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50. Ulusal Psikiyatri Kongresi

12 - 16 Kasım 2014

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ABSTRACTS

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Hoş Geldiniz | Welcome

50. ULUSAL PSİKİYATRİ KONGRESİ

Değerli meslektaşlarımız,

Bu yıl Ulusal Psikiyatri Kongrelerinin ellincisini yapıyoruz. Elli yıl, yarım yüzyıl… Elli yılda psikiyatri, nöroloji, nöroşirurji ve psikoloji disiplinlerinin birlikte gerçekleştirdiği kongrelerden her disiplinin kendi ulusal kongresini düzenlediği günlere, 50-60 kişinin katıldığı kongrelerden 2000'lere yaklaşan kongrelere, tek salondan aynı anda ondan fazla paralel salona geldik…

Ulusal kongreler her zaman Türkiye psikiyatrisi için pek çok işlevi bir arada gören ortamlar oldu. Türkiye'nin bilimsel üretiminin sunulduğu ve tartışıldığı, uzmanlar ve asistanlar için sürekli mesleki gelişimi hedefleyen en yoğun eğitimlerin gerçekleştirildiği, Türkiye psikiyatrisinin geleceğinin konuşulduğu ve şekillendirildiği, yılların deneyimine sahip meslektaşlarla meslek yaşamının henüz başlarında olanların bir araya geldiği ve deneyimle gençlik enerjisinin harmanlandığı, Türkiye'nin dört bir yanından meslektaşların bir araya geldiği, tanıştığı ve kaynaştığı bir ortam...

Elli yıldır ulusal kongrelerde gerçekleşenlerle yetinmedik; hep daha nitelikli, daha işlevsel, daha katılımcı kongreleri hedefledik. Ellinci Ulusal Psikiyatri Kongresi'nde çıtayı bir basamak daha yükseltmeye çalıştık. Bu yıl bilimsel program dopdolu. Çok zorlu koşullarda araştırma üreten ve söyleyecek sözü olan birçok meslektaşımızdan dinleyeceklerimiz var. Biyolojik psikiyatriden psikofarmakolojiye, klinik psikiyatriden psikoterapilere, epidemiyolojiden genetiğe, tarihten kültüre birçok konuda oturumlar olacak. Türkiye'de ruh sağlığı ve hastalıkları ile ilgili hizmetler ve uygulamalarla ilgili tartışacağımız pek çok oturum bizi bekliyor.

50. Ulusal Psikiyatri Kongresi'nin en önemli parçalarından birisi Avrupa Psikiyatri Birliği (EPA) ile birlikte gerçekleştirilecek sempozyumdur. Türkiye Psikiyatri Derneği'nin uluslararası ilişkilere verdiği önem, meyvelerini vermeye devam ediyor. Türkiye Psikiyatri Derneği'nin de temsil edildiği Avrupa Psikiyatri Birliği-Ulusal Psikiyatri Dernekleri Konseyi (EPA-NPAs Council) her yıl iki ülkede toplantılar düzenlemeye karar verdi. Hedef, EPA'ya üye ülkelerin derneklerinin ve üyelerinin her düzlemde kaynaşması ve işbirliğinin artırılması olarak belirlendi. Bu toplantılardan ilkinin Türkiye'de düzenlenecek olması gurur vericidir. 13 Kasım 2014 günü gerçekleştirilecek ve bir tam gün sürecek EPA-Ulusal Psikiyatri Dernekleri Konseyi Sempozyumu'nun ana başlığı şöyle belirlendi: "Cultural, Educational and Economic Issues in Mental Health Care: Current challenges and future perspectives" (Ruh Sağlığı Hizmetlerinde Kültür, Eğitim ve Ekonomi ile İlgili Konular: Güncel sorunlar ve gelecek için bakışlar). Değişen sağlık sistemlerinin ve krizlerin yarattığı sorunlardan, Avrupa'da ve Türkiye'de psikiyatri eğitimi ile ilgili sorunlara, kültürel psikiyatriden damgalamaya, Avrupa'da ve Türkiye'de göçün ruh sağlığına etkilerinden şiddete birçok konuda Avrupa'dan ve Türkiye'den bilim insanları sunumlar yapacak ve bizlerle tartışacaklardır. Tüm Avrupa'lı konuklarımız kongre boyunca bizlerle olmaya devam edecek ve üyelerimizle uzmanla buluşma türü küçük gruplarda bir araya geleceklerdir.

50. Ulusal Psikiyatri Kongresi'nin bir konuğu daha var: Türkiye'de Nöropsikiyatri 100. Yılında… Bu nedenle Türk Nöropsikiyatri Derneği'nin de 50. UPK içinde size ulaştıracağı konular ve konuklar olacaktır.

Psikiyatrinin en sıcak konusu gen ve çevre etkileşimi alanında dünyanın önemli araştırmacılarının konferansları ve çalışma grupları yanında siz değerli meslektaşlarımızdan, özellikle TPD'nin çeşitli Çalışma Birimleri aracılığı ile gelecek öneriler de eklendiğinde 50. Ulusal Psikiyatri Kongre'sinin tam bir bilimsel şölen olacağı şimdiden söylenebilir.

Ulusal Psikiyatri Kongreleri'nin ellincisinde hep birlikte olmak dileğiyle…

Prof. Dr. Simavi Vahip
Genel Başkan
Türkiye Psikiyatri Derneği

Prof. Dr. M. Murat Demet
Başkan
Bilimsel Toplantılar Düzenleme Kurulu

50. ULUSAL PSİKİYATRİ KONGRESİ

12-16 Kasım, 2014

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RESEARCH AWARD CANDIDATES

RAC-001

OXIDATIVE METABOLISM AND OXIDATIVE DNA DAMAGE IN BIPOLAR DISORDER PATIENTS

Berna Ermiş[1], Ahmet Ünal[2], Gökay Alpak[2], Mustafa Örkmez[3], Ayşe Binnur Erbağcı[4], Feridun Bülbül[2], Haluk Asuman Savaş[2]

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AIM: It is believed that oxidative stress mediates the neuropathological processes of neuropsychiatric diseases and there is evidence that it also contributes to the pathophysiology of the bipolar disorder. There are limited studies suggesting that oxidative stress causes DNA damage in patients with bipolar disorder

This study has aimed to investigate oxidative DNA damage in the active and eutyhymic phases of bipolar disorder.

METHOD: A total of 80 bipolar disorder patients, with 40 in the active and 40 in the eutyhmic phases, attending the Gaziantep University Medical Faculty, Department of Psychiatric Health and Diseases, Mood Disorders Unit, and 48 healthy volunteers were included in this study. Assessments of total serum antioxidant level (TSAL), total oxidant level (TOL), the oxidative stress index (OSI) and of 8-hydroxy-2'deoxyguanosine (8-OHdG) levels were carried out at the Gaziantep University Biochemistry Laboratory.

RESULTS: The TSAL, TOL, OSI and 8-OHdG levels of the bipolar the patients in both the active and the euthymic phases were found to be significantly higher than in those of the controls. However the TSAL, TOL, OSI and 8-OHdG levels in the active and euthymic pahases did not differ significantly. Statistically significant correlations between the levels of TOL and OSI and that of 8-OHdG were determined.

CONCLUSION: Oxidative metabolism is impaired in bipolar patients and there is significant DNA damage. The finding that the raised levels of the oxidative stress parameters did not differ in the active and the euthymic phases of the disorder suggests that the physical damage caused by oxidative stress continues despite subsidence of the disease symptoms. The results indicate the necessity of further investigation of oxidative metabolism and DNA damage in larger patient populations.

Key Words: Bipolar disorder, oxidative DNA damage, oxidative stress, total antioxidant level, total oxidant level, 8-hydroxy-2'-deoxyiguanosine

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Andreazza AC, Kauer-Sant'anna M, Frey BN et al. (2008) Oxidative stress markers in bipolar disorder: A meta-analysis. Journal of Affective Disorders, 111:135-44.

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RAC-002

COGNITVE DYSFUNCTIONS IN RATS WITH INDUCED FATTY LIVER AS MODEL FOR METABOLIC SYNDROME AND THE CORRECTIVE EFFECT OF VITAMIN D.

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AIM: There are various studies in the literature on the relationship of the metabolic syndrome and Alzheimer's disease. Although a cause-effect relationship is not clear, the inflammatory basis common to both disorders has been demonstrated. Other studies have shown the anti-inflammatory and neuroprotective effects of vitamin D. This study has aimed to investigate the cognitive functions of a rat model of metabolic syndrome with induced fatty liver and the effects of cholecalciferol on inflammation and neuroprotection.

METHOD: In our study 18 Sprague Dawley rats were included, of which 12 were treated for 8 weeks with oral 35% - fructose diet to induce fatty liver; and 6 rats were fed normally to constitute the controls. Half (n=6) of the rats with fatty liver were given 0.3 µg/kg/day oral cholecalciferol for two weeks while the remaining 6 rats with fatty liver were not treated. After the therapy period , the rats were subjected to passive avoidance test (PAT). Also, plasma malondialdehyde (MDA), and brain tissue tumour necrosis factor TNF-α levels were evaluated. Liver sections were examined histologically.

RESULTS: The rats with fatty liver treated and not treated with vitamin D had significantly higher body weights than the controls ($p<0.05$, and $p<0.05$, respectively). The PAT latency period of the untreated rats with fatty liver was significantly lowered as compared to the controls ($p<0.00001$). The PAT latency period of rats treated with vitamin-D was significantly longer than that of the untreated group ($p< 0.01$). Plasma MDA and brain TNF-α levels of the untreated rats with fatty liver were higher than that in the controls while these parameters were significantly lower in the vitamin D treated rats as compared to the untreated group ($p<0.01$, $p<0.0005$, $p<0.01$, respectively). The extent of fatty deposition in the livers of vitamin D treated and untreated rats were found to be the same.

CONCLUSION: Fatty liver causes cognitive function disorders by promoting inflammation in the brain. Given its anti-inflammatory and neuroprotective effects vitamin D corrects the impaired cognitive functions in metabolic syndrome.

Key Words: Fatty liver, cognitive functions, vitamin D

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RAC-003

VALIDITY AND RELIABILITY OF THE TURKISH VERSION OF COGNITIVE ASSESSMENT INTERVIEW (CAI) (BDG)

Şükriye Boşgelmez[1], Mustafa Yıldız[2], Esra Yazıcı[3], Eda İnan[1], Celaleddin Turgut[2], Ümit Karabulut[1], Ayşe Kırcalı[2], Halli İbrahim Taş[4], Sabri Sungu Yakışır[2], Uğur Çakır[5], Burcu Ay[6], Mehmet Zihni Sungur[7]

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AIM: Neurocognitive symptoms in schizophrenia have been known for years. They are associated with the functional deficits in the daily lives of the patients. The test batteries used to evaluate the neurocognitive performance in schizophrenia are time consuming, expensive and hard-to-find tools. Further the reflection of the cognitive deficits to the daily functions of the patients have to be known. Given this background Ventura et al., (2010; 2013) developed the Cognitive Assessment Interview (CAI, which rates the information including the evaluations of the patient, an informant close to the patient and of the interviewer. This study presents the validity and the reliability of the Turkish version of CAI (BDG)

METHODS: CAI (BDG) was performed with 90 clinically balanced patients. A battery of tests consisting of SCID-I to confirm the diagnosis, PANNS for symptoms, the Social Funtioning Scale (SFS) for functionality, the Verbal Memory Processing Test, Wechsler Memory Scale – mental control sub-test, the Verbal Fluency Test, the Continuous Performance Test, Tral Making Test, the Tower of London Test, and the Facial Affect Recognition and Differentiation Test Eye Tracking Tes , for neurocognitive status, were carried out and evaluated by different testers.

RESULTS: The internal consistency of CAI(BDG) was quite high with an overall Cronbach α value of 0.97, and 0.91 for only the scorings of the patients. The correlation of each question on the CAI(BDG) with the associated neurocognitive tests was highly significant (r: 0.242-0.564; $p<0.05$). Overall scores of CAI(BDG) correlated significantly with the general functionality evaluation (-r: 0.538, $p<0.001$), and the SFS(r:-0.520; $p<0.01$) and the objective neurocognitive tests. In the total evaluation, the external validity of CAI (BDG) independently of the source of information exhibited highly significant correlation between the evaluations of the patient (by himself/herself alone), the informant and the interviewer (respectively, r 0.707, 0.830,0.835; $p<0.001$). The time taken during CAI (BDG) was 18-55 min (mean 36.62 ± 9.72), with the patient it was 8-30 min (mean 18.7 ± 5.40), and with the informant it was 10-25 min (mean 18.0 ± 5.01

CONCLUSION: The CAI(BDG) is as reliable and valid as the original CAI in evaluating the cognitive functions in the patient. CAI (BDG) can be used with the patient only, such that the results have validity and reliability to be used in clinical work. The CAI(BDG) is a useful and convenient test in making estimations with clinical backing, information on the functionality of the patient, as well as being fast and easy to score.

