GAF scale, 48,30% at the SOFAS and 51,70% at the SAS. Predictors of functional status were: duration of untreated psychosis, schizophrenia subtype, negative symptoms, symptomatic remission, depression and employment status. Executive functions were also among predictors of functional remission.

Conclusion: Our results confirm the disabling nature of schizophrenia, yet they draw attention to the complexity of the functional remission dimension as well as the possibility of social and professional reintegration with the disease.

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Epidemiology and assessment of suicide risk in bipolar disorder and mixed state

Authors: Maurizio Pompili

Bipolar disorder is a chronic disease characterised by periods of mania or hypomania, depression, or a combination of both (‘mixed states’). Patients can experience episodes that are predominantly manic or depressive, but with the presence of symptoms from the opposing pole – mania/hypomania or depression (termed ‘mania with depressive symptoms’ or ‘depression with manichypomanic symptoms’). Mixed states represent a severe presentation of bipolar disorder being associated with an increased risk of suicide, more frequent episodes of longer duration and a longer time to achieve symptomatic remission, a higher number of hospitalisations (often of longer duration), and greater impairment. Suicide in bipolar disorder is a major public health problem as it is the leading cause of death among patients with bipolar disorder, and carries personal, societal, and economic consequences. Given the emerging evidence for an increased risk of suicide in patients with bipolar disorder experiencing mania with depressive symptoms, it is important to recognise and identify such patients early, and intervene accordingly. The complex nature of mixed states and severity of the presentation means that management of these episodes is challenging. The treatment of mixed states is made even more difficult by the fact that the efficacy of drugs shown as useful in treating episodes of pure mania is largely unproven in the subset of patients with mixed states. Antipsychotics may be prescribed as adjunct therapy with a mood stabiliser for the treatment of mixed states. However, appropriate evidence-based treatment options for managing mania with depressive symptoms, in particular, are limited. Post hoc analyses focusing on patients with mania and depressive symptoms in trials of atypical antipsychotics will be reviewed. The diagnosis of ‘mania with depressive symptoms’ is often delayed as the initial focus of intervention is to treat the emerging symptoms of mania, often overlooking the presence of depressive symptoms. Symptoms of anxiety, irritability, and agitation (AlA) are prevalent in mania with depressive symptoms, and therefore may be considered as ‘gateway symptoms’, alerting physicians to patients who may be vulnerable to suicide, allowing appropriate intervention. At present, the management of mania with depressive symptoms lacks focus on symptoms such as AIA, which are known to have a raised prevalence in patients with the mixed symptoms of bipolar disorder.

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Predictors of Suicidal Ideation among Older Adults with Bipolar Disorder

Authors: Prof. Norm O’Rourke, Ph.D., R.Psych. (Ben-Gurion University) Prof. Marmin Heisel, Ph.D. (University of Western Ontario) Dr. David B. King (Simon Fraser University) Hamed Yaghoubi-Shahir, MSc. (Simon Fraser University) Prof. Andrew Sixsmith, Ph.D. (Simon Fraser University) and the BADAS Study Team

Background: Suicidal ideation is the greatest risk of death by suicide of all psychiatric conditions; 25%-50% of those with BD will make one or more suicide attempt. Substance misuse, medication non-adherence, age at onset, and comorbid psychiatric conditions each predict self-harm among young adults with BD. It is currently unclear however if these same factors predict suicidal ideation among older adults with BD. We recruited a global sample of 220 older adults with BD over 19 days using socio-demographically targeted, social media advertising and online data collection (M = 58.50 years of age). Our analyses support a 4-factor model of responses to the Geriatric Suicidal Ideation Scale (passive and active ideation, meaning in life, personal/social worth, death ideation) mapping onto a higher-order latent construct. Subsequent analyses identified depressive symptoms, cognitive failures, alcohol misuse and the absence of life satisfaction as direct predictors of suicidal ideation; duration of BD symptoms, sleep quality, and medication non-adherence emerged as indirect predictors. Results support the factorial validity of the GSIS with older adults with BD. Aging-related factors predict suicidal ideation, distinct from their younger counterparts. Population aging and treatment efficacy are leading to ever growing numbers of older adults with BD. More research is required to identify factors that distinguish suicidal ideation and self-harm between young and older adults with BD.

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Cognitive impairment in Tunisian bipolar patients

Authors: Ghada Hamdi, Hanen Ben Ammar, Zouhaier El Hechmi

Introduction: The existence of cognitive dysfunction during the symptomatic phase of bipolar disorder was recognized very early by Kraepelin. A deficit in attentional capacity, impairment in mental flexibility, reduced verbal and non-verbal learning and a memory alteration have been reported in patients with bipolar disorder during depressive and manic relapses. However, it seems that cognitive deficits persist while patients are in the asymptomatic phase of the disease. Very few studies have examined the cognitive profile of euthymic bipolar patients.

Objectives and Methodology: This is a cross-sectional study over a period of six months: from the month of April 2015 to September 2015. It targeted 60 euthymic bipolar patients (Hamilton depression scale score ≤8, and Young Mania Rating Scale score ≤6) compared with 60 healthy controls. Each patient was matched with a control by age, sex and education level. The study was designed to compare cognitive functions through a series of tests validated in Arabic. Memory was tested using the HVLT (Hopkins Verbal Learning Test) as well as the verbal fluency test and the span of numbers in order and reverse. Executive functions were tested using the Stroop test for the ability of inhibition, the verbal fluency test for spontaneous flexibility and TMT (Trail Making Test) and WCST (Wisconsin Card Sorting Test) for reactive flexibility. Finally, attention was tested using the Zazoo test and LDST (Letter Digit Substitution Test).

Results: In the majority of cognitive domains, patients with bipolar disorder had average scores which were significantly lower than that of control group. The Executive function and verbal learning were the most affected functions in bipolar patients, while attention, psychomotor speed and short term memory were less affected. Deficits affecting verbal memory were present in euthymic bipolar patients; these deficits were more intense in patients with a history of alcohol addiction. The Performance in verbal memory and executive functioning of these patients were negatively correlated to the number of manic episodes and the total number of months of depression or mania. Selective attention and sustained attention seemed to not being impaired in patients in remission. The Manic or depressive symptoms were associated with perseverative deficits and errors as well as a deficit in verbal fluency and planning capacity.

Conclusion: Identifying cognitive abnormalities in bipolar patients and distinguishing those related to the disease and those related to the use of psychotropic drugs is a major challenge in the coming years. Further studies on cognitive functions during the first mood episodes in treatment-naive patients would be particularly useful.
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Development and validation of the Bipolar Spectrum  
Authors: Prof. Norm O’Rourke, Ph.D., R.Psych. (Ben-Gurion University) Prof. Andrew Sixsmith, Ph.D. (Simon Fraser University) Dr. David B. King (Simon Fraser University) Hamed Yaghoubi-Shahir, Msc. (Simon Fraser University) and the BADAS Study Team  

Background: The Bipolar Spectrum (Bx) is a broad dimensional approach to the etiology and assessment of psychiatric symptoms in people with severe mental illness. In brain imaging studies, the Bx has been established as a stable dimension able to characterize individuals with major affective disorders. Similarly, impaired coping strategies and cognitive functions resulting from the possible association between sensory processing disorders and quality of life in patients with major affective disorders. Identifying the presence of sensory processing disorders and altered coping strategies used by patients with major affective disorders may provide useful additional information about the burden of disease leading to a better understanding of the illness trajectories. Thus, we aimed to compare unipolar/bipolar patients concerning sensory processing disorders, coping strategies, and quality of life. We also examined the possible association between sensory processing disorders and quality of life and, finally, we investigated the possible association between sensory processing disorders and quality of life in patients with bipolar disorder type I and II. Participants were assessed using specific psychometric instruments evaluating sensory processing, coping strategies, and quality of life. Unipolar and bipolar groups were compared with multivariate analyses. Sensory processing patterns correlated with quality of life independently by coping strategies. In particular, correlations between low registration, sensory sensitivity, sensation avoidance, and reduced quality of life were also found more frequently in unipolar patients compared with bipolar patients. In addition, increased physical quality of life was mainly predicted by reduced age and lower sensory sensitivity whereas increased mental quality of life was predicted by coping strategies. Overall, we found that age predicted physical quality of life whereas coping strategies predicted mental quality of life. The generalization of the main findings is affected by the small sample size together with the mixed demographic characteristics, sensory processing disorders, and coping strategies to the prediction of quality of life. For this purpose, we recruited a sample of 267 participants, of which 157 diagnosed with unipolar major depressive disorder and 110 with bipolar disorder type I and type II. Participants were assessed using specific psychometric instruments evaluating sensory processing, coping strategies, and quality of life. Unipolar and bipolar groups were compared with multivariate analyses. Sensory processing patterns correlated with quality of life independently by coping strategies. In particular, correlations between low registration, sensory sensitivity, sensation avoidance, and reduced quality of life were also found more frequently in unipolar patients compared with bipolar patients. In addition, increased physical quality of life was mainly predicted by reduced age and lower sensory sensitivity whereas increased mental quality of life was predicted by coping strategies. Overall, we found that age predicted physical quality of life whereas coping strategies predicted mental quality of life. The generalization of the main findings is affected by the small sample size together with the mixed nature of the present sample. The study is also limited by its cross-sectional nature. However, we stressed the importance of investigating both coping strategies and sensory processing patterns in patients with major affective disorders. These measures may provide a more thorough understanding of the multiple determinants involved in the complex psychopathology and disease burden of major affective disorders. Future studies should further clarify the impact of sensory processing disorders and impaired coping strategies on the quality of life of unipolar/bipolar patients.


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Antiepileptic prescriptions for impulsivity in bipolar disorder  
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Background: Impulsivity, as defined on the basis of a biopsychosocial approach, is a key feature of several psychiatric disorders. Antiepileptic drugs may be effective for the treatment of the brain circuitry related to impulsivity, by modulating GABA, glutamate, serotonin, and norepinephrine.  

Objective: To evaluate the efficacy of antiepileptic drugs in reducing impulsivity.  

Method: This is a cross-sectional study, descriptive and analytical, conducted among a population of 59 patients (19 women and 40 men) in whom the diagnosis of bipolar disorder was selected as TR DSM IV criteria. We used the BIS scale (Barratt Impulsivity Scale) and GAF scale (Global Assessment of Functioning).  

Results: The average age was equal to 43.5. Average age at the onset of bipolar disorder was 24.6. More than half patients (93.2%, n=55) were prescribed an antiepileptic as a mood stabilizer. Percentage of patients who received sodium valproate was 54.2% and 39% received carbamazepine. Average frequency of GAF was 84.2% in patients receiving carbamazepine and 77.7% in whom sodium valproate was prescribed. There was a significant correlation between antiepileptic prescription and reducing impulsivity (p...
Is antidepressant-resistant depression a signal for bipolarity?

It is well documented that comparing with unipolar major depression antidepressant works less efficiently in the depressive episode of bipolar I and II disorder. However, 30-40% of DSM-IV/5 defined "unipolar" major depressive disorder patients show clinically significant current and/or lifetime subthreshold hypomanic symptoms and in fact, most recent findings show that the high rate of antidepressant resistance is not limited only for the classical (threshold) bipolar I and II depression. It has been repeatedly shown that major depressions with current and/or lifetime subthreshold hypomanic symptoms respond as poorly to antidepressants as classical, (threshold) bipolar I and II depressives. In spite of this, these patients are regularly included into Phase III/IV randomized controlled trials on antidepressant monotherapy in unipolar major depression probable resulting in higher rate of antidepressant resistance than would be expected in "pure" unipolar major depression disorder. Considering the new psychopathology of mood disorder (i.e. taking into account the subthreshold bipolarity) in DSM-IV/5 defined unipolar major depressive disorder in the daily practice and in the planning and interpretation of genetic and pharmacological studies is strongly recommended.


Prof Andreas Erfurth

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Kretschmer Reloaded - Constitution and Temperament beyond Bipolarity

Having Emil Kraepelin's theory of basic states as starting point, Ernst Kretschmer in the 1920s developed a classification system that is seen as one of the earliest and most comprehensive exponents of the constitutional approach [1,2,3]. His classification system was based on the following main body types: asthenic/leptosomic (thin, small), athletic (muscular, large–boned) and pyknic (stocky, fat). Each of these body types was associated with certain personality traits and, in a more extreme form, psychopathologies. Kretschmer described pyknic persons as hyperthymic, amiable and sociable, sometimes as interpersonally dependent. Like in Kraepelin's theory of basic states with personality traits is no longer influential in personality theory." [5] This presentation will advocate a concept of the constitutional type was interpreted as a benignant form of the autistic symptoms observed in schizophrenia. While in his time, this holistic constitutional approach was widely recognised [4], today's wikipedia states that: "However, the idea of the association of body types with personality traits is no longer influential in personality theory." [5] This presentation will advocate a concept of temperament and constitutional vulnerability that goes beyond the categories of distinct disease entities in psychiatry and internal medicine incorporating neurobiology [6-8], neurobiology [6-10] and evolutionary medicine [11].

2. Ernst Kretschmer, Ferdinand Adalbert Kehrer: Die Veranlagung zu seelischen Störungen. Springer, Berlin 1924
Cyclothymia as a Neurodevelopmental Disorder

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Objective: Attention Deficit Hyperactivity Disorder (ADHD) is a heterogenous disorder and it is important to look for factors that can contribute to better diagnosis and classification of these patients. The aims of the study were to characterize adult psychiatric out-patients with a mixture of mood, anxiety and attentional problems using an obj, therefore neurological "risk" variants of attention combined with an assessment of mood instability.

Method: Newly referred patients (n = 99; aged 18-65 years) requiring diagnostic evaluation of ADHD, mood or anxiety disorders were recruited, and were given a comprehensive diagnostic evaluation including the self-report form of the cyclothymic temperament scale and Conner’s Continuous Performance Test II (CPT-II). In addition to the traditional measures from this test we have extracted raw data and analysed time series using linear and non-linear mathematical methods.

Results: Fifty patients fulfilled criteria for ADHD, while 49 did not, and were given other psychiatric diagnoses (clinical controls). When compared to the clinical controls the ADHD patients had more omission and commission errors, and higher reaction time variability. Analyses of response times showed higher values for skewness in the ADHD patients, and lower values for sample entropy and symbolic dynamics. Among the ADHD patients 59 % fulfilled criteria for a cyclothymic temperament, and this group had higher reaction time variability and lower scores on complexity than the group without this temperament.

Conclusion: The CPT-II is a useful instrument in the assessment of ADHD in adult patients. Additional information from this test was obtained by analyzing response times using linear and non-linear methods, and this showed that ADHD patients with a cyclothymic temperament were different from those without this temperament.

Keywords: ADHD, cyclothymic temperament, Continuous Performance Test, variability, complexity

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You win some, you lose some: the two sides of the serotonin transporter gene polymorphism and its implications for clinical work

One great paradox in psychiatry, most investigated in case of schizophrenia, is the fact that psychiatric illnesses and the genes encoding for their vulnerability do not become extinct over time with evolution. The most likely and most studied and accepted explanation for this is that the same genes encoding for the increased risk of the development of a psychiatric illness also encode for traits determining greater adaptation and evolutionary success. This adaptive characteristic is most easily observed in healthy first degree relatives of psychiatric patients. Different types of affective illnesses also seemingly carry adaptive advantage, however, decomposing these illnesses into various types, phases, phenomena and endophenotypes sheds light on how these served better adaptation.

Our increasing and widening understanding of the genetic background of depression also indicates that there is a great role of the environment and that the majority of genetic variants exert their effect in interaction with outer influences by determining sensitivity to outer stressors. Shifting from the diathesis-stress model towards the differential susceptibility paradigm we increasingly believe that the biological context modulates sensitivity to both positive and negative environmental influences, therefore genetic "risk" variants do not render individuals vulnerable, but plastic, and can have positive and protective consequences. Individual life events as well as the general cultural context may therefore play a role both in the effect of such gene variants and in identifying possible intervention targets. Understanding the interaction between illness-related genetically coded behavioural patterns and the cultural environment these are embedded in also helps us understand differences in depression prevalence, manifestation, and possibly also differences in treatment options and response to treatment.
Social Cognition in Schizophrenia - Assessment and Treatment

Social cognition is impaired in patients with schizophrenia (1). This impairment is one of the core features of the illness including emotion processing, social perception, theory of mind and mentalization and has a clear impact on functional outcome. To assess cognition, performance in patients and healthy controls modern neuropsychological tests have been translated and validated. Taking the MATRICS Expert Consensus as basis, the MCB test battery will be presented. For daily clinical assessment of cognition, the BACS and the SCIP have been developed.

While conventional antipsychotics might have a worsening effect on social cognition, e.g. on amygdala attenuation in fMRI studies on facial recognition (2), atypical antipsychotics might not show this effect (3). Social cognitive training (4) - such as the training of affect recognition (5) - is a promising approach in the treatment of schizophrenia. Holistic strategies including both treatment with atypical antipsychotics and social cognitive training can improve functional outcome in patients with schizophrenia (6).

Different therapeutic strategies to improve social cognition will be discussed with particular reference to common ingredients of the different programs.

Training of emotion recognition, social perception and theory of mind in individual and group format will be reviewed. The possible integration with other psychosocial rehabilitation interventions to promote generalization will be addressed. An introduction into the mentalization-based treatment (MBT) will be presented.

Brain imaging techniques are used to elucidate the mechanisms that underlie these treatment strategies in schizophrenia (particularly first episode manifestations) and affective disorders. The neurobiological impact of specific cognitive remediation programs on neural networks of the brain, the so-called 'social brain', are increasingly documented.


