



# ∞ Türk Psikiyatri Dergisi ∞

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**51. ULUSAL PSİKİYATRİ KONGRESİ  
ABSTRACTS**

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RUH SAĞLIĞI  
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# 51

## • Ulusal Psikiyatri Kongresi

25 - 29 Kasım 2015  
Susesi Hotel, Antalya

*Bilimin Işığında...*

**TANI ve TEDAVİDE  
GÜNCEL GEREKSİNİMLER**

# ABSTRACTS

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## 51. ULUSAL PSİKİYATRİ KONGRESİ

### Değerli meslektaşlarımız,

Türkiye Psikiyatri Derneği'nin düzenlediği 51. Ulusal Psikiyatri Kongresi bu yıl Antalya'da gerçekleştirilecektir. Her yıl olduğu gibi bu yıl da Türkiye psikiyatri topluluğunun bu en büyük kongresinde zengin bir bilimsel program için hazırlıklarımız sürmektedir. Başta Çalışma Birimlerimiz olmak üzere tüm üyelerimizden, meslektaşlarımızdan ve ruh sağlığı çalışanlarından gelecek öneriler Bilimsel Toplantılar Düzenleme Kurulumuz tarafından harmanlanacak ve yine nitelikli ve zengin bir program ortaya çıkacaktır.

Bu yılın kongre ana başlığı ve teması “*Bilimin Işığında... Tanı ve Tedavide Güncel Gereksinimler*” olarak belirlenmiştir. Bilimsel program, klinisyenlerin başta tanı ve tedavi olmak üzere pek çok alanda gereksinimlerini gözeterek ana konferans, kurs, panel, çalışma grubu, münazara, on soruda bir konu, siz olsaydınız ne yapardınız, *Sorular ve Olgularla Psikiyatride Güncel Oturumları* gibi birçok farklı biçimde eğitim etkinlikleri ile dolu olacaktır. Elbette ülkemizde ruh sağlığı alanındaki sorunların konuşulacağı oturumlar ve yıl boyu gerçekleştirilen araştırma ürünlerinin sergileneceği ve tartışılacağı oturumlar da bizleri bekliyor. Ve elbette ki tüm program için ödün vermeyeceğimiz, vazgeçemeyeceğimiz temel ilke “*Bilimin Işığında...*” olacaktır.

Bu yıl ne yazık ki elimizde olmayan bir gelişme nedeniyle kongremizin bir süre önce duyurduğumuz tarihini değiştirmek zorunda kaldık. Kısa bir süre önce, kongreyi gerçekleştireceğimiz otelin de içinde yer aldığı bölgedeki birçok otel, Dışişleri Bakanlığı'nca G20 zirvesi ve sonrası etkinlikler gerekçe gösterilerek belirlediğimiz tarihler için bloke edilmiştir. Yoğun uğraşlar sonucunda bu yılın Ulusal Psikiyatri Kongresi'ni 25-29 Kasım 2015 tarihlerine alabildik. Bu gelişme, bilimsel programı zenginleştirmek üzere bağlantı kurup konferans ve çeşitli eğitim etkinliklerinde yer almak üzere yurtdışından davet ettiğimiz birçok bilim insanının programlarında ciddi sorunlar yaratmıştır. Tüm bunlara karşın bilimsel programı yurtdışından bilim insanlarıyla destekleme çalışmalarımız sürmektedir.

51. Ulusal Psikiyatri Kongre'sinin, bir yandan zengin bilimsel programını izlerken bir yandan da yeni dostluklar, arkadaşlıklar kurup meslektaş bağları ve işbirlikleri geliştireceğimiz bir ortam olmasını umuyoruz. Bir yandan dünyadaki ve ülkemizdeki gelişmelerin alanımıza yansımalarını ele alırken bir yandan da ruh sağlığı alanında birlikte çalıştığımız diğer disiplinlerle ve tüm ruh sağlığı çalışanlarıyla yakınlaştığımız ve işbirliğine yönelik adımlar attığımız bir ortam olmasını diliyoruz. Ve elbette ki Kongremizin Türkiye psikiyatrisinin sesini gerek parlamentoya, hükümete ve tüm siyasi partilere gerekse tüm kamuoyuna güçlü bir şekilde duyurması için bir fırsat yaratmasını bekliyoruz.

Tüm TPD üyelerini, meslektaşlarımızı ve ruh sağlığı çalışanlarını 51. Ulusal Psikiyatri Kongresi'ne davet ediyoruz. Özellikle Çalışma Birimlerimiz aracılığı ile gelecek yaratıcı ve programı zenginleştirici önerilerin önemini anımsatmak isteriz.

Tüm üyelerimizi, tüm meslektaşlarımızı ve tüm ruh sağlığı çalışanlarını yılın bu en büyük ve bilimsel içeriği açısından en zengin kongresine katılmaya ve gerek uzmanlık eğitimine gerekse uzmanlık sonrası eğitime yönelik birçok gereksinimi karşılayacak etkinliklere katılmaya davet ediyoruz.

Türkiye Psikiyatri Derneği'nin düzenlediği 51. Ulusal Psikiyatri Kongre'sinde buluşmak dileğiyle...

**Prof. Dr. Simavi Vahip**  
Türkiye Psikiyatri Derneği  
Genel Başkanı

**Prof. Dr. M. Murat Demet**  
Türkiye Psikiyatri Derneği  
Bilimsel Toplantılar Düzenleme Kurulu Başkanı

# 51. ULUSAL PSİKİYATRİ KONGRESİ

25-29 Kasım, 2015

*Susesi Hotel, Antalya, Türkiye*

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M. Murat Demet (*Başkan*)  
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### 51. UPK ÖDÜL KURULU

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# RESEARCH AWARD CANDIDATES



RAC-01

### URBANISATION, SOCIAL CAPITAL AND SCHIZOTYPY: SCANNING SCHIZOTYPAL SYMPTOMS IN TWO DIFFERENT AREAS OF ISTANBUL

**Filiz Şükrü<sup>1</sup>, Tolga Binbay<sup>2</sup>, Ekin Sönmez<sup>3</sup>, Mehmet Kemal Kuşçu<sup>3</sup>**

<sup>1</sup>*İzzet Baysal Ruh Sağlığı ve Hastalıklar Hastanesi, Bolu*

<sup>2</sup>*Dokuz Eylül Üniversitesi, Psikiyatri Anabilim Dalı, İzmir*

<sup>3</sup>*Marmara Üniversitesi Eğitim ve Araştırma Hastanesi, Psikiyatri Anabilim Dalı, İstanbul*

**AIM:** The aim of our study has been the investigation of individual and societal factors associated with high psychotic disorder risks indicated by schizotypal characteristics among the 16-year old members of the populations in a district of Istanbul with different levels of urbanisation.

**METHODS:** Schizotypal traits of the selected subpopulations under investigation have been scanned cross sectionally using the short form of the Schizotypal Personality Questionnaire (SPQ-SF). The individuals who scored 15 or above and bearing minimally two schizotypic traits or with at least one positive and negative traits were identified to have high risk of psychotic symptoms and developing disorders. In order to evaluate the individual and societal traits associated with high risk of psychosis the Social Capital Scale (SCS) and a sociodemographic questionnaire were used.

**RESULTS:** Within the scope of all independent parameters queried here, living in the Pendik district of Istanbul with areas of different degrees of urbanisation increased the high risk of psychosis 2.236 fold (95% CI: 1.09-6.06); and, 3.38 fold (95% CI: 1.68-6.77) with lack of equivalence of outgoings and income in the home. This risk increased 1.72 fold (95% CI: 1.01-2.94) when relationships with the parents were estranged; and, 3.13 fold (1.25-7.88%) by subjection to threat, pressure or discrimination in school. Also, a single score increase in the daily social control in the inhabited neighbourhood, the high risk of bearing psychotic symptoms and of disorder development was increased 1.08 fold (95% GA: 1.01-1.15) in a positive direction; whereas, the effect of cognitive capital in the inhabited neighbourhood on the high risk for psychotic symptoms, results and development of disorders was 0.86 fold (95% CI: 0.77-0.96) in a negative direction.

**CONCLUSION:** Our study has demonstrated that the level of urbanisation in a district of a metropolis, the social network in the inhabited neighbourhood, socioeconomic circumstances in the home, relationships with the parents, and school life are the environmentally determining factors of the high risk of psychosis.

**Key Words:** Schizotypy, social capital, urbanisation

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Ayçiçeği A, Dinn WM, and Harris CL (2005) Validation of Turkish and English versions of the schizotypal personality questionnaire-B. *Eur J Psychol Assessment* 21: 34-43.

RAC-02

### RELATIONSHIP OF THE SLC6A4 GENE 5-HTTLPR POLYMORPHISM TO CHILDHOOD ABUSE AND PARENT PERCEPTION IN MAJOR DEPRESSIVE DISORDER

**Hasan Talha Yurdakul<sup>1</sup>, Gamze Özçürümeç Bilgili<sup>2</sup>, Yunus Kasım Terzi<sup>3</sup>, Feride Şahin<sup>3</sup>**

<sup>1</sup>*Edirne Sultan 1. Murat Devlet Hastanesi*

<sup>2</sup>*Mersin Üniversitesi Tıp Fakültesi Psikiyatri Anabilim Dalı*

<sup>3</sup>*Başkent Üniversitesi Tıp Fakültesi Tıbbi Genetik Anabilim Dalı*

**AIM:** The aims of this study have been to determine the 5-HTTLPR polymorphism in individuals diagnosed with Major Depressive Disorder (MDD) and in healthy controls; and, to investigate the relationship of the polymorphisms to adverse childhood experiences and parent perception, in order to reach any data linked with the gene-environment interaction leading to the presentation of MDD.

**METHODS:** This research has been approved by the Başkent University Medical and Health Sciences Research Council and the Noncommercial Clinical Research Ethics Committee by the decision numbered 14/77; and has been supported by the Başkent University Research Fund. All individuals accepting to participate were given the World Health Organization World Mental Health Composite International Diagnostic Interview (WHO WMH-CIDI). The participants consisted of 99 patients diagnosed with MDD and 108 healthy controls without any psychological disorders and age, gender and educationally matched with the patients. All participants completed a purpose designed Sociodemographic and Clinical Data Collection Form; the Beck Depression Inventory (BDI), the Beck Anxiety Inventory (BAI), Adverse Childhood Experiences International Questionnaire (ACE-IQ), and the Young Parenting Inventory (YIP). The participants were analysed for 5-HTTLPR polymorphism.

**RESULTS:** Differences were not observed between the MDD and the control groups with respect to the distribution of genotypes and the scorings on the BDI and BAI on the basis of the genotype distribution. However, the ACE-IQ and the YIP scores were significantly higher in the MDD group. It was observed that in both the MDD and the control groups any increase in the ACE-IQ scores corresponded to increases in the BDI and BAI scores. Correlation analyses demonstrated that in the individuals with one or two S alleles of the 5-HTTLPR polymorphism the ACE-IQ total and subscale scores and the YIP subscale scores were higher than those of the control group. Although the MDD patients of the L/L genotype had higher scores in some of the YIP and the ACE-IQ subscales, these were significantly lower compared to the carriers of the S allele.

**RESULTS:** These results prove the dominance of environmental factors in the development of MDD and that 5-HTTLPR polymorphism is not singly effective, indicating that individuals with the S allele are more sensitive to the environmental factors in comparison to the carriers of the L/L allele, and consequently carry a higher risk of developing MDD. The biological effects were more pronounced with the combined presence of the S allele and high scores on ACE-IQ and YIP.

**Key Words:** Adverse childhood experiences, depression, 5-HTTLPR, parent perception

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#### RAC-03

### CAN THE RETINAL GANGLION CELL LAYER BE A NEW INDICATOR IN DETERMINING NEURODEGENERATION IN BIPOLAR DISORDER?

**Aysun Kalenderoğlu<sup>1</sup>, Ayşe Sevgi Karadağ<sup>2</sup>, Mustafa Çelik<sup>1</sup>, Oğuzhan Bekir Eğilmez<sup>1</sup>, Murat Eren Özen<sup>3</sup>**

<sup>1</sup>Adıyaman Üniversitesi Tıp Fakültesi Psikiyatri Anabilim Dalı Adıyaman

<sup>2</sup>Adıyaman Üniversitesi Tıp Fakültesi Göz Hastalıkları Anabilim Dalı Adıyaman

<sup>3</sup>Özel Adana Hastanesi Adana

**AIM:** The aim of this study has been to determine the neurodegeneration in the ganglion cell layer (GCL) and the retinal neural fibre layer (RNFL) in patients diagnosed with Bipolar Disorder (BD) by means of optical coherence tomography (OCT) and compare these data with those from healthy controls

**METHODS:** The study was carried out with 43 euthymic BD-I patients being followed at the Adıyaman University Medical Faculty Psychiatry Department and 43 healthy volunteers. Both groups had OCT imaging at the Adıyaman University Medical Faculty Ophthalmology Department. Measurements of the choroid layer thickness and the assessment of the average value were carried by the same physician. Also, the volume of the RNFL thickness and GCL, sublayers of the the ganglion cell complex (GCC) were measured and recorded.

**RESULTS:** Significant sociodemographic differences were not present between the patient and control groups. In the BD group segments of the RNFL thickness were generally thinner as compared to the controls, the significant decreases ( $p < 0,05$ ) being observed at the left inferonasal, left inferotemporal, left superotemporal, right inferonasal sectors and right and average thickness values of the annulus. In the BD group the volumes of both the right and the left GCL were significantly thinner ( $p < 0,05$ ) in comparison to the controls. A significant negative correlation was determined between the duration of BD and the decrease in the GCL volume; indicating that the longer was the BD duration the thinner became the GCL.

**CONCLUSION:** The only study on BD patients using OCT has been the recent work by Mehreban et al. (2015) where the authors reported that the RNFL decrease is significant in BD patients compared to the controls after a disease duration of 10 years, indicating the correlation between the neuronal loss and the severity and the clinics of the disease. Our study however has shown that the GCL degeneration starts earlier than the degeneration in the RNFL, suggesting that the follow up on the GCL degeneration may be important in BD.

**Key Words:** Bipolar disorder, neurodegeneration, optical coherence tomography

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#### RAC-04

### TURKSCH II: LONGITUDINAL INVESTIGATION OF EXPERIENCING PSYCHOSIS, DEVELOPMENT OF CLINICAL PSYCHOSIS AND RELATED RISK FACTORS OVER A 6-YEAR POPULATION BASED PROSPECTIVE INVESTIGATION

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**AIM:** Although psychotic experiences are generally temporary, they can become chronic and make a transition to clinical psychosis under the influence of environmental factors. The aims of our study have been to investigate the relationship of the subthreshold and the extremes of the extended psychosis phenotype, and to evaluate the risk factors affecting the transition of psychotic episodes to disease extremes.

**METHODS:** The sample population, representing the central İzmir population, who had been previously interviewed in the TurKSCH-I study, were visited after 6 years in their recorded existing home addresses, to be queried on psychotic episodes and symptoms, and risk factors of psychosis. After this repeated scan, clinical interviews were carried out with the individuals exhibiting indications of psychological disorder (n= 519).

**RESULTS:** Of the 4011 individuals visited, 65% were reached and 2142 of these were interviewed. It was determined that the incidence of transition of subthreshold psychosis to clinical psychosis was 7%; the incidence of chronicity was 41% and the probability of predicting any DSM diagnosis was 90%. The severity of the psychotic experiences were related to chronicity ( $\chi^2 = 228,1$ ;  $p < 0,05$ ), to foreseeability of any DSM diagnosis ( $\chi^2 = 28,2$ ;  $p < 0,05$ ) and to transition to clinical psychosis ( $\chi^2 = 93,6$ ;  $p < 0,05$ ). Age, marital status, social security, unemployment, history of psychological disorder in the family, recent risky drinking, substance use, experiencing threatening events and judicial events were found to be related to newly developing clinical psychosis.

**CONCLUSION:** It was determined that a 63% incidence of psychotic experiences was present at the outset of the study in the subgroup that developed clinical psychosis. The similarities of the inherited and environmental factors effective in the development of psychotic episodes and the transition to clinical psychosis were noteworthy. These results indicate that the extended psychosis phenotype constitutes a continuity at the healthy/patient threshold.

**Key Words:** Alcohol/substance use, clinical psychosis development, extended psychosis phenotype, familial history of psychological disorder, psychosocial stress

### Relationship of the Subthreshold Psychotic Symptoms 6 Years Previously to the Clinical Psychosis Development Observed in the Rescanned Subject Population

	GR	%95 GA	p	GR*	%95 GA	p
Marital Status						
Married	ref	-		ref	-	
Single	2,4	(0,9-6,2)	.07	2,0	(0,7-6,2)	.2
Divorced	9,3	(3,5-24,9)	<.05	13,1	(4,7-36,6)	<.05
Social Security						
There is	ref	-		ref	-	
There is not/Greencard	6,4	(2,72- 14,9)	<.05	4,5	(1,8-11,5)	<.05
Familial Psychological Disorder						
None	ref	-		ref	-	
Yes, but not known	1,3	(0,2-9,9)	.8	1,2	(0,2-9,4)	.8
Depression/ Anxiety Symp.	6,4	(2,7-15,2)	<.05	7,3	(3,0-17,7)	<.05
Possible Psychosis	10,0	(3,2-30,6)	<.05	12,0	(3,8-37,7)	<.05
Alcohol Use						
None in Last 7 years	ref	-		ref	-	
Risky drinking before 6 years, Risky drinking for last 6 years	2,7	(0,9-7,8)	.06	5,1	(1,4-18,2)	<.05
Not used before 6 years, risky drinking last 6 years	3,3	(1,4-7,7)	<.05	4,8	(1,8-12,6)	<.05
Substance Use						
Never	ref	-		ref	-	
Used before 6 years, not used in the last 6 years	20,7	(2,2-194,2)	<.05	27,1	(2,7-271,4)	<.05
Used before 6 years, used during the last 6 years	33,2	(6,1-181,6)	<.05	26,3	(4,2-163,7)	<.05
Not used before 6 years, used during the last 6 years	16,6	(5,2- 53,0)	<.05	12,5	(3,7-42,6)	<.05
	$\beta$	%95 GA	p	$\beta^*$	%95 GA	p
Age	-2,64	[(-0,001)-(-0,0001)]	<.05	-3,14	[(-0,001)-(-0,0002)]	<.05
Psychosocial Stress Factor Counts in the last 6 years	7,82	(0,01-0,02)	<.05	7,75	(0,01-0,02)	<.05

\*After being controlled with respect to age, gender, educational level and social security

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### RAC-05

### INVESTIGATION FROM THE METACOGNITION VIEW POINT OF THE RELATIONSHIP BETWEEN OBSESSION TYPES AND IMPULSIVENESS IN OBSESSIVE-COMPULSIVE DISORDER PATIENTS

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**AIM:** Obsessive-compulsive disorder (OCD) has been classified in the DSM-V together with related impulse control disorders such as tricotillomania. Impulsiveness can be analysed in three parts as the "motor activation" involving sudden moves without preparation; "attention" or not being focused on the matter in hand; and 'lack of planning' or moving without adequate thinking on the matter in hand. This study has aimed to analyse in OCD patients the differences of impulsivity domains from the subtypes of obsessions on the bases of metacognition components and compare the findings with healthy controls.

**METHODS:** The study has included 146 patients successively diagnosed with OCD and 80 healthy controls. Informed consent of all participants were obtained before asking to complete a sociodemographic questionnaire. Patients were interviewed on the basis of the Structured Clinical Interview for DSM-IV Axis I Disorders (*SCID-I*), and on the Metacognition Scale-30 (*MS-30*), Barratt Impulsiveness Scale-11 (*BIS-11*), and the Yale-Brown Obsessive Compulsive Scale (*YBOCS*). The healthy controls were interviewed on the *MS-30*, and the *BIS-11*. Statistical significance was accepted on the basis of  $p < 0,05$ .

**RESULTS:** The *BIS-11* total and "attention" subscale scores of the OCD patients were significantly higher in comparison to those of the controls. *BIS-11* 'attention' scores of the OCD patients with sexual, aggression and religious obsessions were significantly higher as compared to the patients without these traits. A significant positive correlation was determined between the *BIS-11* 'attention' scores and the metacognition components excluding those on cognitive awareness.

**CONCLUSION:** It is known that investigations on the relation of metacognition to obsession subtypes with impulsiveness are very few in numbers. Despite being in agreement with the literature, our results need to be validated through neuropsychometric tests. Nevertheless, the results are deemed to be important in view of prognosis, treatment and subtyping of OCD, and for the approach of the future work on the subject.

### Relationship between BIS-11 scores and obsession subtypes

		n	Ortalama	ss	f	p
BIS attention	0	41	6,6829	3,83692	13,49	<0,01
	1	105	9,1714	4,24368		
	2	80	6,4500	3,16987		
	Total	226	7,7566	4,02747		
BISmotor	0	41	7,0488	3,49965	0,561	>0,05
	1	105	7,9143	5,10112		
	2	80	7,5875	4,00852		
	Total	226	7,6416	4,46615		
BIS non- planning	0	41	13,6585	5,18946	1,398	>0,05
	1	105	15,2308	6,03747		
	2	80	14,5875	3,73724		
	Total	226	14,7156	5,17971		
BIS total	0	41	27,3902	8,75751	4,355	<0,01
	1	105	32,3077	12,71348		
	2	80	28,6250	8,20215		
	Total	226	30,1022	10,77627		

One Way Anova Test (0: No aggression, religious and sexual obsessions); (1: has aggression and, religious obsessions); (2: healthy control)

## Impulsiveness T test scores for the Groups

	n:146	n:80	t	p
	Mean ± SD	Mean ± SD		
BIS Attention	8,4726±4,27050	6,4500 ± 3,16987	4,041	<0,05
BISmotor	7,6712± 4,71112	7,5875 ± 4,00852	0,141	>0,05
BIS non-planning	14,786 ± 5,83594	14,5875 ± 3,73724	0,311	>0,05
BIS total	30,9172±11,91026	28,6250 ±8,20215	1,699	>0,05

### Student t testi

### Bonferonni correction for differences between obsession groups on the basis of BIS scores

	Dept. variable	Dept. variable	Mean Difference	Standart devn.	p
BISAttention	,00 1,00 2,00	1	-2,48850*	,70364	<0,01
		2	,23293	,73387	>0,05
		0	2,48850*	,70364	<0,01
		2	2,72143*	,56703	<0,01
		0	-,23293	,73387	>0,05
BISmotor	,00 1,00 2,00	1	-2,72143*	,56703	<0,01
		2	<0,01	,82409	>0,05
		0	>0,05	,85949	>0,05
		2	<0,01	,82409	>0,05
		0	<0,01	,82409	>0,05
BISnon-planning	,00 1,00 2,00	1	>0,05	,85949	>0,05
		2	<0,01	,66409	>0,05
		0	>0,05	,85949	>0,05
		2	<0,01	,66409	>0,05
		0	<0,01	,66409	>0,05
BIS total	,00 1,00 2,00	1	-1,57223	,95348	>0,05
		2	-,92896	,99310	>0,05
		0	1,57223	,95348	>0,05
		2	,64327	,76892	>0,05
		0	,92896	,99310	>0,05
BIS total	,00 1,00 2,00	1	-,64327	,76892	>0,05
		2	-4,91745*	1,95810	<0,05
		0	-1,23476	2,03946	>0,05
		2	4,91745*	1,95810	<0,05
		0	3,68269	1,57909	>0,05
BIS total	,00 2,00	0	1,23476	2,03946	>0,05
		1	-3,68269	1,57909	>0,05

Bonferonni correction (0): No aggression, irreligious and sexual obsession; (1): Has aggression, religious and sexual obsession; (2): healthy control

### Correlation between BIS Attention score and metacognition in the OCD Group

	r	p
Positive beliefs	,225	<0,01
Uncontrollability and danger	,312	<0,01
Cognitive confidence	,270	<0,01
Thought control requirement	,368	<0,01
Cognitive Awareness	,177	>0,05
Total	,337	<0,01

### Pearson Correlation Analysis

**Key Words:** Impulsiveness, metacognition, obsessive-compulsive disorder, obsession

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## RAC-06

### THE EFFECTS OF HORMONE THERAPY ON FOOD HABITS AND BODY PERCEPTION OF INDIVIDUALS WITH FEMALE TO MALE GENDER DYSPHORIA

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**AIM:** This study on individuals with female to male gender dysphoria (FMGD) has aimed to investigate the effects of therapy with hormones of the opposite gender (THOG) on body perception and eating habits of the patients.

**METHODS:** The study has enrolled 35 patients diagnosed with FMGD. The patients were tested with The Symptom Checklist-90-R (SCL-90-R), the Food Habits Questionnaire (FHQ) and the Body Uneasiness Test (BUT) before and 24 weeks after the start of THOG. **RESULTS:** Mean age of the FMGD group was 24.84±5.04 years and the mean number of years in education was 12.55±3.32. Body weight and the BMI values of the FMGD group at the outset of the study were significantly higher in comparison to values estimated after THOG ( $p \leq 0,001$ ,  $p \leq 0,001$ , respectively). On the basis of the SCL-90-R total score, there was a significant decrease in the psychological symptoms after the application of THOG ( $p=0,005$ ). FHQ scores were also significantly lowered with THOG ( $p=0,043$ ). There was significant lowering of the scores on BUT subscales on general severity index, weight phobia, body image concerns and depersonalisation, without any alteration of the scores on avoidance and compulsive self monitoring and specific worries about particular body parts.

**CONCLUSION:** This study on the results of longterm THOG on FMGD patients has demonstrated that THOG has positive effects on the lowering of psychological symptoms and body uneasiness and on improving the food habits.

**Key Words:** Body perception, food habits, gender dysphoria, therapy with hormones of the opposite gender

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**COMPARISON OF PROINFLAMMATORY AND ANTI-INFLAMMATORY CYTOKINE LEVELS IN BIPOLAR DISORDER PATIENTS AND THEIR FIRST DEGREE RELATIVES.**

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**AIM:** There have been many reports of observed alterations on the blood level of cytokines both at the acute attack and the euthymic phases of bipolar disorder (BD). Also, evidence has been presented on the inheritance of immune anomalies in BD. In these respects, cytokines appear to be suitable endophenotype candidates. Our study has aimed to identify the cytokines with a role in the pathophysiology of BD and to discriminate those endophenotypes associated with the predisposition to BD.

**METHODS:** This study encompassed the comparative assessment of the plasma levels of the cytokines IL-1 $\alpha$ , IL-1 $\beta$ , IL-2, sIL-2R, IL-6, sIL-6R, IL-8, IL-10, IFN- $\gamma$ , TNF- $\alpha$ , and TGF- $\beta$  in euthymic patients diagnosed with BD-1 (n=30), the first degree relatives of these patients not affected by BD (n=30), and healthy controls, age and gender matched with the patients and without a history of psychiatric disorders in their first degree relatives (n=30). The cytokines were measured in plasma samples by the ELISA method.

**RESULTS:** In the BD group the IL-1 $\alpha$ , sIL-2R and sIL-6R levels were higher than the control group levels. Differences were not observed in the levels of the IL-1 $\alpha$ , IL-2, sIL-2R and sIL-6R in the control group and the first degree relatives of the BD group. However, no differences were determined in the IL-1 $\beta$ , IL-6, IL-8, IL-10, IFN- $\gamma$ , TNF- $\alpha$  levels between all three groups.

**CONCLUSION:** It was not possible to identify a cytokine as an immune endophenotype candidate independent of the clinical phenotype and showing changes in blood level in the same direction in both the BD group and their first degree relatives not affected by BD. The observed elevations in the plasma concentrations of the cytokines IL-1 $\alpha$ , sIL-2R and sIL-6R, in the BD group as compared to the controls were identified as cytokine changes associated with the clinical phenotype. There is need for further studies with larger patient populations thereby eliminating the factors affecting cytokine levels.

**Key Words:** Bipolar disorder, cytokine, endophenotype, relative

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**Demographic Details of All Participants and the Clinical Data of the Patient Group**

	Patient (n:30)	Relative (n:30)	Control (n:30)	Statistics*
Age - mean (SD)	38,3 (9,9)	38,9 (13,1)	38,1 (9,7)	F 2, 87=0,02, p= 0,98
Gender- Female N (%)	21 (%70)	21 (%70)	21 (%70)	$\chi^2= 0,001, df=2 p=1$
BMI- mean (SD)	28,8 (5,7)	25,8 (4,1)	25,3 (3,7)	F 2, 87= 4,88 p= 0,01
Education years- mean (SD)	9,77 (3,9)	8,97 (3,6)	12,2 (4,2)	F 2, 87=0,67, p=0,42
Age at BD onset- mean (SD)	28,3 (8,7)	-	-	-
Total BD duration- mean years (SD)	10,5 (6)	-	-	-
Time spent with BD episodes- mean months (SD)	8,4 (5,6)	-	-	-
Total episode counts –mean (SD)	4,9 (2,6)	-	-	-
Total manic episode counts-mean (SD)	2,5 (1,4)	-	-	-
Total depressive episode counts-mean (SD)	2,2(1,8)	-	-	-
Total mixed episode counts – mean (SD)	0,2 (0,4)	-	-	-
Euthymic period after the last episode – mean months (SD)	23,6 (24,5)	-	-	-
Total hospital admission counts - mean (SD)	2 (1,8)	-	-	-
YMRS score- mean(SD)	1,5 (1,6)	-	-	-
HDRS score- mean (SD)	3,8 (1,2)	-	-	-
VPA (N, %)	7 (23)	-	-	-
VPA + AP (N, %)	8 (26)	-	-	-
Li (N, %)	3 (10)	-	-	-
Li + AP (N, %)	7 (23)	-	-	-
CBZ + AP (N, %)	2 (6)	-	-	-
Li + VPA (N, %)	1(3)	-	-	-
Without Treatment (N, %)	2 (6)	-	-	-

*BMI: Body-mass index; SD: Standard Deviation; YMRS: Young Mania Rating Scale; HDRS: Hamilton Depression Scale; VPA: Valproic Acid; Li: Lithium; CBZ: Carbamazepine, AP: Antipsychotic. \*Statistical significance p<0,05*

**Cytokine Levels (Mean  $\pm$  Standard Deviation; and Statistical evaluation) of the Three Investigated Groups**

	Patient	Relative	Control	Statistics*
IL-1 $\alpha$ (pg/ml) (mean $\pm$ SD)	0,69 $\pm$ 0,1	0,59 $\pm$ 0,1	0,49 $\pm$ 0,2	$\chi^2=10,54 df=2, p=0,005 BP>K; A=K; BP>A$
IL-1 $\beta$ (pg/ml) (mean $\pm$ SD)	5,10 $\pm$ 2,2	5,00 $\pm$ 0,8	4,31 $\pm$ 1,4	$\chi^2=3,29 df=2, p=0,19$
IL-2 (pg/ml) (mean $\pm$ SD)	7,24 $\pm$ 3,7	12,02 $\pm$ 10,2	13,95 $\pm$ 15,3	$\chi^2=10,48 df=2, p=0,005 BP<K; A=K; BP<A$
sIL-2R (pg/ml) (mean $\pm$ SD)	3797,53 $\pm$ 1522,9	2916,80 $\pm$ 906,4	2781,79 $\pm$ 1359,6	F2,87=5,49, p=0,006 BP>K; A=K; BP>A
IL-6 (ng/mL) (mean $\pm$ SD)	8,10 $\pm$ 2,4	11,96 $\pm$ 10,1	8,58 $\pm$ 4,8	$\chi^2=4,09 df=2, p=0,12$
sIL-6R (pg/mL) (mean $\pm$ SD)	181,40 $\pm$ 47,2	142,39 $\pm$ 37,9	133,50 $\pm$ 66,3	F2,86=6,75, p=0,02 BP>K; A=K; BP>A
IL-8 (pg/ml) (mean $\pm$ SD)	61,45 $\pm$ 52,7	60,22 $\pm$ 66,2	64,38 $\pm$ 35,6	$\chi^2=3,55 df=2, p=0,69$
IL-10 (pg/ml) (mean $\pm$ SD)	214,66 $\pm$ 133,7	205,18 $\pm$ 128,2	272,52 $\pm$ 176,6	$\chi^2=5,23 df=2, p=0,07$
IFN- $\gamma$ (pg/ml) (mean $\pm$ SD)	25,15 $\pm$ 28,6	31,17 $\pm$ 28,3	30,74 $\pm$ 29,7	$\chi^2=0,39 df=2, p=0,82$
TNF- $\alpha$ (pg/ml) (mean $\pm$ SD)	36,14 $\pm$ 18,3	36,21 $\pm$ 21,9	42,46 $\pm$ 36,3	$\chi^2=0,12, df=2, p=0,94$
TGF- $\beta$ (pg/ml) (mean $\pm$ SD)	419,77 $\pm$ 155,8	300,66 $\pm$ 116,9	434,01 $\pm$ 128,1	F2,86=8,87 p=0,0001 BP=K; A<K; BP>A

*SD: Standard Deviation, BP: Bipolar Disorder Patient Group, A: First degree relatives (of BP patients) not affected by BP; C: Healthy control group. \*Statistical significance u*

## OXYTOCIN (OXT) GENE AND OXYTOCIN RECEPTOR (OXTR) GENE RELATIONSHIP IN ATTENTION DEFICIT HAYPERACTIVITY DISORDER AND BEHAVIOUR DISORDER COMORBIDITY

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**AIM:** Comorbidity of attention deficit hyperactivity disorder (ADHD) and social cognitive disorders (SCD) have been recognised (1). The cognitive processes such as facial perception and empathy that come under social cognition have been proposed to be associated with oxytocin. Individuals with SCD who tend to lack these capabilities are also believed to have poor performance in forming friendships and social contacts. The aim of our study was to investigate the sequences of OXT and OXTR genes of a control group and of patients diagnosed with ADHD subtypes, with and without Behaviour Disorder (BD) comorbidity, in order to evaluate the relationship of the polymorphisms with social cognition (SC) abilities of the patients on a comparative basis with the controls.

**METHODS:** Our study was conducted with 100 healthy control children and 101 patients between the ages of 11-18 years, consulting the ETÜF Child Psychiatry Unit. The patients consisted of 51 ADHD-combined type, 50 ADHD- predominantly inattentive type (ADHD-IA), 50 ADHD-Combined + BD (ADHD-C-BD) type. All participants were conducted through the psychometric tool Kiddie-Sads-Present and Lifetime Version (K-SADS-PL) and the families completed the Child Behavior Checklist (CBCL) and the ADHD forms. SC abilities were evaluated by means of the Reading the Mind in the Eyes Test (ET), Emotion Recognition Task (ERT), and the Unexpected Results Test (URT). Emotional regulation ability was tested with Difficulties in Emotion Regulation Scale (DERS). All coding exons and exon-intron combinations were sequenced in 2ml venous blood samples taken from the participants.

**RESULTS:** In our study with 101 ADHD patients and 100 healthy controls, mutations or polymorphism of the OXT gene was not observed. In the OXTR gene, however, rs2228485 (C/T), rs237902 (G/A) ve rs4686302 (C/T) polymorphisms were frequently discovered. Comparison with the controls showed that the rs4686302 polimorphism in the ADHD group was significantly different ( $p < 0,05$ ). The ERT and URT performances of those patients in the ADHD-IA group carrying the rs4686302 T allele were significantly low ( $p < 0,05$ ), and the URT performance of the patients in the ADHD-C-BD group carrying the rs237902 A allele was also significantly low ( $p < 0,05$ ) indicating the adverse effect of these polymorphisms on SC abilities of the patient group.

**CONCLUSION:** Our results demonstrate the presence of SCD, curtailing the SC abilities of the ADHD patients and suggesting that the specific variations in the OXTR gene may play a role in the observed differences in the social behaviour of these patients. These variations observed between individuals indicate the important role of oxytocin, known as the neuromodulator of social behaviour, in the ADHD phenotype.

**Key Words:** ADHD, oxytocin, oxytocin receptor gene, social cognition

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## RAC-09

## RELATIONSHIP OF INSIGHT AND SITUATIONAL AWARENESS IN SCHIZOPHRENIA AND SCHIZOAFFECTIVE DISORDER

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**AIM:** Observation of 50-80% loss of insight in schizophrenia has been associated with abandoning the treatment and worsening of functional and clinical progress (3). Cognitive functions as well as the positive and negative symptoms have also been associated with insight loss (1). Some but not all studies have reported the existence of relationships between insight and the attention, memory and executive functions (2). Evaluation of insight involves a complicated process not easily accomplished by the use of traditional neuropsychological tests employed in some studies. A new test used to evaluate the continually and rapidly changing dynamic processes that not always follow a definite rule in daily living is the situational awareness test. We aimed at evaluating insight in schizophrenia by the 3 staged situational awareness test (SAT).

**METHODS:** Our study enrolled 40 schizophrenia and 8 schizoaffective disorder patients attending the Psychosis polyclinics of the Pamukkale University Medical Faculty Psychiatry Department together with 41 healthy controls. The exclusion criteria of the study consisted of mental retardation, alcohol/substance use disorder and being over 60 years of age. Patients were tested on anosognosia in mental disease, the Scale for Assessing Negative Symptoms (SANS), the Scale for Assessing Positive Symptoms (SAPS) and the Situational Awareness Test (SAT).

**RESULTS:** The patient group, in comparison to the control group had significantly lower total scores on the first part of SAT, and also in all parameters of the second part excepting duty-correctness stage completed together with the monitor ( $p < 0,05$ ).

**CONCLUSION:** The results of the study have partly supported our hypothesis in that schizophrenia and schizoaffective disorder patients demonstrated situational awareness disorder in both parts of the SAT. Also, when the results were focused on 'attention – duty' domain, the difficulties displayed in the integration of rapidly changing information and comprehension suggest a relationship with impaired insight.

**Key Words:** Insight, schizophrenia, situational awareness

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## DETERMINANTS OF RESILIENCE IN SEXUALLY ABUSED ADOLESCENTS : EMOTIONAL REGULATION, TEMPERAMENT, COPING, SOCIAL SUPPORT

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**AIM:** The observation that psychopathology does not develop in all of the individuals exposed to adverse childhood experiences and that some individuals adapt and handle trauma well points to the importance of resilience (Rutter, 1985). In this study it has been aimed to clarify the process of resilience following the sexual abuse incident, identification of the personal, familial and environmental characteristics of the adolescents displaying resilience and define the areas needing support to ensure a healthy continuity of the victims' lives.

**METHODS:** The Kiddie-Sads-Present and Lifetime Version (K-SADS-PL) was carried out with 114 female adolescents between the ages of 14-18 years, and with their parents who were directed to our clinics by the judiciary. A battery of tests were employed including the "Sexual abuse severity scale", the Connor-Davidson Resilience Scale (CD-RISC), the Beck Depression Inventory (BDI), the Situational-Continual Anxiety Inventory, the Childhood Trauma Questionnaire (CTQ), Emotion regulation questionnaire (ERQ), the Temperament and Character Inventory (TCI), The COPE Inventory, the Multidimensional Scale of Perceived Social Support (MSPSS), Scale of Dedication to School and a Sociodemographic Form. The existing psychiatric diagnoses and the scores on the CD-RISC were used to discriminate the groups. Of the experimental group, 51 adolescents with psychiatric diagnoses and scoring 50 or under on CD-RISC were designated as the weak group, while 44 adolescents without a psychiatric diagnosis and scoring above 56 in the CD-RISC were designated as the resilient group.

**RESULTS:** Incidences of parental divorce and marital disagreements, and prevalence of cigarette smoking, alcohol and substance use were more frequently observed in the weak group. Also, in the weak group the severity of childhood traumas, depression and anxiety were higher, and difficulties of emotion regulation were more pronounced. The scores on TCI subscales persistence, self-directedness, cooperativeness and reward dependence were higher in the resilient group, while the scores for the subscale harm avoidance were higher in the weak group. The COPE attitudes of active coping, planning, useful and emotional support giving, positive reinterpreting and humour were more frequent in the resilient group, whereas avoidance behaviour and substance use were more frequent in the weak group. Scores and ratings for devotion to school and support received from family and friends were higher in the resilient group.

**CONCLUSION:** Determinants of resilience to the effects of trauma consisted of family structure, emotional neglect, severity of sexual abuse, aim, lucidity, harm avoidance, self directedness, avoidance behaviour and social support. Our results indicate that developing effective coping procedures and promoting abilities for emotional regulation as well as the abilities to develop, sustain and benefit from supportive

interpersonal relationships will contribute to individual resilience, regarded in the recent years as a trait that can be developed.

**Key Words:** adolescent, coping, emotional-regulation, resilience, sexual abuse, social support, temperament

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## RAC-11

### GEÇ BAŞLANGIÇLI DEPRESYON HASTALARINDAKİ "DEFAULT MODE NETWORK" AKTİVİTESİNİN SAĞLIKLI KONTROLLER İLE KARŞILAŞTIRILMASI

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**AIM:** Recent studies with psychiatric patients have indicated that functional impairment of interactive brain regions with highly correlated activities that are distinct from the regional functional disorders of the brain play a role in the surfacing of psychiatric disorders. However, the pathophysiology of the impairment in these interactive regions has not been clearly understood. Also, it is not known whether the psychiatric disorders present at the prodromal or the syndromal stage. Late onset depression (LOD) after the age of fortyfive is thought to be a subtype of depression with prominence of neurodegenerative processes and less affected by genetic factors in comparison to the early onset recurrent depression. Therefore, an operant pathophysiology that develops immediately before the syndromal stage is suspected to be responsible for the clinical symptoms. This study has been designed to find out about an operant pathophysiology behind the observed psychiatric disorder of LOD by selecting the Default Mode Network (DMN) activity known to involve interactive regions of the brain that are especially active when the brain is not task focused and vice versa, and believed to be impaired in the early stages of neurodegenerative disorders.

**METHODS:** This study was carried out with the participation of 15 LOD patients with a mean age of 55.69 years ( $\pm 4.53$ ) and 14 healthy volunteers. The mean score of the patients on the *Hamilton Depression Rating Scale* (HAM-D) was 5.06 ( $\pm 3.45$ ) and the mean duration of LOD was 9.66 ( $\pm 5.23$ ) months. Functional magnetic resonance imaging (fMRG) data recorded over 5 minutes were evaluated using the linear model in the CONN program.

**RESULTS:** Data analyses indicated that in the patient group functional interaction between the medial prefrontal cortex (mPFC) and the right posterior parahippocampal gyrus was increased in comparison to that in the controls ( $B=0.24$ ,  $t=5.57$ ,  $P=0.0009$ ).

**CONCLUSION:** The mPFC is part of the frontal DMN and controls emotional processing.

The parahippocampal gyrus is associated with the limbic system and an important part of the DMN functioning in memory recording and recall. Both regions are active in emotion regulation and memory functions. In our study the increase in the mPFC-parahippocampal gyrus interactivity observed in the patient group indicates an inadequate

functional increase to compensate the losses of emotional memory in LOD.

**Key Words:** Default Mode Network (DMN), functional magnetic resonance imaging (fMRG), Late onset depression (LOD), major depression

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# ORAL PRESENTATIONS



OP-01

## PSYCHIATRIC DISORDERS IN INFLAMMATORY BOWEL DISEASE AND RESPONSE TO THERAPY

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**AIM:** Especially depressive and anxiety disorders are frequently met in patients with inflammatory bowel disease (IBD) such as Crohn's disease and ulcerative colitis. We have aimed at determining the incidence of depression and anxiety in IBD cases with respect to the distribution of the psychiatric diagnoses and the patient response to psychiatric therapy.

**METHODS:** Patients were scanned within appropriate timing with the Hospital Anxiety and Depression Scale (HADS) and the Health Status Questionnaire (SF-36). Subsequently psychiatric disorders in the patients were assessed on the basis of SCID (Structured Clinical Interview) and treatments were started. In the 6th month of the treatments, the patients were scanned again with HADS and SF-36, in order to investigate the effects of the psychiatric therapy on depression, anxiety and quality of life.

**RESULTS:** Of the 177 patients scanned, 70 scored above the cut off score of HADS. After scanning by means of the SCID, 95.7% (n=67) of the patients who had scored above the HADS cut off score were given various psychiatric diagnoses, the most prevalent being depressive disorder (41.4%) and generalised anxiety disorder (14.3%); and 47 of the 67 patients given therapy benefited from the dose and the duration of the therapy received. Significant improvements on the anxiety and depression scores of HADS and all the parameters of the SF-36 were observed in comparison to the scoring before the start of the psychiatric therapy.

**CONCLUSION:** Depression and anxiety were found to be prevalent (39.5%) in patients with IBD. HADS, a simple and fast applicable psychometric test, and SCID results in IBD patients were found to be closely related. Regarding the observed positive effects of the psychiatric therapy, it becomes necessary to determine the therapeutic needs of the IBD patients and to give psychiatric treatment to those who are diagnosed with this comorbidity.

### Comparison of the HADS and the SF-36 Scores of the IBD Patients Before and After Psychiatric Treatment

Scoring	Pre-treatment	Post-treatment	p value
HADS Anxiety Score	12.4	5.9	0.000
HADS Depression Score	10.6	5.5	0.000
SF-36-01: Physical Functionality	50.6	72.4	0.000
SF-36-02: Physical Role Difficulty	24.4	61.1	0.000
SF-36-03: Pain	42.3	58.0	0.001
SF-36-04: General Health Perception	27.1	49.1	0.000
SF-36-05: Vitality	33.0	58.0	0.000
SF-36-06: Functionality	42.0	61.4	0.000
SF-36-07: Emotional Role Difficulty	27.2	65.9	0.000
SF-36-08: Psychological Health	40.0	62.0	0.000

**Ket Words:** Anxiety, depression, inflammatory bowel disease, therapy

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OP-02

## ADULT ATTENTION DEFICIT AND HYPERACTIVITY DISORDER SYMPTOMS AND DIAGNOSES IN FEMALE PATIENTS WITH IRON DEFICIENCY ANÆMIA

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**AIM:** Iron deficiency (ID) has been proposed to be a risk factor for adult attention deficit and hyperactivity disorder (ADHD). The aims of this study have been to investigate the incidences of symptoms and diagnoses of attention deficit disorder ADD and ADHD in patients diagnosed with iron ID, and their relation to the clinical details of ID, in comparison to healthy females.

**METHODS:** Newly diagnosed 83 ID anaemia patients and 70 healthy controls were included in the study. All participants were scanned by means of a socio-demographic questionnaire, the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I) and the Wender Utah Rating Scale (WURS). Those individuals with WURS scores at or above 36 were also evaluated for adult ADD/ADHD using the ADD/ADHD Diagnostic and Evaluation Inventory for Adults (ADD/ADHD-IA), and diagnoses were made on the basis of the DSM-V criteria.

**RESULTS:** The mean age of the all female participants was 23,42 (±6,20). WURS scores of 22.9% of the ID anaemia patients and 12.9% of the controls were above 36, the cut off score and these individuals were evaluated on the basis of ADHD-DIA and adult ADD/ADHD diagnoses were made, on the basis of the DSM-V criteria, in 15 ID patients and 2 controls (p=0,007). WURS scores of the ID patient group as a whole were significantly higher than the control scores (p=0,002). WURS scores significantly negatively correlated with the serum iron and ferritin levels (r=-0.166, p<0.05 and r=-0.255, p<0.01, respectively). When the ADD/ADHD-IA scores of the ID patients were compared to the controls, scores on inattention, hyperactivity and other characteristics of ADD/ADHD and the total scores were significantly higher (p<0,05). Also, serum iron levels correlated negatively with the hyperactivity subscale scores (r=-0,390, p<0,05).

**CONCLUSION:** In comparison to healthy females, females with ID incidence of adult ADHD diagnoses were higher, and some of the ID laboratory data were significantly related with some of the ADD/

ADHD-IA subscale scores. Early diagnosis of ADHD and its treatment may be beneficial to patients with ID anaemia.

**Key Words:** Adult, anemia, attention deficit hyperactivity disorder, iron deficiency

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#### OP-03

### ELECTROCONVULSIVE THERAPY IN THE TREATMENT OF MOOD DISORDERS

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**AIM:** Electroconvulsive therapy (ECT) has become an effective alternative in the treatment of mood disorders (MD). Although ECT is effective in the acute phase of MD, information on the effects on the remission phase is limited. This study has aimed to find out the effect of ECT on the duration of remission in MD patients.

**METHODS:** MD patients, resistant to pharmacotherapy at the time of hospitalisation, and therefore given ECT were naturally investigated for remission, relapse, hospitalisation incidences and functionality without any intervention on the drug therapy given before and after ECT.

**RESULTS:** ECT was given to 62 MD inpatients; and in 50 of the patients initially diagnosed with major depression (n=30) and bipolar disorder (n=20) incidences of 66% (n=33) relapse and 38% (n=19) repeat hospitalisation were determined in a mean period of 16 months (over 12-24 months) of follow up period. Functional status evaluation (FSE) was 56.5(±10.4) following ECT and 60.1(±11.5) at the end of the follow up period. While 11 (22%) patients had made suicidal attempts before the ECT, 6(12%) patients had attempted for suicide during the follow up period. Whereas incidence of relapse was 64% in the patients with comorbidities, and 34% in patients without comorbidities. Also those with and without relapse differed on the basis of comorbidities (p=0.05).

**CONCLUSION:** Although ECT was effectively used in the acute phase of the disorder in drug resistant patients, its effectiveness was limited on relapse and suicidal attempts during a 1-year follow up period. The use of psychotherapy and continuation of ECT should be included in the treatment procedure outside drug therapy, and the effects of these additional measures should be investigated.

**Key Words:** Bipolar disorder, Electroconvulsive therapy, major depression

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#### OP-04

### EFFECT OF THE WORKING CONDITIONS IN UNDERGROUND MINES ON THE PSYCHOLOGICAL HEALTH OF MINERS

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**AIM:** This descriptive study was carried out to find out the effects of the working conditions in underground mines on the psychological health status of the miners.

**METHODS:** Although the study intended to include as the sample population total of the 1187 miners employed by the Turkey Anthracite Coal Corporation (TACC) Zonguldak Kozlu Industry, only 800 workers were reached and 684 were investigated. Data were collected by means of a "Personal Information Form" and the Brief Symptom Inventory (BSI). Statistical evaluation of the data was carried out using the SPSS 18.0 program.

**RESULTS:** Of the miners participating in the study 52.5% were of 31-40 years of age; 41.5% were primary school educated; 51.5% had been working underground for 0-4 years; 72% had experienced at least 1 work accident, and 59.6% had suffered at least 1 health problem after starting to work at the mines. Miners' scores on the components of the BSI showed significant differences with respect to age, educational status and income (p<0.05). Those who had been working for 20 years or more the total and hostility component scores were low; the scores of the workers who had experienced a work accident were high in all BSI components with significant differences between the groups (p<0.05). BSI scores of the workers not using cigarettes and alcohol were low, but the scores of those who started using alcohol after starting work at the mines were high and the differences between the two groups of workers were significant (p<0.05).

**CONCLUSION:** It was determined by this study that demographically the BSI scores of the miners were affected only by the parameters of age, educational status and income level; and, in relation to the working conditions, BSI scores were affected by the years at work, having had a work accident and cigarette and alcohol use.

**Key Words:** Coal mining, health at work, mental health, mining

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## 'BEING LABELLED' INTERNALISED BY PSYCHIATRY PATIENTS AND SOCIAL FUNCTIONALITY

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**AIM:** Inadequacies of social functionality constitute an important factor in determining the internalised labelling by individuals with a mental illness of their experiences in joining social life. This study was undertaken to determine the relationship between internalised labelling and the social functionality of psychiatry patients.

**METHODS:** This research was designed as a descriptive and cross sectional survey. The investigation was confined to inpatients being treated between January 2015 and October 2015 in the Psychiatry Clinics of both the Katip Çelebi University Atatürk Training and Research Hospital and the Buca Seyfi Demirsoy State Hospital. The patients enrolled in the study met the inclusion criteria of being between the ages of 18-65 year, having a psychiatric diagnosis on the basis of the DSM.-V criteria, having the cognitive ability to fill in the psychometric scale forms and volunteering to participate in the study. Data were collected by means of a personal information form, the Internalized Stigma of Mental Illness scale (ISMIS) and the Social Functioning Scale (SFS). Data were analysed using percentage analysis, the t-test, Mann Whitney U test, Kruskal Wallis test by ranks, one dimensional variation analysis and the Pearson product-moment correlation coefficient.

**RESULTS:** The study enrolled 119 patients, with 52.9% being female and 47.1% male, 33.6% being senior high school graduates and with 83.2% living together with family. The patients were being treated for diagnoses on mood disorders (51.3%), psychosis (35.3%) and anxiety disorder (9.2%); and of these 55.5% had caused self harm because of their illness; 29.4% had harmed others, while 26.9% had to leave work. It was determined that social functionality of the female patients was better compared to the males. Also, being married, and/or a university graduate, having balanced income-expenditure, and a disease duration of 1-5 years were associated with better social functionality ( $p<0.05$ ). Feeling excluded by the circle of family and friends, a history of self harm, leaving work, being only primary school educated and the period of illness being longer than 5 years were associated with significantly higher ISMIS scores ( $p<0.05$ ).

**CONCLUSION:** It has been determined that psychiatric disorders adversely affected social functionality and the internalised labelling process in most patients. As the patient internalisation of labelling was accentuated, their social functionality was impaired.

**Key Words:** Internalised labelling, psychiatry patients, social functionality

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## ANGER CONTROL LEVEL, EXPOSURE TO VIOLENCE AND COMMUNICATION SKILLS OF HEALTH SERVICE WORKERS EMPLOYED AT EMERGENCY SERVICES

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**AIM:** Differences are observed in the degrees of exposure to violence and the level of communication skills among health service workers. Anger can vary from a mild reaction to exasperation. It can sometimes be useful when brief and of moderate level, but can sometimes be continual, severe and damaging.

**METHODS:** The study was designed as a descriptive research, enrolling 94 Emergency Service Workers employed at the İzmir Buca Seyfi Demirsoy Devlet Hospital, İzmir Tepecik Training and Research Hospital and the İzmir Katip Çelebi University Atatürk Training and Research Hospital between the dates of July 2015 and October 2015 and meeting the inclusion criteria of the study. The data was collected using a personal information form, the Continuous Anger and Anger Expression Style scale and the Rathus Assertiveness Scale. Statistical analyses included percentage analysis, the mean t-test, one dimensional variance analysis (ANOVA), the Mann Whitney U test, Kruskal-Wallis test by ranks and the Pearson product-moment correlation coefficient.

**RESULTS:** The group of 94 health service workers participating in the study consisted of nurse/midwives (64.9%), assistant physicians (10.6%) and specialist physicians (6.4%). The mean age of the group was  $32.11 \pm 7.76$ , 70.2% were females, 29.8% were males, 55.3% were married and 43.6% had higher education. The health workers had faced emergency service patient's anger with shouting (93.6%), refusal to comply with care/treatment and criticism (74.5%); and, 60.6% of the health workers did not react in any way to patient anger and attributed the cause primarily (71.3%) to the personal characteristics of the patients. Health workers exhibited a medium level of good communication skills (70.2%) or an assertive behaviour of communication (27.7%). Those workers who had remained in the emergency services for longer than 4 years expressed an ability to express anger more easily ( $p<0.05$ ).

**CONCLUSION :** Emergency services health workers have expressed that they have mostly been exposed to verbal violence of the patients. Those workers who were able to control their anger had better communication skills.

**Key Words:** Anger, anger expression style, communication, patients

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## PSYCHIATRIC COMORBIDITY, SEXUAL DYSFUNCTION AND QUALITY OF LIFE AMONG HAEMODIALYSIS PATIENTS: CASE PRESENTATION

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**AIM:** End stage renal failure (ESRF), due to the requirements of haemodialysis therapy and the limitations imposed on the patient by the illness, is frequently associated with psychiatric disorders, sexual dysfunction and serious adverse effects on the quality of life. The aim of this study was to investigate the psychiatric comorbidities of ESRF, levels of anxiety and depression, incidence of sexual dysfunction and quality of life among the patients.

**METHODS:** The study was carried out with 49 ESRF outpatients on haemodialysis therapy and 44 controls without renal problems. All participants were evaluated with the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I). Subsequently they were asked to complete a sociodemographic information questionnaire, the Hospital Anxiety and Depression Scale (HADS), the Arizona Sexual Experiences Scale (ASES), short form of the World Health Organisation Quality of Life Questionnaire –Turkish version (WHOQOL-BREF-TR).

**RESULTS:** Significant differences were not observed between the experimental groups with respect to gender, age, duration of education, comorbid physical illnesses and personal history of psychiatric disorders. HADS-depression subscale scores and the ASES total scores of the patient group were significantly higher than those of the control group ( $p<0.01$ ), and the psychological and physical subscale scores of the WHOQOL-BREF-TR were significantly lower than the corresponding scores of the control group ( $p<0.05$  and  $<0.01$ , respectively). Negative correlations were found between the HADS scores and the psychological, environment and national environment subscale scores of the patients ( $p<0.05$ ). When the intergroup differences were re-evaluated by covariance analyses of the HADS-depression scores, the differences on the bases of ASES and the physical subscale of WHOQOL-BREF-TR were confirmed but the differences on the WHOQOL-BREF-TR psychological subscale scores disappeared.

**CONCLUSION:** The results indicate that quality of life of ESRF patients was lowered especially with respect to psychological and physical areas, while incidence of psychiatric comorbidities and sexual dysfunction exceeded those among the controls. Diagnosing and treating the depressive symptoms will improve the quality of life especially in psychological respects among the ESRF patients.

**Key Words:** Psychiatric comorbidity, quality of life, renal failure, sexual dysfunction

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## EVALUATION OF THE RISK FACTORS IN A GROUP OF VAGINISMUS CASES IN NORTH CYPRUS

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**AIM:** A group of patients consulting psychology clinics in North Cyprus for the treatment of vaginismus were investigated in order to identify the risk factors involved. Attitudes of the patients to parenting and their perception of the parental attitudes to sexuality were analysed as preparative factors; while the perceptions of relationship with marital partners and the concerned problems were analysed as initiating factors, and anxiety and the physical and sexual attractions between the partners were analysed as the sustaining factors.

**METHODS:** The study was conducted with 10 patients diagnosed with vaginismus who were referred to our research department by private psychiatry centers, private psychotherapy centers and private birth clinics in Nicosia. The controls, selected from sports centers, consisted of 20 women without previous diagnosis of sexual dysfunction and with demographic details matching the patient group. Data was collected using a sociodemographic information form, sexual attitudes form, the Golombok Rust Inventory of Sexual Satisfaction (GRISS), the Young Parenting Inventory (YPI) and the Beck Anxiety Inventory (BAI).

**RESULTS:** The sexual attitudes form that analyses the attitudes to sexuality of the participants, and of their parents was prepared by the researchers; and 11 out of the 19 questions included showed significant differences between the vaginismus and the control group. The vaginismus group total score and the subscale scores, except those on "communication" were also significantly higher than those of the control group. In 8 subscales of the 'mother' form of the YPI, and also in 7 subscales of the 'father' form of YIP the vaginismus group scored higher (in the negative direction) as compared to the controls. A significant difference was not observed between the BAI scores of the two groups.

**CONCLUSION:** Analysis of the study results demonstrated that there are risk factors related to parental attitude to sexuality and the patients' perception of parenting attitudes that must be kept in mind in the treatment process of the vaginismus cases.

**Key Words:** Anxiety, parenting attitudes, vaginismus

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## PSYCHIATRIC HELP SEEKING BEHAVIOUR AND SOCIAL LABELLING OF PATIENTS CONSULTING PSYCHIATRY POLYCLINICS AND THE AFFECTING INDIVIDUALISTIC AND FAMILIAL FACTORS

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**AIM:** The aim of this study was to determine the individualistic and familial factors affecting the psychiatric help seeking behaviour and social labelling of patients consulting psychiatry polyclinics.

**METHODS:** This work was carried out in the psychiatry polyclinics of two state hospitals in Ordu province, with 302 outpatients. "Rating Scale for Psychological Help Seeking Attitudes and Behaviour", "Social Labelling on Psychological Help Seeking Rating Scale", "Family Medium Rating Scale" (FMRS) and the "Personality Evaluation Scale" (PES) have been used to accumulate the data.

**RESULTS:** There were highly significant positive correlations between psychological help seeking behaviour and the FMRS subscales "ability to react" ( $r=0.231$   $p<0.01$ ); "Showing the required attention" ( $r=0.214$   $p<0.01$ ), "behaviour control" ( $r=0.213$   $p<0.01$ ); "general functions" ( $r=0.220$   $p<0.01$ ); and the total score on FMRS ( $r=0.182$   $p<0.01$ ). Also, there were significant positive correlations between the "problem solving" subscale of FMRS and the subscales of PES on "dependency" ( $r=0.120$   $p<0.05$ ); on "negative self-esteem" ( $r=0.148$   $p<0.05$ ); on "negative self sufficiency" ( $r=0.110$   $p<0.05$ ), on "emotional inconsistency" ( $r=0.223$   $p<0.05$ ); on "negative world view" ( $r=0.128$   $p<0.05$ ); and the total score on PES ( $r=0.154$   $p<0.05$ ). Finally, there was a significant positive correlation between the 'control' subscale of the FMRS and social labelling on psychological help seeking ( $r=0.121$   $p<0.05$ ).

**CONCLUSION:** As reactive behaviour, showing the required attention, behaviour control among family members and the general familial functions increased, psychological help seeking attitudes and behaviour was escalated. Also, as the unity and togetherness in the family increased, psychological help seeking behaviour increased; whereas, increasing control in the family led to increased social labelling on psychological help seeking.

**Key Words:** Familial factors, individualistic factors, psychological help seeking behaviour, social labelling

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#### OP-10

### RELATIONSHIP OF FATIGUE, STRESS AND PERCEIVED SOCIAL SUPPORT ON TREATMENT COMPLIANCE BY HAEMODIALYSIS PATIENTS

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*Ordu Üniversitesi*

**AIM:** This study was carried out to determine the relationship between the stress and social support perceived by haemodialysis patients and their compliance with the given treatment.

**METHODS:** The study included 95 haemodialysis patients. Data were collected by means of the Perceived Social Support Questionnaire (PSSQ) ; Fatigue Severity Scale (FSS), the Hemodialysis Stressor

Scale (HSS) , Haemodialysis Patients' Self Assessment on Therapy Compliance Questionnaire (PSAC); and the Haemodialysis patients' Evaluation on Therapy Compliance Questionnaire.

**RESULTS:** The mean age of the patients participating in the study was  $61.14 \pm 14.38$  years; 65.1 % ( $n=62$ ) of participants consisted of male patients; 75.8% ( $n=75$ ) being married and 95.9% ( $n=91$ ) being unemployed. Only 55.8% ( $n=53$ ) of the participants declared equivalence of income and expenditures; and, 88.4% ( $n=84$ ) did not smoke cigarettes. A history of chronic renal disease was present in the families of 73.7% ( $n=70$ ) and the mean duration of haemodialysis given was  $4.87 \pm 4.23$  years; 69.6% ( $n=66$ ) having had dialysis for 0-5 years, this being 3 times for 90.5% ( $n=86$ ) of the patients. Participant's mean score on the PSAC was  $16.65 \pm 5.70$  and the physician/nurse assessment of patient therapy compliance was  $18.54 \pm 9.59$ . The FSS score was  $5.84 \pm 2.05$  ; and, 62.7% ( $n=59$ ) of the patients scored above 92 on the HSS. Patient perceived mean social support score was  $52.60 \pm 21.47$ ; the mean perceived family support (PFAS) score was  $24.43 \pm 6.47$ ; the mean perceived support from friends (PFRS) was  $13.07 \pm 9.64$ ; and the perceived support from someone special was  $15.09 \pm 10.76$ . A highly significant positive correlation was determined between the mean FSS score and the mean score on the HSS subscale 'psychosocial stressor' ( $r=0.358$   $p<0.01$ ), and the mean total HSS score ( $r=0.377$   $p<0.01$ ) There was a highly significant negative correlation between the mean total FSS score and the mean scores on PFRS ( $r=-0.199$   $p<0.05$ ) and on the PFAS ( $r=-0.253$   $p<0.05$ ). Also a significant negative correlation between the mean PSAC score and the mean PFAS score ( $r=-0.291$   $p<0.05$ ) was observed.

**CONCLUSION:** As stress and psychosocial stress increased, the patient perceived fatigue also increased; and, when the patient perceived support from a friend or someone special increased psychosocial stress decreased. Patient compliance with the treatment declined as the patient perceived social support from the family decreased.

**Key Words:** Haemodialysis, fatigue, perceived social support, stress

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#### OP-11

### EVALUATION OF THE PREVALENCE OF SOCIAL ANXIETY DISORDER AMONG UNIVERSITY STUDENTS AND THE ASSOCIATED ANGER EXPRESSION STYLE, BODY-SELF REALTIONSHIP AND EATING BEHAVIOUR

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**AIM:** Aim of the study was to assess the prevalence of social anxiety disorder (SAD) among university students and the anger level and anger expression style, eating behaviour and the perceived body image of the individuals with SAD.

**METHODS:** This study was conducted with the participation of 1000 students of the Cumhuriyet University. At the first stage, the students completed a sociodemographic information questionnaire and the Liebowitz Social Anxiety Scale (LSAS). Those scoring 30 or above in the LSAS were recalled, and psychiatric interviews were conducted with these students. SAD was diagnosed in 87 students and they were tested together with 87 control students on the eating behaviour inventory test (EBIT), the multidimensional body-self relations questionnaire (MBSRQ) and the continuous anger-anger style scale (SOTO).

**RESULTS:** The point prevalence of SAD among the participants was 9.4 %. Generalised social phobia and specific social phobias were diagnoses in 40.2% and 59.8% of the participants, respectively. Low level of paternal education was determined to be a risk factor for the development of SAD. Continual anger, anger inside and anger outside subscale scores of the SAD group were significantly higher than the corresponding control scores, while the anger control and the MBSRQ scores of the SAD group were significantly lower than those of the controls. When compared, the EBIT scores of the SAD and the control groups did not differ significantly. In the SAD group of students, as the anger inside scores increased, the MBSRQ scores decreased while the EBIT scores were escalated.

**CONCLUSION:** SAD is frequently observed among university students. Approaches to develop measures for appropriate anger expression styles and positive body perception can promote the success of treatment of SAD among the students.

**Key Words:** Anger, body image, eating behaviour, social phobia

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#### OP-12

### FACTORS HINDERING THE REPORTING OF CHILDHOOD SEXUAL ABUSE

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**AIM:** Determination of sexual abuse is important for the termination of the abuse, intervention with the short term outcomes of the trauma and prevention of the long term effects. Investigations on the subject have indicated the presence of many factors impeding the revelation of the incident by the child subjected to abuse. The aim of this study has been to find out the factors affecting the revelation of sexual abuse of children and adolescents by the victims themselves. Parameters including age, gender, educational level, place of residence, identity of the abuser, the type and counts of abuse and presence of threat have been investigated with this objective.

**METHODS:** This study has included 755 children and adolescents sexually abused during the years 2010-2014 and referred to our polyclinics by the judiciary. The sociodemographic characteristics of the children and the details of the sexual abuse were queried by specialists in child psychiatry and their assistants. All cases were evaluated on the basis of clinical psychiatry.

**RESULTS:** The mean age of the investigated children and adolescents was  $14,11 \pm 3,15$  (4-18) years. Duration of the sexual abuse was found to vary by a mean  $134.96 (\pm 306)$  days. The most frequent way of disclosure was through reporting by the victims. Most frequently the first informed has been the mother of the victim. In approximately two thirds of the victims psychopathological outcomes of the abuse were diagnosed. The predictory significance of variables, including age, gender, educational level, place of residence, identity of the abuser, the type and counts of abuse and presence of threat, on reporting of the event by the victim was analysed by logistic regression analysis and the results indicated that negative predictors of the event being reported by the victim were female gender, vaginal penetration, the abuser being a parent or a relative, and being threatened by the abuser.

**CONCLUSION:** Despite its adverse outcomes on children, it is important clinically that sexual abuse must be known and prevented. The child is prevented from reporting the event when the abuser is in the family and the abuse is of a penetrative significance. Such situations may cause the continuity of abuse and the escalation of its adverse effects in the long term. This study demonstrated the importance of informing teachers, parents and the children on child abuse and of the encouragement of children on the subject of reporting events of abuse.

**Key Words:** Childhood sexual abuse, manner of disclosure of the event, impeding factors

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#### OP-13

### INVESTIGATION OF THE RELATIONSHIP BETWEEN DEPRESSIVE SYMPTOMS AND THE PERCEIVED SOCIAL SUPPORT BY DEPRESSION PATIENTS INCLUDED IN GROUP PSYCHOTHERAPY

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**AIM:** Group therapies are important alternatives in the treatment of depression; and the social support perceived during group psychotherapy is among the therapeutic factors of group therapy. This study has aimed to investigate the relationship between depressive symptoms and the social support perceived by the patient when included in group therapy. What has been assumed is the negative correlation between the severity of depression and the level of perceived social support.

**METHODS:** The medical files of the outpatients who had participated in the 8-week close-ended group therapies carried out in our clinics at different periods of time were investigated retrospectively. Data, collected during the group therapies using the Beck depression inventory (BDI) and perceived social support scale (PSSS), were investigated by the Pearson product-moment correlation analysis.

**RESULTS:** The investigation included 13 female and 2 male patients, with a mean age of  $36.2 \pm 13$  years; 8 being married and 7 being single at the time of data collection. The mean BDI and PSSS scores were  $29.07 \pm 10.34$  (18-54) and  $58.73 \pm 17.57$  (28-84), respectively. The

one-tailed correlation analysis yielded the results:  $r = -.475$ ,  $p = .037$ ; indicating a significant negative correlation between the BDI and the PSSS scores .

**CONSLUSION:** The significant negative correlation observed in the BDI and the PSSS scores of the patients included in group therapy indicates that appearance of the social support during the sessions may be a necessary therapeutic factor in the treatment of depression, which may explain the ineffectiveness of individual psychotherapy and pahrmacotherapies on same cases of depression. The severity of depressive symptoms can be expected to decrease as the the perceived social support increases during group therapies. The retrospective nature of the study and the lack of controls and data on the outcomes after the termination of the therapies constitute limitations to the study. Nevertheless, it is believed that the study would make a contribution to the literature as clinical studies related to group psychotherapies are limited in numbers. There is need for studies on the relationship between the therapeutic factors of group psychotherapies and the severity of depression.

**Key Words:** depression, group psychotherapy, social support

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#### OP-14

### EFFECTS OF THE INDIVIDUAL VARIATION IN BIOLOGICAL RHYTHMS ON SLEEP QUALITY AND DAYTIME SLEEPINESS AND ITS REALTION TO DISSOCIATIVE EXPERIENCES

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**AIM:** Our aim in this study has been to investigate the effects of variation in biological rhythms of individuals on the subjective sleep quality and sleepiness during day time, as well as the relationship of the variations to the dissociative experiences.

**METHODS:** The study included 372 university students in the age range of 18-26 years. The participants were asked to complete the Morningness-Eveningness Questionnaire (MEQ), the Dissociative Experiences Scales (DES), the Insomnia Severity Index (IS) and the Epworth Sleepiness Scale (ESS) and a sociodemographic data form.

**RESULTS:** The mediation regression analysis was used to analyse to relationship of dissociative symptoms to chronobiological symptoms mediated through insomnia and sleepiness. Although not statistically significant, MEQ scores were found to affect directly the DES scores. Whereas the effect of MEQ score on ESS score was also not statistically significant, the relationship between the ESS and DES scores was significant ( $\beta = 0.79$ ;  $p < .01$ ). The Eveningness type participants were more liable to insomnia ( $\beta = 0.14$ ;  $p < .01$ ) and insomnia was found to be the predictor of the DES scores ( $\beta = 0.47$ ;  $p < .01$ ). Eveningness type of insomnia was significantly related to the associated dissociation ( $\beta = 0.07$ ;  $p < .01$ ).

**CONCLUSION:** In this study we detected a significant relationship between DES- Taxon (believed to be associated with dissociative pathology) and insomnia and daytime sleepiness. This study can be a starting point for the investigation of dissociative symptoms and individual sleep characteristics and disorders.

**Key Words:** chronobiology, dissociation, hypersomnia, insomnia

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#### OP-15

### EFFECT OF METACOGNITIVE TRAINING ON THE COGNITIVE BIASES OF SCHIZOPHRENIA PATIENTS METAKOGNITIF

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**INTRODUCTION:** Cognitive biases are observed in the process of logical assessment and forming convictions as deviations from standards of rationality or good judgment, which accumulating one by one can lead to creation of persisting delusions. Metacognitive skills training (MST) has been developed in 2005 by Steffen Moritz ve Todd S on the bases of cognitive behaviour model, social cognition training, cognitive repair and psychoeducation theories. "Woodward" is a developed approach to therapy. Research has indicated that, use of the eight modules of MST to correct cognitive biases in schizophrenia resulted in reduced tendency to skip to conclusions and the severity of delusions.

**AIM:** In our study we aimed at estimating the effectiveness on delusions and biases of training modules which target the cognitive biases of "immediately jumping to conclusion" (IJC) and "disregarding evidences not validating beliefs" (DEVD).