Key Words: Schizophrenia, cognition, neurocognitive evaluation, functionality

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RAC-004

THREE-DIMENSIONAL EVALUATION OF THE LATERAL VENTRICULAR VOLUME OF SCHIZOPHRENIA PATIENTS AND INVESTIGATION OF THE RELATIONSHIP TO THE SUBTYPES OF SCHIZOPHRENIA

Irmak Polat Nazlı[1], Melis Atlamaz[1], Özgün Özalay[2], Ferhat Değer[3], Ömer Kitiş[4], Ali Saffet Gönül[1]

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AIM: Interclinically, there is consistency in diagnosing schizophrenia, despite the lack of homogeneity of the symptoms. Diagnosing subytpes of schizophrenia have been started since evaluating together the data on groups of patients with and without distinct negative findings can result in differences in the interpretation of the aetiology and pathophysiology of the disease. Carpenter et al. have focused on the negative symptoms in defining sub-types as the syndromal aspect persists despite the improvement of the positive synptoms; such that, patients with primary deficit symptoms persisting at least for 12 months were categorized in Deficit Syndrome subtype DS(+), and the rest in Deficit Syndrome subtype DS(-). Ventricular modifications are anomalies frequently observed in schizophrenia. Lateral ventricular (LV) width has been reported to be related with negative symptoms and disease progress. However, recent neuro-imaging studies have not demonstrated a significant difference between the LV of DS(+) and DS(-) patients, which necessitates the re-evaluation of the existing data and questioning the claims that brain tissue is reduced inf patients with severe symptoms and clinical deterioration.

METHOD: In this study 45 patients and 37 healthy volunteers were enrolled. Patients were assessed with scales for positive and negative symptoms, depression, extrapyramidal system side effects, the Deficit Syndrome Chart (DSC) and cranial magnetic resonance imaging, analysed 3 dimensionally. Clinical data between the patients and the controls were compared with the t-test and ANOVA; while comparison of LV and other brain structures was made using the MANCOVA. Relationship between the clinical and the imaging data was investigated with Pearson Correlation coefficient analyses, taking $p<0.05$ as statistically significant.

RESULTS: Using the DSC, 18 patients were DS(+) and 27 were DS() Patients LV dimensions in both patient groups exceeded that in the controls but a significant diference between the DS(+) and the DS() groups was not observed. Three-dimensional analyses demonstrated enlargement in both ventricules, especially in the posterior, parietal and temporal areas. In the DS(-) as compared to the DS(+) group, a relatively more enlargement in the right LV neighbouring the corpus callosum was demonstrated. Negative symptoms were not found to be related to LV enlargement.

CONCLUSION: Despite demonstrating LV enlargement in the DS(+) and DS(-) patients, as frequently shown in the literature, LV enlargement in the DS(+) did not exceed that in the DS(-) group, and was not correlated with negative symptoms. These have disproven the argument that patients with negative symptoms have structural changes in the brain and especially LV enlargement. Hence, negative symptoms, functionality deficits and clinical deterioration cannot be simply attributed to loss of brain tissue and new pathophysiological theories are needed to explain the observations.

Key Words: Schizophrenia, lateral ventricule, magnetic resonance imaging

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RAC-005

INFLAMMATION AND NEURODEGENERATION IN BIPOLAR DISORDER

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AIM: There are increasing findings of the involvement of the energy metabolism, glial cell pathology and inflammation in Bipolar Disorders (BD). However, the relationship of these processes with clinical variables is not clear. This study has aimed to evaluate BD pathophysiology by investigating the proinflammatory and the glial systems, neuron destruction and neuronal cell metabolism and their relationship to the clinical data.

METHOD: A total of 77 BD-1 patients diagnosed as euthymic (50), manic (20) and depressive (7), and 50 age and gender matched healthy controls were investigate for interleukin-1 receptor antagonists (IL-1RA), IL-6, s100b protein, and neuron specific enolase (NSE). The findings were analysed for relationship with the patients' scores in Young Mania Rating Scale (YMRS), Montgomery Asberg Depression Rating Scale (MADRS), the Clinical Global Impressions Scale (KGIS), and the Positive and Negative Symptom Scale (PANNS)

RESULTS: The IL-1RA, s100b, NSE levels were significantly low while the IL-6 level was significantly raised in the patient group as compared to the controls. A statistically significant positive correlation between IL-6 levels and YMRS, PANSS,and KGIS scores , and a statistically negative correlation between NSE levels and the YMRS and KGIS scores were found.

CONCLUSION: Pathophysiological developments in BD are affected by the interaction of neuronal energy metabolism and inflammatory processes, which correlate with the severity of the disorder. Raised IL-6, low IL-1RA indicate increased proinflammatory activity. Significantly lowered NSE levels may indicate a failure in the neuronal energy metabolism.

Key Words: Bipolar Disorder, inflammation, s100b, neuron specific enolase

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RAC-006

A NEW MOLECULE IN DEPRESSION NEUROBIOLOGY : GFG

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AIM: Studies suggest that fibroblast growth factor-2 (FGF-2) may be a natural antidepressant. Its role in angiogenesis and tumour development prevents FGF-2 use as an antidepressant, but molecules involved in the regulation of FGF-2 may have antidepressant character without the risk factor. This work has aimed at investigating the possibility of depression development and the FGF-antisense GFG role in depression neurobiology , which is expressed on the opposite DNA chain of the FGF-2 gene and plays a role in the regulation of FGF-2.

METHOD: To start with, immobilisation, a known depression risk in humans that simulates depression in animal models, was used to investigate its effect on GFG expression in the rat hippocampus an prefrontal cortex (PFC) by the Western Blotting method. Subsequently, by using a vector system, GFG expression was enhanced in the brain of the live rat and its effects on depression and anxiety-like behaviours were investigated. Depression-like behaviour was assessed by forced swimming, while anxiety-like behaviour was investigated using the elevated plus maze.

RESULTS: It was found that acute and chronic stress lowered GFG expression in the hippocampus, and chronic stress lowered GFG expression only in the PFC. Chronic increase of GFG expression was observed to have antidepressant and anxiogenic effects.

CONCLUSION: Our findings have shown for the first time the role of GFG in depression neurobiology resulting in an antidepressant effect. The molecular mechanisms underlying these effects must be investigated by further research.

Key Words: Depression, FGF-2, GFG, stress

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RAC-007

EFFECTS OF CHILDHOOD TRAUMAS ON COGNITIVE FUNCTIONS OF INDIVIDUALS WITH HIGH RISK OF PSYCHOSIS

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AIM: Our previous studies on groups with high risk of psychosis (HRP) had shown a higher incidence of childhood traumas (CT) and cognitive deficits as compred to controls. The aim of this study is to assess the relationship between CT and cognitive performance in the HRP individuals.

METHOD: The Rey Auditory Verbal Learning Test (RAVLT), Stroop Test, Wisconsin Card Sorting Test (WCST), Continuous Performance Test (CPT), Forward and Backward Counting Test, Trail Making Test and the N-Back Test were used for neurocognitive assessment of 44 HRP individuals for attention, speed of information processing, verbal learning and memory, working memory, interference and inhibition in cognition and continuous attention. The HRP patients were divided into groups on the basis of 'with and without experiences of childhood trauma or being neglected' using the scoring for the Turkish version of Childhood Traumatic Events Scale (CTES); and, the cognitive test scores were analysed by means of the Mann Whitney U Test. Any relationship between the CTES scores and the test results were assessed by the Pearson Test, and this was repeated by dividing the same parameters into two groups on the basis of the median values.

RESULTS: Among the patient groups with a history of physical trauma (PT) compared to those without PT, the time taken for Digit Span Forward (DSF) test (p=0,041), TMT-A (p=0,023), Stroop colour reading (p=0,004), and Stroop word reading (p=0,019) were longer and the WCST completed categories score was lower (p=0,006). Among those with a history of sexual trauma, the short span memory parameter of RAVLT was more disordered (p=0,047). Same results were obtained using the median scores of the patients divided into two groups. Negative correlations between the CTES score and the WCST completed categories score (p=0,004), and between the physical neglect subscale score and the DSF score (p=0,004) were determined.

CONCLUSION: A significant effect of CT on cognition in the first episode psychosis patients has been reported. Our results show that CT effect on cognition is specific to the trauma type, and suggest that PT, which shows a dose-response relationship with executive functions, has a negative effect on cognition in the HRP patients and appears related to attention and interference inhibition. Sexual abuse history was observed to affect adversely the verbal memory. Prevention of CT would help reduce the cognitive deficits in HRP individuals.

Key Words: Childhood trauma, physical trauma, cognitive performance, high risk group for psychosis

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RAC-008

ENDOPHENOTYPIC BRAIN CORTEX THICKNESS IN BIPOLAR DISORDER: VERTEX BASED ANALYSIS IN BIPOLAR DISORDER PATIENTS AND FIRST DEGREE RELATIVES

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AIM: It has been speculated that grey matter thickness of the brain cortex may provide information on the development and causes of psychiatric disorders. Endophenotypes are intermediate phenotypes genetically related to the disorder, and transferred between families with the disorder. They are seen more frequently among the healthy relatives of patients as compared to the general public. There are few studies on brain cortical thickness in bipolar disorder (BPD) and these do not include the first degree relatives as necessary for endophenotype research. This study has aimed to compare brain cortex thickness in bipolar disorder patients, their first degree relatives and healthy controls.

METHOD: This study included 27 patients of 18 to 65-year old individuals diagnosed with BPD-type I, who were euthymic for at least 6 months and without concurrent Axis I diagnosis.; and their 24 first degree relatives (FDR), life-long without any axis I disorder diagnosis, and 29 healthy controls (HC) who and their first degree relatives were not diagnosed with axis I disorders. The groups were matched on the bases of age, gender and right/left handedness. Individuals with cranial surgery history, hearing and visual disorders, degenerative neurological disorders and any malignancy were excluded. roups Axial images of all groups under the settings of TR: 25 ms, TE: 6,053 ms, flip angle: 8, FOV: 240x 220 mm, kesit kalınlığı 1.20 mm, NSA=1 and matrix: 192 of the 1.5T Philips Intera and Achieva magnetic resonance scanner. Brain cortical thickness was estimated using the Freesurfer 5.2.0 visual analysis program, and the statictical analyses were made using the Surfstat program.

RESULTS: Thickness of the three areas of the brain scanned showed a significant difference between the three groups : The first area (p=0.0003) of the combined right pars opercularis, mid- frontal and precentral cortex was 2.71 mm ±0.132 in the patient group, 2.82 mm

± 0.133 in the FDR group and (2.86 mm±0.127 in the HC group, showing a significant reduction as compared to the FDR and the HC groups (p=0.011, p<0.0001); the second area (p=0.0101) of the right lingual cortex the mean thicknesses of 2.56 mm±0.150 in the patients and 2.60 mm±0.141in the FDR were significantly reduced compared to the 2.74 mm± 0.157 in the HC (p<0.0001,p=0.002); and , in the third area (p=0.0344) of the combined left rostral anterior cingulate and the medial orbito-frontal cortex the mean thickness of 3.07 mm ±0.146 in the patients, was reduced as compared to 3.25 mm ±0.179 in both the FDR and the HC (p<0.0001,p=0.001). There was not a sginificant difference in the thicknesses of the first and the third areas in the FDR and HC groups (p=0.34,=0.886)..

CONCLUSION: The results of this study suggest that reduction in the thickness of the left medial orbito-frontal cortex and the rostral anterior cingulate cortex together with that in the right pars opercularis, the mid frontal and precentral cortex are indications for BPD, and that the reduction in thelingual cortex is a genetic and possibly an endophenotype indication.

Key Words: Bipolar disorder, cortex thickness, endophenotype, freesurfer, surfstat

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RAC-009

RELATION OF THE PREVALENCE OF GAMBLING BEHAVIOUR IN THE TURKISH REPUBLIC OF NORTHERN CYPRUS (TRNC) TO RISK FACTORS AND CULTURAL STANCE

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AIM: Studies for understanding the reasons for the spread of gambling behaviour have increased in the recent years, focusing in the socio-cultural causes and the effects of becoming uncultured. This study compares the assessments on prevalence of gambling behaviour in 2014, 2012 and 2007 and emphasizes the relationship between getting uncultured and gambling problems and compulsive gambling.

METHOD: Turkish speaking TRNC residents (n=958) between 18 and 65 years of age have been selected for this randomly from clusters formed on parameters of age, gender, village/town and geographical area. Data were collected in May and June 2014 by using a 20-item questionnaire prepared by the researchers, the South Oaks Gambling Screen (SOGS) and the Turkish version of the validated Acculturation Stance Scale (ASS). These data were compared with the data similarly collected in 2007 with 1012 participants and in 2012 with 996 participants.

RESULTS: The 70,6% majority of the participants had been in one or more than one of the 17 types of gambling activity listed in the questionnaire used. On the basis of SOGS scoring, compulsive gamblers (those with a score of 8 or above) had increased in the TRNC from 2,2% in 2007 and 3.5% in 2012 to 3.8% in 2014; while those with a gambling problem (having scores between 3 and 7) formed the 9,2%, in 2007, 9.7% in 2012 and 9.5% in 2014 of the participants. The most frequently played games were the national lottery, scrath-and-win, casino games, horse and hound-racing and futbol bettings. In all three studies the most frequent forms of gambling once or more per week were horse and hound-racing, futbol betting, national lottery and casino games. Being male, between the ages of 18 and 29, single , living alone and being married less than for 5 years were determined as the risk factors for gambling behaviour. When the ASS sub-scale scores of those with a gambling problem and the compulsive gamblers were compared with the scores of those without a gambling problem, the 'dissociation' subscale (p=0,001) and the 'association' subscale (p=0,038) scores of participants born in the TRNC , and the 'assimilation' subscale scores (p=0,030) of those born in mainland Turkey were found significantly raised among the compulsive gamblers and participants with a gambling problem.