Prof Eduard Vieta
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Eduard Vieta, M.D., Ph.D., is currently the Chair of the Department of Psychiatry and Psychology at the Hospital Clinic in Barcelona and full professor at the University of Barcelona. He is also the lead investigator of the Bipolar Disorder group at the Institut d’Investigacions Biomèdiques August Pi i Sunyer (IDIBAPS) and the scientific deputy director of the Centro de Investigación En Red de Salud Mental (CIBERSAM). Dr Vieta received his medical degree at the Autonomous University of Barcelona, and his Ph.D. with Extraordinary Doctoral Award at the University of Barcelona. He has received several awards, including the Aristotle Award (International Society of Brain & Behaviour, 2005), the strategic research price from the Spanish Society of Biological Psychiatry in 2009, the Mogens Schou Award (International Conference on Bipolar Research Award Disorder, 2007), the award from the College of Physicians of Catalonia and the Balearic Islands (COMB) for Professional Excellence in Research for his outstanding contributions to the understanding of bipolar disorder in 2011, Colvin Prize for Outstanding Achievement in Mood Disorders Research and Clinical Neuroscience Lilly Award of the International College of Neuropsychopharmacology (CiNPI) in 2014. That same year, he was ranked number one among all psychiatrists in Spain by the “Monitor de Reputación Sanitaria”. Dr. Vieta is in the very restricted list of “most influential scientists” by Thompson Reuters, given the high number of citations of his research contributions. Furthermore, he was “invited lecturer” at Harvard University during the 2007-2008 academic year and he was named Neuroscience scientific advisor for the European Union in 2011. Dr. Vieta has recently received a doctorate honoris causa from the University of Barcelona. Finally, he is a member of several scientific societies, including the European College of Neuropsychopharmacology (ECNP), where he acts as treasurer, and he is an associate editor of The American Journal of Psychiatry, European Neuropsychopharmacology, and the Revista de Psiquiatría y Salud Mental. He is the editorial board member of 20 more scientific journals.

Precision Psychiatry in Bipolar Disorder

Precision Psychiatry is the modern term for personalized medicine as applied to mental health care. In bipolar disorders, there are unclear diagnostic boundaries with unipolar depression and schizophrenia, inconsistency of treatment guidelines, relatively long trial-and-error phases of treatment optimization, and increasing use of complex combination therapies lacking empirical evidence. These suggest that the current definition of bipolar disorders based on clinical symptoms reflects a clinically and etiologically heterogeneous entity. Stratification of treatments for bipolar disorders based on biomarkers and improved diagnostic tools are needed to increase the efficacy of currently available treatments and improve the chances of developing novel therapeutic approaches. State and stage specifiers, neuropsychological tests, neuroimaging, and genetic and epigenetic biomarkers will be discussed with respect to their ability to predict the response to specific pharmacological and psychosocial psychotherapies for bipolar disorders. To date, the most reliable markers are derived from phenotyping and history-taking, while no biomarker has been found that reliably predicts individual treatment responses, with perhaps the exception of lithium response. Hence, precision psychiatry is a patient-centered approach that implies a paradigm shift in the relationship between doctors and patients, but also requires the development of patient-oriented research. Patient-oriented research should not be based on the evaluation of medical interventions in the average patient, but on the identification of the best intervention for every individual patient, the study of heterogeneity and the assignment of greater value to observations and exceptions. The development of information-based technologies can help to close the gap between clinical research and clinical practice, a fundamental step for any advance in this field.

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Prof Mark Weiser
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Over the past twenty years, Prof. Mark Weiser has performed a series of epidemiological studies carried out by linking Israeli databases, including the assessments carried out by the Israeli military, the Israeli National Psychiatric Hospitalization Registry, the Israeli Population Registry, a causes-of-death (including suicide registry), and others. This work has yielded significant knowledge on pre-morbid IQ, social functioning, psychiatric disorders, cannabis and cigarette smoking in adolescents who were later diagnosed with schizophrenia. Other papers have identified the presence of cognitive impairment in persons with psychiatric disorders other than schizophrenia (depression, personality disorders, substance abuse), and indicate a genetic basis for this, and studies on psychotic symptoms in the community and their relationships with schizophrenia. Other studies looked at suicide in schizophrenia and suicide during psychiatric hospitalization. In addition, in the past 15 years Prof. Weiser has been involved in testing RCTs on novel treatments in schizophrenia and bipolar disorder, including d-serine (an NMDA agonist), allopurinol, aspirin, oxytocin, valnoctamide (a valproate derivative) and minocycline, in addition to fMRI studies in schizophrenia. He has published papers in almost all of the psychiatric journals, and is on the International Advisory board of SIRS, on the editorial board of Schizophrenia Bulletin, and on the program committee of ACNP. Additionally, Prof. Weiser is the Israeli PI of a large EU grant on first episode schizophrenia (OPTIMISE). He is currently supervising 5 PhD students in the Sackler School of Medicine at Tel Aviv University: one person working on fMRI in schizophrenia, another on fMRI in brain trauma patients, a third on the placebo response, the fourth on oxytocin for schizophrenia, and the fifth person is performing qualitative analyses of interviews of adolescents later hospitalized for schizophrenia, or died by suicide. He has received support for his work from NARSAD, NIMH, EU and the Stanley Medical Research Institute. In addition to research, Prof. Weiser is very involved in clinical work, and is the Chief Psychiatrist at the Sheba Medical Center, where he administers a 150 bed clinical unit, and is Professor and Chair of Psychiatry at the Sackler School of Medicine at Tel Aviv University. Additionally, he is Associate Director of Treatment Trials at the Stanley Medical Research Institute, a non-profit organization which supports research in schizophrenia and bipolar disorder where he oversees the treatment trials. Prof. Weiser is very focused on developing new treatment options in schizophrenia, as well as epidemiological and imaging research.

The importance of reporting negative trials: example of Valnoctamide for the treatment of bipolar mania

A dearth of information about negative and failed drug trials, which are frequent among psychopharmacology studies, is a concern for clinicians and the public. The growing number of negative and failed psychopharmacology trials has fostered scientific forums and articles about improving clinical trial methodologies to enhance the success rates of drug efficacy studies. Many drug trials, especially industry-sponsored postmarketing studies with negative findings, go unpublished, or data analyses and efficacy results may be only selectively reported. During this presentation the importance of reporting negative trials will be discussed, and original data regarding the efficacy and safety of Valnoctamide, a derivative of valproate with minimal risk of congenital anomalies, will be presented.

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Prof Michael Davidson is currently Professor of Psychiatry at Sackler School of Medicine, Tel Aviv University and Chairman of the Department of Psychiatry at Tel Aviv University, as well as Professor of Psychiatry at the Mount Sinai School of Medicine NY (adjunct). He is also Chief Psychiatrist at the Department of Psychiatry, B Sheba Medical Centre, Tel-Aviv and a Director of the Stuckinski Centre for Alzheimer’s disease Care and Research.

He obtained his medical degree from the State University of Milan Medical School, Italy in 1976 and completed his residency in Cardiology and Medicine at Tel Aviv Medical Centre in 1980, followed by his residency in Psychiatry at the Metropolitan & Mount Sinai School of Medicine in NY in 1984.

Prof Davidson was the Chief Editor, European Neuropsychopharmacology from 2009-2014 and won the CINP Neuroscience Award in 2006. He is an ACNP Fellow and Board Member of the International Psychogeriatric Association. He is a past Chair of the Publication Committee and a reviewer or board member of: Archives of General Psychiatry; American Journal of Psychiatry; Biological Psychiatry; Schizophrenia Bulletin; Schizophrenia Research; Psychiatry, Dialogues in Neurosciences, Alzheimer’s disease and Related Disorders Journal. He is the author or co-author of more than 296 internationally peer-reviewed publications.
Drug repositioning, can we give a hand to serendipity and promiscuity?

While the research to design original, novel drugs based on the understanding of schizophrenia pathophysiology continues, a parallel line of investigation tests drugs designed for non-schizophrenia related indications, to treat schizophrenia. These are drugs selected based on their ability to affect receptors (ex. Serine for NMDA) or processes (ex. Aspirin for inflammation) hypothesized to be involved in schizophrenia.

The idea behind repositioning and repurposing is that drugs with similar chemical structure might have similar biological effects b) diseases with similar pathophysiology or similar molecular basis might respond to similar drugs c) most drugs affect more than one target (pathophysiological process, receptor). Hence, a drug developed for an indication unrelated to schizophrenia might nevertheless benefit this disease. The impetus for repurposing derives on one hand from the lack of molecular and pathophysiologic understanding of this disease and on the other hand from the need to de-risk drug development.

While much of the drug repurposing is in the realm of molecular screening and computational analysis, educated serendipity emerging from clinical observations of unexpected benefits, expected or unexpected AE as well as from epidemiological associations, have been the starting point for most CNS drugs including schizophrenia.

Candidates for repurposing can be drugs in preclinical development or active phases of clinical development (phase I-IV). Candidates for repositioning are drugs which are currently or have been on the markets.

Governments in collaboration with the pharmaceutical industry (NCATS in the US and the New-Meds in Europe), private foundations (Stanley Medical Research, NARSAD), and professional organizations (ECNP-Medication Chest) are only a few of the organizations involved in this endeavor.

From a clinical/methodological point of view repositioning raises several questions:
1. Are single center mostly academic, preliminary trials in schizophrenia informative?
2. A) Are the preliminary trials feasibility trials or POC trials?
3. B) Do negative, underpowered trials miss potential leads?
4. C) Do positive trials abandoned without follow up and a definitive conclusion?
5. What are the most effective ways to select target symptoms and diseased populations for repositioning?
6. A) Can we derive from phase IIb/la trials?
7. B) Can we do with smaller Ns but broader and more in-depth assessments?
8. C) Given the available information on the candidate compound, should target symptoms and diseased populations be determined by Rand panels rather than pharma insiders and a few outside advisers?
9. What are the regulatory and IP issues related to repositioning?
10. Is the potential lack of commercial interest a major obstacle?

Multiple Issue: The issue of tolerability in the long-term treatment for bipolar disorders

1. Leonardo Tondo - Metabolic effects of treatment with lithium salts
2. Isabella Pacchiarotti - Neurotropic drugs during lactation
3. Andrea Murru - Hyperprolactinemia and medications for bipolar disorder: neglected but relevant

Bipolar disorder (BD) is a severe and chronic clinical entity that often requires long-term, potentially lifelong, treatment. Mood stabilizers such as lithium and anticonvulsants are still standard-of-care for the acute and long-term treatment of BD, along with antipsychotic drugs, and, sometimes, antidepressants and benzodiazepines. This symposium addresses some specific and clinical relevant issues related to the tolerability profiles of the evidence-based treatments for BD.

Specifically, the first presentation will focus on the possible effects in the very long-term treatment with lithium. Results from an international collaborative multi-centric study will be presented.

The second speech will focus on the management of all the different classes of psychotropic drugs during breast-feeding, on their possible effects in infants and some clinical recommendations on the use of evidence-based treatments for BD during lactation will be given.

The last presentation will focus on a hyperprolactinemia. Drug-induced changes in serum prolactin levels constitute a relevant issue due to the potentially severe consequences on physical health of psychiatric patients. Evidence on the effects of psychotropic drugs commonly used in BD on prolactin levels will be summarized and presented, along with recommendations on the clinical management of patients at risk for hyperprolactinemia.

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Leonardo Tondo, MD, MSc, is Professor of Psychiatry and Lecturer in Psychiatry at the McLean Hospital–Harvard Medical School, Department of Psychiatry and Neuroscience Program, Harvard Medical School and International Consortium for Bipolar Disorder Research, McLean Division of Massachusetts General Hospital, Boston, Massachusetts; and Director, Mood Disorder Outpatient Clinic, Centro Lucio Bini, Cagliari e Roma, Italy. He obtained his medical degree at the University of Rome and Specialty in Psychiatry and Psychotherapy at the same university. He completed his Master of Science in Epidemiology and Statistics at the Harvard School of Public Health.

Dr. Tondo has studied the course and treatment of bipolar (manic-depressive) and unipolar major depressive disorders since 1975. He is a leading expert on long-term treatment of mood disorders and on medical approaches to suicide prevention. In 1977, he established a specialized, research-based, mood-disorders clinic, the Lucio Bini Mood Disorder Center, a branch of the same outpatient clinic in Rome, where he has systematically collected research data (now-computerized) involving more than 6,000 patients. It is the largest private psychiatric institution of its kind in the region and one of the largest private mental health centers in the world. Between 1980 and 2010, he has studied suicide from an international collaborative multi-centric study will be presented.

His notable contributions include: [a] abrupt or rapid discontinuation of mood-stabilizing or antidepressant medicines, including among pregnant women, was strongly associated with markedly increased and earlier risk of illness-recurrence, rehospitalization, or suicidal behavior, whereas gradual dose reduction decreased, and not merely delayed, adverse outcomes; [b] quantification of long-term treatment with the best-established mood-stabilizing agent, lithium carbonate; these include marked reductions of all phases of bipolar disorder, and markedly reduced risk suicides and attempts in bipolar as well as unipolar-depressed patients. These and other studies have been strongly encouraged by Harvard Medical School collaborators including Professor Ross J. Baldessarini, founding director of the International Consortium for Bipolar Disorder Research at McLean Hospital, leading the last publication in the latest international journals. The major contributions include establishment of a specialized mood-disorder clinical research center in Europe, with one of the largest systematically evaluated, treated, and followed cohorts of mood disorder patients ever collected. His studies include clarification of onset, course, and treatment responses in major mood disorders, including long-term prophylaxis with mood-stabilizing treatments in bipolar disorders as well as adverse effects. His contributions have been recognized by international awards for his research on the treatment of bipolar disorder and in the medical prevention of suicide.

Dr. Tondo received the Nolas-Maddox Falcon Prize, from the NARSAD, for Outstanding Achievement in the Research of Affective Disorder (2003), and the Suicide Prevention Award from the American Foundation for Suicide Prevention, for Research on lithium treatment and prevention of suicide risk (2004).
Lithium is considered the gold standard of long-term treatment of Bipolar Disorder (BD) in women who have discontinued treatment. It has been proved that all psychiatric drugs can transfer into breast milk. Given ethical concerns, there is a lack of double-blind placebo-controlled trials assessing the safety of psychotropic drugs commonly used in BD during breastfeeding. Nevertheless, current findings assessing this issue are mainly based on case reports and/or case series, impeding a reliable ascription of any reported side effect to medication taken by the breastfeeding mother. Thus, only tentative advices can be made and each case needs to be considered on an individual basis, with a thoughtful analysis of the risks and benefits of nursing and exposure of the infant to medication. The available data found that most of psychotropic drugs used for the treatment of BD are not contraindicated during breastfeeding, with some exceptions, in which their use should be avoided or carefully monitored. Lithium has been recently rehabilitated as a possible treatment option during breastfeeding. Carbamazepine (CBZ) and valproic acid (VPA) are considered safe during lactation. Lamotrigine (LTG) can be used but at the lowest doses and considered by individual cases. Regarding antipsychotics (APs), quetiapine (OFP) and olanzapine (OLZ) should be considered as first-line treatment options. Risperidone (RIS) may be compatible with breastfeeding under medical supervision. Clozapine (CLZ) and amisulpride (AMI) are currently contraindicated. Caution is needed when considering AD treatment due to the risk of hypomanic, manic or mixed switches, mostly if they are used in monotherapy. Serotonin reuptake inhibitors (SSRIs), especially sertraline and paroxetine, have shown the better safety profile during lactation and a lower risk of mood switch. Fluoxetine should be used carefully, due to its long half-life and the possible accumulation of the drug. There are not sufficient data on the use of bupropion during lactation. Clonzapam, lorazepam and diazepam may be used for a short period, with a careful evaluation of potential risks of exposure in infants. Breastfeeding cannot be currently recommended for other medications for BD due to insufficient data.

**Dr Andrea Murru**

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Dr Andrea Murru currently works as a post doc researcher of the Spanish Network of research in Mental Health, CIBERSAM, in the Bipolar Disorders Unit of the Hospital Clinic, Barcelona, led by Prof Eduard Vieta.

Andrea Murru obtained his Bachelor’s Degree in Medicine and Surgery at the University of Cagliari, Italy and specialized in Psychiatry at the Institute of Neuropsychiatry and Addiction, Barcelona, Spain. He is the author of several scientific books and chapters on the treatment of bipolar disorders, as well as about 40 peer reviewed scientific articles. He focuses his research on long-term treatments, on implementation of clinical guidelines in daily practice, and adherence to treatment in patients affected by bipolar disorders and schizoaffective disorders. He tries to actively collaborate with patients’ associations.

**Multiple Session: Past and Future of Lithium Therapy**

1. **Dr Isabella Pannaccone**

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Isabella Pannaccone, M.D., Ph.D., is a resident psychiatrist at NESMOS (Neurosciences, Mental Health, and Sensory Organs) Department, Sapienza University of Rome, School of Medicine and Psychology, Sant’Andrea Hospital, Rome, Italy. After obtaining cum laude her M.D. from Sapienza University, she earned a 4-year Ph.D. in Neurobiology from the same University, in partnership with University of Catania. She spent a large part of her Ph.D. training at the anatomy Department, University of Bristol, UK, investigating molecular mechanisms underlying long-term memory and synaptic plasticity. She authored several articles, published on peer-reviewed journals, as well as book chapters and scientific poster presented in international meetings. At the moment, her main field of interest is Bipolar Disorder, in its both clinical and neurobiological perspectives.