**METHODS :** Three MST modules targeting the IJC and DEVD biases were used for a period of four weeks with 29 volunteers attending group therapy withing the scope of the Istanbul University Medical Faculty Psychosis Research Program. The participants, diagnosed with Schizophrenia on the basis of DSM-V criteria, were in the age range of 18-65 years; and they did not have alcohol-substance use disorder. Before and after the training, IJC bias was checked with the bead stringing test, and the delusional severity was assessed using the brief psychiatric rating scale (BPRS).

**RESULTS:** Before the MST, duration of the attendance to group therapies were significantly longer for those without IJC bias ( $p=0,02$ ). After MST, the bead stringing test indicated that the level of conviction of the volunteers in their decisions correlated negatively with the attendance to the group therapy and their level of motivation. ( $p<0,05$ ). An improvement in the IJC bias and the severity of delusions was not accomplished.

**CONCLUSION:** We think that the group therapy based on social ability training reduces cognitive biases, but a 4-week training t not have been adequate to increase the existing benefits. There is need for research on a larger patient population with sociodemographically matched controls to assess the response to the therapy.

**Key Words:** Bead stringing test, cognitive bias, delusion, immediately jumping to conclusion, metacognitive skills training, schizophrenia

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#### OP-16

### REVIEW OF THE CASES GIVEN ELECTROCONVULSIVE THERAPY IN A UNIVERSITY HOSPITAL BETWEEN THE YEARS 2010-2015

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**AIM:** Electroconvulsive therapy (ECT) is a treatment used with reliability for different age groups and indications. In this study we planned to investigate retrospectively the demographic and clinical records and the ECT particulars of patients given ECT within the period of 2010-2015.

**METHODS:** Patients given ECT in Hacettepe University Medical Faculty Psychiatry Services between 1 January 2010 and 15 August 2015 were identified retrospectively through their medical records which were scanned for demographic information, diagnoses, ECT indications and ECT session data.

**RESULTS:** Out of a total of 1568 inpatients, 240 (15,3%), of whom 67,5% were females, had been given ECT. Mean ECT group age was  $47,49 \pm 18,43$  years, without a significant difference between genders. Age distribution among the patients was: 2,5% <18; 8,3% 18-24; 38,3% 25-44, 26,7% 45-64, and 24,2% >64. The mean ECT session counts per patient was  $9,8 \pm 4,5$ . Diagnoses consisted of depression (59,1%); schizophrenia (15,6%); bipolar affective disorder (15,2%); schizoaffective disorder (6,8%); acute psychosis (0,8 %) and other unspecified conditions (2,5%). The most frequent indication for ECT was treatment resistance (68,2%), followed by suicidal risk, severe psychomotor retardation, agitation, general conditional disorders requiring emergency treatment (22,5%); catatonia, neuroleptic malignant syndrome and Parkinsonism (6,8%), pregnancy and therapy incomppliance making drug therapy difficult (2,5%). Maintenance ECT was given to 12,7% of the patients. Incidence of maintenance ECT differed significantly between the different diagnoses, and was

most frequently required for schizophrenia (32,4%,  $X^2=16,43$ ;  $df=5$ ;  $p<0,05$ ).

**CONCLUSION:** In our clinics resistance to treatment in different diagnosis groups is the mainly reason for ECT, as also evinced by many studies. Data on mean ECT session counts, gender and indications agree with other studies on ECT in our country. When compared with other reported series, the session counts per patient were higher and applications in elderly patients were more frequent.

**Key Words:** acute, electroconvulsive therapy, indication, maintenance

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#### OP-17

### EFFECT OF AUTOLOGOUS PERIPHERIC STEM CELL TRANSPLANTATION ON THE PREOPERATIVE PSYCHOLOGICAL CONDITION OF MULTIPLE MYELOMA PATIENTS

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**AIM:** High dose chemotherapy (HDCT) supported with autologous haematopoietic stem cell transplantation (AH SCT) in the treatment of multiple myeloma (MM) is known to have significant emotional burden on the patients. Existing studies suggest that the preoperative physical and psychological functionality are related to the postoperative outcomes. Investigation of the relationship between psychological stress and the post- AH SCT proliferation of leucocytes indicated that anxiety and depression adversely affected the increase in the leucocyte numbers. We have aimed to investigate the effect of psychological well being in the preparative stage for AH SCT on the engraftment of neutrophils and thrombocytes, the indicators of postoperative haematological improvement.

**METHODS:** A total of 38 patients over the age of 18 years, diagnosed between the dates of July 2014 and June 2015 with MM indicating AH SCT as decided by the HSCT council, were included in this study. The patients completed a sociodemographic data questionnaire, the Hospital Anxiety Depression Scale (HADS), and routine blood test were completed by the automated system of the hospital. Statistical analyses were performed using the SPSSv16.0 program and  $p<0,05$  was accepted as statistical significance.

**RESULTS:** Of the 38 patients included in the study 24 (63%) were male and the mean age of the patient group was  $56,7 \pm 7,4$  years. On the basis of the cut off points of HADS, 34% of the patients were depressive and 8% had anxiety; 71,1% ( $n=27$ ) had been given one round of chemotherapy pre- AH SCT, the rest having been given more than one round of treatment. Relationships between the anxiety and depression scores on HADS and the neutrophil and thrombocyte engraftment days were analysed by the Mann-Whitney U test. It was observed that

thrombocyte engraftment was slowed down in patients with anxiety but this was not statistically significant ( $p=0.05$ ). Patients with depression had significantly slower neutrophil engraftment ( $p=0.02$ ). Although one round of chemotherapy given to depressive patients before AHST resulted in significant delay in the engraftment of neutrophils ( $p=0.04$ ), relationship between neutrophil engraftment and depression after being given more than one round of chemotherapy was not statistically significant ( $p=0.4$ ).

**CONCLUSION:** Our results suggest that neutrophil engraftment is delayed in depressive patients, and this effect of depression may especially be more pronounced post-AHST following one round of chemotherapy. In patients given more than one round of treatment, the resultant structural alterations in the bone marrow might have overtaken this effect. Within the limits of our knowledge, this study is the first in the literature to investigate the effects of psychological well being on the time taken for engraftment.

**Key Words:** Depression, neutrophil engraftment, stem cell transplant

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#### OP-18

### CHANGES IN THE THICKNESS OF RETINAL GANGLION CELL LAYER, THE INNER PLEXIFORM LAYER AND THE RETINAL NERVE FIBRE LAYER IN SCHIZOPHRENIA WITH THE SEVERITY OF THE DISORDER

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**AIM:** The aim of this study has been to demonstrate neuronal degeneration in the retinal layers of schizophrenia patients by means of optical coherence tomography (OCT), and to determine whether it is progressive.

**METHODS:** This study was conducted in Adıyaman University Medical Faculty (AUMF) Psychiatry Department with 81 schizophrenia patients (40 treatment resistant, 41 responding to treatment) and 41 healthy volunteers. OCT was performed on both groups at the AUMF Ophthalmology Department. Thickness of the retinal nerve fibre layer (RFNL), and the volumes of the ganglion cell layer (GCL) and the inner plexiform layer (IPL) were measured.

**RESULTS:** The groups were similar with respect to age and gender demographics. When compared to the control data, the mean RFNL thickness and the GCL and IPL volumes had been decreased in the

schizophrenia patients. Also, GCL and IPL volumes of treatment resistant patients were less than the corresponding volumes in the patients responding to treatment. Statistically significant negative correlations were determined between the scores on the Positive and Negative Symptoms Scale (PANSS) and the Clinical Global Impression Scale (CGIS), used to assess the severity of schizophrenia, and RFNL thickness and GCL/IPL volumes.

**CONCLUSION:** Lee et al. have determined that the RFNL thickness of schizophrenia patients was significantly decreased as compared to healthy controls. However, Chu et al could not observe decreases of RFNL thickness in schizophrenia and schizoaffective disorder patients in comparison to control values. As far as we know, there is not a study in the literature on the GCL and IPL volumes in schizophrenia. We believe that OCT can be used for assessing neurodegeneration in schizophrenia and that the changes in GCL and IPL volume are more significant than those of the RFNL thickness.

**Key Words:** Optical coherence tomography, retinal nerve fibre thickness, retinal ganglion cell layer, inner plexiform layer

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#### OP-19

### INVESTIGATION OF THE DIFFERENCES OF GEOGRAPHICAL ACCESS IN TURKEY TO ALZHEIMER'S DISEASE TREATMENT

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**AIM:** Prevalence of Alzheimer's disease is predicted to be approximately 8% in the population aged 65 years or above in our country. It is thought that, given an assumed similarity of prevalence figures between regions and different ethnic subpopulations, there should be regional equivalence in per capita drug use. Alzheimer's disease is progressive, but it is slowed down with early diagnosis and medication which eases the burden on caregivers. This study has aimed at investigating the regional differences in drug use for the treatment of Alzheimer's disease and evaluating the factors at the basis of any difference found.

**METHODS:** Throughout the 81 provinces of our country, data were collected on 10 parameters including annual sales of all medications and those on the demographic, socioeconomic and health infrastructure and the regional economics. The ratio of the medications used in each province per capita Alzheimer's disease patient under treatment (drug use ratio) was estimated using the annual drug sales data, the numbers of the population above 65 years of age and the prevalence figure of 8%. Based on the drug use ratios obtained, the provinces were ranked in five groups starting with the highest ratio. The effect of each of the queried parameters on the drug use ratio was determined by the Pearson correlation method using a multiple regression model. Uncorrelated

random parameters were caught in the regression model, and the variables significantly related to drug use were evaluated incrementally.

**RESULTS:** Significant interprovincial differences in the drug use ratio were determined. In the less urbanised and underdeveloped provinces drug use ratios were low. Five of the ten parameters included in the analyses were found to be related to the drug use ratio. Three of these were demographic consisting of the educational level of the total provincial population, the population density and the mean numbers of the household. The fourth parameter was economic and related to the ratio of population with social security (insurance) ; and the fifth parameter was the mean counts of the visits to doctors by the insured population and hence related to health politics. Using the method of incremental sorting by selection, correlations were found between the drug use ratio and the three of the parameters consisting of the population with state social security, population density and the mean numbers of the household.

**CONCLUSION:** Economic conditions, population density and household numbers are the most important factors affecting drug use. Access to drugs is expectedly low in provinces with low standards of economics and sparse population.

**Key Words:** Alzheimer's disease, equality of access

OP-20

## MINERS ARE SPEAKING: "WORKING IN MINES"

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**AIM:** The aim of this study was to determine the feelings and thoughts of miners about working in mines, the effects of working in mines on psychological health and ways of coping.

**METHODS:** This is an account of a descriptive study based on techniques of conducting in depth interviews with the workers of Turkey Anthracite Coal Corporation Zonguldak Kozlu Industry. Participants were selected on the basis of inclusion criteria which was accomplished by scanning the miners with a personal information questionnaire and the Brief Symptom Inventory (BSI) to identify the workers with psychiatric symptoms. Assuming that duration of working in mines would affect psychological health, feelings and thoughts, the miners were separated into 4 groups on the basis of years of employment. In each group the 20 miners with the highest BSI scores were interviewed in depth.

**RESULTS:** The feelings and thoughts of the participating miners on working in underground mines were classified 12 main themes in three areas consisting of factors related to mining and life at work, economic factors and psychological and sociological factors.

**CONCLUSIONS:** Motivation to work and the workers relationships with each other and their families were adversely affected by inadequate payments for mining work and unequal salaries for equivalent work. Dangerous and lifethreatening accidents caused abstention from descending to underground mines, reliving past experiences, irregular work attendance and unease in the family. The workers while experiencing fear of death, feelings of worthlessness, disappointments, hopelessness and helplessness, also expressed pride and sympathy related to being a miner. Coping ways with mining included spiritual attitudes,

prayer, positive interpretation, cigarette smoking, avoidance, becoming indifferent and self defence mechanisms.

**Key Words:** Coal mining, health at work, mining, psychological health, stress

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OP-21

## CHANGE STARTS WITH US: LABELLING ATTITUDES AND LANGUAGE AMONG THE PSYCHIATRIC HEALTH WORKERS

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**AIM:** It had been reported that individuals with psychological disorders are subjected to more prejudice by the society than those with physical diseases. It is believed that the language and the expressions used in labelling bear significance. Use of the words "insane", "crazy" tend to evoke adverse feelings, suggesting dangerousness and unpredictability leading to further labelling and social isolation. It has been emphasised that an obligation is borne by the workers of psychological health for fighting against labelling. Our study has aimed to determine the expressions used by psychological health workers to describe psychological disorders and individuals with psychological disorders; to investigate the use of labelling language, and the variables affecting labelling by questioning the beliefs against psychological disorders.

**METHODS:** A sociodemographic information questionnaire was completed anonymously by the psychological health workers of Bakırköy Psychological and Neurological Diseases Hospital, as well as the Attitudes to Mental Illness Questionnaire (AMIQ) and a questionnaire on the use of labelling language.

**RESULTS:** Of the total of 103 Questionnaires 95 have been included in the study and the scores of the psychiatrists (n=57, 60.0%) have been compared with those of the psychological health workers (n=38, 40.0%). Psychiatrist have been found to have less labelling beliefs than the psychological health workers (p=0.001). Differences in the use of the labelling language between the groups was not observed (p>0.05). Sociodemographic characteristics and family history of psychiatric disorder were not predictive for labelling attitudes, and the labelling scores of those who had a history of psychiatric disorder were found to be lower (p=0.005). Scores on the labelling expressions in use and their frequencies, starting with the most emphatic labelling expressions were "mental patient"(8.9±1.3) ; "psychological patient"(8.8±1.9)"; the less labelling expressions being "psychiatric disorder"(2.7±2.0) and "psychological problems"(2.8±2.1). The most belittling expressions identified by the participants were "demented" (n=56/36) and "substance user"(n=43)

**CONCLUSION:** Labelling is an important factor adversely affecting the social integration, interpersonal and professional functionality, and

the process of care and treatment of individuals with psychological disorders. The action against labelling is targeting to increase awareness, to assess the beliefs against psychological disorders and the promotion of attitudes against labelling. Since labelling is also observed among the psychological health workers, all action plans for the trials to be made with this group will be of future benefit.

**Key Words:** labelling, language, psychological disorders, psychological health

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#### OP-22

### ALEXITHYMIA, TEMPERAMENT AND CHARACTER AND THE LEVEL OF DEPRESSION AND ANXIETY IN VITILIGO PATIENTS

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**AIM:** Psychodynamically, skin is regarded as the outermost limit or the enveloping cover of the ego. Skin can be regarded as the organ where, consciously or unconsciously, psychological disorders are reflected. There are studies on the role of psychological disorders in the presentation or exacerbation of many skin diseases. Vitiligo is psychodermatologically classified as a secondary psychiatric disorder since it can lead to psychiatric disorders. This study has aimed to investigate alexithymia, the particulars of temperament and character and the level of depression and anxiety among vitiligo patients.

**METHODS:** The study included 48 vitiligo patients attending the dermatology polyclinics and 43 healthy controls. Patient and control data were collected using the Toronto Alexithymia Scale-20 (AS-20), the Temperament and Character Inventory (TCI), the Beck Anxiety Inventory (BAI) and the Beck Depression Inventory (BDI).

**RESULTS:** The prevalence of alexithymia among the vitiligo patients was high and the AS-20 total scores were significantly higher than those of the controls. Also the anxiety level of the patients were significantly higher than the controls but the depression levels were not different in the two groups. However, the BAI and the BDI scores and the incidence of depression were significantly higher among the alexithymic vitiligo patients as compared to the non-alexithymic vitiligo patients. There was a significant positive correlation between the BAI and BDI scores and the AS-20 total scores of the vitiligo patients. The scores of the vitiligo patients on the "surpassing oneself" subscale of the TCI were significantly higher than those of the controls.

**CONCLUSION:** This study has demonstrated elevated alexithymia and anxiety among vitiligo patients. Also, the levels of anxiety and depression were significantly high in the alexithymic patients. Since a correlation has been observed between alexithymia and psychiatric symptoms in vitiligo patients, we believe that assessment of the alexithymic symptoms of these patients will be clinically useful.

**Key Words:** Alexithymia, anxiety, depression, temperament and character, vitiligo

#### OP-23

### RELATION BETWEEN DOMESTIC VIOLENCE AND SOCIODEMOGRAPHIC PARTICULARS, CLINICAL VARIABLES AND DISSOCIATIVE SYMPTOMS AMONG WOMEN CONSULTING PSYCHIATRY POLYCLINICS

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**AIM:** Violence against women most frequently takes place in the family. Prevalence of depression, anxiety, physical symptoms, somatisation and incidences of suicidal attempts are known to be high among women exposed to violence. Environmental factors play an important role in the aetiology of dissociative symptoms and reports of clinical research have described dissociation as a reaction that has developed against traumatic experiences. In this study we have aimed at determining the frequency of domestic violence, and demonstrate its relation to sociodemographic details, clinical variables and dissociative symptoms among women consulting the psychiatry polyclinics.

**METHODS:** This study included 277 female patients consulting the psychiatry polyclinics of Beyşehir and Seydişehir District State Hospitals in the province of Konya. The participants were interviewed by specialist psychiatrists on a semi-structured psychiatric interview on the basis of DSM-IV-TR. Patient data were collected by the use of The Domestic Violence Questionnaire (DMQ), the Hamilton Depression Rating Scale (HAM-D), the Hamilton Anxiety Rating Scale (HAM-A), the Dissociative Experiences Scales (DES), and the Somatoform Dissociation Questionnaire (SDQ). The data were evaluated by the use of the SPSS 20.0. package program.

**RESULTS:** Exposure to domestic violence was reported by 59% of the participants. Significant differences were observed between the women subjected and not subjected to domestic violence on the bases of educational level, marriage type, family type, the educational level of the husband and the profession of the husband. In the subgroup exposed to domestic violence, HAM-D, HAM-A, DES and SDQ scores were significantly elevated, and all had psychiatric diagnoses, with especially a higher prevalence of depression, conversion disorder and somatoform disorders in comparison to the subgroup not exposed to domestic violence.

**CONCLUSION:** According to the results, domestic violence is prevalent among women consulting psychiatry polyclinics. Therefore, detection of dissociative symptoms next to symptoms of depression and anxiety should point to the necessity of querying domestic violence, which would improve the support given to the patient.

**Key Words:** anxiety, depression, dissociation, domestic violence, woman

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## LIMITATIONS OF THE KENT IQ TEST IN THE DIAGNOSIS OF MENTAL RETARDATION

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**AIM:** Intelligence is the ability to learn, to benefit from learning, to adapt to new situations and to find new solution ways. Mental retardation (MR) is a developmental disorder characterised by the retardation of cognitive functionalities including memory, perception, attention, speaking, functional academic studies, activities, socioemotional behaviour and visual - spatial abilities and retardation of adaptive functionalities including communication, self care, everyday tasks, living activity, social abilities, decision making, ensuring health and security. In the DSM-V, the term MR has been replaced by the term 'intellectual disability' (IA). According to DSM-V, intellectual disability consists of deficits in functional abilities of reasoning, problem solving, planning, abstract thinking, judging and learning together with inability to meet adequate criteria for personal independence and social responsibility that are both clinically evaluated and validated through acceptable psychometric intelligence measurements appropriate to the individual's condition. In this study it has been aimed to compare the results of the KENT IQ test with the diagnostic approaches to determine the intelligence level on the basis of DSM-V diagnostic criteria.

**METHODS:** The study included 47 male and 43 female cases between the ages of 7 and 43, consulting the psychiatry polyclinics for assessment and reporting of intelligence level. All cases were clinically interviewed by a consultant psychiatrist on the basis of the DSM-V criteria and tested by a psychologist on the KENT IQ test.

**RESULTS:** There were significant differences in the intelligence levels of the cases determined on the basis of DSM-V recommended clinical interviews and the KENT IQ scores or the psychologist's assessment of intelligence levels.

**CONCLUSION:** In this study significant differences have been determined between the results of the DSM-based clinical interviews and the results of the KENT IQ test.

We think that the observed discrepancies have resulted from the inadequate testing by the KENT IQ test of the basic cognitive areas and the adaptive functions forming the main components of intelligence. We have reached the conclusions that the KENT IQ test will not be adequate especially in the preparation of reports on the individual's intelligence level for the purposes of benefitting from social support, determination of rehabilitative needs and in relation to judicial topics; that the individual should be evaluated in detail on the basis of the DSM system, and that other intelligence tests need to be developed for assessing 'intellectual disability'.

**Key Words:** DSM-V, intellectual disability, KENT IQ testi, mental retardation

## EFFECTS OF CHILDHOOD TRAUMAS, DEPRESSION AND PERSONALITY TRAITS ON THE SEVERITY OF SOCIAL ANXIETY DISORDER SYMPTOMS

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**AIM:** The contributing role of childhood traumas (CT) to the development of Social Anxiety Disorders (SAD) is known. Prevalence of SAD has been estimated to be 12,1% and it is strongly related to major depression and shows a strong positive correlation with introverted personality trait. Our aim has been to investigate the effect of CT on SAD symptom severity and its relationship with personality traits and the severity of depressive symptoms.

**METHODS:** The study included 84 patients consulting Turgut Özal University Medical Faculty Psychiatry Polyclinics. Patients were clinically interviewed and asked to complete a demographic information questionnaire, the Beck Depression Inventory (BDI), the Childhood Traumas Questionnaire (CTQ), the Liebowitz Social Anxiety Scale (LSAS) and the Eysenck Personality Questionnaire- Reviewed Short Form (EPQ-SF).

**RESULTS:** LSAS total and the anxiety and avoidance subscale scores were significantly positively correlated with the severity of depressive symptoms and with the physical neglect and physical abuse parameters of CTQ, but negatively correlated with extraversion. Linear regression analyses have shown that depressive symptoms and the extraversion trait were combined significant predictors of the LSAS total, avoidance and anxiety scores. Also, childhood trauma due to physical neglect was determined to be the predictor of the LSAS anxiety subscale scores.

**CONCLUSION:** It can be said in accordance with the literature that SAD patients are introverted individuals with a high incidence of CT and severe depression symptoms. When we have evaluated these three factors together, we found out that severity of depression symptoms and introversion determined the severity of SAD symptoms, and physical neglect during childhood determined the dimension of SAD anxiety subscale. According to our study, children subjected to physical neglect can be assumed to become depressive and introverted adults experiencing severe social anxiety symptoms.

**Key Words:** Childhood traumas, depression, personality, social anxiety disorder

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## PREVALENCE OF PSYCHOACTIVE SUBSTANCE USE IN THE TURKISH REPUBLIC OF NORTH CYPRUS (TRNC) AND THE RISK FACTORS: 2003-2015

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**AIM:** Studies on the use of psychoactive substances increasingly threatening humanity have accelerated their pace. This study compares the estimation in 2015 of the prevalence of substance use in TRNC, with the assessments made in the years 2003, 2008 and 2013 to access the trend changes.

**METHODS:** This study was carried out with Turkish speaking TRNC residents of 18-65 years of age. The 994 participants representing the general population of TRNC were evaluated by a stratified random sampling method based on quotas of age, gender and geographical region. Data were collected during May and June 2015. The sample survey form of the study was prepared on the basis of the "Model European Public Survey" of the Council of the European Union. Prevalence data were submitted comparatively with the 2003(825 participants), 2008 (804 participants) and 2013 (1040 participants) research submitted with the same survey format.

**RESULTS:** The study showed that incidence of the lifelong at least one use of cigarettes was 62.7%. The same parameter was found to be 44.7% in 2003, 64% in 2008 and 62.1% in 2013. The lifelong adult use of alcohol was 72.1%, which was 82.1% in 2003, 77.1% in 2008 and 68.5% in 2013. Incidence of the lifelong use of any other substance than cigarettes and alcohol was 13.2%, the use of illegal substance was 8%, which was 3.0% in 2003, 7.7% in 2008 and 8.4% in 2013. Marijuana and the synthetic cannabinoid "bonzai" that has become popular in the recent years were the most frequently used illegal substances.

**CONCLUSION:** The study demonstrated that cigarette smoking was higher in the general population of TRNC in comparison to the average world figures, while alcohol use was as high as in the western countries. It has been shown that use of illegal substances has increased greatly in TRNC between the years 2003 and 2015.

**Key Words:** Prevalence, psychoactive substance, risk factors

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## VIOLENCE DIRECTED TO WOMEN: PSYCHOSOCIAL TRAITS OF THE CULPRITS

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**AIM:** It has been aimed in this study to compare the individual traits and the history of childhood traumas of men who have shown violence

towards or have murdered women with those of men who have not shown violence towards women. In order to determine the risk factors the details of the moment of violence have been evaluated.

**METHODS:** This study was carried out between 15 April and 31 December 2013 with volunteering male inmates of Ankara prisons who had shown violence towards or had murdered women. Inmates who had not shown violence to women were matched for age and educational level to constitute the controls for the 'case group'. The participants were given interviews structured in the prisons. Data were collected on a sociodemographic and clinical information questionnaire, a structured questionnaire, and the Childhood Traumas Questionnaire; and were analysed using the SPSS 17.00 program.

**RESULTS:** No differences were found with respect to individual history of childhood traumas, psychopathology or sociodemographic details between the case group and the controls. Existing data suggest the association of migration with the woman. A history of previous violence and getting armed were seen to increase the risk of violence.

**CONCLUSION:** The finding that male violence was not related to any personal psychopathology or criminal history except migration indicated violence was associated with the traits of the population the individual lived in. It is thought that prevention of owning arms and monitorisation policies of those who resort to violence would reduce violence directed to women.

**Key Words:** mistreated women, gender identity, public politics

## EVALUATION OF LEVELS OF DEPRESSION, ANXIETY AND FEELINGS OF GUILT AND SHAME IN BREAST CANCER PATIENTS

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**AIM:** Psychological reactions towards the diagnosis of cancer are recognised as a process of mourning which covers five stages including denial, anger, bargaining, depression and acceptance. Following the diagnosis, reactions of fear, loss of hope, guilt and helplessness can develop and are accompanied with psychosocial problems such as social isolation, role alterations, leaving work and economic concerns. While the initial reactions in breast cancer are related to suffering pain and death, the later reactions are on loss of a breast secondary to surgical treatment. Loss of a breast which is an organ representing motherhood, fertility, sexuality, and aesthetics and is perceived as the loss of womanhood. This study has aimed to investigate depression, anxiety and the embarrassment-guilt relationship and to determine the factors leading to these reactions.

**METHODS:** This study included 103 women diagnosed with breast cancer in the Medical Oncology Department Polyclinics of Mustafa Kemal University, Tayfur Ata Sökmen Medical Faculty Research Hospital, and age and gender matched 103 healthy controls. Both groups were asked to complete the Beck Depression Inventory (BDI), the Beck Anxiety Inventory (BAI), Behavior Rating Inventory of Executive Function (BRIEF) and the Guilt and Shame Proneness Scale (GASP).

**RESULTS:** The scores of the patient group on BAI, BDI, BRIEF and GASP were significantly higher than those of the controls ( $p<0.01$ ). The BAI and BDI scores of stage 4 patients were significantly higher than

those of stage 2 patients. ( $p=0.004$  and  $p=0.018$ , respectively). BRIEF scores of stage 4 patients were significantly higher than those of the stage 2 and 3 patients ( $p=0.003$ ; and  $p<0.01$ , respectively). Differences on the basis of disease staging was not observed on the GASP scores ( $p=0.055$ ). Also, significant relationship between the time from diagnosis and the BRIEF, BAI and GASP scores were not observed ( $p>0.05$ ). However, a significant negative correlation was found between the time from diagnosis and the BDI scores ( $r:-0.209$ ;  $p=0.034$ ).

**CONCLUSION:** Breast cancer significantly affects the psychological make up and functionality of the patients, causing depression, anxiety, and feelings of guilt and shame.

**Key Words :** Anxiety, breast cancer, depression, guilt and shame

## OP-29

### CHANGES IN THE MEAN THROMBOCYTE VOLUME AND NEUTROPHIL TO LEYMPHOCYTE RATIO IN OPIOID DEPENDENTS AFTER A SIX-MONTH REMISSION

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**AIM:** The mean thrombocyte volume (MTV) is an indication of the thrombocyte activity. There have been reports on the linkage of MTV to cardiovascular risk factors, and on the increase in MTV in acute myocardial infarction, acute cerebral ischaemia and transient ischaemic attacks. MTV level has been investigated in psychiatric disorders including depression, panic disorder and schizophrenia. The ratio of neutrophil to lymphocyte counts (NLR) is accepted as an indicator of peripheral and systemic inflammation. NLR has also been investigated in neurological and psychiatric disorders including Alzheimer's disease, bipolar disorder and schizophrenia. We aimed at investigating the MTV levels at the beginning of and at the end of remission in opioid dependents.

**METHODS:** This study included 53 opioid dependent patients and 75 healthy controls matched with the patients on the bases of age, gender and cigarette use. The patients were under treatment at the AMATEM Unit of Konya Training and Research Hospital with buprenorphine/naloxone and the negative results of monthly toxicological scan of the urine over a 6-month period indicated being in remission. MTV and NLR values of the patients at the start of the therapy and at the end of 6 months were estimated and compared.

**RESULTS:** The mean MTV level of the patients in remission at the end of the 6th month was found significantly higher than that of the controls and in comparison to the mean level at the start of the therapy ( $p=0.001$  and  $p=0.004$ , respectively). The mean MTV level did not differ between the patients and the controls at the start of the therapy ( $p=0.667$ ). Also, the NLR values of the patient and control groups did not differ significantly ( $p>0.05$ ).

**CONCLUSION:** Given the similarity of the MTV levels of the opioid dependent patients and the controls at the start of the therapy, the raised mean MTV level of the patients after 6 months of regular therapy with buprenorphine/naloxone for six months is attributed to the combined drug therapy. Methadone used in opioid dependency is known to have dose dependent cardiac side effects. Similarly, high doses of naloxone and/or fast infusion of naloxone have been reported

to cause catecholamine release and hence oedema in the lungs and cardiac rhythm disorder. Although buprenorphine has been evaluated as a safe drug, it has been implicated in dose dependent respiratory depression. The elevated MTV observed after therapy in this study may be an indication of cardiovascular risk, and therefore we believe that patients put on long term buprenorphine/naloxone therapy should be investigated against this risk.

**Key Words:** Buprenorphine/naloxone, neutrophil lymphocyte ratio, mean thrombocyte volume, opioid dependency

## OP-30

### ELEVATED PROLIDASE ACTIVITY IN OBSESSIVE-COMPULSIVE DISORDER PATIENTS

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**AIM:** Prolidase is an enzyme that is widely distributed in the body including the brain and is responsible for collagen breakdown. Proline released by collagen breakdown can be reused in the synthesis of collagen or get converted to glutamate. Glutamate is the main excitatory agent of the central nervous system and changes in its metabolism may cause psychiatric symptoms. High levels of glutamatergic activity has been demonstrated by means of proton magnetic resonance spectroscopy in the caudate regions of the brains of untreated obsessive-compulsive disorder (OCD) patients. Also, there are studies suggesting that glutamate modulators can be beneficial in the treatment of resistant OCD cases. We aimed to investigate the level of prolidase activity associated with glutamate metabolism in OCD patients and its relation with the clinical symptoms.

**METHODS:** The study included 30 patients who consulted the psychiatry polyclinics and were diagnosed with OCD on the basis of the DSM-IV criteria, and 30 healthy age and gender matched controls. Serum prolidase activity was measured by means of the ELISA method. The patients were asked to complete the Yale-Brown Obsessive-Compulsive Scale (YBOCS).

**RESULTS:** Serum prolidase activity of the OCD patients were significantly elevated as compared to the controls ( $p<0.001$ ). There was not a significant correlation between prolidase activity and the YBOCS scores ( $p=0.903$ ,  $r:-0.023$ ).

**CONCLUSION:** Elevation of prolidase activity in OCD patients may cause the OCD symptoms by the mediation of dysfunction of the glutamatergic and GABAergic system.

**Key Words:** Glutamate, obsessive-compulsive disorder, prolidase

## ASSESSMENT OF DEPRESSION AND ANXIETY AND THE RISK FACTORS RELATED TO PEGINTERFERON ALPHA-2A TREATMENT OF CHRONIC HEPATITIS B PATIENTS

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**AIM:** Frequently observed psychiatric side effects of interferon therapy inconvenience treatment compliance of patients and may result in early termination of the therapy. The aim of this study was to investigate chronic hepatitis B (CHB) patients for the incidence of depression and anxiety related to the ongoing pegylated interferon alpha-2a treatment and to determine the risk factors of psychiatric comorbidity.

**METHODS :** Patients diagnosed with CHB indicated for pegylated interferon alpha-2a treatment were investigated for psychiatric symptoms at the outset and the first, third, sixth and the twelfth months of the therapy by asking each patient to complete the Hamilton Depression Rating Scale (HAM-D), the Hamilton Anxiety Rating Scale (HAM-A) and the Clinical Global Impressions Scale (CGIS). Those patients who developed psychiatric symptoms during the course of the follow up investigations were started on antidepressant treatment and excluded from the study.

**RESULTS:** The study was carried out with 33 CHB patients (22 females, 11 males with the mean group age of 36,0±10,7 years). A total of 14 (42.4%) patients were diagnosed with depressive and/or anxiety disorder (D/AD) and treated with antidepressants; having started 1 patient in the first month, 3 patients in the third month, 3 patients in the 6th month, 1 patient in the 9th month and 1 patient in the 12th month of the follow up assessments. The incidence of starting antidepressant treatment on female patients was higher (72.7%) than on the males (27.3%) (p=0,024). On the basis of the first follow up evaluation on CGIS, while D/AD was developing among 80.0 % of the patients with borderline illness, D/AD developed in 35.7% of those who were not ill.

**CONCLUSION:** Although the triggering effect of the pegylated interferon therapy on D/AD development was most frequently started in the first month, most developed cases were observed in the first three months, the incidence of psychiatric comorbidity development being 42.4% in one year. In this study psychiatric comorbidity development correlated with the female gender. Determination of the risk level at the outset of treatments and close follow up for psychiatric symptoms during the ongoing therapy will ensure treatment compliance of the CHB patients with interferon therapy. Although the patient sample was small, this study including a one-year follow up with natural progression is believed to make a contribution to the literature.

**Key Words:** Anxiety, depression, hepatitis B, interferon alpha-2a

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## INVESTIGATION OF SEXUAL DYSFUNCTION INCIDENCE AMONG PATIENTS STARTED ON ANTIDEPRESSANT THERAPY AFTER CONSULTING PSYCHIATRY POLYCLINICS OF A UNIVERSITY HOSPITAL

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**AIM:** Prevalence of sexual dysfunction (SD) in psychiatric patient populations has been reported to vary in the 25-75% range, changing with the severity, duration and recurrence liability of the psychiatric disorder (1-2). Investigation of SD in psychiatry patients is complicated with the capacity of antidepressant agents to induce SD or to exacerbate existing SD. This study has aimed at investigating, in a period of 3 months, the natural progression of changes in sexual functions among psychiatry patients started anew on antidepressant therapy and to determine the relationship between the psychiatric symptoms and changes of sexual functions.

**METHODS:** This study investigated 82 patients consecutively consulting the ESOGÜ psychiatry polyclinics between September 2013 and March 2014. The patients were married or had a sexual partner for at least 3 months. In the first, second and the third months after starting treatment with antidepressant agents, the patients were asked to complete the Structured Clinical Interview for DSM (SCID-I), a sociodemographic data questionnaire, the Hamilton Depression Rating Scale (HAM-D), the Hamilton Anxiety Rating Scale (HAM-A), the Global Assessment of Functioning (GAF) Scale and the Arizona Sexual Experiences Scale (ASEX).

**RESULTS:** SD was determined in 57 (69.50%) of the patients at the outset of the study, and the patients were placed in two subgroups designated as SD+ and SD-. In the SD+ subgroup, an improvement of sexual functions was observed with the treatment dependent improvement of the severity of psychiatric symptoms, such that 24 of the 57 patients in this group were without SD at the end of the third month of the therapy. In the SD- subgroup, symptom severity decreased with the continued therapy, but of the 25 patients 8 were observed to have developed generalised SD which presented in 5 of the patients in the first month of the therapy.

**CONCLUSION:** During the therapy period, the observed development of SD in 8 (9.75%) of the 82 patients included in this study has been attributed to the antidepressant treatment. Results of our study indicate the presence of widespread sexual function problems in psychiatry patient populations.

**Key Words:** Antidepressants, sexual dysfunction, sexual side effects

## RELATION OF THE DEFICIT SYMPTOMS IN SCHIZOPHRENIA TO INFLAMMATION AND OXIDATIVE STRESS

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**AIM:** Finding variation in the parameters related to inflammation and oxidative stress in schizophrenia patients with deficit symptoms (DS) suggests that DS may represent a different disorder than schizophrenia. This study aimed at comparing the serum levels of the proinflammatory cytokines interleukin (IL)-1 $\beta$ , IL-12, IL-17, tumour necrotic factor (TNF)- $\alpha$ , interferon (IFN)- $\gamma$ , and the anti-inflammatory cytokines IL-10, IFN- $\alpha$ , Transforming Growth Factor (TGF)- $\beta$ , the level of Paraoxinase-1 (PON-1) and the Total Anti Oxidant Capacity (TAOC) in patients with and without DS and in the healthy control group.

**METHOD:** Patients diagnosed at the psychiatry polyclinics with schizophrenia were evaluated on the DS Table and placed in two groups with DS (n=28) and without DS (n=29). Both groups completed the Positive and Negative Syndrome Scale. The study included 28 healthy controls age and gender matched with the patients. Serum levels of IL-1 $\beta$ , TNF- $\alpha$ , IFN- $\gamma$ , IL-12, IL-17, IL-10, IFN- $\alpha$ , TGF- $\beta$ , PON-1 ve TAOC were estimated in all participants.

**RESULTS:** TGF- $\beta$  levels of both patient groups were significantly higher than the control value (p<0.001), the TGF- $\beta$  level of the patient group with DS being significantly lower than that of the patient group without DS (p=0.003). PON-1 level of the patient group without DS was significantly lower than the control value (p=0.001), and the TAOC level of the patient group with DS was significantly lower than the control level (p=0.001).

**CONCLUSION:** Our study has demonstrated the presence of disorders in the inflammatory and oxidative processes in Schizophrenia. TGF- $\beta$  levels of patients with and without DS were increased and these results should be reproduced in studies with larger patient populations.

**Key Words:** Cytokines, deficit symptoms, inflammation, oxidative stress

## OP-34

### EFFECTS IN RATS OF HIGH FAT AND HIGH SUCROSE DIET AND ENRICHED ENVIRONMENT ON THE SYNTHESIS OF TAU PROTEINS, AMYLOID PRECURSOR PROTEIN AND THE AMYLOID-BETA PEPTIDE

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**AIM:** Our aim in this study was to investigate in the rat model the effects of enriched environment and high fat and high sucrose diet on the formation of tau proteins, amyloid precursor protein (APP) and the amyloid beta peptide (AB) that are known to play a role in the pathogenesis of cognitive disorders.

**METHODS:** The 48 Wistar rats used in this study were obtained from Necmettin Erbakan University Kombassan Medical Research Centre. The rats were divided into two main groups and housed under enriched environment or isolated environment settings. In each of these main groups the rats were subdivided into three subgroups that were fed with high fat, high sucrose or normal diet for one month. The rats were sacrificed at the end of 1 month, their brains were removed, processed and analysed for tau protein, APP and AB using the ELISA method.

**RESULTS:** The corresponding results in the 3 subgroups of rats kept in enriched or isolated environmental conditions did not differ significantly (p<0.05). However, the high sucrose diet led to raised AB (1-40), AB (1-42), APP and Tau levels as compared to the controls kept on normal diet. Also, the high fat diet raised the APP level as compared to the control value; and increases in AB (1-40), AB (1-42) and Tau levels were also observed but these were not statistically significant. Being kept in an enriched environment had relatively lowered the accumulation of the proteins in the brains of rats fed on the high sucrose diet.

**CONCLUSION:** The results have demonstrated that feeding on high sucrose or high fat diets led to changes in brain levels of Tau, APP and AB proteins, all implicated in the pathogenesis of Alzheimer's disease in humans. Enriched environment appeared to be able to reduce the accumulation of these proteins in the rat brain, suggesting that further research should be planned in relation to enriched environment.

**Key Words:** amyloid beta protein, amyloid precursor protein, tau protein, Wistar rats

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## OP-35

### COMPARISON BETWEEN ASSISTANT SURGEONS AND ASSISTANT INTERNAL MEDICINE PHYSICIANS OF THE ABILITY TO RECOGNISE FACIAL EMOTION

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**AIM:** It has been reported in the literature that internal medicine physicians are more empathetic in patient-doctor relationships. Starting with the hypothesis that the assistant surgeons may have less ability to recognise facial expression of emotion, this study has aimed at testing this hypothesis.

**METHODS :** The participants of the study consisted of 32 assistant surgeons (AS) and 34 assistant internal medicine physicians (AIMP). The participants were tested on the (Paul Ekman) Facial Action Coding System (FACS) consisting of 56 pictures of different facial expressions.

**RESULTS:** The AS group made significantly less correct judgements on the facial expression of sadness as compared to the AIMP group ( $5.55 \pm 1.10$  ve  $6.08 \pm 1.12$ ,  $p < 0.0001$ ). There were not significant intergroup differences in the recognition of expressions of the happy, frightened, angry, disgusted, neutral and surprised faces. However, the AS group took significantly longer time compared to the AIMP group to recognise the expressions on the happy face ( $0.72 \pm 0.31$  and  $0.37 \pm 0.20$  respectively,  $p < 0.0001$ ), the surprised face ( $1.54 \pm 3.68$  and  $0.59 \pm 0.30$ , respectively,  $p = 0.01$ ) and the face expressing disgust ( $1.39 \pm 0.63$  and  $1.14 \pm 0.85$ , respectively,  $p = 0.011$ ).

**CONCLUSION :** This study has shown that patients share their psychosocial conditions with the assistant doctors but not with the assistant surgeons. While empathy strengthens the relationship between the patient and internal medicine physicians, its effect is unclear on the relationship between patients and assistant surgeons. This preference of the patients may underlie the observation of less accuracy in recognising the facial expression of sadness by the AS group. The work load in surgical practice with its hard hierarchical structuring and the acute changes in the vital signs of the patients may be other factors affecting the patient physician relationship.

**Key Words:** empathy, recognising facial emotions, patient-doctor relationship

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#### OP-36

### RELATIONSHIP OF APATHY /EMOTIONAL NUMBNESS RESULTING FROM ANTIDEPRESSANT THERAPY WITH POSITIVE OR NEGATIVE EMOTIONAL STIMULI

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**AIM:** Apathy syndrome has been reported in the recent years in patients under treatment with selective serotonin reuptake inhibitors (SSRI). This emotional side effect of SSRI is dose dependent and reversible, but it is frequently not diagnosed. It can be recognised as emotional numbness (EN) in the late stages of the treatment, the relapse of the primary condition, as the remnant symptoms of depression or as reduction in the effectiveness of the ongoing therapy. The aim of this study was to investigate the relationship between the EN/apathy observed in major depressive disorder patients in remission after antidepressant therapy and the severity of the emotional reactions to positive and negative stimuli.

**METHODS:** The study included 68 patients under ongoing antidepressant therapy after diagnosis of major depressive disorder following psychiatric examination. The patients were in remission on the basis of scoring on the Hamilton Depression Rating Scale (HAM-D). In order to determine the presence of EN/apathy, the patients were

asked to complete the Oxford Questionnaire on the Emotional Side-effects of Antidepressants (OQESEA) and the Apathy Rating Scale (ARS). The participants were shown two different slide shows with selected photographs from the "International Affective Pictures System" (IAPS) to stimulate positive and negative emotional reactions. The emotional reactions aroused during the slide shows were evaluated with respect to six basic emotions on the 10 scores of the Visual Analogue Scale. The estimations on reactions of those recognising EN and not recognising EN were compared by variance analysis.

**RESULTS:** It was determined on the basis of the OQESEA scores that EN had not developed in 36.8% (n=25) of the participants, whereas 63.2% (n=43) had EN. Patients expressing EN showed less emotional reactions to positive and negative stimuli as compared to patients not expressing EN, but the difference was not statistically significant, and can be attributed to the small size of the experimental population. This study is important for drawing the attention of clinicians to the emotional side effect of the antidepressant agents which should be queried next to the more frequently met adverse effects.

**Key Words:** Antidepressant agent, emotional numbness, emotional side effect

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#### OP-37

### RELATIONSHIP BETWEEN MAJOR DEPRESSION AND THE NINE TYPES TEMPERAMENT MODEL (NTTM) AND CLONINGER'S TEMPERAMENT AND CHARACTER DIMENSIONS OF PERSONALITY

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**AIM:** Temperament, forming the core of personality, may be associated with liability in the development of psychopathologies. Researchers have argued that temperament affects the development and the progression of depression, defending the partial common genetic liability reflected by temperament and depression. The aim of this study was to investigate the relationship of depression to the NTTM types, which is a new

temperament model, and Cloninger's Temperament and Character Dimensions (CTCDP).

**METHODS:** The study enrolled 52 patients diagnosed with major depressive disorder (MDD) on the DSM-IV criteria 54 healthy controls without physical or psychiatric diagnoses. The participants completed a sociodemographic information questionnaire, the Nine Types Temperament Model (NTTM) and the Temperament and Character Inventory (TCI).

**RESULTS:** The mean NTM2, NTM4, NTM5 and ve NTM6 scores of the MDD patients were significantly higher as compared to the healthy controls ( $p < .05$ ). In reference to the TCI dimensions, there were significant differences between the mean scores on harm avoidance, persisting, self directedness and cooperativeness between the MDD patients and the healthy controls ( $p < .05$ ).

**CONCLUSION:** In agreement with the literature our study next to demonstrating the relationship between CTCDP and depression, has also shown for the first time that the MDD patients have more of the NTM2, NTM4, NTM5 and NTM6 of the NTTM types as compared to the healthy controls.

**Key Words:** Major depression, personality, temperament

## OP-38

### PSYCHIATRIC DISORDERS AND RELATED PSYCHOSOCIAL FACTORS OF WOMEN IN THE LAST TRIMESTER OF PREGNANCY

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**AIM:** Pregnancy, as well as being a natural event of life for women, is also a period when important biological and psychosocial changes are experienced including the risks of being met by many factors causing anxiety and stress. Contrary to the general belief, pregnancy is not protective against psychological disorders, and can inflame previous psychological disorders or cause the appearance of new ones. Next to the sociodemographic factors affecting psychological health, violence has also been an extremely important worldwide health problem among these. The aim of our study was to determine the incidence of psychological disorders among women exposed to various types of violence during pregnancy and identify the related sociodemographic particulars.

**METHODS:** Our study included 297 pregnant women consulting Mersin University Women's Diseases and Birth Polyclinics. Having accepted to participate they were interviewed on the basis of a 107-item questionnaire on sociodemographic particulars, past pregnancies and current pregnancy and on being subjected to physical, emotional, economical or sexual violence. The Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I) was used to assess any psychological disorders. For statistical analyses the Chi-square analysis was used.

**RESULTS:** The SCID-I interview results showed that 36.3% ( $n=108$ ) of the participating 297 women had psychological disorders. The presence of psychological disorders was significantly related to demographic particulars including low standard of education, low income, unemployment, husbands with alcohol, substance or gambling addiction, or criminal conflict with the law, as well as having been subjected to psychological, economical, physical and sexual violence by the current partner they lived with. .

**CONCLUSION:** Results indicate that pregnancy is not a protective biological period given the exposure to violence and the development of psychological disorders. Therefore, the recognition of these problems by the health services workers is important in the care given for the psychological well being of women.

**Key Words:** domestic violence, psychological health, violence towards women

## OP-39

### REVIEWING SCHIZOPHRENIA IN TWITTER

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**AIM:** Twitter, with increasing subscribers since its time of entry into the social media in 2006, has also become a platform increasingly used for sharing information and comments on Schizophrenia. Labelling of schizophrenia, a disorder with complex aetiology, is frequently encountered. This study is the first of its kind in Turkey in evaluating the use of the words schizophrenia, schizophrenic, and paranoid by the public in social media.

**METHODS:** A total of 1200 tweets including the words schizophrenia, schizophrenic, paranoid entered in Twitter within approximately 1 month were evaluated on the manner of use of these words using a pilot sampling method. Subsequently, they were evaluated under four main headings: (a) medical and correct use (medical use, media news); (b) containing antipsychiatric points of view; (c) inappropriate (expressing subjective experiences and literary uses); (d) Adverse (mocking, hinting, sarcastic, insulting).

**RESULTS:** The words schizophrenia, schizophrenic and paranoid were mostly used in the "adverse" and "inappropriate" context. Further investigation indicated that the words were used for insulting/labelling, in the context of subjective experiences, sarcastically and anti-psychiatric points of view. Use of the words in a nonmedical sense or in a medically inappropriate manner were frequent. Correct medical use was confined to the use of the word 'schizophrenia'. However, the word used most "adversely", with intent to insult/label and to needle was 'schizophrenic'. The word used in the most "inappropriate" sense was 'paranoid'. In comparison, the most frequently used words in the media have been schizophrenia and schizophrenic. Similarly these two words were also used in the proper medical sense.

**CONCLUSION:** Results of our evaluations indicate the abusive use of these words in Twitter. While reaching information and use of the social media is so facilitated and increasingly exploited, lack of knowledge in the population about psychological disorders and problematic attitudes stand at a critical level. As public education is part of our professional responsibility, we believe that this trend of labelling should be combatted against.

**Key Words:** labelling, schizophrenia, tweet, twitter

## RELATIONSHIP BETWEEN THE DEPRESSION SUBTYPES IN MAJOR DEPRESSION DISORDER PATIENTS AND THE NINE TYPES TEMPERAMENT MODEL (NTTM)

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**AIM:** It has been suggested that temperament and personality as the most effective factors in the formation of symptoms and diagnoses. Researchers have argued that the differences in the clinical presentation of depression make up the subtypes of depression. It has been known that temperament plays a role in the aetiology of depression and affects the clinical appearance of depression and the way it progresses. The aim of this study was to investigate the relationship between temperament and the depression subtypes among patients diagnosed with major depressive disorder (MDD).

**METHODS:** The study included 103 MDD patients in remission. Patient data was collected by means of a sociodemographic information questionnaire, the Nine Types Temperament Model (NTTM) and the Temperament and Character Inventory (TCI).

**RESULTS:** Regarding the relationship of NTMM types with the depression 'subtypes' outlined in DSM V, the NTM4 type was statistically significant in group with 'mixed characteristics'; the NTM4, NTM5 and NTM6 types were significant in the group with the 'melancholy' characteristics; the NTM7 type was significant in the group with the "seasonal" characteristics; and NTMM type was significant in the group with the "overwhelming" characteristics ( $p < .05$ ).

**CONCLUSION:** Understanding of the temperament forming the the core personality would be an important key to understanding the aetiology of psychopathologies, and in arriving at specific diagnoses and effective treatment choices. Investigation of the relationship between the NTMM types and depression subtypes on the basis of proneness, diagnostics and aetiology may identify a new depression subtype related to temperament.

**Key Words:** Depression subtypes, nine types temperament model

## THE BURDEN OF DECISION ON AMNIOCENTESIS

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**AIM:** The study was undertaken to assess the emotions and thoughts of pregnant women during the decision making period after being advised to take the amniocentesis test.

**METHODS:** The study was carried out at the Woman's Health and Gynaecology polyclinics of a university hospital with pregnant women who underwent amniocentesis. Criterion sampling method for subjective research was elected. Data were collected after sufficient rest period following amniocentesis by means of nonstructured in depth interviews. Data collection was completed when data saturation was reached (13 interviews).

**RESULTS:** Data collected on the emotions and thoughts of the patients were placed under five main headings as: deciding on amniocentesis; source of information on amniocentesis; terminating the pregnancy; emotions experienced by the mother; and, coping with stress. It was observed that decision to go through amniocentesis was left to the pregnant woman; that the women decided to take the test with thoughts over the purpose of taking precautions, not to have future regrets and to avoid anxious waiting. The source of information on amniocentesis consisted of health care personnel, close social circle and the internet. Taking the decision to terminate the pregnancy was mainly due to the prospect of inability to meet responsibilities as a mother and working woman; the difficulties of caring for a handicapped child; economical problems; the difficulties in the life of a child needing lifelong care and the worries on the child being left alone if parents died, and also feelings of insecurity with doubts about the father. Ending a life and religious beliefs were also among the factors influencing decision making. The first reactions to the advice received for amniocentesis were shock, denial and fear. The emotions concerning the process itself consisted of anxiety, sadness, fear, stress, tension, guilt, being alone, hopelessness, helplessness and hope. It was understood that women concealed their emotions and thoughts from husbands and acted otherwise. They chose to pray, think positively, weep or seek help in order to cope with negative feelings.

**CONCLUSION:** The results of this study reveal that a decision that involves all the family was generally left to the pregnant woman herself, thus causing her to feel alone and insecure; and that when obliged to make the decision, women who would have to bear the responsibility of caring for the child were immersed in experiences of stress, anxiety, fear and hopelessness about the future of the child and herself.

**Key Words:** Amniocentesis, decision making process, feelings, woman

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## GABA CONCENTRATION IN STRUCTURES AROUND THE SYLVIAN FISSURE IN SCHIZOPHRENIA AND BIPOLAR DISORDER SUBTYPES

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**AIM:** Metabolic and functional problems in structures around the Sylvian fissure in schizophrenia and bipolar disorder (BD) have importance as the auditory cortex is situated close by. Studies on the neurophysiology of the auditory cortex have shown that functional disorders in the area are related to gamma amino butyric acid (GABA) mediated neurotransmissions. Hence, this study has aimed to estimate in schizophrenia and BD patients the GABA concentrations in the structures around the Sylvian fissure by means of the proton magnetic resonance spectroscopy (<sup>1</sup>H-MRS).

**METHODS:** The study included 25 schizophrenia patients, 28 BD-I and 20 BD -II patients together with 30 healthy controls. Clinical evaluations were based on scoring on The Positive and Negative Syndrome Scale (PANSS), the Hamilton Depression Rating Scale (HAM-D) and the Young Mania Rating Scale (YMRS). Imaging by <sup>1</sup>H-MRS was carried out by MEGA-PRESS sequencing on the Siemens 3 Tesla equipment; and, taking the superior temporal gyrus as the center, 9-cm<sup>3</sup> voxels were placed on the structures around the right and left Sylvian fissures. Statistical analyses were carried out using the ANOVA, MANOVA and Spearman correlation tests.

**RESULTS:** Using the ANOVA method, GABA concentrations measured on the left hemisphere did not differ between the participating groups (p=0.384, F=1.028). However, there were significant differences in the GABA concentrations of the participating groups measured on the right hemisphere (p=0.013, F=3.798). Post-hoc comparisons showed that right hemisphere GABA concentrations of the schizophrenia group were significantly higher than those of the BD-I (p=0.002) and the BD-II (p=0.002) subgroups and of the controls (p<0.001). In all of the antipsychotic using patients (n=33) there was a correlation between the mean chlorpromazine equivalent dosage and the GABA levels (r=0.68, p=0.006).

**CONCLUSION:** Neurophysiological and pharmacological studies have reported relationships between the GABA mediated processes, measured as GABA concentrations by <sup>1</sup>H-MRS, and the functional results. However, these studies were mainly based on the frontal lobe, and our study is the first made on the lateral sulcus (Sylvian fissure) area. It is necessary that during future estimations of GABA concentrations by <sup>1</sup>H-MRS, contribution of the vesicular, cytoplasmic and the

extrasynaptic GABA concentration to the observed total increase should be estimated.

**Key Words:** Bipolar disorder, GABA, proton magnetic resonance spectroscopy, schizophrenia

## INVESTIGATION OF THE BEHAVIOURAL CHANGES IN THE YOUNG OFFSPRING OF THE EXPERIMENTALLY DEVELOPED FATTY LIVER AND METABOLIC SYNDROME FEMALE RAT MODEL WITH RESPECT TO THE RELATIONSHIPS BETWEEN INFLAMMATION AND AUTISM

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**AIM:** Behavioral changes have been demonstrated in experimental animal models during inflammation due to excessive release of proinflammatory cytokines. However, it is not yet known how far the young are behaviourally affected by in utero exposure to chronic maternal inflammation. This study has aimed to investigate the effect of chronic inflammatory processes in the female with fatty liver on the behaviour of the offspring within the context of inflammation-autism relationship.

**METHODS:** This study has used 12 adult female Sprague Dawley rats and their 40 offspring. Fatty liver model was promoted in the adult females by supplying a 30% fructose solution as drinking water for 10 weeks, while the controls were given standard tap water. At the end of the 10-week period, male rats were placed in the cages to enable mating and pregnancy, and the newborn males and females were left to be fed by the mothers for 21 days, and subsequently transferred to separate cages and fed normally. At the end of 8 weeks the male (n=10) and the female (n=10) offspring were parated into 4 groups on the bases of being born to females with fatty livers and normal females. In order to determine the behaviours of anxiety, depression and stereotypy the open field test, porsolt swimming test, stereotypy test with apomorphine stimulation, social interaction test and the memory test were performed. Statistical analyses were based on the one-dimensional ANOVA and post-hoc Bonferonni test.

**RESULTS:** Our results showed that anxiety behaviour had significantly increased in especially the male offspring of the females with fatty liver. Similar results were also demonstrated by the social interaction, stereotypy and memory tests, indicating that the male offspring of the females with experimentally developed fatty liver demonstrated significantly altered behaviour in comparison to the other experimental groups in this study.

**CONCLUSION:** Our study has demonstrated that in utero exposure to chronic maternal inflammation can result in behavioural changes in the offspring and that this can be related to gender of the offspring, and supports the hypothesis that maternal inflammation can cause autism like disorders in the offspring.

**Key Words:** Autism, inflammation, metabolic syndrome pregnancy

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OP44

### COMPARISON OF THE PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR GAMMA (PPAR- $\gamma$ / PPAR $\gamma$ ) ACTIVITY BEFORE AND AFTER ELECTROCONVULSIVE THERAPY (ECT) IN SCHIZOPHRENIA PATIENTS

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**AIM:** PPAR- $\gamma$  is an antiinflammatory and neuroprotective molecule. Inflammation has an important role in the aetiology of schizophrenia, the disorder being associated with lowered levels of PPAR- $\gamma$ . This study is first of its kind worldwide in determining the effects of ECT on serum PPAR- $\gamma$  levels.

**METHODS:** Serum PPAR-  $\gamma$  levels were assessed before and after ECT application in 32 treatment resistant schizophrenia patients clinically indicated for ECT; and, the results were compared with those of the 31 healthy controls included in the study. The participants were asked to complete a sociodemographic information questionnaire, the Positive and Negative Syndrome Scale (PANSS), and the Calgary Depression Scale (CDS).

**RESULTS:** The 32 participants consisted of 16 female and 16 male patients with a mean group age of 39,00 $\pm$ 11,94 years. After ECT a significant fall in the PANSS scores were observed ( $p < 0,001$ ). A difference of significance in serum PPAR- $\gamma$  levels was not observed between the patient group and the controls (178.56 $\pm$ 175.71 vs 157.08 $\pm$ 153.00, respectively,  $p = 0,826$ ). Also the serum PPAR- $\gamma$  levels of the patient group before and after ECT were not significantly different . (157.08 $\pm$ 153.00 vs 153.41 $\pm$ 155.01, respectively,  $p = 0,096$ ).

**CONCLUSION:** Serum inflammation markers are important in Schizophrenia. PPAR- $\gamma$  is a molecule with shares a relationship between metabolic disorders and schizophrenia. Observation of the lack of a significant difference in this study between schizophrenia patients treated with antipsychotics and the healthy controls is attributed to the effects of antipsychotic agents on the PPAR- $\gamma$  level. Unchanged serum PPAR- $\gamma$  levels after ECT indicate the need for studies with larger groups of patients.

**Key Words :** Inflammation, PPAR-gamma, schizophrenia

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OP-45

### RELATIONSHIP BETWEEN SMARTPHONE ADDICTION AMONG UNIVERSITY STUDENTS AND DEPRESSION, OBSESSION, IMPULSIVENESS AND ALEXITHYMIA

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**AIM:** This study has aimed at investigating depression, obsession and impulsiveness in order to assess the relationship between alexithymia and smartphone addiction (SPA).

**METHODS:** This study enrolled 310 of the 345 university students who declared using smartphones, 35 student being excluded on not meeting the inclusion criteria. The participants were asked to complete online a sociodemographic information questionnaire, the smartphone addiction scale (SPAS), the 20-item Toronto Alexithymia Scale (TAS-20), the short form of the Barratt Impulsiveness Scale (BIS-11-SF) and the subscales on depression and obsession of Symptom Checklist-90-Revised (SCL-90-R).

**RESULTS:** Of the 310 participants, 177 (57.1%) were females and 133 (42.9%) were males with a mean age of 22.40 $\pm$ 2.40 years. Slightly significant positive correlations were determined between SPA and depression ( $r = 0.351$ ), difficulty recognising emotion ( $r = 0.453$ ) and impulsivity ( $r = 0.451$ ); and moderately significant positive correlations were determined between SPA and difficulty verbally expressing emotion ( $r = 0.860$ ) and alexithymia ( $r = 0.688$ ). Using hierarchical regression analysis it was shown that the first step depression variable significantly predicted the SPA ( $p < 0.001$ ). The second step variables depression and impulsiveness were also found to predict the SPA ( $p < 0.05$  and  $p < 0.001$ , respectively). At the last step, impulsiveness, difficulty recognising emotion, difficulty verbally expressing emotion, extraverted thinking variables significantly predicted SPA ( $p < 0.001$ ,  $p < 0.05$ ,  $p < 0.001$  and  $p < 0.05$ , respectively).

**CONCLUSION:** The most significant finding of this study is the prediction of SPA by impulsiveness and alexithymia, known to be related to addictive behaviour, even when controlled for depression and obsession. Smartphones provide many facilities to reach social network sites and play games as well as telephoning, speaking and messaging practically everywhere and at anytime. Therefore, facile use of these implements can be a risk factor for addiction. When combined with behavioural tendency to impulsiveness and alexithymia, the above mentioned characteristics of smartphones may cause SPA in the young adult.

**Key Words:** Alexithymia, depression, impulsiveness, obsession, smartphone addiction

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OP-46

## DIFFUSION TENSOR IMAGING IN DELIRIUM DISORDER

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**AIM:** Delirium disorder (DD) is a rare psychiatric syndrome characterised with a decline in cognitive functions, involving hallucinations, disorganised behaviour and thoughts and ravings. Diffusion tensor imaging (DTI) is a method to investigate the white matter of the brain. This study has aimed at carrying out DTI with DD patients.

**METHODS:** This is a case controlled study with 9 DD patients diagnosed on the basis of DSM-IV criteria, and 9 healthy controls matched with the patients on the bases of age, gender and educational level. MR imaging was carried out with the 3 Tesla equipment and an 8-channel parallel imaging phased-array head coils. Cross sections have been taken in the axial plane, in 1.7x1.7x2.5mm voxel dimensions, with 60ms TE and 15+1 diffusion direction and using 800 b-value. The voxel based statistical analysis of the calculated fractional anisotropy (FA) data was realised using the TBSS (tract-based spatial statistics) module in the FSL program. Firstly, using the FDT module and adapting the tensor model to the raw diffusion data, the FA images were calculated and using the BET module a brain masque was acquired. Fa data of all participants were mapped on a standard space using the FNIRT module for non-linear registration of 3D scalar volumes. Subsequently, the average/mean FA image was formed and was statistically refined to form the mean FA skeleton representing the common trails of a group. The FA data of each participant were reflected on this skeleton and the results were investigated by voxel based intercase statistics. The voxels showing significant differences between the controls and the patients group ( $p < 0.05$ , corrected) were reported after applying a threshold at the group level ( $T > 3$ ).

**RESULTS:** When compared with the controls a low fractional anisotropy (FA) was found in the left cingulate cortex of the DD patient group. The cingular trails were connected with the frontal, parietal and temporal areas.

**CONCLUSION:** Studies on structural imaging in DD are very limited. Our study with DTI is one of the rare investigations of its kind in the literature. Studies on DD patients have shown that there are activity changes in the limbic system and the prefrontal areas of the brain. Our results on decreased FA in the cingulate cortex are in agreement with the literature. Further work with larger patient populations should help understand the aetiology of DD.

**Key Words:** Delirium disorder, diffusion tensor imaging, Fractional anisotropy

OP-47

## DISTRESS AND QUALITY OF LIFE AMONG THE CAREGIVERS OF CANCER PATIENTS IN PALLIATIVE CARE UNITS

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**AIM:** Here the investigation of the relationship between the quality of life and the level of psychological distress among the caregivers of cancer patients in palliative care units has been aimed.

**METHODS:** The study has been carried out with the inclusion of 118 (F:63, M: 85) cancer inpatients being cared for at the Palliative Care Service of Ankara Oncology Training and Research Hospital between March and November 2014, and the 148 (F:100, M:48) care giving patients' relatives. The study was approved by the institutional ethics committee and the written informed consent of the participants were obtained. Data were collected using a sociodemographic information questionnaire, the Turkish version of the World Health Organisation Quality of Life Questionnaire-short form (WHOQOL-BREF-TR), the Hospital Anxiety and Depression Scale (HADS), and the NCCN Distress Thermometer and Problem List (DT).

**RESULTS:** A positive correlation was observed between the HADS subscale scores and the DT test level of the caregivers, while a negative correlation was determined between the DT level and the WHOQOL score. There was a negative correlation between the age of the patient and the anxiety and depression level of the care giver and a positive correlation between the WHOQOL score. The distress and anxiety levels of the care givers of patients with high level of education were significantly increased, but, although scores for the quality of life assessment of the care givers were also lowered, the change was not statistically significant.

**CONCLUSION:** Our data were in agreement with the results of similar studies. Our results have suggested that the short scanning by DT could be used reliably for assessing the psychological distress and the quality of life of the caregivers of patients under palliative care.

**Key Words:** Cancer, caregiver, palliative care, quality of life, stress

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OP-48

## WHAT MAVI AT KAFE (BLUE HORSE CAFÉ) HAS TAUGHT IN 6 YEARS: FACTORS CONTRIBUTING TO IMPROVEMENT IN SCHIZOPHRENIA PATIENTS – A SUBJECTIVE ANALYSIS

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**AIM:** Mavi At Kafe, with its therapeutic organisation, is a supported work place founded in 2009 for giving schizophrenia patients work as well as to prevent labelling and social exclusion. This study has aimed to determine the factors contributing to the improvement of the schizophrenia patients employed at Mavi At Kafe from the points of view of the patients themselves.

**METHODS:** Subjective analyses were used in the interviews with 16 schizophrenia patients employed at Mavi At Kafe between the years 2009 and 2015, and with 8 other patients who during this period had started to work in other premises.

**RESULTS:** Common factors mentioned in the interviews to be contributing to the improvement of schizophrenia patients were identified according to the opinions of the patients. These factors mainly consisted of: 'acceptance of frank, equal, power sharing, collaborative approaches in an environment, inclusive of the psychological health workers, making human to human relationships possible ; to be seen not just as a patient but at the same time as a human; hope ; efforts strengthening the trust with others and with oneself; responsibility; respect and appreciation; awareness of needs and means to reach support when necessary; making efforts for the development of motivation and social abilities; having goals; feeling useful and giving a meaning to living; sense of belonging; mutual help during daily life.

**CONCLUSION:** In the process of striving to realise population based psychological health services for the benefit of schizophrenia patients with the need for approaches to achieve improvements, the comments of the schizophrenia patients, experiencing the Mavi At Kafe trial, to draw attention to the factors contributing to psychological improvement have been striking. Shaping in this direction the abilities and equipment of the psychological health workers especially employed at Public Psychological Health Centers, and starting ventures to elevate humanitarian values in flexible, frank and informal environments will make contributions to improvement

**Key Words:** Improvement, population based psychological health, schizophrenia, supported work, therapeutic grouping

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#### OP-49

### THE EARLY PHASE PREDICTORS OF CLOZAPINE USE AFTER THE FIRST EPISODE SCHIZOPHRENIA

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**AIM:** There are studies showing that clozapine is used less than it should be and often after a delay in the treatment of the resistant type of schizophrenia. The aim of this study was to determine the predictive factors for the use of clozapine during the period after the first episode of schizophrenia.

**METHODS:** Schizophrenia patients who had completed at least a 24-month period of follow up after the first episode of the disorder were included in the study. Patients started with and those not started with clozapine during the follow up period were compared on the basis of the clinical variables before and after the first consultation and in the first 6 months of follow up.

**RESULTS:** A total of 105 patients with a mean age of 22.6 years and including 56% males were enrolled in the study. The mean follow up period was 72 months and there were 28 patients who required clozapine therapy. The incidence of relapse within the first 6 months of follow up was significantly higher in the subgroup later requiring clozapine treatment (40.0% vs 13.2%, respectively,  $p=0.005$ ). On the other hand, the first relapse incidence associated with non-compliance with the drug used was significantly lower in the subgroup later started with clozapine treatment (38.1% vs 73.3%, respectively,  $p=0.01$ ). Using logistic regression analysis two independent predictors of clozapine use were identified. One of these was the total score on the Short Psychiatric Evaluation Schedule ( $p=0.042$ ) and the other was the existence of the first relapse not related to drug non-compliance ( $p=0.02$ ). In the first 12 months (mean =  $7.1 \pm 3.3$  months, interval = 3-12 months) of the follow up there were 8 patients started with clozapine and the premorbidity compliance as compared to that of the 20 patients started on clozapine after the 12th month (mean =  $78.5 \pm 43.0$  months, interval = 17-168 months) were significantly worse.

**CONCLUSION:** Our results showed that there was an increased probability of starting clozapine treatment later in the follow up on those patients who had their first relapse, despite being compliant with the drug use, especially within the first 6 month of the follow up,

**Key Words:** clozapine, first episode, schizophrenia

#### OP-50

### PROBLEM BEHAVIOUR, PSYCHOPATHOLOGIES AND THE PREDICTIVE FACTORS IN PRE-SCHOOL CHILDREN: KAYSERİ PROVINCE EXAMPLE

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**AIM:** The increases in the recent years of psychiatric problems and neurodevelopmental disorders among children of school age in our country have directed attentions to preschool children in relation to protective and preventive health services. Action is important before school age to recognise the psychopathologies and the problem behaviours, as the likely risks factors and prevent their progression to psychopathologies. This study has aimed at investigating the incidence of problem behaviours and psychopathologies in preschool children, and to determine their relationship with temperament and other clinical and sociodemographic parameters.

**METHODS:** This study was conducted in a private nursery in Kayseri province during July-August 2015 with 218 preschool children of 4-6 years of age . Parents were asked to complete an information questionnaire prepared for this study and the Child Behavior Checklist for Ages 4–18 (CBCL/4-18). Free games were played, pictures were drawn, observations and psychological evaluations were made with each child over 15 minutes in a standard play room. After the games and picture drawing activity, interviews were carried out with the families

to obtain data on developmental history and own family histories. Psychopathologies were diagnosed on the basis of DSM-V criteria.

**RESULTS:** Since our study was finalised on Friday, 28 August, 2015, the data analyses are not yet completed.

**CONCLUSION:** This study has aimed to investigate the incidence of problem behaviour and psychopathologies in preschool children and also to determine the relation of problem behaviour and psychopathologies to clinical-sociodemographic parameters and temperament. Determination of the factors leading to problem behaviour and psychopathology in preschool age is important for the purposes of interfering with these factors and providing solutions before arrival at school age.

**Key Words:** preschool children, psychopathology, temperament

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OP-51

### SERUM AGOUTI-RELATED PEPTIDE LEVEL IN BIPOLAR DISORDER

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**AIM:** Impaired energy balance has been observed in studies on bipolar disorder (BD). Agouti Related Protein (AgRP) and leptin are regulatory proteins of energy metabolism, with AgRP stimulating appetite and leading to lowered energy expenditure and anabolism, and leptin reducing appetite and leading to increased energy expenditure and catabolism. In this study we have evaluated the catabolic state in BD patients in manic phase.

**METHODS:** For the purposes of our research, 130 manic, 136 euthymic patients and 92 healthy individuals consulting Trakya University Psychiatry Polyclinics and the Emergency Services between the dates of April 2014 and April 2015 were investigated and a total of 112 individuals consisting of 47 manic and 35 euthymic BD patients and 30 healthy volunteers were included in this study. Serum morning fasting levels of AgRP, leptin, cholesterol, and cortisol levels were estimated. The manic group were followed up for a therapy period of 4-8 weeks and the same serum parameters were reestimated.

**RESULTS:** The initial median values of AgRP in the manic BD, euthymic BD and the control groups were, respectively, 5,89 pg/mL; 9,39 pg/mL; 9,22 pg/mL with significantly reduced levels in the manic BD group. Median values of Leptin levels were, respectively 2,21 µg/dL; 5,23 µg/dL; and 2,66 µg/dL, with the manic group level significantly lower than those of the other groups. Median values of cholesterol were, respectively, 167 mg/dL; 182 mg/dL; and 182,5 mg/dL, and the manic group level was significantly lowered. However, the median values of

serum cortisol levels of the groups were not found to differ significantly. Comparing the levels of the parameters estimated in the manic group before and after the therapy period, the AgRP and cortisol levels were not significantly changed, but the cholesterol and leptin levels were significantly increased after the therapy.