CONCLUSION: The research data indicate that gambling behaviour is prevalent and increasing in the TRNC where gambling behaviour prevalence exceeds those in the Asian countries with reported ''high" gambling behaviour and show similarities with the ethnic groups living in three areas of the world with "extremely high" gambling behaviour. The economical, cultural and social characteristics of these areas bear similarities. Although high prevalence of gambling behaviour is evaluated ,as in the TRNC, within the specific structure of a society, loss of culture is seen to affect the increase in prevalence of gambling behaviour.

Key Words: Gambling, addiction, prevalence, yaygınlık, acculturation

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ORAL PRESENTATIONS

OP-01

DENTAL PHYSICIAN PHOBIA - CAN IT BE CLASSIFIED AS SPECIFICALLY DISTINCT FROM BLOOD AND INJURY PHOBIA?

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AIM: Despite the recognition of dental physician phobia as a different form of blood and injury phobia, some studies have argued the two phobias show more differences than similarities. The most important differences can be ranked as the lack of passing out, lack of gender based differences as in blood phobia, and being a much severer affliction than blood phobia. This work investigates the demographic and clinical parameters that separate individuals with dental physician phobia from those with blood phobia.

METHOD: The Modified Dental Anxiety Scale (MDAS) and Multidimensional Blood /Injury Phobia Inventory (MBIPI) and a demographic information questionnaire were filled in by 477 staff in a military factory. The predictors of the total scores of MDAS and MBIPI were assessed by means of regression analyses and the experimental group was subdivided into 4 groups as those only with MDAS, only with MBIPI, with both phobias or without any of the phobias.

RESULTS: The analyses made showed that while dental physician anxiety was associated with psychological disorders and/or history of dental anxiety and avoidance of dental treatment in the family and family relations, similar associations were not demonstrable with blood phobia. Comparison of subgroups with no additional phobias indicated that the only difference of those with blood phobia from those with dental physician phobia was being female.

CONCLUSION: Our findings indicated that the differences exceeded the similarities of dental physician phobia and blood phobia, supporting the proposals that the dental physician phobia should be recognized as a different phobia with its specific characteristics.

Key Words: Dental surgeon phobia, blood–injury phobia, MDAS, MBIPI

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OP-02

FACTORS AFFECTING CHEMICAL DEPENDENCY TREATMENT

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AIM: Individual and group therapy options, psychoeducation and specialized medications are used for the treatment of patients with alcohol and substance use disorders. Remission incidence in addiction treatment is low and setback is a serious problem. This study evaluates the characteristics of the inpatients affecting compliance with the treatment given at Trakya University Addiction Unit.

METHOD: A total of 130 inpatients undergoing treatment in one year were included in the study. The sociodemographic details and substance use characteristics of the patients were assessed using a purpose-built questionnaire and Addiction Profile Index (BAPI). The patients were admitted with a 28-day treatment protocol and those accepting to be admitted on these grounds have formed the study population. The data on the 70 patients who abandoned the treatment program and on the 60 patients who completed the program have been compared with the aim to evaluate the psychological and social characteristics that may have caused the noncompliance with the treatment given.

RESULTS: Only 60 (46,2%) of the 130 patients enrolled in the study have completed the 28-day treatment program and 61.5% of the patients were admitted for the first time. The mean age of the compliant and the noncompliant patients were , respectively, 38,2±14,1 and 31,8±9,5 years , the difference between the two groups being statistically significant. There wasn't remission in 78,5% of the patients, 6.2% were in early complete remission, and 10,8% were evaluated as being in agonist therapy. On the basis of the substance abused, 23 (79,3%) of the opiate addicts and 25 (54,3%)of the alcohol addicts completed the program. Significantly less percentage of the users of cannabis and mixed drugs completed the program. The age of starting cigarette smoking in the compliant and the noncompliant froups were, respectively, 16,1±3,3 and 14,6±4,5 years, and the difference was statistically significant. On the basis of BAPİ, the patients with low anger control were observed to abandon the treatment program.

CONCLUSION: Completion of the treatment program and low incidence of remission were seen in the cannabis and mixed substance user groups which may be associated with the replacement therapy. Treatment of opiate users with oral buprenorphine-naloxone combination has been demonstrated to increase compliance rates and result in observable improvements. However, not using substance is not an adequate criterion of evaluation for opiate users. Changes in the relationship with society, mortality rates, individual response to therapy and the processes realted to losses need also be evaluated. Compliance with therapy increases with age. Starting to smoke at an early age, low anger control were also found related to noncompliance. Hence, these characteristics of the admitted patients should be taken into consideration. Our study has shown the importance of anger control in the prevention of setbacks.

Key Words: Alcohol and substance use disorder, addiction, opiate addiction, addiction therapy

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OP-03

DIFFERENCES IN PSYCHOPHARMACOLOGICAL TREATMENT OF OBSESSIVE COMPULSIVE DISORDER SUBTYPES

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AIM: Patients with different subtypes of the obsessive compulsive disorder (OCD) may have different clinical characteristics and treatment requirements. Cognitive behavioural therapy (CBT) offers different choices of treatment for OCD subtypes. However, the necessity for different psychopharmacological treatments of OCD subtypes have not been as well researched, and has been the aim of this study.

METHOD: A total of 8264 electronic medical records made between November 2011 and March 2014 were investigated and 574 patients diagnosed with OCB on the criteria of DSM-IV were reached. Of these patients, 180 fulfilled the criteria of being in the age range of 18-65, in follow up for minimally two years for OCD with at least 4 consultations within a period of 12 months, and having all other recorded data required by this study. Severity of OCD, subtypes of the obsessions, particulars of the psychopharmacological treatment given and the response to the therapy were noted from the patients' records. Patients in the mixed subtype were excluded from the study. The probability ratios (PR) for different treatments were calculated and linear and logistic regression analyses were carried out to assess the clinical predictors for response to the therapy given.

RESULTS: All subtype groups were compared with each other on the basis of age, gender, concurrent disorder, OCD severity, and the degree of improvement from the outset. A higher frequency (PR:2,864) of prescribing atypic antipsychotics (AAP) and with a higher frequency (PR:2,447) of the need for combination therapy was observed in the autogenous subtype group. Presence of comorbidity, and the severity of OCD was found to influence the therapeutic approach. Choice of combination therapy was found to be related to gender, OCD subtype and severity, and affected the response to the therapy. Presence of comorbidity was found to affect the severity of OCD and the level of improvement. The predictors for AAP prescription, as assessed by logistic regression analyses, were: presence of comorbidity (PR:2.022); autogenous OCD subtype (PR:2,282); and, the OCD severity (PR:0,502). The single predictor of combination therapy was found to be OCD severity (PR:0,564). The regression analysis to assess OCD severity yielded presence of comorbidity as the single predictor.

CONCLUSION: These results suggest that autogenous and reactive OCD subtypes may have differences in clinical characteristics with different requirements for treatment which may be as beneficial as the different therapeutic approaches offered by CBT.

Key Words: Subtype, obssesive compulsive disorder, psychopharmacological treatment

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OP-04

EVALUATION OF THE ALCOHOL-SUBSTANCE USE TOGETHER WITH TEMPAREMENT AND CHARACTER IN PATIENTS DIAGNOSED WITH BIPOLAR DISORDER

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AIM: This study has aimed to investigate the prevalence of alcohol and substance use disorder (ASUD) among patients diagnosed with bipolar disorder (BPD), and compare personality characteristics of patients with and without ASUD.

METHOD: Personality characteristics and ASUD diagnosis were investigated in 65 euthymic type-1 and type-2 BPD outpatients undergoing treatment at the Psychiatry Department BPD Policlinics of the Marmara University Pendik Teaching and Research Hospital. Patients with schizophrenia, schizoaffective disorder, medical disorders and substance addiction were excluded from the study. The controls consisted of 66 healthy individuals matched for age, gender and educational level with the patients. The SCID-I, Alcohol Use Disorder Identification Test (AUDIT), Temparement and Character Inventory (TCI), and Young Mania Rating Scale. (YMRS) were employed for the study.

RESULTS: In the patient group, 89.2% were of type-1 and 10.8% were of type-2 BPD. The prevalence of lifelong acohol use disorder (p=0.042) and substance use disorder (p=0.003) were significantly higher than in the control group. TCI subscale scores of the BPD group were significantly raised for Novelty Seeking (p=0.029), Harm Avoidance (p=0.001), but significantly lower in Persistence (p=0.002), Self- directedness (p=0.043) and Cooperativeness (p=0.006) subscales as compared to the controls, When TCI scores of the patients with and without ASUD were compared, the subgroup with ASUD scored higher in Novelty Seeking (p=0.003) and Impulsivity (p=0.002). When scores of Self-directedness (p=0.004) and Cooperativeness were compared, the differences agreed with the results of similar studies.

CONCLUSION: In our study the prevalence of ASUD was closer to statistically significant levels among the male than the female patients. In general public ASUD is more frequently seen in males. Given the nature of BPD, such as impulsivity, poor judgement and soothing

dysphoric symptoms, may facilitate more frequent acquaintance with alcohol and increase the risk of developing abuse. It is believed that BPD patients with high impulsivity and novelty seeking temperament have a greater tendency to develop ASUD. TCI can be used in BPD to determine the risk of developing ASUD. Scanning the patients for early recognition of alcohol and substance use would be preventive for the negative prognosis of BPD.

Key Words: Bipolar disorder, TCI, substance use disorder, novelty seeking, impulsivity

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OP-05

EVALUATION OF THE MARRIAGE HISTORY OF INPATIENTS WITH SCHIZOPHRENIA AND OTHER PSYCHOTIC DISORDERS

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AIM: Schizophrenia starts mostly at a young age and progresses chronically causing difficulties in living, including marriage and child care. The disease reduces the chances of marriage. Even if married, schizophrenia patients have difficulty forming a family and get divorced more frequently. The scanty data on the marriage of schizophrenics are based on few epidemiological studies carried out in Turkey. Marriage needs must be studied in specificity to culture as it harbours deep cultural and regulating elements. This study has aimed to investigate the marital status, marriage related characteristics and the sociodemographic and clinical characteristics that may be related to the marriage history of inpatients treated for schizophrenia and other psychotic disorders in the Beyhekim Psychiatry Clinic of Konya Teaching and Research Hospital.

METHOD: Inpatients with schizophrenia or other psychotic disorders who were admitted between January 2011 and Sptember 2014 to the psychiatry clinic for treatment were included in the study. The data were gathered from 100 male and 90 female patients and their relatives who were reached and accepted to fill in the questionnaires , as well as from the medical records. The patients responded to a 'Sociodemographic Data Form', the 'Clinical Characteristics and Treatment History Data Form', and the 'Marriage History Questionnaire Form' prepared by the researchers. Besides the questionnaires, interviews were also carried out with patients with ongoing marriage and the divorced patients to further characterize their history.

RESULTS: Within the female patient population investigated, 44.4% were single, 30% were married through civil ceremony and 3.3% were married by religious ceremony, 17.8% were divorced and 4.4% had lost their partners. The civil marriages were found to have lasted 1-35 years (16,37±11,56). Of the male patients 59% were single, 25% were married by civil ceremony and 1% through religious ceremony, and 15% were divorced. The civil marriages had lasted 4-48 years (22,41±10,29). Respectively, 50% and 53.8% of the divorced female and male patients claimed that their disease was related to their illness. A statistically significant difference between premarital informing or not informing the marriage partner of the presence of illness was not observed.

CONCLUSION: It is necessary in Turkey to investigate the realization and the progress or the termination of marriage, how marriage affects the progress of the disease and how the disease affects the marriage, the interaction of the couples, difficulties faced in raising children and the social support given to the patients.

Key Words: Evlilik, psikotik bozukluk, şizofreni

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OP-06

CLOZAPINE USAGE IN SCHIZOPHRENIA

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AIM: Clozapine, despite being a decisive choice of treatment for Treatment Resistant Schizophrenia (TRS), is used less than required in the resistant patients. A study made in Great Britain has given the mean delay time in starting clozapine treatment of the resistant patients as 47.7 months. Clozapine usage changes berween 2.47% and 13.7%. Our aim has been to determine the delay in clozapine use for schizophrenia, the time it is begun and the indications for its use.

METHOD: A total of 306 outpatients diagnosed with schizophrenia on the basis of DSM.IV criteria and followed up for minimally one year at our clinic, were retrospectively scanned for treatment history before clozapine use, the month clozapine treatment was begun after the diagnosis, the time clozapine was started after TRS criteria were met, dosage and adverse effects. Comparison of the clinical characteristics of patients using and not using clozapine were analysed using the Chi-square and T tests for statistical analyses. Patient comparisons on the basis of the units they were treated at were analysed using the ANOVA and the Chi-square tests, and the relationship between gender and the benefits of clozapine treatment was analysed with the Mann Whitney U test.