**The Pharmacology of Lithium**

Lithium is considered the gold standard of long-term treatment of Bipolar Disorder (BD) and has specific, independent antisucicide properties. However, the rate of clinical response to lithium treatment is highly variable among patients and the mechanisms underlying its mood-stabilizing effects are, to date, only partially understood. Lithium has been shown to act through many different mechanisms, affecting multiple intracellular signalling pathways, and modulating synaptic transmission. Many studies focused on its ability to inhibit inositol monophosphatase and inositol polyphosphate-1-phosphatase, leading in turn to depletion of available inositol and of the downstream target, inositol trisphosphate which, further downstream, decreases diacylglycerol (DAG) and Protein Kinase C (PKC) activation and calcium release. Accordingly, dysregulation of phosphoinositide signalling has been shown in BD patients, with lithium reverting these alterations. Another well-established mechanism of lithium is its ability to inhibit Glycogen Synthase Kinase 3β (GSK3β) by increasing phosphorylation on N-terminal Serine residues, possibly through the activation of Protein Kinase B (Akt). GSK3β is central in the regulation of gene expression, synaptic plasticity, neuronal development and survival, and circadian rhythms. Its inhibition enhances the activity of some transcription factors, such as β-catenin and cAMP response element-binding protein (CREB), leading to an increase of the expression of pro-survival factors (i.e., Brain Derived Neurotrophic Factor (BDNF) and B-cell lymphoma 2 (Bcl-2), as well as an inhibition of different proapoptotic factors (like p53 and calfain). In addition, GSK3β contributes to
the diagnosis and treatment of mood disorders (Lithium Clinic) at the Unit of Psychiatry, Sant’Andrea Hospital, Rome.

conducted regular clinical and research activity at the Lucio Bini Centre, Rome, which is renowned for the diagnosis and treatment of mood disorders since 2001, first as a resident in psychiatry at Sapienza University, Rome, and subsequently as an employee of the Sant’Andrea Hospital, as well as in private structures within the National Health System of the Lazio region. From 2001 onwards, he conducted regular clinical and research activity at the Lucio Bini Centre, Rome, which is renowned for the diagnosis and treatment of mood disorders (Lithium Clinic) at the Unit of Psychiatry, Sant’Andrea Hospital, Rome.

2. Dr Alexia Koukopoulos
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Alexia Koukopoulos is a psychiatrist who has been working in the field of bipolar disorders since 2000. She completed her medical education at La Sapienza University in Rome, Italy. She has trained and worked at the Centro Lucio Bini in Rome and at the Sant’Andrea Hospital, Sapienza University. In 2006-2007 she worked at the MGH Center for Women’s Mental Health in Boston, USA, with Dr Adele Viguera and Dr Lee Cohen. Since then she has dedicated her clinical and research work to the field of mood disorders in women, especially in the perinatal period. Together with Prof. Gloria Angeletti, she founded the Center for Prevention and Treatment of Women’s Mental Disorders (Centro di Prevenzione e Cura per il Disagio Psichico della Donna) at the Sant’Andrea Hospital of Rome, Italy in 2012. With this group she has been doing clinical, research and training activities in mood disorders and perinatal psychiatry. She has published several articles and book chapters on the topics of bipolar disorders and women’s mental health.

The History of Lithium Treatment

Tracing back the history of lithium treatment, from the first medical use to lithium treatment in Bipolar Disorders today. Starting in 1859 when Alfred Baring Garrod rediscovered salts to treat gout in London, to the first use of lithium in psychiatry, to treat acute mania, in 1971 by William Hammond in New York who reports about the effects in his treatise: “...in acute mania...to calm any nervous excitement that may be present” and Frederik Lange in 1894 who successfully treated 35 patients affected by melancholic depression. The widespread knowledge in medical literature of the efficacy of lithium as an antimanic agent starts with the Australian Dr. John Cade who published the article “Lithium salts in the treatment of psychotic excitement” in 1949 and continued due to the scientific efforts of Dr. Mogens Schou, at the Aarhus University in Denmark, who, starting in 1954, published articles about lithium efficacy and tolerability. The modern history of lithium treatment has been characterized by the paucity of pharmaceutical industries interested in funding large research or in marketing this agent but it is also characterized by the work of many experts in Bipolar Disorders who during many decades and in different countries devoted their science to what is to this day considered the gold standard treatment for Bipolar Disorders. “...whoever cannot or does not want to use lithium should not treat bipolar patients...” cit. Frederick K Goodwin.

3. Dr Leonardo Tondo
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Clinical aspects of mood stabilizing effect of lithium

Randomized-controlled (RCT) and open-label trials indicate that long-term treatment with lithium is particularly effective in preventing manic or depressive recurrences in all forms of bipolar disorder, and is considered the gold standard for mood-stabilizers. Efficacy of lithium in preventing recurrences is achieved in about 60% of bipolar patients and appears to be more effective in prevention of manic or hypomanic episodes than depressive. Despite this high proportion of patients with favorable responses, use of this treatment has been eroded by highly competitive marketing of other agents, particularly some anticonvulsants and antipsychotics. Current available evidence shows that both types of drugs are less effective than lithium, and only lamotrigine and aripiprazole have received approval from the U.S. Food and Drug Administration for long-term prophylactic treatment in bipolar disorder. Lithium treatment is similarly effective in bipolar disorder types I and II, in patients with depression following mania versus the opposite, and in patients whose treatment was started even years after illness-onset. In rapid-cycling patients, lithium is less effective than in non-rapid cycling cases, as are all mood-stabilizers, but lithium is more effective than the alternatives tested. Lithium treatment also is virtually uniquely effective in preventing suicidal acts in mood disorder patients (with the exception of clozapine in schizophrenia, and antidepressants in major depression patients over age 65). Important limitations of lithium and many other psychotropic drugs given for more than several months are the high proportion of patients with unfavorable responses. Properly designed trials indicate that long-term lithium treatment is effective in preventing relapse and recurrence in the majority of patients with bipolar disorder.

4. Prof Gabriele Sani
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Gabriele Sani, medical doctor and psychiatrist, is Assistant Professor (ssd MED-25) at the School of Medicine and Psychology of Sapienza University, Rome, Italy, Department of Neurosciences, Mental Health, and Sensory Functions (NEMOS). He is the author or co-author of more than 70 international, peer-reviewed publications (H index=16), 20 papers in Italian scientific journals, 14 book chapters and two books. His research activity mainly focuses on clinical aspects of mood disorders, with particular reference to bipolar disorder, temperament, clinical course, rapid cycling, mixed states and specifically, agitated depression, drug treatment of psychiatric disorders, the concept of comorbidity and suicide. He is an active member of various Italian and International psychiatric associations and societies. His teaching activities comprise Psychiatry at the School of Occupational Therapy of the 2nd Medical School of Sapienza University, Rome; Psychiatric Epidemiology at the School of Psychiatric Rehabilitation of the same University; and both teaching and scientific organization of the second level master in “Theory and Practice in Forensic Psychiatry: Clinical, Psychodiagnostics, Criminological, and Medico-Legal Aspects”. He has carried out continuous clinical assistance activity since 2001, first as a resident in psychiatry at Sapienza University, Rome-Sant’Andrea Hospital, and subsequently as an employee of the Sant’Andrea Hospital, as well as in private structures within the National Health System of the Lazio region. From 2001 onwards, he conducted regular clinical and research activity at the Lucio Bini Centre, Rome, which is renowned for the diagnosis and treatment of manic-depressive illness, directed by Dr. Athanasios Koukopoulos. During these years he has been involved in the organisation, planning and development of the Centre for the diagnosis and treatment of mood disorders (Lithium Clinic) at the Unit of Psychiatry, Sant’Andrea Hospital, Rome.
Does a Neuroprotective Effect of Lithium Exist?

There is a wealth of clinical data supporting the hypothesis that Bipolar Disorder (BP) has an accelerating and progressive disease course. Increasing episode number is linked to a reduction in the inter-episode duration with recurrence and in the likelihood of response to appropriate treatment, both biological and psychological. Recently, neuroimaging studies highlighted that this pathway is related to several progressive modifications in the brain structure, such as progressive ventricular enlargement and loss of gray matter thickness. Preclinical studies have shown that Lithium, a mood-stabilizing drug that has been used effectively in the treatment of BP for over 70 years, was effective in antagonizing cell death and neuronal damage, unveiling its neuroprotective properties. Although the majority of in vitro and animal studies have subsequently supported this hypothesis, results from neuroimaging studies in humans are conflicting.

These discrepancies possibly arise from a substantial inaccuracy in the clinical evaluation of the samples. Indeed, the vast majority of neuroimaging studies doesn’t take into account some fundamental clinical variables (e.g., only the 10% of these studies has considered the time of lithium exposure).

Studies that evaluate the effectiveness of lithium in the neurodegenerative diseases, such as Alzheimer disease, are conflicting too, and frequently reported negative results. Even in this case, a better evaluation of some clinical aspects, (i.e., the time of exposure and dosages) can explain some inconsistencies. In conclusion, lithium neuroprotective properties are still to be clarified, but the neurobiological evaluation in humans cannot exclude an accurate clinical assessment.

5. Prof Olga Zivanovic

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Lithium: a classic drug - frequently discussed, but, sadly, seldom prescribed!

Authors: Olga Zivanovic

Fifty years ago lithium was (only) treatment of choice for manic-depressive illness. Over the past 30 years number of available treatments for bipolar disorders increased substantially. Numerous guidelines are published and frequently updated in an attempt to bridge the gap between immense psychopharmacological armamentarium and many still unmet needs of patients with bipolar disorder (efficacy vs effectiveness of treatments). In spite of that, bipolar disorders continue to represent a significant health problem: life expectancy of patients is significantly shorter than in general population, morbidity is considerable: rates of comorbidity are high, as well as disability. Rates of polypharmacy are high and increasing. Non-adherence to treatment represents an important issue. Distinguished authors in the field have repeatedly been alerting psychiatrists of the alarming trends in the treatment of bipolar disorders: decline of lithium use, paralleled by the increase of prescribing of anticonvulsants and second generation antipsychotic drugs. Several factors that led to this development: uncertainties of physicians regarding lithium’s efficacy, concerns regarding its side-effects, notion that monitoring patients is cumbersome, as well as aggressive bias in publishing and insufficient education of young psychiatrists about lithium, could hopefully be reversed. The evidence of lithium’s efficacy in the in respect to mood stabilization, acute and prophylactic, is compelling. The efficacy has been observed by a clinician John Cade, and repeatedly confirmed in a large number of studies of various methodologies: randomized placebo controlled trials, studies examining the need of add-on treatment, meta-analyses and population based cohort studies performed over more than 60 years. Moreover, lithium was proven to be the most effective augmentation agent in treatment-resistant depression. Lithium has other unique properties. Its antisuicidal effects are well established in observational studies, randomized controlled trials and meta-analyses. It has been demonstrated that this effect extends beyond mood stabilization, probably mediated by lithium’s effects on impulsivity and aggression. Neurorprotective effects of lithium have been demonstrated in case-control studies and population based research. Side-effects of lithium are well known, and patients taking lithium require careful monitoring. Nevertheless, when choosing a presumably long-term treatment physician should weigh the risks and benefits of prescribing lithium to side-effects of its less effective alternatives, such as anticonvulsants and second generation antipsychotics. Therefore, education of psychiatry residents about lithium’s side-effects and proper monitoring of patients, as well as its efficacy is crucial. It has been said that treating an excellent lithium responder is one of most gratifying experiences for the psychiatrist. However, patients with atypical features, who will probably require careful monitoring and additional mood stabilizing drugs to maintain stability, if prescribed lithium, can still benefit from its protective and antisuicidal properties. Additionally, it was demonstrated that starting lithium early in the course of the disorder reduces rates of treatment non-response. Having in mind exceptional properties of a magic ion a question comes to mind: Will lithium once more become a gold standard, treatment of choice and a real first-line drug in the treatment of bipolar disorders? It’s up to us.

ORAL PLATFORM ABSTRACTS

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The quantitative and qualitative analysis of neurocognitive deficits in affective and schizophrenia spectrum disorders

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It has not so long ago been suggested that the diagnostic criteria of schizophrenia and affective disorders should be complemented by certain reference to cognitive impairments. Few studies have compared neurocognitive performance in euthymic patients with bipolar disorder (BD), euthymic patients with major depressive disorder (MD) and stabilized patients with schizophrenia (SC) using a comprehensive neuropsychological battery. Furthermore, there is not enough information about the specificity and the degree of severity of the cognitive deficit in patients with BD or with MD in relation to patients with SC. To reveal differences and similarities in neurocognitive deficits, the Brief Assessment of Cognition in Affective Disorders (BAC-A) and the Rey–Osterrieth Complex Figure (ROCF) were used to assess visuospatial construction abilities and visual memory, as well as planning and organizational skills.

Results: Compared to BD and MD, SZ showed a significant impairment in speed of information processing, immediate verbal and visual memory and learning which could be explained treatment effects. There were no significant differences between BD and MD groups in neurocognitive domains. Interference effect (cognitive inhibition) was significantly greater in SZ compared to BD and MD. Memory bias towards mood-related information in BD and MD was greater in comparison with SZ. Thus, the patients with SC and with BD or MD have quantitative and qualitative differences of neurocognitive deficits. Quality indicators, according to data of current study, not seem to be sufficient for differential diagnosis. At the same time, these findings support the hypothesis of different qualitative indicators of schizophrenic and affective disorders. The impairment of cognitive inhibition could be a special trait of patients with SC whereas an emotional bias towards mood-related information could be an indication of affective disorders, which may be important for the assessment and remediation.
Substance-related and addictive disorders in the post-revolutionary period in Tunisia

Authors: R. Hammani, R. Jomli, Y. Zgueb, M. Said, U. Ouali, F. Nacef

Introduction: In the post-revolutionary period, the worsening scourge of drug use and drug addiction in Tunisia has been the subject of much debate since alcohol, tobacco, and cannabis consumption is associated with a wide array of negative physical and mental health outcomes. Psychiatric disorders can be caused by acute consumption, prolonged consumption or consisting on withdrawal syndromes. The aim of this study is to examine the clinical and epidemiological features of substance-related and addictive disorders in an inpatient psychiatric population in the post-revolutionary period.

Methods: We lead a descriptive study of 25 cases of patients admitted to Razi psychiatric hospital for the first time between 2011 and 2015 with the discharge diagnosis of substance related and addictive disorders according to the Diagnostic and Statistical Manual of Mental Disorders, 5th Ed [2]. Epidemiological and clinical features of its consequences on psychiatric inpatient population. We have attempted to update and further explore the relationship between psychiatric illness and substance abuse by examining the drug use histories and clinical presentation in recently hospitalized psychiatric patients.

Results: Substance use and related disorders can be severe and require hospitalization in psychiatric area. Treatment depends on the nature of substance, the clinical presentation and patient insight.


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Dual pathology in inpatients in the post-revolutionary period in Tunisia

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Introduction: The complex interrelationship between psychoactive drug use and psychopathology has fascinated physicians for centuries [1]. Since the drug use have increased among Tunisian population particularly after the revolution [2], it is crucial to study the epidemiological and clinical features of its consequences on psychiatric inpatient population. We have attempted to update and further explore the relationship between psychiatric illness and substance abuse by examining the drug use histories and clinical presentation in recently hospitalized psychiatric patients.

Methods: We lead a descriptive study of 69 cases of patients admitted to Razi psychiatric hospital for the first time between 2011 and 2015 and having abused at least one psychoactive substance, excluding nicotine, in the last year. Epidemiological and clinical characteristics were collected from patient records.

Results: Patients had a median age of 31 years (range 17–69), and the majority were male (88.4 %). Almost half (53.6 %) were currently unemployed and a quarter (25.3 %) had served a prison sentence. Psychiatric family history was found in 62.3 % of cases with a prevalence of mood disorders. Alcohol abuse was by far the most common type of abuse with prevalence estimates being 84.1 %. The prevalence of the other substances abuse among the population of study were respectively were respectively 63.8 % for marijuana, 34.2 % for sedative-hypnotics, 11.5% for buprenorphine, 8.7 % for cocaine and 7.2 % for organic solvents. The mean age of onset of use of the two major drugs of abuse were as follows: alcohol, 21.6 years old and marijuana, 19.9 years old. Behavior disorders such as aggressivity motivated hospitalization in 47.8 % of cases with an average length of stay of 13 days. The psychiatric discharge diagnoses were bipolar disorder (39.2 %), acute psychotic disorder, schizoaffective disorder or schizophrenia (18.8 %), substance - induced psychotic disorder (8.7 %) and a substance-induced Bipolar and Related Disorder (4.3 %). During the hospitalization, antipsychotics were prescribed alone or in combination with anticonvulsant mood stabilizer in 69.9 % of cases, while 13 % while 8.7 % were put under mood stabilizers. We noted that 13 % of patients received benzodiazepines.

Conclusion: This study found multiple psychiatric disorders in inpatient with substance abuse. A major implication of this finding is the need for simultaneous evaluation of both the substance abuse and psychiatric disorders in Tunisian population.


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Comorbidity Depression and Obstructive Sleep Apnea Syndrome

Authors: Jomli R, Belarbi A, Ouali U, Zgueb Y, Nacef F

Introduction: World prevalence of obstructive sleep apnea syndrome (OSA) is estimated to be 2 % among woman and 4 % among man. The combination of an OSA and a depressive disorder ranges from 7 to 17 % according to recent studies. Research also found a reduction in depressive symptoms once the OSA has been treated using positive pressure. In Tunisia, this health problem is still little known by the general public and Tunisian health centers. Only few successfully diagnose the OSA and provide the needed medical care, like the Pneumology Department of Aryanah Hospital where this study took place.

Objective: Estimate the prevalence of anxiodepressive disorders among patients treated for an Obstructive Sleep Apnea syndrome in the pneumology department.

Method: A transverse study led with 30 patients (followed) in department D of "Abderrahman Mami" Hospital of Aryanah for an Obstructive Sleep Apnea syndrome. We have established an epidemiological index card containing 34 items to collect the sociodemographic and clinical data exploring the respiratory shunters on one hand and the psychiatric shunters on the other. We have used the "Hospital-Anxiety and depression Scale (HADS)" validated in dialectal Arabic to evaluate the diagnosis and the severity of linked anxiety and depression.