**CONCLUSION:** AgRP, which increases appetite and lowers energy use leading to anabolism, was found to be lower in the manic BD group indicating a catabolic state of the energy metabolism. Finding increases in the AgRP levels of the euthymic BD patients has suggested that AgRP levels can be a manic phase indicator in BD. The observed lower levels of leptin in the untreated manic phase may have resulted from a compensatory reaction to counterbalance the predominance of catabolism.

**Key Words:** AgRP, bipolar disorder, energy metabolism, leptin

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OP-52

### NEUROPSYCHOLOGICAL EVALUATIONS IN FIRST ATTACK PSYCHOSIS PATIENTS

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**AIM:** The first attack psychosis (FAP) presenting at early age is developed by the effects of various demographic and clinical variables and impairment of cognitive functions may also be involved. In this study the history of environmental factors including sociodemographic particulars, alcohol and substance use and traumatic experiences and the presence of impairment in cognitive functions in the first attack psychosis patients were investigated.

**METHODS:** The study included 60 FAP patients and 60 healthy volunteers. A neuropsychologic test battery was employed to assess the neurocognitive functions. Psychosocial factors were evaluated on the basis of the Childhood Traumas Questionnaire (CTQ), the Environment Rating Scales (ERS), Life Experiences Inventory (LEI); Tobacco and Alcohol and Substance Use Scale (TASUS). To assess the clinical condition of the participants the Positive and Negative Symptoms Scale (PANSS), the Young Mania Rating Scale (YMRS) and the Beck Cognitive Insight Scale, (BCIS) were used.

**RESULTS:** Significant differences with respects to the investigated parameters on 'the events experienced in the last 1 year', 'birth season', 'judicial history', 'obsessive-compulsive disorder (OCD) history', 'schizophrenia and psychosis in first degree relative', 'suicidal attempt' were observed between the FAP and the control groups. When compared to the controls the FAP group showed prominent cognitive function impairment especially in memory, attention, processing speed, working memory and executive functions.

**CONCLUSION:** Cognitive functions disorders are part of the group of symptoms at the outset of schizophrenia also exist at FAP stage.

**Key Words:** cognitive functions, first psychotic attack, neuropsychological test, prodrome, schizophrenia

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#### OP-53

### RELATIONSHIP OF SOCIODEMOGRAPHIC PARTICULARS TO BURN OUT IN PHYSICIANS

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**AIM:** Burn out syndrome (BOS) presents as a reaction to long term stress at work, and is characterised with emotional exhaustion, depersonalisation and reduced personal accomplishment feeling. BOS is more frequently observed in professional groups who work face to face with people. The aim of this study was to investigate the effects of sociodemographic particulars of physicians on BOS.

**METHODS:** The Maslach Burnout Inventory (MBI) and a sociodemographic information questionnaire was completed by 258 volunteering physicians at the Başkent University Ankara Hospital. Data were analysed on the SPSS 17.0 package program.

**RESULTS:** Incidence of all three sub-dimensions of BOS, namely emotional exhaustion, depersonalisation and reduced personal accomplishment feeling, showed statistically significant differences ( $p<0.05$ ) between physicians on the basis of ‘being in different age groups and having different academic titles’, ‘time spent in profession at the same hospital for less than or more than 5 years’, ‘having or not having night duty’, ‘having or not having administrative duties’, ‘the number of patients faced daily’, ‘the number of lectures given’, ‘adequacy and inadequacy of assistance for research work’.

**CONCLUSIONS:** On the bases of our results, incidence of BOS may decrease with increases in age and academic titles, duration of work in the same hospital and in professional experience. Sleeplessness and fatigue due to regular night duty, feeling under pressure by limitations to time and skills for diagnosis and treatment due to excessive daily patient load may elevate the incidence of BOS. Having administrative duties and the authority to exercise opinion may help reduce incidence of BOS. Increased work load of combined health service and teaching duties, too many hours of teaching, and not being given adequate support for research work may contribute to increases in BOS incidence. Similar research made with the larger numbers of employees in state universities and hospitals should clarify further our understanding of BOS among physicians.

**Key Words:** Academician, burn out syndrome, health services worker

#### OP-54

### RELATION BETWEEN BURN OUT AMONG PHYSICIANS AND ORGANISATIONAL TIES AND JOB SATISFACTION

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**AIM:** Burn out syndrome (BOS) was first described in 1974 by Freudenberg and involves emotional exhaustion, depersonalisation and loss of personal accomplishment feeling. The current ways of measuring experienced burn out was organised in 1980s by Maslach and Jackson. Hence, BOS is affected by personal factors as well as factors associated with work environment and organisation. It has been proposed in the literature that job satisfaction and organisational ties are also associated with BOS. This study has aimed to investigate the levels of job satisfaction and organisational commitment with incidence of BOS among physicians.

**METHODS:** The Maslach Burnout Inventory (MBI), Job Satisfaction Scale (JSS) and Organisational Commitment Scale (OCS) were completed by 258 volunteering physicians at the Başkent University Ankara Hospital. Data were analysed on the SPSS 17.0 package program.

**RESULTS:** Significant differences were found between emotional exhaustion, depersonalisation and personal accomplishment and the JSS total and the internal and external satisfaction subscale scores and the scores on ( $p<0.05$ ). On the basis of OCS, there was a significant difference between the score on the subscale of continuous commitment and the scores on emotional exhaustion and depersonalisation ( $p<0.05$ ), but differences were not observed between the emotional commitment and normative commitment scores and burn out ( $p>0.05$ ).

**CONCLUSION:** It has been observed job satisfaction which is the individual’s emotional reaction to ones work, reduces emotional exhaustion and depersonalisation and increases the feeling of personal accomplishment. Here the natural mutuality of job satisfaction and burn out must be kept in mind. A positive correlation between BOS and continual commitment to work place, and negative correlations between BOS and emotional and normative commitments have been pointed out in the literature. We have observed increased emotional exhaustion and depersonalisation linked to continuous commitment to work place; but, unlike the reports in the literature, negative relationships between BOS and emotional and normative commitments were not observed.

**Key Words:** burn out syndrome, commitment to work place, job satisfaction



# POSTER PRESENTATIONS



PP-001

## DIAGNOSTIC PROCEDURES ON HUNTINGDON'S DISEASE: CASE PRESENTATION

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**AIM:** Huntington's disease (HD) is a neurodegenerative disorder characterised by dystonia, chorea as well as other psychiatric and cognitive symptoms, presenting frequently between the ages of 30 and 50 and is caused by autosomal dominant mutation on Huntingtin gene. Gait and movement impairments may succeed the psychiatric and cognitive symptoms including slowing down of reaction speed and executive functions. Psychiatric symptoms include those of depression, anxiety, obsessive-compulsive disorder, behaviour and personality disorders. Here the the case of a Huntington's disease patient followed for 15 years with the diagnosis of schizoaffective disorder is discussed.

**CASE:** The patient on follow up for 15 years with a 10-year regularity of maintenance on valproic acid (1500mg/day), amisulpride (400mg/day) and quetiapine (600 mg/day) was admitted to psychiatry services ward on grounds of speaking to himself, repated actions such as turning around the stove, increasing intraversion, apathy, reduction in frequency and volume of communication, reduced self care and severe impairment of social and professional functionality. He had a family history of HD involving his mother, aunt and cousins. He also had developed ataxic gait for the 1st 3 years and involuntary movements of small amplitude in his right hand. Genetic investigations revealed a trinucleotide repeat count of 18/44 on the first exon of the IT15 gene and together with the clinical examination results, the patient was diagnosed with HD.

**DISCUSSION:** Through this case presentation we have aimed to demonstrate that in HD, commonly described as movement disorder, can be complicated with psychiatric and cognitive disorder symptoms on the foreground and delay the correct diagnosis of the patient, thereby lowering the patient's quality of life. We have especially wished to emphasize the importance of the family history of a patient with progressive impairment of cognitive symptoms.

**Key Words:** Huntingdon, misdiagnosis, schizoaffective

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PP-002

## EFFECT OF ARIPIPRAZOLE ON INR IN WARFARIN USING PATIENT: CASE PRESENTATION

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**AIM:** Aripiprazole, due to its affinity for a variety of receptors, is being used in psychiatric practice in the treatment of many patients. This case presentation discusses a rarely observed drug cross reactivity of aripiprazole.

**CASE:** The 32-year old female patient has been on warfarin for two years on account of post partum sagittal sinus thrombosis, transverse sinus thrombosis and haemorrhagic parenchymal infarction with brain oedema and midline shift requiring emergency decompressive craniotomy. She had experienced over the previous 4 months malaise, unwillingness, insomnia and had been put on quetiapine (300 mg/day). Her regularly controlled INR results were at 2-3. Psychiatric examination at the psychiatry polyclinics on outpatient basis indicated nervousness, anger and loud complainings resulted to reorganise her treatment by shifting from quetiapine to aripiprazole (5mg/day), when her IJR was 2.24. One week later the INR had increased to 8. One week after discontinuing aripiprazole INR had returned to 2.24. When the patient attempted to use aripiprazole again, outside her physician's control, her INR rose to 6.73 in 5 days. Definite discontinuation of aripiprazole and maintenance on warfarin alone lowered the INR value to 2.24 in one week.

**DISCUSSION:** The 99% binding of aripiprazole with plasma proteins may have caused the dissociation of warfarin from these proteins resulting in several fold increase in the free plasma warfarin concentration and the rise in INR and tendency for haemorrhage. Also, as both drugs are metabolised by CYP 3A4, a competitive inhibition mediated increase of warfarin concentration could also have contributed to the elevation of INR. Therefore, in patients on warfarin, aripiprazole treatment should be avoided given the long term competitive binding of the drug to plasma proteins. More case reports are needed for a clear understanding of aripiprazole cross reactivity with warfarin.

**Key Words:** aripiprazole, INR, warfarin

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PP-003

## RELATIONSHIP BETWEEN DEPRESSION AND POST-TRAUMATIC STRESS DISORDER IN CAREGIVERS OF BIPOLAR AFFECTIVE DISORDER PATIENTS

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**AIM:** The aim of this study has been to determine the severity of post-traumatic stress disorder (PTSD) in the caregivers of bipolar affective disorder patients and to investigate the related causative factors including sociodemographic particulars of the patients and the caregivers, clinical aspects of the disorder, depression and anxiety levels.

**METHODS:** Our study included 75 consecutively consulting patients diagnosed with bipolar affective disorder on the basis of the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I) and 75 primary caregiving relatives of the patients. Patients completed a Clinical and Sociodemographic Data Questionnaire. After evaluation by SCID-I, the caregivers completed a sociodemographic data questionnaire, the Post-traumatic Stress Diagnostic Scale (PDS), the Beck Depression Inventory (BDI) and the Beck Anxiety Inventory (BAI).

**RESULTS:** Moderate level of PTSD was diagnosed in the caregivers. Significant relationships were not observed between PTSD and sociodemographic details of the patients including gender, age, marital status, level of education, employment status, disease duration, total counts of attacks, history of hospitalisation for psychiatric disorder and of suicidal attempts. PTSD severity was higher among caregivers of patients with a history of aggressive behaviour. Also, severity of PTSD was higher among the female caregivers as compared to the males. Significant relationship were not observed between PTSD and sociodemographic particulars of the caregivers including age, marital status, level of education, employment, income level and duration of care giving. Those giving care to another person at the same time had lower levels of PTSD. Care givers with a high level of depression had low levels of PTSD. A significant relationship between anxiety and PTSD was not observed.

**CONCLUSION:** Our study results show a moderate level of PTSD observed in the caregivers of bipolar affective disorder patients. Factors including being female, having a psychiatric disorder, depression severity, caregiving to a patient with history of aggressive behaviour, caregiving to another person at the same time were observed to be related to PTSD.

**Key Words:** Bipolar affective disorder, caregiver, post traumatic stress

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PP-004

### ALCOHOL AND SUBSTANCE USE DISORDER PREVALENCE, CLINICAL CHARACTERISTICS AND COMORBIDITIES IN PATIENTS CONSULTING PSYCHIATRY POLYCLINICS

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**AIM:** Comorbidity of alcohol and substance use disorder (ASUD) with other psychiatric disorders have been frequently observed (Verhuel ve ark. 2000). However, studies on ASUD prevalence among psychiatry patients are very few.

**METHODS:** This study included 734 adult psychiatry patients consulting psychiatry polyclinics or being followed up with any psychiatric diagnosis. Patients were asked to complete the Michigan Assessment-Screening Test for Alcohol and Drugs (MAST/AD). Patients

(n=47) with a MAST/AD score of 5 and above were interviewed on the dependency module of SCID-I. Subsequently, 33 patients positively diagnosed with ASUD were interviewed on the rest of SCID-I and on the SCID-II.

**RESULTS:** Among the 734 general psychiatry patients investigated, 33 were diagnosed with ASUD, of whom 26 were alcohol users. Substance use included marijuana (n=9), ecstasy (n=4), heroin (n=1), biperidene (n=1) and benzodiazepine (n=9), and combined substances (n=3). The comorbidities diagnosed among the 33 ASUD cases consisted of behaviour disorders typed as borderline (n=7), antisocial (n=2), paranoid (n=1), narcissistic (n=1) and, schizoid (n=1); and on the basis of SCID-I, of major depressive disorder (n=5), paranoid schizophrenia (n=2), generalised anxiety disorder (n=3), panic disorder (n=3), bipolar disorder-I (n=3), agoraphobic panic disorder (n=1), BTA anxiety disorder (n=1), social phobia (n=1), dysthymic disorder (n=1), delusional disorder (n=1) and post traumatic stress disorder (n=1).

**CONCLUSION:** These results have demonstrated that there is not a high prevalence of ASUD among psychiatry patients consulting psychiatry polyclinics. However, it would be useful to query ASUD especially among patients diagnosed with mood disorders, anxiety disorders and behaviour disorders.

**Key Words:** Alcohol and substance, comorbidity, incidence

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PP-005

### RETROSPECTIVE EVALUATION OF 30,000 PATIENTS CONSULTING A STATE HOSPITAL PSYCHIATRY POLYCLINICS

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**AIM:** There is need for epidemiological studies to acquire clues on the aetiology and pathogenesis and to identify the risk groups of psychiatric disorders. In our study it has been aimed to investigate the prevalence of psychiatric disorders, its distribution with respect to gender and age and relationship with these variables.

**METHODS:** Our study has been carried out using the information processing system of Şanlıurfa Balıklığöl State Hospital over the files of 30,000 patients who consulted the hospital Psychiatry Polyclinics between the years 2008 and 2012. Patients not diagnosed with psychiatric disorders and those under the age of 18 were excluded and records of the remaining 17757 patients were investigated.

**RESULTS:** Female and male patients constituted, respectively, 65.2% and 34.8% of the patients. The incidence of psychiatric diagnoses ranged

as anxiety disorders (52.8%), mood disorders (30.1%), dissociative disorders (7.3%), schizophrenia, other psychotic disorders (4.4%) and, with the lowest incidence, the adjustment disorders. Anxiety disorder not otherwise specified constituted 41.2% of the anxiety disorder group, and depressive disorder made up 25.2% of the mood disorders. On the basis of gender, whereas adjustment disorders were of equal prevalence among females and males, disorders including schizophrenia and other psychotic disorders, substance use and related disorders, sexual disorders and seziual identity disorders and personality disorders were more frequent among the males. Prevalence of anxiety disorders was 71.4% among the females and 28.6% among the males; and mood disorders prevalence was 62.2% among the females and 37.8% among the males. The general mean age was 37.9±14.3 years for all psychiatric disorders; it was 39.3 years in anxiety disorders, 37.8 years in schizophrenia and other psychotic disorders and 37.2 years in mood disorders.

**CONCLUSION:** Our study revealed that the psychiatry patients were mostly females, and can be explained with a greater psychiatric help seeking behaviour. Participating in social life by woman being limited in this region, the easiest help would be reached in hospitals and similar health service centers which could have contributed to the predominance of female patients among the polyclinic patients. This descriptive study would be useful in finding out regional differences with the continuation of similar studies in the other regions of the country. Also, the results, in making up the first evaluation data specific to the Şanlıurfa region, are important for the investigation of the risk factors.

**Key Words:** Polyclinic patients, psychiatric diagnosis, sociodemographic characteristics

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PP-006

### SKIN LESIONS AND HEROIN DEPENDENCY : CASE PRESENTATION

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**AIM:** Heroin addicts find many sites for injecting heroin which can be used by snorting, inhaling or injecting. The individuals with problems of finding intravenous access attempt injecting into subcutaneous tissue and intramuscularly. In this case presentation, the approach and plan of treatment, on an inpatient basis, of the lesions developed in the legs of a patient after continually injecting heroin into subcutaneous tissues and muscles are being discussed.

**CASE:** S.O., a 37-year old male junior highschool graduate, single and unemployed, had been using heroin for the previous 10 years. He had started with a 0.5 gm dose now raised to 5 gm, initially by snorting, subsequently intravenously and at times, when he could not use his veins, by injecting his legs, which had been going on for approximately for 1 year. On the morning of his admission to the hospital, he had injected his leg muscles. Many lesions of different diameters on his

legs, thought to be due to injections, some round and ulcerative, some improving and others scarring drew attention. He explained the presence of pain in his left hip which caused difficulty in walking. After a 10-day symptomatic therapy and hydration, treatment with buprenorphine/naloxone (8mg/2mg/day) was started. During the treatment, the pain in his hip increased with local hyperaemia and fever; and after evaluation by the plastic surgery, general surgery and interventional radiology departments, debridement surgery and muscle flap closure was performed and followed up at the plastic surgery services. After a 30-day therapy on buprenorphine/naloxone (8mg/2mg/day) he was heroin-free and was discharged.

**DISCUSSION:** Injection site scarring, increased pigmentation, ulcers, local infection, keloid lesions, allergic dermatitis, urticaria, amyloidosis, granulomas and necrotising fasciitis with high risk of mortality are seen in substance abuse disorder patients making subcutaneous injections. It is believed that the patients should be informed on the risks involved and the skin findings should be treated with a multidisciplinary approach decided on by a team from plastic surgery, dermatology and infective diseases divisions.

**KeyWords:** Heroin, addiction, skinlesions, subcutaneous

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PP-007

### SCHIZOPHRENIA AND BIPOLAR DISORDER; A DIMENSIONAL EVALUATION

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**AIM:** Schizophrenia (SCH) and bipolar disorder (BD) are two important psychological disorders. Currently SCH and BD diagnoses are being separately classified by the DSM and the ICD standardised diagnostic guidelines and these categorical approaches are being discussed because in both diagnoses the same psychotic symptoms are being seen. If these disorders are aetiologically different, then differences are expected in the key characteristics as the age of onset, disease duration and other particulars related to psychosocial functionality (Pacheco et al. 2010). In this study the comparison of the clinical and social characteristics of a group of patients diagnosed with paranoid type schizophrenia and BD was attempted with the aim of clarifying the basic difficulty in discriminating SCH and BD as two differing groups of disorder .

**METHODS:** The patients included in this study consisted of 102 patients diagnosed with paranoid type SCH and 92 patients diagnosed with BD between the dates of May 2013 and May 2014 at Ataköy Psychological and Neurological Diseases Hospital psychiatry polyclinics. Patients completed the Positive and Negative Symptoms Scale (PANSS), the short form Quality of Life Enjoyment and Satisfaction Questionnaire (QLES-Q) and the Social Functioning Scale (SFS).

**RESULTS:** In this study the SCH and the BD group of patients were found statistically very similar to each other on the bases of gender,

level of education, age of disease onset, lifelong total number of hospital admissions and risk of suicidal attempts. The PANSS scores of both groups were under the mild level in agreement with the remission stage when they were enrolled in the study. Differences were not observed between the SCH and especially the psychotic type of BD patients with respect to the quality of life and social functionality after the active disease stage.

**CONCLUSION:** Looking from a dimensional point of view, it is recommended that the evaluation, treatment and follow up of SCH and BD should be as for disorders within the same spectrum.

**Key Words:** Bipolar disorder, dimensional approach, schizophrenia

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PP-008

### PSYCHIATRIC SYMPTOMS AND DIAGNOSES IN A GROUP OF CHILDREN IN REFUGEE CAMPS

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**AIM:** Millions of Syrians have had to leave their homes owing to the war waged in Syria for more than 3 years. After Lebanon, the highest population of Syrians are being housed in Turkey, where also tens of thousands of Yezidi migrants have taken refuge after the spread of terror to Iraq. Vulnerability of the migrants and refugees to medical diseases as well as the risks of psychological disorders, and the necessity of psychosocial support programs for these individuals are being discussed. Our study reviews the distribution of diagnoses made by child psychiatry experts on a group of Yezidi children and adolescents kept in refugee camps with the aim of demonstrating the frequently observed psychiatric problems of these individuals.

**METHODS:** Data on the demographic details, psychiatric complaints and variation of the psychiatric diagnoses of 38 children and adolescents in the refugee camps at Diyarbakır, Cizre and Silopi were reviewed. Diagnoses had been made on the DSM-V criteria but diagnoses not covered in DSM-V, such as on conversive disorders, had also been included.

**RESULTS:** Demographically, the children consisted of 22 girls and 16 boys with a mean age of 12.1±4.5 (2-18) years and a 23.2±3.9-day duration of stay in the camps. The most prominent problem involved sleep. In 50% of these children at least two comorbidities had been diagnosed, the most prominent psychiatric disorder being depressive

disorder with a prevalence of 36.8%, followed by conversion disorder (28.9%), adjustment disorder (21.8%), acute stress disorder (18.4%), enuresis nocturna (18.4%), separation anxiety disorder (10.5%), somatisation disorder (7.8%), selective mutism (2.5%) and sleep terror (2.5%).

**CONCLUSION:** Our study has shown that various psychiatric symptoms and disorders can develop among refugee children from the first days of the migration period. It can be emphasized that psychosocial support should be included in the help and support programs from the first day on encampment and the children should be observed and treated for psychiatric symptoms and disorders.

**Key Words:** Child, immigration, psychological health, psychopathology, refugees

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PP-009

### REMISSION OF BIPOLAR AFFECTIVE DISORDER IN PATIENT WITH MANIC EPISODE, SEDATED AND INTUBATED AT ICU : CASE PRESENTATION

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**AIM:** Aim of the study was to investigate the contribution of anaesthetic medication to remission in manic phase of bipolar affective disorder (BAD) when the patient had been sedated and intubated at intensive care unit for other medical reasons.

**CASE:** The 74-year old male patient, who had been followed for 35 years with BAD diagnosis, was brought by his relations to the psychiatry polyclinics with complaints of insomnia, logorrhea, nervous tension, increased energy and libido and increased money spending observed over the previous 2 weeks.

**PSYCHIATRIC EXAMINATION:** The patient appeared older than his age and displayed diminished self care. He was unwilling to participate in psychiatric interview. He was conscious, with complete place, person and time orientation. He had pressure of speech and increased vocal tone; decreased attention with increased distractibility; increased psychomotor agitation; increased libido; reduced appetite and need for sleep; his mood was elevated and affect was irritable; his thought content was predominated with grandiose delusions. His score on Young Mania Rating Scale (YMRS) was 32 and he was admitted as an inpatient. He had MI while under clinical investigation and was moved to ICU, intubated and anaesthetically sedated for 3 days. He was separated from the respiratory support unit after 5 days with improvement of his general medical condition, and was returned to the psychiatry clinic, when he was euthymic, his affect was natural, his thought contents were not delusional, and his YMRS score was 2. He was discharged.

**DISCUSSION:** BAD is a genetically transmitted chronic mood disorder with progressive impairment of social and cognitive functionality, following a course of relapses and remissions of manic episodes in between which the patient displays normal health. It has been known

that seasonal changes, circadian rhythm and the sleep-sleeplessness imbalance can result in changes of affect. As a result, increased light and limited sleep trigger the manic symptoms. Hence, insomnia next to being a triggering factor, is also a target for the treatment of mania as well as being a measure of the response to the treatment given.

**Key Words:** Bipolar, mania, remission, sedation

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PP-010

### MANAGEMENT, FROM DIAGNOSIS UNTIL TREATMENT, OF DELIRIUM PATIENT CONSULTING THROUGH ACUTE MANIA CLINICS: CASE PRESENTATION

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**AIM:** The aim of the report was to discuss in multiple respects the clinical management of a patient consulting through acute mania clinics with hypoglycaemic delirium.

**CASE:** The 54-year old male patient was brought to the emergency services by his relations on account of sudden development of nervousness, hitting his head on walls with self blaming as being bad and deserving death, causing self harm and suicidal attempt. For the previous 2 months he had attacks of amnesia with inability to decide on orientation during movement on the road, and of talking incoherently. The patient was referred to our clinics after sedation at the emergency services with combined (im) haloperidol 10 mg, chlorpromazine 25 mg/5 ml and biperidene 5 mg, with recommendation to be placed under restriction. Psychiatric Examination: Elderly male with appearance appropriate for age, medium level of self care; conscious, with sound person but impaired place and time orientations; he did not answer questions appropriately and coherently; his affect was irritable. His thought contents had increased ideas on upsetting his family and deserving death ; he had difficulty walking and had sway gait. It was learned from his family that there had not been past reasons to cause gait problems and walking problems. Biochemical investigation including thyroid and liver functions, complete urine analysis and a haemogram were requested. His fasting serum glucose was 30 mg/dl and with the advice of internal diseases unit, he was started on iv fluids with 5% dextrose and sugar replacement; and possibility of insulinoma was investigated with abdominal ultrasonography, abdominal CT with contrast and oral glucose tolerance test. Dynamic abdominal CT detected a paraortic 12mm lymphadenopathy (liver parenchymal disease-CA?) and the patient was transferred to the gastroenterology clinics.

**DISCUSSION:** Delirium is an organic psychological disorder with fast onset and fluctuating course, and is generally reversible. Cognitive and affect symptoms (anxiety, fear, apathy, irritability, dysphoria, aggressive behaviour) also develop in delirium. The underlying pathology is the real target of treatment in delirium. (APA 1999)

**Key Words:** delirium, diagnosis, mania, treatment

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PP-011

### GLOSSITIS DUE TO HALOPERIDOL: CASE PRESENTATION

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**AIM:** Haloperidol is a classical antipsychotic agent with dopamine receptor antagonistic action and has been used in psychiatric treatment for long years. Although it has extrapyramidal side effects like the other antipsychotics it rarely causes xerostomia, lichenoid reactions of the oral mucosa and changes in the sense of taste.

**CASE:** E.A, a 20-year old male patient was admitted to our clinics with diagnosis of psychosis and started on haloperidol (10mg/day). On the third day of the therapy glossitis developed with pain and aches together with the enlargement of the papillae on the frontal and left aspects of the tongue. The patient did not have any clinical or laboratory data on infection. On the second day of discontinuing the treatment with haloperidol all symptoms of glossitis has completely regressed.

**DISCUSSION:** Although development of glossitis has been reported after chlorpromazine, olanzapine and selective serotonin reuptake inhibitors, our knowledge based on the literature indicates that this is the first reported case of glossitis due to haloperidol use. We think that oral and skin complaints of patients put on haloperidol are among the side effects requiring attention during the physical examination of the patients.

**Key Words:** Antipsotic, glossitis, haloperidol, side effect

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PP-012

### CLINICAL RESULTS OF CARBAMAZEPINE CROSSREACTIVITY: CASE PRESENTATION

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**AIM:** It has been known that in combined drug therapy blood levels of drugs and their effectiveness can be altered. We have aimed at demonstrating, through the case presented here, that despite knowing the lowering effect of carbamazepine on the blood level of many

drugs, ignoring this fact in clinical practice by physicians can result in important adverse outcomes.

**CASE:** Mr. E, a 19-year old patient with aggressive behaviour and hallucinatory experiences was admitted our clinics. His psychiatric assessment revealed disorganised behaviour, incoherence and visual-auditory hallucinations. He was suspected of having a psychotic disorder. His score on the Brief Psychiatric Rating Scale (BPRS) was 65. He had been on valproic acid and carbamazepine for treatment of epilepsy, and had experienced since 2011 repeating psychotic attacks treated with risperidone, quetiapine, olanzapine, aripiprazole, ziprasidone and haloperidol in appropriate (and sometime maximal) doses and with optimal timing, but without the achievement of the expected outcomes. The possibility of pharmacokinetic effects of carbamazepine underlying the cause of failure to achieve results with the various drugs used before arrival at our clinics was considered. Treatment was started with risperidone (6 mg/day), previously found to be ineffective, and carbamazepine was discontinued after consultation with the neurology consultants. In 2-3 weeks the behavioural pathology of the patient indicated normalisation and in 4 weeks the BPRS score decreased to 29.

**DISCUSSION:** Carbamazepine, used to prevent attacks and to stabilise mood volatility, is a powerful inducer of the cytochrome p450(CYP450) enzyme system and when used with other antipsychotics metabolised through CYP450, it tends to lower the circulatory concentrations of these antipsychotic agents. In clinical practice, when incidents evaluated as drug resistance or drug dose ineffectiveness requiring dose increases or unexpected effects are detected in patients on cabamazepine, the possible role of cabamazepine on these outcomes should be remembered.

**Key Words:** Carbamazepine, CYP450, pharmacokinetic crossreaction,

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PP-013

### RETROSPECTIVE INVESTIGATION OF ELDERLY SUICIDAL ATTEMPT CASES CONSULTING PSYCHIATRY POLYCLINICS OF A UNIVERSITY HOSPITAL

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**AIM :** This study has aimed to investigate the characteristics of elderly individuals over the age of 60 years

**METHODS:** Files of the patients over the age of 60, consulting the Ege University Medical Faculty Hospital (ETUFH) Emergency Services on grounds of suicidal attempts between the dates 01.01.2007 and

31.12.2014 were scanned retrospectively for data on demographic details of age, gender, marital status, level of education and on chronic illnesses. Suicidal attempts were investigated on the basis of type (chemical, cutting blades, jumping from heights, fire arms), on whether planned or not, if completed or just attempted, the neuropsychiatric diagnoses made (major depression, alcoholism, dementia, psychotic disorder), and history of previous suicidal attempts. Data were loaded onto the SPSS 16 package program. Numerical data were analysed by the mean  $\pm$  standard deviation (SD). Categorical data were compared by the pearson Chi Square test and expressed with numbers and percentages. Data were analysed for the 95% confidence interval, and  $p \leq 0.05$  was accepted as statistically significant.

**RESULTS:** Within the dates given the number of the patients arriving at ETUFH with reasons of suicide was 10249 but those in the elderly group of  $\geq 60$  age were only 50 of whom the detailed data of only 40 could be reached. The mean age of the group was  $66.15 \pm 10.06$  years, 82.1% being young olds (60-69years), with 82.1% being married and 62.5% being females. Of the patients 43% were only primary school educated, 27% were university graduates and 13% were high school graduates. All patients except 1 were home dwellers; 80% had a history of psychiatric disorder, the most prevalent being major depression (30%). The most prevalent chronic illness was hypertension (64%) but only 11% of these were related to suicidal behaviour. The prevalence of group history of suicidal behaviour was 34%. Suicidal attempts were made mostly by taking drugs (75%) and were more impulsive (66.7%) than planned (two patients only, and with completion). The incidences of taking a combination of drugs, psychotropics or antidepressants were, respectively, 45.2%, 19.4% or 16.1%. Type ( $p=0.628$ ) and planning ( $p=0.778$ ) of the suicidal behaviour did not differ significantly on the basis of gender.

**CONCLUSION:** Our study demonstrated that among the investigated elderly patients suicidal behaviour was frequently comorbid with major depression, and the suicidal attempts were impulsive and mostly having been carried out with overdosage of the regularly used medications.

**Key Words:** elderly person, major depression, suicide

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PP-014

### PSYCHOTHERAPY OF DISSOCIATIVE IDENTITY DISORDER WITH COMPLAINT OF NOT RECOGNISING MARITAL PARTNER: CASE PRESENTATION

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**AIM:** Studies have shown that prevalence of dissociative disorders are in the range of 12-13.8 % among psychiatric patients. The case presented here had experience sexual trauma as a 13-year old who developed dissociative identity disorder (DID) as a result of marriage conflicts.

**CASE:** H., a 16-year old female patient, junior high school graduate not employed, living at home, consulted our polyclinics with complaints of waking up at night and not recognising her husband, forgetting spoken words, talking to herself and answering questions arising in the mind; feeling as if not having done the chores completed, seeing hallucinations, talking childishly and illogically, and depression. Her complaints had started when she was sexually abused by her cousin and had increased after her marriage. Epilepsy was eliminated and the interviews concentrated on marital problems. Her score on the Dissociative Experiences Scale (DES) was 70%. During the therapy, an 'alter' personality was detected. In the first step of the therapy symptom stabilisation was reached and on second step included her traumatic experiences. Attempts were made to relieve the effects of the trauma on the patient and the alter. On the 1st step of the therapy the alter was refusing integration, and expressed fear on the therapist being male and thought interaction could be possible in the presence of a female therapist. When the alter was invited to dominate the body in the presence of the female therapist, the patient said that her head was completely empty, and that integration had taken place within the previous week, and that she was completely well. Her depressive symptoms also had regressed.

**CONCLUSION:** Multiple personality disorder is aetiologically a post traumatic stress syndrome based on childhood traumas. However, sometimes the trauma can be detected in adulthood as well. It is only treatable with suitable psychotherapy when the prognosis is good. DID is a frequently encountered disorder and can be complicated by other disorders leading to delays in proper diagnosis. Attention is drawn through this case to the adverse effects of delays on the life of a patient and the success of psychotherapy.

**Key Words:** Dissociative disorder, not recognising the marital partner, sexual trauma

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PP-015

## A CASE OF MISOPHONIA

### Sercan Belirgan

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**AIM:** The meaning of the word is "selective sensitivity to sounds" or "selective dislike of sounds" and has been coined by the American scientists Pawel Jastreboff ve Margaret Jastreboff. It is a chronic condition, without a known treatment, related to the arousal of emotional experiences and autonomic stimulations (stress, anger, irritability) by specific sounds. It is not included in the DSM or the ICD diagnostic guideline systems. In this report a case with characteristics matching those in the literature is discussed.

**CASE:** The 20-year old male, single medical student staying in a student residence hall consulted our polyclinics with the complaints of experiencing deep discomfort from certain sounds which had started when he was 16 years of age. He was disturbed and angered by the sound of breathing, slurping sounds while eating/drinking, clock ticking, yawning, crackles of eating chips, and chewing gum and had

to warn the other person and when did not get the right attention, had to leave the premises, put on earplugs or look elsewhere. He had started to sleep with ear plugs since his complaint had started. His complaints caused onset insomnia and adversely affected his social functionality. He was even more offended when the sounds were made by his family members and had not been able to eat together with his family by the sounds for a long time. However, he was not disturbed by the sounds he created personally. He did not have a psychiatric diagnosis or a known clinical illness. Psychiatric assessment revealed obsessive-compulsive personality symptoms. Yakınmaları başlangıç insomniasine neden oluyor ve sosyal işlevselliğini önemli düzeyde etkiliyordu.

**DISCUSSION:** Studies on misphonia have shown that the symptoms, patient characteristics and the mechanisms of coping are strikingly similar among the patients. Based on these observations, clinical symptoms have been described, their classification have been discussed and diagnostic criteria have been recommended. The clinical characteristics of the case presented here meet all the recommended diagnostic criteria. There are not an adequate level of indications for these recommended diagnostic approaches to be included in the established diagnostic guidelines, and further studies of misphonia are needed.

**Key Words:** Diagnostic criteria, DSM-5, misphonia

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PP-016

## MAJOR DEPRESSIVE DISORDER AND EATING BEHAVIOUR DISORDER AFTER RENAL TRANSPLANT REJECTION: CASE PRESENTATION

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**AIM:** Organ transplant rejections are frequently observed complications alongside the other post-transplant organic diseases. After organ rejection, many psychiatric disorders are observed in both the donor and the receiver. We have aimed at discussing the case of a chronic renal failure (CRF) patient who developed major depressive disorder and eating behaviour disorder after transplant rejection.

**CASE:** the 48-year old female patient had developed, approximately 19 years previously, renal function failure following HELLP syndrome in the post partum period and had to be transplanted with cadaver kidney 8 years previously which resulted in acute organ rejection. Shortly after the incident the patient started to have symptoms of not eating and drinking, continuous nausea and vomiting and hopelessness. She had been started on haemodialysis in the previous 2 years when her nausea and vomiting had restarted causing an approximately 40- kg weight loss. After having her second renal transplant 1 month previously, the patient started to have fear of rejection, tendency to weep, lack of will together with resumed eating behaviour symptoms when she consulted our polyclinics. During her psychiatric examination, it was observed that she had reduced self care and natural psychomotor activity. Her mood was depressive and affect was anxious. Her speech had partly increased in speed and volume in relation to her anxiety. Her thought

contents included feeling of hopelessness and thoughts of passive death. Her cognitive functions were natural. She did not have an active pathology after the renal transplantation. In her existing condition she was diagnosed with major depressive disorder and eating disorder not otherwise specified and started on fluoxetine (20 mg/day), haloperidol drops (1.5 mg/day), alprazolam (1mg/day).

**DISCUSSION:** In the 5-year follow up period after renal transplant the reported observed incidences of psychological disorders and major depressive disorders were, respectively, 50% and 25%. After organ transplant operations development of psychiatric disorders including depressive disorder, anxiety disorders, adjustment disorders and eating and sleeping disorders in the organ recipients are observed. Being in a process of chronic disorder, the kidney failure group of patients often have hopelessness and inadequacy feelings together with psychiatric problems.

**Key Words:** Anahtar sözcükler: böbrek nakli, yeme bozukluğu, depresyon

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#### PP-017

### RESTLESS LEGS SYNDROME PRESENTING WITH MIRTAZAPINE THERAPY: CASE PRESENTATION

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**AIM:** Restless legs syndrome (RLS) is a neurological disorder clinically characterised by extensive discomfort in the legs during sleep or resting. RLS is observed in 9% of antidepressant users. WE have aimed to discuss the RLS in a depressive disorder patient started on mirtazapine.

**CASE:** 38-year old female patient consulted our clinics with complaints of insomnia, anergia, avolition which had been persisting the previous 3 weeks. She had previously experienced the same symptoms but not this long. Her personal history or family history were uneventful. Her psychiatric assessment indicated depressive mood, anergia, avolition, irritability observable from time to time, impulsive behaviour, insomnia, anxiety, anorexia. She did not have perception and thought disorders, her judgement was complete. In her existing condition she was diagnosed with depressive disorder of moderate severity and mirtazapine therapy was planned starting with 15 mg/day to be titrated to 30 mg/day. On the third day of her therapy the patient reconsulted our polyclinics with complaints of desiring to move her legs and rub them against each other at night before going to sleep on. To eliminate any internal disease, blood tests for a haemogram, and iron, folic acid levels, thyroid hormones were completed. After neurological examination any cause for RLS could not be determined. Her RLS severity rating scale score was 25. Suspecting RLS development due to antidepressant therapy, mirtazapine was discontinued and she was started on a selective serotonin reuptake inhibitor type of agent. Her RLS complaints disappeared and her psychiatric symptoms were partly improved during her follow up.

**DISCUSSION:** Antiemetics, antipsychotics, antihistamines, antiepileptics and antidepressants can trigger RLS or exacerbate it. In the case discussed her RLS presented in 3 days of treatment with 15 mg/day mirtazapine.

**KeyWords:** Mirtazapine, restless legs syndrome, side effect

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#### PP-018

### REPATING PAIN SYNDROME IN CHRONIC RENAL FAILURE (CRF : CASE PRESENTATION

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**AIM:**In chronic diseases such as CRF, invasive measures with catheters, haemodialysis fistulas can increase pain sensitivity in patients causing the appearance of psychiatric disorders including pain disorder and somatisation disorder. In the case presented here we have aimed to discuss the long term pain disorder that developed after each removal of her catheter in a patient who underwent renal transplant twice.

**CASE:** The 48-year old female married patient with CRF for 20 years, experienced months long severe pains not responding to symptomatic treatment after the removal of her catheter had been removed after peritoneal dialysis 2 years previously and after her subclavian haemodialysis catheter was removed 1 month previously in the pre-transplant period. The latter procedure resulted in severe pain spreading to her arm, chest and shoulder and the patient who consulted neurology services was referred to our polyclinics. It had not been possible to find any pathological reason for the pain. During her psychiatric examination it was observed that her appearance was older than her age, her self care was reduced. She formed eye contact; and had anxiety, somatic symptoms of anxiety, increased somatic preoccupations, depressive mood, anhedonia, anergia, avolition, irritability, and impulsivity, future worries about the future, feelings of hopelessness. She was given duloxetine (30mg/day), titrated to 60 mg/day. Alprazolam (0.5 mg/day) was added for her anxiety. In the follow up 3 weeks later there were significant improvements in the pain and partial improvement in her anxiety.

**DISCUSSION:** Patients with chronic diseases put on continual therapy psychiatric disorders such as depression and anxiety tend to augment the perception of somatic symptoms, and the physical symptoms often get mixed up with psychiatric symptoms resulting in delayed improvement of the symptoms. A psychogenic source for the pains should be suspected, as with the case presented here, and psychosomatic problems during the treatment period should be kept in mind.

**Key Words:** Chronic renal ailure, psychogeni pain, somatisation

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## DEVELOPMENT OF MAJOR DEPRESSION WITH PSYCHOTIC CHARACTERISTICS AFTER RENAL TRANPLANTATION: CASE PRESENTATION

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**AIM:** Increases in organ transplantation surgery and the numbers of accessible organ transplant centers in our country has led to parallel increases in the counts of transplant surgeries. Many psychiatric disorders are observed in the patients after major surgical interventions such as organ transplantation. We have aimed here to discuss the case of a patient who developed depressive disorder while being followed at the transplant center of a university hospital.

**CASE:** The 55-year old female patient, diagnosed with chronic renal failure, was given a renal transplant 2 months previously. Approximately 3 weeks after the operation, she refused eating, speaking, and remained motionless staring at a fixed point for hours. She had delusions and complaints about men wanting to harm her. She was referred to our clinics for psychiatric assessment. Her personal and family history were not eventful. She had been started on immunosuppressive drugs and corticosteroids after the renal transplant. She was not using other medications continually except the drugs prescribed for her symptomatic complaints. It was also learned that her neurological examination, brain MRI and routine biochemical and hormonal tests did not point to any active pathological factors. Psychiatric examination showed that her appearance was older than her age, self care and psychomotor activity were reduced and she was not making eye contact. Her mood was depressive and affect limited; her speech pace and volume had increased; she had auditory and visual hallucinations. Her thinking had slowed down and her associations tended to get dispersed with incomplete purpose orientation. Her thought content had persecutory delusions and passive suicidal ideation. She was diagnosed with major depression disorder (of psychotic type in agreement with mood) on the basis of DSM-V criteria and was started with escitalopram (10 mg/day), olanzapine (2.5 mg/day) and lorazepam (1mg/day).

**DISCUSSION:** Mood, sleep and perception disorders frequently appear during the high dose immunosuppressive and corticosteroid therapy started after organ transplant operations. It should be kept in mind that psychiatric disorders can present in transplant patients as a result of drug therapy or environmental and genetic factors with effects on the compliance process.

**Key Words:** Depression, psychosis, transplantation

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## EPISTAXIS AND VON-WILLEBRAND TYPE I DISEASE AFTER ANTIDEPRESSANT USE IN ADULT ANXIETY DISORDER : CASE PRESENTATION

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**AIM:** Selective serotonin reuptake inhibitors (SSRI) are known to promote haemorrhage in adults, children and adolescents. Here the case of an anxiety disorder patient, who was diagnosed with von Willebrand Disease-Type 1 after severe epistaxis following antidepressant treatment, is being discussed.

**CASE:** The 16-year old male patient consulted our polyclinics in June 2014 with complaints of "making everything a mental problem, blushing and shivering when facing groups and not sleeping with worries". He was diagnosed with anxiety disorder and started on the serotonin-norepinephrine reuptake inhibitor (SNRI) duloxetine (30mg/day) and was seen to benefit at follow up controls. In the 6th month of the therapy moderately severe epistaxis was observed and he was referred to haematology services. One month after discontinuing duloxetine, anxiety symptoms reappeared. Although his haematological investigations were not yet completed, the patient was started on the SSRI agent sertraline (50mg/day). One month later, anxiety symptoms had decreased but there were repetitive episodes of severe epistaxis. Haematological tests results showed normal Hb, Thrombocyte counts, PT, APTT, factor VII and Ristocetin cofactor levels, but von Willebrand Factor (vWF) antigen, and Factor VIII levels were low. The patient was diagnosed with von Willebrand Disease (vWD), sertraline was discontinued and cognitive behavioural psychotherapy was planned for anxiety disorder.

**DISCUSSION:** Serotonin is a monoamine that acts on all coagulation factors and especially in primary haemostasis. Therefore, lowering of serotonin level in the thrombocytes presents a the risk of haemorrhage in vWD, patients, which is a serious and potentially dangerous side effect of SSRI agents. The v-WF is a protein involved in platelet aggregation and it also has an important effect on primary haemostasis. In vWD, one of the hereditary bleeding disorders, vWF is likely to be affected both quantitatively and qualitatively. Type-1 vWD, diagnosed in the case presented here, is the mildest form of vWD with a heterogenous presentation. It has been shown that SSRI and SSNI agents carry a greater risk of haemorrhage than the tricyclic agents (2). What draws attention in this case is that epistaxis observed after the SSRI sertraline which was more severe and presented much earlier as compared to epistaxis after the SNRI duloxetine. Haemorrhage under duloxetine therapy may be considered incidental, but there is need for studies comparing the effects of different antidepressants in patients with known hereditary bleeding disorders. On the basis of the limits of our knowledge, there are not enough case reports on antidepressant agent use in patients with vWD.

**Key Words:** antidepressant, haemorrhage, von Willebrand disease,

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## COMPARISON OF ORAL AND DEPOT ANTIPSYCHOTIC AGENTS ON THE BASIS OF SIDE EFFECTS AND QUALITY OF LIFE

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**AIM:** Management therapy with antipsychotic agents in schizophrenia is considerably effective in reducing the incidence of relapse. On the other hand, use of psychotropic agents tend to reduce treatment compliance due to their anticholinergic, extrapyramidal, hormonal cardiovascular and haematological side effects. Untreated schizophrenia is associated with increased incidence of mortality, loss of social and professional functionality and loss of quality of life evaluated on the bases of subjective and objective approaches. As well as dose reduction, using better tolerated modern antipsychotics or the injectable long acting forms are among the approaches to improve treatment compliance. This study has aimed at comparing the effectiveness, side effects and impact on quality of life of treatment with depot and oral atypic antipsychotic agents. **METHODS:** The study included a total of 180 schizophrenia and schizoaffective disorder patients, of whom 41 were treated with depot atypic antipsychotic (DAAP) agents and 139 were treated with oral atypic antipsychotic (OAAP) agents. Data were collected over the Positive and Negative Symptoms Scale (PANSS), the Extrapyramidal Symptom Rating Scale (ESRS), the UKU Side Effect Rating Scale (UKU-SERS) and the Quality of Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q).

**RESULTS:** Prevalence of being single (unmarried) and the number of past hospital admissions of the group on DAAP agents were significantly higher than those of patients on OAAP agents. The PANSS-P(+), PANSS-N(-) ve PANSS-G(general) scale scores were below the mild level in both groups, in agreement with the remission phase at the outset of the study. The scores on drug side effects were significantly lower and the scores on quality of life were significantly higher in the group on DAAP as compared to those in the group on OAAP.

**CONCLUSION:** Although this study has demonstrated that the DAAP agents are superior to the OAAP agents on the bases of drug side effects and quality of life, there is need for more specific and larger scale studies in this field.

**Key Words:** Depot and oral atypic antipsychotic agents, quality of life, schizophrenia, side effect

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## ARIPIPRAZOLE AUGMENTATION OFFLUOXETINE IN THE TREATMENT TRICHOTILLOMANIA: CASE PRESENTATION

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**AIM:** This presentation discusses the outcome of additional pharmacotherapy with aripiprazole of a patient diagnosed with trichotillomania comorbid with obsessive-compulsive disorder.

**CASE:** The 27-year old female patient consulted our polyclinics for the first time in April 2013 with the complaints of dirtiness, fear of microbic infection, uncertainty obsessions, and cleaning and control obsessions, which had started some 5 years previously. She had arrived at the hospital since her quality of life had deteriorated through the 6 months previous to the consultation. Her Yale-Brown Obsessive-Compulsive Scale (YBOCS) score was 32. When asked why she wore a wig, she replied that her hair had been falling since the age of 20 and that she looked better with a wig. After examination, bald patches of 2x3cm and 2x2cm dimensions were observed on her scalp, with broken or growing hair around them. She found it hard to explain the habit of pulling her hair out, which she said she could not overcome, despite knowing the adverse consequences, as she felt a great desire to do it and enjoyed it. Her family was not aware of her habit as she had explained her condition as being the result of a dermatological problem causing hair loss. Detailed physical examination and routine investigations did not reveal additional pathology and she was referred to the dermatology clinic where it was ascertained that there was not a dermatological disease underlying her clinical appearance. She was diagnosed with obsessive-compulsive disorder and trichotillomania comorbidity, and started on fluoxetine titrated to 60mg/day in two months. In the third month of the therapy her Y-BOCS score was 7 and her functionality had increased but trichotillomania symptoms had not improved. Aripiprazole (5 mg/day) was added to the treatment. One month after the combined drug therapy the dose was increased to 10 mg/day as she showed partial improvement. In the third month of the combined drug treatment she was completely cured.

**DISCUSSION:** As cognitive behavioural therapy is not accessible by all patients drugs with different receptor interactions have to be tried as alternative treatments.

**Key Words:** Aripiprazole, augmentation, trichotillomania

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## LITHIUM CAUSED FLARE UP OF DEVELOPMENTAL STAMMERING: CASE PRESENTATION

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**AIM:** Use of lithium effectively in the treatment of acute mania has been established. However, given its narrow therapeutic index, lithium has adverse renal, endocrine, metabolic and neurological side effects. The neurological side effects can be listed as tremor, ataxia, mental freeze and confusion. Also, incidences of increasing effects on stammering have also been reported. In this report flare up of the development stammering of a patient put on lithium for treatment of acute mania is discussed.

**CASE:** The 16-year old male patient was referred to our clinics in March 2015 with complaints of increased mobility, excessive talking, insomnia. His psychiatric assessment revealed elevated mood, labile affect, increased motion and grandiose delusions. He was diagnosed with acute mania and was placed under restriction in closed ward. He had a personal history of developmental stammering. He started lithium carbonate (600mg/day), quetiapine (300mg/day), lorazepam (5mg/day) and diazepam (5mg/day). He was observed to start repeating syllables and words more frequently, with increased interruptions during talking, and having difficulty expressing himself. On the 6th day of his therapy, his serum lithium level was 0,36mmol/L and his lithium dose was temporarily titrated to 1200mg/day to reach a serum level of 0.85mmol/L. In the process, his mania symptoms regressed. His benzodiazepine treatment was discontinued and lithium with quetiapine were continued. The increases in stammering were observed to be directly related to the increased dose of lithium. Quetiapine dose was gradually decreased during follow ups after being discharged which resulted in parallel reduction in stammering although not completely falling to the pretreatment level.

**DISCUSSION:** Stammering is classified under "Neurodevelopment Disorders" and described as "Childhood-Onset Fluency Disorder" in DSM-V, (2013). It is characterised mainly by vocal/syllabic repeats, repeats of single syllable word; lengthening of vowels and consonants, interrupted words, round about talking and production of words with great tension. Lithium had been thought to be active on signal transduction sites, without clarification on any cross reactivity with other neurotransmitter systems. Understanding the complete action mechanism of lithium will explain the side effects on the mechanisms behind stammering. There are only few published works in the literature on lithium in stammering; and the case reports on flare ups of stammering have been associated with simultaneous use of antipsychotic agents as in the case reported here, and suggest lithium-antipsychotic agent cross reactions on the central nervous system. In the discussed case, reduction of the quetiapine dose resulted in relative reduction in the observed stammering.

**CONCLUSION:** It can be concluded that both lithium and the antipsychotic agent have brought about changes in stammering. This report is important in being one of the few reports on flare ups of stammering after lithium use.

**Key Words:** Antipsychotic agent, lithium, side effect, stammering

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## ACUTE DEMENTIA DEVELOPMENT IN TUBERCULOSIS: CASE PRESENTATION

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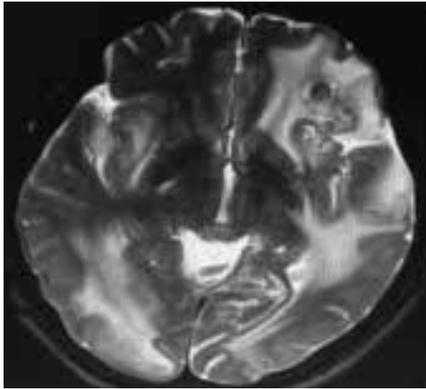
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**AIM:** Tuberculosis is a systemic infection caused by the mycobacterium tuberculosis that affects mainly the pulmonary system. Central nervous system tuberculosis can be observed in immunosuppressed adults. This report discusses a case of acute dementia with an aetiology including tuberculosis.

**CASE:** The 64-year old married female patient was brought to psychiatry services with blurred consciousness and general indisposition that had gained prominence in the previous 2 days. Psychiatric assessment showed orientation disorder, and deficits of attention and recent memory. She had been on treatment for Parkinson's disease, rheumatoid arthritis (RA) and pulmonary tuberculosis. Until the tuberculosis diagnosis was made 2 months previously, she had been on immunomodulatory therapy for RA. Her history did not include dementia. Cranial MRI showed multiple parenchymal lesions located in the left frontal and left temporal regions and also including the cerebellum and the pons (Picture). She was diagnosed with central nervous system (CNS) tuberculosis at the infectious diseases services, and with dementia associated with CNS tuberculosis. In the 6th month of her follow up, her cognitive disorder had only partially improved.

**DISCUSSION:** CNS tuberculosis is an important outcome especially in patients under immunosuppressive therapy. Here, a case of dementia, not previously observed during treatment for Parkinson's disease, due to multiple CNS tuberculomas that probably developed under the facilitative effects of immunomodulatory therapy for RA, has been discussed. It is the first of its kind in the literature where only few cases of cognitive disorders comorbid with general infections have been reported. Dementia can clinically present with very different aetiologies, which frequently include neurodegenerative and vasculatory pathologies. Although dementia associated with infectious diseases is rarely observed these days, rare causes such as reversible CNS tuberculosis should not be missed in the risk groups.



*MRI of multiple tuberculomas in brain parenchyma with the largest one in the left frontal cortex.*

**Key Words:** Central nervous system tuberculosis, dementia, intracranial tuberculoma

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PP-025

### FACTORS AFFECTING THE RESPONSE OF ADOLESCENT SEXUAL ABUSE VICTIMS TO EMDR THERAPY

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**AIM:** Eye movement desensitisation and reprocessing (EMDR) therapy has been used for ten years on children as an alternative psychotherapeutic approach. Studies on adolescents are limited in numbers and involve methodological inadequacies. In this study we have aimed at investigating the effects of EMDR on the post traumatic stress disorder (PTSD) symptoms in child victims of sexual abuse.

**METHODS:** Children between the ages of 12-18 consulting the psychiatry polyclinics of the Ondokuzmayıs University Health Practices and Research Center were included in this study. Participants making up two groups consisting of 20 individuals diagnosed with PTSD and 20 on the waiting list were evaluated on the Schedule for Affective Disorders and Schizophrenia for School-Age Children (KIDDIE-SADS) to diagnose psychiatric disorders. Subsequently, the participants were also tested on the Depression Scale for Children (CES-DC) and PTSD Scale for Children and Adolescents (CAPS-CA) before and after EMDR therapy administered weekly for 4-6 sessions by a Psychiatry assistant.

**RESULTS:** EMDR resulted in significant decrease in the PTSD scores ( $U=70.00$ ,  $Z=-3.517$ ,  $p=0.01$ ,  $r=0.55$ ). Having experienced a single trauma, a duration of less than 1 year after the trauma, and the lack of another comorbidity were related to the success of the EMDR therapy.

**CONCLUSION:** Use of EMDR with adolescents has been encouraged by the results of the studies on the effects of EMDR on children with PTSD. However, substantial evidence for effectiveness of EMDR has

not been available so far due to small study groups and methodological variations indicating the need for long term studies in this field.

**Key Words:** Adolescent, EMDR, PTSD, sexual abuse

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PP-026

### EVALUATION OF BURN OUT LEVELS OF MEDICAL STUDENTS DURING THE TRAINING YEARS

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**AIM:** The aim of this study has been to compare the burn out level of the first and sixth year medical students, and to assess the effects of the long and difficult process of medical training on burn out in the internship years dominated by the stress of the initiation of doctor-physician contact.

**METHODS:** Thirty first year and thirty sixth year medical students of PAÜ Medical Faculty volunteering to participate were included in the study. Sociodemographic data were collected and each participant completed the Maslach Burnout Inventory (MBI) and the Type A Personality Test (ATPT) (1,2).

**RESULTS:** Mean score of the 6th year students on the burn out subscale of MBI were higher than that of the 1st year students ( $13.46 \pm 5.96$  vs  $17.00 \pm 5.22$ ;  $p=0.018$ ). Comparison of personality scores indicated that type A and type B personality distribution of the 1st and 6th year students did not differ ( $p=0.796$ ).

**CONCLUSION:** It has been demonstrated in this study, in agreement with other studies on the subject, that burn out level of the final year medical students was increased (3). In our study the 1st and the 6th year student did not differ on the distribution of A and B type of personality scores. Although the A type personality was found to be more prevalent in the 6th year student group, a relationship to burn out or especially to personal success could not be established.

**Key Words:** Burnout, Medical student, Personality

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**GESTATIONAL AGE AND BIRTH WEIGHT OF THE NEONATES OF WOMEN DIAGNOSED WITH ANXIETY OR DEPRESSIVE DISORDER AND TREATED WITH PHARMACOTHERAPY OR COGNITIVE BEHAVIOURAL THERAPY DURING PREGNANCY : A RESTROSPECTIVE STUDY**

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**AIM:** The aim of this study has been to compare the gestational age and birth weights of the neonates of gravid women previously diagnosed with anxiety or depressive disorder and given pharmacotherapy or cognitive behavioural therapy during pregnancy.

**METHODS:** This study has been planned as a naturalistic observation on 45 participants. Diagnoses were based on the DSM-IV criteria and the severity of symptoms were assessed by means of psychometric tests. Data also included information on a sociodemographic questionnaire, the birth week estimated according to the last menstruation date of the mothers and the birth weight of the neonates as given by the mothers.

**RESULTS:** Mean age of the 45 participants was  $31.20 \pm 4.26$  years. All were married and 39 (86.7%) were unemployed; 38 (84.4%) were multigravidae. The mean estimated duration of the pregnancies was  $15.18 \pm 6.57$  weeks and the mean follow up period was  $18.93 \pm 6.27$  weeks. Those given psychotherapy (9.5%) and antidepressant treatment (4.2%) had low birth weight neonates (Mean= 2.42; Conf. level 95% = 0,20-28,80;  $p=0.592$ ). and the neonatal birth weights in the corresponding groups were, respectively,  $3152 \pm 391$ gm and  $3262 \pm 381$ gm ( $p=0.347$ ). Incidence of preterm births was 23.8% in the psychotherapy group and 8.3% in the pharmacotherapy group (Mean= 3.43; Conf. level 95% = 0,59-20,01;  $p= 0.225$ ). The mean birth week in the psychotherapy group ( $38.09 \pm 1.228$  wk) was indicative of significantly earlier births ( $p=0.016$ ) as compared to the pharmacotherapy group ( $39.04 \pm 1.30$  wk).

**CONCLUSION:** This study indicates that antidepressant therapy is preferred in major depression and anxiety disorders, presence of comorbidities and observation of severe symptoms; and also that pharmacotherapy is more reliable than psychotherapy given the observed birth weeks and weights, although this result was not significant since the participant population was limited.

**Key Words:** Pharmacotherapy, pregnancy, psychiatry, psychotherapy

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**OBSESSIVE-COMPULSIVE DISORDER COMORBID WITH HYPOTHYROIDISM: 3 CASE PRESENTATIONS**

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**AIM:** Comorbidity with endocrine disorders are frequently observed in psychiatric disorders. The aim of this report is on comorbidity of hypothyroidism with obsessive-compulsive disorder (OCD), which is characterised with obsessions and compulsions progressing on a chronic course and adversely affecting daily functions of the patients. OCD generally has an early onset age and the role of heredity has been shown with studies on family and twins. Hypothyroidism, due to reduced function of the thyroid gland with an aetiology reported to include congenital, genetic and environmental factors, occupies a significant place in psychiatric practice.

**CASES:** A female patient, previously diagnosed with hypothyroidism, and her 2 daughters were diagnosed with OCD, which prompted the discussion on the comorbidity and coincidence aspects of the case. Case 1, a 40-year old female patient with complaints of obsessions on getting soiled and compulsive cleaning up over 10 years had been diagnosed with hypothyroidism 5 years before the consultation and was on thyroxin replacement therapy. Case 2 was the 17-year old daughter of Case 1, and had obsessions and compulsions related to controlling, symmetry and counting with numbers since the age of 10. In the previous 2 years, hoarding compulsion was added to her complaints. She had been on thyroxin therapy for these 2 years. Case 3 was the identical twin of Case 2, a 17-year old female student and had, since the age of 5, religious and mental obsessions and compulsions and also presented with complaints suggesting hypothyroidism and was under thyroxin replacement therapy.

**DISCUSSION:** Past studies have shown that endocrine system disorders and especially thyroid disorders give rise to or exacerbate the existing symptoms of psychiatric disorders. There aren't many studies on the comorbidity of hypothyroidism and OCD as observed in the cases discussed here, such that further studies on the probability of sharing the same genetic cause may be necessary.

**Key Words:** Comorbidity, compulsion, hypothyroidism, obsessive-compulsive disorder, obsession

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**NEUTROPAENIA AND THROMBOCYTOPAENIA RELATED TO QUETIAPINE USE: CASE PRESENTATION**

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**AIM:** Antipsychotic agents and especially clozapine can give rise to neutropaenia. The haematological effects of the atypic antipsychotic agents including quetiapine are not known well. Although regular leucocyte counts are made in patients on clozapine, diagnosis of

leukopaenia may be delayed with the use of other antipsychotic agents as regular haematological follow up is not recommended (Alexander and Tibrewal 2010). This report aims to present a case of neuropaenia and thrombocytopaenia during quetiapine treatment for bipolar disorder with manic attack.

**CASE:** The 69-year old male patient being followed for bipolar disorder type I (BD-I) for 36 years, consulted psychiatry services with complaints of decreased sleep and increased speech and energy level which had appeared in the previous 15 days. He was admitted as inpatient to psychiatry services with diagnosis of manic attack and started on quetiapine (600mg/day). At admission his haemogram was normal. On the 20th day of the therapy he developed fever of 39°C. Blood, urine and throat cultures were made and routine haematological tests were repeated. Apart from the sedimentation rate and the C-reactive protein all were within normal limits. Despite treatment with ceftriaxone the fever persisted and after 4 days, total leukocyte count was  $2.7 \times 10^3/\text{ul}$ , trombocyte count was  $77 \times 10^3/\text{ul}$  and the oxygen saturation had fallen to 84%. Quetiapine treatment was discontinued and the patient was transferred to the intensive care unit for 3 days when his blood profile returned to normal. Quetiapine treatment was reinstated with the starting dose of 200mg/day being titrated to 600 mg/day. Seven days later the leukocyte count was at  $1.1 \times 10^3/\text{ul}$ , neutrophils at  $0.3 \times 10^3/\text{ul}$ , and the platelets at  $111 \times 10^3/\text{ul}$ . Despite treatment with filgrastim, the granulocyte colony-stimulating factor (G-CSF) analog, the leukocyte levels remained the same. Bone marrow biopsy indicated secondary myeloid suppression and quetiapine treatment was discontinued. While the leukocyte counts were normalised in two days the trombocyte count recovery took 14 days. The patient was started with lithium (1200mg/day) and put under follow up.

**DISCUSSION:** As the structure of quetiapine resembles that of clozapine, it is thought to share the same toxicity and adverse effects on the immune system resulting in neutropaenia (Fan et al., 2015). Clinicians should be aware of this serious side effect of quetiapine and follow the leukocyte counts during quetiapine treatment.

**Key Words:** neutropaenia, quetiapine, thrombocytopaenia

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PP-030

### TARDIVE DYSKINESIA PRESENTING AFTER PALIPERIDONE PALMITATE THERAPY: CASE PRESENTATION

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**AIM:** Tardive dyskinesia (TD) is a delayed onset complication of long term maintenance on antipsychotic agents and involves involuntary facial and extremity movements. TD incidence is lower after the second generation antipsychotic use as compared to the first generation antipsychotics. This report discusses a case of TD triggered by paliperidone palmitate (PP ; 100mg/7month- depot) treatment.

**CASE:** The 41-year old male patient was being followed for schizophrenia for 15 years. He was incompliant with oral quetiapine

(1200mg/day) use 9 months previously and was started with PP (150mg-im) and the first maintenance PP (100mg) was given 8 days later, which gave rise to complaints of uneasiness, neck stiffness, and propranolol (3x1/2), biperidene (2x1/2) were added to the therapy for suspected akathisia and dystonia. As symptoms of akathisia persisted clonazepam (2x1/2) was also added and the PP dose was reduced to 75 mg. Since the symptoms persisted he was admitted to the services as an inpatient. His psychiatric examination indicated dysphoria, uneasiness in his extraverted reactions, akathisia, fasciculations of the tongue and dyskinetic movements around his mouth which had started after the first maintenance dose. PP therapy was switched to quetiapine resulting in regression of the akathisia symptoms. His oro-buccal therapy is currently ongoing.

**DISCUSSION :** There are few studies in the literature on TD after oral paliperidone, and only one case report on TD after PP depot (Lally ve ark. 2013). Unlike in our case when TD presented after the first PP maintenance dose of 100mg, in the reported case TD appeared after the 4th maintenance dose of 150mg. Although the risk of extrapyramidal side effects is less with the second generation antipsychotics like PP, TD development in cases on PP treatment should not be overlooked by clinicians.

**Key Words:** Long term effect; second generation antipsychotic agent, tardive dyskinesia

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PP-031

### CAPGRAS SYNDROMU DUE TO SYNTHETIC CANNABINOID USE: PRESENTING THE CASE OF AN ADOLESCENT

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**AIM:** Use of synthetic cannabinoids, known as "Bonzai" and "Jamaica" among the public, is reported to be increasing among the adolescents and young adults. Synthetic cannabinoids have been associated with symptoms of euphoria, anxiety, psychomotor agitation, orientation and memory disorders, paranoia and hallucinations. Capgras syndrome is characterised with hallucinations and wrong recognition when the victim supposes the real persons and items to have been replaced by others or simulations. It presents rarely on its own, and is generally comorbid with schizophrenia and organic psychoses. The aim of this report is to draw attention to the psychotic effects of synthetic cannabinoids by discussing the case of an adolescent who developed Capgras syndrome after using synthetic cannabinoids.

**CASE:** The 17-year old male patient was brought to psychiatry services by his family on grounds of nervousness, self harming behaviour and attempts to jump out of the window. It was understood through his psychiatric examination that he had the hallucination that his parents had been replaced by others as well as having other auditory and visual hallucinations. He had a history of solvent sniffing and had been

using bonzai over the previous 10 days., that the observed psychiatric complaints had developed over the previous 4 days. This was his first psychiatric consultation. His routine blood and urine biochemistry results were within normal limits and substance metabolites were not detected in the urine. His psychotic symptoms partially improved in 10 days and completely regressed in 2 weeks after olanzapine (10mg/day) treatment. In the 3rd month follow up, he was not using substance and the previous symptoms had not repeated.

**DISCUSSION:** It has been reported that there is not adequate information on the clinical effects of synthetic cannabinoids, and that predicting the outcomes is made difficult by the differing ratios of the psychogenic ingredients of the preparations. The effects of these substances are also related to the duration of use, dose, and individual liability to the effects. Being easily accessible and cheap, and lack of standardised methodology for scanning tests have encouraged the spread of the use and the incidence of serious clinical cases. There is need for detailed investigations on the use of synthetic cannabinoids.

**Key Words:** Capgras syndrome, psychosis, synthetic cannabinoid

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PP-032

### THE RELATION OF THE BIPOLAR AFFECTIVE DISORDER AND ADULT ATTENTION DEFICIT HYPERACTIVITY DISORDER COMORBIDITY TO VIOLENT BEHAVIOUR

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**AIM:** Comorbidity of psychiatric disorders exacerbates violent behaviour. Attention deficit and hyperactivity disorder (ADHD) and bipolar affective disorder (BAD) exhibit a high incidence of comorbidity. Although violent behaviour in the presence of the psychopathology is known to increase in ADHD, information on the effect of ADHA and BAD comorbidity on violent behaviour is very limited. This study has aimed to assess the incidence of ADHD comorbidity among BAD patients, and to investigate the influence of this comorbidity on violent behaviour.

**METHODS:** Our study included 50 euthymic BAD patients consulting psychiatry services of Dr. Abdurrahman Yurtaslan Ankara Oncology Hospital. The study is presently ongoing and the results presented are preliminary reports. Data were collected on a sociodemographic information questionnaire, the Wender Utah Rating Scale (WURS), Adult ADHD Self-Report Scale (ASRS-v1.1), the Buss-Perry Aggression Questionnaire (BPAQ), and the Violence Tendency Scale (VTS). Subsequently, the Diagnostic Interview For ADHD-(DIVA 2.0) was also employed.

**RESULTS:** The BAD patients included in our study consisted of 32 (64%) females and 18 (36%) males. In 12 (24%) of these patients ADHA was diagnosed. In comparison to the patients not diagnosed

with ADHD, total scores of the patients diagnosed with ADHD on WURS ( $p<0.01$ ), ASRS ( $p<0.01$ ), BPAQ ( $p<0.01$ ) and BPAQ ( $p<0.05$ ) were significantly higher. Significant correlations were determined between the total scores of WURS, ASRS, BPAQ and BPAQ ( $p<0.01$ )

**CONCLUSION:** Comorbidity with ADHD has been observed to increase the incidence of violent behaviour among BAD patients. This study are important in its contribution to the methods that should be developed to cope with the serious public health problem of violent behaviour.

**Key Words:** Attention deficit and hyperactivity disorder, bipolar affective disorder, violence

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PP-033

### RELATIONSHIP OF BODY MASS INDEX WITH EATING DISORDERS, IMPULSIVENESS, ANXIETY AND DEPRESSION

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**AIM:** Obesity is a public health problem involving all divisions of the society. Today it is thought that there are 1.6 billion overweight and 400 million obese adults in the world, with the expectation that the obese population will approach 700 million in 2015. "Eating dependency", as one of the causes of obesity, is regarded as a new phenotypy clinically meeting the criteria of substance dependency, and has been used in the literature of the recent years as a new diagnosis related to the pattern of dependency and impulsiveness. This study has aimed to investigate the relationship between the body mass index (BMI) and eating dependency, impulsiveness, anxiety and depression.

**METHODS:** This study included 48 patients with obesity, 55 overweight and 43 normal weight people consulting the arriving at Ankara Hospital Endocrinology Polyclinics of the Başkent University Medical Faculty. All participants were initially interviewed on the Composite International Diagnostic Interview (CIDI 2.1). Subsequently, the participants completed a sociodemographic and clinical information questionnaire, the Yale Food Addiction Scale (YFAS), the UPPS Impulsive Behavior Scale (UPPS or UPPS-P), the Beck Depression Inventory (BDI) and the Beck Anxiety Inventory (BAI).

**RESULTS:** Eating dependency (ED) was found significantly related to BMI ( $p<0.05$ ) with the mean BMI of the participants with ED was higher than that of the participants without eating dependency (34.5295±8.74889 vs 27.5074±4.78641). The scores on the UPPS subscale of 'urgency' was higher in the ED group ( $p<0.05$ ). Incidence

of depression among the obese patients with ED was found to be high ( $p<.05$ ) with greater significance among the female patients ( $p=.047$ ).

**CONCLUSION:** In conclusion, ED may be a subtype of obesity known to be influenced by many factors. Given the comorbidity of ED, impulsiveness and depression, psychiatric evaluation of the obese patient is believed to be a part of the treatment of obesity.

**Key Words:** Anxiety, body mass index, depression, eating dependency, impulsiveness

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PP-034

### CORRELATED VARIABLES IN PATIENTS WITH DISCONTINUED CLOZAPINE THERAPY

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**AIM:** Clozapine, although known to be an important choice of treatment for treatment resistant schizophrenia, is being used less than the necessary extent, one of the implicated possible reasons being its side effects. This study has aimed to determine the variables underlying the discontinuation of clozapine therapy.

**METHODS:** Records of 161 outpatients using clozapine have been retrospectively scanned. Criteria for inclusion in the study consisted of diagnosis with schizophrenia on the basis of DSM-IV and having been followed up in our clinics for at least one year. Data were collected on the months after the onset of illness when clozapine therapy was started, dose, side effects, discontinuation of clozapine and the reasons. Patients discontinued with clozapine were compared on the bases of gender and the hospital units where they were followed up. Relationship between discontinuation of clozapine and the variables of gender and the units where the patients were followed up was analysed by the Chi-Square test.