RESULTS: Of a total of 154 patients invesitgated 64.3 % were male, the mean age was 35.9 and the mean duration of education was 10.7 years. Comparing the clozapine users with non users, duration of education of the users was 10.7 versus 9.6 for the non-users, the duration of their illness was longer (14 vs 12.1 years), number of times of hospital admission was higher (3 vs 1.8). The user group had a higher incidence of ECT usage, more incidences of exceeding the recommended antipsychotic dose of treatment and more incidences of realization of TRS criteria. The most frequent reason (69.5%) for starting clozapine was TRS. Clozapine had been started 29.4 months after meeting the TRS criteria. When patients most benefiting from

clozapine treatment were compared with those minimally or not at all benefiting from clozapine, on the basis of physicians' assessments, those benefiting most had a lower mean age, a shorter period of illness and had started clozapine after a shorter time lag once the TRS criteria had been met. The group had used less appropriately dosed antipsychotics before clozapine, which was less that those with a history of ECT, and the use of combined antipsychotics was also less. The time lapse between meeting TRS criteria and the start of clozapine was less than those patients consulting the first episode follow up unit (13.6 vs 35.8 months)..

CONCLUSION: The most noteworthy result of our study is finding that clozapine use was initiated some 2,5 years after the schizophrenia patients had met the TRS criteria. Delayed clozapine therapy resulted in lower benefits of the treatment to the patients who had been maintained with combined antipsychotic treatments. These observations indicate that starting clozapine without delay after the TRS conditions were proven, increased the chances of benefitting from the choice of clozapine treatment.

Key Words: Schizophrenia, clozapine, antipsychotic, treatment resistance

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OP-07

SEEKING NON MEDICAL TREATMENTS FOR SCHIZOPHRENIA

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AIM: It is known that in the past people with mental disorders were regarded as possessed by the devil and evil spirits and were treated by burning or burying alive, throwing in wells or starvation. These days certain sectors of the population see the reasons of the illness as visitation by spirits, the evil eye and sorcery and look for cures in the ''hoca" (wise men) and burial sites of holymen. The aim of this study has been to investigate the attitudes and cure seeking approaches for schizophrenia of the patients and their relatives.

METHOD: A total of 126 patients diagnosed with schizophrenia and treated as inpatients at the Dicle University Medical School Psychiatry Clinic between May 2012 and July 2014. were included in this study. The patients and their relatives were interviewed and were asked to complete purpose prepared forms.

RESULTS: The start of the disease was attributed by the patients' relatives to visitation by the evil spirits, too much thinking or extreme sadness. The first consultations were with the 'wise men' and holy burial sites, and then the treatment centers. The wise men could only write amulets for protection. On the other hand some 'wise men' interfered with the medications prescribed, resorted to violence or harassment. The diagnosis and medical treatment of those firstly consulting non-medical treatment sources were significantly longer.

CONCLUSION: Seeking non-medical means of treatment for schizophrenia, long known and proven to be a biological disorder, adversely affects the progress of the disease.

Key Words: Schizophrenia, non-medical treatment , disposition, attitudes

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OP-08

WHITE MATTER INTEGRITY DISORDERS IN SIBLINGS OF BIPOLAR DISORDER-I PATIENTS

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AIM: Diffusion Tensor Imaging (DTI) is a noninvasive technique used to evaluate the quantitative integrity of the brain white matter in vivo, and the fractional anisotropy (FA) value is used as the index of this assessment of integrity. There are studies reporting lowered FA level in bipolar disorder (BPD) patients as compared to the controls. Studies to determine the BPD endophenotypes among siblings and relatives of the patients are rare. The aim of this study is to compare the brain white matter integrity of the BPD patient with those of healthy siblings and healthy controls in order to determine the possible endophenotype regions of the brain.

METHOD: In this study 27 BPD-1 patients diagnosed on the DSM-IV criteria, 20 healthy individuals with a BPD-1 sibling and 29 healthy controls were enrolled. The DTI data were analysed using the FSL software program package of FMRIB Diffusion Tool Box (Oxford Centre for Functional MRI of the Brain) .

RESULTS: Demographic differences with respect to age, educational years, gender and cigarette smoking was not found between the three study groups. Comparing the entirety of the brain between the BPD and the control groups, the FA values for the BPD group in the corpus callosum, fornics, bilateral superior longitudinal fasciculus, inferior longitudinal fasciculus, inferior occipitofrontal fasciculus, anterior thalamic radiation, posterior thalamic radiation, cingulum, uncinate fasciculus, superior corona radiata, anterior corona radiata, and in a bundle including the left external capsule. The functional area analyses showed FA values of the control group to be higher as compared to the BPD and sibling group in the sagittal stratum, left posterior thalamic radiation and the fornics. The FA values of the sibling group were lower than that of the controls and higher than that of the BPD group in corresponding areas.

RESULTS: The results of our study are in agreement with the anterior limbic hypothesis which is at the foreground of the BPD aetiology and show that changes in the white matter pathways may represent the biological endophenotypes..

Key Words: Bipolar disorder, white matter, diffusion tensor imaging , endophenotype

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OP-09

WHITE MATTER INTEGRITY AND DECISION MAKING PROCESS IN THE LONGTERM SOBER ALCOHOLICS

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AIM: Diffusion Tensor Imaging (DTI) is a noninvasive technique used to evaluate the quantitative integrity of the brain white matter in vivo and the fractional anisotropy (FA) value is the index value for the degree of this integrity. Parallel diffusion (PLD) which shows axon degeneration and perpendicular diffusion (PPD) which indicates myelin sheath damage can be assessed using DTI. There are many studies on the loss of white matter integrity in alcohol use disorder, but there is only one such study with the longterm sober alcoholics which has shown continuity of white matter damage in the parietal regions. These results may have been affected by the high number of patients with additional psychiatric diagnoses and substance use disorder. Our study has included patients who did not have psychiatric disorders or substance use disorder and had been minimally 6 months sober. We aimed at comparing the white matter integrity and the decision making process in these patients with healthy controls.

METHOD: In this study 12 male patients diagnosed with alcohol use disorder on the DSM-IV criteria who had been sober for at least 6 months and 13 healthy controls matched for age and years of education were included. Decision making process was evaluated using the Iowa Gambling Task (IGT). The DTI data were analysed using the FSL software program package of FMRIB Diffusion Tool Box (Oxford Centre for Functional MRI of the Brain) (Smith et al., 2004).

RESULTS: The mean period of sobriety was 27.8 months. Although the sober alcoholics group drew more cards from the IGT ''bad" decks or the disadvantaged decks as comparaed to the controls the difference was not statistically significant. However, when white matter integrity data were compared between the 2 groups, significantly different PLD and PPD values were obtained in the frontal, temporal and the parietal regions of the brain.

CONCLUSION: The results of our study indicate that despite a mean 27.8- month alcohol abstinence especially the myelin sheath damage remains.

Key Words: Alcohol, addiction, white matter, decision making

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OP-10

COMPARISON OF PROPOFOL, ETOMIDATE AND THIOPENTAL ANAESTHESIA IN ELECTROCONVULSIVE THERAPY: RANDOMISED, DOUBLE BLIND STUDY

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History of the Electroconvulsive Therapy (ECT) goes back to the beginnings of modern psychiatry. Convulsive therapy using camphor induced generalized convulsions was first introduced by von Meduna in 1934. Electrical stimuli to induce seizures for the treatment of severe psychosis was first used in İtaly by Cerletti and Bini without anaesthesia (unmodified ECT) until the early 1940s. Modified ECT after administration of muscle relaxants and anaesthetic agents induces and epileptic seizure. The anaesthetic agent used must be safe and comfortable and should affect the therapy optimally with minimal adverse side effects.

AIM: It has been aimed to investigate the effects of propofol, etomidate and thiopental, used as anaesthetic agents for ECT on the response to the therapy, the cardiovascular system, coming round, seizure values and the cognitive functions

METHOD: Male inpatients treated at the Bakırköy Psychological and Neurological Diseases Training and Research Hospital 7th Psychiatry Clinic were investigated through a prospective, double blind, randomized trial. In each session of ECT the cardiovascular system changes, seizure characteristics, coming round results, and cognitive performances were recorded at regular intervals. Using clinical scales specific to the disease diagnoses before the first and after the last session, the responses to the therapy and the effects of cognitive functions were determined.

RESULTS: Sociodemographic details were similar for all three anaesthetic agent groups. Statistically significant differences between the groups with respect to the data on cardiovascular observations, seizure characteristics and cognitive functions were not observed. In all three groups good clinical responses were achieved and statistically significant differences were not seen.

CONCLUSION: Propofol, etomidate ve thiopental have shown similar effectiveness data and safety profiles in ECT anaesthesia.

Key Words: Electroconvulsive therapy, general anaesthesia, seizure characteristics, coming round, side effect, clinical effectiveness

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OP-11

SUICIDE PREDICTORS IN MAJOR DEPRESSIVE DISORDER

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AIM: Major Depressive Disorder (MDD) patients were investigated in three groups identified as 'suicide attempters', 'with suicidal ideation' and 'non-suicidal- in remission' in order to assess possible suicide predictors in MDD.

METHOD: Patients diagnosed with MDD according to the DSM-IV-TR criteria were placed in three groups each consisting of 50 patients with a history of suicide attempts (1) , with suicidal ideation(2) and as non-suicidal-in remission (3) . All 150 participants were asked to complete the Sociodemographic and Medical Information Form, The Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I), the Hamilton Anxiety Rating Scale (HAM-A), the Hamilton Depression Rating Scale (HDRS), the Beck Anxiety Inventory (BAI), the Beck Depression Inventory (BDI), the Social Adaptation Self-evaluation Scale (SASS) and the Hopelessness, Helplessness, Haplessness Inventory (HHHI).

RESULTS: The HAM-D, HDRS, BDI, BAI, SASS and HHHI scores of group (1) and (2) were significantly higher than those of group (3) patients. The incidence of the female gender, primary school or lower educational history, house-wife status and unemployment, low socio-economic level, family history of suicide had been reported to be higher among MDD patients of groups (1) and (2) characteristics. Also, among these patients, higher prevalence of early onset and longer durations of MDD, history of hospitalisation, substance use disorders and self harm behaviour had been reported.

CONCLUSION: In this study statistically significant differences in the sociodemographic parameters and the psychometric test scores of the groups (1) and group (2) patients were not observed. We believe that the risk of suicide attempt is high for MDD patients with suicide ideation which should be evaluated in detail in the clinical interviews.

Key Words: Major depressive Disorder, suicide ideation, suicide attempt, risk factors

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OP-12

SOCIODEMOGRAPHIC AND CLICICAL CHARACTERISTICS AND BODY PERCEPTION IN VAGINISMUS AND DYSPAREUNIA (GENITOPELVIC PAIN/PENETRATION DISORDER)

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AIM: Vaginismus is recognised as a disorder making sexual intercourse impossible for women due to pain and/or fear; or as a sexual dysfunction with severe pain associated with any vaginal penetration. Prevalence of vaginismus varies between populations. It is much rarer in the west, but has a prevalence of 43-73% among women consulting for sexual function disorders. This study has aimed to compare patients with vaginismus and dyspareunia and healthy controls with respect to sociodemographic and some clinical characteristics, depression and body perception.

METHOD: In this study 50 patients consulting the Erenköy Psychological and Neurological Disesases Sexual Disorders Unit for vaginismus and dyspareunia and 45 healthy women were included. The data were derived from a questionnaire on sociodemographic and some clinical characteristics developed by the researchers, the Beck Depression Inventory (BDI), and Body Perception Rating Scale (BPRS).

RESULTS: In the patient group the mean age was 28 years of whom 94% were married and the mean duration of the problem was 44 months with 24% prevalence of additional sexual function disorders, and 71% of the patients had shared the problem with family or a friend. In the patient group, the frequency of specific phobias (p=0,009), the BDI (p=0.000) and the BPRS scores (p=0,045) were significantly higher when compared to the control group.

CONCLUSION: The results have shown that in patients with vaginismus and dyspareunia frequency of anomalies of body perception, specific phobias, depressive tendencies were high.

Key Words: Intercourse, sexual, depression dyspareunia, vaginismus

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OP-13

RECOGNITION OF EMOTIONAL FACIAL EXPRESSION IN PREMENSTRUAL SYNDROME PATIENTS

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AIM: Comparison of recognition of emotional facial expression between women with premenstrual syndrome and healthy controls.

METHOD: The premenstrual assessment form was completed by 37 patients with premenstrual syndrome and 27 healthy women. All participants were submitted to the facial emotion recognition test at the follicular and the luteal phases of the menstrual cycle; the Beck Depression Inventory (BDI) and the Body Image Rating Scale (BIRS).

RESULTS: The accuracy of recognising sad and surprised expressions on faces by patients with premenstrual syndrome was significantly lower during the luteal phase as compared to the follicular phase. In healthy women accurate recognition of the sad expression was significantly lower during the luteal phase than in the follicular phase. When the two groups were compared, there was not any significant difference beween the accuracy ratios of facial emotion recognition in both the follicular and the luteal phases.