Results: The average age of the sample was 54,81 +/-14,1 years old with a sex ratio of 0,58. Family history of OSA were revealed in 10,7 % of the cases and the psychiatric disorder in 7,1 % of them. The Sleep Apnea syndrome was classified severe in 64,3 % of the cases. Three patients were followed by private psychiatrists at the time of the study and have received antidepressants. We found high scores of anxiety and depression, respectively in 21,4 % and 28 % of the cases.
50% of the population. The psychiatric disorder has appeared after OSA in 42.9% of the cases. Scores obtained in the HAD scale were correlated to a psychiatric personal history and to the minimal oxygen saturation detected during the polysomnographic test. Moreover, the improvement of the depression is linked to the enhancement of oxygen saturation. All the patients requiring a follow-up were taken care of after consent within the framework of a connection-psychiatry. **Conclusion:** Depression remains the most frequent mental disorder in the psychiatric consultations in Tunisia in which the etiological research could lead to the OSA syndrome although links between the two remain poorly defined on a physiopathological level. This work being a typical display of the benefit of psychiatric consultations within general hospitals in order to limit the handicap caused by depression.

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**The depression at the elderly person in Tunisia**

**Authors:** Wartani A, Ouali U, Zgueb Y, Nacef F, Razi Hospital Tunisia

**Introduction:** In Tunisia, with the health progress, we see more and more to a growing elderly population and the national statistical institute provides a rate of 29% of the population over 60 years to 2050. According to the latest WHO report on health in the world, the prevalence of depression in the elderly, according to the DSM IV, is 3 to 5% in the general population, 13-40% of outpatients, 15-43% of hospitalized patients and 42 to 51% of those living in institutions.

**Objective:** To assess the prevalence of depression in a sample of elderly.

**Method:** Execution of the PHQ-9 scale (in a Tunisian Arabic enabled), for 30 people aged 65 or older presenting at a primary care center whatever the reason for consultation.

**Results:** The average age is 73.23 years, ranging from 65 to 89 years. Our population consisted of 21 women and 9 men. Chronic conditions were found in 96.66% of cases of which 27 cases (90%) of cardiovascular diseases, diabetes 1cas, 7 cases of musculoskeletal disorders and two cases of pulmonary diseases. The overall prevalence of depressive symptoms was 53.33%. The prevalence was higher among women; 57.14% against 33.33% in men. Depressive symptoms were more severe in women (scores on the PHQ-9 scale were higher). Symptoms found are: feeling of tiredness or lack of energy in 83.33% of cases, have little appetite or eating too much in 53.33% of cases, difficulty falling asleep or staying asleep, or sleeping too in 66.66% of cases, move or speak so slowly that others would have noticed, or rather, to be more agitated and have trouble standing up over to used in 50% of cases, and finally being sad, depressed or desperate in 56.66% of cases.

**Conclusion:** Despite its high prevalence, depression in the elderly is still underestimated and not properly treated. In the literature, about 20% of elderly depressed identified as not receiving antidepressant treatment. In our study, despite the high prevalence of depressive symptoms found, none of the patients was followed for depression or sent to a psychiatrist.

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**The path from bereavement to depression**

**Authors:** Said Maroua, Zgueb Yosra, Ouali Uta, Nacef Fethi

**Introduction:** To examine the hypothesis proposed for explaining the high prevalence of depression in persons that had experienced bereavement in our country, we used the techniques of the “bereavement” “mourning” “grief” and “depression”.

**Objective:** To examine the hypothesis proposed for explaining the high prevalence of depression in persons that had experienced bereavement.

**Method:** The literature attempting to clarify the relationship between bereavement and depression had been reviewed using Medline, Google scholar and Scincedirect databases and the following keywords: “bereavement” “mourning” “grief” and “depression”. 22 articles were found, 09 were retained.

**Results:** The present study examined both depression and bereavement in their polymorphism and researched about the current knowledge regarding different factors (biologic and psychosocial) predicting the onset of such association. Psychological processes include situational, personal/developmental and interpersonal risk factors. Various physiological findings were considered (genetic, epigenetic and resilience factors and the dysregulation of the neuroendocrine, immune, brain neurotransmitters and neurotrophic growth factors systems).

**Conclusion:** In light of these findings new approaches to improve the outcomes of such association and to optimize adaptation to the loss are needed.

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**Sexual adverse drug events in patients with Schizophrenia treated with Risperidone, Olanzapine, Amisulpride and Clozapine**

**Authors:** Berrahal I., TirkI R., Chebbi R., Ghajati B., Ghachem R.

**Introduction:** The evaluation of the sexual adverse drug events (ADEs) of atypical antipsychotics (AAP) on patients with schizophrenia (SCZ) is complex because of the effects of AAP and the effects of the disease itself. To this end, we focused on sexual ADEs, occurred under the treatment of SCZ to assess the prevalence and types.

**Methods:** This was a retrospective and descriptive study of 63 Tunisian patients with SCZ, consulting in the Adult Outpatient “Pinel” of Razi hospital and treated by one type of AAP. The study period was six months from January 1st 2015. We used the Birchwood Insight Scale (BIS), Positive and Negative Syndrome Scale (PANSS) and The Udvalg for Kliniske Undersogelser (UKU) to assess the insight, psychotic symptoms and ADEs.

**Results:** The propensity of atypical antipsychotics (AAP) for having a therapeutic effect with fewer sexual side effects and the balancing of these supposed benefits with tolerance are the subject of many studies. In this study, 24 patients were on Risperidone, 22 on Olanzapine, 8 on Amisulpride and 9 on Clozapine. The APA was prescribed in monotherapy in 38% of cases. The other associations were with a Benzodiazepine (21%), Prometazine (8%), a mood stabilizer (17%) and antiparkinsonism drug (16%). We found Risperidone to be the antipsychotic treatment causing the most sexual ADEs (31%). However, this difference did not reach statistical significance (p=0.08). For our sample, the most common sexual ADEs was a decreased sexual desire (27%). In men’s group, the most frequent sexual dysfunction was erectile dysfunction (36%) and a decreased sexual desire (30%). Whereas in women’s group, the most frequent adverse effect was vaginal dryness (31%) and reduced sexual desire (27%). However, we found one case of increased sexual desire. The prevalence of the Gynecomastia was 3.2% and Galactorrhea was found in 9.5% of the cases.

**Conclusions:** Sexual ADEs on AAP are undervalued and may have an important impact on patient compliance. They can be prevented and assessed by simple measures. Thus, Sexual ADEs should be considered in the selection of appropriate AAP treatment.
Relation between childhood trauma and dissociative symptoms in schizophrenia

Authors: Larnaout A., Ben Ammar H., Nefzi R., Trabelsi R., Aissa A., Khelifa E., El Hechmi Z.

Background: There is renewed interest in the relationship between early childhood trauma and risk of psychosis in adulthood. Trauma and stressful events in childhood and adolescence are known to be more prevalent among individuals with schizophrenia and other psychotic disorders than in the general population. Furthermore, other findings support the role of childhood trauma as a socio-environmental risk factor for psychotic symptoms, and research on the potential etiological relationship between trauma/stressful events in childhood/adolescence and psychotic disorders is evolving.

Objectives: The aim of the current study was to examine relations among all items and domains of childhood trauma and schizophrenic symptoms in patients with schizophrenia. The relationship between types of trauma and their association with psychotic symptoms was assessed.

Methods: In this study, we collected data from 59 schizophrenic patients (30 males and 29 females). All patients met the DSM-5 criteria for schizophrenia. The assessment was designed to measure multiple variables such as symptom severity, cognitive deficits, neurological signs, drug and alcohol history, suicide history, first episode characteristics, family history, past trauma and stressful life events, among others. Psychotic symptoms were measured by the Positive and Negative Syndrome Scale (PANSS). Trauma and stressful events in childhood and adolescence were assessed using the Childhood Trauma Questionnaire (CTQ). All procedures also completed the Clinical Impairments (CGI), the Global Assessment of Functioning scale (GAF) as well as the Medical Adherence Rating Scale (MARS) in order to better evaluate the severity of the disease.

Results: Consistent with previous studies, we found significant correlations between emotional and sexual abuse, emotional neglect and denial scale in CTQ with positive symptoms at PANSS (p < 0.05). The correlation between childhood trauma and dissociative symptoms was also significant, indicating a relationship between trauma and dissociative symptoms in schizophrenia. Psychopathology 2015;43(1):33-40.


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A comparative meta-analysis of TEMPS scores across mood disorder patients, their first-degree relatives, healthy controls, and other psychiatric disorders

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Background: The Temperament Evaluation Memorial Memphis, Pisa, Paris and San Diego Auto-questionnaire (TEMPS) is validated to assess temperament in clinical and behavioral settings. Scores vary across bipolar disorder (BD), unipolar depression, and other psychoses in parallel. Scores also vary across bipolar disorder (BD), attention-deficit/hyperactivity disorder (ADHD), borderline personality disorder (BPD) and healthy controls (HCs), but a meta-analysis is missing. Methods: Meta-analysis of studies comparing TEMPS scores in patient groups with their first-degree relatives to each other, or to a psychiatric control group or HCs. Results: Twenty-six studies were meta-analyzed with patients with BD (n=2,025), MDD (n=1,283), ADHD (n=56) and BPD (n=43), relatives of BD (n=436), and HCs (n=175). Cyclothymic (p = 0.001), and Diathetic (p = 0.001) temperament scores were significantly lower in patients with BD than in their relatives, and higher than in HCs.

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Arterial tree wall dynamics and psychoses: the two reverse flows of cerebral arterioles. New models link to mast cells and ECT

Authors: Trevisaranus, Gottfried R.S., M.D., FMH psychiatry psychotherapy

Non-canonical routing of (NCR) of mast cells (MCs) is key in recognizing their roles in “PNEI-2.0” beyond “fluid” psychoneuroimmunology (Maes 1989, Slyepchenko 2011), which result from the unique longevity, versatility, microbial subvertability, and psycho-social, physical, or microbial implantability of these massively con- and divergent “hubs”, impinging on all of medicine, especially of vessels. Non-canonical routing requires: a) counter-flow motility — observed in tumors (Stoltev 2010) and lymphocytes (Lyck & Engelhardt 2012), but not yet in (MC) monocyes — which relate to autocrine, since herein only the signals in the shadow of flow will reach local receptors (Treviranus 2016); b) an adventitial reverse flow route which happens to run in parallel to a solute path within the arteriolar wall (Carare 2008; Morris 2016), as also discovered (Pollock 1997), and modeled (Schley 2006, Diem 2016), by Roy Waller’s group. The model postulates a reflected wave transmitting pulsative energy backwards via water-holding valve-like macromolecules. Here we explain the reverse flow in two not yet considered ways. A. through an own model of an “arterial wall engine” derived from the alternating “herringbone” arrangement of smooth vascular muscles between the arterial coaxial laminal tubes (E.C. Davis 1993, Dingemans 2000). The hereby enacted co-axial torsional movements of the tubes, achieve, from aorta to arterioles, both A1) the brain-esential depulsation by a pulse-driven torsional regenerating hyperbolic stenosis, and A2) through the same, mechanisms intermittently switch macromolecular water-holding capacities, steered by neurobioeconomic feedbacks from local and e.g. the nasal ganglion neurons, maybe via VIP/PACAP (Staines 2008), B) instead assumes, which is not yet considered (e.g. Wong, 2013; Ishikawa, 2015), that the hydraulic gradient back to the surface along peri-arterial (and infra-cortical (glymphatic)) channels stems from the distally higher permea-bility of the arterial wall. Sometimes, this can be shown in deep in BBB pathologies. The signaling roles of arterioles, and nearby MCs and other cells, are emerging also on the abluminal side, and functional, macromolecular, and thrombotic obstructions to reverse flow relate to Alzheimer’s and other psychoses in parallel to the new AQP4-“glymphatic” (Iliff & Nedergaard, 2013) (patho)physiology. Electromagnetic therapy finite element models (Bai 2015) may deviate from the obvious “search” electrons perform for the quickest way into the ground. Para- and less intra-arterial wall reverse flow routes can be predicted to add speed of reverse flow to blood speed and to funnel electrons down the arterial tree. Counter-flow migrating thereby MCs can be predicted to lose their migrating impetus by a disruption of autocinicity. A quick review of Alzheimer and psychiatric psychoses adds clinical meaning to these new brain-fluidics.
Additional Information:
Carare RO, Bernardez-Silva M, Newman TA, Page AM, Nicoll JA, Perry VH, Weller RO: Solutes, but not cells, drain from the brain parenchyma along base
-140.
Dingemans KP*, Teeling P, Lagendijk JH, Becker AE. (2014). Extracellular space of the human aortic media: an ultrastructural histochemical and immuno-
Enkhjargal N, Matsumoto J, Chinzorig C, Berthoz A, Ono T, Nishijo H (2014). Rat thalamic neurons encode complex combinations of heading and move-
ment directions and the trajectory route during sensory conflict. Front Behav Neurosci 8:242
Convergent immunometabolism and psychosis: somatic take-home drugs, nutriceuticals - and bacteria

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This talk is a rapid trans-disciplinary overview about upcoming trends in collateral pharmacotherapy of psychoses “converging” on emerging immunometabolic synergies, which can be interpreted as bio-economical trade-offs between low- and high-complexity procedures. 1. Immunometabolism (IM3) is about how other cellular functions converge with own metabolic processes, their spin-offs in contexts like overfeeding. Tumor cells, by using “inefficient” anaerobic rather than all-purpose high-ATP-output aerobic glycolysis (OXPHOS), as noticed by Otto Warburg (1927) accelerate unripe synthesis, change of chromat, or angiogenesis (Corrado, 2016). In “SGA-iatrogenic” obesity (Allison, 1999) instead IM3-changes antedicate increased appetite (Eyre, 2015). 2. IM3 and “convergence” (Eyre et al., 2016) promote conceptual integration in translational psychiatry. A “convergent” framework could be “bio-economical”: a scale-free homeostasis between low- and high-complexity processes (Trevisan, previous IRBP/IRPB conferences). 3. Psychiatrists act through this convergence when using GP-drugs, nutriceuticals, and diets. The “anti-psycho-surgical” arsenal through IM3-related effects on molecules, trafficking, and sub-compartment expands e.g. to: metformin-glitazone, fluvoxatin, desloradatin, satlcycline, ACC, Omega-3, ranidilin, rifampicin, doxycyclin, and anti-infective, A. McA., etc. (MCs), which also “on the mind” (Silver & Curley, 2013) are long-living hubs, feed on fatty lymph being blocked by toxic lipid drops (Greineisen, 2015). Immune-modulators (Finn 2013) can be mood-stabilizing: the flavonoids luteolin, quercetin; the coumarin cinnamic acid; the phenols honokiol, curcumín; the amino acid theanine. 5. Metformin induces “MtorIC1”, which decreases aerobic glycolysis, resilience, and lifespan, and is low (!) in BP-depression (Machado-Vieira 2015) . It rises by Akt, insulin or by “rapido-antidepressants” ketamine and scopolamine (Abdallah 2015; Liu 2015). Short chain fatty acids and MC-stabilizing by fytarate modulates histones (Zhang 2016). Rifampicin brakes (Lián 2015) the NLRP3-inflammasome, mediating stress-depression (Zhang 2015) and defense: less IL-1β, more dysregulating (Greineisen, 2014) lipid drops, on which CP feed (Itoh, 2014). CPs incite MCs to destroy ATP- and insulin production (Rodriguez, 2015). References: Full citations at www.biposuisse.ch/irpb16

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POSTER ABSTRACTS

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Cannabis and schizophrenia: impact on negative symptoms
Objective: The objective of the study was to evaluate the effect of cannabis on negative schizophrenic symptoms.
Method: Chronic schizophrenic outpatients were included. Assessment of consumption was made with a semi-structured clinical interview. Clinical status was assessed by the positive and negative symptoms scale PANSS.
Results: 81 subjects were included. Cannabis consumption was found in 13 patients (16%). Consumption started in a mean age of 20. The group of cannabis abusers had lower scores in negative symptoms but there were no statistically significant differences with the other group of cannabis non abusers.
Conclusion: Our results show that the consumption of cannabis by patients with schizophrenia could attenuate negative symptoms, which would support the self-medication hypothesis of cannabis abuse.

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Alcohol consumption in patients with schizophrenia
Objective: The objective was to evaluate the prevalence of alcohol consumption in patients with schizophrenia and study the relationship with the negative symptoms.
Method: A retrospective study was undertaken. We included Tunisian outpatients diagnosed with schizophrenia consulting in aftercare service from December 2015 to March 2016. Diagnoses were made on the basis of the Diagnostic and Statistical Manual of Mental Disorders, 5th ed., criteria. We used the PANNS to identify negative symptoms in patients.
Results: We included 116 outpatients with schizophrenia, 36 females and 80 males. Schizophrenia and alcohol consumption is more common among men. The mean age of onset of alcohol use disorder was 20 years. More than three of patients never consumed alcohol (37%). 10.3% of patients present casual alcohol consumption. The PANNS mean score of negative symptoms in patients with alcohol consumption was less than the mean score in patients without alcohol consumption (15.1 versus 18.8) but statistically, there was not a significant difference.
Conclusion: Prevalence of alcohol consumption is high in patients with schizophrenia. Specialized services should be developed to help people with schizophrenia and associated substance misuse.

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Tobacco use in schizophrenia: Relation to negative symptoms
Objective: To identify prevalence of smoking tobacco in patients with schizophrenia. To evaluate the impact of tobacco on negative symptoms of schizophrenia.
Method: Chronic schizophrenic outpatients were included. Assessment of consumption was made with a semi-structured clinical interview. Clinical status was assessed by the positive and negative symptoms scale PANSS.
Results: 81 patients were included. The prevalence of tobacco consumption was 70.4 %. Consumption started in a mean age of 20. with extreme age from 8 to 40 years old. The group of tobacco consumption had higher scores in negative symptoms than the non smoker’s patients (18.5 versus 17.6) but there were no statistically significant differences.
Conclusion: The self-medication hypothesis applied to smoking in schizophrenic patients is still controversial. Research on co-occurrence of schizophrenia and smoking should continue to help improve the treatment of individuals whom suffer.