**RESULTS:** Clozapine use had been terminated in 38 (23.6%) of the 161 users, and the group consisted of 24 (63.2%) male and 14 (36.8%) female patients. The mean age of these patients was  $36.7\pm 10$  years. The mean duration of clozapine use was  $31 \pm 39.1$  months. The underlying reasons for discontinuation of clozapine included treatment incompliance (34.2%), side effects (39.4%) and lack of clinical response to clozapine (26.4%). Gender difference was not significant as a cause of discontinuation ( $p=0.7$ ). Discontinuation of clozapine among the patients being followed up by the first episode follow up unit was more frequent in comparison to the incidences of discontinuation among patients followed up at the psychotic disorders polyclinics and by the general polyclinics ( $p=0.001$ ).

**CONCLUSION:** Our previous study had shown that the time between the diagnosis of resistant schizophrenia after the first episode and the start of the therapy with clozapine was relatively shorter. As these patients are followed more closely, discontinuation of clozapine due to side effects may have been earlier.

**Key Words:** Clozapine, discontinuation, schizophrenia

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PP-035

### OBSESSIVE-COMPULSIVE DISORDER AND BRAIN TUMOUR LOCATED AT THE CORPUS CALLOSUM: CASE PRESENTATION

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**AIM:** In the neurobiological model of obsessive compulsive disorder (OCD), data are accumulating on the role of the white matter connecting various cortical structures on the pathophysiology of OCD. This study has aimed to discuss the case of an OCD patient with a meningioma located in the corpus callosum.

**CASE:** Mrs.D., a 65-year old married, illiterate female patient with 5 children whose OCD complaint started at the age of 29 when she lost her father diagnosed with lung cancer. Believing the house was contaminated with the departure of a dead person, she cleaned the whole house where her father had died and washed and cleaned all his clothes and belongings. After this event she thought that one became crosscontaminated with dirt from the dead. When a funeral hearse passed from her street, she cleaned the house, and washed the clothes of her relations who attended funerals, and refused to leave the house with the anxiety that there would be conversation related to death. She was hospitalised for these complaints but stopped using the prescribed clomipramine after a few months. She did not benefit from sertraline, escitalopram and fluvoxamine which she used at the prescribed dose and time. She could not tolerate combined therapy of the SSRI with aripiprazole and paliperidone. When she was admitted to our services as an inpatient in August 2014, she was using fluoxetine (20mg/day) which was titrated to 60mg/day and was given behavioural therapy. When she was discharged after 45 days, her score on the Yale-Brown Obsessive-Compulsive Scale (YBOCS) had fallen from 29 to 18. She benefited from the addition of aripiprazole (10mg/day) to fluoxetine therapy. At the time of her admission, her cranial MRI had shown a interhemispheric, smooth bordered meningioma at the level of corpus callosum splenium. Surgery was not indicated at the brain surgery services and she was discharged with recommended follow ups.

**DISCUSSION:** There has not been a case report in the literature pointing to the possibility of a relationship between a tumour located at the corpus callosum and OCB. We believe that this case report is important in emphasising the relationship of corpus callosum with the pathophysiology of OCD.

**Key Words:** Brain tumour, corpus callosum, obsessive-compulsive disorder

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PP-036

## COMPARISON OF THE ANXIETY AND DEPRESSION LEVELS BETWEEN STUDENTS STARTING THE FACULTY OF MEDICINE AND THE FACULTY OF EDUCATION.

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**AIM:** Anxiety and depression levels among medical students and doctors have been reported to be higher in comparison to students reading at other faculties and among members of other professional groups. This study has compared the students who had not yet started attending courses after being accepted to the faculty of medicine with the students who had been accepted to the faculty of education with the aim to determine the liability to anxiety and depression.

**METHODS:** The study included 254 students who had been accepted to the faculties of medicine at the Adıyaman, Erzurum and Malatya Universities and 116 students who had been accepted to the Adıyaman University Guidance and Psychological Counseling (GPC) division. The participants were asked to complete the Beck Depression Inventory (BDI), the Trait Anxiety Subscale (TAI) of the State-Trait Anxiety Inventory(STAI).

**RESULTS:** BDI mean total score of GPC students (10.02 ± 7.73) was significantly higher (p=0.043) as compared to that of the medical students (8.40 ± 6.74). When the cut off value was used to evaluate depression categorically, 19.3% (n=22) of the GPC students and 9.2% (n=23) of the medical students scored above 17 (p=0.007). Mean total TAI scores of GPC students (43.60 ± 8.60) was significantly higher (p=0.041) than that of the medical students (41.68 ± 8.09).

**CONCLUSION:** Although it has been reported that the depression level of students who have been accepted at the medical faculty was higher than that of the general public, these studies have evaluated the medical students in comparison to the population norms. In our country a study with students who have been accepted to the medical schools before starting their courses has not been reported. Our results do not confirm the point of view that students who have won entry to medical schools are individuals liable to depression and anxiety, which are also the traits seen in doctors. This means that it is the medical school education and the difficulties of the medical profession which increase the liability to psychological disorders.

**Key Words:** Anxiety, depression, medical students

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PP-037

## VALIDITY AND RELIABILITY OF THE TURKISH VERSION OF DSM-5 ACUTE STRESS SYMPTOM SEVERITY SCALE

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**AIM:** The aim of this study was to demonstrate the validity and the reliability of the Turkish version of the Acute Stress Symptom Severity Scale (ASSSS-TR) developed on the basis of DSM-5 criteria to assess the severity of acute stress.

**METHODS:** The study was conducted at Celal Bayar University Medical Faculty Psychiatry Department with inpatients and outpatients who had been diagnosed with acute stress disorder (ASD) on the basis of the DSM-5 Criteria. Patients with any physical illness or psychological disorder outside ADS were excluded from the study. Accordingly, 50 ASD patients and 150 healthy volunteers were enrolled in the study. The Peritraumatic Dissociation Scale (PDS) was used for assessment of concurrent validity. In reliability analyses internal consistency coefficient and material-total score correlation analysis were used. In the validity analyses exploratory factor analysis and the correlation analysis with PDS for concurrent validity were used.

**RESULTS:** Mean age of the participant group was 32.1±12.0'dir, and 116 (57.7%) were females; 31.3% were university graduates, 29.9% were highschool graduates and 36.3% were primary school graduates. Duration of ASD in the patient group was 4.08±4.57 years. The internal consistency of the ASSSS-TR was 0.95 and the coefficient of material-total score correlation was 0.76-0.88 (p<0.0001). For sampling adequacy in the exploratory factor analysis, the Kaiser-Mayer-Olkin (KMO) coefficient was 0.91 and Bartlett's test of sphericity result was 1388 (p<0.0001). A single factor solution with an eigen value of 5.40, representing 77.8% of the variance was calculated. Factor loading of the scale materials were in the range 0.82-0.92. The correlation coefficient with PDS was r=0.88 (p<0.0001). ROC analysis gave a value of 0.99 under the curve.

**CONCLUSION:** The results have verified the validity and the reliability of the ASSSS-TR.

**Key Words:** Acute Stress Symptom Severity Scale, reliability, validity

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PP-038

## RELATIONSHIP BETWEEN THE SEVERITY OF OBSESSIVE-COMPULSIVE DISORDER AND THE MINNESOTA MULTIPHASIC PERSONALITY INVENTORY (MMPI)

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**AIM:** Obsessive-compulsive disorder (OCD) is a psychiatric disorder with a prevalence of 2-3%, and is frequently comorbid with other psychiatric disorders including paranoid, obsessive-compulsive, avoidant, schizoid, and schizotypal personality disorders. The aim of this study was to investigate the relationship between the severity of OCD symptoms and the Minnesota Multiphasic Personality Inventory (MMPI) subscales.

**METHODS:** The study included 42 patients consulting Turgut Özal University Medical Faculty Psychiatry Polyclinics with OCD symptoms, who were asked to complete the MMPI and the Yale-Brown Obsessive-Compulsive Scale (YBOCS). The OCD patients were divided into 2 groups as those who scored above and below the cut off point 16 on the YBOCS (as the supraclinical group and the subclinical group, respectively). Psychometric test scores of both groups were compared through the Mann Whitney U test. Spearman correlation analysis was used to assess the relationship between the YBOCS and the MMPI subscale scores. The MMPI subscales predicting the OCD symptom severity were determined by logistic regression analysis.

**RESULTS:** Using the Mann Whitney U test, the mean scores of the supraclinical group on the MMPI subscales of depression, psychopathic deviation, paranoia, psychastenia, schizophrenia and social introversion were higher compared to the subclinical group. YBOCS scores were found to be positively and significantly correlated with the depression ( $r=.42$ ), psychotic deviation ( $r=.45$ ), paranoia ( $r=.46$ ), psychastenia ( $r=.47$ ), schizophrenia ( $r=.37$ ) and social introversion ( $r=.35$ ) subscales of the MMPI ( $p<.05$ ). In logistic regression analysis, paranoia was found to be the predictor for the OCD symptom severity ( $B=.51$ ,  $Wald= 3.89$ ,  $Exp(B)= 1.67$ ,  $p=.49$ ).

**CONCLUSION:** As OCD advances, the severity of various symptoms of the patients are seen to increase. Especially the depressive, psychotic and social introversion symptoms can be said to be closely related to OCD. The most important finding of this study is the prediction of the OCD symptom severity by paranoia. Our results can be explanatory to the intense anxiety, anger and guilt feelings, and the neurosis, control, rule adherence, perfectionism, as well as suspiciousness, hard stance, harm avoidance, criticism and intolerance of mistakes displayed by advanced OCD patients.

**Key Words:** Obsessive-compulsive symptom severity, MMPI profile

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PP-039

## EFFECTS OF CONTINUOUS POSITIVE AIRWAY PRESSURE THERAPY ON DEPRESSION, ANXIETY AND THE PERCEIVED STRESS LEVEL AMONG OBSTRUCTIVE SLEEP APNEA SYNDROME PATIENTS

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**AIM:** The aim of this study was to assess the effects of continuous positive airway pressure therapy (CPAP-T) on depression, anxiety and perceived stress levels of the Obstructive Sleep Apnea Syndrome (OSAS) patients, and the benefits of the therapy.

**METHODS:** The study enrolled 51 patients who consulted the ear-nose-throat (ENT) polyclinics of Adıyaman University Medical Faculty and the Eskişehir Yunus Emre State Hospital between the dates of January 2014 and September 2014 with complaints of snoring, daytime sleepiness, and witnessed apnea. After the patients were diagnosed with OSAS by polysomnography, CPAP-T was started. At the outset of the CPAP-T and three months after starting the therapy, the patients were psychologically assessed by mean of the Hospital Anxiety and Depression Scale (HADS), the State Trait Anxiety Inventory (STAI) to determine the level of anxiety, and the Perceived Stress Scale (PSS).

**RESULTS:** Of the 51 participants, 10 were females and 41 were males. HADS- depression mean scores before and after CPAP-T were  $6.63\pm 4.19$  vs  $4.98\pm 4.15$ , ( $p=0.042$ ). Similarly the HADS- anxiety mean scores before and after CPAP-T were  $8.12\pm 3.61$  vs  $5.82\pm 3.72$  ( $p=0.001$ ). Decreases observed in the mean PSS and the STAI-trait anxiety (TAI) scores before and after CPAP-T were also statistically significant ( $p=0.004$  and  $p=0.000$ , respectively). There were statistically significant positive correlations (1) between the body mass index (BMI) after CPAP-T and the decrease in PSS score ( $p=0.047$ ); (2) between the duration of snoring and HADS- depression ( $p=0.006$ ) and HADS-anxiety ( $p=0.000$ ) scores and the decrease in STAI-TAI score ( $p=0.001$ ); and, (3) between obstructive apnea counts and HADS-depression ( $p=0.025$ ) and HADS-anxiety ( $p=0.001$ ) scores.

**CONCLUSION:** After CPAP-T, significant improvements were observed in the depressive, anxiety and perceived stress symptom levels of OSAS patients. This therapy is gradually being used on a wider scale given its beneficial effects on sleep quality, and on physical illnesses including hypertension, metabolic syndrome and diabetes. The psychogenic benefits of CPAP-T on long term sufferers of OSAS should be kept in mind especially in cases with long snoring duration that gives rise to social problems.

**Key Words:** Anxiety, continuous positive airway pressure, depression, obstructive sleep apnea syndrome

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PP-040

## EVALUATION OF THE NEUTROPHIL/LYMPHOCYTE RATIO AT THE FIRST ACUTE ATTACK EPISODE OF SCHIZOPHRENIA

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**AIM:** Information on the role of inflammatory mechanisms in the pathophysiology of schizophrenia has been steadily gaining significance. Rheumatological publications have reported that the neutrophil/lymphocyte ratio (NLR) is an easily calculated indicant of inflammatory response. The aim of this study was to evaluate inflammation in the aetiology of schizophrenia in terms of NLR.

**METHODS:** The study was a retrospective investigation on patient files and included 38 schizophrenia patients who had been admitted to our services at the first attack episode to be treated at our clinics. The stage of acute attack was preferred in order to avoid the development of complications with the progress of the disorder such as weight gain, drug therapies; and patients with any psychological disorder other than schizophrenia or physical illness at the time of the first schizophrenic attack were excluded from the study. Control group consisted of 35 healthy individuals and compared with the patients on haematological parameter levels.

**RESULTS:** NLR in the patient group was significantly higher than that of the control group ( $2.7 \pm 1.2$  vs.  $1.8 \pm 0.7$ ,  $p=0.001$ ) but the groups did not differ significantly with respect to leukocyte counts and haematocrit values.

**CONCLUSION:** Our report on the observation of increased NLR at the time of the first attack in schizophrenia patients is the first of its kind in the literature, and supports the arguments for inflammation being a part of the aetiology of the disorder. NLR may start new approaches in the follow up and treatment of schizophrenia and there is need for further studies on this subject.

**Key Words:** Inflammation, neutrophil/lymphocyte ratio, schizophrenia

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PP-041

## SUBSIDENCE OF PSYCHOTIC DEPRESSION SYMPTOMS IN GENERALISED CEREBRAL INFARCT AFTER ANTIOEDEMA THERAPY: CASE PRESENTATION

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**AIM:** Having detected left posterior inferior cerebellar artery (PICA) and right posterior cerebral artery (PCA) infarcts in a patient with complaints of acute psychotic type depression, it was aimed to discuss the relation of the depressive symptoms with the infarcts and the effects of the treatment.

**CASE:** The 63-year old female, primary school graduate patient, married with 2 children consulted us with depressive symptoms and psychotic complaints (nihilistic and referential delusions) which had increased within the course of the previous 10 days. She did not have a history of any psychiatric disorder, but had been followed after 2004 for breast cancer. She was given venlafaxine (75 mg/day), olanzapine (5mg/day) and loezepam (2 mg/day) for psychotic type depression. She had a 30-hour sedation after a single dose 5mg/day olanzapine, whereupon psychotropic agent use discontinued and she was referred to the emergency services. She had cranial CT for differential diagnosis of intracranial metastasis secondary to breast CA and oedematous lesions were observed in the right fronto-temporal and left cerebellar areas. Antioedema treatment was started with dexamethasone (16mg/day) and levetiracetam (1000mg/day) against epileptic attacks, but was withdrawn upon the presentation of hypomania symptoms. Cranial MR detected acute and subacute infarcts of millimetric dimensions in the left PICA and right PCA irrigation areas. Depressive and psychotic complaints were reduced after the antioedema therapy with decreased scores on the Hamilton Depression Rating Scale (HAM-D) from 26 to 11 and the scores on the Positive and Negative Symptoms Scale (PANSS) from 84 to 42. She was not prescribed any further psychiatric treatment and was discharge to be followed up jointly with the neurology services. where she was put on atorvastatin (10 mg/day) and acetylsalicylic acid (100 mg/day) with protective aims. During the follow ups the patient did not have any psychiatric symptoms.

## Brain MRI result



*Left posterior inferior cerebellar artery (PICA) located infarct area*

## Brain MRI result



Right posterior cerebral artery (PCA) located infarct area

**DISCUSSION:** Vascular system diseases resulting in strokes increase the incidence of reduced psychiatric health especially in the elderly population. Many publications have emphasised that posterior cerebral infarcts are associated with psychiatric disorders and therefore, possibility of cerebral infarction should be considered in the elderly patient with atypical symptoms.

**Key Words:** Depression, intracranial infarct, psychotic symptoms

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PP-042

## DEVELOPMENT OF PSYCHOTIC DISORDER AFTER DEEP BRAIN STIMULATION

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**AIM:** Deep Brain Stimulation (DBS), is a neurosurgical intervention using medical devices implanted in the brain. It aims specific areas of the brain and has been shown to result in symptomatic improvements mostly in movement disorders but also in neurological and psychiatric disorders. Psychiatric changes have been observed after DBS, including mania, hypomania, depression, psychosis and increased risk of suicidal attempts. Here the case of a patient with a 5-year history of Parkinson's disease and given, 1 year previously, bilateral subthalamic nucleus DBS, (STN-DBS), who presented with late-onset psychotic symptoms.

**CASE:** The 47-year old male patient had been diagnosed with Parkinson's disease 5 years previously. In May 2014, he was given bilateral STN-DBS and was treated with rasagiline (1 mg/day), ropinirole (8mg/day) and levodopa (400mg/day). At the beginning of April 2015, according to the account given by his wife, he started displaying aggressive behaviour such as breaking the bathroom ceramics, assaulting his wife and threatening her with a butcher knife, speaking to himself and coprolalia. He was found to be agitated, irritable and homicidal and was put in restriction at psychiatry services. His routine examinations did not reveal any pathology and he was put on clozapine (12.5mg/day) supplemented with valproic acid (2\*250 mg). After consultation with neurology division, ropinirol and rasagiline were discontinued, and the clozapine and valproic acid doses were titrated to 50 mg/day and 750mg/day, respectively. The patient's agitation and hostile behaviour directed to his wife were moderated.

**DISCUSSION:** Psychosis is among the psychiatric changes occurring after DBS, and can be observed in the first 5 postoperative years. The complications appearing after DBS may be due to the position of the electrodes, alterations in neurotransmission and the progress of a previous psychiatric disorder. Therefore, follow up controls for psychiatric symptoms after DBS are just as important as the psychiatric examinations before DBS.

**Key Words:** DBS, Parkinson's disease, psychosis

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PP-043

## RELATIONSHIP BETWEEN THE SEVERITY OF DEMENTIA AND THE GLOBAL, PARIETAL CORTICAL AND HIPPOCAMPAL ATROPHY IN ALZHEIMER'S DISEASE

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**AIM:** Alzheimer's disease is a progressive neurodegenerative dementia with a course mainly involving memory problems. Its severity is usually assessed with psychometric tests such as the Clinical Dementia Rating (CDR) Scale which aim at staging of the disease. Biological indicators including hippocampal atrophy (HA) have been associated with the stage of the disease. This study has aimed at investigating the relationship between hippocampal atrophy (HA), global atrophy (GA) and parietal cortical atrophy (PCA) and the severity of dementia assessed by CDR, in patients with Alzheimer type of dementia (ATD).

**METHODS:** The study was carried out between June 2012 and August 2014 with 94 patients diagnosed with ATD on the basis of the diagnostic criteria of NINCDS-ADRDA at the geropsychiatry polyclinics of a university hospital. Brain MRI and CT scans of the patients were scored by clinicians on 3 visual scales consisting of the Scheltens global atrophy scale, the Pasquier scale for global cortical atrophy and Esther Koedam parietal atrophy staging scale. Our previous study had shown the high inter-rater reliability of these scales.

**RESULTS:** The investigated patient population had a mean age of 74,7±7,9 years; mean education duration of 4,6±4,2 years; a mean score of 17,7±6,3 on the Standardised Mini Mental State Examination (SMMSE) and a mean score of 7,2 ±4,7 on the CDR. Comparing patients without HA (9.6%), with mild HA (34%), with moderate HA (50%) and with severe HA (6.4%), statistically significant differences were found on the basis of age (t:2.3, p:0.03), SMMSE (t:-3.2, p:0.002) and the CDR scores (z:-3.08, p:0.002). When patients with mild GA (n=36, 38,3%) and moderate-severe GA (n=58, 61.7%) were compared, significant differences were found between the SMMSE (t:-3.8, p:0.001) and the CDR scores (z:-3.07, p:0,002). Comparing patients diagnosed 'without atrophy-mild atrophy' (n=49, 52,1%) and with 'moderate-severe atrophy' (n=45, 47,9%), significant differences were seen only with respect to the age factor (t:3.1, p:0.002).

**CONCLUSION:** The results of this study on ATD patients have supported the opinion that the stage of global and hippocampal atrophy are associated with the severity of clinical dementia. It is believed that the routine use of the visual scales can be used for staging cortical atrophy.

**Key Words:** Alzheimer's disease, dementia, hippocampal atrophy, cortical atrophy, stage

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PP-044

### ANXIETY DISORDER WITH DISSOCIATIVE SYMPTOMS IN DIFFERENTIAL DIAGNOSIS OF TEMPORAL LOBE EPILEPSY: CASE PRESENTATION

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**AIM:** Dissociative seizure (DS) can resemble epileptic seizure but it differs from epileptic seizure as it is not backed by electrophysiological evidence. DS can accompany other psychiatric disorders in different degrees, its prevalence varying in the 57-85% range in depressive disorder and in the 11-50% range in anxiety disorders. The aim of the case presentation here was to demonstrate the possibility of detecting psychiatric disorders in the course of differential diagnosis of temporal lobe epilepsy.

**CASE:** The 44-year old male patient consulted the neurology clinics with complaints of involuntary movements of his arms and legs during sleep, and displaying aggressive behaviour if woken up, going back 2 years. Upon three occasions he had unexpectedly left his place of work and gone away, once out of town, without remembering how he had arrived at his destination when he regained his senses. He was admitted to the neurology services as an inpatient with the preliminary diagnosis of temporal lobe epilepsy and was followed for two days with video-EEG without registering any epileptic seizures. Psychiatric consultation was requested. Interview with the patient revealed that he had an inverted personality and during the periods when the patient

experienced what he called seizures, he was in states of severe anxiety triggered by stressors. A primary organic pathology could not be clearly eliminated, and within the scope of the data in hand, the possibility of generalised anxiety disorder as the primary (or comorbid) pathology with dissociative phases was considered, and he was put on sertraline (50mg/day) treatment.

**DISCUSSION:** It has to be kept in mind that just as psychiatric disorders can be revealed by differential diagnosis in patients consulting clinics outside psychiatry services for dissociative complaints, so can organic pathologies can be discovered when patients approach psychiatry clinics for dissociative complaints.

**Key Words:** Ayırıcı tanı, Differential diagnosis, dissociative symptoms, temporal epilepsy

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PP-045

### INVESTIGATION OF THE CASES REFERRED TO NECMETTIN ERBAKAN UNIVERSITY MERAM MEDICAL FACULTY FORENSIC PSYCHIATRY POLYCLINICS

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**AIM:** Forensic psychiatry assesses the psychological status and the capacity of the individual to use civil rights. The expertise required in this field enables the practice of forensic psychiatry. There is not adequate work in this field in our country. This study investigated the cases referred within the scope of the criminal or the civil law to the forensic psychiatry polyclinics with the aim to assess sociodemographic particulars, clinical diagnoses and their distribution with respect to the judicially requested topics of evaluation.

**METHODS :** Reports issued on 164 cases referred by law courts to Necmettin Erbakan University Meram Medical Faculty Forensic Psychiatry Polyclinics between 1 August 2014 and 31 July 2015 were investigated retrospectively. Cases were evaluated under different headings with respect to the topics under criminal or the civil law. Data consisted of sociodemographic details, clinical diagnoses, and the topics judicially requested to be evaluated, and were statistically analysed on the SPSS program with results given as simple frequency distributions in numbers and percentages.

**RESULTS:** Of the 164 cases included in this study, 62,8% (n=103) were males and 37,2% (n=61) were females, with a mean general age of 38.69±14.49 years; and, while 60.4% of the cases came under criminal law, 39.6% came under the civil law. The cases under criminal law were mostly evaluated on competence for penal responsibility; and, 74% (n=74) had a psychiatric diagnosis with 20% (n=20) of these being psychotic disorder. The cases within the scope of civil law were mostly evaluated for civil competence to act and for guardianship (custody); 69.2% (n=45) had a psychiatric diagnosis, mental retardation being the most frequent diagnosis (20%; n=13).

**CONCLUSION:** Investigation of the relationship between psychiatric disorders and crime is important for the prevention of illegal actions and for the practice of effective treatments. Research in this field will contribute positively to the optimal collaboration of the legal and the health systems.

**Key Words:** civil law, criminal law, forensic psychiatry

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PP-046

### PSYCHOTIC ATTACK DUE TO MODAFINIL USE IN SCHIZOAFFECTIVE DISORDER : CASE PRESENTATION

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**AIM:** The aim of this report is to discuss the case of a patient followed up for schizoaffective disorder who presented with a psychotic attack after modafinil use when in partial remission.

**CASE:** The 33-year old, single male lawyer residing with his family had been under regular control follow ups for schizoaffective disorder since 2007 at Dokuz Eylül University Hospital Adult Psychiatry Polyclinics. From the outset of his treatment he had been on amisulpride (600mg/day) and lithium (1200-1500mg/day). He was given modafinil (100mg/day) to alleviate his day time sleepiness and fatigue complaints when he had mild depressive symptoms and did not show positive psychotic symptoms. His complaints had partially improved when, in the second month of his controls, he developed persecutory delusions. Modafinil was discontinued and subsequently amisulpride dose was adjusted to 800mg/day. He did not describe psychotic symptoms one month later during controls.

**DISCUSSION:** Modafinil has been used in trials on adult and childhood attention deficit and hyperactivity disorder (ADHD), and has been accepted as an alternative to the established stimulants. It has also been proposed that modafinil addition to the treatment corrects residual symptoms of fatigue and daytime sleepiness observed in unipolar and bipolar depression and schizophrenia. The daily modafinil doses of 200-400mg or over have been reported in the literature to cause mania or psychosis. Some of the reported cases were those of daytime sleepiness due to antipsychotic therapy for schizophrenia. The case reported here had fatigue as well as day time sleepiness. Modafinil effect of arousal is due to the inhibition of GABA release in the frontal brain through the serotonin system with the resultant accumulation of dopamine in the nucleus accumbens and the weak dopamine reuptake inhibitor, both of which actions may be responsible for the development of psychosis. In the case presented here 100mg/day modafinil resulted in flare up of psychosis.

**Key Words:** Modafinil, psychosis, schizophrenia

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PP-047

### MANIC EPISODE IN SYSTEMIC LUPUS ERYTHEMATOSUS

**Emre Mısır, İbrahim Tolga Binbay, Bilge Targtay**

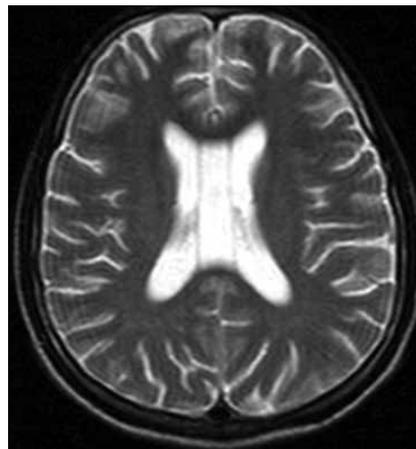
*Dokuz Eylül Üniversitesi, Erişkin Psikiyatri Ana Bilim Dalı, İzmir*

**AIM:** This presentation has aimed to discuss the development of a first episode psychotic type manic attack in a patient diagnosed with early stage systemic lupus erythematosus (SLE) and cavum vergae (Picture) during cranial MRI.

**CASE:** The 25-year old male patient, married and living with his wife and two children, literate and self employed in marketing had given up working for the previous 8 months. He had been followed for approximately the previous 12 months as an outpatient by rheumatology polyclinics with diagnoses of SLE and macrophage activation syndrome. He had to be admitted as an inpatient with complaints of throat and chest aches and fever, requiring reduction of the prednisolone dose on account of infection. He developed poor time orientation, insomnia, coprolalia, visual and auditory hallucinations ; and, was started on haloperidol therapy for delirium due to his general condition, when 4 days later he had to be referred to psychiatry clinics due to increases in his symptoms, now including preoccupation with religious matters and referential delusions. He was started on olanzapine (10 mg/day), subsequently changed to olanzapine (20mg/day) and valproic acid (1000mg/day) for suspected psychotic type manic episode. The treatment was sufficient for complete improvement of psychotic symptoms. At admission to psychiatry cranial MRI demonstrated cavum vergae in the midline, at the level of lateral ventricle, together with suspicious lumen irregularities of the right middle cerebral artery (MCA). Psychotic manic symptoms were not observed in his follow up controls.

**DISCUSSION:** Neuropsychiatric SLE is observed with an incidence of 20-70%. Since manic attack is observed in 3% of the patients it is thought to be associated with the use of steroids. However, there are reports in the literature on the appearance of manic attack before or simultaneously with the increases in systemic symptoms after steroid dose reduction and is thought to be the neuropsychiatric symptom of relapse. Also, the presence of the brain anomaly of cavum vergae, and the recent history of infection with the related inflammatory aetiology may have increased the liability to this neuropsychiatric symptomatology of relapse.

**cavum vergae**



*Cavum vergae has been associated with many psychiatric symptoms*

**Keywords:** Cavum vergae, inflammation, systemic lupus erythematosus

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PP-048

## COMORBIDITY OF EPILEPSY AND OBSESSIVE-COMPULSIVE DISORDER : CASE PRESENTATION

**Nur Özgedik, Osman Yıldırım**

*AİBÜ, İzzet Baysal Ruh Sağlığı Hastalıkları EAH, Psikiyatri Ana Bilim Dalı, Bolu*

**AIM:** The aim of the report is to discuss the comorbidity of epilepsy and obsessive-compulsive disorder (OCD).

**CASE:** The 33-year old, high school graduate single male consulted us with complaints including frequent urge to wash hands, fear of swallowing small items, avoiding stepping on lines, inability to communicate with females lest suspected of being a pervert, recurrent thoughts and behaviours, intermittent feelings of aggression and uncontrollable anger attacks followed with weeping. Having been diagnosed with OCD at the age of 18, he has had, over the previous 4 years, a sense of burning by a moving object in his head causing anger attacks with aggressiveness and intent to give harm. His complaints had become more pronounced after a traffic accident in 2012. He had been given at a health care center clomipramine (150 mg/day), aripiprazole (30 mg/day) and quetiapine (800 mg/day), but he had to be admitted to our psychiatry ward due to increased anger attacks over the previous 15 days. His psychiatric examination showed an appearance compatible with age and adequate self care. He was conscious, cooperative with the interview; and had complete time, place and person orientations, normal intelligence, normal memory functions, slow speech with low vocal tone, reduced voluntary attention, reduced sleep and appetite. His mood was euthymic and affect anxious. His thought contents included anxiety related to his obsessions. He had insight. EEG carried out during neurological consultation indicated generalised organisational disorder in the frontal lobe, made more pronounced by hyperventilation. Given his ongoing symptoms of obsession, he was put on clomipramine (300 mg/day) and aripiprazole (15 mg/day), and on valproic acid (1000 mg/day) and carbamazepine (800 mg/day) after interpretation of his anger attacks as epileptic seizures which, after this therapy, decreased from 4 events/day to one event/month with reduced severity such that he was discharged.

**DISCUSSION:** Epileptic seizures are events characterised with or without changes in consciousness, and motor, sensory, autonomous or psychiatric symptoms. Frontal lobe seizures may be appear with sudden motor agitation, extraverted anger and aggression together with emotional displays of weeping and fright. prevalence of 10.9% OCD had been determined in a population of epileptic patients. The case presented here suggest the involvement of the frontotemporal lobe and the limbic system in the pathogenesis of OCD.

**Key Words:** Anger attacks, epilepsy, OCD

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PP-049

## CLINICAL ASPECTS OF MEGA CISTERNA MAGNA COMORBIDITY WITH PSYCHOSIS: CASE PRESENTATION

**Mehmet Ak, Dilara Cari Güngör, Necdet Poyraz, Ali Ulvi Uca, Hasan Hüseyin Kozak**

*Necmettin Erbakan Üniversitesi Meram Tıp Fakültesi*

**AIM:** Mega Cisterna Magna (MCM) is one of the 4 subtypes of posterior fossa anomalies described as the Dandy-Walker syndrome. In MCM, the cisterna magna providing the passage of cerebrospinal fluid (CSF) from the 4th ventricle to foramen of magendie gets dilated to over 10mm, due to posterior membrane defects, without morphological impairment of the vermis and the cerebellar hemisphere. Although the MCM anomaly has been reported in very few psychiatric cases, the relationship has not been elucidated. This report has been presented to draw attention to the different clinical aspects of MCM and psychosis comorbidity.

**CASE:** The 20-year old male patient presenting with sudden symptoms differing from those associated with classical psychosis was diagnosed with MCM during his investigation.

**DISCUSSION:** The case presented here and those reported in the literature have shown us the possibility that in cases with sudden onset psychosis, with severe treatment resistant anxiety symptoms and pronounced impairment of cognitive functions may be associated with the underlying MCM. We have presented the clinical particulars of the case observed in our clinics and have discussed within the scope of the literature the clinical course and the neuropsychopathology of MCM and psychosis comorbidity.

**Key Words:** Mega Cisterna Magna, psychosis, schizophrenia

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## SLEEP QUALITY AND DREAM ANXIETY IN HAEMODIALYSIS PATIENTS

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**AIM:** There are various studies on the sleep quality and sleep disorders in dialysis patients. The aim of this study has been to evaluate sleep quality and dream anxiety, and the factors affecting these problems, in a population of haemodialysis patients.

**METHODS:** Our study was conducted in the Yüzüncü Yıl University, Dursun Odabaş Medical Centre, Nephrology Division with 52 terminal phase renal failure patients attending regularly 3 sessions of haemodialysis weekly. The controls consisted of 38 healthy individuals. The participants were evaluated on the bases of the Pittsburgh Sleep Quality Index (PSQI) and the Van Dream Anxiety Scale (VDAS).

**RESULTS:** Majority (92.3%) of the haemodialysis patients were found to have bad sleep quality, typified with delay in falling asleep and more sleep related problems indicated with higher dream anxiety scores as compared to the healthy controls. A negative correlation was determined between the haemoglobin level and the global VDA scores of the haemodialysis patients. Also, the total score of the patients on the PSQI negatively correlated with serum creatinine and phosphate levels and positively correlated with the C-reactive protein level.

**CONCLUSION:** Haemodialysis patients, when compared to healthy individuals, have bad sleep quality and dream anxiety.

**Key Words:** Dream anxiety, haemodialysis; sleep quality

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PP-051

## PSYCHOMETRIC CHARACTERISTICS OF THE TURKISH VERSION OF POST TRAUMATIC DISTRESS DISORDER (PTSD) CHECK LIST (TCL-5)

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**AIM:** The PTSD Check List is the most frequently used psychometric tool to estimate the PTSD related stress symptoms, and has recently been revised on the basis of the DSM-V. There has not been any report in the international literature on the characteristics of this tool after its last

revision. The aim of this study has been to determine the characteristics of the Turkish version of this recently revised psychometric tool.

**METHODS:** The study was carried out with volunteers consisting of 29 individuals diagnosed with PTSD, 73 patients with major depression and 360 individuals from the general population. The participants were asked to complete the PTSD Control List for DSM-V (Turkish version)(TCL-5), the Trauma Symptom Checklist-40 (TSC40), the Life Events Checklist for DSM-5 (LEC5), the Dissociative Experiences Scales (DES), the Beck Anxiety Inventory (BAI), the Beck Depression Inventory (BDI) and the Posttraumatic Cognitions Inventory (PTCI). In order to determine the psychometric capacity of the TCL-5 the collected data were analysed by the multivariate exploratory factor analysis, Raykov's Estimation of composite reliability for congeneric measures and the 15-day test repeat-test intraclass correlation, Pearson correlation coefficient test, and the ROC test.

**RESULTS:** The multivariate factor analysis showed that the 4-factor struct was in significant agreement with the data and provided struct reliability. Results for composite internal reliability of the TCL-5 subscales calculated for the population sample and the psychiatry patient group were: 0.79-0.92 on 'reliving the event'; 0.73-0.91 on 'avoidance and numbing'; 0.85-0.90 on 'negative changes'; 0.81-0.88 on 'excessive stimulation'. The 15-day test repeat-test intraclass correlations were, respectively, 0.70, 0.64, 0.78 ve 0.76. The strong correlations found between the total and the subscales of TCL-5 and other psychometric tools have verified the struct validity. The cut off score for TCL-5 was 48 and above.

**CONCLUSION:** TCL-5, with its powerful psychometric features, is an important tool for the evaluation of post traumatic symptoms.

**Key Words:** Depression, post traumatic cognition, post traumatic stress disorder (PTSD)

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PP-052

## AKATHISIA DEVELOPMENT AFTER ARIPIPRAZOLE TREATMENT: TWO CASE PRESENTATIONS

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Buca Seyfi Demirsoy Devlet Hastanesi Psikiyatri Kliniği, İzmir

**AIM:** Aripiprazole is a new generation atypical antipsychotic agent with a partial agonistic action on dopamine-D2 receptors, and a low profile of side effects. It is identified as a 'dopamine system regulator' as it acts according to the level of dopamine in its environment. This report has aimed to discuss the cases of two patients who developed akathisia after aripiprazole treatment.

**CASE 1:** The 39-year old married, high school graduate male patient consulted the psychiatry polyclinics with his wife. He continually suspected his wife for committing adultery and thought she formed contact and relationship with others while out on the road. He was started on aripiprazole with diagnosis of jealousy delusional disorder. When the drug dose was increased to 30 mg/day, he developed severe unrest and was seen to shake his legs with persistence. Suspecting akathisia, aripiprazole was switched to olanzapine, and, at his controls, his uneasiness was observed to have completely disappeared.

**CASE 2:** The 28-year old primary school graduate housewife consulted psychiatry polyclinics with her husband. She had fears of harming others in her family and especially her daughter, and therefore avoided contact with her social environment, and had considerably lost her functionality. She was diagnosed with obsessive-compulsive disorder and depression and was started on fluoxamine . When the dose was gradually increased to 300mg/day, she exhibited restlessness and continual movement. Akathisia was suspected and aripiprazole was discontinued, and akathisia symptoms were observed to have decreased.

**DISCUSSION:** Some publications have reported that no differences were observed between placebo and aripiprazole with respect to the risk of causing akathisia. However, the observations discussed here, as well others reported in the literature, have shown aripiprazole related akathisia and other extrapyramidal symptoms. It is believed that further studies on the risk profile of aripiprazole will be useful.

**Key Words:** Akathisia, aripiprazole, side effect

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PP-053

## COMPLICATED GRIEF AFTER INTRAUTERINE LOSS OF TWINS AND ITS TREATMENT: CASE REPORT

**Ürün Özer, Gökşen Yüksel**

*Bakırköy Prof. Dr. Mazhar Osman Ruh Sağlığı ve Sinir Hastalıkları Eğitim ve Araştırma Hastanesi, İstanbul*

**AIM:** Grief and mourning after the death of a beloved one should be accepted as natural. However, severe symptoms of grief prolonged further than expected and causing functional impairment is named as "complicated grief" which features chronicity, intense sadness and yearning, refusing to accept the loss, ruminations on death and the person lost, avoiding reminders of . the loss, numbness and alienation feelings. Loss of an unborn child is also an important life event and there are reports in the literature on its causative relationship with mood and anxiety disorders. Here the aim has been to report a case of intrauterine loss of twin fetuses and to draw attention to the course of diagnosis and treatment of the ensuing complicated grief.

**CASE:** The 26-year old married female patient, primigravida after in vitro fertilisation lost her 6.5 month old prematurely born twins within hours after delivery. She consulted the perinatal psychiatry polyclinics some 1.5 years after the event, with complaints of unhappiness, chronic weeping, thinking of the dead offspring, watching the ultrasound imaging of the fetuses, clashing with her family and neglecting her housework. Her husband and mother were suggesting her to plan a new pregnancy. This was her first psychiatric consultation; she did not have a history of medical illness, cigarette, alcohol or psychoactive substance use. Her Complicated Grief Inventory score was 46. Sertraline (100mg/day) treatment together with interpersonal psychotherapy and supportive psychotherapy resulted in improvement of her symptoms after 2.5 months.

**DISCUSSION:** The "Persistent complex bereavement disorder" is the descriptor of complicated grief in the DSM-5, is different from post traumatic stress disorder, major depressive disorder and adjustment

disorders, and improvement of the symptoms is achieved by effective treatment. Complicated grief is often missed by clinicians and should definitely be included in the differential diagnosis of patients who have had intrauterine fetal loss.

**Key Words:** Complicated grief, grief, intrauterine loss in pregnancy

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PP-054

## EVALUATION OF ALEXITHYMIA, ANXIETY SENSITIVITY, CIRCADIAN PREFERENCES AND BIOCHEMICAL TESTS IN PANIC DISORDER PATIENTS

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**AIM:** This study has aimed at evaluating panic disorder (PD) patients on grounds of alexithymia, anxiety sensitivity, circadian preferences and some biochemical changes and to compare the findings with healthy controls.

**METHODS:** This study enrolled 50 PD patients consulting the Yüzüncü Yıl University Psychiatry Polyclinics and 40 age and gender matched healthy controls who met the inclusion criteria of the study. All participants completed the Panic Disorder Severity Scale (PDSS), the Panic and Agoraphobia Scale (PAS), the Toronto Alexithymia Scale (TAS), the Anxiety Sensitivity Index-3 (ASI-3) and the Morningness–Eveningness Questionnaire (MEQ). In both groups Serum cortisol, dehydroepiandrosterone-sulphate (DHEA-S) and thyroid hormone levels were measured and compared.

**RESULTS:** Alexithymia scores of the patients were higher than those of the controls. A positive correlation was found between the TAS "difficulty expressing emotions" subscale score and the PDSS score. Also, the PDSS, ASI-3 scores and the DHEA-S level of the PD patient group with alexithymia were higher than the corresponding parametric values of the PD patients without alexithymia. The PD group anxiety sensitivity was higher than that of the control group. With respect to circadian preferences, both groups were found to be intermediate types on the MEQ. Serum T3 and DHEA-S levels of the control group were higher than in the PD patient group.

**CONCLUSION:** The finding that difficulties of recognising as well as expressing emotions in the PD patient group are positively correlated to anxiety level means that the experienced difficulties are equivalent to the experienced anxiety. When anxiety sensitivity of patients with PD, anxiety disorders and depression diagnoses were compared, the highest anxiety sensitivity were observed in the PD patients.

**Key Words:** Alexithymia, anxiety sensitivity, Panic disorder

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PP-055

## INVESTIGATION OF THE PROTECTIVE THERAPY CHARACTERISTICS OF BIPOLAR DISORDER PATIENTS FOLLOWED AT A TRAINING HOSPITAL

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**AIM:** In our study it has been aimed to investigate the distribution particulars of the clinical and protective therapy given to bipolar disorder (BPD) patients under follow up control.

**METHODS:** This study was conducted with volunteering BPD patients being followed up at the RTEÜ Rize Training and Research Hospital Psychiatry Polyclinics. The participant group consisted of 80 patients within the age range of 18-65 years, diagnosed with BP-I or BP-II type of disorder on the basis of the DSM-IV criteria. The participants were asked to complete a demographic information questionnaire, the SCID-I, the Young Mania Rating Scale (YMRS) and the Hamilton Depression Rating Scale (HAM-D).

**RESULTS:** Of the 80 patients enrolled in the study 57 (71.3%) were females and 23 (28.7%) were males; diagnosed with BP-I (n=67, 83.7%) and BP-II (n=13, 16.3%) type of disorder, with a mean duration of 13.8+9.1 years for the whole group. Therapeutic agents used for the patients consisted of lithium for 36(45%), valproic acid for 23(28.8%), lamotrigine for 3(3.8%) and carbamazepine for 1 (1.3%). Only 15 patients were on monotherapy, combination treatment being required for 65 (81.3%). Protective pharmacotherapy used consisted mainly of atypical antipsychotics for 53(66.3%) cases. For 57 patients with mania, mean counts for the manic periods were 6.24+5.4 for lithium users, 2.19+3.2 for valproic acid users and 8.75+4.5 for combined lithium and valproic acid users. For the 51 patients with depression, mean counts of the depressive periods were 7.12+ 4.6 for lithium users, 6.25+5.7 for valproic acid users, 10.33+2.6 for lamotrigine users. For the 32 patients with mixed symptom periods, mean counts of symptom periods were 2.86+3.5 for lithium users and 2.55+3.6 for valproic acid users.

**CONCLUSION:** Protective therapy in BPD is a topic of recent discussion. Despite many studies aiming to evaluate the outcomes of treatments given in BPD, a clear point of view on the protective therapy has not yet been established. There is need for studies with larger patient populations in order to arrive at criteria evaluating protective therapy.

**Key Words:** Bipolar disorder, clinical characteristics, protective therapy

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PP-056

## NEUROLEPTIC MALIGNANT SYNDROME WITHOUT HIGH FEVER: CASE PRESENTATION

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**AIM:** Neuroleptic Malignant Syndrome (NMS) is a rare idiosyncratic complication of treatment with antipsychotic agents with an incidence of 0.07-2.2% and can be life threatening. Mortality incidence ranges in a broad interval of 10-70%, depending on the severity of symptoms, and the timing of treatment approaches. It is generally seen when treatment is started with high potency antipsychotics (typic or atypic) or rapid increases in dosage and is thought to be due to dopamine blockage. Clinical symptoms consist of high fever, autonomic nervous system disorders such as hypertension, tachycardia, tachypnea, hyperhidrosis, urinary incontinence, extrapyramidal symptoms such as cogwheel and lead pipe type muscular rigidity, and cognitive changes such as confusion, agitation or catatonia. Laboratory tests indicate elevated creatine phosphokinase (CPK), impaired hepatic and renal functions, leucocytosis and electrolyte imbalance. Muscular rigidity is associated with elevated CPK, muscle necrosis and myoglobinuria. This report discusses a case of NMS without high fever being followed up at our hospital.

**CASE:** 43-year old male patient with progressive cognitive impairment and behavioural changes was brought to the emergency services. It was learned that he had been on drug therapy for psychological disorder over the previous 4 years; and had been an inpatient for 1 month in a psychiatry hospital 1.5 months previously, and his treatment doses with haloperidol (20mg/day) and lithium (1200mg/day) had been increased 15 days previously. He was followed at the infectious and internal diseases and diagnosed with NMS on course without fever, on grounds of cognitive disorder, elevated hepatic enzymes and elevated CPK with development of muscular rigidity; and was started on bromocriptine (7.5mg/day). On the 25th day of his therapy, when he was discharged, his general condition and blood biochemistry were normalised and his rigidity had disappeared.

**DISCUSSION:** Making a diagnosis of NMS without observing high fever and serious muscular anomalies is difficult. There are reports in the literature of NMS cases with delayed appearance or absence of fever as in the case reported here. Therefore care is required in the observation of NMS patients without elevated body temperature.

**Key Words:** Antipsychotic drugs, fever, neuroleptic malignant syndrome

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## PSYCHOGENIC PRURITUS: PRESENTATION OF TWO CASES

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**AIM:** Pruritus is a frequently encountered unpleasant itch sensation, increasing with advancing age and with different underlying aetiologies. Many skin diseases despite having a primary reason, can also be observed on the course of haematological, endocrine, neoplastic and neuropsychiatric disorders. However, patients seek medical advice for complaints of itch not related to any organic disease. In this report it has been aimed to cover the case of two patients referred from dermatology clinics to psychiatry services with complaints of medically unexplainable itch, and to discuss psychogenic pruritus, its psychiatric comorbidities, diagnosis and treatment.

**CASE 1:** The 92-year old female patient with complaints of generalised itch resulting with periodic excoriation and pigmentation consulted the dermatology clinics and was examined for primary skin disease and investigated with diagnosis assisting skin tests. Since a pathological cause could not be discerned she was referred to psychiatry polyclinics with the preliminary diagnosis of psychogenic pruritus. The itch disorder was found related to emotional problems, and the patient who had other psychiatric symptoms was evaluated as a case of psychogenic pruritus.

**CASE 2:** The 83-year old male patient had sustained a medically unexplained complaint of itch for the previous 21 years. He had generalised excoriated papules on his body and was referred by the dermatology clinics to psychiatry polyclinics for consultative assessment. His problem had started after the stressful periods he had gone through with flare ups from time to time. After the loss of his wife 6 months previously his complaints had increased. He did not feel the problem when sleeping. He had not benefited from using gabapentin (300mg/day) and hydroxyzine (50mg/day) prescribed by the dermatology clinics which was supplemented with fluoxetine (20mg/day). At his follow up control, the treatment was found to have reduced his anxiety level as well as the papules on his skin.

**DISCUSSION:** There are not clearly defined criteria for the diagnosis of psychogenic pruritus in any of the diagnostic guidelines. In the DSM-5 it is placed under the heading of somatoform disorders. Its differentiation from other itch disorders and treatment is difficult for both the dermatologists and psychiatrists.

**Key Words:** Diagnosis, psychogenic pruritus, treatment

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## MANIA RELATED TO CORTICOSTEROID USE: CASE PRESENTATION

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**AIM:** Corticosteroids are agents used in the treatment of many disorders headed by the autoimmune diseases. Incidence of psychiatric side effects among corticosteroid using patients has been estimated to be in the 2-60% range. Side effects usually appear in the initial weeks of the treatment and can be any of the mood disorders such as anxiety and depression, as well as psychosis, delirium, cognitive disorders or insomnia. Studies have shown that there are risk factors related to the development of psychiatric side effects, the primary risk factor being the corticosteroid dose. Although the first measure is to reduce the dose or discontinue the corticosteroid treatment, in the cases when this is not possible, use of antipsychotics and mood regulators have been recommended. This report has aimed to discuss the risk factors for the first episode manic attack during corticosteroid treatment, the response to supplementation of the therapy with quetiapine and the observed psychiatric course of the condition of a patient followed for nephrotic syndrome at the nephrology clinics and referred to psychiatry polyclinics for consultation.

**CASE:** The 33-year old, married female nephrotic syndrome patient on corticosteroid treatment had been referred to psychiatry polyclinics for insomnia. She did not have a previous psychiatric diagnosis, and her complaint had appeared after the start of her treatment with corticosteroids.

**DISCUSSION:** Quetiapine treatment of the first episode mania after the start of corticosteroid therapy for nephrotic syndrome was effective in the case presented here. In corticosteroid using patients who carry risk factors the possibility of psychiatric symptom development should be carefully investigated and followed up.

**Key Words:** Mania, side effects, steroid

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## SKIN RASH DUE TO CLOZAPINE USE: CASE PRESENTATION

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**AIM:** The superiority of clozapine over other antipsychotics in the therapy of suicidal patients and treatment resistant schizophrenia has long been known. However, the various adverse side effects including potentially fatal agranulocytosis and epileptic seizures, myocarditis,

orthostatic hypotension, sedation, weight gain and sialorrhea have limited the wide scale use of clozapine. Next to these well known side effects other rarely or very rarely met side effects such as ischaemic colitis, paralytic ileus, haematemesis, gastroesophageal reflux, priapism, urine incontinence, pityriasis rosea, generalised erythema, pulmonary thromboembolism, periorbital oedema and parotitis have also been reported. Although skin rashes have been observed in approximately 5% of the patients after antipsychotic use, reports on rashes due to clozapine have been limited in numbers. Speedy diagnosis and treatment of these previously unforeseen adverse side effects can be life saving as many of these side effects are serious and are potentially life threatening. Therefore, clinicians have to be sensitive to the side effects that can appear with clozapine use, and intervene very fast to save life. This report has aimed to discuss the case of a patient who developed a skin rash after she was started on clozapine treatment.

**CASE:** The 51-year old female patient being followed with schizophrenia over the previous 30 years without other comorbidities was admitted to psychiatry services for treatment resistant schizophrenia. She was started on clozapine with a dose titration from 12.5mg/day to 150 mg/day. On the 22nd day of the treatment with the highest dose she developed in her palms, forearms and lower extremities localised itchy, erythema multiform type rash characterised with erythematous plaques. Clozapine treatment was discontinued and the skin rash cleared in one week.

**DISCUSSION:** Speedy diagnosis and treatment of the previously unforeseen adverse side effects of clozapine can be life saving as many of these side effects are serious and are potentially life threatening. Therefore, clinicians have to be sensitive to the side effects and intervene very fast to prevent morbidity and mortality associated with clozapine use

**Key Words:** Clozapine, side effects, skin rash

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PP-060

### RELATIONSHIP BETWEEN BURN OUT AND THE PERSONALITY TRAITS AND STRATEGIES FOR COPING WITH STRESS AMONG PHYSICIANS

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**AIM:** Burn out syndrome is especially observed among professionals such as physicians, nurses and teachers who deal face to face with members of the public. Burn out is characterised by emotional exhaustion, depersonalisation and reduced feeling of personal accomplishment, and is affected by personality traits and approaches to coping with stress. Neurotic personality and emotionally focused coping behaviour

increases the burn out severity. The aim of this study was to investigate the effects of personality traits and strategies to cope with stress on burn out among physicians.

**METHODS:** The study was conducted with 258 volunteering physicians employed at the Başkent University Ankara Hospital. Data were collected on the Eysenck Personality Questionnaire- Reviewed Short Form (EPQ-SF), the Maslach Burnout Inventory (MBI) and the Strategies for Coping with Stress Scale (SCSS); and, analysed on the SPSS 17 package program.

**RESULTS:** Significant differences were found in the relationship between the scores on the neuroticism subscale of the EPQ and the emotional exhaustion, depersonalisation and personal achievement subscale scores on the MBI ( $p < 0.0001$ ). Also, significant differences were found on the relationship between the mental indifference and behavioural indifference subscale scores of SCSS and the emotional exhaustion, depersonalisation and personal achievement subscale scores on the MBI ( $p < 0.05$ ).

**CONCLUSION:** In agreement with the reports in the literature, the results of our study have shown that neurotic personality traits increased burn out and depersonalisation incidences and decreased the feeling of personal achievement among physicians, as also seen in other professional groups. Also, mental and behavioural indifference or use of alcohol as strategies to cope with stress increased the incidences of burn out and depersonalisation, and reduced the feeling of personal achievement. Conversely, using active coping strategies reduced the incidences of burn out and depersonalisation and increased the feeling of personal accomplishment. Given these observations, development of intraservice training or services of psychological support for improvements on personality traits and stress management may be part of the measures to prevent burn out.

**Key Words:** Burn out syndrome, personality traits, strategies for coping with stress

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PP-061

### COMPARISON OF SOCIAL ANXIETY AND AVOIDANCE BETWEEN SOCIAL PHOBIA PATIENTS AND HEALTHY INDIVIDUALS

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**AIM:** Social phobia is fear of making relationships with others, of being watched or investigated which, in detail, involve speaking in front of an audience, speaking to aliens or important people, eating in front of others and defending ones ideas to others, among others. The aim of this study has been to investigate the social situations causing anxiety and avoidance on the bases of social phobia and control group.

**METHODS:** This study included 60 patients being followed at the S.B. Ankara Dışkapı Y.B.E.A.H hospital with diagnoses of social phobia (SP) and 30 healthy individuals as the experimental control group. Data were acquired on a sociodemographic information questionnaire and the Liebowitz Social Anxiety Scale (LSAS) asked to be completed by all the participants and were analysed on the SPSS 15 package program.

**RESULTS:** On the basis of the results of the study, the subscale clauses of LSAS excluding those on 'speaking at a meeting without previous preparation', 'attempting to meet someone for romantic/sexual relationship', 'performing to audiences', 'using public toilets' caused significant anxiety in the SP group as compared to the controls ( $p>0.05$ ). Also, those subscale clauses of LSAS excluding those on 'speaking at a meeting without previous preparation', 'attempting to meet someone for romantic/sexual relationship' caused significant avoidance in the patient group in comparison to the control group ( $p>0.05$ ).

**CONCLUSION:** In agreement with the literature, performing to audiences caused anxiety in both the SP patients and the controls which indicates a common performance anxiety; but the presence of avoidance behaviour only in the patient group may be the sign of impairment in functionality. Similarly, avoidance of using public toilets by both the patient and the control group suggests concerns on hygiene in the control group; but the presence of also avoidance in the patient group suggests the shy bladder syndrome. Speaking at a meeting without previous preparation' and 'attempting to meet someone for romantic/sexual relationship' give rise to anxiety and avoidance in both groups, which does not agree with the literature and may reflect a local cultural trait.

**Key Words:** Social anxiety, social avoidance, social phobi

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PP-062

### MYOPATHY DUE TO CLOZAPINE USE: CASE PRESENTATION

**Fatma Betül Esen, Özlem Devrim Balaban**

*Bakırköy Prof. Dr. Mazhar Osman Ruh Sağlığı Ve Sinir Hastalığı Eğitim Araştırma Hastanesi*

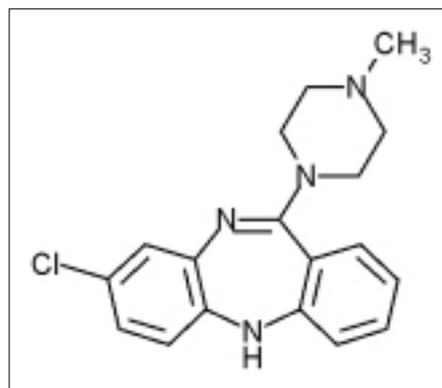
**AIM:** Clozapine is an atypic antipsychotic agent with proven effectiveness in the treatment of resistant schizophrenia and with successful results with treatment resistant bipolar disorder. However, having life threatening adverse side effects its use has been limited. This report aims to discuss the case of a patient with treatment resistant bipolar disorder (BD) whose therapy had to be supplemented with clozapine leading to muscular weakness.

**CASE:** The 47-year old female patient with a 30-year history of follow up for BD had been on long term maintenance treatment with lithium and valproic acid. As attacks developed despite proper treatment compliance, she was diagnosed as treatment resistant and clozapine was added to her pharmacotherapy. When fatigue and muscular weakness symptoms appeared she had been on clozapine for 1.5 years. After consultation with neurology, and investigation with EMG she was diagnosed with 'mixed type neuropathy'. At the time her serum CPK values were within normal limits. With the recommendation of the neurology consultant, lithium was discontinued but her complaints persisted. After reviewing her therapy, clozapine was discontinued; and within 1 month her complaint subsided and completely disappeared at the end of 2 months.

**DISCUSSION:** Although not properly understood, various views have been given on the mechanism of action of clozapine on muscle

dysfunction. Clozapine molecule antagonises calmodulin. Calmodulin mediates intracellular uptake of calcium, and among others, plays a biological role in DNA synthesis, and activates enzymes such as the myosin light chain kinase and protein kinase. Myosin light chain kinase has a regulatory function in the contractile response of the muscle. Therefore, it has been thought that inhibition of calmodulin by clozapine is significant in muscle dysfunction. Clozapine interaction with lithium is also not clear, and it has been proposed that lithium effect on serum osmolarity may change the properties of the cellular membranes, especially in the skeletal muscle. In conclusion, it should be kept in mind that, next to its life threatening side effects, clozapine can also result in outcomes lowering the quality of life and patient functionality.

#### Clozapine



#### Moleculer

**Key Words:** Bipolar disorder, clozapine, myopathy

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PP-063

### ATTITUDES OF ASSISTANT HOSPITAL PHYSICIANS TO DEPRESSION

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**AIM:** This study has aimed to investigate the knowledgeability and attitudes to depression of assistant physicians employed in a university hospital and to determine the factors affecting these traits.

**METHODS:** The study was carried out with 170 assistant physicians whose approaches and attitudes to depression was assessed by means of a psychometric 32-item depression questionnaire prepared by the Psychiatric Research and Education Centre (PAREM) (1) and a 22-item sociodemographic information questionnaire, both distributed and received in closed envelopes.

**RESULTS:** The mean age of the participants was  $28.07 \pm 2.40$  (min:24-max:42) and about one half were females (54.7% ; n:93). Those who regarded depression as "an illness" and those who rated it as a "psychological weakness" were found to be, respectively, 97.6% (n=166) and 67.1% (n=114); and 80% (n=136) believed depression to arise from social causes; 96.5% (n=164) believed it to be treatable, with 97.6% (n=166) regarding pharmacotherapy and 91.2% (n=155) believing psychotherapy as the modes of treatment. Furthermore, 48.8% (n=83) believed depression would not disappear before social problems were solved; 44.1% (n=75) believed drugs would cause dependency; 55.3% (n=94) suspected serious side effects of pharmacotherapy. Socially, 45.9% (n=78) did not mind marrying a depressive individual; 70.6% (n=120) did not mind working with a depressive individual; 72.4% (n=123) did not mind having a depressive neighbour, and 17.1% (n=29) admitted that they would not rent their property to depressive tenants.

**CONCLUSION:** A large percentage of the participating assistant physicians had correct knowledge about depression; but 80% were biased on the aetiological significance of social causes ; and tended, in this respect, to misjudge depression as demoralisation and/or wanted to normalise it. The choices of the assistant physicians on the treatment of depression such as with respect to expertise and prognosis, were largely correct; but their knowledge/opinion on the pharmacological agents used was not correct and reflected that of the lay public. Attitude of the assistant physicians to depressive patients was significantly better than that of the lay population, but the situations most refused were those requiring personal closeness to patients .

**Key Words:** Assistan physician, attitude, depression, labelling, physician

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PP-064

### EVALUATION OF THE PHYSICAL MORPHOLOGICAL TRAITS OF THE HEALTHY SIBLINGS OF CHILDREN DIAGNOSED WITH AUTISM SPECTRUM DISORDER

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<sup>2</sup>Dokuz Eylül Üniversitesi Tıp Fakültesi, İzmir

<sup>3</sup>Mardin Kadın Doğum ve Çocuk Hastalıkları Hastanesi, Mardin

**AIM:** The aim of our work has been to compare the healthy siblings of children diagnosed with autism spectrum disorder (ASD) on the basis of the DSM-IV criteria, on the bases of physical morphological traits including the relative proportions of the fingers with one-to-one age and gender matched children with healthy development.

**METHODS:** The study included 41 siblings with healthy development of 41 children diagnosed on the DSM-IV criteria with Autistic disorders, Asperger syndrome and General Developmental Disorder- Otherwise not specified, as the case group, and 43 healthy children without a family history of psychiatric disorder, as controls . All participating children were taken through a diagnostic interview. Lengths of the 2nd and 4th fingers of both hands of the two groups of children were measured and the hair turn (whorl) characteristics of the boys were evaluated (this was prevented in the girls because of their long hair).

**RESULTS:** The length ratio of the second finger to the fourth finger (2D:4D) in both hands of the case group of children were significantly lower as compared to that of the control group of children ( $p < 0.001$ ); and the hair turns of the case group of boys were significantly more in the clockwise direction ( $\chi^2 = 4.88$  p: 0.041). However, differences were not found between the two groups of boys with respect to the counts of hair turns, the distance of the hair turns to the midline and the location of the turns relative to the midline ( $p > 0.05$ ).

**CONCLUSIONS:** It is believed that the 2D:4D ratio estimations in our study, reported to be related to "extreme form of male brain" in autism, are in agreement with the literature. Hair turn/whorl direction, believed to be a biological result of lateralisation, was found to be different in the case group from the controls and suggested a change in the normal development of lateralisation in the case group of children. Our results suggest that the healthy siblings of children diagnosed with ASD have a biological endophenotype related to ASD.

**Key Words:** Autism, morphology, sibling

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PP-065

### PSYCHOSOCIAL EVALUATION OF THE HEALTHY SIBLINGS OF CHILDREN DIAGNOSED WITH AUTISM SPECTRUM DISORDER

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**AIM:** The aim of this study has been to compare the psychosocial traits of the healthy siblings of children diagnosed with autism spectrum disorder (ASD), with one-to-one age and gender matched children with healthy development.

**METHODS:** The study included 41 siblings with healthy development of 41 children diagnosed with Autistic disorders, Asperger syndrome and General Developmental Disorder- Otherwise not specified, as the case group, and 43 healthy children without a family history of psychiatric disorder, as controls . All participating children were taken through a diagnostic interview. Both groups of children completed the "Strength and Difficulties Questionnaire" (SDQ-TR) and the Quality of Life Scale for Children (QoL-C). Also the parents of both the case and control groups of children were asked to complete the Childhood Autism Rating Scale (CARS), Strength and Difficulties Questionnaire – Parent's version (SDQ-PR)- and the Quality of Life Scale for Children- Parent's version (QoL-C-PR)-,.

**RESULTS:** The total score on QoL-C and scores on its subscales of physical health, emotional functionality, and psychosocial health, and the score on the SDQ-TR subscale of prosocial behaviour were significantly lower in the case group children as compared to the control group ( $p < 0.05$ ). Significant differences were not found in the scores of QoL-C-PR and SDQ-P, completed by the parents ( $p > 0.05$ ).

**CONCLUSION:** Low prosocial behaviour score of the case group of children suggested a relationship with a Broad Autism Phenotype.

The low emotional functionality and psychosocial health scores of the case group of children have been found related to the behavioural and emotional problems experienced by these children as reported in the literature. Also, the parents were found not to have enough awareness of the problems experienced by these children.

**Key Words:** Autism, quality of life, sibling

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PP-066

### COMPARISON OR ALEXITHYMIC TRAITS IN SELECTIVE AMNESIA AND EARLY STAGE ALZHEIMER DEMENTIA

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**AIM:** There are reports on reduced perception of emotions in the elderly. Although relationship of alexithymia with psychological disorders such as depression and psychosomatic disorders have been studied, there are no works on the alexithymic traits in the elderly with cognitive disorders. We have aimed in this study to compare the alexithymic traits observed in selective amnesia (SA) and early stage Alzheimer dementia (ESAD) patients.

**METHODS:** The study included 30 Selective Amnesia(SA) and 25 early stage Alzheimer Dementia (ESAD) patients. Data were acquired on the Mini Mental Test, Stroop Effect/Test, word counting test, number sequence test, verbal fluency test and the Clinical Dementia Rating (CDR) in order to assess the level of cognitive inadequacy. Those who scored 0.5 on CDR were rated as having mild cognitive disorder; a score of 1 was rated as early stage Alzheimer dementia. All participants completed the Toronto Alexithymia Scale-20 (TAS-20).

**RESULTS:** Mean age of the patients was 73.36±5.024 years; and the age of the ESAD group was significantly higher than that of the SA group of patients (75.56±4.407 vs 71.53±4.826; p=0.001). The groups did not differ significantly on the basis of gender (X<sup>2</sup>=0.157 p=0.697). Compared to the SA group, alexithymia scores of ESAD patients on the TAS-20 subscales of difficulty differentiating emotions (19.36±5.693 vs 13.63±3.819; p<0.001), of difficulty describing emotions (15.16±3.848 vs 12.07±3.552 p=0.006), and of thoughts expressed on external events (25.36±5.007 vs 21.03±4.491 p=0.007) were significantly higher.

PP-067

### FACTITIAL HYPOGLYCEMIA: CASE PRESENTATION

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**AIM:** Factitial (intensional) hypoglycaemia develops secondarily to the deliberate and secretive use of insülin or of sulphonylurea and meglitinide type of oral diabetics; and the first step intervention is the rapid control of the hypoglycemia symptoms. The second and the difficult step is to prevent the repetition of hypoglycemic attacks. The involved patients not only deny their illnesses, but are also unwilling to get psychotherapy. The aim of this report is to discuss the case of a patient being followed for factitial hypoglycemia in order to draw attention to the importance of detailed psychiatric examination included with the general medical evaluation of this group of patients

**CASE:** The 18-year old female patient being observed under the suspicion of using her father's prescribed insulins, was referred by the endocrinology services to psychiatry for further assessment on a preliminary diagnosis of psychotic disorder, since her hypoglycemic attacks were repeating. Her biochemical data at the time included serum glucose of 32 mg/dl, C-peptide level of 0.13ng/ml and insulin level of 34,2 Uıu/mL, and physical examination indicated insulin injection sites at the lower extremities suggesting factitial hypoglycemia. It was noted in her psychiatric examination that she looked her age, with proper self care. She was interested in the interview and made eye contact. She had a defensive attitude and kept denying her illness. She talked in terms of short and undetailed questions and answers with a normal vocal tone and speech pace. Her mood was mildly restless, affect was mildly depressive, perception was normal and intelligence was clinically normal. Her thought process was normal and connotations were correct. Her thought content was related to her condition. Her evaluation of reality and judgment were sound; her apparent behavior was ordinary. It was her first admission to hospital and she had not seeked any medical advice previously.

**DISCUSSION:** In medical terminology, factitial hypoglycemia is a reference to intensionally and secretly self-induced hypoglycemia, and influences the patient-doctor relationship as the former being mislead and the latter being unreliable. The case presented here is noteworthy in drawing attention to the necessity of detailed psychiatric assessment of patients suspected of self-induced illness.

**Key Words:** Denial of illness, Factitial, self-induced hypoglycemia,

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## RELATION OF WEAK INSIGHT IN SCHIZOPHRENIA TO CLINICAL SYMPTOMS AND NEUROPSYCHOLOGICAL FUNCTIONS

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**AIM:** Weak insight is a typical characteristic of psychiatric disorders. Majority of schizophrenia patients lack either totally or partially an insight of their illness. Weak insight has been shown to have adverse effects of quality of life, treatment compliance, the course of the illness and the counts of hospitalization. Investigation of the relationship between insight and the other psychotic symptoms may facilitate both the understanding of the causes and the course of the illness and its treatment.

**METHODS:** This study included 34 schizophrenia inpatients, admitted for acute psychotic flare up and evaluated at the times of admission and discharge following therapy, on the bases of clinical insight and cognitive insight, psychopathological condition and cognitive functions. Relevant data were acquired on the Positive and Negative Symptoms Scale (PANSS), the Schedule for Assessment of Insight-Expanded (SAI-E), the Beck Cognitive Insight Scale (BCIS) and a battery of neuropsychological tests.

**RESULTS:** A significant improvement ( $p<0.001$ ) was observed in the clinical insight of the patients after treatment in the hospital of acute psychotic flare ups. This improvement has been indicated by the positive correlation between the changes in the clinical insight scores and the changes in the severity of clinical symptoms and especially with the improvements in the positive symptoms. ( $r=0.537$ ;  $p=0.003$ ) and the executive functions ( $r=0.4$ ;  $p=0.048$ ). Although a significant change in the cognitive insight of the patients was not detected after the therapy, a few significant correlations were detected between clinical insight and cognitive insight.

**CONCLUSION:** Our study has shown that after hospital treatment of schizophrenia patients with acute psychotic flare up, the patient clinical insight was significantly improved especially in relation to the positive symptoms and executive functions.

**Key Words:** Cognitive insight, insight, neuropsychological functions, schizophrenia

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## FACTORS DETERMINING EARLY REMISSION IN BUPRENORPHINE/NALOXONE TREATMENT OF OPIOID DEPENDENCE

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**AIM:** Opioid (heroin) dependence, a continually widening problem that affects the lives of many individuals in the world, is one of the most serious concerns of the century. Our study has aimed to compare the sociodemographic details, and the symptoms including dependence severity, substance craving, impulsiveness and sleep disorders between patients diagnosed with 'opioid use disorder' on the bases of the DSM-V criteria, who were either in early remission with envisaged factors determining the success of the therapy or in relapse.,

**METHODS:** This study enrolled 200 patients who consulted the Alcohol and Substance Research, Education and Treatment Centre of Konya Training and Research Hospital Psychiatry Clinics between the dates of 1 August 2014 and 31 January 2015. Of these patients only 106 completed the 3-month study by attending regularly the monthly controls. Data were collected on Pittsburgh sleep quality index (PSQI), Hamilton depression rating scale (HAM-D), the Factors for effective dependency treatment (FEDT), and the Substance Dependence Severity Scale (SDSS).

**RESULTS:** In the early remission group, level of education, starting age of cigarette smoking and age at the first use of substance other than cigarettes were significantly higher as compared to the relapse group ; whereas duration of past heroin use, past incidences of conflict with the law and of imprisonment, and incidences of therapeutic use of psychotropic drug excluding buprenorphine/naloxone were significantly lower than those reported by the relapse group. Scores on psychometric data acquired before the treatment, were evaluated for the factors affecting the treatment success. Logistic regression analysis showed that the increases in the total score on PSQI, HAM-D score at the first interview, total score on FEDT and the scores on SDSS subscales on family support and social support significantly increased the risk of relapse.

**CONCLUSION:** Observing in this study that increased sleep disorders, high levels of impulsiveness, substance craving and severity of dependency, low level of family and social support and increased frequency in experiencing conflict with the law were associated with increased frequency of relapse, and support the proposal that opioid dependence is a multidimensional biopsychosocial disorder. It has become obvious that when assessing substance dependency in patients, a detailed multidisciplinary evaluation and a long term treatment plan are crucial.