CONCLUSION: The higher accuracy in recognising facial emotional expressions during the follicular phase as compared to the luteal phase may be related to the relatively higher levels of oestrogen, and the reversal in the luteal phase may be associated with the relatively higher levels of progesterone. The lower accuracy in recognising emotional facial expressions in the luteal phase agrees with the higher scores of depressiveness in this phase. The higher accuracy of recognising emotional facial expressions during the increased fertility of the follicular phase may be of significance in assisting women in awareness for social clues and finding partners for fertilisation.

Key Words: Follicular phase, luteal phase, premenstrual syndrome, facial emotion recognition

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OP-14

HALOPERIDOL DECANOATE THERAPY IN SCHIZOPHRENIA: SHARING THE 1-YEAR EXPERIENCE WITH CASE SERIES

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AIM: Antipsychotic agents are used in the treatement of schizophrenia, the general preference being for oral administration. However, it is also known that nearly two thirds of schizophrenia patients do not comply with the therapy which results in the exacerbation of the disease with worsening of the progress and increasing costs of management. Therefore, depot antipsychotic agents have been developed to surmount this difficulty, and subsidence of positive symptoms, the incidence of flare-ups and repeat attacks, reduced hospital admissions and risks of abandoning the therapy have been observed. In Turkey haloperidol decanoate is one of the depot antipsychotic agents used, with advantages over oral haloperidol therapy including easier compliance with the therapy, higher dose of drug reaching the central nervous system as the first passage bypasses the enterohepatic metabolism, better control of plasma concentrations, less extrapyramidal system side effects and less requirement of combined use of antiparkinsonian agents.

CASES-METHOD: Between June-July 2013, 28 chronic schizophrenia inpatients (15 females, 13 males) were started on haloperidol decanoate at estimated doses 20 fold the oral haloperidol doses the patients had benefited from, such that during the first month 100-600mg/patient doses were given every 3-7 days : 3x200 mg/1 pat.; 4x100 mg/14 pats.; 2x200 mg/9 pats.; 2x150 mg/1 pat.; 2x100mg /1 pat.; 3x50 mg/1 pat. ; 2x50mg/1 pat. Using different dose schemes did not result in differences in side effects. In 21 patients antiparkinsonian agents were used during the first month whereas the remaining 7 patients did not get additional therapy. In the second month, depending on the clinical response to the therapy, the doses were lowered by 25% to prevent drug accumulation and the high doses were again administered every 3-7 days.

During the third month the previous doses were again reduced by 25% and treatment was continued with maintenance doses. Some of the patients did not need the antiparkinsonian treatment in the third month. Four patients (2 females, 2 males) could not continue with the therapy due to extrapyramidal system side effects and 3 patients (1 female,2 males) did not attend the follow up examination. Of the 28 patients enrolled, 15 females and 8 males had a history of using a different long effect depot treatment and 4 of the patients started on haloperidol decanoate maintained regularly on the other depot treatment presented with flare- ups and were admitted to the hospital. Those patients who had suffered side effects with different depot treatment in the past also presented with similar side effects after haloperidol decanoate.

CONCLUSION: In schizophrenia compliance with the therapy is closely related to the course of the disease, frequency of repeat attacks, hospital admissions and hence the individual's functionality and life quality. Even the use of the most effective therapeutic agents will not avail in the absence of treatment compliance. Depot antipsychotics may be preferred to ease and promote compliance. Haloperidol decanoate provides the ease of once a month treatement with an effective agent together with low cost and thus constitutes a good alternative among the therapeutic agent of choice.

Key Words: Depot antipsychotic, haloperidol decanoate, schizophrenia

OP-15

CHILDHOOD TRAUMATIC EXPERIENCES AND RELATED PARAMETERS IN WOMEN WITH DIAGNOSES OF FIBROMYALGIA SYNDROME AND MIYOFASCIAL PAIN SYNDROME

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AIM: Fibromyalgia syndrome (FMS) is a chronic debilitating rheumatic disorder not involving the joints, more prevalent among women and characterized by widespread pain with tenderness in specific areas of the body. FMS is frequently associated with triggereing psychosocial factors, chronic stress, emotional traumas, emotional-physical or sexual exploitation and association with childhood traumas have been reported . Myofascial pain syndrome (MFS) is characterised by trigger points (TP), pain, hardening, sudden and involuntary muscle contractions, limited range of motion, sensitivity, fatigue and rarely autonomous function disorder recognized s the widest cause of musculoskeletal pain. In this study we aimed to query the childhood traumas of FMS diagnosed female patients, analyse the relationship between the traumas and the FMS complaints and accompanying mood disorder and/or anxiety diagnoses, and assess the differences with healthy control group of women.

METHOD: At the Kocaeli University Medical School Psychiatry Department Physical Therapy and Rhabilitation Policlinics 52 consecutive female patients followed up for FMS, 35 female patients with MFS and 49 healthy women as the control group were included in this study. All the participants were asked to respond to the Socidemographic and Clinical Data Questionnaire, the SCID-I Mood Disorder (SCID-I-MD) and Anxiety Modules (SCID-I-AD) , the Hamilton Depression (HAM-D) and Anxiety Rating (HAM-A) Scales, Childhood Traumas Questionnaire-28 (CTQ-28) and the Fibromyalgia Symtom Questionnaire.

RESULTS: In the FMS group, in comparison to the MFS and the health control groups, the CTQ-28, HAM-D and HAM-A scores were significantly higher. Within the FMS group, a significant correlation was determined between the fibromyalgia symptom counts (FSC) and the HAM-D and the CTQ-28 total scores, but a similarly significant correlation was not observed between the FSC and the HAM-A score. A significant correlation between CTQ total scores and the SCID-I-MD and the SCID-I-AM diagnoses were determined only in the FMS group. Further, the tendency to weep, fatigue after minimal work and exaggerated reaction to events among the FMS group patients were seen to be related to childhood traumas.

CONCLUSION: Early neuro-developmental factors as childhood traumas may paly a role in FMS development. Having childhood traumas are related to the the FSC together with mood disorder and anxiety diagnoses in FMS. Also, the tendency to weep, fatigue after minimal work and exaggerated reaction to events among the FMS patients may give clues to traumas of childhood.

Key Words: Fibromyalgia, depression, anxiety, childhood trauma, myofascial pain syndrome

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OP-16

OVARIAN HORMONE, TOTAL OXIDANT/ ANTIOXIDANT AND PARAOXANASE-1 LEVELS AND PREMENSTRUAL DYSPHORIC DISORDER BIOLOGY: PROSPECTIVE COHORT STUDY

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AIM: In 75% of women life-long experiences of physical symptoms of unease, sleep disorders, emotional changes, irritability, breast oedema, indigestion and psychiatric symptoms which start 5-10 days premenstrually have been described. In 20-32% of these women the symptoms are severe enough to be described as the premenstrual syndrome (PMS). In only 5% of the PMS sufferers do these symptoms are severe enough to upset the quality of life, and give rise to psychiatric symptoms that disturb the patients and their environment, such that the disosrder has been included as the Premenstrual Dysphoric Disorder (PMDD), under 'mood disorders' in DSM-IV. Oxidants and antioxidants have effects on the pathophysiology of neuropsychiatric disorders as sleep disorder, dementia, depression. Although oestrogen and progesterone levels, and the effects of oxidants and antioxidants have been studies in PMS, similar studies are limited in PMDD. This study has undertaken for the first time a comparative investigation between females with PMDD and healthy controls, of serum oestrogen and progesterone levels, total oxidant/antioxidant levels and the level of the novel enzyme paraoxanase (PON-1), depression and anxiety levels, sleep quality, and clinical data, believing that the possible differences would indicate the pathways of the pathophysiology of PMDD.

METHOD: A total of 550 young women chosen from different departments of our university were enrolled in the preliminary study. They were initially asked to respond to a wide scale sociodemographic questionnaire, and then were given the Premenstrual Evaluation Form and the shortened form of Endicott's Daily Record of Severity of Problems (DRSP) in order to scan the premenstrual symptoms and their severity to support PMS diagnoses. Those with chronic, hormonal or metabolic diseases, and the cigarette smokers were excluded. On the basis of scoring ithe employed questionnaires, the participants with moderate or severe PMS were subsequently evaluated according to the DSM-V PMDD criteria, such that 20 PMDD patients and 30 healthy controls were taken into the study proper. Serum samples taken in the follicular and luteal phases of two successive menstrual cycles were analysed for oestrogen, progesterone, total oxidants and antioxidants and paraoxanase-1 levels. The participants also completed the Hamilton Anxiety (HAM-A) and Depression Rating (HAM-D) Scales, and the Pittsburgh Sleep Quality Index (PSQI).

RESULTS: Oestrogen, progesterone, total oxidant/antioxidant and paraoxanase-1 levels were not significantly different in the PMDD and

the control groups. The HAM-A and HAM-D scores of the PMDD group were higher than in the controls, but the PSQI scores were similar in both groups. Correlations were not found between the hormone and the oxidant and antioxidant levels and the HAM-D, HAM-A and PSQI scores. In the PMDD group the paraoxanase-1 levels were positively correlated with HAM-A scores.

CONCLUSION: Oestrogen, progesterone, total oxidant/antioxidant and paraoxanase levels may not have an affect on the pathophysiology of PMS. However, in future studies the role of paraoxanase-1 in the pathophysiology of anxiety disorders on a wider scale is important.

Key Words: Oxidant/antioxidant, paraoxanase-1, depression, premenstrual dysphoric disorder

OP-17

RELATION OF EMOTIONAL MANIPULATION BETWEEN MARRIED COUPLES TO THE MARRIAGE TIES

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AIM: Couples may attempt to put one another in definite moods by irritating, embarrassing or pleasing in order to influence their partners, to impose demands or to receive favours. This study has aimed to investigate with respect to gender and low and high esteem of marriage ties, the differences in the manner of manipulating the marriage partner in order to impress the partner.

METHOD: With this aim, 100 married individuals (58 women, 42 men) were asked to respond to the Emotional Manipulation Rating Scale, Consistency in Relationships –Rating Scale and a Demographic Information questionnaire.

RESULTS: In this study significant differences have been observed between the styles of emotional expressions used to impress one another in the experimental groups formed on the basis of high or low esteem of marriage ties. Those with high esteem of their marriage ties have expressed that in order to impress their marriage partners they would use more positive manipulations as to cheer up or to calm down, to make them feel happy and friendly. In contrast to this, those with a low esteem of their marriage ties expressed that in order to impose their wishes on their marriage partners they would use negative manipulations to incite jealousy, worry, fear, panic and confusion. However, differences were not observed between men and women with respect to the emotional expressions used for manipulating their marriage partners.

CONCLUSION: A relationship between the esteem of the marriage tie and the emotional expressions used to manipulate the marriage partner may be speculated. According to the results of this study it could be said that as the marriage ties get stronger the tendency to use positive styles of expressing emotions progresses.

Key Words: Marital relationships, styles of expressing emotions , marriage ties

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OP-18

PARAMETERS PREDICTING THE PARASOCIAL RELATIONSHIPS FORMED WITH CHARACTERS IN TV SERIES FILMS: A STUDY CARRIED OUT WITH MARRIED WOMEN

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AIM: The term parasocial relationship describes a one sided and symbolic relationship audiences develop with media characters . Parasocial relationship is realised only in the thoughts of the audience but controlled by the celebrity and is not a relationship allowing for mutual development. That this type of relationship is frequently formed by women with characters in TV series is reported in the literature. The aim of this study was to acquire information on the prevalence of following TV series by married women and to investigate the association of the parasocial relationships developed by these women with various psychological parameters such as self perception, interpersonal relationships, life satisfaction and desire to experience relationships displayed in the film series.

METHOD: From Ankara, İstanbul, İzmir, Samsun and Diyarbakır 1232 women were selected for this investigation in which a purpose made demographic questionnaire including parameters related to TV watching, the Parasocial Relationship Rating Scale and the Social Comparison Scale were used. Also questions were asked to the participants to assess the level of life satisfaction, interpersonal construal of happiness and perception of the romantic effect (e.g., the desire to find a partner like the character in the TV series).

RESULTS: Regression analyses show that the lower the educational level, self perception and life satisfaction among married women the more prevalent is the formation of parasocial relationships. The most powerful predictor of parasocial relationship formation were the scores on the wish to experience relationship displayed in the series or the romantic effects as preferring a marriage partner.

CONCLUSION: In conclusion, as the self perception and life satisfaction of women are lowered, they get more affected with the TV series.

Key Words: Married women, parasocial relationship, self perception, benlik algısı, life satisfaction, TV series

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OP-19

EVALUATION OF PERSONALITY ORGANISATION IN DEPRESSIVE INDIVIDUAL WITH AND WITHOUT PSYCHOTIC CHARACTERISTICS

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AIM: Major Depressive Disorder (MDD) is a psychiatric disorder with heterogenous clinical aspects proposed to be related to the subtypes of depression. Arguments on the importance of personality in depression are not new, there having been proposals that pathologies of personality affect the aetiology and the clinical aspects of depression. Importance of personality in Major Psychotic Depression (MPD) and Major Non-Psychotic Depression (MNPD) have been emphasized and frequently studied in MNPD but not in MPD. Therefore, this study, which has aimed to compare personality organisation (PO) traits and dimensions in psychotic and nonpsychotic depression, can also be considered as an evaluation, through the PO model, of the relationship of personality to MPD.