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Antipsychotics prescription in elderly patients with schizophrenia
Objective: Evaluate the prescription attitude and following-up of antipsychotics in elderly patients with schizophrenia in psychiatric department.
Method: Descriptive retrospective study including the patients followed for schizophrenia, aged of 60 years old and more, whom consulted the post-cure from December 2015 to March 2016.
Results: 13 patients were included, 4 women and 9 men. Only 4 were married. More than the half of patients had an elementary-school level. The number of hospitalization varied from 2 to 20 with an average of 9. More than the half of patients was taken a classic neuroleptic type Fluphénazine, the retard form.
Conclusion: Considering the major noxious impact of psychiatric disorder in elderly population, whether from the morbid-mortality side, in particular suicide’s risk, or in term of alteration of life’s quality and autonomy’s capacities, it seems to be a public health prior to dedicate a specific health care.
Religiosity and suicidal behavior in bipolar I Tunisian outpatients


Objective: To focus on the epidemiological and clinical characteristics of bipolar disorder in a population of elderly subjects admitted in a psychiatric service.

Method: we conducted a cross-sectional, retrospective study of patients, hospitalized in the department of psychiatry “F” in RAZI Hospital during the period spanning from 2008 to 2015. We included all subjects with age > or =60 years, diagnosed bipolar I or II disorder according to the DSM IV-TR. A pre-established form was completed for each case exploring the socio-demographic data, family and personal history, clinical features and prescribed treatments.

Results: 29 patients (13 women and 16 men) were included in our study. The mean age was 66.24 years (+/- 7.18). We found that Bipolar disorders in the elderly are clinically heterogeneous and present with various courses. In the elderly, bipolar disorders can take various aspects, especially intrinsic religiosity. Results from the literature devoted to the evolution and clinical features of bipolar disorder in the elderly are clinically heterogeneous and present with various courses. In the elderly, bipolar disorders can take various aspects, especially intrinsic religiosity.

Conclusion: Through this work, we noted the difficulty of studies on bipolar disorder in the elderly, due to the hidden and heterogeneous clinical presentation. The current bibliography shows more gaps than there are answers about bipolar disorder in the elderly and more empirical studies should be undertaken.
Culture and delusions: Can the DSM5 bring the solution?

Authors: Belkhiria Amira, Damak Rahma, Berrahal Imene, Maatallah Houda, Ellini Sana, Cheour Mejda

Objective: The Cultural Formulation Framework and Interview provided in the DSM5 highlight the impact of culture in management of psychiatric disorders. Often minimized by practitioners, the role of culture to define norms for mental disorders and to explain delusions is important. Patient, familial and social beliefs affect clinical presentations, perception about causation, adherence to treatment and outcome.

Method: Through clinical cases of two delirious patients (one patient suffered from schizophrenia and the other from bipolar disorder), we highlight the influence of cultural and social context in the clinical presentation, adherence to treatment and management of their disorders.

Results: The results of the semi-structured questionnaire of cultural formulation of the DSM 5 past for these two patients will be analyzed to show how it can help us to improve our doctor-patient relationship.

Conclusion: The naïve use of previous DSM criteria, divorced from the cultural and psychosocial, has turned out to be oversimplification. The question is whether the current Culture Formulation proposed by DSM5 will be followed to better understand the complexity of the patients.

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Depressive symptoms during the course of Fibromyalgia: case report

Authors: S. Ben Fadhel, C. Ben Cheikh, A. Tounsi, T. salma, A. Oumayya

Objective: To study the clinical and therapeutic features of major depression during the course of Fibromyalgia.

Method: A case report with a systematic review of literature. A computer-aided search was performed in Medline using keywords: fibromyalgia, major depression, mood disorder.

Results: Mr BM is a 41 year-old man with no ancient psychiatric history, diagnosed with Fibromyalgia and treated with Pregabalin since 2004. In 2009 major depression was diagnosed following the onset of persistent sadness, hospitalization, persistent suicidal ideations. Further investigations concluded to a synchronized occurrence of the mood episode and the pain related to his Fibromyalgia. The treatment included tricyclic 75 mg/day,lorzepam 2.5 mg at bed time and psychotherapy during one year with a rapid improvement of his psychiatric symptoms, a significant decrease of his muscular pain and fewer relapses during the course of his Fibromyalgia.

Conclusion: This work aimed to highlight the role played by psychiatrists in the multidisciplinary medical approach for Fibromyalgia.

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Clinical features of early onset bipolar disorder

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Objective: Recent findings suggest that bipolar disorder (BD) may occur very early in the life course. However, early onset bipolar disorder (EOBD) remains difficult to identify because its symptoms vary much from the typical adulthood BD clinical expression. The aim of this study was to describe the clinical features of EOBD.

Method: A descriptive, clinical study was performed in patients with an early age of first hospitalization (age between 15 and 22 years), in Ibn Oumrane adult psychiatry department, Razi hospital in Tunisia and between 1996 and 2016.

Results: Thirty-two cases of EOBD (29 males and 3 females) were included in the study. The mean age of the illness onset was 19 years (SD=1.7). Forty-four per cent of patients had the first hospitalization between ages 15 and 22 years. The mean duration of their follow-up was 26 months (6–72 months).

Family history of mental disorders was found in 83% of cases: bipolar disorders (41%), major depressive disorder (26%), suicide attempts (19%) and non-affective psychoses (16%). Seventy eight per cent of our sample had previously exhibited episodes of manic manifestations. Trauma history was recorded in 59% of the cases: death of a parent (16%), Parental separation (12%), family conflicts (10%), break-up (9%), fail at school (6%), and work accident (6%). Twenty-two per cent had a Perinatal disorder. Substance abuse was found in 47% of the cases particularly with cannabis 40%. A quarter of our sample had judicial history. Psychotic features were reported in 90% of cases.

Conclusion: Clinicians must be aware of the potential for EOBD in patients who have a family history of bipolar disorder, who have experienced severe psychosocial stressors.

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Risperidone and sexual dysfunction

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Objective: Sexual and reproductive function side effects of atypical antipsychotics are frequent and Risperidone seems to be the antipsychotic of choice causing the most sexual dysfunction. The aim of this study was to describe sexual dysfunctions occurred in a population of patients treated with risperidone.

Method: It was a retrospective and descriptive study about 40 Tunisian patients treated with risperidone during 1 year at least, consulting in the Adult Outpatient “Pînel” of Razi hospital from 2014 to 2015.

Results: Forty patients were included in this study, 27 males and 13 females. The mean age was 26 years (SD: 2.8). They were treated for schizophrenia (48%), Bipolar disorder (30%), schizoaffective disorder (12%) and personality disorder (10%). Risperidone was prescribed in monotherapy in 52% of cases. The other associations were with a Benzodiazepine (31%), a mood stabilizer (42%) and antiparkinsonism drug (12%). The most common sexual ADEs was a decreased sexual desire (32%) for both males and females. In male’s group, the most frequent sexual dysfunction was erectile dysfunction (38%). Whereas in female’s group, the most frequent adverse effect was amenorrhea (27%) and vaginal dryness (18%). Galactorrhea was found in 10% of the cases. However, we found one case of increased sexual desire.

Conclusion: As risperidone is prescribed for a long periods, an attention to the associated side effects, particularly on the sexual and reproductive functions, is necessary in order to reduce some potentially negative long-term effects and to improve the adherence to treatment of our patients.
Symptomatic remission: a key predictor of functional remission in schizophrenia

**Authors:** Ghajati, Boutheina; Chennoufi, Leila; Berrahal, Imen; Labbane, Raja; Cheour, Majda

**Objective:** The definition of operational criteria for clinical remission, by the Remission in Schizophrenia Working Group, has concretized the reality of a potentially favorable clinical prognosis in the disease. Beyond symptoms, a variety of studies reported that symptomatically remitted patients had better psychosocial functioning. It appears, then, that symptomatic and psychosocial remissions are different domains, representing two steps towards recovery.

**Method:** We conducted a cross-sectional, retrospective and descriptive study in the psychiatry department “C”, in Razi hospital (Tunis), between October 2014 and January 2015. Sixty patients suffering from schizophrenia spectrum disorder (DSM IV-R) were included. Functional status was explored with the global assessment of functioning scale (GAF), the social and occupational functioning assessment scale and the social autonomy scale (SAS). Symptomatic remission was defined according to the remission in schizophrenia working group (RSWG) criteria (severity criteria).

**Results:** Rates of functional remission were respectively: 63,30% at the GAF scale, 48,30% at the SOFAS and 51,70% at the SAS. Symptomatic remission was achieved by 53,30% (N=32) of patients. Clinical remission was a strong predictor of psychosocial remission assessed with the GAF (OR: 5,77) and with the SAS (OR: 2,1).

**Conclusion:** Symptomatic remission stands for a therapeutic goal and tool towards a better functional outcome.

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Duration of untreated psychosis and cognitive impairment in schizophrenia patients

**Authors:** Ghajati, Boutheina; Chennoufi, Leila; Tajmout, Amira; Berrahal, Imen; Labbane, Raja; Cheour, Majda

**Objective:** Duration of untreated psychosis have been identified by several studies to be a strong predictor of both clinical and functional outcome in schizophrenia. Cognitive impairment stands for a crucial clinical dimension that strongly predict patients’ social and professional functioning. Aims: To study if there is a correlation between a long duration of untreated psychosis and cognitive impairment in schizophrenia patients.

**Method:** A cross-sectional, retrospective and descriptive study in the psychiatry department “C”, in Razi hospital (Tunis) was conducted. Sixty patients suffering from schizophrenia spectrum disorder (DSM IV-R) were included. All participants were assessed with the positive and negative syndrome scale (PANSS), the mini mental state exam (MMSE), the frontal assessment battery (FAB) and the clock test.

**Results:** Mean duration of untreated psychosis was 21.28 +/- 23.10 months (0.5 - 96 months). Longer duration of untreated psychosis was associated with a cognitive deficit in both executive functions assessed with the FAB (p<0,05).

**Conclusion:** This work highlights the importance of early detection of psychosis in order to prevent cognitive deterioration and thereby functional handicap.

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How does Bipolar Disorder affect children?

**Authors:** Ben Mustapha H., Dama K R., Berrahal I., Ellini S., Belkhiria A., Cherif W., Cheour M.

**Objective:** It is currently recognized that children of parents with mental disorders are at risk for developing a range of psychiatric disorders. If a parent is diagnosed with a psychiatric disorder, the parent-child relationship is likely to suffer. In fact, such a relationship asks for the parents a lot of energy, attention, patience and stable attitude towards the child. The aim of our study was to describe through a literature review, the repercussions on the children when their parents had bipolar disorders.

**Method:** We performed a literature search on Pubmed, science direct, psychoInfo and Medline using the following keywords: parents, bipolar disorders and children.

**Results:** Boulid and al (2015) found that the offspring of parents with bipolar disorder are 2.28 times more likely to develop eating disorders (p = 0.004). Nijjar and al (2014) showed also that children of parents with bipolar disorder are at risk for developing increased sensitivity to stress, disorders adaptation and behavior. Pilowsky and al. (2006) showed that parental depression was a risk factor for depressive and anxiety disorders in children. The cohort studies of Pavuluri and al (2005) have shown that having a parent with bipolar disorder increases the risk of psychopathology for their child by 2,7, especially behavioral disorders, attention deficit and mood disorders.

**Conclusion:** According to various retrospective and cohort studies, all the results confirm the need to be careful with the offspring of parents with bipolar disorder. Thus, the screening and the early intervention would improve the diagnosis of the psychiatric disorders among young patients.
Antipsychotics and impulsivity in schizophrenia

Authors: Ben Neticha Kaoutcher, Ben Ammar Hanen, Hamdi Ghada, El hechmi Zhouhaier

Objective: Impulsivity has been repeatedly identified as a major problem in schizophrenia. It was implicated in the increased suicidal risk of schizophrenic patients. Antipsychotic medications have been used to control impulsivity and aggressiveness. They have a double function, to treat the disorder and the behavior dyscontrol. The objective of this study was to evaluate the prescription of antipsychotics in schizophrenia and study their effectiveness in the treatment of impulsivity.

Method: This is a cross-sectional study, descriptive and analytical, conducted among a population of 74 patients (30 women and 44 men) in whom the diagnosis of schizophrenia was selected as TR DSM IV criteria. We used a questionnaire to collect clinical data and we also used the BIS scale (Barratt Impulsivity Scale).

Results: The average age was equal to 42.8. More than half patients were prescribed conventional antipsychotics (66.2%) including whom 59.5% received long-acting neuroleptics. 33.8% of patients were prescribed atypical antipsychotics. An association of two antipsychotics was observed in 18.9% of cases. Fluphenazine was prescribed in 51.4% of cases, haloperidol in 13.5%, olanzapine in 12.2%, risperidone in 10.8%, amisulpride in 5.4% and clozapine in 6.8%. There was a significant correlation between the association of two antipsychotics, the prescription of long-acting neuroleptics and impulsivity. Motor and cognitive impulsivity scores were higher in patients receiving two antipsychotics. There was no significant difference between scores of impulsivity in patients who received classic neuroleptics compared to those who received atypical antipsychotics.

Conclusion: It appears from our study that the association of two antipsychotics has no effect in the treatment of impulsivity in schizophrenia. The comparison between conventional and atypical antipsychotics has shown no difference in the treatment of impulsivity.

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Diet and impulsivity in schizophrenia

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Objective: Impulsivity can be defined as a “tendency to action before the reflection which is accompanied by a lack of anticipation or poor anticipation of consequences.” In schizophrenia, impulsivity can lead to aggression, suicide attempts and substance abuse. However, the relation between diet and impulsivity is seldom studied in psychiatry. The objective of this study was to study the correlation between impulsivity and nature of diet in a population of schizophrenic patients.

Method: This is a cross-sectional study, descriptive and analytical, conducted among a population of 50 patients (11 women and 39 men) in whom the diagnosis of schizophrenia was selected as TR DSM IV criteria. We used a questionnaire to collect clinical data and nature of diet. We also used the BIS scale (Barratt Impulsivity Scale).

Results: The average age was equal to 43.7. Percentage of patients who often ate red meat was equal to 22.4%, 10.2% never ate red meat and 63.3% sometimes consumed it. More than half of patients (61.2%) never ate cottage cheese, 24.5% consumed it sometimes and 12.2% often did. There was a negative correlation between red meat consumption and cognitive impulsivity (p = 0.03), non planning impulsivity (p = 0.028). There was a significant correlation between the consumption of white cheeses and motor impulsivity (p = 0.038).

Conclusion: It appears from our study that diet influences the impulsive behavior of schizophrenic subjects. Clinical trials would be interesting to assess the scalability of impulsiveness in different diets.

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Pathological Travelers in Tunisia

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Objective: The number of travelers in Tunisia is increasing. Many travelers in Europe or Africa, by the nature of the climate, as well as by cultural and religious specificities of the country. A growing number of travelers in Tunisia are being hospitalized for a psychiatric condition. This study aimed at characterizing pathological travelers, a population seldom studied in psychiatry.

Method: This is a retrospective and descriptive study on patients with nationalities other than Tunisian that were admitted to Razi psychiatric hospital from January 2000 to January 2015. Patients were identified on the basis of administrative data. Their medical records were then analyzed and pathological travelers were identified.

Results: A total number of 157 hospitalizations of patients with foreign nationalities were recorded during the last fifteen years. Among those hospital admissions, 80 patient files were examined. 28.7% of patients (n = 23) were hospitalized for a pathological journey. Fifteen out of these 23 patients were diagnosed with bipolar disorder, five with schizophrenia and three with schizoaffective disorder. Pathological travelers came from European and African countries. The majority of patients were male and single. Average age was 41 years with extremes going from 23 to 73 years. Most of them traveled alone.

Conclusion: In the context of globalization, international travel is on the increase which may lead to a rise in pathological journeys. In our study, the majority of pathological travelers were diagnosed with bipolar disorder. Their choice to travel to Tunisia could be explained by the relatively easy accessibility from Europe or Africa, by the nature of the climate, as well as by cultural and religious specificities of the country.

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Assessment of verbal fluency in bipolar disorder

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Objective: Language and communication disorders are often present in the foreground during relapses in bipolar disorder; however, their persistence in the euthymic phase is less shown. The aim of our study was to evaluate the verbal fluency in bipolar patients in remission.

Method: This is a cross-sectional case-control study, led in the consultation of the aftercare with 30 euthymic bipolar patients (Hamilton depression scale score 58, and Young Mania Rating Scale score 56) and 30 volunteers matched by age, sex and educational grade. The evaluation of verbal fluency was made by 2 tests: 1. The test of phonemic verbal fluency that catalogs for 60 seconds the maximum of words beginning with the letter "m". 2. The test of the semantic verbal fluency where the individual must list the maximum animal for 60 seconds.

Results: The average age of patients was 44.4 years and that of controls 44.8 years. The patients and the control group consisted of 12 women each (40%) and 18 men (60%). In each group, there were: 02 patients who have professional training, 02 primary patients, 17 patients who have completed high school, 02 bachelor level 07 higher. During the evaluation of phonemic verbal fluency, the average of the words produced by the bipolar patients was 31.45 (20.93 to 41.97) while that of healthy individuals was 44.46 (37.24 - 51.69). Bipolar patients produced fewer words 27.81 (19.88 to 35.74) and 43 healthy subjects, 93 (38.76 to 49.10) during the test of categorical fluency.
Conclusion: Our work highlights a dysfunction of the language in bipolar patients during euthymia. These cognitive deficits may worsen the social and professional withdrawal in such patients. Further research would be needed to explore the neurobiological processes that underlie these disorders.

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Relationship between global assessment of functioning and the severity of clinical symptoms in Schizophrenia

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Objective: The global assessment of functioning (GAF) is a clinical psychiatric scale used to measure the level of social, psychological and professional functioning of a patient. It assesses the severity of psychiatric illness, namely schizophrenia, and the response to treatments. The correlation between GAF score with other scales assessing clinical symptomatology in schizophrenia has been rarely studied. The objective of this work was to study the relationship between the severity of clinical symptoms in schizophrenia and the global assessment of functioning by the GAF.