**Key Words:** Opioid dependency,, relapse, remission

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PP-070

## MANIC FLARE UP IN SCHIZOPHRENIA AFTER SWITCH FROM ORAL PALIPERIDONE TO PALIPERIDONE PALMITATE: CASE PRESENTATION

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**AIM:** Antipsychotic agents are effectively used in the treatment of bipolar disorder. However, there are case reports in the literature on manic phase flare ups during the use of antipsychotic agents in the treatment of schizophrenia. Here, the appearance of a manic attack after switch from oral paliperidone to paliperidone palmitate in the treatment of a patient diagnosed with schizophrenia has been reported.

**CASE:** The 22-year old female patient, diagnosed with schizophrenia 3 years previously, had been treated as an inpatient at our hospital for 2 incidences of psychotic symptoms when her treatment included antipsychotics agents such as olanzapine and risperidone. In her last admission to hospital, she had gained weight, and her medicines were changed due to galactorrhoea and akathisia. She had been on paliperidone (9mg/day) for the previous 1 year. Previously to her admission, she had been experiencing for 1 month auditory hallucinations and increased persecutive delusions, with the deterioration of her treatment compliance which prompted the decision to switch from oral paliperidone to paliperidone palmitate (150mg,i.m.-on the deltoid). On the second day of the switch, she developed symptoms of escalating mood, decreased need for sleep, increased pace and volume of speech indicative of mania. She did not have a history of hypomania, mania, depression or other physical or neurological disorders, or substance use and she was only on paliperidone. Her physical and neurological examinations, EEG, ECG, cranial MRI ; haemogram, biochemical results on serum ethanol, thyroid, hepatic and renal functions tests were all within normal limits. Her treatment was supplemented with lithium (600 mg/day titrated to 900mg/day). On the 8th day of the switch, paliperidone palmitate (100mg) was repeated according to the plan made. Manic symptoms completely disappeared in the third week of the switch. Lithium was discontinued in the sixth month. Her manic symptoms did not recur during the 1-year follow up with maintenance on 150mg/month paliperidone palmitate.

**DISCUSSION:** The exact cause of the observed manic attack is not understood, but it may be due to a fast antidepressant effect of the  $\alpha_2$ -antagonism by high dose paliperidone palmitate. Switch from antipsychotics to paliperidone in the treatment of schizophrenia requires careful observation of the patient for mood changes.

**Key Words:** Antipsychotic, drug switch, mania, paliperidone, paliperidone palmitate

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PP-071

## RELATIONSHIP OF INSIGHT DURING THE MANIC PHASE OF BIPOLAR DISORDER-I WITH CLINICAL SYMPTOMS AND NEUROPSYCHOLOGICAL FUNCTIONS

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**AIM:** Clinical insight concept has been extensively investigated in psychotic disorders and the effects of insight on the clinical outcomes of the treatment of psychotic disorders have drawn the attention of many researchers. Despite paucity of information on insight in relation to mood disorders, recent research suggests that insight has a role in the prolonged well being of bipolar disorder type I (BD-I) patients. This study has aimed at determining the changes in the clinical and cognitive insight of BD-I patients throughout their hospital stay period and to investigate their relationship with symptom severity and neuropsychological functions.

**METHODS:** The study was carried out with 20 BD-I inpatients being treated for psychotic type manic attack. Patients' data were acquired on the Young Mania Rating Scale (YMRS), the Beck Cognitive Insight Scale (BCIS), the Schedule for Assessment of Insight Expanded (SAI-E) and a battery of neuropsychological tests immediately after admission to the ward and after discharge.

**RESULTS:** The clinical insight of the manic attack BD-I patients was evaluated on the basis of the total score on SAI-E, which was significantly increased at the time of their discharge from the hospital ( $p=0,001$ ), and this increase showed a significant negative correlation with the symptom severity at discharge ( $r= -0,61$ ;  $p=0,006$ ). Also, a significant correlation was found between the improvement in clinical insight and the improvement in the digit span task which tests the working memory in the cognitive tests battery ( $r=-0,596$ ;  $p= 0,007$ ). Differences with significance were not observed in performance in the rest of neuropsychological tests used and cognitive insight at admission and discharge.

**CONCLUSION:** On the bases of our results, it is believed that the improvement in symptom severity and the cognitive memory may be the determinants of improved cognitive insight. This conclusion supports the results of a limited number of tests carried out with different methodologies.

**Key Words:** Bipolar disorder, insight, manic attack, neurocognitive functions

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## BORDERLINE PERSONALITY AND AUTOVAMPİRISM COMORBİDİTY: CASE PRESENTATION

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**AIM:** Autovampirims is the case of satisfaction from drinking or swallowing one's own blood after, for example, self wounding. Here a case of autovampirism with borderline personality and impulsive blood sucking behavior comorbidity has been discussed.

**CASE:** The 18-year old single female university student consulted with the complaint of increased impulse to suck blood. She had not thought of this behavior as a medical problem and therefore had not sought medical advice until the advice of the management at the students residence hall where she stayed. Her complaint had started 2 years previously with self mutilation behavior triggered with stressor factors. She had been doing this from time to time over the previous 2 years, but her behavior became progressively more frequent such that she felt the need every other day and sucked her own blood or the blood of men in her social environment. This urge increased with stressful events and in her premenstrual periods and she felt comforted by sucking blood. She did not take animal blood or menstrual blood. Her psychiatric examination results were normal with the exception of her affect being dysphoric, and having feelings of emptiness, anxiety of being abandoned and passive suicidal thoughts. She did not have a history of psychiatric or physical illness, alcohol or substance use or incidence of head trauma. Her haemogram, hepatic, renal and thyroid function tests and the results of other routine biochemical test results and her cranial MRI were all normal. Her score on the Minnesota Multiphasic Personality Inventory (MMPI) was compatible with borderline personality disorder. She was started on paroxetine (10mg/day) and risperidone (1 mg/day) for her impulsive behavior and depressive symptoms. At her controls she was found noncompliant with the drug therapy and she had to be followed with individual psychotherapy which resulted in the reduction of the urge to suck blood to about once every 6 months.

**DISCUSSION:** Autovampirism is a rare behaviour disorder. Vampirims comorbidity has been demonstrated with schizophrenia, psychotic disorders, parafilias and antisocial behaviour disorder. It was noteworthy to discover borderline personality disorder comorbidity with autovampirims in the case reported here.

**Key Words:** Autovampirism, borderline personality, vampirism

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## FIRST ATTACK PSYCHOSIS DUE TO MODAFİNİL : CASE PRESENTATION

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**AIM:** Modafinil is used for the treatment of various clinical conditions with a course of daytime sleepiness. It has been proposed that modafinil (200-400mg) used once or twice a day as an additional therapeutic agent with unipolar and bipolar depression and schizophrenia can correct the observed residual symptoms of fatigue and sleepiness. This report discusses the case of a patient consulting psychiatry clinics for the first time who developed psychosis symptoms after the use of modafinil tablets (100mg/day).

**CASE:** The 19-year old high school graduate male patient, living with his parents had been started on modafinil (100mg/day) for day time sleepiness and fatigue complaints while studying for university exams. After taking modafinil his complaints of disorganized speaking, and risky behavior progressed over a week such that he had to be brought to the hospital emergency services. It was his first psychiatric consultation, he was conscious, cooperating oriented, appearing his age with careful self care; had restricted affect, dysphoric mood, persecution and grandiose drivel in thought contents, auditory hallucinations, reduced impulse control, reduced psychomotor activity, conserved recent and long term memory, impaired judgment and functionality and lacked insight. He was admitted to the closed ward. In 20 days his psychotic symptoms regressed and he was discharged on aripiprazole (30mg/day) and quetiapine (25mg/day).

**DISCUSSION:** There are very few case reports in the literature on psychosis and mania due to modafinil. Psychosis developed with modafinil below the recommended dose in the case presented here. Therefore, even if modafinil is used in healthy individuals and in low doses the risk of psychosis development should be kept in mind and the patient should be followed very carefully.

**Key Words:** First attack, modafinil, psychosis

## RELIABILITY AND VALIDITY OF THE TURKISH VERSION OF DSM-5 LEVEL 2 C-C DEPRESSION MEASURE

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**AIM:** Major depressive disorder (MDD) is an ailment that adversely affects the daily life of patients, lowering the quality of life and perception of health. Lifelong risk of MDD in is 5-12% the male population and 10-25% in the female population. Prevalence of MDD is 2-3% in the male population and 5-9% in the female population (1). This study has aimed at determining the validity and reliability of the Level 2 Cross-Cutting Depression Measure. (L2DM).

**METHODS:** This study was carried out with 51 inpatients and outpatients diagnosed with MDD on the bases of DSM-V criteria and 65 volunteering healthy individuals without a history of psychiatric diagnosis, to form the control group. Validity was assessed by exploratory factor analysis and the Beck Depression Inventory (BDI) was used for correlation analysis to test convergent validity. Reliability

analyses included internal consistency coefficient, and material-total score correlation analysis.

**RESULTS:** Demographically, education level of the participants ranged as 59.5% university graduates, 14.7% high school graduates and 16.4% primary school graduates; with females making up 62.1% (n=72) of the total group. Mean age of the MDD group was 40.5±11.4 years and that of the controls was 21.8±4.9. Mean illness duration of the MDD group was 13,5±10 years. Internal consistency of the L2DM was 0.96 and the material-total score correlation coefficient was 0.71-0.90 (p<0.0001). KMO index for sample adequacy in exploratory factor analysis was 0.91 and the Bartlett sphericity test result was 1026,62 (p<0.0000). A single factor model with an eigen value of 6.27 and representing 78.3% of the variance was determined. The factor loads of the scale materials ranged between 0.77 and 0.92. Correlation coefficient with BDI was r= 0.76 (p<0.0000).

**CONCLUSION:** The results prove that the Turkish version of the Level 2 Depression Measure is a valid and reliable psychometric tool for depression.

**Key Words:** DSM-5, Level 2 Depression Measure, reliability, validity

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PP-075

## ANGER, ANXIETY AND DEPRESSION IN FUNCTIONAL GASTROINTESTINAL DISORDERS

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**AIM:** Functional gastrointestinal disorders(FGID) progress with chronic symptoms of abdominal pain and changes in intestinal motility, and cannot be explained with structural or biochemical changes. As well as genetic tendency, the etiology includes physiological, psychological and individual factors. Although, a high incidence of psychiatric disorder and FGID comorbidity is known the cause-outcome relationship is subject to debate. Just as anger plays a role in somatization, somatization is important in disease development and flare up. This study has aimed at investigating anxiety, depression and anger in FGID patients.

**METHODS:** The participants of this study consisted of 109 patients consulting the Başkent University gastroenterology polyclinics and 96 healthy volunteers to form the control group. All participants completed a sociodemographical and clinical information questionnaire, Hospital Anxiety and Depression Scale (HADS), and the Continuous Anger and Anger Expression Style Scale (CAAESS). Data were analyzed on the SPSS 17 package program.

**RESULTS:** The anxiety scores (F= 7.66; p=0,01) and the depression scores (F= 6.08; p=0,01) and the internalized anger scores (F= 6.02; p=0,01) of the FGID group were significantly higher than in the controls.

**CONCLUSION:** FGID group of patients have been observed to have high anxiety and depression levels with a tendency to internalize their anger. Loss of functionality due to FGID augments the feelings and thoughts of inadequacy of the individual, leading to increased depression. High level of depression and anxiety cause development or exacerbation of disorders. FGID patients may internalize anger for fear of not being able to manage their anger. Therefore, FGID patients should be evaluated with a multidisciplinary approach to be able to treat the comorbid psychiatric symptoms, diagnoses and behaviors which would benefit the process of treatment.

**Key Words:** Anger, anxiety, depression, functional gastrointestinal disorders

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PP-076

## DEFENSE MECHANISMS IN FUNCTIONAL GASTROINTESTINAL DISORDERS

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**AIM:** Functional gastrointestinal disorders (FGID) are a group of disorders characterized by symptoms of dyspepsia and changes in intestinal motility that cannot be attributed to any organic causes, and which follow a course of flare ups and repeat periods. Studies on the relationship between FGID and defense mechanisms, which are the psychological tools of coping with anxiety, have identified mechanisms of somatization, denial, repression, displacement and projection. This study has aimed at investigating the defense mechanisms in FGID patients.

**METHODS:** The participants of this study consisted of 109 patients consulting the Başkent University Gastroenterology Polyclinics and 96 healthy volunteers to form the control group. All participants completed a sociodemographical and clinical information questionnaire and the Defense Mechanisms Test. Data were analyzed on the SPSS 17 package program.

**RESULTS:** The FGID group and the controls significantly differed with respect to specific defense mechanisms consisting of devaluation (F= 4.549; p=0,03), denial (F= 8.619; p=0,01), dissociation (F= 12.892; p=0,01), somatization (F= 11.741; p=0,01), doing-undoing (F= 4.460; p=0,04) and anticipation (F= 4.323; p=0,04), with the devaluation score being higher in the FGID group and the rest being higher in the control group.

**CONCLUSION:** While, as expected, somatization mechanism was exploited mostly by the FGID group, devaluation, denial, dissociation, doing-undoing and anticipation mechanisms were mainly used by the controls. Contrary to expectation, finding some defense mechanisms to

be used more by the controls may be due to FGID group individuals using the denial mechanisms frequently, or the participants may not have completed the forms with true reflection of themselves. FGID patients should be evaluated with a multidisciplinary approach, and psychotherapy needs should be provided on problems with defense mechanisms in order to improve quality of life and the course of the disorder.

**Key Words:** Defense mechanisms, ego, functional gastrointestinal disorders

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PP-077

### ALEXITHYMIA AND ATTACHMENT IN PATIENTS DIAGNOSED WITH FUNCTIONAL GASTROINTESTINAL DISORDERS

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**AIM:** Functional gastrointestinal disorders (FGID) are a group of disorders without any organic or biochemical anomalies to explain the patient's complaints at consultation. FGID etiology has not been fully understood and is thought to be multifactorial. Relation between FGID and alexithymia, which is described as reduced ability to recognize subjective emotions and to differentiate them, has been reported. Insecure attachment trait also affects the development of FGID and treatment seeking by the patient. The aim of this work has been to determine the incidence of attachment types and alexithymia and the differences in relation to the upper and lower gastrointestinal (GI) tract complaints.

**METHODS:** The participants of this study consisted of 106 patients between the ages of 18 and 64 years with FGID diagnoses, consulting the Başkent University Gastroenterology Polyclinics and 94 age and gender matched healthy volunteers to form the control group. All participants completed a sociodemographical and clinical information questionnaire and the Hospital Anxiety and Depression Scale (HADS), the Toronto Alexithymia Scale (TAS) and the Experiences in Close Relationships Inventory. Data were analyzed on the SPSS 17 package program.

**RESULTS:** FGID group scores on insecure avoidant attachment style (F=3.455; p=0.05), alexithymia (F=8.963; p=0.003), anxiety (F=6.516; p=0.012) and depression (F=4.385; p=0.038) were significantly higher as compared to the corresponding scores of the control group. There were no significant differences between the FGID and control groups with respect to the investigated parameters of the upper and the lower GI tract (F=0,55; p=0,79).

**CONCLUSION:** As expected, and in agreement with the literature, incidences of alexithymia, depression, anxiety and insecure avoidant attachment style were higher in the FGID group patients. Increased

depression and anxiety may be due to the decreased ability caused by the chronic course of the disease. On the other hand, severity of depression and anxiety may underlie the development or the exacerbation of FGID. The observed comorbidity of alexithymia and insecure avoidant attachment style may lead to denial of the physiological and psychiatric symptoms and delays in treatment seeking or to treatment avoidance. In the light of these data, patient centered approaches to FGID cases with multidisciplinary teams will help ensure treatment compliance.

**Key Words:** Alexithymia, attachment, functional gastrointestinal disorders

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PP-078

### VALIDITY AND RELIABILITY OF THE BRIEF NEGATIVE SYMPTOM SCALE IN TURKISH LANGUAGE

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**AIM:** After the conference on the Consensus Statement on Negative Symptoms, within the context of the Measurement and Treatment Research to Improve Cognition in Schizophrenia (MATRICS), developed by the US National Institute of Mental Health (NIMH), 2 new psychometric scales were developed on the symptoms determined by the consensus, one being the Brief Negative Symptom Scale (BNSS). This study reports on the validity and reliability of the Turkish language version of the BNSS.

**METHODS:** BNSS was translated to Turkish by a psychiatrist, and then the Turkish translation was translated back to English by another psychiatrist. The version translated back to English was approved of by the designers of the scale. Testing of the BNSS-TR was carried out with 75 stable schizophrenia patients being followed at the psychiatry clinics at the medical faculties of Ege University and Istanbul University. The patients were interviewed by a psychiatrist on the BNSS-TR, the Positive and Negative Symptoms Scale (PANSS), the Calgary Depression Scale for Schizophrenia (CDSS) and the Extrapyramidal Symptom Rating Scale (ESRS). The interviews were followed by another psychiatrist and scoring was done simultaneously. The collected data were then used for validity and reliability analyses. On the BNSS-TR.

**RESULTS:** In the assessment of the reliability of BNSS, Cronbach alpha coefficient for internal consistency was found to be 0.96; the material-total score correlation coefficient ranged between 0.655 and 0.884; and, the intraclass correlation coefficient was 0.665. The interrater coefficient was calculated to be 0.982 (p<0.0001). In determining the validity of BNSS-TR, it was observed that the total BNSS-TR score correlated significantly with the PANSS total score (r=0.693, p<0.0001), and

the PANSS positive symptoms subscale score ( $r=0.285$ ,  $p=0.013$ ), the negative symptoms subscale score ( $r=0.845$ ,  $p<0.0001$ ) and the general psychopathology subscale score ( $r=0.383$ ,  $p=0.001$ ). However, BNSS did not correlate with the CDSS ( $r= -0.013$ ,  $p=0.910$ ) or the ESRS EBDÖ ( $r=0.217$ ,  $p=0.061$ ). A two-factor model was found with factor structure matching the same items in the original version of the BNSS.

**CONCLUSION:** The results of the analyses have shown that BNSS-TR is a useful psychometric tool for the evaluation of the negative symptoms in schizophrenia.

**Key Words:** Negative symptoms, reliability, scale, schizophrenia, validity

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PP-079

### CREUTZFELDT-JAKOB DISEASE PRESENTING WITH PSYCHIATRIC SYMPTOMS

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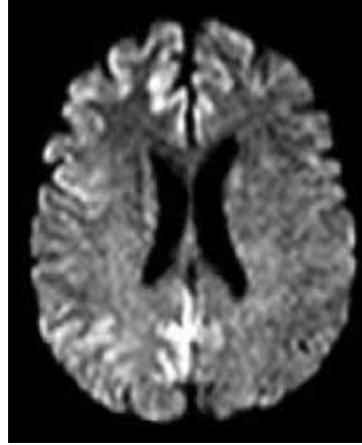
**AIM:** This case report discusses the possibility that prion diseases can be observed in the differential diagnosis of depressive symptoms presenting at old age.

**CASE:** The 62-year old housewife patient consulted our clinic with complaints of depressive and neurological symptoms. Her psychiatric interview revealed that she had developed sadness, malaise, anergia, and a general state of stagnation with intermittent periods of well being, when she lost her mother about 1 year previously. Six months before her consultation with us she had vertigo and the cranial MRI was within normal limits. Two months previously she had cramps at the upper and lower extremities when topical treatment was recommended. Within the same period she developed bilateral tremor in her hands, with dizziness, head aches and decreased walking pace. At her consultation with neurology clinics a neuropathological basis was not considered and she was put on fluoxetine (20mg/day). Two weeks prior to her consultation with us, her movements and speech started to slow down, she did not respond to questions, had apathy, avolition, and freezing-up type of complaints with progressive signs. She was referred to us by the psychiatrist she had consulted. The patient was admitted to our ward with the preliminary diagnosis of organic mood disorder. Neurological examination determined myoclonia in all four extremities, with also hemiballistic hyperkinesia in the left upper extremity, and ataxic walking. MRI was requested in the T2 series at the right caudate nucleus and caput-corpora callosum region and right hemisphere parietal region signal increases (ribbon appearances - Picture) were observed. EEG was atypical. These findings were regarded as related to encephalitis or prion disease. In CSF sample 14-3-3 protein was not detected, but the case was diagnosed as prion disease. Neurological condition of the patient deteriorated very fast and she was transferred to the intensive care

unit of another hospital, where her condition further worsened. Her history, neurological findings, MRI and observations were confirmed as Creutzfeldt-Jakob disease (C-JD).

**DISCUSSION:** C-JD can present with psychiatric symptoms. Old age patients, especially those without a history of psychiatric disorder, should be investigated for pathologies with organic basis that may have a role in the etiology and should be closely followed for possible neurological developments.

#### Creutzfeldt-Jakob Disease Case-MRI section



*ribbon appearances related to prion disease*

**Key Words:** Creutzfeldt-Jakob Hastalığı (CJH), depresyon, hemiballismus

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PP-080

### SEXUAL DYSFUNCTION INCIDENCES AMONG OUTPATIENTS CONSULTING PSYCHIATRY CLINICS

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**AIM:** Sexual dysfunction (SD) is highly prevalent in the population and involves 43% of the females and 31% of the males (Lauman et al.,1999). Studies have shown that irrespective of gender one out of every three individuals have experienced a form of SD at any stage of their lives (Incesu 2004). Work on SD and disease relationship have generally focused on depression and schizophrenia. This study has aimed at investigating the incidence of SD among the outpatients consulting the psychiatry polyclinics, and determine the relationship of

the psychiatric disorders comorbid with SD with the sociodemographic details of the patients.

**METHODS:** The study targeted 369 female and 232 male outpatients with an age range of 18-65 years, consulting the psychiatry polyclinics of Karadeniz Technical University Medical Faculty between 1 December 2013 and 30 June 2014. Of the 275 female and 145 male outpatients suspected with SD, 172 female and 83 male outpatients accepted to participate in the study, and they were sked to complete the Golombok-Rust Inventory of Sexual Satisfaction (GRISS) Scale. SD diagnoses were arrived at on the basis of the DSM-V criteria. Comorbidities were based on the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I).

**RESULTS:** Incidences of SD among female and male outpatients were 67.4% and 53%, respectively. SD incidence was significantly higher among female outpatients with depressive disorder as compared to those without depressive disorder ( $p=0,027$ ). Sociodemographically, SD diagnoses were significantly higher among female outpatients over the age of 38 ( $p=0,034$ ), with 3 or more children ( $p=0,007$ ), married for 15 years or over ( $p=0,015$ ), with at least one comorbid disease ( $p=0,040$ ), having a comorbid cardiopulmonary disease ( $p=0,013$ ). In the male outpatient group significant relationships were not found between SD diagnosis and SCID diagnoses or the sociodemographic data.

**CONCLUSION:** In our study it has been observed that although SD is very frequently diagnosed among the female and male outpatients, SD incidence in the investigated female group was thought to be related to depressive disorder, age, number of children, duration of marriage and comorbid diseases.

**Key Words:** Female, male, psychiatric comorbidity, sexual dysfunction

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PP-081

### PREGABALIN ABUSE: CASE PRESENTATION

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**AIM:** Pregabalin, is a new generation gamma-aminobutyric acid (GABA) analog that bind selectively to the lower unit of the alpha-2-delta ligands of voltage sensitive calcium channels and gives rise to increases in GABA while lowering the release of neurotransmitters such as glutamate, noradrenalin, and substance P. Evidence exists that in patients with a history of dependency, there is the potential risk of pregabalin abuse.

**CASE:** Mr.E, a 34-year old male, married and self employed had a history of using substances including alcohol, cannabis and solvents since the age of 14. At the age of 32, upon the advice of his fellow inmates at a semi closed detention centre, he had started to use pregabalin. The patient, who had been experiencing stressful family incidences since his childhood, had, therefore, sustained an unhappy mood and high anxiety level. He admitted to having had less alcohol cravings after starting pregabalin in detention which also helped overcome the distress of separation from his family, such that he started using the drug continually with increasing doses in time. At the time of his consultation with us, the highest dose he had used was 900 mg/day. When he could obtain the drug, he used at least 300mg/day and frequently 600 mg/

day, when he experienced well being, increased energy, increased libido, increased self confidence and reduced anxiety. He described his feelings when he did not consume pregabalin, which at the longest had been 5 days, as "life stopped completely" with pessimism, nervousness, anxiety, suicidal thoughts, anergia, sexual problems, loss of appetite, tachycardia, tremor, avolition and alcohol craving. Since he could not withstand these symptoms, he continued using pregabalin.

**DISCUSSION:** At the time of consultation with us, his anxiety level was high and he was depressive. His sleep was disorganized, he was pensive, and had difficulty concentrating. His perceptions were normal. His routine biochemistry and thyroid, liver and kidney function tests, electrolytes, and haemogram were all normal.

**CONCLUSION:** The case reported here supports the reports that risks of pregabalin dependency is increased in patients with a history of alcohol, drug or substance use; and therefore, when prescribing pregabalin to patients with a history of dependency, the risk of pregabalin abuse should be kept in mind.

**Key Words:** Abuse, antiepileptic, pregabalin,

PP-082

### ANTILABELLING SOCIAL RESPONSIBILITY PROJECT CONDUCTED THROUGH THE SOCIAL MEDIA

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**AIM:** As the students of Istanbul University Faculty of Medicine we started a movement against the labelling and alienation of psychiatry patients. This movement enabled us to make known the wrong convictions of the public about psychiatric disorders and look for ways to overcome it.

**METHODS:** Selecting this project from the ITF social responsibility projects, our group worked with Prof. Dr. Alp Üçok. In our first and second meetings we acquired theoretical information on the effects of labelling in relation to psychiatric disorders and the underlying reasons. We discussed the source of this problem, the procedures through which our society could overcome it and the responsibilities that fell upon us as medical doctors. At the next stage we visited the Schizophrenia Friends Association and listened to their problems at a joint meeting aiming to determine what could be done. We realized that the conclusive basic problem facing us was the harmful outcomes of the deliberate or accidental use of alienating language about schizophrenia patients in the written and visual media. We determined that the action strategies in fighting this problem was to employ short or long films, social media channels, scientific meetings and activities at population level.

**RESULTS:** Initially we reached the public through the effective communication platform Twitter, through the account @Psikytrivedamga whereby we reached 1700 followers in a single month. Throughout May-June 2015 we sent out 58 messages that can be classified under three headings as : (1) Information on psychiatric disorders; (2) The expressions and the poems of those who were labelled; and (3) Messages issued outside Turkey with the same objectives. Also posters with pictures and images chosen by our group members were placed in the university campus.

**CONCLUSION:** Some of the messages of our movement reached 100,000 twitter users. In the last quarter of the year the activities that

will continue and the responses received at our twitter account will be merged and reshaped with the support of Prof. Dr Alp Üçok.

**Key Words:** Alienation, discrimination, labelling

PP-083

## THROMBOCYTOPENIA DUE TO VALPROATE AND OLANZAPINE USE: CASE PRESENTATION

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**AIM:** Trombocytopenia describes the condition with thrombocyte counts fallen below 150,000 $\mu$ /L. When the counts are below 20,000 $\mu$ /L there is serious risk of hemorrhage and intervention may be necessary. Valproic acid is an antiepileptic agent currently being frequently used as a mood regulator. It is known to have adverse side effects on the haematological system as agranulocytosis and thrombocytopenia. Olanzapine, on the other hand, is a second generation antipsychotic agent effectively used in the treatment of most psychiatric disorders. The most frequently seen side effects are weight gain and increases in serum lipid levels, but it has been rarely implicated in thrombocytopenia. The dominant opinion in the literature is that these two agents can be used in combination without any risks except increased sedation. This case aims to draw attention to the clinical course of thrombocytopenia presenting after the use of these agents together.

**CASE:** The 25-year old female patient was admitted to the psychiatry ward upon the relapse of schizoaffective disorder. She was started on olanzapine (10mg/day) and valproate (1000mg/day). Routine tests showed nothing abnormal except low ferritin and B12 levels. When serum valproate level was seen to be 115 $\mu$ g/mL, the treatment dose was reduced to 500 mg/day, yet thrombocyte count still fell from 248000  $\mu$ /L to 148000  $\mu$ /L within 24 hours. She did not have clinical symptoms related to thrombocytopenia. Valproate treatment was discontinued. The observed thrombocytopenia was regarded by the hematology unit to be compatible with peripheral distribution and secondarily to the pharmacotherapy given. Complete blood count was recommended. She was on olanzapine alone (10mg/day) and the haemogram indicated thrombocyte count to be 60000  $\mu$ /L 3 days later, which was thought to be due to olanzapine and the drug therapy was switched to risperidone (3 mg/day). Three days later her thrombocyte count was back at 148000  $\mu$ /L. The patient was discharged when her psychotic symptoms regressed.

**DISCUSSION:** Although there have been more reports on thrombocytopenia after valproic acid use, in the case reported here it was olanzapine that was responsible for the observed thrombocytopenia.

**Key Words:** Olanzapine, thrombocytopenia, valproate

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PP-084

## MANIC SWITCH TRIGGERED BY FLUOXETINE

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**AIM:** Whether the switch from depression to hypomania or mania is a sign of the course of bipolar disorder or due to the antidepressant therapy given is subject of debate. In 89% of the wide scale studies have not recorded hypomanic switch with antidepressant use. The incidence of hypomanic switch among patients wrongly diagnosed with unipolar depression was not any different from the incidence observed with correctly diagnosed bipolar disorder patients and it was concluded that these patients were in fact also bipolar disorder patients. Manic switch after antidepressant therapy has been known and dose dependent effects have been disputed.

**CASE:** The 17-year old female patient consulted the psychiatry polyclinics with complaints of nervousness, introversion, malaise, restlessness, sadness, and lack of concentration. She was put on fluoxetine (10 mg/day) which she complied with, and, at her controls 25 days after the start of the therapy, she exhibited signs of hyperactivity, excessive talking with coprolalia and sexy expressions, extreme mirth, weeping-laughing crises, reduced need of sleep and inexplicable unusual behavior. Her physical and neurological examination results were normal; haemogram and biochemistry test results were also normal; substance metabolites were not found in the urine sample. Psychiatric assessment revealed that she was conscious with complete orientation; she had increased psychomotor agitation and speech volume with accelerated pace, and increased recall; her memory was conserved but attention was scattered; her thought contents included persecutory delusions but hallucinations or suicidal thoughts were absent. Her judgment was poor and she did not have insight. Her manic symptoms were attributed to fluoxetine and she was switched to olanzapine (10mg/2x1) and lithium (300mg/2x1). She was found to have calmed down after ten days.

**DISCUSSION:** Severity of psychopathology incidences is less in patients using MAO inhibitors and bupropion as compared to users of fluoxetine or tricyclic antidepressants. Physicians should be careful on the clinical course as well as the affective history when prescribing selective serotonin reuptake inhibitors (SSRI) which have been reported to cause manic attacks. Antidepressant caused mania involve 20-40% of the bipolar disorder patients. Given the early onset of the disorder, those with the genetic disposition are believed to form a high risk group. Manic switch due to antidepressant use may be related to another subgroup among the patients. Further comparative and observational studies should provide more information in this field.

**Key Words:** Bipolar disorder, fluoxetine, manic switch

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## DEPRESSION AND SLEEP DISORDERS IN NECK AND BACK ACHE CASES

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**AIM:** Back ache followed by neck ache lead the chronic ache complaints of our day. Chronic aches lead to feeling of helplessness, depression and sleep disorders among the sufferers, with depression being the key determinant of the severity of the case after the physical pain. This study has aimed to assess depression and sleep disorders in patients with lumbar or cervical disc herniations.

**METHODS:** This study enrolled 41 volunteering patients, who, after consulting the emergency services or the neurosurgery department for back ache, were diagnosed with lumbar or cervical disc herniation, and did not have neuropsychiatric comorbidities. Data were collected by means of a sociodemographic information questionnaire, the Visual Analog Scale (VAS) and the Beck Depression Inventory (BDI).

**RESULTS:** Mean age of the participants was 54.3±8.4 years, with 46% (n=19) females and 54% (n=22) males constituting the group. Group mean VAS score was 8.47±0.8 and BDI score was 40.4±17.1. Significantly strong correlation was found between depression and severity of sleeplessness (r=0.848, p<0.01); moderate degree of positive correlations was observed between ache and severity of sleeplessness (r=0.626, p<0.01) and between ache and depression (r=0.661, p<0.01).

**CONCLUSION:** Physical and emotional factors are interactive during the course of experiencing aches. Psychosocial factors and depression have an important role in the development and exacerbation of neck and back aches. While severe aches result in increased depression and sleep disorders, depression also affects adversely sleep quality, pain perception and pain management. Results of our study indicate the possibility that feeling pain, depression and sleep disorders are interacting with each other on a cause-result basis in cases of back and neck ache.

**Key Words:** Chronic ache, depression, sleep disorder

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## ATTITUDES OF PHYSICIANS TO ALCOHOL USE DISORDER: A SURVEY STUDY

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**AIM:** Alcohol use disorders (AUD) are the least treated of the psychiatric disorders. This study has aimed at determining the methods of querying, the psychometric tools employed and the approaches to AUD by the physician.

**METHODS:** Data were gathered for the purposes of this survey in seven regions of Turkey, by person to person interviews with 200 family

doctors, 62 internal diseases consultants, 200 psychiatry consultants and recorded on the questionnaire including items on personal attitude towards alcohol use, employment of AUD scales, standard criteria to rate alcoholic drink use, interest on and attendance to educational programs on AUD. Psychiatry consultants were grouped according to their place of employment as: working for dependency centers (e.g., AMATEM), private dependency units and in general psychiatry clinics.

**RESULTS:** Physicians not working at dependency centers were found to query and scan for AUD, on principle, only 10% of new patients and 43% of the patients with symptoms of alcohol use. In 47% of new patients AUD scanning was not performed. The criterion used by 46% of the physicians to assess alcohol use was the number of "bottles" consumed and in 37% of the physicians this was the number of "glasses". On the use of psychometric scales, 75% of the psychiatrists used DSM-5, 61% used DSM-4, 40% used ICD-10. The Severity of Alcohol Dependence Questionnaire was used in 20% of the cases. Only 25% of the family doctors recorded their observations on AUD. This finding was 97% in AMATEM and 74% in general psychiatry clinics. The attitudes to AUD varied, with 31% of the total number of physicians interviewed rated it as a choice of life style rather than a disorder; with 77% of the physicians working at dependency centers endorsing this rating. It was seen that 79% of the physicians interviewed had not attended any educational program related to AUD.

**DISCUSSION:** Results of this study show that scanning carried out by physicians for AUD and the use of psychometric test scales were very limited in extent. The view that AUD is not a disorder can also prevent the treatment of this disorder.

**Key Words:** alcohol, attitude, dependency, scale, scan

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## ARE THE FREQUENTLY USED ANALGESICS UNDER SUFFICIENT CONTROL? NAPROXEN/CODEINE PHOSPHATE DEPENDENCY AND GABAPENTINE TREATMENT OUTCOME

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**AIM:** Abuse of drugs containing agents capable of inducing dependency and sold with or without prescription is a serious current problem. Dependency risk is particularly high in easily accessible combined drug preparations. Drugs containing codeine (especially in analgesics), antitussives, sedative antihistamines, decongestants and laxatives are examples which have been reported in dependency cases. Here we have discussed the case of a patient, whose daily intake of codeine phosphate in a combined analgesic preparation amounted to 600-900mg, and the treatment process.

**CASE:** The 21-year old unemployed single male patient, who had been using multiple substances including heroin since the age of 15, consulted psychiatry polyclinics with his family. When he had common cold he used tablets of 550 mg naproxen sodium and 30 mg codeine phosphate which reduced his cravings for substance use, such that he started using the tablets and in time the dosage reached an average of 20 tablets per day. He complained of restlessness, craving for substances and generalized muscular aches and wanted to be treated. His score was 28 on the Hamilton Depression Rating Scale (HAM-D) and 18

on the Hamilton Anxiety Rating Scale (HAM-A) . He was started on gabapentine (150 mg/day) and quetiapine (200mg/day). Quetiapine was discontinued on the third day and diazepam (15mg/day) was added. While gabapentine dose was gradually increased to 600 mg/day, diazepam dose was reduced and discontinued. He was discharged on 600mg/day gabapentine, when his HAM-D and HAM-A scores were 3 and 4, respectively. In his follow up controls he was seen not to use substances on the given therapy.

**DISCUSSION:** In the case reported here, it has been once again demonstrated that drugs subject to prescription, but nevertheless within easy access, can be abused by patients. At the first step of choosing a drug, the patient's history on substance use has to be queried. It must not be forgotten that codeine containing drugs can cause strong dependency. Although the patient discussed here benefited from the acute therapy, his multiple substances use in the past necessitates long term follow up. There is also need for controlled studies on the effectiveness of gabapentine in similar cases.

**Key Words:** Codeine, dependency, gabapentine

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#### PP-088

### NEUTROPHIL/LYMPHOCYTE RATIO AT THE FIRST MANIC EPISODE OF BIPOLAR DISORDER

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**AIM:** Etiological significance of oxidative stress, inflammation, genetic factors and diet, amongst others, have been investigated in bipolar disorder (BD). Studies on inflammation have investigated the mediating roles of cytokines, TNF- $\alpha$ , and interleukins which are not easily and economically reached in clinical practice. Neutrophil/lymphocyte ratio (NLR) has been shown to be an easily measurable inflammation indicator in psychiatric disorders such as Alzheimer's disease, schizophrenia and depression. This study has aimed at determining the NLR of BD patients at the very first manic attack episode.

**METHODS:** The study was carried out with 32 BD inpatients who were admitted for treatment of the first manic attack. Patient files were scanned retrospectively and patients with comorbid psychiatric or other general health disorders at the time of the manic attack were excluded from the study. Control group consisted of 35 healthy individuals. Patient and control groups were compared with respect to hematological parameters.

**RESULTS:** NLR values of the patient group were significantly higher than that of the control group (2.6 $\pm$ 1.1 vs 1.8 $\pm$ 0.7, p=0.02). Comparison of leukocytes, hematocrit and hemoglobin values between the groups on the basis of age and marital status did not yield significant differences.

**CONCLUSION:** Our observation of higher than healthy normal values of NLR in patients with first episode of manic attack supports the hypothesis on the inflammatory basis of BD manic episode pathophysiology. There is not yet a definite parametric indicator of the severity of BD which would assist the clinical follow up on treatment. Given our findings presented here, we recommend that the potential

of NLR should be further investigated for any contribution to the treatment and follow up of BD patients.

**Key Words:** Bipolar disorder, inflammation, neutrophil/lymphocyte ratio

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#### PP-089

### ACUTE PSYCHOTIC DISORDER TRIGGERED BY VARENICLINE: CASE PRESENTATION

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*Manisa Ruh Sağlığı Ve Hastalıkları Hastanesi, Manisa*

**AIM:** Since many cigarette addicts have attempted to end this habit, new methods and approaches to assist reducing the craving for cigarette smoking have achieved very successful results. Varenicline, a nicotinic  $\alpha 4\beta 2$  receptor agonist is currently the most effective medication against nicotine addiction. FDA had to issue a warning in 2009 to psychiatrists and the patients on the increasing incidence of neuropsychiatric symptoms related to varenicline use. Although evidence based on observation is very limited, people with a psychiatric history may be more prone to these side effects.

**CASE:** The 39-year old high school graduate housewife with two children consulted the psychiatry polyclinics with the complaints of sleeplessness, avolition, agitation, restlessness, thought of dying when going to sleep, auditory and visual hallucinations, suspiciousness, fatigue and exhaustion. These complaints surfaced on the third month of being prescribed varenicline to overcome her 20-year habit of daily 2-pack cigarette smoking. She had used varenicline at the prescribed dose (2x1mg/day) and times and had been able to leave smoking in two months. However, she stopped using it on the 12th week of the therapy when her symptoms began. She or her family did not have a history of any psychiatric disorders, and she herself did not have any other dependency. She was diagnosed with acute psychotic disorder and started with olanzapine (10mg/day). One week afterwards, all of her psychotic symptoms, agitation, restlessness and vegetative symptoms of sleeplessness, fatigue, lack of appetite were nearly completely improved. Olanzapine was discontinued.

**DISCUSSION:** Varenicline is a drug with serious side effects and is not adequately safe for wide scale use for treatment of nicotine dependency. There is need for wide scale studies on varenicline use.

**Key Words:** Champix (varenicline), nicotine dependency, psychosis

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## TENOFOVIR TREATMENT FOLLOWED BY PSYCHOSIS

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**AIM :** Tenofovir disoproxil is a nucleotide reverse transcriptase inhibitor used as an antiretroviral agent in the treatment and prevention of HIV and for chronic hepatitis B. Most of the antiretroviral agents are known to precipitate neuropsychiatric symptoms. Reverse transcriptase inhibitors have also been reported to trigger sleep disorders, anxiety, affective and psychotic symptoms. This case report discusses the psychotic symptoms observed in a patient given tenofovir for the treatment of chronic hepatitis B.

**CASE:** The 38-year old female patient without a history of psychiatric problems had been followed for 8 years for chronic hepatitis B without getting any antiviral treatment. Twenty days after starting on tenofovir disoproxil (245mg/day), she developed sleeplessness, and some 10 days later suspicions that her child would be harmed, thoughts of being followed, auditory hallucinations and psychomotor agitation when she was brought to our polyclinics. She was admitted on grounds of psychotic disorder. She or her family did not have a noteworthy medical history. Physical and neurological examination reports, cranial MRI and EEG were normal. Lab tests within the scope of eliminating general medical reasons did not produce anything apart from HbsAg positivity. After consultation with the neurology clinics, tenofovir use was stopped and another antiviral treatment was not prescribed. She was put on amisulpride (400mg/day) which resulted in significant reduction of the psychotic symptoms within 3 days. On the 7th day she was completely free of the symptoms and was discharged with continued amisulpride (400 mg/day) therapy which also was discontinued in her controls after discharge from hospital. She was still free of the psychotic symptoms in the 6th month control.

**DISCUSSION:** There is extensive reporting in the literature on neuropsychiatric effects of the antiretroviral agents with most of the case reports and studies, however, being on the treatment of AIDS. The case reported here is different in that she was on antiretroviral treatment for hepatitis B, and not HIV, which has been shown to have effects on the central nervous system. It has been aimed in this case report to emphasize the importance of checking the general medical health and the drug treatment of the patients arriving with psychotic symptoms. Also, patients on tenofovir for treatment of hepatitis B should be observed for the risk of psychiatric disorders.

**Key Words:** Antiretroviral, hepatitis B virus, psychosis, tenofovir

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## PERIORBITAL EDEMA RELATED TO MIANSERIN USE: CASE PRESENTATION

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**AIM:** Mianserin is a noradrenergic selective serotonin reuptake inhibitor (SSRI) type of antidepressant with low anticholinergic and high appetite enhancing and sedative effects. In this case report development of periorbital oedema after mianserin treatment for major depressive disorder comorbid with anxiety is being discussed.

**CASE:** The 54-year old female patient without a history of psychiatric disorder until 6 months prior to her consultation with psychiatry clinics, when she developed symptoms of restlessness, akathisia, anxiety with anticipation of bad events after experiencing stressful events. At later stages further symptoms of boredom, anhedonia, reduced sleep and appetite appeared and she was unable to carry out housework. Her son had been diagnosed with schizophrenia. She was given paroxetine (20 mg/day) and alprazolam (0.5 mg/day). Her psychiatric assessment revealed an anxious mood and depression, psychomotor restlessness. Her score on the Hamilton Depression Rating Scale (HAM-D) was 27. Her treatment was preplanned as paroxetine (20 mg/day) titrated to 40 mg/day and imipramine (25mg/day) titrated to 50 mg/day. As she had difficulty falling asleep, mianserin (10mg/day) was added to her treatment. Three days after starting mianserin she developed periorbital edema. After eliminating organic pathologies which might have been responsible, the periorbital oedema was rated to be secondary to mianserin and the drug was discontinued. The edema regressed in 24 hours and completely disappeared in 3 days.

**DISCUSSION:** It should be kept in mind that when patients develop periorbital edema during psychiatric therapy, antidepressants may have been the cause as evinced by the case reported here.

**Key Words:** Mianserin, periorbital edema

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## HALLUCINATIONS CAUSED BY MIRTAZAPINE: CASE PRESENTATION

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**AIM :** Mirtazapine, as a noradrenergic and specific serotonergic antidepressant differs in action from other antidepressants. Tricyclic antidepressants, selective serotonin reuptake inhibitors and MAO inhibitors are known to give rise to psychosis in patients without a history of psychosis. Mirtazapine has been shown to results in psychotic symptoms in a patient with major depressive disorder. Also development of auditory and visual hallucinations in depressive patients treated with mirtazapine has been discussed in three case reports by Padala et al. (2010). In this report we have aimed to discuss the appearance of

auditory and visual hallucinations in a major depressive disorder case after mirtazapine dose increase.

**CASE:** The 23-year old single female patient had been on psychiatric treatment for three years. Her complaints had started with symptoms of lack of appetite, desire to vomit, anhedonia, tachycardia, frequently waking up at night and menstrual irregularities. After she had been treated with mirtazapine (30 mg/day) and paroxetine (10 mg/day). She remained in remission for 1 year, after which time severe nausea with vomiting in the morning and sleeplessness restarted and she was put on mirtazapine (30 mg/day) again. Since the nausea persisted, mirtazapine dose was increased to 40 gm/day. While her nausea symptoms improved, she developed intermittent visual hallucinations with mobile colorful geometric shapes and also experienced, only once, an auditory hallucination of voices calling her. These developments were attributed to mirtazapine dose increase which was readjusted to 30mg/day when the patient's complaints regressed. Her existing treatment was continued.

**DISCUSSION:** Appearance of psychotic symptoms after antidepressant use may result from complications of the interactions between neurotransmitter systems. Mirtazapine use by a Parkinson's disease patient on chronic levodopa treatment has been reported to cause psychotic symptoms that have been attributed to extreme sensitivity of post-synaptic serotonin receptors due to low central serotonin levels. We think that increased dopaminergic neurotransmission during the use of mirtazapine at a dose of 45mg/day may have triggered psychotic symptoms. However, there is need for further studies on the biological mechanisms involved in the appearance of psychotic symptoms after mirtazapine use.

**Key Words:** Hallucination, mirtazapine

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PP-093

### ROLE OF INTERPERSONAL EXPECTATIONS IN THE RELATIONSHIP BETWEEN ATTACHMENT PATTERNS AND THE LEVEL OF PSYCHOLOGICAL SYMPTOMS

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**AIM:** Attachment theory is a model for explaining the effect of the emotional relationship between child and caregiver on lifelong development. From and interpersonal point of view, dynamics of relationship is affected by the recurrent appearance of incompatible patterns based on past attachment experiences. Kiesler starting from the mutual complementarity principle has constructed the Interpersonal Circle Model of 1982. According to this model, individuals wish to see behaviors that will cause in themselves and others the least anxiety and at the same time induce feeling of trust in their relationships. In the interpersonal circle, behaviors that show this sort of complementarity reduce anxiety whereas behaviors that do not show it increase anxiety

and lead to more psychopathological developments. In this respect, it is proposed that individuals who have the secure attachment pattern develop compatible interpersonal relationships whereas individuals with insecure attachment pattern experience conflicts in their interpersonal relationships. Considering the related literature, the aim of the study has been to investigate the relationship between attachment patterns, interpersonal schemas and psychological symptom levels.

**METHODS:** The study included 260 married persons consisting of 130 males and 130 females. Participants were asked to complete the Interpersonal Schemas Scale (ISS), Experiences in Close Relationships Inventory (ECRI) and the Symptom Assessment-45 Questionnaire (SA-45).

**RESULTS:** According to the investigation results, while anxious attachment directly predicted the psychological symptom level in females, avoidant attachment predicted the symptom level over the friendship schema. Also avoidant attachment pattern was related to passiveness, hostility and friendship schemas. In males, however, anxious and avoidant attachment patterns have direct effect on psychological symptoms. Also, anxious attachment predicted friendship and hostility schemas.

**CONCLUSIONS:** As the level of anxious attachment increased in males and females, demonstration of psychological symptoms also increased. In males, symptom level increased in avoidant attachment; while in females with avoidant attachment, level of psychological symptoms decreased as expectation of friendship from others increased.

**Key Words:** Attachment, interpersonal schemas, psychological symptom level

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PP-094

### TOTAL PARENTERAL NUTRITION AND COMBINED ECT AND OLANZAPINE-IM TREATMENT IN THE MANAGEMENT OF CATATONIA RELATED MORTALITY IN SCHIZOPHRENIA: CASE PRESENTATION

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**AIM:** Catatonia in Schizophrenia, characterized with severe negativism, assumption of specific posture, catalepsy and refusal of oral nutrition is a serious clinical management problem. The subject of providing a nutritional regimen and parenteral treatment have gained prominence. In this report on the case of a patient who had continually refused oral nutrition, the success of the combined therapy consisting of parenteral nutrition, parenteral olanzapine and electroconvulsive therapy (SCT) is discussed.

**CASE:** When the 23-year old single male primary school graduate was brought for assessment, his history showed that his clinical complaints had started 2 years previously with paranoid thoughts and disorganized behavior ; and followed by treatment incompliance and reduced oral

intake resulting in loss of 15- kg body weight. He had completely stopped oral food intake and talking in the 2 weeks prior to his arrival for consultation. His psychiatric examination revealed negativism, restricted affect, taking body posture and mutism. Physically, he was apathetic, loss of turgor and tonus with dried up mucosa. Biochemical test results were indicative of increased creatine, hyperbilirubinaemia, hypoalbuminaemia, elevated hepatic enzymes and leukocytosis, which were explained as secondary to reduced oral nutrition. As oral rehydration was unsuccessful, nasogastric entubation was attempted which was also unsuccessful due to the patient's severe negativism. He was started on total parenteral nutrition (TPN) via the ante cubital vein, and 10mg/day olanzapine followed with ECT after the next two days. At the end of 6th ECT session he accepted oral nutrition and the psychotic symptoms improved in the subsequent 2 weeks.

**DISCUSSION:** There is serious risk of mortality after cessation of oral nutrition in catatonia and effective emergency measures have to be taken. In agreement with reports in the literature, ECT has been successful in reversing the loss of oral nutrition in the case reported here. Decision for parenteral olanzapine, in addition to the ease of use, was to provide fast and powerful antipsychotic and sedative activity and thereby contribute to weight gain. TPN ended the catabolic processes and improved the general condition of the patient. It should be remembered that combined TPN and parenteral olanzapine with ECT make an effective treatment for catatonia with cessation of oral nutrition.

**Key Words:** Catatonia, electroconvulsive therapy, parenteral olanzapine, total parenteral nutrition

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PP-095

### COMPARISON OF SERUM TAU PROTEIN LEVELS OF SCHIZOPHRENIA PATIENTS AND HEALTHY CONTROLS

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**AIM:** There are many studies in dementia patients on taupathy, taking the tau protein as the probable marker of neuronal damage in dementia. In schizophrenia loss of cognitive functions is thought to be associated with neurodegenerative processes. Our study has aimed at comparing serum tau and phosphorylated tau protein levels of schizophrenia patients and healthy individuals.

**METHODS:** The study included 42 schizophrenia patients being followed at the psychiatry polyclinics of Istanbul University Cerrahpaşa Medical Faculty, and 42 healthy individuals as the control group. All participants completed a sociodemographic information questionnaire and gave blood samples to assess serum T-tau and P-tau levels. The patient group also completed the Positive and Negative Symptoms Scale (PANSS).

**RESULTS:** Sociodemographically intergroup differences with respect to age and gender were not detected, but the education level of the

patient group was significantly lower as compared to the controls ( $p<0,001$ ). Mean age at onset of disease was  $24,2\pm5,8$  years, and the mean counts of hospitalizations was  $3,12\pm2,2$ . Patient levels of serum T-tau and P-tau proteins were significantly lower than those of the control group ( $P<0,001$ ). A positive correlation was detected between past ECT sessions and the tau protein levels ( $r=0,323$ ).

**CONCLUSION:** Increased concentration of tau proteins in the cerebrospinal fluid (CSF) have been observed in neurodegenerative disorders. Schönknecht et al. (2003) did not report any significant differences in the CSF tau levels of the patients and controls. In our study we have observed significantly decreased tau protein levels in the sera of schizophrenia patients.

**Key Words:** Schizophrenia, tau, phospho-tau

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PP-096

### HYDROCEPHALY AND KLÜVER - BUCY SYNDROME COMORBIDITY AFTER CRANIAL TRAUMA: CASE PRESENTATION

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**AIM:** Klüver-Bucy syndrome is a rarely observed complicated neurological syndrome generally related to lesions in the amygdala or in pathways of amygdala. with characteristic signs of amnesia, visual agnosia, docility, hypersexuality, hyperorality, hyperphagia and changes in affect. Observation of any three of the symptoms has lead to diagnosis of the syndrome. Cases with all symptoms of the syndrome have not been observed, and the individual clinical signs can be very varied. Herpes simplex encephalitis, anoxic-ischemic encephalopathy, head trauma, Pick's disease, transtentorial herniation, adrenoleukodystrophy, Reye's syndrome, CO poisoning and subdural hemorrhage have been counted among the causes of Klüver-Bucy syndrome.

**CASE:** The 42-year old male married patient with 3 children had been self employed until 1 year previously when he was attacked and sustained head trauma. He had to be given shunt surgery for hydrocephaly which was followed by increasing adverse symptoms of behavior. He was brought to the hospital by his relations with complaints of increased sexual desire, annoying women on the road, wanting to have intercourse with his wife in the presence of his children and exhibiting violence upon refusal, demanding money from others for continual interest in looking for food, sleeplessness and talking to himself. Cranial CT and MRI showed hydrocephaly, and after consultation with the neurology clinics, amygdala damage due to hydrocephaly and Klüver-Bucy syndrome was suspected. Carbamazepine (800mg/day) and olanzapine (20mg/day) treatment was started; and with the persistence of the behavioral problems, haloperidol (15mg/day) was added to the treatment when partial improvement in his symptoms was observed.

**DISCUSSION:** Observation of docility, hyperphagia and hypersexuality are symptoms compatible with Klüver-Bucy syndrome. Lilly et al.

(1983) argued that at least three symptoms should be observed for diagnosis of Klüver-Bucy syndrome. Also, the radiological evidence of widespread hydrocephalic pressure area together with the clinical symptoms have suggested the diagnosis of Klüver-Bucy syndrome in the case reported here.

**Key Words:** Frontal lobe syndrome, hydrocephaly, Klüver-Bucy syndrome

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PP-97

## CLINICAL FEATURES OF CHILDREN AND ADOLESCENTS DIAGNOSED WITH BEHAVIOURAL DISORDER

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**AIM:** This study has aimed to determine the clinical features of children and adolescents diagnosed with behavioral disorder (BD) and disruptive behavior disorder not other specified (BD-NS).

**METHODS:** Patients (n=71) who had consulted our division between January 2015 and August 2015 and had been diagnosed with BD and BD-NS were included in this study and the files of these patients were investigated retrospectively.

**RESULTS:** The mean age of the 71 patients enrolled was 12,5±3,2 (range, 5-18,), with 13 (18.3%) under the age of 10; 47 (66%) were males and 24 (33.8%) were females: 44 (62.4%) were first time patients whereas 27 (38%) had been previously followed by our clinics, minimally once, maximally 11 times, with 36 (50,7%) diagnosed with BD and 35 /49.3%) diagnosed with BD-NS; and with 7 (9.9%) using substance, which did not differ with respect to gender ( $X^2=0.285$ ,  $p=0,682$ ). Incidence of school inattentness in the BD group was significantly higher than in the BD-NS group (19.4% vs 5.7%;  $X^2=7.869$ ,  $p=0,02$ ). Boys were significantly less successful in school ( $X^2=7.859$ ,  $p=0,041$ ). The most frequently observed comorbidities were attention deficit hyperactivity disorder (ADHD, n=15, 21,1%;) and depressive disorder (n=14;19,7%). Treatment given varied; with 42 (59.2%) having had pharmacotherapy, 12 (169%) psychotherapy and 9 (2.7%) combined pharmacotherapy and psychotherapy.

**CONCLUSION:** Low level of success at school may be a risk factor for behavior disorder among boys. Not observing gender based differences in substance use supports other studies which have shown that in the recent years there is not a gender-based difference in substance use (Grand et al., 2015; Scott S, 2015). Further studies on the etiology and treatment protocols of BD will provide guidelines for better treatment measures.

**Key Words:** Behavior disorder, comorbidity, early onset, pharmacotherapy

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PP-098

## MYOCARDITIS AFTER CLOZAPINE TREATMENT OF ADOLESCENT PATIENT: CASE PRESENTATION

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**AIM:** Clozapine is the most effective drug used for treatment resistant schizophrenia, but adverse effects such as agranulocytosis, lowered seizure threshold and development of metabolic syndrome necessitates its careful use. Clozapine has rarer and life threatening side effects one of which is myocarditis, with an incidence of nearly 1%. However, an important number of these patients are not diagnosed and appear as sudden cardiac death cases. This case report is on the development of myocarditis in an adolescent patient after clozapine treatment.

**CASE:** M.G., the 18-year old male outpatient on therapy for schizophrenia, was admitted as inpatient on grounds of resistance to treatment and was started on clozapine, with stepwise dose increase to 400mg/day. On the 14th day of the therapy he developed weakness, fever and tachycardia. Routine blood tests and cardiac enzymes, ECG were completed and cardiology services were consulted. ECG had signs suggestive of vegetation. After consultation with communicable diseases unit, he was started on vancomycin and gentamycin against the possibility of infective endocarditis; but as blood cultures were negative for microbiological growth, antibiotic treatment was discontinued. Blood tests showed troponin (1.53 ng/ml) and leukocyte (13.300/μL) at the upper limit. Although assessment with echocardiography did not confirm vegetation, there was evidence of left ventricular hypertrophy, mild left ventricle diffuse hypokinesis and systolic functions at the lower limit compatible with the diagnosis of myocarditis. Ibuprofen (1600mg/day) was started. Treatment with clozapine was switched to amisulpride (titrated up to 400mg/day). On the 26th day of his admission ecocardiographic observations were normalized, and ibuprofen was discontinued. The patient was discharged on the 28th day, with appointment for control 1 month later.

**DISCUSSION:** Myocarditis, a serious adverse side effect of clozapine, develops during the 14th to 21st days of therapy in 83% of the patients. Although various procedures have been proposed for monitoring development of myocarditis, what is important is close observation for symptoms such as chest pain, increased pulse, tachycardia, weakness, and fever, and their investigation as necessary. Although there are only limited publications on restarting clozapine treatment after reversal of myocarditis development, repetition of myocarditis development has been reported.

**Key Words:** Clozapine, myocarditis, schizophrenia,

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PP-099

## ATTITUDES OF ASSISTANT PHYSICIANS AT A UNIVERSITY HOSPITAL TO SCHIZOPHRENIA

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**AIM:** It has been aimed with this study to determine the knowledge on and attitudes to Schizophrenia of assistant physicians of a university hospital .

**METHODS:** This research was carried out with 170 assistant doctors. The Physicians were also asked to complete a 22-item sociodemographic information questionnaire and the 32-item schizophrenia questionnaire prepared for the purpose of evaluating of their attitudes, by the Psychiatric Research and Training Centre (PAREM). Both forms were. Distributed and retrieved by the closed envelope method.

**RESULTS:** Mean age of the group was 28.07±2.40 (min=24-max=42), with 93 (54.7%) being females. Of the participants, 168 (98.%) regarded schizophrenia as "a disease", and 133 (78.3%), and 133 (78.2%) rated it as a "mental disease"; while 109 (64.1%) believed it to be present at birth; and 122 (71.8%) thought it could not be completely normalized; 102 (60%) believed that drugs used in schizophrenia treatment would cause dependency; with 139 (81.8%) suspecting that the therapeutic agents would have side effects. Socially, 10 (5.9%) were prepared to marry a schizophrenia patient; 64 (37.6%) thought they could work with a schizophrenia patient; 55 (32.4%) did not mind a neighbor with the disorder and 110(64.7%) were not prepared to rent property to schizophrenia patient.

**CONCLUSION:** Assistant physicians, although largely recognizing schizophrenia, also rated it as "a mental disease". They placed more emphasis on genetic etiology as being more significant, and believed that although treated, it could not be completely improved. Knowledge about the therapeutic approaches was inadequate and reflected largely the public point of view. Their attitudes to the patients, however, was less favorable than that of the public. The underlying reasons for these attitudes might be that although the physicians know more about schizophrenia than the public, there has been a general emphasis on its being a mental disease. Also, correct knowledge sometimes leads to negative attitudes.

**Key Words:** Assistant physician, attitude labelling, schizophrenia

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PP-100

## MANIC EPISODE AFTER VARENICLINE USE: CASE PRESENTATION

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**AIM:** Varenicline is a partial agonist of alpha 4 beta 2 nicotinic acetylcholine receptors and its action results in less dopamine release as compared to nicotine binding, whence it is useful to treat nicotine dependency. It can also bind with a moderate affinity the 5HT 3 serotonin receptors causing manic episode development. This report discusses the case of a patient with a history of depression treated with varenicline which triggered a manic episode.

**CASE:** The 38-year old female married university graduate had complaints of nervousness, reduced need for sleep, increased psychomotor energy which developed one week after starting varenicline therapy to stop smoking and had persisted for the previous 10 days before consulting psychiatry polyclinics. Her psychiatric assessment revealed increased self care, elevated affect, increased volume and pace of speech, with connotations missing the aim and referential delusions. She had a history of depressive symptoms including anhedonia and avolition and had been on sertraline (100mg/day) for the previous 1 year. She was also using coumadine after cardiac surgery for rheumatic heart disease. Investigations to eliminate underlying organic pathology, including blood tests and toxicological urine test were without any anomalies. Her cranial CT in consultation with the neurology unit did not uncover any pathology. She was diagnosed with manic episode on the basis of DSM-V criteria, and treatment with varenicline and sertraline was discontinued. One week later, when the symptoms persisted she was put on olanzapine (10mg/day), quetiapine (200 mg/day) and sodium valproate (1000mg/day). Her complaints regressed in one week.

**DISCUSSION:** There are reports in the literature on cases of manic episode development after varenicline use . Before prescribing varenicline a patient's personal and family history of psychiatric disorders should be queried, and the possibility of mood disorder development should be kept in mind.

**Key Words:** Bipolar, mania varenicline

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PP-101

## ANTIPSYCHOTIC USE DURING PREGNANCY: CASE PRESENTATION

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**AIM:** Although psychiatric disorders are frequently observed during pregnancy, it is a period when great care is required on organizing treatment procedures for patients with psychiatric diagnoses. When treatment is to be organized or started the family must be informed on

the possible side effects when used or not used. Data on antipsychotic treatment during pregnancy are mainly on single drug use. This report discusses the case of a patient who was given combined drug therapy with amisulpride and haloperidol.

**CASE:** The 33-year old female patient had consulted a psychiatrist 15 years previously with complaints of talking to herself, suspecting that all talk targeted her, to behave as if she was on every agenda, that she was being financially exploited. She was diagnosed with schizophrenia and attended her controls regularly and complied with her drug therapy. She had been on aripiprazole (15mg/day) and amisulpride (400mg/day) for the previous 3 years without any psychiatric complaints. She was planning pregnancy and had not used her drugs for three days about 2 weeks prior to her consultation. When her symptoms of social susceptibilities resurfaced she had restarted her treatment and her symptoms had disappeared. At consultation, her psychiatric examination was ordinary. She was not pregnant. She and her husband were informed in detail on the possible risks and the treatment choices. On joint agreement with the patient and her family her treatment with aripiprazole was discontinued. Her treatment was rearranged as haloperidol (5mg/day) and amisulpride (200mg/day). She became pregnant approximately 2 months later and attended her controls regularly. When she complained of loss of appetite, nausea, and vomiting, amisulpride was discontinued and olanzapine (7.5mg/day) treatment was begun. Her nausea and vomiting ceased but her psychotic complaints reappeared when the treatment was switched back to amisulpride (200mg/day). She gave birth by caesarian section in the 38th week; it was a term birth with normal weight. Health problems were not observed in the baby at birth or postnatal.

**DISCUSSION:** There is not a clear consensus on the use of antipsychotic agents during pregnancy. Planning of a patient-based treatment has been accepted by physicians. The case reported here shows that low doses of combined antipsychotics can be used without pronounced problems. However, there is need for large scale studies.

**Key Words:** Antipsychotic agent use, combination, pregnancy

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PP-102

### DSM-5 RELIABILITY AND VALIDITY OF THE TURKISH VERSION OF THE SEVERITY MEASURE FOR GENERALIZED ANXIETY DISORDER

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**AIM:** This study demonstrates the reliability and validity of the Turkish version of Severity Measure for Generalized Anxiety Disorder developed to assess generalized anxiety disorder on the basis of DSM-V criteria.

**METHODS:** This study has been carried out with 50 patients meeting any anxiety disorder diagnosed according to the DSM-V criteria and being followed on inpatient or outpatient basis at the psychiatry clinics of Celal Bayar University Medical Faculty. Also, 100 healthy volunteers without any psychiatric or physical illness were included as the controls. Apart from the Severity Measure for Generalized Anxiety Disorder (SMGAD), State (-Trait) Anxiety Inventory (SAI) was used for the validity analyses. For the reliability of the scale, the internal consistency coefficient and the material-total score analysis were carried out. The validity analyses included the exploratory factor analysis and the convergent validity test using Spearman Correlation Analysis (SCA).

**RESULTS:** Mean age of the entire group of participants was 28.9±12.6 years, and 57.3% (s=86) were females; educationally 63.1% were university graduates, 12.8% were high school graduates and 19.5% were primary school graduates. Disease duration in the anxiety group was 17,4±9.5 years. The internal consistency of SMGAD was 0.91 and the material- total score correlation coefficients were in the range 0.64-0.83 (p<0.0001). In the exploratory factor analysis of SMGAD a single-factor model was found with an eigen value was 6.89, and explaining 68.8% of the total variance. The factor loading of the scale material were between 0.48-0.76. Convergent validity coefficient when tested with SAI was r=0.43 (p<0.0001).

**CONCLUSION:** The results have demonstrated the validity and reliability of the Turkish version of the Severity Measure for Generalized Anxiety Disorder.

**Key Words:** DSM 5, generalized anxiety disorder scale.

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### PARENT PERCEPTION BY PATIENTS DIAGNOSED WITH FIBROMYALGIA SYNDROME

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**AIM:** Fibromyalgia syndrome (FMS) is a disease with a course of chronic and generalized musculoskeletal pain and can involve many systems. Its prevalence in the general population is between 0.5% and 5%, with a greater incidence among women. As psychiatric factors are thought to be effective in the onset and progress of FMS, it has been the subject of many psychiatric research. Experiences and impressions at early childhood are effective in different ways on the development of somatization and taking the form of a behavioral type. For example, childhood diseases, attitude of the parents under these circumstances, copying examples at childhood are processes which affect somatization.

In this study it had been aimed to determine the parent perception of patients diagnosed with FMS.

**METHODS:** This study enrolled 33 patients being followed with diagnosis of FMS, 30 patients being followed as rheumatoid arthritis patients in remission and 30 healthy individuals without any known disease and matched for age, gender and level of education with the patients. The participants completed a sociodemographic and clinical information questionnaire developed by the researchers for the purposes of this research, the Beck depression inventory (BDI), the Beck anxiety inventory (BAI), and the Young Parenting Inventory (YPI).

**RESULTS:** Anxiety and depression scores of the FMS and the rheumatoid group were significantly above those of the healthy controls. In the FMS group negative perceptions of parenting were higher than in the other :two groups.

**CONCLUSIONS:** Given these results, it has been thought that parenting perception may have a role in the development and the course of FMS: In the management of FMS, focusing on the psychological causes that are likely to be involved in the development and progress of the disorder and to provide psychotherapeutic interventions are as important as dealing with the physical aspects of the disease.

**Key Words:** Fibromyalgia, parenting, somatization

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### RATING THE CONVICTIONS AND ATTITUDES OF MEDICAL STUDENTS ON PSYCHOLOGICAL DISORDERS

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**AIM:** The main aim of this study was to investigate the convictions and attitudes of the 1st, 4th and 6th year medical students on psychological disorders. Also, secondarily, it has been attempted to compare the effects of medical education on thoughts and attitudes of the 3 groups of students on the subject.

**METHODS:** The research program included 161 volunteering students at the 1st, 4th and 6th years of their training through the 2013-2014 academic year at Adnan Menderes University Faculty of Medicine. The participants completed the Attitudes to Mental Illness Questionnaire (AMIQ) and the Public Attitudes Towards the Mentally Ill:-rating scale (PATMI-rs).

**RESULTS:** In general the students thought that psychological disorders were scientifically explainable. The thoughts and attitudes of the students on psychological disorders did not differ on the bases of gender or the presence or absence of a family history of mental illness.

When compared, there were significant differences in the scores of the 3 different student groups on the dangerousness ( $p=0.019$ ), and shame ( $p=0.003$ ) subscales of AMIQ, such that more 1.st year students rated psychological disorders as dangerous and expressed a sense of shame in having a psychological disorder, as compared to the 6th year students. Other significant differences were not observed between scorings of the groups.

**CONCLUSION:** Other research has shown that institutional education is not adequate in supporting the development of negative or positive attitudes on attitudes towards psychological disorders. However, the observation in our study that significantly fewer 6th year students, as compared to the 1st year students, regarded psychological disorders as dangerous and associated a sense of shame with these disorders indicates that the practical psychiatry training at medical faculties does in fact have a positive effect on the convictions on psychological disorders. However, not observing any differences between the groups on attitudes towards psychological disorders suggests that more new studies are needed on this aspect of medical education.

**Key Words:** Attitude, conviction, medical student, psychological disorder

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### EKBOM SYNDROME TRIGGERED BY GRIEF : CASE PRESENTATION

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**AIM:** Ekbom syndrome is a delusory disorder of parasitosis with comorbid anomalies of perception that makes the sufferer consult branches of medicine other than psychiatry. It is seen with 5 fold higher incidence among females. This report discusses the case of an elderly patient who had developed Ekbom syndrome after the loss of her mother.

**CASE:** The 68-year old housewife had consulted the dermatology clinics with the complaint that insects were moving about her body. She was examined over a week as an inpatient but the negative results on infestation on the face of her persistent complaints necessitated her referral to psychiatry clinics. She had itch and "insects all over her body" with apparent scratchy wounds. One year previously, when her mother died, she was given a gilet at the funeral which she put on. She believed that this gilet was infested and consequently she was infested by the insects in it which now she could see coming out of her skin when she sensed pain. She had not lost her functionality and was able to carry on with her domestic chores. When psychiatrically examined, she was in depressive mood, anxious affect and had tactile and visual hallucinations. She did not have delusions other than infestation by insects. Her blood biochemistry and her cranial MRI were normal for her age. She was diagnosed with Ekbom syndrome and was started on paliperidone titrated from 3 to 6 mg/day. Her symptoms have significantly improved and she is under follow up control.

**DISCUSSION:** Ekbom syndrome is rarely observed but can affect daily life depending on the severity of delusions. In order to recognize the condition in a fuller scope, psychiatry clinics have to act consultatively with especially the dermatology, and internal diseases clinics.

**Key Words:** Ekbom syndrome, grief, paliperidone

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### CONSISTENCY OF DIAGNOSES IN PATIENTS WITH MULTIPLE HOSPITAL ADMISSIONS

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**AIM:** Diagnostic consistency on an illness is an important index of the reliability and validity of the diagnoses made after multiple admissions to hospital. Changing diagnoses can result from the change in the natural course of the illness, from alterations in the diagnostic criteria or errors of measurements. This study has aimed to investigate the continuity of diagnostic results among patients with a history of multiple hospital admissions.

**METHODS:** This study was carried out at Bakırköy Psychological and Neurological Diseases Hospital and involved the retrospective scanning of the files of 101 inpatients who were being followed in the hospital and had been admitted between January 2013 and June 2013 at least twice and had different diagnoses at the first and the last stays. The study was approved by the hospital ethics committee. The patients were asked to complete a semi structured sociodemographic, clinical and psychiatric information questionnaire prepared by the researchers.

**RESULTS:** The study enrolled 45 female and 55 male patients. Mean number of hospital admissions was 2,76±1,16; and the mean duration of the disorders was 6,61±9,03 years. The most incident diagnoses at the first admission ranked as Psychotic disorder-not otherwise specified (PD-NOS) (29%), Depressive disorders (25%), Bipolar disorders (13%) and Mood disorders –(NOS)(6%). The incidence of diagnoses at the last stay ranked as Schizophrenia (28%), Bipolar disorders (20%), Depressive disorders (13%) and Schizoaffective disorder (11%).

**CONCLUSION:** Whereas diagnoses of PD-NOS had the highest incidence in the first admissions, this was replaced by schizophrenia in the last admissions. The fall in the continuity or consistency in the diagnosis of PD-NOS may have been due to the prodromal time elapse for the diagnoses to gain specificity. However, lack of knowledge on the symptoms to arrive at correct diagnoses may also have contributed to this observation.