METHOD: This cross sectional study was carried out in Erenköy Psychological and Neurological Diseases Training and Research Hospital on patients diagnosed with MPD (n=40) and MNPD (n=50) using the DSM-IV criteria and healthy controls (n= 49).

The participants were assisted to complete a sociodemographic form and the Hamilton Depression Rating Scale (HAM-D) in the first interview. PO of the participants was assessed using the Erenköy Personality Organisation Diagnosis Form (ErKÖTF), this having been done with the MPD patients during their remission periods.

RESULTS: Evaluating the total scores on the subscales of the ErKÖTF, personality (35.78, p<0.001)and the mature defense mechanism(35.78, p<0.001) scores of the control group were significantly different from those of the two patient groups. The primitive defense mechanism (F=8.10, p<0.001) and reality evaluation (F=9.18, p<0.001) total scores of the MPD group were significantly different from those of the MNPD and control groups. Scores of all three groups differed in the subscales of object relationships quality (?2=88.59, p<0.001) and object relationships sup-types (?2=99.72, p<0.001). According to the ErKÖTF, the general PO (GPO) of the control group differed from the patient groups (F=8.64, p<0.001), while the MPD and MNPD patients did not differ significantly in GPO (p=0.232).

CONCLUSION: This study has shown that PO was at a lower level in MPD as compared to MNPD. As regards the sub-scales of PO, personality in MPD was more disorganized, primitive defense mechanisms were more prominent, reality evaluation was relatively more disordered and object relations were at a lower level. This is the first study in Turkey on PO and its sub-scales in MPD and MNPD which present with different clinical characteristics.

Key Words: Personality organization, psychotic depression, depression, disordered personality, defense machanisms, object relations

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OP-20

RELATIONSHIP BETWEEN OXYTOCIN (OXT) AND THE OXYTOCIN RECEPTOR (OXTR) GENE AND THE ATTENTION DEFICIT AND HYPERACTIVITY DISORDER (ADHD) , AND SUBTYPES OF BEHAVIOURAL DISORDER (BD)

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AIM: Cases diagnosed with ADHD, BD and Autism Spectrum Disorder (ASD) have common social problems. Variations in the OXT gene and the OXTR gene have been reported in cases diagnosed with ADHD and especially with the 'callous unemotional'(CU) subtype of BD. Aim of this study was to investigate possible mutations of the OXT and OXTR genes in the ADHD and BD subtype cases (11-18 years of age) as compared to age-matched healthy controls. Here the preliminary results are being reported.

METHOD: Sequence analyses were carried out on all encoding exons and exon-intron products of OXT gene after iv blood sampling from 40 ADHD- predominantly inattentive type, 36 ADHD-Combined type and 32 ADHD- predominantly hyperactive-impulsive cum BD cases and 37 healthy controls. Sequence analyses for the OXTR gene were carried out in the same participant population but including only 16 ADHD- predominantly hyperactive-impulsive cum BD patients. The diagnoses of the patient groups were arrived through scorings on the Schedule for Affective Disorders and Schizophrenia for School-Age Children, and CU characteristics were evaluated on the basis of the DSM-V diagnostic criteria.

RESULTS: Polymorphism or mutation was not observed on the OXT gene in a total of 108 paitents and the 37 controls. Also, mutation was not observed in the OXTR gene of 91 patients. However three polymorphisms were determined on the OXTR gene: rs2228485 (N57N), rs4686302 (A218T) ve rs237902 (N230N), the respective minor allele frequencies (MAF) of these polymorphisms being 32%, 15% and 23%. For the ADHD-predominantly inattentive type group the MAFs for OXTR gene polymorphisms were, respectively, 74%, 20% and 35%; for the ADHD- Combined group the respective polymorphism MAFs were 83%, 8% ve 35%; and, for the ADHA-predominantly hyperactive-impulsive cum BD cases these polymorphis MAFs were, respectively, 78%, 18% and 40%.

CONCLUSION: The preliminary results of our study indicate that the rs2228485 (N57N) polymorphism of the OXTR gene may be associated with tendency to ADHA.

Key Words: ADHDE, behavioural disorder, oxytocin, oxytocin receptor gene

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OP-21

POST-TRAUMATIC STRESS DISORDER (PTSD) PREVALENCE RELATED TO CHILDBIRTH AND RISK FACTORS

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AIM: To assess the prevalence of PTSD associated with giving birth and factors affecting its development.

METHOD: A total of 158 women who had given birth 4-18 months previously and had a child in the pediatrics policlinics or services were consecutively enrolled in this study. The participants completed the Modified Post-Traumatic Stress Disorder and Sociodemographic Data questionnaire.

RESULTS: On the basis of the scores on the Modified PTSD scale, 34,8% of the participants met the PTSD diagnostic criteria. There were no significant differences between the participants with and without PTSD with respect to assessments on age, marital status, education, socioeconomic status, employment, number of pregnancies, partner support during birth, giving term or preterm birth, spontaneous vaginal birth or cesarian section under emergency/elective conditions, satisfaction with the prenatal and perinatal medical support received, birth weight of the newborn and complications developed in the newborn.

There were also no differences between the women with and without PTSD in the disclosures about childhood traumas, and traumatic experiences during pregnancy. However, incidence of unwanted pregnancies in the PTDS group was significantly higher than in women without PTSD (29.1% vs 14.6%). The PTSD group had history of significantly more frequent psychiatric help seeking during their pregnancies. The risk of PTSD development was 2.13 fold higher in cases of pregnancies and childbirths with complications and also PTSD diagnoses were more frequent among women who were not supported by their partners after giving birth..

CONCLUSION: There is a high prevalence of PTSD associated with childbirth. Unwanted pregnancy, complications during pregnancy or childbirth, history of psychiatric disorders presenting during pregnancy and inadequate partner support after childbirth may be associated with development of PTSD.

Key Words: Childbirth, post traumatic stress disorder

OP-22

NEUROCOGNITIVE FUNTIONALITY IN THE ADULT ATTENTION DEFICIT AND HYPERACTIVITY DISORDER

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INTRODUCTION: Attention Deficit and Hyperactivity Disorder (ADHD) is characterized by inattentiveness, excessive activity and impulsivity and starts at childhood. ADHD is a neuropsychiatric disorder that affects development in social, cognitive and emotional levels. The symptoms appear in early childhood and diagnoses are given generally at school age. Prevalences are given as 2,5-11,2% on pediatric sampling, and foreseen as 5-10% for all children in the world , while 4% of the adults are to be affected . Since the ecognition of PTSD, associated neurocognitive disorders have drawn attention. These have been studied more during childhood but there is need for research on PTSD in the adult population.

AIM: In this study adult PTSD patients and healthy volunteers have been compared with respect to cognitive functions including attention, short term and long term memory, verbal fluency, concentration and impulsivity. The cognitive functions in PTSD are recognized according to various models. By using these models, the study aims to conceive better the possible aetiologies underlying the clinical aspects of adult PTSD, to investigate the different characteristics or patterns of the disorder, to contribute support or criticism to the diagnostic models and, in conclusion, to understand better the nature of the disease.

METHOD: Patients (n=30) consulting the Maltepe University Medical Faculty Hospital Psychiatry Polyclinics for PTSD diagnosis and educationally matched healthy controls (n=30) were enrolled in this cross sectional study after having met the inclusion criteria. The participants were evaluated in a single session when sociodemographic details were taken followed by psychiatric interviews using the SCID-I. The participants also completed the Self Rating Scale for Adult PTSD, the Wender Utah Rating Scale and the Barratt Impulsivity Scale, after which they were given a battery of neurocognitive tests.

RESULTS: His study can be regarded as important for Turkey on the basis of scope and participant numbers in comparing adult PTSD patients and healthy controls for neurocognitive functions. The results have displayed significant differences in the scorings related to the diagnosis and impulsivity. Also significant differences between the PTSD patients and the healthy controls were seen in: The Numeric Symbols Test, Stroop Test, Controlled Word Recall Test, Trail Making-A Test the Aural Three Consonants Test. These deficits in PTSD display the bad performance of patients in maintaining attention, memory functions, and functional speed which is likely to be affected by insufficient suppression of irrelevant stimuli and which, together with impulsivity, comes to the fore as an important factor in PTSD.

CONCLUSION: The simple cognitive abilities including simple attention, impulsivity and inhibition failure, divided attention, memory functions and functional speed can be used in evaluating the pathology of PTSD.

Key Words: Impulsivity, adult attention deficit and hyperactivity, neurocognitive functions

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POSTER PRESENTATIONS

PP-001

ACUTE DYSTONIA AND DYSKINESIA DEVELOPMENT AFTER DULOXETINE TREATMENT FOR HEADACHE – CASE PRESENTATION

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AIM: There are few reports in the literature on serotonin-norepinephrine reuptake inhibitor (SNRI) induced extrapyramidal symptoms (EPS), in contrast to the detailed investigation of neuroanatomical, neurophysiological and neurochemical mechanisms of EPS induction by neuroleptics. This report presents a case with acute dystonia and dyskinesia presenting 1 hour after taking Duloxetine (30mg capsule) prescribed by neurologist for headache.

CASE: One hour after using Duloxetine (30 mg capsule) prescribed by neurologist for headache, a 29-year old married female experienced involuntary contractions of the neck, lip twitching, inability to open mouth fully, chin spasm, involuntary teeth clenching, difficulty controlling the tongue and speech, and consulted the emergency services of our hospital. Her cranial MR, BT and EEG investigations, haemogram and routine biochemistry parameters, iron and zinc levels were normal. Psychological examination showed that she was conscious, cooperative, oriented, subdepressive with affect matching her mood, and with self care compatible with her age and socioeconomical status. Involuntary contractions around the mouth periodically stopped her speaking, but her volume of speech was normal and her responses met the aim. Her sleep, appetite and psychomotor activity were normal. She was slightly anxious about the sudden spasms. She was not agitated or irritable and her associations were natural. Acathisia was not observed. Her memory test and abstract thinking were normal. She did not have a history of psychiatric disorder or physical illness, could not describe delusion or hallucination and lacked suicidal-homicidal thoughts. She had not used medication other than Duloxetine which was discontinued. Her symptoms receded in 1 hour after i.v. Biperidene (5mg/ml ampule in 500cc isotonic medium). After 72 hours of follow up with oral Biperidene (2mg tablets 2x1) her symptoms had subsided. Two days after her discharge from emergency services, dystonia and dyskinesia had completely disappeared.

DISCUSSION: Strong inhibition of serotonin and norepinephrin reuptake by Duloxetine may result in the inhibition of dopamine neurotransmission mediated by the increased serotonin neurotransmission (Leo 1996). Dystonia may additionally arise from the dominance of norepnephrine when its reuptake is inhibited, resulting in a dopaminergic-noradrenergic imbalance, and hence, dystonia would be observed more often with Duloxetine than with the selective SSRIs. These observations necessitate further investigation into the role of a single dose of Duloxetine on the neurotransmission system and dystonia. Dose-independent EPS development after antidepressants (ADs) has been reported; and, as the advent of EPS can damage patient-clinician relationship as well as causing serious morbidity and reduced quality of life, it has been recommended that all physicians including psychiatrists should pay attention to this risk in the use of ADs.

Key Words : Duloxetine, dystonia, diskinesia, pain

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PP-002

SOCIODEMOGRAPHIC AND CLINICAL CHARACTERISTICS OF THE PATIENTS CONSULTING THE EMERGENCY SERVICE OF ERENKÖY PSYCHOLOGICAL AND NEUROLOGICAL DISEASES HOSPITAL

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AIM: It has been aimed to determine the sociodemographic and physical characteristics of the patients consulting the emergency services of Erenköy Psychiatric and Neurological Disorders Training and Research Hospital.

METHOD: A total of 1625 patients who consulted the emergency psychiatry services between 01 June 2014 and 31 June n 2014 have been evaluated within the scope of this study.

RESULTS: Throughout June 2014, 1625 patients consulted the emergency service. Their mean age was 35.1±13.8 (min=10, max=94); 52.9% were males and 47.1% were females. The complaints consisted of psychotic disorder (18.1%), anxiety disorder (17.2%), alcohol and substance use disorder (17.7%), bipolar affective disorder (15.4%), depression (14.3%). The most frequent complaints of the male patients were alcohol and substance use disorder (29.0%) followed by psychotic disorders, and anxiety disorder ranking 3rd. In the female patients the corresponding rankings were anxiety disorder, depression and bipolar disorder. These differences were statistically significant. Of the patients investigated: 48 (3%) had consulted for suicidal attempts, mostly by the drug taking approach (76.6 %); 10.8% had been admitted , 27.4% of which were unrequested admissions; 83 (5.1%)'were referred to other care centers; 48 (3%) were without psychiatric problems and were referred to other hospitals; 6 patients were sent to Bakırköy *Psychiatric and Neurological Disorders Training and Research Hospital*, 3 were sent to Haydarpaşa Numune Hospital; 56 (3.4%) had alcohol use disorder; 267 (16.4%) were found to have substance use disorder. Of the

consulting patients 87.4% resided in the Anatolian side of Istanbul, and 6.4% resided on the European side. Timing of the consultation showed that 53.5% were made during normal work hours (08.00-17.00 hrs.); 31.3% after work (17.00-24.00 hrs.), and 15.1% in the morning hours (24.00-08.00 hrs.). In a single year 58,2 % of the patients consulted the emergency services only once; 41,8% consulted 2 times or more; and 25,1% consulted three times or more.