Method: A retrospective cross-sectional study, was conducted in the F Psychiatry department of the Razi Hospital, in Tunisia, on 50 outpatients who were treated for schizophrenia according to DSM V, and who were in remission for at least two months. Two measuring instruments were used: PANSS: The Positive and Negative Syndrome Scale for assessment of clinical symptoms and the GAF for the Global Assessment of Functioning. Statistical analysis was performed using SPSS 18.0 software with a significance level set at 0.05.

Results: Our sample consisted of 50 patients, sex ratio was 3.54 (39 men and 11 women); the average age was 43.74 (± 11, 236). The average PANSS score was 28.6 (± 9.89) with an average score of 11.28 for the positive scale (± 4.77) and the negative scale 18.14 (± 7.25); While the average score in the GAF was 63.26 (± 13.62). There was a negative correlation between scores of PANSS and the global assessment of functioning. That is, the less the disease is severe, in both his positive and negative dimensions (a lower PANSS score), the better is the functioning of the patient (higher GAF score).

Conclusion: Despite being eliminated from the DSM V, the global assessment of functioning remains an important tool in everyday practice in psychiatry. It is important for a successful treatment, but also for social reintegration.

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Impulsivity and Awareness of the Disease in the Bipolar Patient

Authors: Hamdi Ghada, Ben Ammar Hanen, Ben Nitcha Kauother, EL Hechmi Zouhaier

Objective: The awareness of the disease, or insight, is an old and important concept in psychiatry. It has been much studied in schizophrenia. However, it is only recently studied in bipolar disorder although it is considered fundamental, particularly regarding drug compliance. The aim of our study was to investi-gate the relationship between impulsivity and awareness of the disease in euthymic bipolar patients.

Method: This is a cross-sectional study done on a sample of 30 euthymic bipolar patients followed in post care in “F” psychiatric department of Razi hospital (Hamilton depression scale score ≤8, and Young Mania Rating Scale score ≤6). These subjects were interviewed with their consent. A survey exploring socio-demographic and clinical characteristics; as well as two validated scales: Q8 to measure insight and BIS1 1 (Barratt Impulsivity Scale) to assess impulsiveness were used in this study.

Results: Our study was conducted in 30 bipolar patients: 12 women (40%) and 18 men (60%). The mean age was 46.5 (23-70). Two thirds of patients (N = 20, 66%) had a good insight. Not a significant correlation between awareness of the disease and the overall impulsivity scores and subscores of motor impulsiveness was found. A poor insight was significantly associated with high scores of cognitive impulsiveness.

Conclusion: Impulsivity and lack of awareness of the disease among bipolar patients are related to more negative consequences on the quality of life. A significant overall improvement in terms of reducing the number of relapses, adherence to treatment as well as social, personal and professional conse-quences can be expected with the improvement of each of these factors.

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Insight and duration of untreated psychosis

Authors: Ghada Hamdi, Faten Ellouze, Rania Lansari, Mehdi El Karoui, Kafa Ben Salah, Mohamed Fadhel M’rad

Objective: The relationship between insight and duration of untreated psychosis has been the subject of numerous investigations. Although most studies estimate that a good insight allowed early detection of the trouble and consequently a fast treatment, other authors argue ot-herwise. In this study we propose to explore the relationship between duration of untreated psychosis and treatment adherence among a population of patients treated for schizophrenia.

Method: A retrospective cross-sectional study, was conducted in the F Psychiatry department of the Razi Hospital, in Tunisia, on 50 outpatients who were treated for schizophrenia according to DSM V, and who were in remission for at least two months. Two measuring instruments were used: PANSS: The Positive and Negative Syndrome Scale for assessment of clinical symptoms and the GAF for the Global Assessment of Functioning. Statistical analysis was performed using SPSS 18.0 software with a significance level set at 0.05.

Results: Our sample consisted of 50 patients, sex ratio was 3.54 (39 men and 11 women); the average age was 43.74 (± 11, 236). The average PANSS score was 28.6 (± 9.89) with an average score of 11.28 for the positive scale (± 4.77) and the negative scale 18.14 (± 7.25); While the average score in the GAF was 63.26 (± 13.62). There was a negative correlation between scores of PANSS and the global assessment of functioning. That is, the less the disease is severe, in both his positive and negative dimensions (a lower PANSS score), the better is the functioning of the patient (higher GAF score).

Conclusion: Despite being eliminated from the DSM V, the global assessment of functioning remains an important tool in everyday practice in psychiatry. It is important for a successful treatment, but also for social reintegration.

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Treatment adherence and duration of untreated psychosis

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Objective: Adherence is defined as the perfect match between the patient's condition and the advice of the doctor and prescriptions. This is a complex, dynamic and multifactorial phenomenon involving many determinants, marked by a lack of stability over time and it is not diachronic of all or nothing type but often partial and evolving. In this study we propose to explore the relationship between duration of untreated psychosis and treatment adherence among a population of patients treated for schizophrenia.

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Method: This is a case-control study in a population of patients followed for schizophrenia. We used the median of the DUP to split the sample into two groups, those with a short DUP and those with a long DUP. We then paired the two groups one by one according to age, gender and type of schizophrenia. Measuring the duration of untreated psychosis was conducted by the Nottingham onset schedule (NOS); the adherence to treatment was measured by the medication adherence Rating Scale (MARS).

Results: The average age of our population was 30.3 +/- 9 years; the sex ratio was 1.6 for men. The average of the DUP was 188.9 +/- 125.17 weeks and a median of 52 weeks. Patients who had a DUP lower or equal to 52 weeks so had a short DUP. The average score of the MARS was 5.54 +/- 1.9. The average score of adherence to treatment for patients with a long DUP was 4.87 +/- 1.6 while it was 5.6 +/- 1.6 for patients with a short DUP. This difference was statistically significant p = 0.013.

Conclusion: Patients who have a short DUP were better compliant to treatment. Therefore an early detection of psychosis improves adherence among patients treated for schizophrenia.

Sexuality, depression and self-esteem among pregnant women

Authors: Ghada Hamdi, Faten Ellouze, Ateb Sarra, Leila Robbana, Kafa Ben Salah, Mohamed Fadhel M’rad

Objective: Pregnancy is a special time in the life of the woman, it is an intense time of change affecting the female body in its physiological, mental, emotional and sexual reality. This is a time of extreme fragility and uncertainty that will result in a change of the body, the status, the place and role of women within the family. In this work we propose to investigate the relationship between sexuality on one hand and depression and self-esteem of the other among pregnant women.

Method: We conducted a cross sectional study which focused on a population of 100 pregnant women who were in heterosexual relationship at the time of the survey. Women whose pregnancy was complicated or had fetal malformations were excluded from the study. For the evaluation of sexuality we used the scale FSFI: the female sexual function index. For the assessment of depression we used the Edinburgh Depression Scale and the Edinburgh postnatal depression scale, for the evaluation of self-esteem we used the self-esteem scale of Rosenberg.

Results: The average age of our patients was 29.4 +/- 5.6 years, 50% of our patients had a secondary education, and almost two-third were housewives. 42% of our patients were in the 3rd trimester of pregnancy. The mean total FSFI score was 23.1 +/- 5.8%, 70% of patients are presented sexual dysfunction with a lower score than or equal to 26.5 The average of the Rosenberg scale was 29.4 +/- 2.8, 94% of patients had an average self-esteem. The average of the scale of Edinburgh was 8.7 +/- 5.4. 28% of women showed signs of depression on the scale of Edinburgh. We found a statistically significant link between the scores of orgasm, satisfaction FSFI and self-esteem: Women who had high self-esteem were more sexually satisfied, more orgasms and better overall sexual function. We also found a statistically link between the item of the FSFI pain and depression. Furthermore, women who were not depressed were more satisfied sexually.

Conclusion: Sexual activity during pregnancy is important for the mental well-being and self-esteem.

Body Image, Depression and Pregnancy

Authors: Ghada Hamdi, Faten Ellouze, Meriem Maâmar, Mehdi El Karoui, Kafa Ben Salah, Mohamed Fadhel M’rad

Objective: Pregnant woman go through a period of crisis marked by profound physical and psychological changes that may affect body image, mood and self-esteem. Classically pregnancy is a period of nine months during which the body knows many transformations affecting weight, shape, physical strength... In this work we propose to investigate the relationship between body image and depression in a population of pregnant women.

Method: We conducted a cross sectional study which focused on a population of 100 pregnant women who were in a relationship at the time of the survey. Women whose pregnancy was complicated or had fetal malformations were excluded from the study. For the evaluation of body image we used the body attitudes Questionnaire (BAQ) for the assessment of depression we used the depression scale of Edinburgh, the Edinburgh postnatal depression scale, for the evaluation of self-esteem we used the self-esteem scale of Rosenberg.

Results: The average age of our patients was 29.4 +/- 5.6 years, 50% of our patients had a secondary education, and almost two-third were housewives. 42% of our patients were in the 3rd trimester of pregnancy. The average score of the BAQ was 122.6 +/- 14. The average of the scale of Edinburgh was 8.7 +/- 5.4. 28% of women showed signs of depression on the scale of Edinburgh. We observed a statistically significant relationship between weight and shape and that of the depression (BAQ to scale) with the depression score: In fact depressed women had more feeling for impairment p=0.04. Similarly a high score of depression was associated with more body image dysfunction p = 0.04.

Conclusion: Body image during pregnancy interferes significantly with the well being of the pregnant woman.

OCD and bipolar disorder Comorbidity

Authors: Ghada Hamdi, Faten Ellouze, Asma Ben Zid, Sonda Trabelsi, Kafa Ben Salah, Mohamed Fadhel M’rad

Objective: Epidemiological studies have assessed the prevalence of OCD between 14.6% to 21% in bipolar disorder, a rate higher to 8.1 times that of the general population. This comorbidity has both clinical and therapeutic impact. In this work, we intend to determine the prevalence of comorbidity of OCD and bipolar disorder.

Method: This is a retrospective study which focused on a population of 100 patients with mood disorder according to the criteria of DSM IV TR who were in remission at the time of the study. Remission is defined by the absence of manic or depressive mood symptoms scored in the study (Hamilton depression score less than 8 and the scale of Young Mania less than or equal to 2); those patients passed the MINI and the MINI plus scales in its version 5.0.

Results: The sex ratio was 0.88, the mean age of 38 +/- 9 years, 48% of our patients were single, 88% were bipolar type 1, the average age of disease onset was 21.5 +/- 5 years. The average number of mood episodes was 6.6 +/- 4. The punctual prevalence of OCD was 10%, that Lifetime prevalence was 8%.

Conclusion: Early identification of the TOC -bipolar disorder comorbidity is essential to establish an appropriate care to both disorders and ensure a better prognosis.
Impulsivity in borderline personality disorder

Authors: Ghada Hamdi, Faten Ellouz, Wael Makadem, Leila Robbana, Kafa Ben Salah, Mohamed Fadhel M’rad

Objective: Impulsivity is defined as the tendency to act on the spur of the moment without planning, clear direction or desire, as if the usual psychic mechanisms of decision or operational modes of operation had been short circuited or neglected. Borderline personality characterized by impulsiveness resulting by emotional, social and professional instability. In this work we propose to investigate the prevalence of impulsivity in a population of patients with Borderline Personality Disorder.

Method: This is a cross-sectional study involved 50 patients followed for borderline personality disorder. Those patients were tested using the Barratt impulsivity scale (BIS) in its version 10.

Results: The average age of our patients was 33.9 +/- 8.9 years, the sex ratio was 3 for women. Nearly half of patients were primary school level and without occupation. The scores of impulsivity were high with an overall average score of 80.8, this impulsiveness interested three areas: motor, cognitive, and planning. Thus the score of the planning impulsivity was 27.5 +/- 6, the motor impulsivity was 24.5 +/- 7.6 and cognitive impulsivity 28.7 +/- 5.7.

Conclusion: The management of impulsivity among borderline patients should be based on a multi-factor approach both psychotherapeutic and pharmacological addressing cognitive aspect and motor planning.

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The anxious bipolar patient. A case report.

Authors: Jelalia I., Ellini S., Oueslati B, Damak R., Cherif W., Miled S., Cheour M.

Objective: The aim of this poster is to describe and discuss some aspects of Bipolar disorder (BD) and Obsessive Compulsive Disorder (OCD) comorbidity with emphasis on its diagnosis and management, based on a case report.


Results: Mr. AA, a 41 years old married male who lives with his family, has a stable working situation and with a positive family history of BD. AA has a 10 years history of OCD treated with antidepressants. He had been admitted to our psychiatric ward after an episode of uncontrollable behavior. Two weeks prior to admission he began showing signs of elevated mood, talkativeness, restlessnes, hyperactivity, multiples expenses and decreased need for sleep. The psychiatric interview revealed logorrhea, tachypysia, flight of idea. He presented also psychotic symptoms of grandiose, reference and persecution delusion. The described manic symptoms had treatment priority, thus he was prescribed an antipsychotic (Olanzapine 20mg daily) and a mood stabilizer (Valproic acid up to 1500 mg daily). As a result, his manic and psychotic symptoms improved after 3 weeks of treatment.

Conclusion: BD and OCD is a frequent and a complex comorbidity. This comorbid condition complicates the clinical treatment of the two disorders, so identifying these individuals is important. New treatment strategies must be improved for these cases.

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Obsessive-Compulsive dimension in Schizophrenia: clinical features and therapeutic news


Objective: To study through two clinical observations the link between schizophrenia and obsessive-compulsive symptoms (SOC).

Method: This is a study related to two cases of patients for whom the diagnosis of schizophrenia was selected according to DSM IV TR criteria and seem presenting obsessive-compulsive signs.

Results: 1st Clinical case: Miss FC, 55, followed from the age of 20 years for doubt obsessions and washing compulsions centered on natural orifices. An antidepressant based treatment of neuroleptic and anxiolytic was introduced but not taken by the patient. The evolution was marked by the appearance of a death wish incongruent with mood, three suicide attempts, visual hallucinations with an influential syndrome, a fear of going crazy, instinctual disorders and agoraphobia. She has been taking fluoxetine, amisulpride and lorazepam with a more or less good evolution. 2nd Clinical case: Mr SS, 17, presented since the age of 12 years some doubt obsessions and omissions as well as checking rituals and washing operating in a context of great anxiety. A tricyclic antidepressant treatment based and atypical antipsychotic was initiated at his 14 years but poorly taken by the patient. The evolution was marked by the intensification of the anxiety and the appearance of delusions of bodily transformations, oddities of thought, unretail social withdrawal, school divestment and 03
Autism and Schizophrenia of the child: the symptom of of consideration to clinical practice

Authors: Khemakhem R, Halayem S, Abbas Z, Hamdi G, Bouden A

Objective: To illustrate the link between Autism Spectrum Disorder (ASD) and Schizophrenia.

Method: This is a study related to two cases of children for whom the diagnosis of ASD was selected according to DSM IV TR criteria and seems presenting signs as an evolution towards schizophrenia.

Results: WL, 16, is followed from the age of 6 years for a Pervasive Developmental Disorder (PDD) of restricted activity and verbal stereotypes and Communication Disorders and nonverbal. We note that diagnosis was retained by the association of social interactions disorders. WL has a certain skill praxis. The evolution was marked by the partial clinical improvement but persistence of mother-child interactions disrupted for quantitative and qualitative fields. The child presented around the age of 9 years, an ideational dissociative syndrome tend to hetero-aggressivity. Around 11 years appeared a concern for the body underpinned by a quirk of thought. He was hospitalized at 14 for behavioral disorders. In addition, there is a sharp decline in graphics performance during these episodes. Tuming under risperidone 2 mg was mentioned. In front the exacerbation of hetero aggressive disorders, a switch to olanzapine at a dose of 20 mg was advocated with a decrease of pathological productions and behavioral problems and improving investment drawing. MD, 15 years and 10 months, with a history of psychosis in the mother, is followed from the age of 9 years for ASD with light Mental retardation disorders of nonverbal communication, such primary encopresis. We note that diagnosis was retained by the association of narrow interests. The evolution was marked by the appearance at the age of 11 years with a clear dissociation quirks of thought and conflicting emotions, a monothematic delusion blurry, poorly systematized essentially hallucinatory mechanism and influence syndrome. The diagnosis of undifferentiated schizophrenia was retained. He was put under escalated amisulpride doses without real improvement and with a bad drug intake. Later he was put under escalated risperidone 2 mg and haloperidol dose.

Conclusion: Cetyl Ryadh, Immeuble H appartement 2, Menzah 7; Ariana 2034, Tunisia

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Serum concentration of carbamazepine and mood balancing, is there a correlation?

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Objective: Bipolar disorder is a severe and disabling disease. Carbamazepine is an antiepileptic drug which have proven efficacy as a mood stabilizer. Whereas, it presents a wide pharmacokinetic interindividual variability. Thus, the therapeutic drug monitoring is interesting, during treatment with carbamazepine, especially in cases of treatment failure, suspicion of drug toxicity, poor adherence and in some particular populations. Although antiepileptic therapeutic range of carbamazepine is well specified; few studies aimed to define a specific mood stabilizing therapeutic range.

The aim of this study was to find a correlation between the mood stabilising action and serum concentrations (SC) of carbamazepine in bipolar patients.

Method: This was a prospective study conducted from September to November 2015; commonly between the psychiatric unit F in Razi hospital and the clinical pharmacology department of the National Centre of Pharmacovigilance. All the patients with bipolar I disorder, with good drug compliance for at least two years were included (17 patients). YMRS and MADRS were used to assess mania as well as depression symptoms.

Results: The median age of patients was 46 years with a sex ratio M/F of 1.83. The mean duration of disease course was 20 years and the average duaration of carbamazepine treatment was 11.6 years. Among our patients, 15 received other psychotropic drugs. The average YMRS score was 5.05 (from 0 to 22). The average MADRS score was 4.05 (from 0 to 14). The mean number of mood episodes during the last two years was 1, (from 0 to 5).