**Key Words:** Changing diagnosis, diagnostic consistency, multiple hospital admissions

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### HYDROXYUREA RELATED DELIRIUM IN POST-STROKE PSYCHOSIS: CASE PRESENTATION

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**AIM:** The most frequently reported psychiatric disorders after stroke are the anxiety disorders and depression. Psychosis after stroke is rarely reported. Right hemisphere lesions and the underlying subcortical risk factors have been implicated in development of psychosis after stroke. Hydroxyurea is an agent used in the treatment of essential thrombocytosis. This case report discussed the triggering of delirium in a patient who developed psychotic symptoms after stroke.

**CASE:** The 60-year old, married and retired high school graduate male without a history of psychiatric disorder consulted the emergency services for the sudden loss of strength on the left side of his body. Examinations indicated stroke due to middle cerebral artery (MCA) infarct. About 4 days after the stroke he developed persecutory delusions. Starting on hydroxyurea 8 days after the stroke to treat essential thrombocytosis resulted in increased delusory symptoms further complicated by visual hallucinations and impairment of time orientation. When observed for one week without treatment with antipsychotics the psychotic symptoms and loss of time orientation disappeared. One month later hydroxyurea dose was increased which resulted in the reappearance of the psychotic symptoms and orientation impairment. As there was not an alternative to hydroxyurea therapy, he was started on antipsychotic treatment when the psychotic symptoms and the impairment of time orientation disappeared in two weeks. .

**DISCUSSION:** Development of psychosis, orientation deficits and neglect syndrome have been reported after strokes especially in the right hemisphere of the brain. In the case reported here, symptoms of psychosis after a stroke due to MCA infarct were observed. Increases in these symptoms after hydroxyurea administration and subsequent dose increase indicate the role of the hydroxyurea in the etiology of delirium. There are very few references to neuropsychiatric side effects of hydroxyurea. In conclusion, neuropsychiatric side effects after hydroxyurea use in patients with brain damage should be carefully followed.

**Key Words:** Delirium, hydroxyurea, psychosis

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## ECCHYMOSIS AT LOWER EXTREMITIES DUE TO FLUOXETINE USE: CASE PRESENTATION

### Buğra Çetin

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**AIM:** Fluoxetine acts as a selective serotonin reuptake inhibitor (SSRI) and has been used for treating a wide spectrum of psychiatric disorders including depression, anxiety disorders, bulimia nervosa, and premenstrual dysphoric disorder. The most frequently observed side effects of fluoxetine include gastrointestinal complaints, autonomic complaints, agitation, difficulty falling asleep, and sexual dysfunction. Also, thrombocyte function changes with purpura or abnormal hemorrhages have been reported after fluoxetine use, but the references to such cases are very few in the literature. It has been aimed her to discuss the case of a patient with ecchymosis appearing in the lower extremities after fluoxetine and to draw attention to this side effect of fluoxetine.

**CASE:** The 28-year old female patient without a history of psychiatric complaints had given birth 7 months previously. She had experienced anhedonia, sadness, exhaustion, difficulty in focusing, and daytime sleepiness over the previous 4 months when she consulted the psychiatry polyclinics of Kastamonu State Hospital. Psychiatric assessment showed that her self care was reduced, she did not have suicidal thoughts, but her mood was depressive, affect was blunted. She was started on fluoxetine (20mg/day). Approximately 5 weeks later at her follow up control she complained of bruises in her legs and ecchymosis were observed. As her hematological tests were normal, fluoxetine was replaced with bupropion (150mg/day). In her control 4 weeks later ecchymosis had improved. But as the drug could not be found in the chemists, fluoxetine (20mg/day) treatment had to be restarted. Five weeks later, the ecchymosis had reappeared on her legs. Treatment was switched to sertraline (50mg/day) and at her control 4 weeks later, the psychotic symptoms and the ecchymosis had disappeared. Her treatment was continued.

**DISCUSSION:** Albeit rarely, hemorrhages, ecchymosis and purpura can be observed after fluoxetine use. Therefore, physicians when using fluoxetine, especially in patients with hemorrhagic disorders or already using agents with effects on the coagulation cascade, have to observe the patients very closely.

**Key Words:** drug side effect, ecchymosis, fluoxetine

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## SOCIODEMOGRAPHIC AND CLINICAL DETAILS OF JUVENILES REFERRED BY COURTS OF JUSTICE TO TOKAT PSYCHOLOGICAL HEALTH AND DISEASES HOSPITAL

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**AIM:** This study has aimed to evaluate the sociodemographic and clinical data on juveniles aged 18 or below, referred by courts of justice to Tokat Psychological Health and Diseases Hospital.

**METHODS:** Files of 80 juveniles with ages in the range 3-18, referred by courts of justice to the child and adolescent psychiatry polyclinics between the dates of November 2013 and August 2015 with requests for forensic reports, have been investigated retrospectively. The study results have been evaluated with respect to sociodemographic particulars, psychopathological findings and the requirements of the judiciary.

**RESULTS:** The 80 juveniles included in this study consisted of 56 (70%) males and 24 (30%) females, with a mean group age of 13.76 years. Reports demanded by courts were on competency for criminal responsibility (67.5% ; n=54.), psychiatric diagnosis (n=10), mental and physical fitness to participate in delinquency proceedings (n=9), competency to stand trial as an adult (n=5), and assessment of psychiatric damages (n=5). On the bases of DSM-5 criteria 26 juveniles were diagnosed with psychiatric disorders, the most frequent being adjustment disorder (n=8), attention deficit and hyperactivity disorder (n=7) and behavioural disorders (n=6).

**CONCLUSION:** Results of the evaluations on the judicially referred cases with respect to demographic and clinical respects were in agreement with the reports in the literature.,

**Key Words:** Criminal responsibility, forensic evaluation, sociodemographic characteristics

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## CHANGES IN HAIR TEXTURE AFTER VALPROIC ACID USE: CASE PRESENTATION

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**AIM:** Valproic acid is generally used both for the treatment of bipolar disorders and epilepsy. Its known side effects include gastrointestinal symptoms of nausea, vomiting, abdominal pain, diarrhea as well as polycystic ovary, hirsutism, hepatic dysfunction, weight gain, and alopecia. Also, its effects on hair growth including thinning of hair and change of color have been reported. This report discusses a case of textural hair changes and hair loss observed after valproate treatment of a female patient with mood disorder.

**CASE:** A.B., the 35 –year old female civil servant diagnosed with mood disorder had been maintained on valproate since 2005 for repeating symptoms of avolition, restlessness, lack of appetite and nervousness. For the 3 years previous to her consultation her valproate dose was 1000mg/day and she was complying with the treatment. One month after the start of the treatment she observed changes in her hair such as turning dull, coarser and wavy, together with continual hair loss although she had not taken any other medication or hair treatment. However, having benefited from valproic acid treatment on her psychiatric symptoms, she did not wish her treatment to be altered.

**DISCUSSION:** There are reports in the literature commenting on the mechanisms that may underlie the effects of valproic acid on hair structure. One explanation has been related to the chelating effects of valproic acid. Levels of copper, zinc and magnesium required for hair growth were found to have been lowered in patients treated with valproate. There are also reports on the reversibility of these effects upon discontinuation of valproate therapy. In the case reported here it was not possible to check the reversibility of the observed effects since valproate therapy was continued. Clinicians should be aware of valproate effects on hair and inform the patients of the possible changes on their physical outlook.

**Key Words:** Bipolar disorder, hair, valproic acid

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## EVALUATING LIFE QUALITY OF EPILEPSY PATIENTS

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**AIM:** The degree of compatibility and balance between life expectations and the physical, psychological and social limitations determine the quality of life for epilepsy patients; with the psychiatric and cognitive disorders constituting the major factors lowering the quality of life. The biopsychosocial problems of epilepsy depend on patients' age, the underlying etiological factors, duration, severity and the type of epilepsy, the EEG signs, antiepileptic drugs used and comorbid psychiatric disorders.

**METHODS:** The study enrolled 177 epilepsy patients without a history of psychiatric disorders. The patients completed the Short Form Health Survey- (SF-36) in order to assess the biopsychosocial problems and the Hospital Anxiety and Depression Scale (HADS).

**RESULTS:** Patients' scores on the SF-36 parameters of general health perception, fatigue and emotional role limitations were significantly low among the female patients. Scores on fatigue and emotional role limitations were significantly low in female patients with complex partial, simple partial and secondary generalized epilepsy ( $p < 0.01$ ). Scores on general health perception, fatigue, emotional role limitations were also low among the male epilepsy patients but scores on social function and

physical role limitations were only significantly low in male patients with secondary generalized seizures. With respect to HADS scores, both the anxiety and the depression scores were significantly high among female patients with complex partial and secondary generalized epilepsy.

**CONCLUSION:** Determining the social and psychiatric problems of epileptic patients and psychiatric approaches and treatment when needed, are as important as the control of the seizures for improving the quality of life of the patients.

**Key Words:** Epilepsy, quality of life

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## NEUROLEPTIC MALIGNANT SYNDROME DUE TO CLOZAPINE: CASE PRESENTATION

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**AIM:** Neuroleptic malignant syndrome (NMS) is a rarely observed dose-independent idiosyncratic adverse reaction mainly to antipsychotic agents, mood regulators and also other drugs with effects on the dopaminergic system. The characteristic symptoms of NMS are muscular rigidity, tremor, fever, autonomous function disorder, cognitive changes, elevation of serum creatine phosphokinase (CPK) and leukocytosis.

**CASE:** The 39-year old male patient had been maintained for the previous one year on clozapine (500 mg/day) after diagnosis of schizoaffective disorder and on topiramate (50mg/day) for mild mental retardation. He did not have complaints of active psychiatric symptoms but had to be brought to the emergency services with diarrhea followed by fever, shortness of breath and cognitive changes that developed in the previous week. He was found to be confused, hypertensive, with high fever, tachypnea, elevated CPK (5600u/L) and electrolyte imbalance. He was referred to psychiatry clinics with the diagnosis of NMS and was put on bromocriptine (15mg /day) at the intensive care unit. He was transferred to psychiatry services after 4 days when his electrolyte imbalance and CPK level were normalized and the vital signs were stabilized. As NMS symptoms improved, bromocriptine treatment was gradually decreased and discontinued. When the psychotic symptoms appeared he was started on quetiapine titrated to the apical dose of 150mg/day, and is currently being observed at the psychiatry services.

**DISCUSSION:** NMS presents at any stage of treatment with typical and atypical antipsychotic agents. It has been reported in the literature that NMS after clozapine use, as compared to other atypical antipsychotic agents, can be less severe with absence of high fever and muscular rigidity, mild elevation of CPK, but with a longer course. In the case reported here, in agreement with the literature, despite observation of cognitive blurring, fever, tachypnea, shortness of breath, electrolyte imbalance and CPK elevation, muscular rigidity and leukocytosis were absent. Although the probability of NMS after clozapine is low, care

should be taken in its use for initial and maintenance treatment in patients with underlying facilitative factors like mental retardation.

**Key Words:** Clozapine, mental retardation, neuroleptic malignant syndrome

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### HYPERTENSION DEVELOPMENT AFTER ARIPIPRAZOLE USE: CASE PRESENTATION

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*Konya Eğitim Araştırma Hastanesi, Psikiyatri kliniği, Konya*

**AIM:** Aripiprazole is a second generation antipsychotic agent used with reliance on its moderate metabolic side effects and proven clinical effectiveness, in the treatment of psychiatric disorders including schizophrenia, bipolar disorder and major depressive disorder. However, some side effects are being met during its clinical use. In the case presented here, increasing aripiprazole dose to 15mg/day resulted in hypertension, reversed with the discontinuation of the drug, in a schizophrenia patient without a history of hypertension.

**CASE:** A.K, the 56-year old female schizophrenia patient consulted out polyclinics with complaints of loss of appetite, nervousness, oversleeping, anhedonia, inability to care for self, speaking less, suspiciousness. Her history was ordinary except for having developed schizophrenia 25 years previously, her initial symptoms being auditory and visual hallucinations, persecutive and jealousy delusions. Two years previously, her symptoms flared up and she had to be treated at another care centre. as an inpatient for 38 days and discharged on olanzapine (10mg/day), amisulpride (800mg/day) and risperidone (37.5 mg/14g -im). She had been on partial remission and complied with this treatment for 1.5 years. Due to weight gain, her therapy was changed to aripiprazole (10mg/day) and sertraline (100mg/day) without follow up on her blood pressure. In the third month of her new therapy she had one episode of menstrual bleeding for the first time in 6 years and stopped using her drugs, such that when she consulted our clinics, the patient had not been on therapy for 3 months. Her negative symptoms being in prominence, she was started on aripiprazole (titrated from 5 to 15 mg/day) as she had benefited from it previously, and as other antipsychotics had resulted in adverse side effects. On the 9th day of her treatment she developed asymptomatic hypertension, which decreased to normal levels after discontinuation of aripiprazole.

**DISCUSSION:** Although rare, hypertension development with antipsychotic agents has been reported in a few publications in the literature. Hypotension, however, is a well known side effect of antipsychotics. The case discussed here is important as it is the first in our national publications. Following up metabolic parameters is very important for patients' quality of life while on antipsychotic therapy.

**Ket Words:** Aripiprazole, Hypertension, Schizophrenia

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### LAST RESORT IN SUBSTANCE USE - THE INTERNAL JUGULAR VEIN: CASE PRESENTATION

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*Konya Eğitim ve Araştırma Hastanesi Beyhöküm Psikiyatri Kliniği*

**AIM:** The first choice of intravenous entry for drug users is the arm. However, with the gradual blockage of these venous entrances the user resorts to other veins to sustain the same drug effectiveness. Albeit rarely, the neck veins are used despite the difficulty, pain and the risks involved. Here we have discussed the case of a patient who used the internal jugular vein with illustrations to show the method and to draw attention to the risk of comorbidity of different medical conditions.

**CASE:** The 24-year old married primary school educated patient had started smoking at the age of 14 and using heroin at 16. After snorting the drug for 2 months, he switched to intravenous use to accelerate the effects of the drug. Over a 7-year dependency he had used the hand, foot (Picture), axillary, and finally the neck veins. Due to sharing needles the patient was HIV positive but did not have any other medical illness except the one incident in the past which suggested pulmonary embolism, when he had consulted the emergency services. After the detoxification therapy at the center, the patient in currently being followed up.

#### Entry sites to foot veins



**DISCUSSION:** As the years pass intravenous drug administration switches from the forearm, to the foot and the leg followed by the axillary route and finally to the neck. The case presented her having started on his arms had finally resorted to the use of the internal jugular vein. Use of veins other than those on the arms leads to higher incidences of comorbidity with deep vein thrombosis, thrombophlebitis, vascular insufficiency, pulmonary embolism, pseudoaneurysm and damages to nearby organs. Especially the major arterial structures and nerves around the neck veins increase the risks of comorbidities. Therefore, patients have to be informed of these risks and it has to be kept in mind that there may be hospital arrivals with complications of pulmonary embolism, aneurysms and vocal chord paralysis.

**Key Words:** Heroin, venous entry, internal jugular vein

#### Entry sites on the legs



#### Entry sites on the neck



## PSYCHOTIC MANIA AFTER USING CYPROTERONE ACETATE/ETHINYLESTRADIOL: CASE PRESENTATION

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*Konya Eğitim Araştırma Hastanesi, Psikiyatri Kliniği, Konya*

**AIM:** Combined oral contraceptives (COC) comprise synthetic progestins and low dose oestrogens and are used for contraceptive purposes, and in the treatment of premenstrual syndrome, premenstrual dysphoric disorder, polycystic ovary syndrome, hirsutism, and menstrual cycle irregularities. Synthetic progestins can have estrogenic, anti estrogenic and anti androgenic effects. Gonadal hormones are known to have mood altering effects and there are data on development of depression, anxiety disorders, psychosis, sexual dysfunction and increased incidence of suicidal attempts after the use of COCs. In the case reported here the development of psychotic mania after the use of combined cyproterone acetate- ethinylestradiol is being discussed.

**CASE:** S.H., the 17-year old single female patient was prescribed cyproterone acetate- ethinylestradiol for frequent menstruation and the severity of hemorrhage, after consulting the antenatal clinics. After using this COC regularly for 14 days, she developed symptoms of nervousness, aggression, hypermobility, suspiciousness, touchiness, talking to herself, spending money, increased libido, sleeplessness, increased self confidence, escaping from home, changing her clothing style, interest in risky preoccupations and claiming to be a military leader and her COC was terminated by her family. She did not get psychiatric help in during this period for not having health insurance. When brought to the psychiatry services 4 month after the appearance of her adverse symptoms, she was admitted as an inpatient. Her blood parameters were within normal limits. Her personal and family history were uneventful and did not include substance use. Although her manic and psychotic symptoms had partially improved, her affect was still euphoric, and she had auditory hallucinations. On the basis of DSM-V criteria she was diagnosed with “medication induced bipolar and related disorder showing manic character”. She was started on risperidone (1 mg/day) and was followed. She did not have any menstruation and was amenorrhoeic for 7 months. She was euthymic in clinical controls and was discharged with advice for antenatal and psychiatry polyclinical follow up controls.

**DISCUSSION:** cyproterone acetate, is different from the other synthetic progestins in being an androgen receptor agonist and having glucocorticoid action. COC effects on mood are dependent on the progestin type they contain. Within the limits of our knowledge, the case presented here is the first for manic psychosis development after using cyproterone acetate- ethinylestradiol. Considering that COCs are currently without alternatives within the scope of indications for their use, there is need for further work in this field.

**Key Words:** Bipolar Disorder, ethinylestradiol, cyproterone acetate

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## RELATIONSHIP BETWEEN IMPULSIVENESS, POST TRAUMATIC STRESS DISORDER SYMPTOMS AND THE RISK SEVERITY FOR INTERNET DEPENDENCY AMONG UNIVERSITY STUDENTS

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**AIM:** This study aims at investigating relationships between impulsiveness, symptoms of post traumatic stress disorder (PTSD) and the risk severity for internet dependency (RSID).

**METHODS:** From a total of 321 university students only 271 students who gave the answer “YES” to a question on different traumatic experiences were included in the study. and were asked to complete a sociodemographic questionnaire, the PTSD CheckList – Civilian Version (PCL-C), the Internet Addiction Test (IAT) and the Barratt Impulsiveness Scale- Short Form (BIS-11-SF).

**RESULTS:** Students were divided into 3 groups on the basis of the severity of the internet addiction, with 67 (24.7 %) having the highest IAT scores; 91were (33.6%) having the in between level of scores and 113 (41.7%) having the lowest scores. The group with the highest IAT scores also had the highest BIS-11-SF total and subscale mean scores on ‘not planning’, ‘motor impulsiveness’ and ‘attention impulsiveness’. Similarly, the PTSD total and mean subscale scores on avoidance, reliving the trauma, hyper arousal were highest in the group with the highest IAT scores. Lastly, on the basis of hierarchical linear regression analysis the most important parameters determining the severity of internet addiction were the moderate and low impulsiveness and PTSD symptom severity and especially the severity of the hyper arousal dimension.

**CONCLUSION:** Impulsiveness, and especially moderate and low impulsiveness may be determining the relationship between the severity of internet addiction and the PTSD symptom severity. Even when impulsiveness was controlled, the study showed a strong relationship between PTSD and internet addiction. The study was not designed, however, to check the causative relationship between PTSD and internet addiction. Nevertheless, within the scope of the available data, it can be assumed that individuals with severe PTSD symptoms, especially those experiencing hyper arousal, tend to use the internet excessively as a way of self treatment. A synthetic world such as the internet may be providing them with a more reliable and comfortable life.

**Key Words:** Impulsiveness, post traumatic stress disorder

	No IA risk/ (n=113) Mean ± SD		Mild IA risk/(n=91) Mean±SD		High IA risk/(n=67) Mean±SD		F	P
No planning <sup>a</sup>	9.57	3.12	20.59	2.83	11.21	2.94	7.14	0.001
Motor impulsiveness <sup>a</sup>	8.66	2.23	9.80	2.40	10.49	2.50	13.16	<0.001
Attention impulsiveness <sup>a</sup>	8.13	2.19	9.32	2.74	10.03	2.51	13.60	<0.001
BIS-11-SF <sup>c</sup>	26.31	5.93	29.71	6.60	31.73	6.35	17.24	<0.001
Reliving Trauma <sup>b</sup>	9.30	3.83	20.09	3.63	11.60	4.06	7.59	<0.001
Avoidance <sup>a</sup>	14.31	5.21	16.48	4.72	18.15	5.24	12.76	<0.001
Hyperarousal <sup>a</sup>	10.52	3.89	12.60	3.79	14.12	3.82	19.60	<0.001
PTSD-Severity <sup>c</sup>	34.13	11.49	39.18	9.84	43.87	11.35	17.12	<0.001

a. High IA risk, Mild IA risk > No IA risk ;  
 b. High IA risk > Mild IA risk, No IA risk ;  
 c. High IA risk > Mild IA risk > No IA risk

		Non standardised Coefficients		Standardised Coefficients		
		B	SD	Beta	t	P
Step 1	Motor impulsiveness	1,832	0,583	0,224	3,143	0,002
	Attention impulsiveness	1,430	0,573	0,178	2,496	0,013
Step 2a	Motor impulsiveness	1,207	0,572	0,148	2,109	0,036
	Attention impulsiveness	1,170	0,554	0,146	2,122	0,035
	PTSD –severity	0,519	0,104	0,291	5,002	<0,001
Step 3a	Motor impulsiveness	1,145	0,576	0,140	1,990	0,048
	Attention impulsiveness	1,213	0,554	0,151	2,200	0,029
	PTSD – severity subscales	1,467	0,295	0,290	4,968	<0,001

F=20,02, df=2,268, p<0,001 corrected R<sup>2</sup>=0,123  
 F=22,88, df=3,267, p<0,001 corrected R<sup>2</sup>=0,196  
 F=22,75, df=3,267, p<0,001 corrected R<sup>2</sup>=0,204

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### PP-117

## PSYCHOTIC MANIA AFTER CEFTRIAZONE USE: CASE PRESENTATION

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**AIM:** Antibiomania is the mania syndrome induced by antibiotics over yet unexplained causes, hitherto rarely met clinically but appearing to be increasing in incidence. Clarithromycin, ciprofloxacin, erythromycin, amoxicillin, isoniazid , ofloxacin metronidazole and cotrimoxazole usage have been associated with development of psychotic mania symptoms. FDA has emphasized this relationship especially with clarithromycin and ciprofloxacin. We have not found any reports in the literature on mania related to ceftriazone use. This report intends to discuss a case of mania of psychotic type after i.v. ceftriazone.

**CASE:** T.I., the 14-year old male patient with a hyperthymic temperament, without a history of substance use and without personal and familial psychiatric diagnoses, was admitted to pediatrics ward with bronchitis. He was treated for 3 days with i.v. ceftriazone (1 mg/day) and was discharged, but the next day he had to betaken to a psychiatric care centre with complaints of nervous tension, psychomotor agitation, reduced sleep, prattling, improper behavior, inability to recognize family members, anticipation of being harmed, auditory hallucinations, visual hallucinations and suicidal thoughts. After elimination of organic bases to his complaints, he was referred to our psychiatry polyclinics. His haemogram and blood biochemistry were within normal limits, and there were no substance metabolites in his urine sample, such that ceftriazone was suspected as the cause and he was diagnosed with “medication induced bipolar disorder, showing mania characteristics” on the basis of DSM-V criteria. The first day agitation was treated with haloperidol (10mg/day) and biperiden(5 mg/day- im), and was followed with haloperidol (10mg/day). He was euthymic on the 4th day of the therapy.

**DISCUSSION:** Ceftriazone is a third generation cephalosporin with a long half life enabling effective therapy on a single dose and, by being one of the few antibiotics that can cross the blood-brain barrier, has

become the most widely used parenteral antibiotic world wide. The recognised side effects on psychosis is limited by the case reported here. There have been studies giving evidence of its use as an anticonvulsant in alcohol withdrawal syndrome and in alcohol dependency, and also its neuroprotective effects in animal models of post stroke hypoxic damage. These effects are realized through increased counts of the excitatory amino acid transporters, the EAAT-1 and EAAT-2, and increased glutamate reuptake. Although these observations give hope on the potential of ceftriaxone for the treatment of psychiatric disorders, its side effects should also be kept in mind.

**Key Words:** Antibiomania, bipolar disorder, cephtriaxone

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## UNDERSTANDING TREATMENT INCOMPLIANCE: AN EXPERIMENT IN POLYCLINICS

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**AIM:** One of the difficulties of psychiatric therapy is ensuring patient compliance with the treatment regimen. Treatment non-compliance with an incidence of 55% has been observed in the follow up controls of schizophrenia patients; and an incidence of 66% has been reported among patients maintained on antidepressants. Also, 50% incidence of non-compliance has been reported among the patients consulting the general psychiatry polyclinics. The proposed primary reasons for treatment non-compliance are related to the treatment regimen, and the characteristics of the patient and the physician. About 63.5% of the patients abandon treatment without consulting the physician. This study has aimed to investigate the non-compliance phenomenon from the view point of the patient.

**METHODS:** The study included a total of 70 patients who consulted the psychiatry polyclinics within the period of one month and had a history of abandoning therapy advised by the physician. Data for the purposes of the study were gathered through a 25-item questionnaire.

**RESULTS:** Majority of the patients who stopped taking their medication were major depression patients (45.7%), followed with atypical psychosis cases (12.9%) and cases of anxiety disorders (10%). The reasons given by the patients included problems related to health insurance (20%), lack of adequate social support and having financial problems. Others (52.9%) gave sedation, weight gain and other side effects experienced as the reasons for treatment non-compliance. Not having been sufficiently informed either on the treatment process (44.3%) or on the subject of the side effects (54.3%) were also given as reasons. Also, 44.3% had stopped the treatment since they had improved, whereas 31.4% decided that

they did not benefit from the treatment, and 11.4% were convinced that they would not improve on the given therapy.

**CONCLUSION:** A multilayered approach to the problem of treatment non-compliance by the patients is recommended. Querying the reasons for non-compliance is important. Informing the patients on all aspects of the treatment with patient-specific consideration of the potential side effects, taking measures to reduce labelling of the patient and the disorder and improving the social conditions are expected to contribute constructively to increasing treatment compliance.

**Key Words:** labelling, side effect, treatment non-compliance

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## MANAGEMENT OF BRADYCARDIA DUE TO AMISULPRIDE USE: CASE PRESENTATION

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**AIM:** Amisulpride is an atypical antipsychotic agent effective on both the positive and the negative symptoms of schizophrenia as a partial agonist of the dopamine D1 and D2 type of receptors, with the typical side effects of insomnia, anxiety, agitation and gastrointestinal reactions, and also rarely met extrapyramidal effects on the cardiovascular system, such as prolongation of the QTc interval, asymptomatic bradycardia, hypotension, hypertension. And a case report on symptomatic bradycardia. Here a case of symptomatic bradycardia due to amisulpride use is discussed.

**CASE:** the 21-year old single, high school graduate male patient had been followed for paranoid schizophrenia over the previous 3 years. His very first complaints had been persecutive delusions and aggression symptoms. He was referred to us from a health center. When with us as an inpatient, he had auditory hallucinations with a female voice threatening that he would get burnt and die. He was started on haloperidol (30 mg/day) treatment that was maintained for an adequate period, but the symptoms persisted. His hemodynamics were stable, ECG was in normal sinus rhythm with a pulse of 72/min and there were no comorbid pathologies at the time of starting treatment with amisulpride. When the dose reached the apex of 600 mg/day, the patient presented with symptoms of fatigue, exhaustion and dizziness. His ECG indicated sinus bradycardia, his pulse was 50-55/min. After consultation with cardiology services amisulpride therapy was discontinued with gradual dose reduction, since he was not on any other medication, did not have any other disease and the symptoms had developed with the increased dose of amisulpride. His therapy was switched to risperidone. (8mg/day), when ECG sinus rhythm was normalized and the pulse (75/min) returned to the original level. He was maintained on risperidone (8mg/day).

**DISCUSSION:** Amisulpride effects on the heart are very rare and generally asymptomatic. There are only three reports in the literature on amisulpride effects on cardiac pace. It is worth noting that even in the absence of cardiovascular pathology, amisulpride can result in bradycardia in young patients.

**Key Words:** Amisulpride, bradycardia, cardiovascular side effects

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## CIRCADIAN RHYTHM IN THE MONTH OF RAMADHAN AND BIPOLAR DISORDER.

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**AIM:** There is increasing evidence on the role of circadian rhythm disorders on the etiopathogenesis of bipolar disorder (Eddahby 2014). During the religious fasting month of Ramadhan, hunger, sleep and the related physiological parameters are known to be changed (Farooq 2010). Evidence in the literature on whether prolonged fasting is related to bipolar relapse is not convincing (Eddahby 2013). This work has aimed at investigating the regularity of sleep habits and relapse incidence in patients with bipolar disorder during Ramadhan.

**METHODS:** Bipolar disorder-type I patients who had been regularly followed for at least 3 years with preventive treatment were investigated in 2015 Ramadhan month with respect to fasting or not fasting, sleep regularity and incidences of relapse.

**RESULTS:** Bipolar disorder-type I patients (n=61) arriving consecutively at the polyclinics were assessed in the middle and the end of the month of Ramadhan for sleep regularity. Those with relapse numbered 14 (27%), and those without relapse numbered 47 (77%); and 27 (44.3%) of the patients fasted while 34(55.7%) did not; with 5 (36%) of the relapsed patients reporting to have fasted, while 9 (64%) did not. A significant relationship between fasting and relapse was not observed (p=0.4). Despite the current results, 21% of the patients reported to have fasted during Ramadhan in the previous years.

**CONCLUSION:** In the investigated group of bipolar disorder-I patients, a relationship between relapse and fasting could not be demonstrated. We believe that further research with a much wider patient population is needed on the blood levels of medication, sleep patterns and other neurobiological parameters.

**Key Words:** Bipolar disorder, circadian rhythm, fasting

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## FAHR'S DISEASE WITH MANIC SYMPTOMS: CASE PRESENTATION

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**AIM:** Fahr's disease is a genetic disorder that develops with bilateral, symmetrical and idiopathic calcification of the brain basal ganglia. The most frequently recognized symptoms are movement disorder resembling that of Parkinson's disease and progressive cognitive dysfunction. During the course of the disease, development of psychiatric disorders such as mood disorders, obsessions and personality changes have been reported. Diagnosis of the condition is through demonstration of the calcification at the basal ganglia and the elimination of pathologies of calcium metabolism.

**CASE:** E.G., the 35-year old male patient without a history of psychiatric disorders, consulted the emergency services after the development of symptoms of nervous tension, desire to spend money, pretending to be rich and excessive talking. He was referred to the psychiatry services. His examination revealed grandiose delusions, circumstantial talking and referential delusions. Blood tests were normal. Cranial CT showed symmetrical calcification of the basal ganglia. He did not have any neurological pathology after neurological examination. It was decided to follow the patient by both the neurology and the psychiatry clinics. He was started on risperidone (4mg/day) with the diagnosis of bipolar manic episode. When the symptoms subsided in 6 days, he was discharged. During follow up control, his Parkinsonian type movement symptoms were intensified and risperidone was decreased and discontinued. After joint evaluation of the patient by neurology and psychiatry on the advances in symptoms of movement disorder, he was diagnosed with Fahr's disease. During a 2-year follow up, complex attention, spatial abilities and executive functions were severely affected with moderate failure of memory, and he was pensioned off on grounds of disability.

**DISCUSSION:** Many psychiatric symptoms appear during the course of neurological diseases and these neurological disorders can progress on a course with comorbid psychiatric disorders. Sometimes psychiatric symptoms are the first signs of neurological diseases. Patients who consult with typical symptoms of a disorder can present with atypical symptoms in follow up controls when reevaluation with differential diagnosis becomes important. Neurological and psychiatric symptoms appearing at the start or in the course of a disorder may have common etiologies, which has been observed in the calcification of the basal ganglia of the patient discussed here We believe this report will contribute to neuropsychiatric studies with respect to the necessity of investigating the relationship of psychiatric and neurological disorders.

**Key Words:** bipolar disorder, Fahr's disease, mania

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## TREATMENT OF PANIC DISORDER ON COURSE WITH ISOLATED NOCTURNAL PANIC ATTACKS: CASE PRESENTATION

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**AIM:** In 18%-45% of panic disorder patients both daytime panic attacks and nocturnal panic attacks are observed. However, some patients experience isolated nocturnal panic attacks with very limited references to their cases in the literature. This report has aimed to draw attention to one such case of isolated nocturnal panic attacks.

**CASE:** The 57-year old patient had complaints of waking up a while after falling asleep with a burning sensation spreading upwards from her feet, accompanied with sweating, tachycardia, and fear of death. She had to get up and walk around in the house. The complaints had started 1 year prior to her visit, by repeating 3-4 times a week, only at nights and never during day time, and lasting about 15-20 minutes. She experienced difficulty falling asleep with anticipatory anxiety. She did not have agoraphobia. She had consulted many hospitals over the year but all investigations had resulted with normality. She had been on paroxetine (10 mg/day) for the one month prior to her consultation at our clinics. She was diagnosed with panic disorder on the basis of DSM-V criteria and her paroxetine dose was adjusted to 20 mg/day. She was given psychoeducation on the nature of the disorder, and therapy on a cognitive model which resulted in significant improvements in her symptoms after 4 sessions.

**DISCUSSION:** Nocturnal panic attacks are severer and more frequent as compared to daytime attacks. Guidelines for treatment of panic disorder recommend cognitive behavioural therapy, pharmacotherapy or treatments incorporating both approaches. We have observed improvement of the isolated nocturnal panic attacks by selecting both pharmacotherapy and cognitive behavioral therapy given simultaneously. Studies on the treatment of isolated nocturnal panic attacks are very limited and there is need for further investigations and case reports

**Key Words:** Cognitive behavioral therapy, nocturnal panic attack, panic disorder

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## KLINFELTER SYNDROME COMORBID WITH SCHIZOPHRENIA: CASE PRESENTATION

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**AIM:** In patients with Klinefelter syndrome, next to the physical symptoms and investigative results, mostly retardation in motor coordination, various degrees of mental retardation, retardation in linguistic development, learning and memory difficulties, low self

confidence and behavior disorders are observed, with fewer incidences of mood disorders and psychotic symptoms. Here we aimed at discussing the case of a patient who was diagnosed with Klinefelter syndrome comorbid with schizophrenia.

**CASE:** The 47-year old male patient married without children had been admitted to our clinics 2 years previously with complaints of speaking to himself, suspecting his wife of adultery, insomnia, nervous tension and restlessness. During his clinical examination at the time it had been learned that he had consulted the urology and endocrinology clinics with the wish to have a child when his genetic investigation indicated 47 XXY status, diagnosis of Klinefelter syndrome, and testosterone replacement therapy. In 2011 he underwent left orchiectomy due to a left testicular tumor. His psychiatric symptoms noted 2 years previously at our clinics had actually existed for the previous 5 years. His cranial MRI and EEG had not demonstrated any pathology. He had been put on haloperidol (20 mg/day) and risperidone (4 mg/day) with suspicion of schizophrenia, and had been discharged. In his later follow up controls, it was noted that the treatment with antipsychotics had side effects on his sexual functions which he had difficulty tolerating. Therefore, he was admitted back as an inpatient and doses of his medications were gradually reduced. His routine blood biochemistry tests were repeated and he was started on clozapine with stepwise titration to 600mg/day, while checking his white blood cell counts. His persecutory and paranoid delusions were contained and he was believed to be able to continue as an outpatient and was discharged.

**DISCUSSION:** A similar case, who could not tolerate the extrapyramidal side effects and the impairment of sexual functions due to typical antipsychotics, but had improved after switching to atypical antipsychotics, had been previously reported. The case reported here also benefited from the switch to clozapine. We had aimed to review the psychiatric complications of this case with an emphasis on the significance of organic etiology in psychiatric evaluation of patients.

**Key Words:** Atypical antipsychotic agents, Klinefelter syndrome, schizophrenia

## IDENTICAL TWINS WITH BIPOLAR DISORDER AND A COMMON HISTORY OF CANNABIS ABUSE

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*Ankara Numune Eğitim ve Araştırma Hastanesi, Psikiyatri Kliniği*

**AIM:** Etiology of bipolar disorder has not yet been elucidated completely; and the involvement of genetic factors, environmental factors, neurobiological and hormonal factors and neurochemical factors have been proposed. The concordance of the disorder in identical (monozygotic) twins is 70-90%. In this case report we have discussed the identical twins who were diagnosed one year apart with bipolar disorder and treated in our polyclinics. Both brothers had a history of cannabis use which makes the genetics of these cases more noteworthy.

**CASE 1:** The 18-year old male patient was admitted to our clinics with the symptoms of grandiose delusions, excessive talking, insomnia, and hypermobility. He has a history of cannabis use over the previous 4 years but had not used any substances over the previous 5 months. Drug metabolites were not detected in his urine sample. His blood tests, cranial MRI and EEG gave normal results. The patient was diagnosed with bipolar mood disorder and was discharged on olanzapine (20mg/day). As this was his first episode he was not given a mood regulator and olanzapine dose was reduced in his follow up controls.

**CASE 2:** The twin brother of Case 1, consulted our polyclinics with virtually the same complaints some 11 months after his brother. He had a history of cannabis use going back 4 years but he had not used any substances over the previous 1.5 years. His routine blood tests, cranial MRI and EEG gave normal results. The patient was diagnosed with bipolar mood disorder, and was discharged after this first manic episode with 20mg/day olanzapine.

**DISCUSSION:** The two cases discussed here can be assumed to have a concordance probably greater than the 70-90% specified for genetic similarity of monozygotic twins in also sharing a predisposing factor as cannabis use. Here the genetic factors with a role in the etiology of bipolar mood disorder and environmental factors such as cannabis use have come together. Future studies may determine a common genetic infrastructure to explain the "bipolar disorder and substance use" concordance of monozygotic twins.

**Key Words:** Bipolar mood disorder, cannabis, monozygotic twins

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**INVESTIGATION OF SUBSTANCE USE BY INDIVIDUALS RELEASED FROM DETENTION UNDER CONTROL IN ANTALYA PROVINCE**

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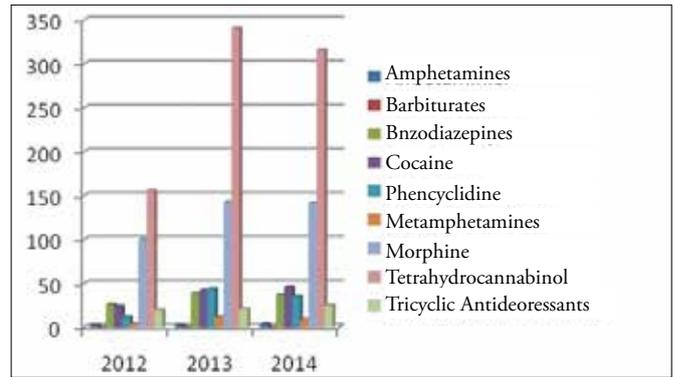
**AIM:** The aim of this study was to determine retrospectively substance use and sociodemographic details of individuals arriving at Antalya Training and Research Hospital (ATRH) Psychiatry Department as forensic cases under controlled release from detention.

**METHODS:** Files of the individuals referred by the Controlled Freedom and Assistance Center Local Directorate to our hospital between 2012 and 2014 were scanned retrospectively and the data collected were recorded in the purpose made data forms .

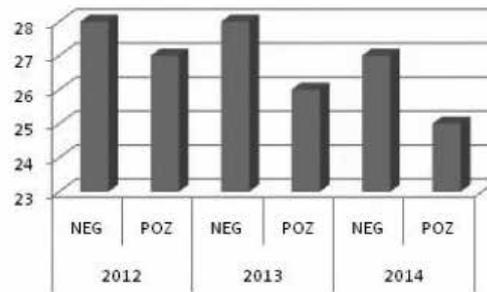
**RESULTS:** Among the individuals referred to ATRH between 2012-2014 within the scope of controlled release from detention, substance use incidence had increased by 82% in 2013, and by 76% in 2014. Males made up 97% of the substance users, and the increase in cannabis use had increased by 118% in 2013 and by 102% in 2014. Increases in morphine use in 2013 and 2014 being, respectively, 43% and 42%. Among the females, substance use had increased by 52% and 131% in 2013 and 2014, respectively. In the last 3 years the mean age of substance users had decreased. In 2014, 54% of the substance users were single, 74% were primary school graduates and 65% were self employed.

**CONCLUSION:** According to the data of our study, substance use had increased very significantly over the last 3 years in the Antalya region., and was found to be higher than the observed rates in other provinces. Substance use by females had increased. The mean age of users had decreased. Only 14% of substance users had wanted to be treated.

**Graph 1:** Incidence of Substance year according to years



**Graph 2:** Variation of substance use with age and years



**Table 1:** Number, gender and mean age of individuals sent as forensic cases to Antalya Training and Research Hospital (ATRH) Psychiatry Department between the years of 2012, 2013 and 2014

DETAILS	2012	2013	2014
NUMBERS	1359	1386	1302
MALE/FEMALE	1309/50	1268/118	1233/69
MEAN AGEI	27,35±8.88	29,25±11.41	27,08±8.68

**Table 2:** Variation of positive tests for substance in urine samples according to years İdrar

FEATURES	2012	2013	2014
AMPHETAMINE	12	3	4
BARBITURATE	0	0	0
BENZODIYAZEPINE	26	39	37
COCAINE	24	42	47
FPHENYCLIDINE	12	44	35
METAMPHETAMINE	4	12	9
MORPHINE	100	143	142
CANNABIS	156	341	316
TAD	20	21	33
TOTAL	354	645	623

**Key Words:** Antalya, cannabis, controlled release, substance addiction

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## COMPARING THE 2011 AND 2014 TRENDS IN ALCOHOL AND SUBSTANCE USE AND GENDER BASED VARIATIONS AMONG CHILDREN AND ADOLESCENTS CONSULTING TREATMENT CENTRES

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**AIM:** The aim of this study has been to evaluate the gender based differences and the trends in alcohol and substance use among the youth consulting a treatment center in Istanbul.

**METHODS:** The study included 2755 children and adolescents consulting Bakırköy Psychological and Neurological Diseases Hospital between the years 2100 and 2014. Data were collected on the World Health Organization drug-use questionnaire for young people by trained clinicians

**RESULTS:** The number of youths applying for treatment of substance dependency increased by 31.4% in 2011 and by 58.6% in 2014. Also, a significant increase in the number of females applying for treatment of multiple substance use and substance use has been observed between 2011 and 2014. In 2014, while use of alcohol, ecstasy, synthetic cannabinoids, and heroin increased, use of inhalants, cannabis and prescribed drugs decreased. In 2014, ecstasy, prescribed drugs and cocaine use was predominant among females, whereas cannabis and synthetic cannabinoids were preferred among males.

**CONCLUSION:** Given the distribution of new and popular illegal drugs in the market place, a review of the trends in substance use, the preventive policies and treatment strategies has become unavoidable.

**Key Words:** Adolescent, alcohol, substance use, treatment, trends

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## RELATIONSHIP OF MATERNAL DEPRESSION AND INFANTICIDE: CASE PRESENTATION

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**AIM:** The term ‘infanticide’ stands for the killing of a child under the age of 12 months. Thoughts on harming an infant are not uncommon among mothers in depression. It has been aimed in this article to discuss the cases of two women from different socioeconomic backgrounds being followed for depression of psychotic type, after referral to the detainee ward for committing infanticide.

**CASE I:** the 37-year old married university graduate female developed postpartum depression after her first pregnancy, and had low morale and anxiety within the first month of giving birth about the health of the neonate, which progressively got severer. She had suicidal and parasuicidal ideation. She kept consulting different pediatricians not believing that the infant was healthy; and admits to have killed the 8-month old infant she believed to be incurably ill. She was referred to our hospital for not eating and not getting out of her bed in the first week of her detention in prison.

**CASE II:** The 33-year old married high school graduate female, described by others to have had symptoms of premorbid depression and obsessive personality, became pregnant for the first time in the 6th month of her marriage. Her depressive complaints started in the second month post partum when she had to be hospitalized but was then discharged on bail from the hospital and was followed with antidepressant therapy at another health center. In the 8th month postpartum, when she was experiencing intense auditory and visual hallucinations, she killed her infant with the mystic delusions that the infant would cause the end of the world. She was referred from prison to the detainee ward of our hospital for treatment.

**DISCUSSION:** Knowledge of demographic details, psychosocial factors or psychiatric parameters is not enough to predict which patient has the most risk of putting to action her thoughts on harming her infant. However, the necessity of developing interventional and preventive strategies requires the careful antepartum and postpartum investigation of women’s psychological health.

**Key Words:** Infanticide, maternal depression, postpartum depression

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## FAHR'S SYNDROME COMORBID WITH SOCIAL PHOBIA: CASE PRESENTATION

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**AIM:** Fahr' disease or syndrome is an inherited neurological disorder due to idiopathic calcifications on the basal ganglia and white matter of the brain and follows a course with neurological symptoms frequently comorbid with symptoms of psychiatric disorders. About 40% of basal ganglion diseases present with psychiatric symptoms. We have aimed at drawing attention to the comorbidity of social phobia with Fahr's disease.

**CASE:** The 34-year old male patient consulted our polyclinics with complaints of difficulty in speaking in social environment and feeling tense and anxious about being criticized by others. He had symptoms of depression. His history included difficulty talking, amnesia and loss of balance while walking going back 10 years, and the diagnosis of Fahr's disease 4 months previously at the neurology polyclinics, upon the MRI revelation of generalized calcifications over the basal ganglia, cerebellum and the white matter. He was diagnosed with major depression on the basis of DSM-V criteria and started on fluoxetine (20mg/day). He was also given psychoeducation on the nature of the disease.

**CONCLUSION:** Studies in the literature on comorbidity of psychiatric disorders with neurological disorders are very limited in numbers. Case reports on anxiety disorder comorbidity with neurological disorders are also very rare. Here we have emphasized that social phobia can present with Fahr's disease, indicating that patients diagnosed with Fahr's disease must be carefully examined for the possible comorbidity of anxiety disorders.

**Key Words:** Basal ganglion disease, Fahr's disease, Social phobia

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## LOW DOSE IMIPRAMINE TO TREAT POSTPARTUM PANIC DISORDER: RETROSPECTIVE CASE EVALUATIONS

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Necmettin Erbakan Üniversitesi Meram Tıp Fakültesi Psikiyatri AD, Konya

**AIM:** Imipramine is an effective antidepressant for the treatment of panic disorder but information on its use during the perinatal period is lacking. Use of low dose imipramine to treat panic disorder during the breast feeding period is being discussed within the scope of the retrospective data on the case histories presented here,

**CASES:** This retrospective report is on the cases of 6 panic disorder patients followed at the psychiatry polyclinics with treatment on low dose imipramine during the postpartum breast feeding period. One patient who could not tolerate the side effects of imipramine therapy was excluded, leaving 6 cases to be evaluated. The patients had been diagnosed on the basis of DSM-V criteria; severity of symptoms

had been rated on the Hamilton Anxiety Rating Scale (HAM-A), and the effectiveness of the therapy was assessed on the Clinical Global Impressions Scale (CGIS) scoring. Mean age of the patients was  $29.16 \pm 4.79$  (23-36); mean number of offspring was  $1.16 \pm 1.17$ . Two patients (33.3%) were primiparous. Panic disorder had presented postpartum in three patients and the other three were postpartum relapse cases after discontinuation of the treatment for panic disorder during pregnancy. The mean time figure for the start of imipramine therapy was  $5.89 \pm 1.60$  weeks; and the mean duration and the mean dosage of imipramine use were, respectively,  $9.33 \pm 1.63$  weeks and  $28.33 \pm 5.16$  (25-35) mg/day. On the bases of CGIS scores, 66.7% of the patients had responded to the treatment and no adverse side effects had been observed in the breast fed infants.

**DISCUSSION:** When the literature is scanned on the subject, this report emerges as the first of its kind on the use of low dose imipramine for treating panic disorder in the early postpartum period. The treatment regimen had achieved 67% positive response and also symptomatic improvements in the remaining 33%, without observation of any side effects in the infants of the 6 patients. These results have suggested that low dose imipramine may be useful for treating panic disorder in the postpartum period.

**Key Words:** Imipramine, panic disorder, postpartum period

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## COMPARISON OF SERUM GDNF AND GFAP LEVELS BETWEEN SCHIZOPHRENIA PATIENTS AND HEALTHY CONTROL INDIVIDUALS

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**AIM:** There are studies proposing the presence of glutamate neurotransmission in those areas of the brain, such as the prefrontal cortex (PFC), involved in the higher-order cognitive functions. Immunohistochemical estimations of antisense GFAP (glial fibrillary acidic protein) have demonstrated astroglial impairments in schizophrenia and mood disorders. Toro et al., have proposed that the local antigen specific down-regulation at the orbitofrontal cortex may underlie the mechanisms of psychosis in patients with schizophrenia and bipolar disorder. GDNF (Glial Derived Neurotrophic Factor) is involved in the survival and differentiation of neurons. Our study has aimed at comparing the levels of the neuroprotective proteins GFAP and GDNF in serum samples of schizophrenia patients and healthy control individuals.

**METHODS:** Our study included 37 schizophrenia patients being followed at the psychiatry polyclinics of Istanbul University Cerrahpaşa Faculty of Medicine Psychiatry Department and

37 healthy control individuals. All participants were asked to complete a sociodemographic information questionnaire and the patients also completed the Positive and Negative Symptoms Scale (PANSS). Serum samples of all participants were evaluated for GFAP and GDNF levels.

**RESULTS:** Sociodemographically, differences on the bases of age and gender were not observed between the patient and control groups ( $p > 0,05$ ), but the education level of the patient group was significantly lower ( $p < 0,001$ ). The mean age at the onset of schizophrenia was  $23,6 \pm 4,8$  years and the mean number of hospitalizations was  $3,29 \pm 1,9$ . Serum GFAP and GDNF levels were significantly lower in the patient group ( $P < 0,001$ ). Also, significant positive correlations were found between the past sessions of ECT and the serum levels of GFAP ( $r = 0,464$ ) and GDNF ( $r = 0,539$ ).

**CONCLUSIONS:** The reported finding in our study of lowered levels of the neuroprotective proteins GFAP and GDNF in the sera of schizophrenia patients brings to attention the importance of the etiological role of these proteins in neurodegeneration.

**Key Words:** GFAP, GDNF, schizophrenia

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## COMORBIDITY OF DIAGNOSIS OF SPECIFIC LEARNING DISORDER AND ATTENTION DEFICIT HYPERACTIVITY DISORDER IN ADULTHOOD: CASE PRESENTATION

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**AIM:** Comorbidity of Specific Learning Disorder (SLD) and Attention Deficit Hyperactivity Disorder (ADHD) are frequently diagnosed at childhood. However, reports on these observations at adulthood are very rare. In this report we have discussed the case of a patient who was diagnosed at adult age with ADHD and SLD with impairment in mathematics.

**CASE:** The 20-year old female patient consulted us with the complaints of difficulties of focusing attention, reading analog watches, of topographical orientation and of dyscalculia. These problems had been with her since childhood and her education had progressed with the help of her teachers. It was in university that her failures in numeral topics drew attention. Her neuropsychological testing showed that she indeed had difficulty abstracting digital time, and in maintaining attention and in planning. She was diagnosed, on the basis of DSM-V criteria, with SLD-with impairment in mathematics and comorbid ADHD; and was started on methylphenidate (20mg/day) treatment. At her follow up controls she was found to have improvements in her daily cognitive functionality related to her attention problems.

**CONCLUSION:** Early diagnosis of SLD and ADHD comorbidity and appropriate treatments help reduce the functionality loss at adulthood. We aimed at drawing the attention of clinicians to the treatment of SLD and ADHD comorbidity after delayed diagnosis at adulthood over the example of the case of a patient who, despite known childhood problems of learning and attention, had not been investigated or given early treatment.

**Key Words:** Attention deficit hyperactivity disorder, dyscalculia, specific learning disorder

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## PARANOID SCHIZOPHRENIA WITH PRIMARY INFERTILITY AND PSEUDOCYESIS AFTER MENOPAUSE: CASE PRESENTATION

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<sup>2</sup>*Gazi Üniversitesi Tıp Fakültesi Psikiyatri Anabilim Dalı*

**AIM:** This reports has aimed at discussing the case of a paranoid schizophrenia patient presenting with post menopausal clinical pseudocycosis, from the time of diagnosis through the follow up controls with references to the related information and case reports in the literature

**CASE:** The 54-year old female patient referred from the antenatal clinics to the psychiatry polyclinics after being diagnosed with primary infertility and post menopausal symptoms. She had normal pelvic ultrasonography, negative b-HCG and normal FSH-LH-PRL levels. But she had feelings of breast tension and lactation, of fetal movements, cravings and nausea. The clinical complaints had reduced her functionality, and had harmed her family relationships. The patient thought that she had multiple pregnancies through the previous 18 months, and that the fetuses were moving continually in her body and therefore she kept standing lest she harmed them when lying down, with the resultant varicoses at her lower extremities.

**METHODS:** The patient was given amisulpride starting with 200mg/day titrated to 800mg/day. In the third week of her treatment as an inpatient, she was observed to show insight and attended group therapies but admitted her unwillingness to believe that she was not pregnant. However, interestingly, with the reduction in her defensiveness, her comorbid depression became overt.

**DISCUSSION:** Menopause or perimenopause can increase the psychological stresses in the lifecycle of a female. Exhaustion, emotional changes, depression, dizziness, and insomnia have frequently been attributed to menopause. Clinically significant psychiatric problems can develop in the later stages of life. Women with previous psychological difficulties, including those experienced in giving birth and rearing children, are liable to stress in the menopausal stage. Here, a female patient with previously diagnosed schizophrenia presented with clinically imaginary pregnancy at the menopausal stage of her life. It has been thought that the perimenopausal hormonal profile and the stress related to the primary infertility may have contributed to the clinical observations.

**Key Words:** Menopause, primary infertility, pseudocycosis, schizophrenia,

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## NEUROSYPHILIS WITH IMAGES: CASE PRESENTATION

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**AIM:** Neurosyphilis is the late stage complication of infection with treponema pallidum, a spirochaete bacterium, and used to be observed in 40% of the syphilitic patients before the general use of antibiotherapy. Antibiotics and the specific treatment of the disease has decreased its incidence. Neuropsychiatric symptoms are associated with the late stage of the disease. This study has aimed to discuss a case of neurosyphilis with neuroimaging results and clinical observations.

**CASE:** The 49-year old male inpatient was treated in our clinics. The neuroimaging results include cortical and subcortical infarcts, cortical atrophy, hydrocephaly, and arteritis.

**DISCUSSION:** Given the very variable neuropsychiatric symptoms, neurosyphilis has to be included in the protocols of differential diagnosis for timely treatment and the course of the disease.

**Key Words:** Neuroimaging, neuropsychiatric symptoms, neurosyphilis

## PP-134

## PULMONARY EMBOLISM IN CATATONIA: CASE PRESENTATION

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**AIM:** Catatonia is a clinical syndrome characterized with behavioral anomalies including stupor, catalepsy, waxy flexibility, mutism, posturing, mannerisms, stereotypic movements, agitation, grimacing, echolalia and echopraxia. It can be associated with many mental disorders including schizophrenia and mood disorders as well as with underlying medical disorders or substance use. Given its serious complications, it requires close following. The complications that develop during the course of catatonia are dehydration, fluid and electrolyte imbalance, acute renal failure, autonomous instability, nutritional insufficiency, decubitus ulcers, aspiration pneumonia and pulmonary embolism. The first step intervention in the management of catatonia is to determine and correct the underlying medical cause. Benzodiazepines have been shown to result in lasting improvement of the symptoms and enable the patient to cope with communication and self care disabilities. ECT is the first choice treatment of catatonia developing with unknown mechanisms particularly related to the general medical condition, and lethal catatonia with life threatening risk.

**CASE:** This report discussed the case of a 39-year old schizophrenia patient who developed catatonia in the first week after the loss of her father. The patient's compliance with her treatment was complete until the crisis. As she did not benefit from benzodiazepines, ECT was preferred for her treatment. Pulmonary embolism developed after the second session of ECT. Following the emergency treatment, given the risk of anesthesia, ECT was replaced with combined antipsychotic and benzodiazepine treatment. However, with the persistence of catatonia, ECT was restarted at the intensive care unit together with the anesthesia and pulmonary diseases experts and the patient was followed at the

intensive care unit. After the third ECT session improvement was observed, and at the end of the 8th session catatonia had disappeared when ECT was terminated. She was followed as an outpatient on antipsychotic treatment. Two months after her discharge she did not have any signs of catatonia.

**DISCUSSION:** The observations reported here are important in demonstrating that in cases with development of complications necessitating switching from ECT to pharmacotherapy but given resistance to drug therapy the obligation to go back to ECT can be a life saving decision.

**Key Words:** Catatonia, complication, ECT, pulmonary embolism

## PP-135

## ACUTE DYSTONIA RELATED TO METOCLOPRAMIDE USE: CASE PRESENTATION

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**AIM:** Although the underlying mechanism of drug caused dystonia is not fully understood, increased cholinergic activity due to the inhibition of dopamine receptors at nigrostriatum has been proposed. This report is about a 17-year old female patient who developed acute dystonic reaction with oculogyric crisis after metoclopramide use.

**CASE:** The 17-year old female patient was brought to the emergency services with the complaints of nausea, vomiting, diarrhea that developed 3 days previously. She was started on metoclopramide (30mg/day) with ensuing relief. But, on the 3rd day of her therapy she developed limitation to neck movements, involuntary contractions, limitation to left abduction of the eyes and oculogyric crisis (with right and upward deviation) when she consulted the emergency services. Neurological examination indicated that she was conscious, oriented and cooperative; pupils were isochoric, indirect light reflex was positive, and retinal examination was normal. Her eyes had deviated right-upwards, but the rest of the neurologic checks were normal. The patient's vital signs, systemic examination results, routine blood tests including hepatic, renal function tests, electrolytes, haemogram, sedimentation rate, CRP and brain CT were all normal. Serum Beta-hCG level was 0.06. With the suspicion of dystonia due to the 3-day metoclopramide therapy, she was given 5mg-im biperidine and in approximately 6 hours all dystonia symptoms had disappeared. She was diagnosed with acute dystonic reaction to metoclopramide given that the attack followed metoclopramide which was the only drug she was on, and that she did not have any other medical history and her response to therapy was fast.

**DISCUSSION:** One of the most prominent side effects of metoclopramide is acute development of extrapyramidal movement disorders, acute dystonia being the most frequently observed with an incidence of 0.2%. But, in the very young and the elderly the incidence can be as high as 25%. Although metoclopramide is a generally used antiemetic, clinicians should be vigilant on the risk of extrapyramidal symptoms and patients and their families should be informed of the likelihood of these side effects.

**Key Words:** Dystonia, metaclopramide, oculogyric crisis

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## SPONTANEOUS EJACULATION DUE TO VENLAFAXINE USE: CASE PRESENTATION

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**AIM:** Sexual function disorders including diminished libido, arousal disorders and orgasm/ejaculation disorders are among the frequently observed side effects of antidepressant agents. However, spontaneous ejaculation is a rarely observed side effect of antidepressants. This report is on the observation of venlafaxine dose dependent spontaneous ejaculation without sexual arousal.

**CASE:** The 24-year old single male patient consulted the psychiatry polyclinics with complaints of anhedonia, avolition, weeping without a cause, thoughts of worthlessness, social isolation, increased sleep and symptoms of psychomotor retardation which had started some 2 months previously, close to the end of 2014. He was diagnosed with depression and started on venlafaxine (37.5mg/day). In the second week of his therapy he started to have spontaneous ejaculations without sexual arousal once or twice a day after micturition. Consultation with the urology clinics did not result in any underlying urological cause. Increasing the venlafaxine dose to 75mg/day and subsequently 150 mg/day the spontaneous ejaculation incidences decreased and had completely disappeared in his follow up controls.

**DISCUSSION:** Ejaculation is controlled with sympathetic and parasympathetic nervous systems. Although the etiology of spontaneous ejaculation secondary to antidepressant therapy is not known, it is thought to result from the latency of ejaculation. Venlafaxine is a norepinephrine-serotonin reuptake inhibitor, with low doses inhibiting serotonin reuptake, and the moderate-high doses inhibiting the norepinephrine reuptake. It has been known that serotonin causes prolongation of ejaculation latency or inhibit ejaculation whereas norepinephrine shortens ejaculation latency. In the case discussed here, low dose venlafaxine paradoxically promoted spontaneous ejaculation while the moderate-high dose of the drug corrected this side effect. Clinicians should keep in mind that spontaneous ejaculation can result with low dose venlafaxine treatment.

**Key Words:** Antidepressant, spontaneous ejaculation, venlafaxine

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## PSORIASIS IN UNIPOLAR DEPRESSION PATIENT ON LITHIUM: CASE PRESENTATION

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**AIM:** Lithium is an agent used in the augmentation treatment of resistant depression and is known to have antisuicidal effects; and has been recommended for the treatment of unipolar depression to strengthen the treatment and to accelerate the response to the treatment. Relationship between lithium and psoriasis was first pointed out by Carter (1972). Lithium can both trigger the de novo development of psoriasis as well as exacerbating the existing disease. We aimed to contribute to psychiatry clinics by discussing the case of a patient who developed psoriasis after introduction of lithium to the therapy.

**CASE:** Lithium was added to the treatment of an inpatient with unipolar depression resistant to multiple antidepressant therapy. The patient had been followed at our psychiatry polyclinics for ten years. About 6 weeks after the start of the augmentation therapy with lithium the patient had rashes on hairy skin and joint pains. Upon consultation with the dermatology clinics, the patient was diagnosed with psoriasis.

**Key Words:** Lithium therapy, psoriasis, unipolar Depression

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## PERIPARTUM ONSET OBSESSIVE-COMPULSIVE DISORDER: CASE PRESENTATIONS

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**AIM:** Reports in the literature on psychiatric disorders observed during pregnancy are mostly focused on mood disorders and psychosis. Current information indicates that obsessive-compulsive disorder (OCD) can also present in pregnancy or the existing symptoms may flare up. As the result of insufficient awareness on part of clinicians, OCD diagnoses are either completely missed or the symptoms are given wrong diagnoses. We have aimed to report the cases of three COD patients whose symptoms presented in the peripartum period.

**CASE 1:** The 30-year old multipara consulted us 3 months postpartum. She believed that she could not breast feed her baby without her preprayer cleanliness and bathed 5-6 times a day, spending up to 2 hours each time in order to have complete clean up. Her complaints had started 4 weeks postpartum. She did not have a history of psychiatric disorder.

**CASE 2:** This 31-year old multipara patient consulted us 7 months postpartum. She had worries of infecting her baby when breast feeding or harming the baby when changing the diapers. She continually controlled the baby day and night time. Frequently took the baby to the pediatrician for examinations. Her complaints had begun 6th week postpartum. She had comorbid major depression for the 2 months prior to her consultation with us. She did not have a history of psychiatric disorder.

**CASE 3:** The 22-year old primipara consulted us 2 months after giving birth. She had started to continually control the windows, the house door, the refrigerator door a in the 3rd month of her pregnancy. She slept with the baby lest the baby aspirated vomit while sleeping and

kept controlling the baby. Going back 5 years, she had been treated for depression.

**DISCUSSION:** Incidence of OCD during pregnancy and postpartum is known to be higher as compared to the general population, with the most frequently observed types of obsessions are contagion and aggressive obsessions, which adversely affect the mother-baby relationship. It could be concluded that psychiatric evaluation of patients in the peripartum period should include OCD next to depression and psychosis as this will contribute to clinical practice.

**Key Words:** Obsessive-compulsive disorder, peripartum onset, therapy

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### HYPONATREMIA MIMICKING CONVERSION DISORDER: CASE PRESENTATION

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**AIM:** Conversion disorder is a somatoform disorder with a course of unexplained neurological symptoms. Hyponatremia can result in symptoms such as nausea, vomiting, head aches, apathy, orientation disorder, tendency to sleep and agitation. One of the reasons of resistant hyponatremia is the syndrome of inappropriate antidiuretic hormone (ADH) secretion (SIADH) and can be observed after head traumas. This report emphasizes the importance of the differential diagnosis of a clinical situation mimicking conversion disorder.

**CASE:** The 18-year old female patient fell and traumatized her head when at the hospital to find out if the chronic disorder of her father could also present in herself. She was examined at the emergency services and brain imaging did not indicate a problem. However, 5 days after the accident she had progressive nausea-vomiting, blockage in the right ear, loss of balance and had to be hospitalized, when she developed numbness around the lips and in her hands lasting 2 minutes and limited to contractions only. Neurological examination and brain CT did not indicate any anomaly. EEG was recommended by neurology clinics, she was started on antiepileptics and was referred to psychiatry clinics with the preliminary diagnosis of conversion disorder. She did not have a history of psychiatric illness or similar complaints. During her examination she did not open her eyes and responded to questions by uninterpretable mimics and by shaking her head. She had an overprotective family and her regression drew attention. Although conversion disorder was suspected, given her premorbid personality traits, her serum sodium level was checked to eliminate an organic pathology and the result was 110mmol/L. Replacement therapy did not correct the hyponatremia, and she showed intermittent symptoms of agitation. Her serum sodium level increased to 133 mmol/L after tolvaptan therapy and the definite diagnosis of SIADH was made.

Interview with her indicated that she gradually gained consciousness and remembered the day of her arrival at the hospital.

**DISCUSSION:** In the current consultation and liaison practices, conversion disorder is frequently mistaken for other organic diagnoses, but the reverse is also observed in that organic diagnoses are missed by attributing the symptoms to conversion disorder, with the result of leaving the patient without treatment or delaying the correct treatment. When considering these conditions in mind the importance of multidisciplinary approach to patients becomes obvious.

**Key Words:** Hyponatremia, inappropriate ADH syndrome, somatoform disorder

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### REPORTS PREPARED BY THE FORENSIC PSYCHIATRY UNIT OF A UNIVERSITY HOSPITAL: A RETROSPECTIVE STUDY

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**AIM:** This study has aimed to investigate retrospectively the numbers and the types of requests for the preparation of case reports arriving in our department of forensic psychiatry.

**METHODS:** This descriptive study involved the retrospective investigation of reports prepared after the forensic evaluation of requests between February 2011 and March 2015.

**RESULTS:** The study included 1032 forensic reports meeting the criteria for inclusion in this study with 680 (65.9%) received from Eskişehir, and 352 (34.1%) from out of Eskişehir; with 802 (77.7%) prepared after the first application; but court files requested for 121 (11.7%); and witness statement requested for 70 (6.8%) before completion. Of the 1032 applicants concerned, 561 (54.4%) were males and 471 (45.6%) were females; mean age of the applicants being 36.90±16.89 years. The reports were organized on 'competency for criminal responsibility' (n= 354, 34.3%), 'assessment of psychiatric damage after sexual assault' (n=276, 26.7%), 'wardship' (n=253, 24.5%) and others (n=149, 14.4%). The applications were directed to forensic psychiatry by courts (n=601, 58.2%), prosecutor's office (n= 336, 32.6%), police/gendarmerie (n=50, 4.8%), forensic medicine departments (n=40, 3.9%) and by others (n=5, 0.5%). Variation in the numbers of the reports by the years was: 129 (12.5%) in 2011; 207(20.1%) in 2012; 343(33.2%) in 2013; 300 (29.1%) in 2014; and 53 within the first 3 months of 2015.

**CONCLUSION:** It was seen that requests for forensic psychiatry reports had increased over the years indicating that forensic psychiatry units should be founded on a regional basis, as also evinced by the number of applications arriving from outside the provincial borders. There are still applications made by the police and gendarmerie. Forensic psychiatry units should be more discerning in recognising that these applications should originate from the judicial authorities. Forensic psychiatry units

have to demand the court files and inquiry/interview reports if the offices delegated by the courts to give these services were not as prompt as required.

**Key Words:** Competency for criminal responsibility, forensic report, sociodemographic characteristics

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### HYPOMANIA TRIGGERED BY DISCONTINUATION OF ANTIDEPRESSANT THERAPY: CASE PRESENTATION

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**AIM:** Although, there are many reports in the literature on the manic/hypomanic switch related to antidepressant use, not much data can be found on the occurrence of the same phenomena after discontinuation of antidepressants. This report discusses the switch to hypomanic episode after antidepressant discontinuation following gradual dose reduction.

**CASE:** The 32-year old female patient was brought by her husband to psychiatry polyclinics with complaints of excessive talking, increased mobility, nervous tension, reduced sleep requirement and distractibility. She was observed to have increased psychomotor energy, labile affect, irritable mood, increased pace and volume of speech with fast connotations. The patient had been put on sertraline (50mg/day) 14 months previously, after diagnosis of major depressive disorder for symptoms of depression with a duration of 6 months. After 1-year of regular therapy, when her HAM-D score had fallen to 5, sertraline dose was adjusted to 25mg/day and discontinued after 2 months. She did not have another history of drug treatment. Her complaints started 3 days after the discontinuation of sertraline use. Her examination did not reveal any psychotic symptoms and her there was no distinct loss of functionality. She did not have a history of medical or psychiatric disorder. Familiarly, it was learned that her sister had been on lithium and olanzapine for bipolar affective disorder. Investigations through routine laboratory tests, EEG and cranial CT did not indicate any pathology. Given these data and observations, she was diagnosed with "hypomania" and started on olanzapine, initially with 5mg/day, increased to 10mg/day after a week. The manic attack subsided after approximately 25 days.

**DISCUSSION:** Long term use of antidepressants leads to down regulation of the post synaptic receptors. With the discontinuation of the antidepressant agent the presynaptic receptors, freed from the blockage, start a rebound increase in the reuptake of serotonin. resulting in lowered concentration of serotonin in the synaptic gap. This result of the chain of events are proposed to underlie the triggering of the neurological symptoms of hypomania. We see a necessity of large scale

controlled studies on the determination of risk factors for phenomena similar to that discussed in this report.

**Key Words:** Antidepressant, discontinuation, hypomania

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### PSYCHOTIC MANIA AFTER BILATERAL THALAMIC INFARCT : CASE PRESENTATION

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**AIM:** Bilateral thalamic infarction is an uncommon phenomenon and can present with various neurological symptoms. Impairment of the thalamic processes of receiving sensory signals and their relay to the associated primary cortical areas, are believed to be related to the observed psychological symptoms. This report aims to illustrate the outcome of bilateral thalamic infarction through the neurological and psychotic symptoms observed in a patient.

**CASE:** The 29-year old single primary school graduate female patient living in Hakkari, Yüksek Ova, consulted the hospital after a severe and throbbing ache localized in the back of the neck with nausea and vomiting, without concurrent phonophobia, when she once lost consciousness and experienced difficulty in walking. The symptoms lasted 4 days and the event took place 4 months prior to her arrival. Cranial MRI and MR venography revealed bilateral venous thalamic infarction and thrombosis in the vein arriving at sinus rectus. She had behavioral problems since the event, with progressive preoccupation with religion and praying and social isolation. The patient herself stated that she felt energetic, the eye of her heart being opened she was rewarded by god, and that therefore she prayed and interfered with the clothing of others (probably not dressed compatibly with religious norms). During her psychiatric examination, when she frequently prayed, she was seen to be conscious, cooperative, with complete orientation. Her self care was reduced, mood irritable and elevated, affect restricted. She had auditory hallucinations and mystical delusions.

She was preliminarily diagnosed with psychotic mania, and informed on the plan of treatment with haloperidol (10mg-2x1-im) and biperiden (5 mg-2x1-im); and admission as an inpatient, but her family refused these recommendations and discharged her.

**DISCUSSION:** Attention and information processing may be impaired with thalamic dysfunction. This assumption is supported by the observations of reduced thalamic volume in schizophrenia. This case is important in demonstrating the relationship between psychotic symptoms and thalamic infarction.

**Key Words:** Bipolar disorder, infarct, psychosis, thalamus

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## POST TRAUMA REM-SLEEP- BEHAVIOUR DISORDER: CASE PRESENTATION

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**AIM:** Rem behaviour disorder (RBD) is a parasomnia due to loss of muscle atonia and resultant abnormal behaviour related to sleep during REM sleep. It is rarely observed clinically. This report aims to discuss the case of a patient who responded to treatment with low dose pramipexole after not resistance to clonazepam alone.

**CASE:** The 32-year old male patient developed complaints of increased amount of sleep and sleep hallucinations, displaying behaviour at sleep he could not recall later and depressive symptoms after a traffic accident 2 years previously. He had been diagnosed at a health care center with narcolepsy and depression and put on duloxetine (30mg/day titrated to 120mg/day) and modafinil /400mg/day) added subsequently. Although symptoms of daytime sleepiness had improved, his sleep associated behaviour had persisted when he decided to consult our polyclinics and was admitted as an inpatient. In his follow up his previous pharmacotherapy was discontinued and he was informed on sleep hygiene. After polysomnographic testing he was diagnosed with REM-sleep-behaviour disorder (REMSBD) and put on modafinil (100mg/day), sertraline (50mg/day) and clonazepam (2mg/day). He did not show anomalous sleep behaviour or day time sleep attacks while in hospital. After being discharged his symptoms reappeared, and he had to be put on clonazepam (2mg/day), pramipexole (0.25mg/day), modafinil (100mg/day) and sertraline (50mg/day). His depressive symptoms were decreased and he completely recovered from REMSBD.