CONCLUSION: It was observed in our study that the most frequently made diagnoses were psychotic disorders followed by anxiety disorder (most frequent among females) and alcohol and substance use disorder (most frequent among the males). The advance of alcohol and substance use disorder to the third rank was noteworthy. One of every ten patients were admitted to the hospital, a very small percentage having been diverted to other care centers. The determination of the sociodemographic details of patients consulting psychiatric emergency services is important for the planning of emergency treatments and the provision of the best suitable service.

Key Words : Psychiatry, emergency service, clinic, sociodemographic characteristics

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PP-003

INVESTIGATION OF PATIENTS CONSULTING THE ERENKÖY PSYCHOLOGICAL AND NEUROLOGICAL DISEASES HOSPITAL (EPNDH) EMERGENCY SERVICES AFTER SYNTHETIC CANNABINOID USE

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AIM: Synthetic cannabinoids have been recognized as the crisis of the recent years. The wide spread abuse of these substances with unknown chemical structures has become a serious public health problem. This study has aimed to investigate the sociodemographic and clinical details of patients consulting the emergency services of EPNDH .

METHOD: A total of 1625 patients consulting the psychiatry emergency service between 01 June-30 2014 have been evaluated within the scope of this study.

RESULTS: Of the 1625 patients consulting the emergency service, 267'si (16.4%) had substance use disorder (SUD) and 156 (58.4%) of these had used synthetic cannabinoids and 32 (20.5%) of this group of patients had also used narcotics or ecstasy. The mean age of the synthetic cannabinoid users (SCU) was 26.6±8.2 (16-51) and 149'u (95.5%) were males , 7 (4.5%) were females. Only 1 patient in this group had consulted for suicidal attempt who with 3 others were involuntarily admitted to the hospital. Of the SCU group of patients 16 (10.3%) were cases of intoxications and were initially referred to a general hospital and subsequently investigated psychiatrically when 14 (9%) of these confirmed the use of alcohol. Among the 267 patients with SUD, 24 (9.1%) had psychosis and 10 (3.8%) had bipolar disorder as comorbidities; 152 (97.4%) resided on the Anatolian coast of Istanbul, 17 (10.9%) had arrived with ambulance. Some 46.8% of the arrivals at the hospital were outside the normal working hours and 15.1% between the hours of 24:00 and 08:00.

CONCLUSION: Observation of an incidence of 58.4% SCU among the SUD patients consulting in a month is significant in showing the seriousness of the increase in the use of synthetic cannabinoids during the recent years. Some 10% of these patients also have alcohol use disorder. Attention should be paid to substance use disorder among patients arriving with psychiatric disorders , and especially psychosis. The observation that a large percentage of the patients consisted of adolescents or young adult males constitutes useful data for the recognition of the risk groups and the planning of appropriate treatment policies.

Key Words: Psychiatry, emergency service, synthetic cannabinoid

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PP-004

ACUTE PSYCHOSIS CASE PRESENTING AFTER A SINGLE DOSE OF STEROID INJECTION: CASE REPORT

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AIM: Mood disorder, psychotic disorders, cognitive disorders and delirium are among the psychiatric side effects of steroid use. Discontinuation steroid use or decreasing the steroid dose is recommended upon development of psychosis after steroid use. This is the report of a case of psychosis following a single dose of steroid use.

CASE: A 27-year old female patient without a personal or family history of any psychiatric complaints had been given at a medical care centre a single 8mg dose of iv dexamethasone for allergic rash and approximately 5 hours later a psychotic attack had presented when she was brought to the emergency service of our hospital where she was investigated. The patient was sleepy, did not make eye contact and was describing visual, audible and tactile hallucinations (where a man with a wounded face was demanding that she should distance her relatives from her home, that other wise he would cut her fingers and was at the same time hitting and trying to strangle her) and was making hand motions toward someone off from her proximity and murmuring while gazing into space. She did not want her relations near her. Her mood disorder indicated fear and anxiety. Neurological consultation could not establish a pathological reason; her BT and EEG were normal, body temperature was 36.9. Apart from a WBC of 11.2, her haemogram and biochemical test results were normal. She was given i.m. 10 mg haloperidol and 5 mg biperiden. Her orientation 3 hours later was normal and she could give purpose oriented answers to questions. Hallucinations were nearly gone. Her mood was still indicative of fear and anxiety. She was started on haloperidol 10 drops/day, and the day after she was complaining

of episodes of visual-aural hallucinations although the severity had subsided. Haloperidol dose was increased to 30 drops/day and she was called for control one week later.

DISCUSSION: This case has shown that, albeit rare, a psychotic attack can present after a single steroid dose.

Key Words: Steroid, psychosis

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PP-005

INVESTIGATION OF THE DECISIONS FOR PLACEMENT UNDER GUARDIANSHIP AT DUMLUPINAR UNIVERSITY EVLIYA ÇELEBI TRAINING AND RESEARCH HOSPITAL

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AIM: Individuals are frequently sent to psychiatry clinics by courts of justice hearing guardianship cases. However, the data on the classification of these cases in Turkey has not been adequately investigated.

METHOD: We have investigated retrospectively the data of 345 cases referred to Dumlupınar University Evliya Çelebi Teaching and Research Hospital Psychiatry Polyclinics between 01/01/2013 and 30/07/2014 for eligibility to be placed under guardianship.

RESULTS: The cases evaluated consisted of 155 (44.9%) females, with the most frequent complaint being mental retardation and dementia, and of 190 (55.1%) males, with the most frequent complaints being mental retardation, dementia and psychotic disorders. Of these cases 73.6% were placed under guardianship in compliance with the Clause 405 of the Turkish Civil Law (CL) while 3 patients were placed under guardianship upon request and in compliance with Clause 408. A legal consultant was appointed for 16 (4.4%) of the cases according to Clasue 429, and 72 (20.9%) cases were not found in need of placing under guardianship.

CONCLUSION: 'Legal capacity' in the Turkish CL represents eligibility for holding rights and capacity for debt acquisition. Those individuals with reduced capacity to manage personal business and bearing the risk of putting the security of others under danger are placed under guardianship in compliance with the Clauses 405,408 and 429. Our cases had been evaluated mostly under Clause 405 because the frequently encountered dementia and psychotic disorders come under this clause.

Key Words: Guardianship; civil law, psychosis, dementia

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PP-006

THE CLINICAL AND SOCIODEMOGRAPHIC CHARACTERISTICS AFFECTING THE APPOINTMENT OF A LEGAL REPRESENTATIVE IN BIPOLAR DISORDER

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Turkish Civil Law-Clause 405, covering the stripping of an individual of civil rights on account of mental weakness or disorders, states that ''Every adult who on account of mental disorder or mental weakness cannot conduct business and needs continual help for protection and care or who puts the security of others under risk can be limited".

Putting an individual under guardianship is on the one hand putting the individuals' rights under protection while limiting the individual on the other. By Law, having a mental disorder is not per se a reason to put the individual under guardianship. The individual must come under other conditions given above. According to the progress and the severity of bipolar disorder listed under mood disorders, the request for placement under guardianship may be requested from the courts.

This study had aimed at evaluating the sociodemographic and clinical factors influencing the decision to put under legal representation patients diagnosed with bipolar disorder and referred to the Bakırköy Psychiatric and Neurological Disorders Training and Research Hospital Hospital Legal Psychiatry

Unit by the courts of justice. Our study has shown that incidences of guardian or legal advisor appointment is statistically increased on the basis of increasing counts and lengths of hospitalization, and increasing counts of episodes, manic attacks and combined attacks.

Key Words: Legal psychiatry, guardianship, bipolar disorder

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PP-007

SOCIODEMOGRAPHIC BACKGROUND AND PSYCHOLOGICAL EFFECTS OF TRAUMATISATION OF INDIVIDUALS EXAMINED BY LEGAL AND FORENSIC MEDICINE INSTITUTION (LMFI) FOR CLAIMS OF HAVING BEEN TORTURED AFTER THE 12 SEPTEMBER 1980 MILITARY COUP

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AIM: Studies undertaken years after the traumatizing event on victims of torture are rare and have limitations. As the painful events go backing time, the complaints lessen. It is common knowledge that in 12 September 2010 alterations were made in some of the laws by public vote which gave the victims of torture following the 1980 military coup the right to sue the responsible parties, albeit some 30 years after the event. Prosecutors sent the claimants to the II. Expertise Committee (II.EC) of the LMFI where it became possible to investigate the sociodemographic characteristics of and the psychological effects of torture on the individuals undergoing examination.

METHOD: Starting with January 2012, 230 individuals consecutively examined at the LMFI made up the study group (SG) of this investigation. The control group (CG) included 50 men who did not have a history of torture and had been referred to the II.EC to assess the development of any disorder after assault and/or wounding. Both the SG and the CG were asked to complete a partly structured psychiatric interview and general demographics form, the Temperament Assessment Scale (TEMPS-A), the Post Traumatic Stress Disorder (PTSD) CheckList – Civilian Version (PCL-C).

RESULTS: The SG included 228 males, the court trial reason of the majority (82%) being membership of any 'leftist' organization. Only 3 (1.3%) in this group had been members of a ''rightist'' organization. Majority (86%) of the SG were from Southeast Anatolia, only 8% came from East Anatolia and the remaining 6% were from different geographic areas, and 18% of the group had a history of migrating from home to another area. In the CG only 8% were from Eastern Anatolia and 6% were from Southeastern Anatolia, with 52% having a history of migrating to a different town. The mean age of the SG was 55.8±6.6 years when examined and 24.3±6.6 years when imprisoned for a mean duration of 48.1±51.6 months. The mean age of the CG at the time of medical examination was 55.1 ±7.6 years and a mean period of 27.3±22.4 months had passed from the date of their injury. The mean scores on PLC-C were 31.5±10.9 for the SG and 18.5±12.4 for the CG ($p<0.001$). The depression, cyclothymia, irritability and the anxiety subscale scores of TEMPS-A were significantly high and the hypertymia scores were low. In the SG 35.2% of the individuals were diagnosed with psychiatric disorders including chronic PTSD(5.2%), PTSD in partial remission (8.7%), borderline PTSD (8.7%), PTSD in remission (2.6%) and other disorders (10%). In the CG a 2% incidence of PTSD in remission was diagnosed.

CONCLUSION: Nearly all claimants were males. Majority of the SG had elected to live close to the area where the trauma had been experienced. The results have indicated that despite the passing of long time, varying degrees of PTSD with maintenance of a high level of anxiety in 1/3 of people subjected to torture can be observed.

Key Words: migration, temperament, PTSD, trauma

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PP-008

SOCIODEMOGRAPHIC AND CLINICAL CHARACTERISTICS IN LEGAL CASES REFERRED TO A UNIVERSITY HOSPITAL

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AIM: Individuals undergoing legal procedures either as the victims or the suspects of crime are referred to universities for clinical assessment. This study has aimed to investigate the relationship of the demographic and psychiatric characteristics of cases involved in legal processes with the type of the offences concerned.

METHOD: The filed reports on 409 referred cases to Bülent Ecevit University Psychiatry Clinics between June 2012 and June 2014 were retrospectively investigated and the socidemographic and clinical details were recorded.

RESULTS: The demographic details of 409 cases undergoing psychiatric evaluation were recorded as: 210 (51,3%) females and 199 (48,7%) males; 247 (60.4%) single and 92 (22,5%) married; 70 (17.1%) divorced or widowed; mean age 33,52 ± 20,1 (2-91) years; 108 (26.4%) at or under 17; 301(73.6%) at 18 or over; 282 (68.9%) with normal intelligence; 9 (2.2%) slow normal intelligence; 26 (6,4%) borderline intelligence; 64 (15.6%) borderline mental retardation; 28 (6.8%) moderate-severe mental retardation. Legal medical reports showed that 129 (31.5%) were examined for whether psychologically affected; 41 (10%) were examined for capacity to comprehend the legal implication of the crime; 107 (26.2%) were placed under guardianship; 64 (15.6%) were referred for psychiatric treatment; 133 (33.5%) had a history of psychiatric disorder; 302 (74.3%) were diagnosed with psychiatric disorders. The results indicated that diagnoses included intelligence problems (18.8 %), PTSD (14.2%), schizophrenia (10.5%), dementia (7.3%), depression (6.6%), acute stress reaction (4.6%) and anxiety disorder (3.4%). The types of the legal cases for trial consisted of sexual harassment (125/30.6%), placing under guardianship (109/26.7%) ; wounding/threat/insult/theft (12.2%) and suicide attempt (5.6%). Victims of sexual harassment were mainly females (90.4%), 37.2% of whom had PTSD; while harassment was made mainly by males (70.6%), 50% of whom were diagnoses as mentally retarded. Wounding/threat/insult/theft were committed mainly by males (92%). Mainly females (56.5%) were examined after suicidal attempts. Among those referred for guardianship 37.6% were mentally regarded and 16.5% were diagnosed with schizophrenia..