We did not find correlation between SC of carbamazepine and the prescribed doses of carbamazepine. There were no correlations between neither SC of carbamazepine and the scores YMRS (r=0.38) and MADRS (r=0.035), nor SC of carbamazepine and clinical remission during the last two years (r=0.29).

Conclusion: Based on the results of this study, there was no correlation between the SC and the mood stabilizing effect of carbamazepine in our 17 patients followed-up for a bipolar disorder.

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Neurological soft signs, do they discriminate bipolar disorder from schizophrenia?

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Objective: Neurological soft signs (NSS) are endophenotypic markers widely studied in schizophrenia and bipolar disorder; consisting in a number of minor neurological abnormalities, including simple motor coordination, complex motor sequencing and sensory integration dysfunction. Schizophrenia as well as bipolar disorder shares a number of similarities such as brain structure abnormalities and a similar genetic, biological and cellular background. Neurological boundaries between schizophrenia and bipolar disorder are still, nevertheless, not very well-known. This study aimed to determine whether NSS could be a discriminating or a shared trait in schizophrenia and bipolar disorder.

Method: A sample of 56 patients (28 schizophrenic and 28 bipolar disorder patients) was recruited for the study. The presence and severity of NSS were assessed using the Neurological Evaluation Scale.

Results: Comparing neurological soft signs in schizophrenic and bipolar patients, significant differences were found in 3 neurological signs: Ozeretski test (p=0.01), Rhythm tapping test (p=0.01) and Gabellar reflex (p=0.03). Schizophrenic patients show more neurological alteration, compared with bipolar patients, in these three signs of the NSS. There were no differences in the total NSS score between schizophrenic and bipolar patients.

Conclusion: Our results suggest that there is a difference in soft neurological symptoms between schizophrenic and bipolar groups. Instead of these differences, neurological boundaries between schizophrenic and bipolar patients are still difficult to define because of several limitations of this study.
Effect of age in association with spatial anxiety on navigation strategy preferences

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Objective: Spatial orientation is an outstanding human ability by which people perceive their positions in relation to the environment, namely recognize themselves and identify their position on a cognitive map (1). People use either orientation strategy (mainly applying Euclidean rules) or route-finding strategy (preferred signal stimuli). The kind of exploration strategy used in a given situation is also affected by affective and cognitive components as well (2). During the repetitive exploration of the environment the spatial representations will gradually solidify, the signals of the environment become increasingly signal stimuli. For older people in order to solve navigation tasks it takes more time to learn a new route and to recall the landmarks from the memory.

Purpose: The present study investigated age differences in navigation strategies and their association with map-using abilities and spatial anxiety.

Method: Participants: 32 young adults (17 men, 15 women; mean age: 33.59 years) and 32 elderly persons (15 men, 17 women; mean age: 73.40 years) participated in the survey and completed the City map (self-developed using Lynch’s key elements to score the time of route detections; the spontaneous memory regarding orientation) and Country map (less structured containing greater distances with points of the compass, distance markers) tests for exploring the onset of the navigation strategies which were recorded orally. Lawton’s Spatial Orientation Questionnaire (4) (path detection strategy scale consisting orientation strategy as well as route-finding strategy factors, Map using scale, Spatial anxiety scale) was filled out individually by the responders after the map-tests. Statistical analyses were performed with SPSS 19.0 software.

Results: Results: Based on the study no differences in strategy found between the two age groups when using a city map as both groups used route-strategy (x²=4.738; df=2; p>0.05). When using a country map, young adults typically were following an orientation strategy, while the older age group was following a route-finding strategy (x²=14.080; df=2; p<0.05).

Conclusions: Discussion: Our results concerning differences in orientation strategy preferences correspond to previous data except that older people regardless of gender do not prefer abstract and Euclidean-definitions in their navigation strategies (4). Possible factors influencing navigation strategy preferences include spatial anxiety and orientation experiences. Future research should focus on the effect of technological changes on age differences in choice of navigation strategy as well as on cognitive abilities in old age aiding spatial orientation (5).

References:

Keywords: Spatial navigation strategies; Age; Cognitive map

Response to ECT in patients with autism spectrum disorder and intractable challenging behaviours associated with catatonic symptoms

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Objective: There are several reports of electroconvulsive therapy (ECT) used in autism spectrum disorder (ASD) in the context of catatonic symptoms. We describe response to ECT in two adults with ASD and intellectual disability with intractable aggression and self-injurious behaviours associated with catatonic symptoms who had not responded to standard interventions.

Method: Unilateral ECT at a frequency of three times a week was a given followed by weekly maintenance ECT.

Results: Patients’ catatonic symptoms included episodes of agitation and echophenomena. ECT resulted in significant improvement in their behaviour problems but one patient relapsed when the ECT was discontinued or frequency of treatment reduced. The second patient required two courses of ECT before improvement which was maintained on weekly ECT.

Conclusion: ECT could be a potentially beneficial intervention in patients with ASD and severe challenging behaviours associated with catatonic symptoms including agitated or excited forms of catatonia.

Late onset bipolar disorder: A case report and review of the literature

Authors: Houda Maatallah, Hassen Ben Ammar,Faten Amdouni,Imen Berrahal, Amina Aissa , Zouhair El Hechmi

Objective: Elderly bipolar individuals are heterogeneous and consist of at least two types: late-life manic episode whose bipolar illness began in young adult life, and patients without any manic episodes before late life but may only have a history of depression. However, there is growing evidence that geriatric-onset bipolar disorder is often attributable to secondary organic etiologies.

Method: We present a case of bipolar disorder emerging in late life with no organic causes. This case highlights the importance of a broad differential diagnosis when approaching new-onset manic symptoms among geriatric patients.

Results: Mr. K, a 62-year-old Tunisian man who had graduated from secondary school, was admitted to our acute psychiatric ward because of aggressive, injurious and manic episodes in the last three past months. He had a history of hypertension, and major depressive disorder at the age of 30 , without a history of family psychiatric or substance abuse. Histories of head trauma, seizure, or substance abuse were also absent. On physical examination, was normal. During the mental status examination, he was well oriented with pressured speech, expansive mood and irritability. Flight of ideas and delusions of grandeur were also noted. Initial surveys including serum chemistries, complete blood count, liver function tests and thyroid function test were within normal limits. Brain computed tomography (CT) revealed no significant findings. The patients was putten in combined therapy with valproic acid 1000 mg/day and olanzapine 15mg/day with good clinical evolution.
Conclusion: Our findings suggest that age at onset can define distinct form of bipolar disorder. More specifically there was a stronger heredity of bipolar disorder and other psychiatric disorders in patients with an early age of onset. Stressors factors may play a significant role in patients with a late age at onset of a first (hypo)manic episode.

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Seizured induced Clozapine: A case report and review of the literature
Authors: Houda Maatallah, Hannen Ben Ammar, Imen Berrahal, Amina Aissa, Maroua Said, Zouhair El Hechmi
Objective: Clozapine is associated with an increased risk of seizure with several identified etiologic risk factors. Total oral dose, serum concentration and pharmacodynamic interactions may contribute to seizure risk. Preliminary pharmacogenetic risk factors are also reported.
Method: We describe the case of a young man with treatment-resistant schizophrenia, who developed seizure during clozapine titration. Clozapine treatment can result in a range of seizure-like activity, the most well-known being tonic–clonic seizures. We show incidence, etiology and management of seizure induced clozapine.
Results: Mr. S.B, a 26-year-old Tunisian man with treatment-resistant schizophrenia: clozapine 400mg/day, fluphenazine 100mg/day, chlorpromazine 100mg/day, and promethazine 50mg/day. Due to persistent insomnia he was put under amitriptyline 50mg per day. The patient developed myoclonus during clozapine titration. This resulted in a fully tonic–clonic seizure. We reduced the doses of all antipsychotics with adaption of acid valproic 1000mg per day.
Conclusion: This case report highlights the need to remain vigilant for the varied signs of seizure for all patients on clozapine, regardless of clozapine plasma levels or whether or not patients are in the titration or maintenance phase of treatment. Seizure is not a contraindication to clozapine therapy.

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Impact of family history of bipolar disorder on the evolution of bipolar disorder in adult offspring
Authors: Houda Maatallah, Imen Berrahal
Objective: The family history of bipolar disorder (BD) seems to have an impact on the clinical features and the BD evolution among the offspring. To study the relationship between family history of BD and clinical and therapeutic features of BD among the adult offspring.
Method: We undertook a retrospective study including a sample of BD type I out-patients. The inclusion criteria were: patients who were hospitalized between January 1 2000 and December 31 2014 and at least two years’ follow. Patients were divided into two groups according to their family history of BD. Sociodemographic data, clinical and therapeutic features were raised and compared between the two groups.
Results: Thirty patients with a family history of BD were compared with 30 patients without a family history of BD. The sex ratio was 2/1 (M/F). The average age was 36 ± 7.1 years. BD patients with a family history of BD had significantly more socio professional problem: family problem (p=0.009), financial complications (p=0.006), high rate of unemployment (p=0.042) than patients without a family history of BD. BD patients with a family history of BD had significantly more hospitalizations (p=0.048) and higher rate of suicide attempts (p=0.005). No difference in the therapeutic features was found between the two groups.
Conclusion: The family history of BD was associated with BD complications in offspring. Thus, it should be considered in the management of the disorder.

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The association between traumatic life events and family history of bipolar disorder
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Objective: Stressful life events are established as risk factors for the onset of mood disorder. On the other hand, history of bipolar disorder (BD) is associated with elevated risk of bipolar spectrum disorders among offspring. To assess the association between traumatic life events and family history of bipolar disorder.
Method: A cross-sectional study took place during three months: from 1st January 2016 until 31 March 2016. A total of 30 out-patients with family history of BD were compared to thirty BD patients with no family history of BD. The matching criteria were: the age ranged from 18 to 65 years and a first hospitalization between 2000 and 2015. Traumatic life events were assessed with a semi structured questionnaire.
Results: The sex ratio was 2/1 (M/F). The average age was 36 ± 7.1 years. BD patients with family history of BD presented significantly higher susceptibility to stressful and traumatic life events than patients without family history of BD (93% VS 30%; p=0.04). The most traumatic life events were: Sentential failure (p=0.004); school or professional failure (p=0.0042); professional or familial conflicts (p=0.005); financial problems (p=0.005).
Conclusion: The findings of our study highlight the importance of the interplay between genes and the environment in bipolar disorder. Early intervention in BD can be based on the detection and treatment of emerging life events.

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Suicide, Childhood Trauma, and Bipolar Disorder
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Objective: Suicide attempts are common in patients with bipolar disorder. This study explores the impact of childhood trauma and bipolar disorder illness subtypes (bipolar I disorder (BDI)) versus bipolar II disorder (BDII) on suicide. This connection was taken as a starting point for the study.
Method: A group of 44 bipolar patients were followed up during 3 months. Each patient’s mood was assessed according to DSM-IV-TR criteria. In this study we compared suicide risks in BDI patients (n = 15) versus BDII outpatients (n = 29). Child abuse was evaluated using Childhood Trauma Questionnaire (CTQ).
Results: Average age is 35.6 with 58.3% female; 48.6% BDI, and 21.4% BDII. Overall suicide attempts were similar in BDI and BDII patients. Also our results suggest that suicidal patients were mostly subjected to childhood neglect and abuse.
Conclusion: Suicide is a relatively common outcome in the course of bipolar disorder development. The monitoring of childhood trauma and suicidality in them are recommended along with the timely deployment of appropriate trauma-focused psychotherapy.
Keywords: Bipolar disorder, childhood trauma
Is there an association between Psychosis and Sexually Transmitted Infections?

Authors: Dr Vijaya Murali

Objective: Is there a known co-morbidity between Psychosis and Sexually Transmitted Infections. Their association might be simply coexisting or complex, for example, psychosis enhances the risk to contract or protract sexually transmitted infections. Some sexually transmitted infections increase the risk to develop psychosis in terms direct effect on Central Nervous System or indirectly through prescribed medications. The aim is to find out if there is an association between psychosis and sexually transmitted infections and to look at possible management strategies to include primary, secondary and tertiary prevention.

Method: A literature review of articles related to Psychosis and Sexually Transmitted Infections was carried out through EMBASE, MEDLINE, Psycinfo and all articles related to the topic were studied.

Results: Depression and anxiety disorders are associated with Sexually Transmitted Infections, with increased rates of unprotected intercourse, multiple partners, and sex trading in the past year in patient with severe mental illness. Young people with first-episode psychosis are at greater risk of sexually transmitted infections (STI) than their peers. Neurosyphilis can present with a variety of behavioural symptoms, including mania, depression, and psychosis. Results support previous findings that young people with psychosis have greater needs for STI prevention due to increased rates of unprotected sex.

Conclusion: A thorough evaluation of Sexually Transmitted Infected patients with psychotic symptoms requires a comprehensive history and physical examination to rule out other known causes of psychosis. A combination of primary, secondary and tertiary interventions is needed to achieve a meaningful degree of prevention and protection against sexually transmitted infection in patients with psychosis.

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Renal Function Monitoring in Patients receiving Paliperidone Long-Acting Injection

Authors: Dr. Kasim Qureshi, Academic Clinical Fellow (ACFS1); Dr. Kwame Asante (FY1), Longbridge CMHT; Zinnia CMHT Dr. Jayne Greening, Consultant Psychiatrist; Dr.Vijaya Murali, Consultant Psychiatrist

Objective: To evaluate whether patients on PLAI have renal function monitored and their dose adjusted accordingly

Method: Data collected from all services users at Zinnia CMHT (Sparkhill) and Longbridge CMHT (Rubery) receiving Paliperidone Long-Acting Injection; Reviewed each service user’s: Medical records; Investigations records; Clinical documentation; Community prescription charts

Results: 49% of patients on PLAI have had renal function checked within the last year. Of those with renal function recorded: 14% of patients on PLAI have relevant renal impairment; 60% of those with renal impairment have side effects noted from their depot; 0% of those with renal impairment have had their PLAI dose reduced as a result.

Conclusion: Renal function is particularly relevant to Paliperidone prescribing. In those with impaired renal function, lower doses needed for therapeutic effect

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What happens in Bipolar Disorder and SchizoAffective Disorder Bipolar type when a treatment with Paliperidone Palmitate is started? Mirror-image study during the six months before and after the change of pharmacological strategy

Authors: Murru A, Valenti M, Iglesias M, Cobo JM, Torres I, Dell Agua E, Nieto E, Custal N, Goikolea JM, Crespo JM

Objective: Patients with Bipolar Disorder type I (BDI) and SchizoAffective Disorder-Bipolar type (SAD) often have difficulties in adherence to pharmacological treatment. The use of long acting intramuscular medications, such as Paliperidone Palmitate (PP-LAI), is a good option. PP-LAI is already an indication in SAD1,2. Objective of the study is to evaluate the efficacy and safety of PP-LAI in patients with BDI and SAD.

Method: Observational, retrospective, mirror-image study, during 6 months before and after the change to PP-LAI from another pharmacological strategy in patients with BDI and SAD (DSM-IV-TR criteria). Data collection was performed at baseline and at 1, 3, and 6 months after the change of treatment. Socio-demographic data, medical history, and clinical and psychometric variables were collected.

Results: The sample includes 46 patients (61% man) with a mean age of 39±8 years old. The majority of patients are single (63%). Almost two thirds of the sample have a low level of studies and are currently under occupational disability. Half of patients fulfill diagnostic criteria for BD-I and the other half for SAD. The mean number of episodes is 16, and the mean of previous hospital admissions is 5. 92% of the sample had psychotic symptoms, and only 7% reported Direct suicide ideation. Approximately half of patients present a substance use disorder. 70% have been gathered in hospital settings. The main reason for treatment change was bad adherence (Figure1). 43.5% of the sample was included during a manic episode (Table1). The introduction of PP-LAI leads to a significant decrease in number of episodes (14’ vs 0‘), number of hospitalizations (0’ vs 0’), and days of hospitalization (17’ vs 7‘); emergency visits decreased by almost half (74% vs 37%). Some physical heteroaggressivity episodes show a reduction up to a 30% (79% vs 49%). All of these parameters showed statistical significance (Wilcoxon test). The introduction of PP-LAI leads to a clinical improvement (Figures2,3,4,5). Mean doses used at the sixth month: 109mg; the use of PP-LAI allows a reduction in the use of other drugs (Table2). In the selected sample, we observe a favourable profile of tolerability and adherence.

Conclusion: The use of PP-LAI in patients with BDI and SAD has meant an improvement in the course of illness, with a good tolerability and adherence profile. Patients with BD-I or SAD with bad adherence, high rates of previous relapses, and manic predominant polarity can benefit from the use of PP-LAI.
Bipolar Affective Disorder and Older Adults (BADAS) Study

Authors: Prof. Norm O’Rourke, Ph.D., R.Psych. (Ben-Gurion University) Prof. Andrew Sixsmith, Ph.D. (Simon Fraser University) Dr. David B. King (Simon Fraser University) Hamed Yaghoubi-Shahir, MSc. (Simon Fraser University)

Objective: To evaluate the recognition and rate of mania in association with other mental disorders, thyroid status, body mass index (BMI), heart rate (HR), and blood pressure (BP), and to evaluate their predictive values for mania in primary care (PC).

Method: A cross-sectional study was performed and 138 adult consecutive PC patients were evaluated by mental disorders twice: first, by general practitioner (GP), using his/her routine method, and the second, by using MINI International Neuropsychiatric Interview (MINI) by trained investigator. In addition to standard evaluation, all patients underwent ultrasound (US) evaluation of the thyroid gland. BMI, HR and BP were measured by standard methods. The clinical symptoms and syndromes of hypothyroidism were assessed by Billewicz scale. For comparison of groups Mann-Whitney and Fisher’s exact tests were applied. To evaluate predictive values for mania, logistic regression analysis (Forward Wald) was conducted.