**DISCUSSION:** REMSBD is frequently comorbid with narcolepsy; and their simultaneous presentation after trauma in this patient draws attention. Post traumatic narcolepsy has been attributed to the reduction in hypocretine levels. There are reports in the literature on the effectiveness of pramipexole on REMSBD with outcomes of moderate improvement or remission. The case reported here also responded with remission to pramipexole treatment.

**Key Words:** Pramipexole, REM-sleep-behaviour disorder, trauma

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## SHARED PSYCHOTIC DISORDER -“MADNESS SHARED BY TWO” : CASE PRESENTATION

**Salih Cihat Paltun, Davut Ocak, Gamze Erzin, Merve Yiğit, Duygu Şahin, Neslihan Altunsoy**

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**AIM:** Shared Psychotic Disorder, first described as ‘Folie à deux’ by Lasègue and Falret (1964), is a rare psychiatric syndrome involving the transmission of psychiatric symptoms, especially of delusional beliefs and hallucinations from one individual (case 1) to another (case 2) who assumes their reality. We have discussed here the case of a mother and daughter who were treated as inpatients at our services with the aim to understand the psychopathology of shared psychotic disorder.

**CASE 1:** The 25-year old single female university student living with her parents was diagnosed with ‘psychotic disorder’ after detailed psychiatric evaluations. Her symptoms consisted of claims of having no problems, belief that her father thought her school failures were planned by her school friends and her mothers social circle; thinking that her house was being tapped; and making contact with her mother through lip movements. She was admitted as inpatient and started on treatment with antipsychotics. When her symptoms regressed, she was discharged.

**CASE 2:** The 54-year old, retired female was brought by ambulance to the emergency services because of accidental fall from height. After the first medical intervention at emergency services she was referred to the psychiatry polyclinics for differential diagnosis and treatment. After her psychiatric evaluation, her defensive attitude to her daughter’s stance and her daughter’s refusal to come to the hospital for interview necessitated sending a social worker to their home address for inspection.

At this stage Case 1 was diagnosed with ‘psychotic disorder’ and given antipsychotic treatment. She was discharged from hospital after improvement in her symptoms over the 45 days of treatment. In the mean time Case2, believed to be the primary, was convinced about attending the hospital for interview. On the day Case 1 was discharged, Case 2 was hospitalized and her treatment was planned.

**DISCUSSION:** Shared psychosis reflects the outcome of the pathological relationship between two individuals living in relative social isolation. The patients are usually share a blood relationship, mostly sisters, or are married couples. The shared psychosis discussed here is a rarer example as it is between a mother and her daughter.

**Key Words:** Folie a deux, shared, psychosis

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## PSYCHOTIC DISORDER ETIOLOGY AND TURNER’S SYNDROME? : CASE PRESENTATION

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**AIM:** Turner’s syndrome is a chromosomal disorder characterized by retarded development, short neck and low hairline, gonadal dysgenesis, infertility, cardiovascular and renal malformations, hypertension, diabetes, loss of hearing and skeletal anomalies.

**CASE:** The 22-year old female patient, being followed at a health center for Turner’s syndrome, consulted our polyclinics for symptoms of insomnia, introversion, anticipations of being harmed and fear of being followed and hiding in the house. She was admitted to the psychiatry ward for assessment and treatment. She was diagnosed and started on aripiprazole (30mg/day) treatment, supplemented with clonazepam (0.5mg/day) for anxiety observed at ward. When her symptoms regressed, she was discharged with plans to discontinue clonazepam during controls as an outpatient. Three months after discontinuation of clonazepam, she came back to the polyclinics with anticipations of getting harmed. Her aripiprazole dose was increased to 40mg/day. At

her control her symptoms had improved. The treatment was continued for 1 year and she seemed in remission. However, she started to have panic attacks 3-4 times a week and her anticipatory anxiety reappeared. She was started on paroxetine titrated from 10mg/day to 20mg/day. She has been followed symptom free for 2 years on this treatment.

**DISCUSSION:** Menstrual retardation together with neuropsychiatric disorders can be observed, albeit rarely, in Turner's syndrome. This case report is important in illustrating the variety of the possible psychiatric comorbidities and their course and treatment.

**Key Words:** Psychosis, psychotic disorder, Turner's Syndrome

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## COMORBIDITY OF PRE-ECLAMPSIA AND POSTPARTUM PSYCHOSIS: CASE PRESENTATION

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**AIM:** Postpartum psychosis is characterized with emotional symptoms, odd delusions, insomnia and disorganized behavior that threaten the health and safety of the neonate and the mother. Although the predisposing risk factors are better known, the pathogenesis of postpartum psychosis is not understood. It has been aimed here to discuss the case of a pregnant woman who, after caesarian section due to preeclampsia, developed postpartum psychosis.

**CASE:** The 28-year old female patient, without a history of psychiatric consultation and married for 1.5 years with good functionality at home, developed hypertension in the 26th week of her pregnancy and as she was preeclamptic, she gave birth by cesarean section in the 28th week. Two days postpartum she developed restlessness, nervous tension, insomnia, prattling, suspecting camera in her TV and speaking to herself such that she had to be brought to our emergency services. At her psychiatric assessment, she was found to be conscious, but with limited cooperation and without time and place orientations, but complete person orientation. She had auditory hallucinations and increased psychomotor activity. Memory could not be tested due to orientation deficits. Her thought contents had referential delusions, connotations were irrelevant to the questions; abilities of judgment, abstraction and evaluation of reality had been impaired. Neurology and internal diseases clinics were consulted. Cranial MRI did not indicate any pathology. She was put on antihypertensive treatment; antibiotics were used against the fever due to infection; and support therapy was given for the electrolyte imbalance. By the 3rd day her fever had reduced and she started oral intake. She was put on haloperidol (5mg/day increased to 10gm/day) against her excitation. On the 6th day her confusion had normalized such that haloperidol was gradually withdrawn and she was discharged on quetiapine (300mg/day), as it has less extrapyramidal side effects.

**DISCUSSION:** Data on the relationship of preeclampsia and postpartum psychiatric disorders are very limited. In the case discussed here, cesarean section and early birth may have been the triggering factors of postpartum psychosis. The patient did not have a personal or family history of psychiatric disorders. There is need for further studies on the pathogenesis and the risk factors of postpartum psychosis.

**Key Words:** Preeclampsia, postpartum psychosis, psychosis

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## MANIA AFTER CONSUMING HERBALIFE PRODUCT: CASE PRESENTATION

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**AIM:** Prevalence of obesity, a disorder with a serious psychosocial aspect next to medical morbidity, has been increasing. There is increasing interest in pharmacological and plant derived products in its management. Diets and food products popularised in all the media facets including the internet are being consumed by the nonknowledgable public with detrimental effects on the physical and mental health of the individual. It has been aimed to discuss here the case of a 37-year old male patient who developed manic attack after using for 1 month a herbal product for weight loss.

**CASE:** The 37-year old married and university graduate male patient working as a chef and without a history of any disorder except a heart attack 2.5 years previously, started using a Herbalife product in order to lose weight. One week after starting to use the product, he developed insomnia, and increased psychomotor energy. His complaints were compounded by increased libido, grandiosity and excessive money spending, increased pace and volume of speech and nervous tension. He was brought to psychiatry polyclinics by his family. During his psychiatric examination he was observed to be euphoric, he had pressure of speech with increased pace and volume, and fast connotations, increased psychomotor activity and voluntary attention. He had flighty thoughts, grandiose and referential delusions. He was admitted as an inpatient and started on olanzapine (20mg/day) and lithium (900mg/day) with the diagnosis of manic episode. His symptoms largely regressed two week later.

**DISCUSSION:** The incidence of the use of herbal products labelled to fight weight gain is increasing in time with reasons of being safer and natural. Plant derived Herbalife products with various ways of use had been approved by the FDA in 2007 as suitable for the management of obesity and are being used in our country. The materials included in these products have been reported to cause nausea-vomiting, insomnia, diarrhea, tachycardia, skin rashes and anaphylactic reactions as well as inducing hepatic disorders including acute hepatic failure and psychiatric attacks as observed in the case discussed here.

**Key Words:** Bipolar disorder, Herbalife, mania

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## LITHIUM TREATMENT OF CHRONIC NEUTROPENIA DUE TO HIGH DOSE CLOZAPINE USE IN SCHIZOAFFECTIVE BIPOLAR DISORDER

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**AIM:** It has been aimed here to discuss the correction of chronic neutropenia caused in a schizoaffective bipolar disorder patient by high dose clozapine treatment.

**CASE:** The 35-year old, single, unemployed, high school graduate male had been followed since 2000 for schizoaffective bipolar disorder. He had been put on clozapine in 2009, but after a suicidal attempt, clozapine had been withdrawn in 2012. The neutropenia observed few days before the start of clozapine therapy had persisted in all his controls until 2014. Between 2012 and 2014 he had been on quetiapine, valproic acid and flupentixol therapy. In November 2014 he was admitted to psychiatric ward with psychotic mania when he was still neutropenia despite normal levels of B12, folic acid, thyroid function related hormones and parameters of routine biochemical tests. His haemogram indicated 5900/ $\mu$ L leukocytes and 1500/ $\mu$ L neutrophils. There was no disorder in his history that could have caused neutropenia. Consultation with hematology confirmed that peripheral neutrophil distribution was within normal limits and a comorbidity was not considered. In the second week of his admission, lithium (1200 mg/day) was added to his treatment. Four weeks later control haemogram indicated 11.900/ $\mu$ L Leukocytes and 8200/ $\mu$ L neutrophils, which were the levels determined just before the suicidal attempt in 2012. After 43 days in the hospital, the patient was discharged in partial remission on maintenance treatment consisting of lithium (1200 mg/day), valproic acid (1500 mg/day), risperidone (6 mg/day), quetiapine (1000 mg/day) and zuclopentixol-depot (200mg 1x / 2 weeks). Reduction in leukocyte and neutrophil levels were not seen in his controls.

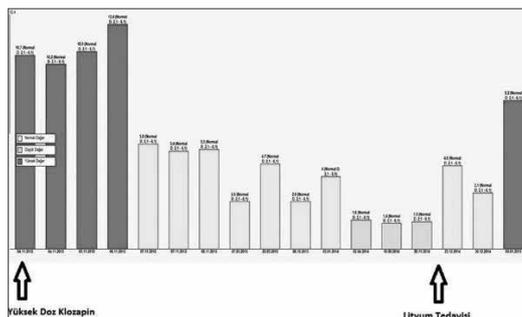
**DISCUSSION:** Neutropenia is observed in nearly 2.7% of the patients treated with clozapine. Lithium increases the total leukocyte and neutrophil counts in both the acute and the chronic period; and can be used to increase leukocyte counts in patients who develop neutropaenia during clozapine treatment.

**Key Words:** Clozapine, lithium, neutropenia

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**Fall in neutrophil levels during high dose clozapine use and their recovery after lithium therapy**



## PROFILE OF PATIENTS ARRIVING AT THE EMERGENCY SERVICES WITH SUICIDAL ATTEMPT: BEFORE AND AFTER SUICIDE

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**AIM:** The aim of this study has been to investigate the possible relationship between the sociodemographic parameters and suicidal attempt among patients arriving at the emergency services after suicidal attempt.

**METHODS:** Files of the patients with forensic files opened on them after suicidal attempt and arriving at the emergency services of Ondokuz Mayıs University Medical Faculty Hospital between June 2014 and June 2015, were investigated retrospectively. Data on age, gender, marital status, level of education, work status, psychiatric history, reason for suicide, method of suicidal attempt and patient's condition after suicide were analyzed using the chi-square test and,  $p < 0.05$  was accepted as statistical significance.

**RESULTS:** Of the 200 patients who had arrived at the hospital between the designated days 18 were excluded from the study as their consultation was not related to suicide. Of the 182 patients evaluated, 65.4% were females and 34.6% were males; with 44.5% being in the age range of 16-25 years; 50% were single; 56.6% had a previous psychiatric diagnosis; and 84% had been recommended treatment at the psychiatry ward; 97.3% had attempted suicide by drinking chemicals; with the reasons for suicide changing as familial (29.7%), emotional (23.1%) and economical (13.7%). Repeated attempts were not seen in 41.2%, and incidence of repeated attempts was higher among males ( $p < 0.05$ ), with a significant elevation in the incidence of repeated attempt among those with high school education ( $p < 0.01$ ). There was not a significant difference between the age groups on the basis of a history of psychiatric diagnosis ( $p = 0.061$ ). Comparisons on the basis of gender indicated that suicide among the males for economical reasons was significantly high ( $p < 0.01$ ).

**CONCLUSION:** It has been determined in a group of cases arriving at a third step hospital in Samsun region within a designated period of time for assessments on suicidal attempt, that the incidence of suicidal attempts was significantly high among middle aged individuals and those with high school level of education, and that incidence of repeated attempts was significantly high among the males and that economical and work-related problems were important as reasons for suicide among the males.

**Key Words:** Consultation, suicidal attempt, sociodemographic data

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## EFFECTS OF BINGE EATING DISORDER ON THE LIFE QUALITY OF MORBIDLY OBESE INDIVIDUALS AND ITS GENERAL HEALTH COMORBIDITY

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**AIM:** Morbid obesity, next to being a physical disorder is, also, a condition that can result in a chain of psychological, emotional, social problems and conflicts and trigger many additional diseases. Binge eating disorder (BED) is characterised with excessive eating episodes and its most frequently comorbid with obesity. There are studies showing that, whether seeking treatment or not, obese individuals have a reduced quality of life. BED has been associated with loss of quality especially in psychosocial aspects of life. We have aimed in this study to investigate and compare the effects of BED and of obesity per se on the quality of life among people with morbid obesity.

**METHODS:** This study included 207 individuals with morbid obesity referred to our psychiatry polyclinics for consultation before undergoing bariatric surgery in our hospital. These patients were clinically interviewed according to the DSM-V-TR criteria and placed in two groups on the basis of having or not having BED. Their general health was assessed on a sociodemographic and clinical information questionnaire, and their life quality was determined on the Short Form Health Survey- (SF-36).

**RESULTS:** The morbid obesity group with BED had significantly lower SF-36 mental and general health life quality scores as compared to the group without BED. However, a similarly significant difference was not observed between physical health quality of life scores of the two groups. Also, a significant difference could not be seen between the general medical condition comorbidities of the two groups.

**CONCLUSION:** The results have shown that morbid obesity is related to lowered quality of life and BED contributes independently with an additional burden to the losses in quality of life. Psychiatric evaluation of patients with morbid obesity will help determine the most suitable conditions of treatment for these patients.

**Key Words:** binge eating disorder, morbid obesity, quality of life

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## RELATIONSHIP OF BINGE EATING DISORDER AND IMPULSIVENESS AMONG OBESE CANDIDATES FOR BARIATRIC SURGERY

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**AIM:** Binge eating disorder (BED) is characterized by compulsive excessive eating without a counter balancing behavior. Eating behavior disorders are the most frequent disorders observed among the obese. Impulsiveness is a multidimensional personality trait that can cause unchecked consumption of excessive amounts of food and continually contribute to the development of obesity. The aim of this study has been to investigate the traits of impulsiveness in obesity and to determine its relationship to BED.

**METHODS:** The SCID-I interview on the basis of DSM-IV was carried out with the 241 candidates for bariatric (weight reduction) surgery, thereby placing these participants of the study in two groups as those with (BED+) and without BED(BED-). Both groups were asked to complete a sociodemographic and clinical information questionnaire including items to assess their history of psychiatric diagnoses; and the psychometric test including the Beck Anxiety Inventory (BAI), Beck Depression Inventory (BDI) and the Barratt Impulsiveness Scale-11 (BIS-11).

**RESULTS:** Among the 241 obese participants 75 (31.1%) were diagnosed as BED+. The mean total BIS-11 score and the mean 'attention' subscale score of BED+ group were significantly high ( $p<0,05$ ). Also the scores of the BED+ group on suicidal attempt, history of psychiatric diagnosis and the BDI were significantly high ( $p<0,05$ ).

**CONCLUSION:** This study has evaluated the general psychopathology and the impulsiveness traits among the obese participants and has analyzed the relationship of the findings with BED. The results have indicated that impulsiveness should not be overlooked in obese individuals with high BIS-11 total and 'attention' subscale scores and a history of suicidal attempt. Hence, including tests of impulsiveness and related psychopathological traits next to the eating disorders during the clinical investigation of the obese patient will contribute to a more comprehensive look on obesity.

**Key Words:** Binge eating disorder, impulsiveness, obesity

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## ELECTROCONVULSIVE THERAPY FOR PSYCHOTIC TYPE MAJOR DEPRESSIVE DISORDER PATIENT WITH ARACHNOID CYST: CASE PRESENTATION.

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**AIM:** Arachnoid cysts are the most frequently observed intracranial cysts constituting about 1% of the space occupying lesions. They can develop congenitally as a result of arachnoid membrane defects of the fetus, but can also form after hemorrhage, trauma, inflammation or tumors. Although generally benign and asymptomatic, they can give rise to symptoms depending on their dimension, location and effects on CSF circulation. Information on arachnoid cysts and psychiatric symptoms in the literature is generally found in case reports. For example, arachnoid cysts have been demonstrated in schizophrenia or schizoaffective psychotic disorder, bipolar disorder and attention deficit hyperactivity disorder. There is not a consensus on the treatment of arachnoid cysts. Surgical intervention is not recommended for cases not presenting with intracranial pressure and related neurological symptoms, with follow up controls on MRI or CT being the preferred approach.

**CASE:** This patient had diagnoses of major depression with psychotic character and arachnoid cyst. Having suicidal ideation and other psychotic symptoms, the patient was given ECT. In 6 sessions of ECT the patient was symptom free. Dimensions of the arachnoid cyst did not change and a complication did not develop.

**DISCUSSION:** It has been discussed here that ECT is an effective and safe option in the treatment of psychiatric disorder patients with arachnoid cyst.

**Key Words:** Arachnoid cyst, ECT, major depression, psychotic depression

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## IS RELIGIOUS FAITHFULNESS A PROTECTIVE FACTOR AGAINST SUICIDE(?) : CASE PRESENTATION

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Özkorumak

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**AIM:** Suicide risk is very high in depressiveness and most frequently self hanging, fire arms, jumping from heights or chemical agents are employed as means. Use of a cutting instrument to cut one's throat is a very rarely observed mode of suicide. It has been known that the male gender, having a family history of psychological illness, the feeling of hopelessness and substance and alcohol use are factors that increase suicidal behaviour. On the other hand, there are reports on the negative correlation between religious faithfulness and development of psychiatric disorders and suicidal attempts. This report aims to discuss the suicidal attempt by a retired clergyman (imam) diagnosed with depression of psychotic type.

**CASE:** The 72-year old married male retired clergyman (imam) while being followed at the ENT services for laryngitis, was allowed home, and was found at home having cut his own throat and lying on the prayer mat. He was referred to the psychiatry ward for assessment. Examination showed that his self-care had diminished. He was conscious with complete orientation, and normal memory, but was not cooperating with the interview and did not make eye contact; his voice was low and inaudible; mood dysphoric, affect flat. His judgment and evaluation of reality was impaired, however abstracting ability was normal, his thought process had slowed down, thought contents had delusions of getting harmed and other depressive themes, his extroverted behaviour indicated increased restlessness. He was operated at the ENT and stabilized and subsequently transferred to psychiatry with the preliminary diagnosis of depression with psychotic symptoms.

**DISCUSSION:** There are reports on the negative correlation between religious faithfulness and development of psychiatric disorders and suicidal attempts. This report on the subject of religious faith in relation to suicidal attempt will make a contribution to the literature.

**Key Words:** Depression, religiousness, suicide

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### EFFECTS OF COGNITIVE AND MOTOR FUNCTIONS ON BALANCE IN SCHIZOPHRENIA-A PILOT STUDY

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**AIM:** The aim of this study has been to investigate the possible effects of verbal and motor functions on the balance reactions of patients with schizophrenia, a disorder with symptoms of impairment in cognitive functions including the executive functions, attention, memory types, learning and processing pace.

**METHODS:** This pilot study included 10 outpatients with a mean age of 41.5±8.05 years, diagnosed with schizophrenia on the diagnostic criteria of the DSM-IV (yıl), and 8 normal individuals with a mean age of 40.6±8.5 years. Clinical condition of the patients were assessed on the Positive and Negative Symptoms Scale (PANSS). SMART Balance Master® Sensory Organization Test (SOT) was used to assess the balance of the participants. Four different measurements were made on soft and hard surface with open(OE) and closed eyes (CE), and these measurements were repeated during the course of performing cognitive and motor functions. Intergroup differences were determined by data analyses on the Mann-Whitney U test and the Friedman Variance Analysis.

**RESULTS:** The mean total PANSS score of the patients was 65.70±13.38 and the mean duration of illness was 19.10±8.92 years.

The demographic details of the groups were very similar. Comparison of the balance measurements showed that the postural control pace of the patient group OE on soft surface; OE during motor function on hard surface; OE and CE on soft surface were significantly above those of the controls. Among the normal control individuals, performing cognitive and motor functions significantly increased the postural control CE on hard surface. In the patient group, however, only the motor function CE significantly increased the postural control.

**CONCLUSIONS:** In comparison to healthy control individuals, balance reactions, controlled by the subcortical control mechanisms, are more impaired when on soft surface and during performance of motor functions in schizophrenia patients with impaired executive functionality. Therefore, programs planned to help develop balance in schizophrenia patients should incorporate exercises to be performed on different surfaces with simultaneous motor functions.

**Key Words:** Balance, cognitive function, motor function, schizophrenia

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### HYPERHIDROSIS DUE TO FLUOXETINE USE: CASE PRESENTATION

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**AIM:** Hyperhidrosis is characterized with excessive body sweating on the palms, face, axilla and the feet, that upsets the life quality of the individual and can lead to serious psychosocial problems. Cholinesterase inhibitors, selective serotonin reuptake inhibitors (SSRI), opioids and tricyclic antidepressants are among the pharmacological agents that cause hyperhidrosis.

**CASE:** The 39-year old male patient consulted the psychiatry polyclinics with complaints of loss of morale, avolition, fatigue, exhaustion, diminished appetite and insomnia, head aches and distractibility. He was diagnosed with major depressive disorder and started on fluoxetine (20mg/day). The patient came back after 4 days with the complaint of excessive sweating all over his body including his head, neck and shoulders, necessitating changing his clothing several times a day, which adversely affected his daily activities. His haemogram, routine blood biochemistry including thyroid function tests, urine tests, vitamin B12 and folic acid levels, sedimentation rate and ECG were all within normal limits. He did not have a history of drug, substance or alcohol use. After the discontinuation of fluoxetine, hyperhidrosis regressed and disappeared in 1 week. The patient was then started on duloxetine (30mg/day increased to 60 mg/day in 3 weeks). The depressive symptoms improved and signs of hyperhidrosis were not seen in his subsequent controls. After a 6-month therapy on duloxetine, he was free of his psychiatric symptoms and the sweating problem had not recurred.

**DISCUSSION:** Appearance of hyperhidrosis simultaneously with starting fluoxetine therapy, elimination of causes such as drug, alcohol, substance use, systemic diseases and finding the symptoms to

regress with discontinuation of fluoxetine suggested that the observed hyperhidrosis was caused by fluoxetine intake. It has been proposed that SSRI side effect on sweating is mediated by the 5HT receptors on the thermoregulatory area on the hypothalamus. If hyperhidrosis develops during SSRI therapy, side effect of the agent should be suspected and either the dose should be reduced or therapy should be switched to another antidepressant. The mechanism underlying hyperhidrosis after the use of antidepressant agents is not understood and there is need for wide scale studies on the subject.

**Key Words:** Duloxetine, fluoxetine, hyperhidrosis

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#### PP-157

### FLARE UP OF PANIC ATTACK BY THYROID HORMONE THERAPY OF OBESITY

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**AIM:** Panic attacks can develop in reaction to a medical disorder or drug or substance use. This report discusses the case of a panic attack patient in partial remission who relapsed when given thyroid hormones as treatment for obesity. It has been aimed to draw attention to the necessity of care when treating medical comorbidities in panic attack patients.

**CASE:** The 39-year old female patient diagnosed with panic disorder and being followed under partial remission since 2005, was put on obesity treatment with levothyroxine and liothyronine sodium about 2 months prior to her consultation with our polyclinics with the complaint of relapse and having 2-3 panic attacks per day after starting the thyroid hormone therapy. Laboratory tests revealed that she had subclinical hyperthyroidism (TSH:0.0138 uIU/mL; FT3:2.84 pg/mL; FT4:0.77 ng/dL). Her synthetic thyroid hormone therapy was discontinued and treatment was started with trazodone (50 mg/day) and metoprolol (25mg/day). The panic symptoms regressed in two days. Metoprolol was discontinued with gradual dose reduction during her controls. She was started on sertraline (50mg/day) to treat her anticipatory anxiety and was discharged upon complete recovery.

**DISCUSSION:** A case of panic attack due to thyroid hormone use has not been found in the literature. Existence of a significant relationship between hyperthyroidism and panic disorder has been demonstrated in two panic disorder patients who were diagnosed with Grave's disease and panic disorder was partially improved after antithyroid treatment. Also FT4 elevation has been demonstrated in panic disorder patients. In the case discussed here, panic disorder symptoms were exacerbated by using thyroid hormones and were relieved very fast with the withdrawal of the hormones. It is recommended that care should be taken when an additional medical treatment is to be started in panic disorder patients and that in patients with partial response to panic disorder treatment or flare up of symptoms, thyroid function tests should be evaluated.

**Key Words:** Obesity, panic attack, thyroid hormone

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#### PP-158

### VASCULAR DEMENTIA AND HOARDING DISORDER

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**AIM:** In the DSM guidelines preceding the DSM-V, hoarding disorder was classified under obsessive-compulsive disorder (OCD), but it has been placed under a different diagnostic classification in the DSM-V. Description of hoarding as a serious impairment of functionality as a result of hoarding items without use or with limited use and having difficulty getting rid of them is widely accepted. One study has shown the hoarding problem is more prevalent among the elderly. The disorder is generally diagnosed at ages of 40-50 and progresses chronically, and increasing symptoms with age. Vascular dementia (VD) is the second most observed dementia after the neurodegenerative dementias. Common prominent signs include impaired planning and judgment, mood vacillations but memory is better protected and impairment is associated with difficulty remembering and the requirement of clues or recognition. Next to mood changes, vacillating emotions, depression and behavioral changes are widely seen in VD.

**CASE:** The female hypertension and cardiac failure patient believed to be 70 years of age did not have a history of psychiatric complaints. According to her daughter explanations she brought home items found in the streets, spent a long time collecting and organizing with significant loss of other functionalities. She appeared anxious, without an active psychotic symptom, and had normal thought process and thought contents, her cognitive area had been protected. Hoarding had started two years previously and was incompatible with the mean age of the onset of this disorder, which directed the evaluation of her condition towards etiology and the neuropsychiatric tests and imaging procedures suggested vascular dementia.

**DISCUSSION:** There are case reports of dementia in the literature starting with hoarding disorder. Hoarding increases with advancing age, and the items hoarded occupy space in the dwelling causing limitation of movement and dangers of accidents and fire. Given that dementia prevalence is also increased in this age group, diagnosis and the treatment of hoarding disorder should be approached with care and attention.

**Key Words:** Advanced age, hoarding, vascular dementia

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## SUCCESSFUL EYE MOVEMENT DESENSITIZATION AND REPROCESSING (EMDR) FOR EXAMINATION ANXIETY

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**AIM:** The physiological overstimulation combined with significant emotional turbulence are ination anxitypical of examination anxiety. Although it had been discussed under the heading of social phobia for a period, the diagnostic category of examination anxiety is still uncertain. There are reports on successful application of EMDR in a variety of anxiety disorders including examination anxiety. Here, we have aimed to discuss the use of EMDR by itself as an effective method of intervention on examination anxiety which has an important place in psychiatry practice in our country.

**CASE:** B.D., the 13-year old 7th grade student, and the sixth among 7 siblings in his family. He was brought for consultation by his parents, suffering from disturbing gastrointestinal symptoms in relation to examinations, feeling as if his brain had stopped functioning together with severe anxiety. It was learned that the patient was the only child of his parents with success in school performance, that he had a friend he was continually competing with and was frustrated with not becoming the first in his class, and especially afflicted with his father's repeated comments to the tune "have you failed in beating him again?" He had once been told by the education consultant of the school "You see that whatever you do you cannot pass him, accept it, everybody cannot have the same level of intelligence", words that he remembered on the eve of every examination which made him lose his self confidence. Since he had too many negative memories and related cognitions, he was expected to benefit from EMDR. After 3 sessions his SUD (Subjective Unit of Disorder) reduced to "0" and his VOC (Validity of Cognition) level rose to "7". In his control after 6 months it was observed that disturbing over stimulation symptoms did not repeat, and the distinct reduction in anxiety continued during examinations.

**DISCUSSION:** EMDR is among the methods recommended for intervening in examination anxiety. It should be kept in mind that for patients with a history of negative and traumatic experiences and cognitions EMDR can by itself be an effective method of treatment.

**Key Words:** EMDR, examination anxiety, therapy

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## PP-160

### RELATION OF NEGATIVE SYMPTOMS TO COGNITIVE SYMPTOMS AND FUNCTIONALITY OF INDIVIDUALS AT CLINICAL RISK FOR PSYCHOSIS

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**AIM:** It has been known that cognitive and negative symptoms are related to the impairment of functionality in schizophrenia. Both the negative symptoms and the cognitive test performance are reported to be related to professional and social functionality among individuals at risk for psychosis. The aim of this study was to investigate the relationship between the level of negative symptoms and cognitive test performance and functionality in 66 individuals at risk for psychosis.

**METHODS:** The 66 participants of the study were not using antipsychotics during the evaluations. The functionality of the participants (e.g., work/studentship) one month previous to consulting psychiatry polyclinics was rated on the Global Assessment of Functioning (GAF) Scale. Negative symptoms were assessed on the Scale for the Assessment of Negative Symptoms (SANS), and the positive symptoms were assessed on the Scale for Assessment of Positive Symptoms (SAPS). Cognitive functions were evaluated by the Rey Auditory Verbal Learning Test (RAVLT), the Wisconsin Card Sorting Test, Number Sequence Test, 2-back Test, and the Stroop test.

**RESULTS:** GAF scores correlated with the SANS scores ( $r=-0.58$ ,  $p<0.001$ ) but not with the SAPS scores. SANS scores also correlated with the tracking Test-B scores. ( $r=0.41$ ,  $p=0.001$ ). Those who were attending their jobs within the one month before consulting psychiatry polyclinics had lower SANS scores than those who were not working (34.4 vs 48.4,  $p<0.001$ ). This group of patients also had better scores in the tracking test-B ( $p=0.03$ ) and the Stroop test word reading scores ( $p=0.02$ ). Using the logistic regression analysis, it was shown that GAF score was the sole parameter making an independent contribution to the professional functionality before psychiatry consultation. Using the linear regression analysis SANS score was the sole parameter making an independent contribution to the GAF score. However, the SAPS, duration of education, GAF scores were not interrelated.

**CONCLUSION:** Our results indicate that in the group at high clinical risk for psychosis there is a weak correlation between the negative symptoms and the level of cognitive functions; and that while cognitive symptoms were especially related to professional functionality, negative symptoms were related to the level of global functionality.

**Key Words:** Cognitive, Psychosis, Schizophrenia

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## PP-161

### CLINICAL ADVANTAGES OF WORKING ON PAST TRAUMA IN SOMATIC COMPLAINTS

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**AIM:** Post traumatic stress disorder (PTSD) can be described as the disturbances felt in re-experiencing a traumatic event in the past, through

intruding thoughts, memories, dreams and flashbacks or by exposure to trauma related cues and reminders. Eye movement desensitization and reprocessing (EMDR) is an effective psychotherapeutic method drawing attention to inappropriately stored traumatic memories and enabling their reprocessing. EMDR focuses on changing the feelings, thoughts and somatic reactions rooted in the trauma from disorder to health. This report has aimed to discuss the case of a patient arriving with somatic complaints discovered to be related to traumatic history and successfully treated with EMDR.

**CASE:** The 22-year old female patients arrived at her own will in our polyclinics with complaints of insomnia, difficulty going to sleep, symptoms of anxiety, excitability, stress and related nausea, vomiting, stomach cramps. Her interview disclosed the incident of a traffic accident when she was 12 years old. EMDR was planned on the memory of the event. At the end of the session, her score on Beck Depression Inventory (BDI) had fallen from 17 to 12; the score on the Clinician-Administered-PTSD-scale (CAPS) had changed from 70 to 45, but her score on the Beck Anxiety Inventory (BAI) had remained at 12. Her score on the positive belief "what happens to everyone can also happen to me" escalated to 7 (validity of cognition-VoC) at the end of the session from 4 before commencing the session,; and her trauma avoidance symptoms regressed considerably.

**DISCUSSION:** By the application of EMDR, severe general anxiety symptoms of a patient found out to be related to a history of childhood trauma were successfully relieved. We have discussed the enabling by EMDR of effective outcomes in the treatment of highly prevalent trauma related disorders, and the frequency and aims of the usage of EMDR.

**Key Words:** Anxiety, EMDR, PTSD, trauma

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PP-162

### BURNING MOUTH SYNDROME: CASE PRESENTATION

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**AIM:** Burning mouth syndrome (BMS) has a chronic course with a burning sensation in the mouth in the absence of any causative mucosal pathology and generally affects postmenopausal women. The disorder is also referred to as psychogenic dermatitis since most of the patients diagnosed with BMS also have been diagnosed with psychiatric comorbidities . This report has aimed to discuss the case of a patient who consulted the psychiatric polyclinics with symptoms of BMS.

**CASE:** The 71-year old female patient, mother of 3, understood to be living in harmony with her husband . She had long standing complaints of a burning sensation with fluid accumulation and numbness in her mouth, which had not been related to any pathology in her multiple applications to polyclinics, and her latest consultation with the dental polyclinics had led to her referral to the psychiatry polyclinics. She had

a history of goiter, hypothyroidism and gastritis, but was not any drug therapy. She describes stressors associated with her children. One of her children was an army officer assigned to Diyarbakir (terror zone) which worried her. Her psychiatric examination was not eventful. Her self care and psychomotor activity were normal. She was cooperative, made eye contact. Her mood was mildly depressive and affect was anxious. She described anhedonia. Her judgment was adequate and she had insight. Neurology clinics were consulted to eliminate any neurological pathology. All being positive, she was put on escitalopram (5mg/day) and followed on outpatient basis.

**DISCUSSION:** The possibility of BMS being a sign of depression, and that, in the absence of organic pathologies it could be comorbid with especially the psychiatric symptoms of depression and anxiety have been proposed. We think that after the elimination of organic etiological factors, BMS association with depression should be kept in mind in the cases of elderly patients.

**Key Words:** Burning mouth

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### CHRONICITY OF PSYCHOSIS AFTER CEREBROVASCULAR INFARCT: CASE PRESENTATION

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**AIM:** Although neuropsychotic symptoms have been noted after ischemic cerebrovascular infarcts, post infarct psychosis has rarely been observed. There are reports in the literature on psychotic disorder following corona radiata infarction. This report discussed the case of a patient with cerebrovascular infarction, initially seen at the polyclinics and followed at the restricted ward of our services. **CASE :** The 42-year old male patient, married for 20 years and living with his family had experienced an ischemic cerebrovascular accident 2 years previously, until when he was at peace with members of his family. In his MRI report dated May 2013, evidence was given on millimetric chronic lacunary infarcts on the left periventricular white matter area on corona radiata, and neighboring signal changes due to gliosis. He had partial loss of power in his left foot. Approximately 2 months after hospitalization he had presented with persecutory delusions of being cheated by his wife, which gradually compounded with auditory and visual hallucinations. After his consultation with the polyclinic in November 2014, he was put on olanzapine (10gm/day) but did not attend his controls with the required regularity. In the following months he developed jealous delusions and assaulted his wife verbally and physically, necessitating his admission to the restricted ward.

**DISCUSSION AND CONCLUSION:** While cerebral infarcts result in various neurological deficits depending on the points of localization, the sequel can result in psychiatric changes of self perception, depression or psychosis.

**Key Words:** Attack, delusion, ischemic, psychosis

## OBSESSIVE-COMPULSIVE DISORDER AND BIPOLAR DISORDER COMORBIDITY: DIFFERENT FORM?

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**AIM:** Studies on the subject of comorbidity of obsessive-compulsive disorder (OCD) and bipolar disorder (BD) have shown a relationship between OCD and BD-II, and that whereas OCD followed an episodic course, BD course was faster and cyclical. This study has aimed to determine whether the OCD and BD comorbidity was another form of BD by investigating clinical and sociodemographic details of the patients.

**METHODS:** Patients diagnosed with BD (n=48), with OCD (n=61) and BD+OCD (n=32) were compared on the bases of their clinical and sociodemographic data.

**RESULTS:** Incidence of suicidal attempts was higher in the BD+OCD group as compared to the other two groups. Also, OCD symptoms were more episodic and the BD symptoms were seasonal and with a fast cyclic course in the BD+OCD group, who also contained a higher number of patients with BD-II and BD- not otherwise specified (NOS). In half of the BD+OCD patients the first affective episode was major depressive disorder and the onset age of BD in this group was earlier as compared to the BD group of patients. The BD+OCD group had higher impulsiveness scores than the patients in the other two groups.

**CONCLUSION:** According to the results of our research, the episodic course of OCD, the seasonal and fast cyclical course of BD with an early onset age, and high incidence of impulsiveness in the BD+OCD patients, indicate that comorbid OCD and BD is a different form of BD.

**Key Words:** Bipolar disorder, comorbidity, obsessive-compulsive disorder

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## RELATIONSHIP BETWEEN PROBLEMATIC INTERNET USE AND DEPRESSION, IMPULSIVENESS, OBSESSION AND ALEXITHYMIA AMONG UNIVERSITY STUDENTS

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**AIM:** Problematic Internet use (PIU), described as excessive and uncontrolled internet use, may result in decreased academic and professional performance, incompatibility in relationships, and psychiatric symptoms. PIU has been shown to be have relationships separately with depression, obsession, impulsiveness and alexithymia. The aim of this study was to find out whether alexithymia was a predictor of PIU when depression, obsession and impulsiveness were controlled.

**METHODS:** A total of 310 students using the internet and volunteering to participate were enrolled in the study. The participants completed on line a sociodemographic information questionnaire, the CAGE-Internet Questionnaire, the Toronto Alexithymia Scale (TAS), the Barratt Impulsiveness Scale-11-Short Form (BIS-11-SF), and the Symptom Checklist-90-Revised (SCL-90-R) subscales on depression and obsession.

**RESULTS:** It has been determined that PIU positively correlated with depression (r=0.26), obsession (r=0.34), impulsiveness (r=0.45), alexithymia (r=0.46) and the TAS subscales on difficulty communicating feelings-COM (r=0.40) and difficulty identifying feelings-IDE (r=0.41). Using hierarchic regression analysis, at the first step only the obsession parameter was a statistically significant predictor of PIU (p<0.001). At the second step, obsession (p<0.001) and impulsiveness (p<0.001) were predictors of PIU. At the final step, the parameters of obsession (p<0.01), depression (p<0.05), impulsiveness (p<0.05), difficulty identifying feelings (p<0.01) and difficulty communicating feelings (p<0.001) all were significant predictors of PIU.

**CONCLUSION:** In this study, when obsession, depression and impulsiveness are controlled, the subscales of alexithymia on difficulty identifying feelings and difficulty communicating feelings were predictors of PIU. Although depression was not by itself a predictor of PIU, it became a predictor in combination with alexithymia. Although the design of the experiment does not allow the demonstration of a cause, it can be said that PIU has a strong relationship with obsession, depression, impulsivity and alexithymia.

**Key Words:** Alexithymia, depression, impulsiveness, obsession, problematic internet use

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## FREQUENCY OF SEPARATION ANXIETY DIAGNOSIS IN PATIENTS WITH GENERAL ANXIETY DISORDER

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**AIM:** Separation anxiety is the condition experienced when the individuals part with fundamental attachment figures or it is the severe anxiety of anticipating separation. Prolongation of separation anxiety, its severity and inappropriate development or resulting in adverse effects on functionality and meeting the criterion of presenting before the age of 18, lead to the diagnosis of separation anxiety disorder (SAD).

However, after demonstration by many studies that the incidence of SAD symptoms exceeds the expected rate in the adult population, the age criterion in DSM-V has been removed and SAD has been classified with other anxiety disorders. In the literature there are few studies reported on the additional diagnosis of SAD with other types of anxiety disorders. This study has been designed to assess the frequency of diagnosis of SAD among patients with generalized anxiety disorder (GAD).

**METHODS:** This study has included patients who have been diagnosed with GAD on the basis of the diagnostic criteria of DSM-V at the psychiatry polyclinics of Trakya University Faculty of Medicine between April 2015 and June 2015. The participants were interviewed on the basis of the SAD diagnosis criteria of DSM-V, and data on their sociodemographic details were acquired retrospectively from their hospital files. Data analyses were carried out on the SPSS 20 package program.

**RESULTS:** Between April 2015 and June 2015, GAD was diagnosed in 22 patients, consisting of 16 females and 6 males. Mean age of the females and males were, respectively, 35,43 years and 40,5 years. SAD was diagnosed in 11 (50%) of the patients, and 10 (90.9%) of these patients were females.

**CONCLUSION:** According to our results, in a period of 3 months, additional diagnosis of

SAD was made in 50% of the patients diagnosed with GAD. In a study carried out in a private hospital, SAD was diagnosed in 33-42% of adult anxiety patients. Also, a study with panic disorder patients reported an incidence of 53.2% SAD comorbidity. Hence, our results are in agreement with the reports in the literature. and confirm the elevated incidence of SAD among adults.

**Key Words:** DSM-5, generalized anxiety, separation anxiety disorder

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### EMDR THERAPY FOR DELAYED ONSET PTSD PATIENT WITH ADJUSTMENT DISORDER: CASE PRESENTATION

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**AIM:** Post Traumatic Stress Disorder (PTSD) can lead to severe impairment of functionality. Childhood traumas can have lifelong lasting effects. This report aims to discuss the case of a patient with a history of childhood trauma treated with eye movement desensitization and reprocessing (EMDR) resulting in fast and distinct improvements in her symptoms of depressive and anxious type of reactions under stress.

**CASE:** A.M., a 35-year old female patient, married and living with her husband and two children consulted our polyclinics with complaints that had started 6 months previously. Upon learning of her sister's extramarital relationships and having had an illegitimate child, she had developed depressive, anxious and somatic symptoms of anhedonia, avolition, inability to cope with house work, insomnia, numbness on her head and face, shortness of breathing and tremor in her hands and legs. Her sister's affair had reminded her of the sexual assault trauma she had experienced in her childhood, giving rise to severe acute and chronic reactions to this intruding stress,. She was diagnosed on the basis of DSM-IV with adjustment disorder and delayed onset PTSD. Evaluation on the basis of clinical scales before and after EMDR therapy addressing her trauma, showed an approximately 50% regression in her complaints with distinct improvement in her anxiety and depressive mood symptoms.

**DISCUSSION:** Studies have shown that EMDR can be effective in the treatment of many disorders. In the case reported here, application of EMDR on delayed onset PTSD comorbid with adjustment disorder is discussed with its wide scale effects on the patients symptoms within the context of the effectiveness of EMDR and the probable effects of treatments directed to the underlying source of stress.

**Key Words:** Adjustment disorder, EMDR, PTSD

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### A NEW DIAGNOSIS GROUP? SHARED PSYCHOGENIC POLYDIPSIA: CASE PRESENTATION

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**AIM:** Psychogenic polydipsia although apparent with a wide spectrum of psychiatric disorders, is a rarely detected condition. Its recognition is important as it can have serious outcomes of hyponatremia, coma and death. Although it has not been given a subheading in the DSM and ICD guidelines, its evaluation within the context of impulse control disorders is known. Shared psychogenic polydipsia is not a condition described in the literature.

**CASE:** Two sisters at the ages of 9 and 3.5 consuming 18-20 liters of water daily were referred to psychiatry polyclinics after thorough investigation as inpatients at the endocrinology polyclinics resulting in no demonstrable underlying pathology. Interview and psychiatric examination of the 9-year old patient led to the diagnosis of attention deficit and hyperactivity disorder (ADHD) on the basis of DSM-V criteria. She was started on atomoxetine (40mg/day) which corrected her water intake symptoms. This outcome led to a similar improvement in her 3.5 year old sibling.

**DISCUSSION:** Observing that both sisters had identical symptoms, starting firstly in the elder sister, and subsequently in the younger sister whose symptoms regressed after the correction of the water intake of

her elder sister, has distanced the consideration of two different cases of psychogenic polydipsia cases presenting simultaneously. Existence of close emotional and physical ties between the sisters, and the appearance and regression of the symptoms firstly in the dominant individual followed by similar reactions in the affected individual confirm the diagnoses of shared psychogenic polydipsia. Hence, we think that the cases reported here are compatible with shared psychogenic polydipsia disorder and that shared psychogenic polydipsia may be a separate diagnostic group of disorders, and that further studies are needed for the acceptance of this as a new diagnostic group.

**Key Words:** Polydipsia, shared psychogenic polydipsia

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#### PP-169

### VERTICAL NYSTAGMUS - SIDE EFFECT OF CLOZAPINE: CASE PRESENTATION

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**AIM:** Antipsychotic drugs are known to have side effects on a variety of tissues and systems, one of which is the ocular system. Nystagmus can develop as a result of eye disorders, congenital disorders, central nervous system disorders, toxicity, and due to alcohol and substance use. In this report we have aimed to discuss a case of nystagmus that developed after dose increase in clozapine therapy.

**CASE:** The 39-year old, primary school educated single female patient with one child had complaints of boredom, frequent weeping episodes, aggression, reacting to people's stares, persistent thoughts of being slandered and auditory hallucinations. It was learned from her family that she had a history of multiple hospitalizations and use of different antipsychotics since the age of 12. She was started on clozapine and risperidone (im-depot) with the preliminary diagnosis of treatment resistant schizophrenia. Clozapine dose was gradually increased to 500mg/day when simultaneously with the apex dose she developed agitation. Clonazepam (3mg/day) was added to her therapy. This was followed by the development of vertical nystagmus in the next 2-3 days. She was referred to neurology clinics for cranial MRI and CT, which did not detect any organic pathology. Suspecting a side effect, clonazepam was discontinued and clozapine was reduced to 350mg/day. The amplitude of nystagmus was decreased, but the frequency remained unchanged. As the patient benefited from clozapine therapy it was continued.

**DISCUSSION:** Central nervous system disorders and especially lesions in the surrounds of the foramen magnum are among the neurological causes of nystagmus. However, cranial MRI and CT and complete neurological examination of the patient discussed here did not indicate an underlying pathology. One study has shown that acute use of haloperidol and chlorpromazine or the second generation antipsychotic agent clozapine have reduced the regularity of eye movements. Clonazepam added to the therapy in this case has actually been reported to correct 100% the idiopathic downward beating nystagmus in 5 patients. Care is required in the long term use of antipsychotic agents

as the incidence of ocular side effects increases with the duration of the treatment.

**Key Words:** Clozapine, nystagmus, side effect

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#### PP-170

### CAPGRAS SYNDROME: CASE PRESENTATION

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**AIM:** Primary characteristic of Capgras syndrome is the delusory belief on part of an individual that beings or objects in his/her environment are not authentic but replacements with other beings or objects. This condition can be classed as one of the delusory disorders as well as being a symptom of schizophrenia. For this syndrome to appear it has to have a psychotic process with the outcome of impaired ability to evaluate reality. This report has aimed to discuss a case of Capgras syndrome in schizophrenia.

**CASE:** The 54-year old male, primary school educated tailor, not working and divorced with 3 children had been residing in a care home in Istanbul since June 2014. During his stay in the home, he developed symptoms of nervous tension, irritability, aggression and talking to himself when he was placed in the restricted psychiatric ward after arriving at the emergency services. It was learned from him and his relations that he had a 26-year history of ill health although this was his first hospital admission. He was "lost" between 1996 and 2010 when he said that he had been touring Turkey. During psychiatric assessment he was seen to have reduced self care, decreased psychomotor activity, irritable mood. He did not describe hallucinations. He believed his mother and father had replaced him and his wife, that he had composed many songs, that he had given birth to his children to be favored in the other world, that he had children from genies, he had persecutory/paranoid delusions about the caregivers at the care home, as well as grandiose delusions. His judgment was inadequate, he did not have insight. His cranial MRI, and EEG and routine blood tests did not indicate an underlying pathological finding. He was diagnosed with Capgras syndrome with schizophrenia.

**DISCUSSION:** As the patient's delusions about his parents having taken his and his wife's place had priority over his other grandiose and persecutory/paranoid delusions the diagnosis of Capgras syndrome with schizophrenia was considered. Organic causes had been eliminated. Researchers have proposed that the etiological factors in Capgras syndrome are events with psychodynamic roots observed in functional psychoses. However, in the recent years there have been proposals that Capgras syndrome can develop as a result of functional impairment of the parietal lobe

**Key Words:** Capgras syndrome case

## RELATION OF PARTIALLY EMPTY SELLA SYNDROME WITH PSYCHIATRIC DIAGNOSES : CASE PRESENTATION

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**AIM:** Empty sella syndrome (ESS) occurs with the displacement of the pituitary gland in the sella turcica, localized in the sphenoid bone, with CSF. Although generally changes are not observed in pituitary functions, ESS can be observed with hypopituitary symptoms. It is incidentally observed during cranial imaging techniques and can present with variety of clinical symptoms. We have aimed to draw attention to the necessity of the use advanced techniques during the differential diagnosis of patients with psychiatric symptoms.

**CASE:** The 32-year old, single unemployed male patient without a history of known medical illness or alcohol or substance use, and having a brother diagnosed with schizophrenia, consulted our psychiatry polyclinics complaining of sudden onset of symptoms he could not recall later. During his interview he was observed to have a sudden stiffness, immobility, blurred consciousness, shortness of breath, blushing and prattling. His history indicated that he had experienced similar episodes in the past under stressful conditions. He did not remember the details of the episodes except feeling like another person. In order to eliminate the possibility of an underlying organic pathology investigations were made including blood biochemistry, haemogram, cranial MRI and EEG and EEG with sleep deprivation which gave results within normal limits, except the imaging of a 'partially empty sella' during MRI. His psychiatric past had suggested dissociative disorder with alter identities . He had been started on carbamazepine in the neurology clinics, but as he did not have epileptic seizures, carbamazepine was discontinued and he was put on sertraline (50mg/day), risperidone (1 mg/day). One month later his complaints had regressed.

**DISCUSSION:** ESS has been reported in the literature as an incidental finding without symptoms of hypopituitarism. Relation of the ESS. to the clinical observations is not distinct. In the case reported here dissociative disorder with epilepsy were considered, and further investigation had revealed ESS. In patients thought to have psychiatric and neurological disorders, investigations with advanced techniques is important for the differential diagnosis and treatment.

**Key Words:** Dissociative disorder, partially empty sella

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## RELATIONSHIP BETWEEN DOPAMINE D2 RECEPTOR GENE AND AKATHISIA IN SCHIZOPHRENIA AND BIPOLAR DISORDER PATIENTS ON ARIPIPRAZOLE THERAPY

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**AIM:** Aripiprazole is an atypical antipsychotic agent with partial agonistic effect on the dopaminergic D2 and serotonergic 5HT1A receptors. The most frequently observed side effects include insomnia, head ache, agitation and anxiety. However, about 10% of the patients experience akathisia expressed through symptoms of inner restlessness and urge to move. Akathisia is thought to be caused by the blockage of the D2 receptors in the basal ganglia . In previously made studies a likely relationship between the D2 receptor gene DRD2 polymorphisms and the extrapyramidal side effects of typical antipsychotic agents had been proposed. We have aimed in this study to investigate the relationship between akathisia and the DRD2 gene Taq1 A and Taq1 B polymorphisms in aripiprazole using schizophrenia and bipolar disorder patients.

**METHODS:** The study included 108 patients on aripiprazole for schizophrenia and bipolar disorder . Patient DNA was extracted from venous blood sample and polymorphisms of the DRD2 gene were determined by the polymerase chain reaction (PCR) and restriction fragment length polymorphism (RFLP) methods.

**RESULTS:** When patients who developed akathisia during aripiprazole treatment were compared with those who did not develop akathisia with respect to the Taq1 A and Taq1 B gene polymorphisms, a significant relationship was found between the Taq1 B polymorphism and the risk of developing akathisia. The B1 allele incidence in the akathisia group of patients was significantly higher compared to those without akathisia (p=0.0335), A similar relationship was not observed between DRD2 Taq1 A polymorphism and the risk of development of akathisia (p>0.05).

**CONCLUSION:** Our results have demonstrated the possibility of a relationship between DRD2 Taq1 B polymorphism and the risk of developing akathisia and that the presence of the B1 allele may be a critical risk factor in the development of akathisia.

**Key Words:** Akathisia, aripiprazole, dopamine receptor gene, polymorphism

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## SIMULTANEOUSLY PRESENTING CAPGRAS AND COTARD SYNDROMES: CASE PRESENTATION

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**AIM:** Capgras syndrome is characterised with the delusory belief that acquaintances have been replaced by imposters with resemblance. Most patients with Capgras syndrome have been associated with a functional psychosis. Cotard syndrome is characterised by the nihilistic delusions of being without a body or not being alive. It has been aimed here to discuss the case of a 48-year old female schizophrenia patient observed with simultaneously presenting Capgras and Cotard syndrome symptoms.

**CASE:** The 48-year old female patient educated up to the 3rd grade of primary school, married, not working and living in Istanbul was brought by her relations to the emergency services for exhibiting aggressive behavior towards her family. She had thoughts of being wronged, and was suspected by her relations of causing self harm or harm to her environment. In the direction of auditory hallucinations Her family history included schizophrenia. Her personal history revealed that her complaints had started at the age of 25, with admission to hospital for the first time at 30, that she had made 2 suicidal attempts and had been discharged from hospital 1 month previously. She had been claiming over the previous 2 months that her natural parents were step parents who were attempting to kill her. Although her natural mother was alive, she claimed that she had died 3 years previously, and that she had also died with her. Her psychiatric examination showed that she had reduced self care, and a defensive attitude with increased psychomotor activity, dysphoric mood and restricted affect. Her ideas were not linked and only partially goal oriented. Her thought contents included paranoid persecutory delusions, nihilistic and bizarre delusions. She had suicidal ideation in the direction of her auditory hallucinations. Her judgement was impaired and she did not have insight. Her therapy was started with clozapine with dose titration to 500mg/day. While in hospital she exhibited hostile and disorganized behavior. Aripiprazole (30mg/day) and quetiapine (200mg/day) was added to her treatment. The nihilistic, bizarre and persecutory delusions regressed but her delusions on her real parents being step parents persisted. When her suicidal ideations and hostile attitudes also regressed at the end of 3 months, she was discharged from hospital.

**DISCUSSION:** Simultaneous presentation of Capgras and Cotard syndromes have not been met often and the phenomenon has been mostly associated with paranoid schizophrenia. Although observed over a wide age range, it is more prevalent among women. The case discussed here is in agreement with the reports in the literature in being a female schizophrenia patient.

**Key Words:** Capgras, Cotard, schizophrenia

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## SOCIODEMOGRAPHIC CHARACTERISTICS OF WOMEN WITH GENITOPELVIC PAIN/INTERCOURSE DISORDER AND COMPARISON WITH THE NORMAL POPULATION

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**AIM:** In the DSM-V published in May 2013, dyspareunia and vaginismus diagnoses were no longer in the classification system and "genito-pelvic pain/intercourse disorder" diagnosis covered the diagnoses of vaginismus and dyspareunia not related to general medical condition. We have aimed to study women diagnosed with the new DSM criteria on "genito-pelvic pain/intercourse disorder" in relation to their sociodemographic characteristics and compare the findings with the normal population to find out whether there are any differences.

**METHOD:** The study included 55 patients within the age range of 18-60 years, diagnosed with genito-pelvic pain/intercourse disorder according to DSM-V at Erenköy Psychological and Neurological diseases Hospital polyclinics, and accepted to participate in the study, and 61 healthy women without any sexual dysfunction to make up the control group. All participants gave an informed consent form for their sociodemographic details to be entered by the researchers in a purpose prepared questionnaire form with inclusions on age, gender, marital status, type of marriage, duration of the marriage/relationship; number of children and the intent to have children, education level, profession, loss of a parent or a sibling at childhood, history of parental discord/divorce, masturbation, thoughts on masturbation, specific phobia and the first sexual intercourse.

**RESULTS:** Significant differences were not observed between the patients and the control group on the bases of education level, incomes, professions, age at first sexual intercourse, loss of parents or siblings at childhood and parental conflict. In the patient group 74.5% (n=41) had married after meeting/falling in love, while 20% (n=11) had arranged marriages. Although the history of masturbation did not differ, the two groups had significantly different thoughts about masturbation. The specific phobias were evaluated in both groups and significant differences were found.

**CONCLUSION:** The results support the proposal that vaginismus is not related to a single cause but is the result of the interaction of many concepts including hard ethical rules, taboos, guilt, shame and sin located in the subconscious, as well as the phobic tendency of the individual.

**Key Words:** genitopelvic pain/intercourse disorder, sociodemographic characteristics

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## CHILDHOOD TRAUMAS AND DISSOCIATION IN WOMEN WITH GENITOPELVIC PAIN/INTERCOURSE DISORDER

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**AIM:** It has been argued that vaginismus does not have a single etiological cause but that it appears as a result of the multi directional interaction of many factors. One of the etiological views proposes that vaginismus is the result of especially childhood traumas and can be the expression of somatoform dissociation similarly to some trauma related somatoform and conversion disorders. We have aimed to investigate the childhood traumas and dissociation forms among women diagnosed with genitopelvic pain/intercourse disorder (GPID) and assess their contribution to the etiology of GPID.

**METHODS:** The study included 55 patients within the age range of 18-60 years, diagnosed with genito-pelvic pain/intercourse disorder according to DSM-V at Erenköy Psychological and Neurological diseases Hospital polyclinics, and accepted to participate in the study, and 61 healthy women without any sexual dysfunction to make up the control group. All participants gave an informed consent form and they have been asked to complete the Childhood Traumas Questionnaire (CTQ), Dissociative Experiences Scales and the Somatoform Dissociation Scale (SDS).

**RESULTS:** The results of our study indicate that, the scores on the CTQ subscales sexual abuse, emotional abuse and emotional neglect and the SDS scores of the patient group were significantly higher than the corresponding scores of the control group.

**CONCLUSION:** Our results indicate that genito-pelvic pain/intercourse disorder can be regarded as a trauma based disorder and that some forms can be seen as somatoform dissociative disorders.

**Key Words:** Childhood trauma, Dissociation, genito-pelvic pain/intercourse disorder

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## OUR GAINS FROM POPULATION PSYCHOLOGICAL HEALTH CENTERS- DISCOVERY OF A TALENT: CASE PRESENTATION

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**AIM:** Some studies have proposed that psychological factors underlying psychiatric disorders are related to increased creativity. Unaffected close relations of bipolar disorder patients have been known to have advanced creativity and that many of them are represented in creative professions. We have aimed to discuss the subject over the case of a patient.

**CASE:** The 57-year old male patient, living with his wife and only daughter, is a retired butcher. His parents and a sibling live in the same building in a flat belonging to the patient. He had been treated for schizophrenia since 1980s, and had a history of going in hospital in 1986. Bakırköy Population Psychological Health Center (PPHC) reached his wife by phone in September 2014 and a visit was paid to his home. He was doing oil paintings and working on timber. He had not received any training in these hobbies. His paintings were observed. The furnitures in his parent's flat had been produced and painted by the patient. Walls, ceilings and the doors were all works of art the patient had produced. The patient whose social life was very restricted liaised well with the visitors and explained the history of his works one by one. He was invited to the PPHC by the trainee psychologist in the visiting team who also gave etching lessons.

**DISCUSSION:** We are able to overlook the important characteristics of the patients who arrive at the psychiatric treatment centers with loss of functionality and in cognitive ruin as in bipolar disorder and schizophrenia. The services of PPHC can open new horizons in many fields including the treatment process by touching the lives of those patients in order to discover their abilities and creative talents.

**Key Words:** Creativity, schizophrenia

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## PSYCHIATRIC CLUE TO EPILEPSY: SEIZURE FREQUENCY

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**AIM:** Many studies have demonstrated that comorbidity of psychiatric disorders with epilepsy exceeds that of other chronic disorders. Researchers have proposed that the depression seen with epilepsy should come under a different diagnostic criterion. There are some reports showing a relationship between seizure frequency and the incidences of

depression and anxiety. We have aimed in this study to investigate the same relationship in our patients.

**METHODS:** This study enrolled 53 epilepsy patients consulting the epilepsy polyclinics of Istanbul University Cerrahpaşa Faculty of Medicine Neurology Department. The patients completed the tested and validated Turkish version of Hospital Anxiety and Depression Scale (HADS), and a questionnaire on their sociodemographic particulars. The frequency of seizures of each patient was recorded.

**RESULTS:** The participating group of patients consisted of 30 (56,6%) males and 23 (43,3%) females, with a mean age of 27.26 years; of whom 36% were married and 64% were single (3 not declaring details of marital status); and the education level range covered primary school (9.4%), middle school (15%), senior high school (26.4%), professional school (3.7%) and the university (28.3%), with 16.9% not declaring details. Compatibility with psychiatric disorders, as assessed on the basis of HADS scores, were : 18.8% with anxiety disorders, 41.5% with depression, 13.2% with both anxiety and depressive disorders. Whereas the incidences of anxiety and depression were, respectively, 4.1% and 25% in the subgroup with a mean 1 episode of seizure per month; they increased to, respectively 38.8% and 61.1% in the other patients with a mean seizure episode above 1.

**CONCLUSION:** The results have shown, in agreement with the literature, that anxiety and depression incidences are increased in epilepsy as compared to the general normal population. The observation that anxiety and depression incidences were as high as 38.8% and 61.1%, respectively, in patients experiencing more than one seizure per month, suggests that the frequency of seizures can be a diagnostic sign of the possibility of comorbidity with anxiety and depression in epilepsy patients.

**Key Words:** Anxiety, depression, epilepsy

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### CHANGING DIAGNOSES IN ACUTE AND TRANSIENT PSYCHOSIS

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**AIM:** Observation of acutely starting psychotic symptoms of short duration leads to the diagnosis of acute and transient psychosis (ICD-10) or brief psychotic disorder (DSM-IV). Acute and transient psychosis (ATP) has been observed intermittently following stressful conditions and generally in women in the 3rd and 4th decades of life. Response to antipsychotic therapy and the course of the disorder have been reported to be good. However, in some of these patients the diagnosis is later changed to schizophrenia or mood disorders. The need for more work on the clinical characteristics and the course of this disorder has been emphasized by many. This study has aimed at determining the sociodemographic particulars of ATP patients and to investigate the changes in the diagnosis over a 5-year follow up control period.

**METHODS:** The participants of this study were selected from the inpatients of Bakırköy Psychological and Neurological Diseases Hospital who were diagnosed with ATP and treated in 2010 . In 2015 files of these patients were investigated retrospectively for the clinical and sociodemographic details.

**RESULTS:** Of the total 47 patients 36.2% (n=17) were females and 63.8 (n=30) were males, with a mean age of 32.19 ± 9.96 (14-56); and while 51.1% (n=24) were single, 31.9% (n=15) were married and 17% (n=8) were divorced or widowed. Majority were unemployed (85.1%, n=40) living in with the family; 51.1% (n=24) had repeated hospital admissions, while 8.5% (n=4) did not repeat consultation. The most frequently made diagnoses during the 5-year follow up control period were atypical psychosis (38.3%, n=18), schizophrenia (25.5%, n=12), bipolar disorder (12.8%, n=6), psychosis due to alcohol/substance use (4.2%, n=2) and neurological disorders (6.4%, n=3).

**CONCLUSION:** Majority of the patients diagnosed with ATP at the outset of our study were subsequently diagnosed with atypical psychosis or schizophrenia during the 5-year follow up. Therefore, follow up on ATP patients should not be neglected. Further, neurological disorders and alcohol/substance use are factors that also should not be missed. As only 4 patients did not consult again, it is possible that at the outset diagnosis of the prodromal stage of schizophrenia might have been missed.

**Key Words:** Acute and transient psychotic disorder, changed diagnosis

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### AKATHISIA PRESENTING WITH ESCITALOPRAM DOSE INCREASE: CASE PRESENTATION

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**AIM:** This report has aimed at discussing the development of akathisia after increased dosage of escitalopram.

**CASE:** The 66-year old male patient was brought by his relations to our polyclinics with complaints of lack of morale, unwillingness to talk and desire to sleep during the day. It was learned that the patient had a history of cerebrovascular accident dating back 8 years when he developed symptoms of nervous tension and restlessness and was started on citalopram (20 mg/day) ; and that 20 days before the consultation with us he had a repeat of cerebrovascular accident and had been switched to escitalopram (10mg/day). During his psychiatric examination he had a frozen face and tremor in his right hand. His self care depended on his relatives, his speech pace and volume had diminished, his need for sleep had increased, but his appetite was normal. With the preliminary diagnosis of depression his escitalopram dose was increased to 15 mg/day. Three weeks later, at his control he had continuous body movements backwards and forwards. He was referred to neurology clinics, but cranial MRI did not reveal a causative pathology. Akathisia was attributed to escitalopram dose increase. The dose was reduced to 10 gm/day and diazepam (5 mg/day) was added to the therapy. His complaints virtually disappeared in 1 week.

**DISCUSSION:** Akathisia is characterized by restlessness and an innate desire to move., Although there are reports of akathisia related to selective serotonin reuptake inhibitors (SSRI), demonstrations of SSRI being the cause of akathisia are very rare. Scanning the literature, it has been observed that the SSRIs most frequently associated with akathisia were fluvoxamine, fluoxetine, sertraline and citalopram. Escitalopram related akathisia cases are rare. Akathisa triggered by SSRIs generally appears within the few days or within a few weeks after the start of the therapy or an increase in the SSRI dose. Since akathisia disturbs patients to the extent of suicidal attempts, clinicians should not overlook akathisia symptoms in patients on antidepressant treatment.

**Key Words:** Akathisia, antidepressant side effect, escitalopram

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#### PP-180

### PSYCHOTIC DISORDER IN HYPOTHYROIDISM: CASE PRESENTATION

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**AIM:** Hypothyroidism is an endocrine disease that is frequently comorbid with depression and mild cognitive disorder, and has also been reported to have a 5% incidence of comorbidity with psychosis and delirium. In this report we have discussed the case of a patient who developed psychotic disorder after total thyroidectomy due to papillary thyroid carcinoma.

**CASE:** The 52-year old female patient without a history of psychiatric diagnosis, consulted us with complaints of believing her body emitted radiation which would kill everybody, thoughts of her skin drying and her bones dissolving away, and symptoms of insomnia, lack of appetite, avolition and introversion. That she had been aware of these during the previous 10 days. She had been on levothyroxine for 15 years for hypothyroidism, and that 3 months previously she had undergone total thyroidectomy after diagnosis of papillary cancer, and had not yet taken radioactive iodine therapy. Upon examination she was found to be conscious, without problems of orientation or memory. But with diminished attention, and anxious mood and affect. She reported auditory hallucinations, and thoughts of somatic and nihilistic delusions. Her free T4 was 0,19 ng/ml, T3 was 0,62 pg/ml and TSH was 107,81 uIU/ml. She was started on risperidone (2mg/day) and T3 after diagnosis with psychosis due to hypothyroidism. Two weeks later her psychotic symptoms had disappeared and has been observed to be asymptomatic for 5 months.

**DISCUSSION:** Untreated endocrine and metabolic diseases comorbid with psychosis are well known. Patients consulting with psychotic symptoms and symptoms suggesting hypothyroidism should be tested for thyroid function in order to prevent unnecessary and long term

antipsychotic agent use. Supplementation of the antipsychotic therapy with thyroid hormone replacement accelerates improvement.

**Key Words:** Antipsychotics, hypothyroidism, psychosis

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#### PP-181

### TURNER'S SYNDROME WITH EPILEPSY, MENTAL RETARDATION AND PSYCHOTIC SYMPTOMS: CASE PRESENTATION

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**AIM:** Turner's syndrome is one of the chromosomal anomalies related to the 45X karyotype.

We have aimed to present the case of a patient with Turner's syndrome displaying epilepsy, mental retardation and psychotic symptoms and discuss the relationship of these disorders with the X chromosome.

**CASE:** The 25- year old single female patient, a student at the open university reading social sciences, had visual hallucinations and heard bad words directed to her on the TV and believed receiving messages while watching TV. She was observed to have medium self care, to be of short stature and appearing younger than her age. Her affect was blunt. She had decreased pace and volume of speech, had blockages and was repeating sentences with perseverance. Her thought contents included referential delusions, and she had perceptions of visual and auditory hallucinations. It was learned that she was being followed for Turner's syndrome, epilepsy (of 13 years) and diabetes mellitus. Her mother had epilepsy and her sister was being followed for depression. Her family and the patient refused to be admitted to the hospital. Therefore, she was put on aripiprazole (15mg/day) and was recommended to be followed on an outpatient basis. However, she did not attend her controls and the outcome of the therapy could not be evaluated.

**DISCUSSION:** It has been reported that autism spectrum disorders, attention deficit and hyperactivity disorder, mental retardation and schizophrenia are frequently comorbid with Turner's syndrome. Roser and Kawohl reported a case of Turner's syndrome comorbid with hypothyroidism, mental retardation and schizophrenia and proposed an association with HOPA gene polymorphism on the X chromosome. Goldstein et al. suggested a gender specific transmission and X dependent inheritance. Although not many studies have been carried out on the psychiatric comorbidities in patients with Turner's syndrome, studies focusing on the X chromosome have suggested the possibility of sex chromosomes being linked to psychiatric disorders.

**Key Words:** Epilepsy, psychosis, turner's syndrome

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## SCHIZOAFFECTIVE DISORDER PRESENTING IN THREE SIBLINGS AFTER EXPOSURE TO MULTIPLE SEVERE STRESSORS: CASE PRESENTATION

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**AIM:** Abusive experiences are known to be factors in the development of psychotic disorders. We have aimed to discuss, on the basis of the stress-tendency model, the development of schizoaffective disorder with close intervals in three siblings subjected to multiple rough and abusive events.

**CASE 1:** The 55-year old single, primary school educated female patient had lost her parents 26 years previously with the explosion of the gas heater, which was followed with the loss of her uncle and his wife two years later in a traffic accident, and three years later she was swindled and subsequently threatened by the culprits; and finally she lost property during the economical crisis. Shortly thereafter she developed delusions of being royalty, which progressed in two years to anticipations of getting harmed together with her siblings by evil powers, auditory hallucinations of death threats, difficulty to fall asleep and anhedonia which repeated every summer or once every 2 years.,

**CASE 2:** The 52-year old single primary school educated female patient, after living through the same events as with Case 1, her sister, developed within the same time span grandiose delusions. She had, unlike Case 1, increased pace and volume of incoherent speech.

**CASE 3:** The 48-year old single, university graduate male patient, developed delusions similar to those of his sisters after the same sequence of events, and the course of development of his symptoms resembled that of Case 2.

**DISCUSSION:** It has been known that development of psychosis in one sibling encourages its development in the patient's siblings. Development of psychotic symptoms in individuals with tendency after abusive events, supports the view that the stress-tendency model can explain the etiology of schizophrenia and other psychiatric disorders. Considering the specifics of the cases reported here, development of the same psychotic symptoms after the same sequence of stressful events supports the stress-tendency model. The similarity of the delusions in all three siblings necessitates discussion on the 'shared psychotic disorder' diagnosis cancelled in DSM-V.

**Key Words:** Abusive, psychotic, stress-tendency

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## ADULT SEPARATION ANXIETY COMORBIDITY IN BIPOLAR DISORDER PATIENTS

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**AIM:** The aim of this study has been to investigate the incidence of adult separation anxiety (ASA) comorbidity in bipolar disorder patients

being followed by the bipolar disorder (BD) unit at Çukurova University Faculty of Medicine Psychiatry Polyclinics.

**METHODS:** The study was carried out with 70 BD patients. At the outset, clinicians recorded the patients' data over 45to60- minute interviews on a sociodemographic information questionnaire, the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I), Bipolar Disorder Phenome Database (BDPD), the Hamilton Anxiety Rating Scale (HAM-A) and the Structured Clinical Interview for Separation Anxiety Symptoms (SCISAS). At the second stage of the study the patients were asked to complete the Structured Clinical Interview for DSM-IV Axis II Disorders (SCID-II) for personality assessment, Bipolar Disorder Functioning Questionnaire (BDFQ), the Separation Anxiety Symptom Inventory (SASI) and the Adult Separation Anxiety Questionnaire - ASA-27.

**RESULTS:** Of the 70 BD patients 38 (54%) were diagnosed with ASA, 14 (36%) being adult onset and 24 (64%) being childhood anxiety extending to adulthood. Significant differences in sociodemographic particulars, CVs and family history were not observed between BD patients with and without ASA. Patients with childhood onset ASA had a high incidence of personality disorders. Incidences of lifelong specific phobias and of suicidal attempts were higher in BD patients with ASA as compared to those without ASA. However, significant differences between these two groups were not observed when compared on the number of attacks, age of onset, duration of the disorder, number of hospital admissions, seasonality of symptoms, ECT and pharmacotherapy. Also, HAM-A scores of BD patients with ASA were higher, and scores on the subscales feeling labelled and total functionality were nearly significantly lower in the BD group with ASA.

**CONCLUSION:** This study has demonstrated that as high as 54% of BD patients were diagnosed with ASA, with 1/3 of these being adult onset ASA. ASA comorbidity had adverse effects on functionality and the incidence of suicidal attempts. It is absolutely necessary to investigate comorbidity of anxiety disorders in BD patients.

**Key Words:** Bipolar disorder, comorbidity, separation anxiety

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## PSYCHOTIC DISORDER DUE TO IMMUNOSUPPRESSIVE THERAPY AFTER RENAL TRANSPLANTATION: CASE PRESENTATION

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**AIM:** During recuperation transplant patients face serious psychological difficulties. However, psychosis after renal transplantation has been

observed very rarely. One study has demonstrated a psychosis incidence of 7.5% in 1000 post renal transplant patients. This report discusses the development of psychotic disorder in an individual without a history of psychosis after post renal transplantation pharmacotherapy with the aim to draw attention to this clinical phenomenon.

**CASE:** The 21-year old, single, female patient with primary school education had complaints going back 8 months, including prattling to herself, insomnia, nervous tension, rejecting company in the house, unwillingness to leave her house, suspiciousness and hallucinations. Ten years previously, she had cerebrovascular hemorrhage during treatment for pneumonia under intensive care; the outcomes being loss of hearing, difficulty walking, renal function loss leading to renal transplantation 4 years previously. When she was brought on wheelchair for psychiatric consultation, she was on cyclosporine (125mg/day), micophenolate mofetil (720 mg/day), prednisolone (2,5 mg/day) and acetylsalicylic acid (100mg/day). She had reduced spontaneous talk and eye contact, and was unwilling to communicate. It was learned that she had visual hallucinations and paranoid delusions which she shared with her family. As she did not have a history of psychosis prior to the appearance of her symptoms 8 months previously, and her family history was uneventful, she was diagnosed with psychotic disorder due to substance/drug use and was started on risperidone (1mg/day).

**DISCUSSION:** The factors which increase the risk of psychosis after renal transplantation are use of high dose corticosteroids, affective disorders related to chronic illness, metabolic factors and use of immunosuppressives, with prednisone, tacrolimus and cyclosporine being the most frequently used types. The management immunosuppressive treatment usually consists of the combination of steroids, cyclosporine and micophenolate mofetil, thereby achieving more immunosuppressive effect with low dosage. As these drugs are individually capable of inducing psychiatric symptoms, they should be expected to be more effective in combination. It is emphasized through the case discussion that patients under long term combination immunosuppressive treatment should be followed for psychiatric developments.

**Key Words:** Immunosuppressive, psychosis, transplantation

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### COMPLIANCE OF PSYCHIATRY PATIENTS WITH FOLLOW UP CONTROLS AT POLYCLINICS

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**AIM:** The aim of this study has been to determine the compliance of patients with their polyclinic follow up controls after being treated as inpatients at a university psychiatry clinic in 2011.

**METHODS:** To begin with, clinical files of the 230 patients included in the study were investigated retrospectively and the data on the sociodemographic questionnaires and the SCID-I and II interviews

on the basis of DSM-IV-TR were noted down. Subsequently the files generated after discharge from the hospital, during the follow up controls at the polyclinics were investigated and the compliance during the 1st and the 3rd months on attendance and use of the prescribed drugs were entered on a compliance form purpose-designed on the basis of the Morisky Medication Adherence Scale (MMAS-4).

**RESULTS:** Results of the investigations on the files of 230 patients included in the study indicated that the factors influencing patient compliance with treatment protocols included a diagnosis given on the SCID-I and SCID-II according to DSM-IV, the number of drugs used daily, comorbidities, family history of psychiatric disorders and having insight.

**CONCLUSIONS:** This study has determined incidences of patient noncompliance that varied in the range 16.7%-68.8% on the basis of the diagnosis made. Despite the developments in medicine and the drug industry, a parallel improvement in treatment compliance of patients has not been achieved. The factors resulting in noncompliance have to be questioned in clinical practice and when detected they have to be studied seriously so as to arrive at a solution of this problem.

**Key Words:** Anxiety disorder, bipolar disorder, compliance, depression, psychotic disorder

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### CHRONIC SUBDURAL HEMATOMA UNDERLYING PSYCHOTIC FLARE UP: CASE PRESENTATION

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**AIM:** Chronic subdural hematoma (SDH) is a slowly progressing hemorrhage beneath the dura mater. Chronicity of the hemorrhage is diagnostically accepted when more than 3 weeks have passed after the initiation. Patients with SDH are generally 50 or over in age. Majority of patients with chronic alcoholism, epilepsy and coagulopathies have the tendency to develop SDH. A small hemorrhage in the subdural area can progress asymptotically in the atrophic brain. We have aimed to draw attention to the possibility of an underlying chronic SDH when an unexpected development is observed in the clinical course of psychiatric patients by discussing here the case of a patient diagnosed with chronic schizophrenia.

**CASE:** The 68-year old male patient had been followed for 40 years with the diagnosis of schizophrenia. He was brought to our polyclinics with complaints of following his wife, secretly ear dropping on conversations, insomnia, increased psychomotor activity, inappropriate behaviour, talking and waving hands to the TV and posturing, when he was on olanzapine (10mg/day) and risperidone (2mg/day) with regularity. Intermittent flare ups were observed despite compliance with the treatment. There was not a distinct stressor and a good response had been observed over longterm to the treatment given. Learning from his family that the patient had experienced a head trauma 10

years previously resulting in enuresis, and another similar trauma 1 year previously had leading to encopresis, necessitated investigation of possible underlying organic pathology. Results of his neurological examination were not unusual and the routine biochemical test results were also within normal limits. However, his cranial MRI revealed bilateral frontoparietal chronic subdural hematoma. Suspecting this to be the cause of the observed psychotic flare up, the patient was referred to neurosurgery clinics.

**DISCUSSION:** Chronic SDH results from mild or repetitive head injuries. Haematomas, especially in the elderly population, depending on the degree of cerebral compression and localisation can result in clinical outcomes such as delirium, dementia and psychotic disorders and also worsening of symptoms can be observed. We wish to emphasise through this case report that observation of unexpected changes or worsening of symptoms in psychiatric patients, given the relatively increased risk of physical traumas in this group, requires intracranial imaging investigations for possible underlying organic causes.

**Key Words:** Brain imaging, chronic subdural haematoma, psychosis

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### ACUTE URTICARIA DUE TO FLUOXETINE USE: CASE PRESENTATION

#### Birmay Çam

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**AIM:** Antidepressants are being used very widely and therefore their dermatological side effects are observed very frequently. Research work by Spigset (1999) has shown that 11.4% of the side effects of antidepressants are of dermatological type, most frequently observed during fluoxetine use and mostly in the form of rashes. Another review study on the incidence of the dermatological side effects on the basis of the antidepressant used has determined that incidences of 3.8% and 2% were seen with, respectively, bupropion and nefazodone; the incidences with fluoxetine, paroxetine, sertraline and venlafaxine being under 1%. This report discusses a case of rarely seen acute urticaria after fluoxetine treatment.

**CASE:** The 32-year old married female patient complained that she had developed over the previous 3 months complaints of nervous tension, restlessness, tachycardia, anxiety, anhedonia, exhaustion, increased appetite and sleep. Her history did not include a known medical illness or allergy. Her mother had anxiety disorder. Results of her routine biochemical tests including thyroid function tests, haemogram, ECG and lung x-rays were normal. Following her psychiatric examination she was diagnosed with "anxiety disorder" and was started on escitalopram (10mg/day) and the dose was increased at her control 1 month later to 20mg/day. At her 2nd month control her complaints had partially improved but she complained of weight gain. Escitalopram was discontinued with gradual reduction over 3 days and the treatment was switched to fluoxetine (20mg/day). The next day the patient arrived at

the emergency services with red and itchy patches all over her body. Dermatology clinics diagnosed acute urticaria, and she was treated with pheniramine hydrogen maleate and dexamethasone iv. Suspecting that the dermatological symptoms may have been the side effect of fluoxetine started on the previous day, the drug was discontinued when her rash cleared in 1 day. The patient was started on duloxetine (30mg/day) for her psychiatric complaints and over the three months of follow up controls, she did not have dermatological symptoms.

**DISCUSSION:** It has been decided that the observed acute urticaria had been caused by fluoxetine since the rash appeared just after fluoxetine use, and regressed as fast after discontinuation of fluoxetine, and also the patient did not have a history of medical illness and was not on any other medication. While patients are on antidepressants, care should be taken against the development of dermatological side effects and the patients should be informed of the possibility of these side effects.

**Key Words:** Antidepressant, fluoxetine

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### RELATIONSHIP BETWEEN JUMPING TO CONCLUSIONS AND COGNITIVE FUNCTIONS IN SCHIZOPHRENIA

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**AIM:** Cognitive biases may be described as deviations from norms of logical thought and opinion forming. Cognitive biases have been proven to play a role in schizophrenia and especially in the appearance and continuity of delusions. The cognitive biases with strongest relation to delusional severity are "jumping to conclusion" (JTC) and "Ignoring information that undermines beliefs". It has been determined that 75% of schizophrenia patients have a minimum of two clinically significant cognitive disorders. There are not yet opinions about the relationship between cognitive disorders and cognitive biases. We have aimed to investigate the relationship between the cognitive functions of the participants and the cognitive bias of JTC.

**METHODS:** The study included 38 volunteers of age in the range of 18-65 years, without a history of alcohol-substance use, diagnosed with schizophrenia on the basis of DSM-V criteria and attending the group psychotherapy within the scope of the Psychosis Research Program of Istanbul University Medical Faculty. Clinical data of the participants were evaluated over a clinical and sociodemographic information questionnaire. JTC bias was tested in a computerized format using the "bead test" designed by Robert Dudley. In order to evaluate the executive functions the Continuous Performance Test, Cipher Test, Number Sequence Test, Wechsler logical memory test-WMS-IV, Wisconsin Card Sorting Test (WCST) and the London Tower Test were used.

**RESULTS:** In patients with JTC bias, the WCST total error and perseverative error counts were significantly higher ( $p<0.01$ ). A positive correlation was determined between the bead counts in the Bead Test and WCST category score ( $p<0.01$ ). There was a positive correlation between the level of confidence over the decision in the Bead Test and item completed in 2 min and error counts in the Cipher Test ( $p<0.01$ ).

**CONCLUSION:** In our study a relationship has been determined between the speed of information processing and the cognitive flexibility of the patients with the JTC bias. There is need for further work investigating the relationship between cognitive functions and cognitive biases. The determination of the cognitive processes underlying cognitive biases will enable development of therapeutic methods.

**Key Words:** Cognitive biases, cognitive functions, delusion, jumping to conclusion, schizophrenia, Wisconsin card sorting test

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### SPONTANEOUS EJACULATION AFTER MICTURITION DUE TO DULOXETINE USE: CASE PRESENTATION

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**AIM:** Libido loss, erection dysfunction, arousal problems and delayed orgasm are the most frequently observed side effects of antidepressant therapy. However, spontaneous ejaculation due to antidepressant use has been seen only very rarely. A case of spontaneous ejaculation due to duloxetine use will be discussed in this report.

**CASE:** Mr. A, a 34-year old married male patient with 2 children, primary school educated and a laborer, consulted our polyclinics with complaints of restlessness, depression, unhappiness, anhedonia, fatigue and head aches. He was diagnosed with major depression on the basis of DSM-V diagnostic criteria and started on duloxetine (30mg/day). Duloxetine dose was increased at his successive follow up controls to 60 mg/day and to 90 mg/day. The depressive symptoms were normalized, but the patient developed spontaneous ejaculation following the 3-4 micturition every day. He was referred to urology clinics, but an organic underlying pathology was not discovered. As the spontaneous ejaculation problem persisted after decreasing the duloxetine dose the treatment was switched to sertraline with gradual dose increase to 100mg/day. The symptoms of spontaneous ejaculation disappeared and he has been in remission for depression.

**DISCUSSION:** Spontaneous ejaculation is described as ejaculation occurrence without any sexual arousal, desire, thought or erection. Ejaculation is controlled by the autonomous nervous system. It is organized by the inhibitory serotonergic fibers and the excitatory adrenergic fibers. Serotonin extends the latency of ejaculation, and in fact inhibits it; whereas noradrenaline, which acts at both the central and the peripheral neural regulation of ejaculation, shortens the latency of ejaculation. In the case discussed here, spontaneous ejaculation has occurred with duloxetine, which is a selective noradrenaline reuptake

inhibitor; whereas sertraline, which is a selective serotonin reuptake inhibitor, has reversed this effect. These observations suggest that duloxetine acts by inhibiting noradrenaline reuptake.

**Key Words:** Antidepressant, duloxetine, ejaculation, sexual, spontaneous

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### PANIC DISORDER DEVELOPMENT AFTER A SINGLE DOSE OF CANNABIS USE: CASE PRESENTATION

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**AIM:** Some of the psychiatric disorders and especially depression and psychosis are frequently comorbid with substance use disorder. Relation of anxiety disorders to cannabis use has also been shown, albeit to a less extent. It has been emphasized that development of panic disorder and agoraphobia is associated with regular and long term use of cannabis. There are a few reports on the persistence of panic disorder despite discontinuation of cannabis use. We have aimed to discuss here the case of a patient of ours who, after the use of a single dose of cannabis, developed panic attack which, although cannabis use was not repeated, continued and met the criteria for the diagnosis of panic attack disorder.

**CASE:** The 21-year old male patient, without a history of medical or psychiatric disorder, had used cannabis for the first time in his circle of friends when he immediately developed tachycardia, feeling of compression in the chest, dizziness, numbness in his hands and feet, and thoughts on fear of death. He was brought to emergency services. At the time his cardiac rate was 10/min, blood pressure was 160/140, and precautionary urine analysis indicated the presence of tetrahydrocannabinol (THC). Other craniological and laboratory tests were within normal limits. He was discharged from the psychiatry polyclinics with recommendations of follow up. His panic attacks repeated twice in three months when he had to consult the emergency services, despite not having used cannabis, which was confirmed by absence of THC in his urine samples. The patient had severe and continuous anxiety about having repeat attacks and was diagnosed with panic disorder on the basis of DSM-V criteria. He was started on paroxetine (20mg/day) treatment which significantly alleviated his complaints.

**DISCUSSION:** Publications on panic attack and panic disorder related to cannabis use have recently been increasing in numbers. But most of these reports are on longterm and regular use of cannabis and not on irregular abuse. The case discussed here is the only case in the literature for having developed panic attack and panic disorder after a single dose of cannabis. Not only should patients be informed of the possible outcome of panic disorder, but it should also be remembered that members of the public in the risk groups consulting the emergency services with panic attack may be cannabis users.

**Key Words:** Cannabis, dependency, panic disorder, single dose use

## TARDIVE DYSKINESIA DEVELOPMENT WITH PALIPERIDONE PALMITATE USE: CASE PRESENTATION.

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**AIM:** Tardive dyskinesia (TD) is characterized by involuntary, aimless, repetitive, hyperkinetic, choreiform and athetoid movements and presents during longterm antipsychotic use or after its discontinuation. Paliperidone palmitate is the slow release (depot) form of paliperidone which is the primary active metabolite of the agent risperidone, and reports on its long-term use with ensuing TD are very scanty. We have aimed in this report to discuss the case of a patient who developed TD after using the depot form of paliperidone.

**CASE:** The 23-year old male patient diagnosed with schizophrenia was put on paliperidone palmitate (150mg/day); and after the 4th dose, he developed symptoms of shortness of breath at inspirium and expirium, involuntary deglutition and mouth movements. Examination and the investigations resulted in the diagnosis of TD. Paliperidone palmitate was discontinued and treatment was switched to arpiprazole and diazepam.

**DISCUSSION:** The writhing movements of the tongue entering and exiting the mouth, slurping sounds, licking the lips, chin movements and chewing movements of the jaw and grimacing are typical of TD. In the case discussed here the most prominent signs were, however, very wheezy breathing with rhythmic accompaniment of the abdominal muscles and deep rhythmic inspirium and expirium. Although paliperidone palmitate is expected to be better tolerated with less sedative and extrapyramidal system (EPS) side effects, both paliperidone and risperidone have strong EPS effects, and the agonistic effects of paliperidone on the D2 receptors may give rise to TD. In conclusion, although paliperidone is expected to have less EPS effects and TD risk, it should be used at the minimal effective dose in order to prevent the development of TD, which is very difficult to manage, and the patients should be followed for signs of TD.

**Key Words:** Paliperidone palmitate, schizophrenia, tardive dyskinesia

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## LITHIUM TREATMENT FOR NEUTROPENIA AT LATE STAGE OF CLOZAPINE USE: CASE PRESENTATION

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**AIM:** Clozapine is a second generation antipsychotic agent with confirmed effectiveness in the management of 'treatment resistant'

schizophrenia. Incidences of neutropenia and agranulocytosis in clozapine treated schizophrenia patients are approximately 3% and 1%, respectively; the most risky period being the first 6-18 weeks. Here the case of a patient who developed neutropenia after 7-year maintenance on clozapine and its treatment with lithium is being discussed.

**CASE:** The 45-year old male patient being followed over 20 years for schizophrenia consulted us upon the development of aggressive behaviour and talking senselessly. He had been on clozapine (600mg/day) for the previous 7 years, and his treatment had been discontinued at a health centre he had consulted before coming to us. He was started on olanzapine (30mg/day) for the symptoms of disorganized talking and behavior, visual and auditory hallucinations, persecutory and grandiose delusions. Persistence of his symptoms necessitated adding clozapine (titrated to 450mg/day) to the treatment. In his follow up control, estimations of 1850/ mm<sup>3</sup> leukocytes and 670 neutrophils per mm<sup>3</sup> lead to the discontinuation of clozapine and switching to olanzapine with gradual dose increases. As the patient was resistant to antipsychotics outside clozapine, and ECT could not be performed, he was restarted on clozapine. And his treatment was augmented with amisulpride when his haemogram indicated 5590/mm<sup>3</sup> leukocytes and 3390/ mm<sup>3</sup> neutrophils but in a downward trend with clozapine. As he did not have indications for granulocyte colony stimulating factors (G-CSF), lithium (900mg/day) was added to his treatment. At a serum lithium level of 0,423 mmol/L, his leukocyte and neutrophil counts were 6010/mm<sup>3</sup> and 3290/mm<sup>3</sup>, respectively; and remission of his psychotic symptoms with maintenance of correct levels of neutrophil/ leukocytes index were achieved. He was discharged on clozapine (400mg/day) and amisulpride (600mg /day) and lithium (900mg/day) and 28 days later his haemogram resulted in 6670/mm<sup>3</sup> leukocytes, and 4430/mm<sup>3</sup> neutrophils, at a serum lithium level of 0,33 mmol/L.

**DISCUSSION:** It has been recommended to discontinue clozapine treatment when the leukocyte and neutrophil levels fall to <2000/mm<sup>3</sup> and <1000/mm<sup>3</sup>, respectively. In the case of the treatment resistant schizophrenia patient presenting with agranulocytosis triggered by clozapine, lithium or G-CSF can be used in alternative treatment protocols. There is need for studies on the combined use of clozapine and lithium or G-CSF.

**Key Words:** Clozapine, lithium, neutropenia

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## DETERMINANT FACTORS FOR ADMISSION OF GEROPSYCHIATRIC INPATIENTS: COMPARISON OF TURKEY AND IRELAND

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**AIM:** Population aging resulting from decreases in fertility and mortality have brought worldwide financial burden on health care. It is known that increasing incidences of depression and dementia in the

population above the age of 65 years result in hospital admissions with durations longer than recorded for the young adult patients. Within the limits of our knowledge we can say that there has not been work on international comparisons of the determinants for hospital admissions of the geropsychiatric patients. This study has aimed to investigate the relationship between the sociodemographic details and the diagnoses and other reasons for hospital admission and the duration of the hospital stay in Turkey and compare the results with different countries to find out the similarities and differences in these respects.

**METHODS:** This study has included all psychiatric inpatients above the age of 65 treated between 2008 and 2015 at St. Columbas Mental Health Hospital Sligo/Ireland and Bakırköy Psychological and Neurological Diseases Hospital Istanbul/Turkey. A total of 356 patient files have been scanned retrospectively.

**RESULTS:** It was observed that the numbers of the schizophrenia and bipolar disorder patients, and especially the diagnoses of delirium and depression in Sligo significantly exceeded those in Istanbul where the mean duration of hospital stay was significantly longer than in Sligo. The cases of relatively long hospital stays in Sligo were associated with living alone, whereas in Istanbul prolongation of hospital stay was associated with living alone and being at a younger age. Reasons of hospital admission did not differ significantly between Istanbul and Sligo.

**CONCLUSION:** In both countries living alone was seen as the single factor prolonging the hospital stay. The results of this study are believed to contribute to the formation of policies on psychiatric admissions to hospitals especially oriented to meeting the needs of the elderly population.

**Key Words:** Geropsychiatry, hospital admission reasons, hospital stay duration

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### PARAMETERS OF NEGATIVE SYMPTOMS IN SCHIZOPHRENIA PATIENTS

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**AIM:** The aim of this study has been to investigate the relationship between the clinical parameters and the negative symptoms observed in chronic schizophrenia patients using the Turkish version of the newly developed Brief Negative Symptoms Scale –(BNSS).

**METHODS:** Interviews were made with 75 chronic schizophrenia patients in order to complete the Brief Negative Symptom Scale (BNSS), the Positive and Negative Symptoms Scale (PANSS), the Calgary Depression Scale for Schizophrenia (CDSS), Extrapyramidal Symptom Rating Scale (ESRS) and the Personal and Social Performance (PSP) Scale. As the BNSS scores did not show normal distribution, analyses were made using the Mann-Whitney U test.

**RESULTS:** The mean age of the 75 patients was 34.6±8.3 years; with 76% (n=57) being males and 88% (n=66) being single; 13.3%. (n=10) having comorbidities. Mean education duration was 12.0±3.1 years, and 44% (n=33) were cigarette smokers. When compared on gender basis, the total and subscale scores of the females on BNSS were significantly lower than those of the males (p=0,015), and these scores were found to be independent of cigarette smoking and body mass index (BMI) values. Patients with comorbidities had significantly lower total BNSS scores as compared to those without comorbidities (p=0,027). BNSS subscale scores were found to be positively correlated with the PANSS total score and negatively correlated with the PSP total score. ESRS scores and the scores on the affect and alogia subscales of BNSS were significantly correlated. Using linear regression analysis, the PANSS positive subscale scores independently affected the BNSS total score. The other parameters included in the analysis were duration of illness, duration of education, numbers of cigarettes smoked /day, BMI, the CDSS score and the ESRS score.

**CONCLUSION:** Our study has shown that the Turkish version of the newly developed Brief Negative Symptoms Scale (BNSS) is a useful tool for evaluating the negative symptoms of schizophrenia in great detail.

**Key Words:** BNSS, negative symptoms, schizophrenia

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### PARAMETERS OF ASSESSMENT OF ANHEDONIA IN SCHIZOPHRENIA

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**AIM:** The aim of this study has been to investigate the relationship between the clinical parameters and the negative symptoms of anhedonia in chronic schizophrenia patients using the Turkish version of the newly developed Brief Negative Symptoms Scale –(BNSS).

**METHODS:** Interviews were made with 75 chronic schizophrenia patients in order to complete the Brief Negative Symptom Scale (BNSS), the Positive and Negative Symptoms Scale (PANSS), the Calgary Depression Scale for Schizophrenia (CDSS), Extrapyramidal Symptom Rating Scale (ESRS) and the Personal and Social Performance (PSP) Scale. Linear regression analysis was used in order to identify the parameters that affect independently the first three items determining anhedonia.

**RESULTS:** The mean age of the 75 patients was 34.6±8.3 years; with 76% (n=57) being males and 88% (n=66) being single; 13.3%. (n=10) having comorbidities. Mean education duration was 12.0±3.1 years, and 44% (n=33) were cigarette smokers. According to the linear regression analysis results, the PANSS positive subscale score independently affected the BNSS subscale score on anhedonia. The other parameters included in the analysis were duration of illness, duration of education,

numbers of cigarettes smoked /day, BMI, the CDSS score and the ESRS score. Using the same parameters analyses were made for the first three sub symptoms that determine anhedonia. Score on the first sub symptom of 'pleasure during activity' was independent of the PANSS positive subscale score. Scores on the second sub symptom of 'frequency of activities enjoyed' and the third sub symptom of 'pleasure expected from future activities' decreased as the scores on the positive symptoms increased.

**CONCLUSION:** The results of this study demonstrate that schizophrenia patients enjoy activities as much as their healthy contemporaries but the frequency of the activities enjoyed and the intensity of the pleasure expected from future activities were less. Our study has shown that the Turkish version of the newly developed Brief Negative Symptoms Scale (BNSS) is a useful tool for evaluating the sub symptoms of anhedonia in detail.

**Key Words:** Anhedonia, BNSS, schizophrenia

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### DOES COLA CAUSE DEPENDENCY?: CASE PRESENTATION

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**AIM:** Cola is a caffeine containing, well known drink over the world. In an interview conducted in the Denmark radio station, 16% of the participants have accepted cola dependency. This report which discusses a case of cola dependency has the significance of being the second report in the world literature on cola dependency.

**CASE:** Mr.A, the 30-year old, divorced, primary school educated, unemployed male patient consulted our polyclinics with complaints of restlessness, nervous tension, insomnia, and reduced appetite. His psychiatric assessment indicated that he was conscious, oriented and cooperating, and had normal self care. He had initial and moderate insomnia and his appetite had decreased. His mood was anxious and affect was in agreement with his mood. His thought contents were normal and delusions or obsessions were not noted. He did not have perceptual pathology and his history did not have psychiatric disorders or cranial trauma. He did not have physical complaints except his obesity, non healing ulnar fracture and dental caries. His sibling had opiate dependency. Results of his neurological and differential systemic examinations were normal. He had a 5-year history of cola consumption, at a rate of 3–4litres per day during the previous 15 months, and was experiencing cravings when not drinking cola. He persisted in drinking cola despite weight gain and developing dental caries He could not drink water, and although he had tried coffee, soda, gaseous drinks, he did not get the same satisfaction. His dependency met the ICD-10 criteria and his score on the Yale Food Addiction Scale was 40.

**DISCUSSION:** Cola consumption is increasing especially in countries with a predominantly young population. The euphoriant effects of cola had caused dependency in the case discussed here. The patient's caffeine

dependency has resulted in his inability to get satisfaction from coffee, soda, carbonated drinks and energy drinks. Clinicians should keep in mind cola dependency in patients with obesity, dental and skeletal problems and gastric complaints.

**Key Words:** Anxiety, caffeine, cola, dependency

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### TREATMENT RESISTANT SCHIZOPHRENIA COMORBID WITH LEUKAEMIA: CASE PRESENTATION

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**AIM:** Treatment resistance in schizophrenia is a serious problem. About 10-30% of schizophrenia patients either give minimal or no response to antipsychotic therapy, and about 30% give only partial response. The current gold standard therapy for resistant schizophrenia is clozapine, which has been reported to improve symptoms in 30-60% of the cases. The aim of this report on a case of schizophrenia comorbid with leukaemia is to draw attention to the use of clozapine in patients with increased risk of neutropenia, and review alternative choices of treatment approaches for resistant schizophrenia. .

**CASE:** The patient, who had bone marrow transplantation after leukaemia diagnosis in 2003, was in remission without pharmacotherapy, and had a history of psychosis going back 4 years. He had not been compliant with the recommended therapy and had to be admitted to restricted psychiatry ward with the preliminary diagnosis of schizophrenia. At arrival, his score on the PANSS was 110. His further examinations for possible underlying pathologies related to the preliminary diagnosis were all normal. He was put on haloperidol (20mg and 30mg/day). On the 8th day of his admission ECT was performed in addition to pharmacotherapy. Upon lack of improvement, olanzapine (20mg/day) was added to the treatment, but again when no response was observed olanzapine treatment was switched to amisulpride (800mg/day increased to 1200mg/day). As the patient's insight did not develop, he was started on paliperidone palmitate (depot, 100mg then 150 mg/day) and haloperidol was discontinued. ECT was given for 16 sessions. Although the patient was resistant, clozapine could not be used given the risk of neutropaenia. He was taken out of restricted ward in 66 days and discharged on the 75th day when his PANSS score was 99.

**DISCUSSION:** Decision making on clozapine therapy becomes difficult in psychiatric patients with malignant diseases facing the risk of neutropaenia through chemotherapy. There are case reports on clozapine use with granulocyte colony stimulating factor (G-CSF) therapy simultaneously with chemotherapy. In cases with additional risk of neutropaenia with clozapine use, G-SFC therapy together with clozapine can be an alternative choice of treatment.

**Key Words:** Granulocyte colony stimulating factor,, clozapine, leukemia, neutropenia

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### EMDR TREATMENT OF CHILHOOD TRAUMA: CASE PRESENTATION

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**AIM:** EMDR is a cognitive, behavioural, psychodynamic and person-centered psychotherapy that brings together different treatment approaches. There are various studies reporting the usefulness of EMDR in the treatment of different and complicated psychiatric disorders. Here the treatment with EMDR of a patient with childhood trauma is to be discussed.

**CASE:** The 35-year old single male patient, white collar employee with an MBA, developed fear of swallowing hard foods and refusing intake, therefore losing 10 kg of body weight. He had suicidal ideations due to these problems, depression and some psychotic symptoms. He had experienced the trauma of hard food getting stuck in his throat some 20 years previously, and the symptoms of fear and avoidance of hard foods had repeated yearly with depressive symptoms. He was admitted to psychiatry services on 07.11.2014 and was followed severe depressive attacks of psychotic type rooted in childhood trauma. On the 10th day of his admission he was given EMDR resulting in fast improvement. He was also put on escitalopram (20mg/day) olanzapine (10mg/day). He was discharged on 25.11.2014. He was free of his trauma symptoms and did not have active complaints in his follow up controls.

**DISCUSSION:** Although EMDR has been highly recommended as a good choice of treatment for traumas and especially PTSD, there are very few reports on the subject issued in our country. What is important in this case report is that a single EMDR session has cured a childhood trauma dating back some 20 years. The increased use of this method in practice will contribute significantly to the abilities of psychological health worker concentrating on traumas.

**Key Words:** Childhood, EMDR, trauma

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### COMPIULSIVE EATING-DRINKING ATTACK: CASE PRESENTATION

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**AIM:** Obsessions are thoughts that cannot be dismissed with conscious decision, while compulsions are events that cannot be avoided or stopped by conscious decisions. Psychogenic polydipsia is characterized by excessive water intake without the physiological stimulation of thirst. Primary cases of psychogenic polydipsia varies between 3-25% of the psychiatry patients admitted to hospital. We have aimed at drawing attention to the association of polydipsia and binge eating attacks with compulsion.

**CASE:** The 47-year old married female patient with middle school education had retired from work. She had undergone mitral valve replacement surgery after acute rheumatoid arthritis and was referred to psychiatry polyclinics from the endocrinology clinics where she had been under control for 4 years. She was consuming 20 liters of water daily, the amount decrease slightly in the winter months. She also had the habit of eating 5 to 6-plate full of popcorn or the like. She had insight on her eating-drinking problems which she could not get rid of, and thought she dispelled tachycardia by drinking water. Depressive symptoms were observed during her psychiatric examination and her score on the Minnesota Multiphasic Personality Inventory (MMPI) was interpreted as an inability to withstand being impeded and to control her impulsiveness. She was put on fluoxetine and recommended to keep a daily record of her eating and drinking. As her coagulation time could not be regulated, her the treatment was switched to escitalopram with the advice of the cardiology clinics. Her depressive symptoms regressed, and her compliance with the recommendations on eating and drinking behavior resulted in the improvement in the severity of her compulsive eating.

**DISCUSSION:** The case discussed here had unstoppable eating habits next to polydipsia for which she could have been better oriented. One study has demonstrated that with the increase in the severity of obsessive-compulsive symptoms, eating behavior pathologies also increased in obsessive-compulsive disorder (OCD) patients. This indicates a relationship between pathologies of eating behaviors and OCD symptoms. Detection of the compulsive trait in patients consulting with eating-drinking disorders would improve the outcomes of the treatment.

**Key Words:** Compulsion, eating-drinking attack, psychogenic polydipsia

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## INVESTIGATION OF THE POSSIBLE FACTORS AFFECTING THE SERUM LEVEL OF VALPROIC ACID: A PRELIMINARY STUDY

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**AIM:** The aim of this study was to find out the effects of the medical and metabolic details of the bipolar disorder or schizoaffective disorder patients on the serum level of valproic acid (VA) used for treatment.

**METHODS:** The study included 60 bipolar disorder or schizoaffective disorder patients maintained on VA for a minimum period of 3 months, Estimation of serum VA concentrations and hepatic function tests were carried out. Body weight, height, waist circumference were recorded and the body mass indices (BMI) were estimated. Correlations between the parameters of interest were analyzed.

**RESULTS:** Clinical details of the patients have been presented in Table1. Hepatic function test, duration of VA use, VA dose and BMI were not found to be related to serum valproic acid level. A mild positive correlation was detected between BMI and serum VA level (Table 2).

**CONCLUSION:** Information on the positive correlation between VA dosage and its duration of use and BMI should be taken into consideration in clinical practice.

**Key Words:** Body mass index, valproic acid, valproic acid

**Table1:** Clinical parameters of the patients

	N	Min.	Max.	Mean	S.D
Age	60	20	76	40,5	13,5
Vpa (ml/min)	60	42	129	83,3	19,2
AST (U/L)	60	5	43	17,9	8,8
ALT (UL/LT)	60	3	53	16,4	9,7
ALP (U/L)	60	22	145	67,3	25,9
GGT (U/L)	60	8	114	26,7	22,1
VA dose (mg/day)	60	1000	3000	1512,5	472,6
VA use duration	60	2	80	40,2	45,7
BMI (kg/cm <sup>2</sup> )	60	18	47,8	29,5	6,8

**Table 2:** Correlations between serum Valproic Acid level and the clinical parameter

		Va	Ast	Alt	Alp	GGT	VA dose (mg/day)	VA use duration
AST (U/L)	t	-,138						
	P	,292						
ALT (UL/LT)	t	-,194	,551					
	P	,138	,000					
ALP (U/L)	t	-,140	,048	,122				
	P	,286	,713	,353				
GGT (U/L)	t	-,227	,026	,335	,400			
	P	,081	,644	,009	,002			
VA dose (mg/day)	t	-,127	,083	,090	,027	-,078		
	P	,334	,526	,493	,837	,556		
VA use duration	t	-,082	,072	,027	-,277	-,062	,200	
	P	,532	,584	,839	,032	,639	,126	
BMI (kg/cm <sup>2</sup> )	t	,016	,204	,285	-,047	,038	,329	,260
	P	,904	,121	,129	,724	,772	,011	,047

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## AGORAPHOBIA TREATMENT WITH EXPOSURE UNDER HYPNOSIS: CASE PRESENTATION

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**AIM:** Agoraphobia is the anxiety of being under circumstances when being able to receive help or to escape is not possible if panic attack or similar symptoms appear .The course of the disorder is continual and chronic. Effectiveness of pharmacotherapy as well as psychotherapy in its treatment has been proven.

**CASE:** The 53-year old female patient consulted our polyclinics with the complaints of inability to stay alone at home, going out alone and entering crowded places. Her complaints dated back 20 years but she had not benefitted from suitable dose and duration of given pharmacotherapy. A treatment with progressive relaxation and exposure under hypnosis was planned. The patient was given instructions of desensitization and relaxation techniques. During her long term controls her symptoms had significantly improved.

**DISCUSSION:** Here we have aimed to draw attention to the successful treatment of agoraphobia after exposure under hypnosis. The severity of the patient's anxiety required the exposure to be carried out under hypnosis.

**Key Words:** Agoraphobia, hypnosis

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## DELUSIONAL DISORDER AFTER LACUNARY INFARCT : CASE PRESENTATION

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**AIM:** Delusional disorder (DD) is a relatively less observed psychiatric disorder of unknown etiology, characterized with systematic and unchanging delusions. In DD there are no thought disorders except the delusions. Affect accords with the delusions and functionality is not changed except in the delusional context. Age of onset is usually in the 45 to 54-year range. Here the development of delusional disorder in a case with a lacunary infarct on the anterior extension of the capsula externa is being discussed.

**CASE:** The 63-year old male patient consulted our polyclinics with the complaints of insomnia, severe nervous tension, increased volume of speech and grandiose delusions. As the patient did not have a personal or familial history of psychiatric disorders, he was investigated to eliminate underlying organic pathologies. His cranial MRI revealed a lacunary infarct area on the anterior extension of the capsula externa. Under antipsychotic treatment the grandiose delusions regressed.

**DISCUSSION:** In patients with advanced age, without a history of psychiatric disorder, differential diagnosis is essential in assessing the reasons for delusory symptoms.

**Key Words:** Delusional disorder, lacunary infarct

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### MANIC ATTACK AFTER TEMPORAL LOBECTOMY AND CORTICOSTEROID USE: CASE PRESENTATION

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**AIM:** Mood disorders have been observed after temporal lobectomy, and manic/hypomanic attack cases, albeit very rarely, have also been reported. Glucocorticoids are known to trigger psychotic and mood disorders. We have aimed at discussing the case of manic attack that developed after temporal lobectomy and dexamethasone therapy, and responded well to olanzapine therapy.

**CASE:** The 42-year old married male patient, employed as a white collar worker was brought to the emergency services with signs of nervous tension, increased psychomotor activity, insomnia, and visual hallucinations. He had undergone temporal lobectomy to remove a space occupying lesion and had been put on dexamethasone (8mg/day) 1 week previously, and had developed psychotic symptoms over the week. He displayed progressively more severe sudden and angry behavior with claims of being an important personality and with thoughts on purchasing the most important companies of the world. In his interview he displayed increased psychomotor agitation, elevated mood, grandiose delusions, circumstantial talk with pressure of speech. He was thought to have developed manic attack of psychotic content either due to dexamethasone or the lobectomy, and was started on olanzapine (5mg/day, later increased to 10 and 15 mg/day due to persistence of psychotic symptoms) and was recommended to be frequently controlled by the psychiatry polyclinics. The psychotic symptoms regressed in 3 weeks, olanzapine was decreased to 5 mg/day. He was recommended follow up controls.

**DISCUSSION:** Patients who develop mood disorders, especially those without a history of psychiatric disorders but with medical or surgical history, should be investigated in depth in relation to the medical history in order to assess the possible causative factors. It should be kept in mind that mood disorders can develop secondarily to drug or surgical treatments.

**Key Words:** Corticosteroid, mania, mood disorders, temporal lobectomy

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#### PP-204

### MAGNETIC RESONANCE IMAGING AT PSYCHIATRY CLINICS: CASE SERIES

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**AIM:** Given the prevalence of psychiatric symptoms in neurological diseases, magnetic resonance imaging (MRI) use has theoretical importance, but its contribution to psychiatric diagnosis, treatment and follow up control is subject of debate. This work has aimed at determining the effects of MRI results on the diagnoses and treatments of patients with different clinical particulars.

**METHODS:** MRI investigation reports by the radiology department and the epicrisis/discharge reports of 85 inpatients issued at the Hacettepe University Faculty of Medicine psychiatry services between August 2014 and August 2015 were scanned retrospectively.

**RESULTS:** Of the 254 psychiatry inpatients admitted during the time limits of this study 33.5% had been investigated by MRI. Indications for MRI ranged as: elimination by differential diagnosis of organic etiology of the observed psychiatric symptoms (63,5%); elucidating the etiology of the neurological symptoms (20%); determining the cerebral damage secondary to eating disorders, alcohol and substance misuse (8,2%); determining the possible cranial vascular lesions in patients with risk factors (3,5%), and to follow up on previously known pathologies (4,7%). Results of MRI for etiology of symptoms consisted of normal images (37%), cerebrovascular accidents (22.2%), atrophic changes (22.2%) and nonspecific ischemic lesions (13%). The patients investigated in this class of indications were diagnosed with schizophrenia and other psychotic disorders (50%) and mood disorders (42.6%). In the mood disorder patients incidence of vascular lesions and nonspecific ischemic - gliotic lesions (37.1%) did not differ significantly from the incidences of the other pathologies (26%). Atrophies were significantly more observed at advanced age, but presence of atrophy did not contribute to the duration of the illness. Patient age and the counts of drugs used in patients whose psychiatric diagnoses and treatment course and targets were changed after MRI were significantly elevated.

**CONCLUSION:** The results show that, although MRI requests for elucidating the etiology of psychiatric symptoms do usefully contribute to the diagnoses and the treatments, there is need for guidelines evaluating the economics of which patients should be investigated by MRI.

**Key Words:** Diagnosis, inpatient, magnetic resonance imaging

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## EVALUATING EXHIBITIONISM ON THE BASIS OF COMPETENCY FOR LEGAL PROCEEDINGS: CASE PRESENTATION

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**AIM:** Paraphilias, or sexual perversions, are disorders presenting as sexual fantasies and behaviours, progressing on a course of intense sexual arousal by atypic objects and activities. Exhibitionism is included in the class of paraphilic disorders in DSM-V and is described as getting sexual satisfaction from exhibiting sexual organs to others. The individual usually consults the physician after facing legal problems and societal reactions. This condition has resulted in disputes on the determination of competency on legal responsibility of the forensic cases. Our aim has been to discuss this subject.

**CASE:** The 35-year old, married, university graduate male working for a private company made his first psychiatric consultation after learning from his legal advisor that exhibitionism was an illness. Legal proceedings had been started against him after showing in the bus his genitalia to a female passenger 3 weeks previously. He had this affliction for the previous 2 years and the urge surfaced only during travelling by public transport. He experienced tension before the act but could not prevent the desire to perform the act when he felt an intense sense of fear and satisfaction. Although he had repeated the act approximately once a month over the previous 2 years, he had faced objection only once. Feelings of shame and regret after the act did not help him avoid repeating this behavior. He was recommended pharmacotherapy and controls, and during the 6 months of his controls the court hearing had not yet taken place.

**DISCUSSION:** In forensic psychiatry, importance of an approach specific to the case has been emphasized. It is important in exhibitionism cases to prove that the patient experiences anxiety and guiltiness over the paraphilic behavior which develops involuntarily. Proving the unavailability and the repetitiveness of the impulses would be significant for defense on the basis of "incomplete" competency for legal responsibility.

**Key Words:** Competency on legal responsibility; exhibitionism, paraphilia

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## RESTARTING CLOZAPINE THERAPY ON A PATIENT WITH NEUTROPAENIA DUE TO CLOZAPINE USE: CASE PRESENTATION

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**AIM:** In schizophrenia 10-30% of the patients respond minimally or not at all to treatment, while 30% give partial response . Response

to clozapine treatment of these resistant cases is 30-60%. The most important adverse side effect of clozapine that limits its general use is the potentially fatal agranulocytosis. However, in some cases clozapine can be restarted for treatment despite having resulted in agranulocytosis. The aim of this report is to draw attention to the conditions and methods of restarting clozapine therapy in a patient who developed neutropenia after clozapine use.

**CASE:** The patient with a history of repeated hospital admissions and treatment in the restricted psychiatry ward with the diagnosis of schizophrenia had been in remission for 3 years under clozapine treatment. Development of neutropenia led to the discontinuation of clozapine use. The patient was started on haloperidol (20mg/day titrated to 30mg) combined with ECT on the 7th day; and addition of olanzapine (20mg/day) to the therapy. Upon lack of response drug therapy was continued with amisulpride (800mg/day). Due to excitations, zyklopentixol acetate was used. The patient underwent 13 sessions of ECT. As the hallucinations and the negative symptoms persisted, amisulpride dose was increased to 1200mg/day and olanzapine was discontinued. The patient remained resistant to the therapy over a total of 46 days. Clozapine (12.5gm/day) was restarted although it had been stopped for causing neutropenia. On the 11th day of the treatment the patient was moved to the open ward. On the 28th day of the therapy irritability and psychotic symptoms had regressed, and impulse control and self care had become adequate. The patient was discharged on the 72nd day of his admission on management therapy with clozapine(400mg/day), amisulpride (800mg/day) and zyklopentixol depot injection.

**DISCUSSION:** In treatment resistant schizophrenia, with counts of  $>2000/mm^3$  leukocytes and  $>1500/mm^3$  neutrophils, clozapine treatment can be restarted despite having been discontinued on grounds of neutropenia, when the response to other antipsychotics have been negative. Benign neutropenia has to be differentiated and factors increasing neutropenia risks have to be determined. The risk of clozapine caused neutropenia can be reduced by the inclusion of lithium or the granulocyte colony stimulating factor in the treatment together with clozapine.

**Key Words:** Clozapine, neutropenia, restarting treatment

## DELUSIONAL DISORDER DUE TO LIFE EXPERIENCES: CASE PRESENTATION

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**AIM:** In the development of psychotic disorders, the individual is assumed to have genetic, psychological and physiological tendencies or susceptibilities, and to have experienced adverse life events. In this report it has been aimed to draw attention to the development of psychotic disorder as a result of adverse life events in an individual with lowered stress tolerance threshold.

**CASE:** The 32-year old female patient with 3 children at ages of 6 months, 5 and 7 years, came from a conservative family background and had to leave education after the first 4 years upon the demand of her grandfather. Her eldest child was diagnosed with attention deficit and hyperactivity disorder (ADHD), and the middle child has been diagnosed with mental retardation (MR) and loss of hearing. She had worries about her third child having similar disorders. Her troubles started 14 years previously when she suspected her father of having relationship with an alien woman. Although without complaints over a

prolonged period, she claimed, 3 years previously, that the thief who had broken into her neighbour's house was her husband. On one occasion, she communicated with the minibus driver by writing on paper under the suspicion of being listened to. She suspected that her throat ache was due to a spy bug placed in her throat by her husband, which was not confirmed by imaging at a healthcare centre. She believed that her husband had died and then had come alive, when he complained that he would hang himself given the mother who had given birth to her. Again, she suspected her husband to be a terrorist militant when she saw him watching a program on militants. She chose not to leave the house since the birth of her second child. It was learned that her husband was inattentive to his wife and children and imposed restrictions on the patient's living. As she feared her husband, her parents alternatively came to stay in the house.

**DISCUSSION:** The patient whose case has been discussed here had children diagnosed with ADHD and MR, and experienced anxiety over her third child's health, as well as over her husband's behavior in the house, all of these long term events probably resulting in the reduction of her stress resistance threshold which demonstrated the development of psychotic disorder probably after lowered stress tolerance threshold due to experiencing adverse life events.

**Key Words:** Delusional disorder, life events, stress tolerance threshold

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## DULOXETINE INDUCED MANIA AND REVIEW OF MOOD SWITCH WITH DULOXETINE USE: CASE PRESENTATION

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**AIM:** Duloxetine is an antidepressant with dual effectiveness through its actions as serotonin and norepinephrine reuptake inhibitor (SNRI) and has been believed to have low risk of causing manic/hypomanic symptoms. It has been aimed here to discuss two cases of mania development after duloxetine use.

**CASE 1:** The 45-year old female patient had started, 1.5 years previously, having complaints of nervous tension, intolerance, anxiety and head aches during menstruation and was put on escitalopram (10 mg/day, then 20mg/day). Her symptoms improved in 3 months. However, 10 months later she was started with fibromyalgia treatment and her treatment was switched to duloxetine (30mg/day, then 60mg/day). Six months after the start of duloxetine use she was admitted to psychiatry ward with the manic symptoms of excessive circumstantial talking, irritability, vulnerability, excessive money spending, increased psychomotor activity and energy. Her mother had been diagnosed with Alzheimer's disease and her elder sister had psychotic disorder. Her examination confirmed increased pace and volume of speech, with elevated mood and labile affect. She was diagnosed with manic switch due to duloxetine and her treatment was changed to valproic acid (500mg/day, increased to 1000mg/day during controls) and quetiapine XR (300mg/day). She was observed to be in remission in 1 month.

**CASE 2:** The 42-year old female patient had been on duloxetine (60mg/day) in the previous 1 year for depression. Her dose had been reduced to 30mg/day one month previously due to her improvement. She consulted our polyclinics for the development, over the previous 1 week, of complaints including talking nonsense, increased volume and pace of speech, talking to herself, coprolalia, increased energy, escaping from home, and odd behaviors. Her history was uneventful.

Her examination confirmed increased pace and volume of speech. Her mood was dysphoric, affect labile, and thought contents had grandiose delusions. Manic switch due to duloxetine was suspected and she was started on lithium (dose gradually increased to 1200mg/day). Due to persistent delusions, quetiapine XR (800mg/day) was added to her treatment. She was discharged in 20 days with partial remission, which was complete on the 40th day control.

**DISCUSSION:** Although case reports on appearance of manic attacks days or months after starting duloxetine treatment have been found in the literature, no cases of manic/hypomanic switch were noted after dose reduction or discontinuation of duloxetine. When the risk factors of high dose or rapid increase of dosage, and resistance to treatment with antidepressants are absent, presentation of manic symptoms may be attributed to duloxetine use, and would require close control.

**Key Words:** Duloxetine, hypomania, mania

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PP-209

## TINNITUS DUE TO PAROXETINE: CASE PRESENTATION

**Birmay Çam**

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**AIM:** Tinnitus can present as the side effect of the antidepressant agents such as phenelzine, amitriptyline, doxepin, imipramine, fluoxetine, trazodone, bupropion, venlafaxine, or after the discontinuation of the treatment with antidepressants such as sertraline and venlafaxine. However, some antidepressants such as fluoxetine, paroxetine, amitriptyline, and sertraline have been effective in the treatment of tinnitus. It has been proposed that serotonergic mechanisms may explain the neurophysiology of tinnitus and the reason for the beneficial effects of the serotonin reuptake inhibitors on tinnitus. It has been aimed here to discuss a case of tinnitus development after paroxetine use and its reversal by the discontinuation of the drug.

**CASE:** 35-year old female university graduate patient with one child consulted the polyclinics with complaints of internal restlessness, anxiety with anticipations of bad events, anhedonia, avolition, lack of morale and irregularity of sleep. She did not have a history of medical illness or alcohol and substance use. She was diagnosed with mixed anxiety and depressive disorder and started with paroxetine (20mg/day). She had partial improvement in her symptoms at her control 1 month subsequently when paroxetine dose was increased to 30mg/day. The patient came back a month later with complaint of tinnitus. She did not have tinnitus in her history and was referred to ear-nose-throat and neurology clinics. But an underlying organic pathology was not discovered. Also, her haemogram, and the results of biochemical tests, thyroid function test, vitamin B12 level estimation were all within normal limits. Paroxetine was suspected and the dose was decreased to 10mg/day, when her tinnitus complaint regressed, while her psychiatric symptoms increased in severity. Treatment was switched to duloxetine,

with disappearance of tinnitus and partial improvement of her depressive and anxiety symptoms in two months.

**DISCUSSION:** It has been believed that paroxetine was the cause of the tinnitus complaint, as it was not in the patient's history and possible organic pathologies had been eliminated, also it had started with paroxetine use and had regressed after discontinuation of paroxetine. When starting antidepressant therapy, it is important to consider the possibility of tinnitus development and to inform the patient on this side effect.

**Key Words:** Antidepressant, paroxetine, side effect, tinnitus

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#### PP-210

### HOARDING DISORDER AND IDOPATHIC BASAL GANGLION CALCIFICATION: CASE PRESENTATION

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**AIM:** Compulsive hoarding and obsessive-compulsive disorder (OCD) are believed to have similar biological, cognitive and behavioral mechanisms. Hoarding disorder is classified under obsessive-compulsive and related disorders heading in the DSM-V. Also, it has been reported that basal ganglion calcification can result in clinical observations of neuropathologies such as parkinsonism, chorea, tremor, dystonia, dysarthria, paresis, seizures, syncope and psychopathological outcomes such as mood disorders, psychotic spectrum disorders and obsessive-compulsive spectrum disorders.

**CASE:** The 73-year old male patient consulted the emergency services as a forensic case. It had been discovered that he was living in a "litter house". (ie., house full of litter). His physical examination showed tremor at rest, bradykinesia and mask face. Cranial MRI to explain the neurological symptoms revealed calcification of the basal ganglia with bilateral lenticular nucleus localization. The patient had extrapyramidal symptoms (EPS) together with hoarding behavior.

**DISCUSSION:** Similarities in the neurophysiology of the results may explain the comorbidity of the hoarding disorder and the EPS. There are reports in the literature on the comorbidity of Fahr's disease and OCD. This case report is important in being the first on comorbidity of Fahr's disease and hoarding disorder. In the elderly patient with hoarding disorder differential diagnosis should include investigation for Fahr's disease.

**Key Words:** Basal ganglion calcification, Fahr's disease, hoarding disorder

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#### PP-211

### DEPRESSION WITH PSYCHOTIC CHARACTER AFTER TOTAL THYROIDECTOMY: CASE PRESENTATION

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**AIM:** Studies have shown that endocrine diseases and especially thyroid gland diseases can result in psychiatric complaints or exacerbate the symptoms of the existing psychiatric disorders. Of the thyroid diseases, especially hyperthyroidism is frequently seen with psychotic, depressive and cognitive disorders.

**CASE:** The 34-year old female patient married for 13 years with two children consulted with psychotic symptoms. She had lost her husband 7 months previously and had total thyroidectomy 5 months previously. She had distinct clinical symptoms of hyperthyroidism over the previous 3-4 months. Her depression of 2 months had developed in the previous 1 week to include persecutory, referential and somatic delusions together with auditory hallucinations and symptoms of derealisation. This report aims to discuss the summarized case.

**DISCUSSION AND CONCLUSION:** Thyroid diseases can present with a wide spectrum of psychiatric pathologies ranging from mild cognitive impairment, and depression to psychosis; and if the treatment is interrupted the psychiatric symptoms do tend to reappear. If the patient is not treated, studies show that mental disorders can become chronic. Therefore, patients with organic mental or psychotic disorders should routinely be investigated for thyroid functions .

**Key Words:** Depression, hypothyroidism, psychosis, thyroidectomy

#### PP-212

### SEROPREVALENCE OF ANTI-TOXOPLASMA GONDII IGG ANTIBODY IN PATIENTS WITH SCHIZOPHRENIA.

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**AIM:** The neuronal damage caused by intrauterine exposure to toxoplasmosis and other infections is believed to be an underlying risk factor for the development of schizophrenia. The process of toxoplasmosis adversely affects the brain development. The anti-toxoplasma IgG antibodies (ATiG) retain their positivity despite the passage of years. and therefore can be used to detect the past history of infection. It has been reported that serum levels of ATiG in children with schizophrenia is higher compared to the healthy control children, and that the incidences of eating raw meat and close contact with cats is more frequent in the history of these patients. Although the serum ATiG do not explain whether the maternal infection is passed to the fetus in the uterus or in infancy, there have been proposals that during

the development of the fetal brain incidence of the infection in the second trimester has a pathophysiological significance.

**METHODS:** For the purposes of this cross sectional study, schizophrenia patients between the ages of 18 and 65 years selected from the patients consulting the psychiatry polyclinics in 2012-2013 were investigated for the details of their psychiatric symptoms by means of psychometric test scales Age and gender matched healthy individuals without a history of psychiatric disorders constituted the control group.

Serum samples were taken and analyzed for immunological and genetic data after obtaining the consent of the participants. Serum samples were analyzed with ELISA kits .to estimate the level of ATiGA presence.

**RESULTS:** In the control group 14.9% (13/87) of the sera were positive for ATiGA, whereas 30.8% (41/133) of the sera of the patient group were positive for ATiGA. Analysis with the Pearson chi-square method gave a significant difference between the two groups (Pearson Chi sq=7.1, p=0.01), indicating elevated ATiGA in the sera of schizophrenia patients as compared to healthy individuals.

**DISCUSSION:** The results of this study support the proposals that cross infection with toxoplasma gondii during the intrauterine or infancy periods may play a role in the development of schizophrenia. It should therefore be kept in mind that incompliance by the families of schizophrenia patients with rules of hygiene may have constituted the basis of this secondary infection.

**Key Words:** IgG: Schizophrenia, toxoplasmosis

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PP-213

### PSYCHIATRIC COMORBIDITY, SEXUAL DYSFUNCTION AND QUALITY OF LIFE AMONG HAEMODIALYSIS PATIENTS: CASE PRESENTATION

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**AIM:** End stage renal failure (ESRF), due to the requirements of hemodialysis therapy and the limitations imposed on the patient by the illness, is frequently associated with psychiatric disorders, sexual dysfunction and serious adverse effects on the quality of life. The aim of this study was to investigate the psychiatric comorbidities of ESRF, levels of anxiety and depression, incidence of sexual dysfunction and quality of life among the patients.

**METHODS:** The study was carried out with 49 ESRF outpatients on hemodialysis therapy and 44 controls without renal problems. All participants were evaluated with the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I). Subsequently they were asked to complete a sociodemographic information questionnaire, the Hospital Anxiety and Depression Scale (HADS), the Arizona Sexual Experiences Scale (ASES), short form of the World Health Organisation Quality of Life Questionnaire –Turkish version (WHOQOL-BREF-TR).

**RESULTS:** Significant differences were not observed between the experimental groups with respect to gender, age, duration of education, comorbid physical illnesses and personal history of psychiatric disorders. HADS-depression subscale scores and the ASES total scores of the patient group were significantly higher than those of the control group (p<0.01), and the psychological and physical subscale scores of the WHOQOL-BREF-TR were significantly lower than the corresponding scores of the control group (p<0.05 and <0.01, respectively). Negative correlations were found between the HADS scores and the psychological, environment and national environment subscale scores of the patients (p<0.05). When the intergroup differences were re-evaluated by covariance analyses of the HADS-depression scores, the differences on the bases of ASES and the physical subscale of WHOQOL-BREF-TR were confirmed but the differences on the WHOQOL-BREF-TR psychological subscale scores disappeared.

**CONCLUSION:** The results indicate that quality of life of ESRF patients was lowered especially with respect to psychological and physical areas, while incidence of psychiatric comorbidities and sexual dysfunction exceeded those among the controls. Diagnosing and treating the depressive symptoms will improve the quality of life especially in psychological respects among the ESRF patients.

**Key Words:** Psychiatric comorbidity, quality of life, renal failure, sexual dysfunction

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PP-214

### EVALUATION OF THE RISK FACTORS IN A GROUP OF VAGINISMUS CASES IN NORTH CYPRUS

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**AIM:** A group of patients consulting psychology clinics in North Cyprus for the treatment of vaginismus were investigated in order to identify the risk factors involved. Attitudes of the patients to parenting and their perception of the parental attitudes to sexuality were analyzed as preparative factors; while the perceptions of relationship with marital partners and the concerned problems were analyzed as initiating factors, and anxiety and the physical and sexual attractions between the partners were analyzed as the sustaining factors.

**METHODS:** The study was conducted with 10 patients diagnosed with vaginismus who were referred to our research department by private

psychiatry centers, private psychotherapy centers and private birth clinics in Nicosia. The controls, selected from sports centers, consisted of 20 women without previous diagnosis of sexual dysfunction and with demog raphic details matching the patient group. Data was collected using a sociodemographic information form, sexual attitudes form, the Golombok Rust Inventory of Sexual Satisfaction (GRISS), the Young Parenting Inventory (YPI) and the Beck Anxiety Inventory (BAI).

**RESULTS:** The sexual attitudes form that analyses the attitudes to sexuality of the participants, and of their parents was prepared by the researchers; and 11 out of the 19 questions included showed significant differences between the vaginismus and the control group. The vaginismus group total score and the subscale scores, except those on "communication" were also significantly higher than those of the control group. In 8 subscales of the 'mother' form of the YPI, and also in 7 subscales of the 'father' form of YIP the vaginismus group scored higher (in the negative direction) as compared to the controls. A significant difference was not observed between the BAI scores of the two groups.

**CONCLUSION:** Analysis of the study results demonstrated that there are risk factors related to parental attitude to sexuality and the patients' perception of parenting attitudes that must be kept in mind in the treatment process of the vaginismus cases.

**Key Words:** Anxiety, parenting attitudes, vaginismus

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( $r=0.120$   $p<0.05$ ); on "negative self-esteem" ( $r=0.148$   $p<0.05$ ); on "negative self sufficiency" ( $r=0.110$   $p<0.05$ ), on "emotional inconsistency" ( $r=0.223$   $p<0.05$ ); on "negative world view" ( $r=0.128$   $p<0.05$ ); and the total score on PES ( $r=0.154$   $p<0.05$ ). Finally, there was a significant positive correlation between the 'control' subscale of the FMRS and social labelling on psychological help seeking ( $r=0.121$   $p<0.05$ ).

**CONCLUSION:** As reactive behavior, showing the required attention, behavior control among family members and the general familial functions increased, psychological help seeking attitudes and behavior was escalated. Also, as the unity and togetherness in the family increased, psychological help seeking behavior increased; whereas, increasing control in the family led to increased social labelling on psychological help seeking.

**Key Words:** Familial factors, individualistic factors, psychological help seeking behavior, social labelling

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## PSYCHIATRIC HELP SEEKING BEHAVIOR AND SOCIAL LABELLING OF PATIENTS CONSULTING PSYCHIATRY POLYCLINICS AND THE AFFECTING INDIVIDUALISTIC AND FAMILIAL FACTORS

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**AIM:** The aim of this study was to determine the individualistic and familial factors affecting the psychiatric help seeking behavior and social labelling of patients consulting psychiatry polyclinics.

**METHODS:** This work was carried out in the psychiatry polyclinics of two state hospitals in Ordu province, with 302 outpatients. "Rating Scale for Psychological Help Seeking Attitudes and Behaviour", "Social Labelling on Psychological Help Seeking Rating Scale", "Family Medium Rating Scale"(FMRS) and the "Personality Evaluation Scale" (PES) have been used to accumulate the data.

**RESULTS:** There were highly significant positive correlations between psychological help seeking behaviour and the FMRS subscales "ability to react"( $r=0.231$   $p<0.01$ ); "Showing the required attention"( $r=0.214$   $p<0.01$ ), "behaviour control" ( $r=0.213$   $p<0.01$ ); "general functions"( $r=0.220$   $p<0.01$ ); and the total score on FMRS ( $r=0.182$   $p<0.01$ ).

Also, there were significant positive correlations between the "problem solving" subscale of FMRS and the subscales of PES on "dependency"



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# Yazarlara Bilgi

## A.

*Türk Psikiyatri Dergisi* öncelikle klinik psikiyatri olmak üzere davranış bilimleri alanındaki çalışmalara yer verir. Dergiye gönderilen yazıların daha önce yayınlanmamış ya da yayın için kabul edilmemiş olması gereklidir. Gözden geçirme ve araştırma yazılarının uzunluğu, şekil ve tablolar dahil çift aralıklı 20 sayfayı geçmemelidir. Yazılara en az 150, en çok 200 sözcükten oluşan Türkçe, en az 230, en çok 250 sözcükten oluşan İngilizce özet eklenmelidir. Araştırma yazılarının Türkçe ve İngilizce özetleri, şu alt başlıklar ile yazılmalıdır: Amaç (*Objective*), Yöntem (*Method*), Bulgular (*Results*), Sonuç (*Conclusion*).

### 1. ARAŞTIRMA YAZILARI

Bilimsel yöntem ve kurallara uygun olarak yapılmış araştırmaların bildirileri bu bölümde yer alır.

### 2. GÖZDEN GEÇİRME YAZILARI

En yeni bilgileri kapsamlı olarak gözden geçiren ve tartışan yazılar bu bölümde yayınlanır.

### 3. OLGU SUNUMLARI

İlgili klinik olguların sunumları yer alır. Bu yazıların çift aralıklı 10 sayfayı geçmemesi gerekir.

### 4. DİL SORUNLARI

Psikiyatri alanındaki dil tartışmaları bu başlık altında yayınlanır.

### 5. MEKTUP

Bu bölümde Dergiye yer alan değişik konularda tartışma forumu oluşturabilecek mektup ve görüşler yayınlanır.

### 6. KİTAP TANITIMI

İlgili alanlarda yayınlanmış kitapların tanıtım ve eleştirisini içeren yazılar bu bölümde yer alır.

## B.

1. *Türk Psikiyatri Dergisi*'nde yayınlanması istenen yazılar çevrimiçi (*online*) olarak gönderilmelidir. Çevrimiçi yazılar [www.turkpsikiyatri.com](http://www.turkpsikiyatri.com) adresindeki çevrimiçi bağlantısından yüklenir.

2. Yazarlar doğrudan çalışmayı yapan ve yazan kişiler olmalıdır, çalışmayı destekleyen ya da çalışma ile ilgili danışılan kişilerin adları gerekliyse teşekkür bölümünde anılmalıdır. Araştırma yazılarında çalışmanın yapıldığı kurum belirtilmelidir.

3. Yayınlanmak üzere gönderilen yazıların araştırma ve yayın etiğine uygun olmaları gereklidir.

4. *Türk Psikiyatri Dergisi*'ne gönderilen ölçek geçerlik-güvenilirlik çalışmalarının yayına kabul edilmesi durumunda, ölçeğin kendisi (özgün ya da çeviri) Dergi web sitesinde yayınlanacaktır. Ölçek çalışmaları ile ilgili yazıların değerlendirme için kabulü aşamasında, bu koşul yazarlara bildirilecek; yazı, yazarlar bu koşulu kabul ettikleri takdirde değerlendirme sürecine alınacaktır. Dergi web sitesinde ölçekle birlikte, ölçeğin kullanım ve telif hakları ile ilgili bilgiler de verilecektir.

5. Çevrimiçi olarak yüklenen yazılarda ilk iki sayfada sırayla Türkçe ve İngilizce özet yer almalıdır. Özetlerin başında yazının Türkçe ve İngilizce başlığı, sonuna ise mutlaka 3-6 anahtar sözcük konmalıdır. Türkçe anahtar sözcükler <http://www.bilimterimleri.com> adresinden, İngilizce anahtar sözcükler ise <http://www.ncbi.nlm.nih.gov/mesh> adresinden seçilmelidir. Özet sayfalarından sonraki sayfalar numaralandırılmamalıdır. Başvurularda yazının eklendiği dosyada yazar adı ve adresi bulunmamalıdır.

6. Yayınlanması düşünülen yazıların eleştiri ve öneriler doğrultusunda gözden geçirilmesi yazarlardan istenebilir. Yazarların onayı alınmak koşulu ile yayın kurulunca yazılarda değişiklik yapılabilir. Gönderilen yazı ile ilgili gelişmeler e-posta adresine bildirilir. Dergide yayınlanan yazılar için ücret ya da karşılık ödenmez.

7. Derginin yayın dili Türkçedir. Yazılar kolay anlaşılır olmalı, elden geldiğince yabancı sözcüklerin Türkçe karşılıkları kullanılmalı, alışılmamış sözcüklerin yabancı dildeki karşılıkları ilk kullanımlarında ayrıca içinde verilmelidir. Yazı içinde geçen ilaçların ticari adları yerine jenerik adları Türkçe okunduğu biçimiyle verilmelidir.

8. Yazılarda dipnot kullanılmamalı, açıklamalar yazı içinde verilmelidir.

9. Her şekil ve tablo ayrı bir sayfaya çizilmelidir. Şekiller fotoğraf filmi alınabilecek kalitede basılmalıdır. Tablolarla ilgili başlık ve bilgiler tablonun verildiği sayfada yer almalıdır. Metin içinde de şekil ve tabloların yerleri gösterilmelidir.

10. Kaynaklar metin içinde yazarların soyadı ve yazının yayın tarihi ile belirtilmeli, yazar ve tarih arasında virgül konmamalıdır. İki den fazla yazar varsa birinci yazarın soyadı "ve ark." ibaresiyle verilmeli, iki yazar varsa her ikisi de belirtilmelidir.

**Örnekler:** Bu konuda yapılan bir çalışmada (Crow 1983)..., Crow ve Snyder (1981) şizofreni konusunda..., ...ilgili çalışmalar (Synder ve ark. 1982)..., ...bir çalışmada (Crow ve Synder 1981)...

Aynı yazarın aynı yıla ait değişik yayınları ise (Freud 1915a), (Freud 1915b) şeklinde belirtilmelidir. Aynı noktada birden çok kaynak belirtileceği zaman kaynaklar aynı araç içinde, birbirinden virgül ile ayrılarak verilmelidir. Örnek: (Crow 1981, Synder 1980); (Crow 1981, Synder ve ark. 1970)

11. Metin sonunda kaynaklar ayrı bir liste olarak alfabetik sıra ile verilmelidir. Yazar(lar)ın soyad(lar)ı ve ad(lar)ının baş harf(ler)i arada nokta ya da virgül olmadan belirtilmelidir. Bir kaynaktan üçten çok yazar varsa üçüncü yazardan sonra "ve ark" ibaresi yer almalıdır. Bunların ardından kaynağın basım tarihi ayrıca içinde verilmelidir.

a) Kaynak bir makale ise tarihin ardından makalenin tam adı, yayımlandığı derginin adı (Index Medicus'daki kısaltmalardan yararlanılmamalıdır), cilt no (cilt no belirtilmemişse araç içinde sayı no) ve sayfa numaraları yazılmalıdır.

Winokur G, Tsuang MT, Crowe RR (1982) The Iowa 500: affective disorder in relatives of manic and depressed patients. *Am J Psychiatry* 139:209-12.

b) Bir derginin ek sayısı (supplementum) kaynak gösterileceği zaman; Kozkas HG, Homberg LK, Freed GD ve ark. (1987) A pilot study of MAOIs. *Acta Psychiatr Scand*, 63 (Suppl. 290) 320-328.

c) Kaynak bir kitap ise yazar(lar)ın adı ve basım tarihinden sonra kitabın adı, (birden çok basımı varsa) kaçınıcı basım olduğu, basım yeri, basım evi ve sayfası belirtilmelidir. Kitap bir çeviri ise hangi dilden çevrildiği ve çeviren(ler)in adı verilmelidir. Mark IMJ (1987) *Fears, Phobias and Rituals*. New York Oxford University Press, s. 97.

d) Kaynak çok yazarlı bir kitabın bölümü ya da bir makalesi ise bölümün ya da makalenin yazarı, tarih, bölümün ya da makalenin adı, kitabın adı, kaçınıcı baskı olduğu, cildi, kitabın editörleri, basım yeri sayfaları yazılmalıdır.

Meltzer HY, Lowy MT (1986) Neuroendocrin function in psychiatric disorders. *American Handbook of Psychiatry*, 2. Baskı, cilt 8, PA Berger, HKH Brodie (Ed), New York. Basic Books Inc, s. 110-117.

e) Türkçeye çevrilmiş kitap ve dergileri kaynak gösterirken:

1. Hangi kaynaktan yararlandığınız onu kaynak gösteriniz (Türkçesi veya aslı).

2. Türkçeye çevrilmiş kitaplar aşağıdaki şekilde kaynak gösterilmelidir.

Wise MG, Rundel JR (1994) *Konsültasyon Psikiyatrisi* (Çev. TT Tüzer, V Tüzer). Compos Mentis Yayınları, Ankara, 1997.

Metin içinde "Wise ve Rundel (1994)" şeklinde verilmelidir.

3. Sık kullanılan çeviri kaynaklara örnekler:

Amerikan Psikiyatri Birliği (1994) *Mental Bozuklukların Tanısal ve Sayımsal El Kitabı*, Dördüncü Baskı (DSM-IV) (Çev. ed.: E Köroğlu) Hekimler Yayın Birliği, Ankara, 1995.

Metin içinde "Amerikan Psikiyatri Birliği (1994)" şeklinde belirtilmelidir.

Dünya Sağlık Örgütü (1992) *ICD-10 Ruhsal ve Davranışsal Bozukluklar Sınıflandırılması*. (Çev. ed.: MO Öztürk, B. Uluğ, Çev.: F. Çuhadaroğlu, İ. Kaplan, G. Özgen, MO Öztürk, M Rezaki, B Uluğ). Türkiye Sinir ve Ruh Sağlığı Derneği Yayını, Ankara, 1993.

Metin içinde "Dünya Sağlık Örgütü (1992)" şeklinde yer almalıdır.

f) Sadece Internet üzerinden yayınlanan bir dergide yer alan makale kaynak olarak gösteriliyorsa:

1. Tam yayın tarihi kullanılır.

2. Genellikle cilt ve dergi sayıları, sayfa numaraları yoktur.

3. Makaleye doğrudan ulaşım adresi ve indirilen tarih verilmelidir.

Frederickson BL (2000, Mart 7). Cultivating positive emotions to optimize health and well-being. *Prevention & Treatment* 3, Makale 0001a. 20 Kasım 2000'de <http://journals.apa.org/prevention/volume3/pre003000-1a.html> adresinden indirildi.

12. Kaynakların doğruluğundan yazar(lar) sorumludur. Doğrudan yararlanılmayan ya da başka kaynaklardan aktarılmış kaynaklar belirtilmemeli, basılmamış eserler, kişisel haberleşmeler, Medline taramalarından ulaşılan makalelerin özetleri kaynak gösterilmemelidir.