Results: No patients were found having mania by GP, when MINI revealed ten patients with mania in PC (7.2%). Patients with mania and those without mania did not differ by age (52±20 yrs. vs. 50±20) and by gender, with higher number of females in both groups (60% vs. 73%). BMI, HR and BP did not differ in patients with and without mania in PC. MINI revealed that half of mania patients (50%) had major depressive episode, 10% - suicidal ideation, 10% had panic disorder, 10% - social anxiety disorder, 30% of mania patients had generalized anxiety disorder and 30% - alcohol dependence. However, we did not find statistical difference between patients with and without mania in association with other mental disorders in PC when MINI was used. There was one patient with mania diagnosed having insomnia by GP, while other mania patients had no diagnoses of other and/or co-morbid mental disorder diagnosed by GP at all. 70% of mania patients had abnormal thyroid gland compared to 36.7% without mania (p=0.042). Mania patients were found having a trend to have more symptoms of hypothyroidism (1.50±2.08 vs. 0.64±1.31, p=0.056, Billewicz scale). No predictive values for mania were found when logistic regression analysis was performed.

Conclusion: The recognition of mania is paltry with high rate of disease in PC. The MINI International Neuropsychiatric Interview is usable to diagnose mania in patients with other mental disorders occurring mixed affective symptoms both of mania and depression in 50% of study subjects with mania represent typical spectrum of emotional and cognitive disorders among patients with bipolar illness. Abnormal thyroid gland is associated with mania in PC patients. A big gap in recognition of individuals with mixed affective states and mania probably has the negative effect onto quality of treatment of persons with bipolar illness in PC, which is needed for further research.

Additional Information: Authors declare no conflict of interest.

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Mourning in Schizophrenia and in the caregivers of patients with schizophrenia

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Objective: Schizophrenia is a multifactorial mental disease in which genetic and environmental factors appear to be interconnected. Mourning is a mental state that can be responsible for psycho-emotional instability in human beings. There is a deficit of publications regarding mourning in patients with schizophrenia and in their caregivers. This is an important field of research, because it could help healthcare professionals better manage this condition. The main hypothesis of our study is to determine if patients with schizophrenia experience mourning in the same way has patients without schizophrenia, and how do their caregivers deal with this treatment.

Method: We performed a socio-demographic questionnaire and used the Inventory of Complicated Grief (ICG) in 24 individuals with stable schizophrenia and also in their caregivers. We used a control group of 24 non-schizophrenia patients and respective caregivers. The statistical analysis was performed using SPSS 20. Cronbach's alpha was used to determine the internal consistency of the answers.

Results: The Cronbach's Alpha of the ICG questionnaire for patients with schizophrenia was 0.948, which indicates a good internal consistency. With the pairing of dyads of patients, caregivers, with and without schizophrenia, we observe the existence of a positive Pearson correlation between the symptoms of grief in schizophrenic patients and their caregivers (0.535), and (0.563) for the control group of caregivers and patients without psychosis. Both values are significant, showing that in both groups there is a positive relationship bereavement symptoms among patients with and without schizophrenia and their caregivers.

Conclusion: Our results can be analyzed based on the concept of emotional contagion associated with empathy, which is known to be altered in patients with schizophrenia. This study highlights the relevance of evaluation symptoms of mourning in patients with schizophrenia and concludes that although the pattern of symptoms is slightly inferior, there is an impact of losses in a manner similar to non-schizophrenic individuals.

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Bipolar disorder and borderline personality: what link?

Authors: Haloui N., Ellini S., Laajili Y., Damak R., Cheour M.

Objective: Several recent studies are interested in the link between bipolar disorder and the borderline personality. In fact, these two troubles are frequently associated and have intricate symptoms and similar clinical presentations. These similarities between the two troubles make big difficulties to differentiate between the two pathologies and the differential diagnosis become difficult. Our objective is to study from a clinical observation of a patient which was hospitalized at the psychiatric unit "E" at the Razi hospital after three attempts of suicide occurred in mood disorders contexts, the association between bipolar disorder and borderline personality and to address the clinical and therapeutic implications.

Method: Our presentation is about a clinical case of a young patient which was hospitalized in our service of psychiatry after doing three attempts of suicide that took place in a context of mood disorder.

Results: Mr W. K. is 27 years old. He hasn't any medical disease. He is a single man with an animated life, professional instability, abuse of toxic, sensibility with a tendency to impulsiveness and a feeling of devoid of meaning. He was hospitalized in our service for three consecutive suicide attempts. In the interview, we found an unstable patient on the psychomotor plan, with depressive humor and anhedonia. He was treated by fluoxetine. The evolution was marked by a hypoobsessive bend. The diagnosis of a bipolar disorder was held. Aspect of the borderline personality appears and confirmed by psychological tests. Conclusion: At present, the relation between bipolar disorder and borderline personality remains a subject of controversy. Some authors suggest that they are a part of the bipolar's spectre. Other studies would be necessary to study better this association.

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A preliminary analysis of the phenomenology of Auditory Verbal Hallucinations in Bipolar Disorder

Authors: Dr Lindsay Smith, Clinical Psychologist in training. Supervised by Dr Rachel Mitchell, Professor Anthony David & Dr Louise Johns, IoPPN, London, UK

Background: At least one in four individuals with Bipolar Disorder is estimated to have experienced auditory verbal hallucinations (AVH) or voices, yet few studies have investigated AVH in detail in this population. A clearer understanding of the phenomenology of voice hearing experiences in BD might enable better mapping onto differential and shared cognitive and neurobiological mechanisms. Such research is consistent with the National Institute of Health Research's Research Diagnostic Criteria.

Method: The Mental Health Research Institute’s Unusual Perceptual Experience Schedule (MUPs) was used to gather comprehensive phenomenological information on retrospective experiences of AVH. Diagnoses were verified using the Mini International Psychiatric Interview v. 6. Mood symptoms at the time of MUP's interview were self-rated using the Altman Mania rating scale and the Quick Inventory of Depressive Symptomology.

Results: Twenty people completed the study. Half of whom reported AVH within acute mood states, half of whom reported more fleeting, recurrent AVH. There were many similarities with the prototypical psychotic experience e.g. in clarity, reality, variance in location and frequency of commanding and abusive content. There were, however, greater positive tone and content to voices was associated with manic/mixed states. Acute mood shifts resulted in increased voice intensity & persistence.

Conclusion: The study attests to the incredible complexity and diversity of voice experiences. It highlights the potential role of mania in determining a subtype of ‘positive’ voices that are less well characterised in the literature and which may play a significant role in the course of illness for those with BD. Research progress in the characterisation of AVH in BD will depend on international research collaborations that can increase samples to a meaningful size, with the power to detect differences in diagnostic subtypes and mood states. There is a requirement for adapted measurement instruments to assess AVH phenomenology in BD, including a longitudinal component and improved ratings of changeability.

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Neuroleptic compliance in the military hospital

Authors: Tira, Salma; Tounsi, Abir; Ben Fadhel, Sinda; Kri, Wassim; Elkefi, Hamdi; Oumaya, Abdelaziz.

Objective: The objective of our study is to evaluate the adherence of neuroleptics in the military hospital through a descriptive study tracking career military patients in whom the diagnosis of schizophrenia was retained during the year 2014-2015.

Method: This is a retrospective study of 15 patients' military career records, hospitalized in the psychiatric ward of the Tunis military hospital during the year 2014-2015, in whom the diagnosis of schizophrenia according to the criteria of the DSM4 was retained. The fact sheet includes epidemiological factors (age, psychiatric illness, military service, number of hospitalizations, treatment and outcome). A socio-demographic questionnaire and used the Inventory of Complicated Grief (ICG) in 24 individuals with stable schizophrenia and also in their caregivers. We used a control group of 24 non-schizophrenia patients and respective caregivers. The statistical analysis was performed using SPSS 20. Cronbach's alpha was used to determine the internal consistency of the answers.

Results: The Cronbach's Alpha of the ICG questionnaire for patients with schizophrenia was 0.948, which indicates a good internal consistency. With the pairing of dyads of patients, caregivers, with and without schizophrenia, we observe the existence of a positive Pearson correlation between the symptoms of grief in schizophrenic patients and their caregivers (0.535), and (0.563) for the control group of caregivers and patients without psychosis. Both values are significant, showing that in both groups there is a positive relationship bereavement symptoms among patients with and without schizophrenia and their caregivers.

Conclusion: Our results can be analyzed based on the concept of emotional contagion associated with empathy, which is known to be altered in patients with schizophrenia. This study highlights the relevance of evaluation symptoms of mourning in patients with schizophrenia and concludes that although the pattern of symptoms is slightly inferior, there is an impact of losses in a manner similar to non-schizophrenic individuals.

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sex, marital status, educational level, years of practice in the army) and clinical and evolutionary elements of the disease (duration of untreated psychosis, remission duration, prescribed treatment, number of stops, stop time and reason for discontinuation of treatment, number and pattern of re-hospitalization).

Results: Regarding sociodemographic characteristics: 87% of patients were male, the average age is 30 years, all patients had a secondary study, more than half are single (11/15) and the average number of years of military service is 11 years. For clinical and evolutionary characteristics: behavioral disorders (7/15) and the excited delirium (8/15) were the main modes of entry in schizophrenia. The average time of care is 49 days, the average rehospitalization is 5 hospitalization in 7 years, the average hospital stay was 17 days. 36% of our patients have never stopped their treatment and 36% have stopped only once and within three months after the first episode. The side effects of neuroleptic drugs are the leading cause of arrest (10/15). The first stop of treatment occurs on average after 6 months and this coincides with the installation of a depressive episode. The average stop duration of treatment is 1 month. All patients were initially treated by conventional neuroleptics, 8 patients who required the use of depot antipsychotics.

Conclusion: Schizophrenia is a chronic disease requiring regular monitoring and management for many years, however patients with schizophrenia often stop their treatment and causing frequent psychic relapses, these relapses are especially dangerous because they last longer meet under at least to neuromedical and preoccupy the reeducation of the patient, the psychiatrist should make every effort in order to improve the quality of patient compliance and to prevent the risk of decompensation.

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Frontal meningioma with psychiatric presentation: a case report
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Objective: To detect organicity before a clinical picture of psychiatric disease.
Method: Study of a clinical case and discussion according to similar cases reported in the literature.
Results: Case presentation: Ms H 54 years old female, she has as psychiatric personal history of dysthymia and somatic history of hypertension and coronary artery disease and a family history of cancers in charge, was addressed in psychiatric consultation by her general practitioner for a "mood disorder with somatoform manifestations" lasting for one month. On examination, the patient complained of headache, faintness, a heaviness in the right side of the body and irritability. She had anxiety and depressive symptoms reached the intensity of a major depressive episode and impaired concentration. Neurological examination showed a unilateral right pyramidal syndrome and a positive sign of Romberg. A fundus was performed as normal and a brain scan which showed a left frontal meningioma 20mm without mass effect or signs of commitment. The patient was placed under curative dose antidepressant treatment with partial improvement (30% to the HAD scale) combined with supportive psychotherapy and relaxation techniques and was sent to the neurosurgical consultation for close monitoring her tumor.
Conclusion: This case raises the issue of the interest of the realization of a brain CT in case of suspicion of an organic origin of depression, it is necessary if there is any abnormality in neurological examination, if atypical depression (no moral pain, apathy), an age Headache patient > 35 years and strong family history of cancer.

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Suicidality associated with comorbid Post-traumatic stress disorder and major depression in Tunisian soldiers
Objective: Since the revolution of January 2011 and the increased number of terrorist attacks, the incidence of post-traumatic stress disorder (PTSD) and depressive illness has risen considerably within the Tunisian Army. Suicidality (suicidal ideation or attempts) has risen concurrently in this group. The aim of this study is to study the impact of comorbid PTSD with major depression disorder (MDD) on suicidality in a sample of Tunisian soldiers.
Method: A survey was conducted in a military outpatient clinic in Tunisia and included 109 patients. PTSD and MDD were assessed with the 17-item PTSD Checklist-Civilian Version (PCL) and Beck’s depression inventory respectively. All patients included in the study were screened for past year suicidality.
Results: The sample was divided into three diagnostic groupings: PTSD alone (n=40), MDD alone (n=28) and comorbid PTSD and depression (n=41). The mean age was 35 years (range 21 to 53). In the whole sample, 11% (n=12) reported past-year suicidal ideation and 5, 5% (n=6) reported past-year suicide attempts. Those who were single, childless and with a lower level of education were more at risk for past-year suicidality. In the PTSD group, past year suicidal ideation was 7, 5% and none had attempted suicide. In the MDD group past year suicidality was 17, 9%. In the comorbid PTSD/MDD group, past-year suicidality was 22% with 5 suicide attempts (12%). individuals with both PTSD and depression were 3 times more likely to have past-year suicidality than those with either diagnosis alone.
Conclusion: PTSD and MDD comorbidity imply a more severe and chronic symptomology with an increased risk of suicidal acts. Patients diagnosed with both disorders should benefit from additional screening for suicidal ideation and attempts. PTSD should be researched in soldiers presenting with depression due to its implications in the course of illness and treatment.

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Alcohol abuse among Tunisian soldiers with combat-related PTSD
Objective: Post-traumatic stress disorder (PTSD) has become a subject of interest with the rising number of terrorist attacks in Tunisia. Numerous aspects of this disorder are being addressed, such as its comorbidities. Studies show that PTSD and alcohol misuse are commonly co-occurring disorders. However, data regarding alcohol abuse and related problems in Tunisian soldiers treated for combat-related PTSD are still lacking.

The aim is to determine the prevalence of alcohol dependence, binge drinking and alcohol related problems in a sample of soldiers diagnosed with PTSD.

Method: Outpatients meeting the DSM-5 criteria for PTSD without comorbid anxiety, mood or personality disorders were included in this study. Demographic and general military data were collected. Alcohol dependence was evaluated using the CAGE questionnaire. Binge drinking, heavy weekly drinking and alcohol related problems were assessed using validated instruments.

Results: Eighty five patients participated in this study. The sample was exclusively male and ranged in age from 21 to 48 (M= 34.30, 5% (n = 26) reported an alcohol consumption and the majority (70%, n=19) noticed an increase of dose and frequency of use. A large number of non-consumers proclaimed religious prohibitions as the main reason for abstinence. Only 4 patients drunk for recreational purposes. All the other patients’ consumption was motivated by anxiety and insomnia. 4. 7% (n = 4) of participants met criteria for alcohol dependence (n = 4).Prevalence of heavy weekly drinking, binge drinking and alcohol related problems was 5, 8% (n=5), 16. 47% (n=14) and 10% (n=8), respectively. Demographic data didn’t seem to influence patients’ behavior.
**Anxiety and Benzodiazepines use among Tunisian psychiatry residents**

Authors: Tounsi,A,Mnif.L, El Ghali,F, Deroouiche,S, Ammar,Y, Melki,W

Objective: Few studies have addressed the subject of substance use disorders in the physician population. Gravity and frequency of these addictions as well as the types of substances used seem to be unevenly distributed among the medical specialties. Psychiatrists appear more likely to report benzodiazepines (BZD) use and thus, are at greater risk of addiction.

Method: An online anonymous survey was set up between October and December 2015 and collected data from current psychiatry residents. BZD abuse and dependence were measured using validated instruments. The survey also provided information on demographics.

Results: Of the ninety residents invited to participate, 62 (68%) completed the survey. It was a representative sample since the total number of psychiatry residents in Tunisia was 120.

Demographic data didn’t seem to influence the consumption of the drug.

Conclusion: BZD are largely prescribed by psychiatrists in their everyday practice. These physicians possess a certain familiarity with this class of drugs as well as an easier access to it. Therefore, it’s necessary to rapidly recognize the cases of abuse and dependence because of its negative effects on both the physician and the patient’s well-being.

**A comparative study of cognitive impairments among schizophrenia, bipolar disorder and major depressive disorder**

Authors: Atsuhito Toyomaki, Naoki Hashimoto, Akane Miyazaki, Nobuyuki Mitsui, Yuki Kako, Ichiro Kusumi

Objective: Differences in severity of cognitive impairments among schizophrenia, bipolar disorder and major depressive disorder have been a topic attracting great interest. In order to compare severity of neuropsychological impairments among schizophrenia, bipolar disorder and major depressive disorder, we executed neuropsychological tests and carried on statistical analysis.

Method: We executed neuropsychological tests and carried out a statistical analysis.

Results: The results demonstrated that schizophrenic patients and patients with bipolar disorder show serious decrease in executive function; Word Fluency Test (WFT), verbal fluency; Continuous Performance Test (CPT), sustained attention and motor speed; Trail Making Test (TMT), visual-motor processing and motor speed; Auditory Verbal Learning Test (AVLT), verbal learning and immediate and recent memory; and Stroop Test, selective attention.

Conclusion: In conclusion, neuropsychological profiles are similar to three disorders. In particular most cognitive domains are impaired in schizophrenia.

**Validity and reliability of the "cognitive complaints in bipolar disorder rating assessment" (COBRA) in Japanese bipolar patients**

Authors: Kuniyoshi Toyoshima,Yutaka Fjii,Nobuyuki Mitsui, Yuki Kako,Satoshi Asakura,Ichiro Kusumi

Objective: The aim of this study is to verify the validity and reliability of the "cognitive complaints in bipolar disorder rating assessment" (COBRA) in Japanese bipolar patients.

Method: 45 patients with bipolar disorder in remission of the participants took part in this study. The psychometric properties of the COBRA (e.g. internal consistency, retest reliability, concurrent validity) were analyzed.

Results: The Japanese version of COBRA had high internal consistency (Cronbach’s alpha=0.887) and retest reliability (p=0.721). The convergent validity was indicated by a correlation with the Frankfurt Complaint Questionnaire (r=0.672). Significant correlations were found between the COBRA and one objective cognitive measure.

Conclusion: The Japanese version of the COBRA showed to be a useful and reliable instrument to assess subjective cognitive complaints in Japanese bipolar patients.

Additional Information: Limitations: The influence of medication has not been controlled.