CONCLUSION: Legal evaluation in psychiatric assessment is among the practices requiring extreme attention. Majority of the cases referred to us were sexual assault victims most of whom were diagnosed with PTSD and placed under treatment and follow up. Whereas most of the referrals did not have a previously recorded history of psychiatric disorder, diagnoses of psychiatric disorders in the majority indicated that the presence of a psychiatric disorder is a risk factor both for

criminal tendencies and for becoming the victim or crime, such that legal referrals to hospitals should be regarded as an opportunity for such individuals to get psychiatric help.

Key Words: legal case, clinics, sociodemographics

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PP-009

MOTHER-SON INCEST: CASE PRESENTATION

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AIM: Incest is a serious social problem often concealed as both those involved and the society refrain from facing it. One study has shown its prevalence to be 1.8% in Turkey. The most frequent form is father-daughter incest, followed by brother-sister incest. Although research has shown that mother-son incest is the rarest, it is thought that the cases are not reported to the legal authorities and that the correct counts are higher. The aim in this case presentation is to increase the awareness of the topic and to draw attention to the possibility of incest in problems referred to psychiatry as family problems with physical violence, and to open the subject to general discussion.

CASE: She is a 37-year old primary school graduate, with 2 children and works as a nightclub waitress.. She was able to unite with her son after a 17-year separation. She complained that her son sexually assaulted her one night under the influence of narcotic drugs, and that later he threatened her new husband and their child with death and assaulted her thrice repeatedly, the last time being in her place of work when she was knocked down unconscious. The event was revealed when colleagues took her to the hospital. She was diagnosed with PTSD which has been recorded by the Legal and Medical Forensic Institution-6th Expertise Committee.

DISCUSSION: In this case the noteworthy observations are the long years of separation from her son, a fragmented family structure, absence of a healthy mother-son relationship and the existence of substance use disorder. Failure of the mother to report the first incident of assault has resulted in the continuation of the violence. Individual and social awareness of the subject has to be promoted in order to provide the required interventions in time.

Key Words: Mother son, incest

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PP-010

INSTITUTIONAL DIFFERENCES IN THE EVALUATION OF DISABLEMENT CLAIMS

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AIM: Psychiatric disorders and those due to substance use cause serious loss of functionality. While depression and psychological disorders due to substance use result in significant loss of work force, chronic disorders such as mental retardation, schizophrenia and bipolar disorder constitute physical, psychosocial and fiscal burden for the family members, who have to care for the disabled, as well as a serious economic burden on the social security system . In Turkey the state reserves funds to pay disability benefits or career's allowances to those given a health report for disablement. This study involves the checking of the legal and hospital medical files of individuals to establish the validity of their disability claims for entitlement to state benefits, after they were referred by the Legal and Medical Forensic Institution (LMFI)..

METHOD: Of the a total of 1077 persons sent with their legal files to the Observation Expertise Department of the LMFI between June 2013 and July 2014, the medical and legal files of 158 individuals who had presented a medical report for disability to receive state benefits were investigated for the validity of their claims.

RESULTS: The individuals under investigation included 150 males and 8 females, who had acquired medical disability reports from the health committees of different institutions, 46 of whom were in prison while 112 had been sent from outside prison. Demographically, 108 had education at the primary school level or lower, 88 were single and the mean age was 37.8 years. The majority of the institutions issuing the reports were provincial state hospitals with the primary diagnosis being schizophrenia followed by mental retardation. No psychiatric drugs were used by 88 of the individuals while 41 were had records as users of substances of one or more kind. After psychiatric examinations and investigation of the legal files, 25 of the group were diagnosed with mental disorders preventing completely or partially the legal liability. The rest were either diagnosed with personality disorders or were reported as without any psychopathological disorders.

CONCLUSION: It has been announced (Official Newspaper no 28603) in Turkey that people disabled by illness will be issued by health reports based on the degree of the disability. However, the health committees of different institutions are seen to issue health reports with varying ratings of the disability concerned, especially in the cases of psychiatric disorders. Psychiatric diagnosis depends largely on personal judgment. There is much criticism on the current practice in making diagnoses with differing types and degrees of severity on the same patient by different psychiatric physicians. However, the basic problem is associated with the specialization and the experience of the physician; other related problems being time allocation, work density, lack of experienced assistant personnel, or doing the work in a different environment, which are concerned with the concept of ''diagnostic validity' discussed in psychiatry rather than its reliability.

The psychiatric assessments of the individuals with various diagnoses referred by the LMFI Observation Expertise Department have shown that some were excitable, exaggerating their condition, that there was non compliance with the regulations of disability estimation and classification, that different hospitals gave higher or the highest ratings

to the same disability, and the secondary incomes were not adequately evaluated .

Key Words: Validity of diagnosis, handicapped, psychological health and functionality, legal psychiatry, impairmen

PP-011

RADIAL NERVE PALSY (WRIST DROP) DEVELOPMENT AFTER SELF INJECTION OF HEROIN BY THE USER : CASE REPORT

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INTRODUCTION: Heroin (diacetylmorphine) is a central nervous system depressant that causes short term euphoria, rapid drug tolerance and physical dependency with deprivation crises. It is frequently inhaled or injected intravenously (iv). In Turkey prevalence of the iv use varies between 40% and 60%. One study has shown that all users switched to iv use within 3 years of starting heroin use. Intravenous use of narcotic drugs can result in complications such as local and general infections, vein and nerve damage. In this article the case report is presented on the development of radial nerve damage and wrist drop in an iv heroin user.

CASE: Male, 35-year old, single, unemployed primary school graduate who has used heroin for 20 years consulted our polyclinics. His history showed that 8 years previously he had been treated as an inpatient in Ankara AMATEM (alcohol and narcotics dependants treatment centre) and thereafter had not used heroin for 6 years. However, 6 months prior to consulting our polyclinics, he had started using heroin after psychological stress, and for the last 1 month he had switched to iv injections. After injecting the forearm he had experienced numbness of the hand and limited mobility and consulted us 6 days later for detoxification. He was admitted as an inpatient and after a 5-day hydration and symptomatic management he was started on buprenorphine/naloxone - 8 mg/2mg/day. Physical examination showed injection scars on the flexor and extensor surfaces of both arms. Palsy was detected in the right hand, with limitation to wrist and digital extension. Neurological examination showed that right proximal arm had complete power but the distal arm had wrist drop; the 5th digit abduction was complete, opposition was weak, hand adduction and abduction were weak. During sensory examination radial and median areas were weak but the ulnar area was normal. X-ray imaging of the forearm and hand were made. Oral vitamin B was started and a forearm support was used. With the recommendation of the Plastic Surgery clinics ENMG (electroneuromyography) was performed on the 21st day after the injection thought to have caused the problem. The ENMG report stated that '' the radial nerve sustains a severe partial lesion after innervations of the triceps muscle on the right". The patient was followed up by the Plastic Surgery clinic. Surgery was not recommended, exercises were begun. The patient completed the detoxification therapy and was discharged on the 32nd day, on treatment with buprenorphine/naloxone - 8 mg/2mg/day.

CONCLUSION: Intravenous heroin use is becoming very widespread. The users face the risks of viral infections including Hepatitis-B, Hepatitis-C, and HIV as well as suffering local and central infections, nerve and vein damage. This study presents for the first time in the literature a case of radial nerve damage after iv heroin injection. Substance using patients should be informed of these risks and those included in treatment programs should be given thorough physical examination to eliminate these types of complications.

Key Words: Heroin dependency, intravenous injection, radial palsy/wrist drop, radial nerve damage, complication

PP-012

ASSESSMENT OF PSYCHOACTIVE SUBSTANCE USE AND THE ASSOCIATED CLINICAL PARAMETERS AMONG MALE INPATIENTS TREATED AT AN ACUTE PSYCHOSIS WARD

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AIM: Psychoactive substance (PAS) use is frequently observed in psychotic patients, the prevalence being variable among inpatients of acute psychosis wards. A UK based study on psychosis patients reported a prevalence of 68% PAS use at any stage of life and a prevalence of 35% at the time of hospitalization. In Turkey, it has been found that prevalence of PAS use in schizophrenia and bipolar disorder were, respectively 3.2% and 3.5%. PAS use aggravates the positive symptoms, increases the incidences of relapse and hospitalization; and has been found related to suicidal ideation, aggression and patient incompliance with therapy. This study has aimed to investigate the prevalence of current PAS use among the male inpatients of our acute psychosis ward and its possible associations with sociodemographic background and the recorded clinical parameters of the patients.

METHOD: The medical files of the male inpatients treated at our acute psychosis ward between 01 March and 31 May 2014 were investigated retrospectively. Sociodemographic and clinical data forms prepared by the researchers were completed. Data on restraint were gathered from hospital restraint records.

RESULTS: When 351 patients were grouped according to the diagnoses, 172 (49,0%) had psychotic disorders, 87 (24,8%) had mood disorders, 64 (18,2%) had disorders related to PAS use and 28 (8,0%) had other disorders. Sociodemographically, the age of PAS users were significantly younger than non users (28,9±7,4 vs 37,5±12,2 years; p<0,001); there were more singles among the of PAS users than the non users (81,7% vs 54,6% ; p<0,001); and the number of senior high school graduates among the PAS users was higher than among the non users (31,2% vs 18,2 % ; p=0,011). Clinical data revealed that duration of the psychotic disorders of the PAS users was shorter than with the non users (5,67±5,8 vs 10,45±9,7; p<0,001); and, the number of hospitalizations of the PSA users with psychotic disorders and mood disorders were relatively higher (p=0,05,t=1,9). The incidence of patient restraint during the study period among the PAS users exceeded that with the non users (36,7% vs 20,7%; p=0,001).

CONCLUSION: Among the 351 male inpatients treated at our acute psychosis ward 109 (31,1%) were using PAS at the time of hospitalization. Although this figure agrees with those reported in the literature, it is exceedingly higher than the prevalence of 3.7% assessed between 2007 and 2009 in Turkey. In our study PAS use was found to be more prevalent among patients with mood disorders than those with psychotic disorders (21,8% vs 14%). Demographic details of young age, singleness and unemployment has been found to be related to PAS use. The finding that the number of hospitalizations was higher among psychotic disorder and mood disorder patients agrees with the reports that PAS use worsened noncompliance with therapy and increased the incidence of relapse. In agreement with the reports in the literature, our study has shown that the incidence of restraint among the PAS users , especially in the first 3 days of admission, was significantly higher than

with non users; and can be explained by the increased excitation and aggravation of psychotic symptoms by the PAS. Informing the patients and their families on the outcomes of PAS use, and their referral to alcohol and substance detoxification centers for effective treatment would improve the long-term prognoses.

Key Words: Psychoactive substance, psychosis, mood disorder

PP-013

SHOULD KORSAKOFF'S SYNDROME COME TO MIND WITH A PSYCHOTIC PATIENT NOT USING ALCOHOL?

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AIM: Korsakoff's syndrome (KS) is thought to arise from vitamin B and especially Thiamine (B1) lack and generally accompanies chronic alcohol abuse. It appears as a continuation of Wernicke's encephalopathy characterized by oculomotor symptoms, ataxia and confusion. Delay in treatment increases the possibility of chronicity. In our case presented here the clues of importance in the detection of KS are discussed.

CASE: Male patient 60 years of age, a retired archeologist, consulted the psychiatric clinics of our hospital with complaints of hearing sounds, seeing apparitions of Roman Legionnaires and anticipations of getting harmed, which increased in the previous 2 months, although having existed for 4 years. He could not give a correct history about past treatments or hospitalizations. In his first examination he appeared to be negligent of self care; his place, time and person orientations were complete and spontaneous and directed attention were normal; his instantaneous and recent memory were conserved but he appeared to have problems with past memory. His mood was euthymic, his affect was blunted. His thoughts contained ravings about getting harmed; his thought process showed expatiation; his associations were loose; he had insight into symptoms. Preliminary diagnosis was schizophrenia and the risperidone dose was increased to 4 mg/day and venlafaxine doses was decreased and discontinued. In the third week of therapy confabulation was detected in his history and it was further probed. His ex-wife and colleagues were reached. It was found out through these interviews that he had paranoid ravings in the 1980s about being followed and fears of being harmed in association with the projects he was involved in; that he had had a marriage he could not recall and repeated hospitalizations in the last 10 years for psychosis and alcohol withdrawal; and that he had been lost repeatedly due to memory lapse from time to time within the past years. Neurological examination showed tandem ataxia; the Romberg test was suspected positive and bilateral limitation of the eye lateral movement was discovered. Vitamin B (im) was included in the therapy with KS diagnosis. From the 12th day of the therapy onwards memory gaps were filled but the depression symptoms increased. Later 5 mg/day escitalopram treatment was begun. After placing the patient in a care home, the treatment and follow ups are being continued.

DISCUSSION: Firstly, the insight of the patient into symptoms despite the psychotic findings and the live hallucinations when the patient first consulted the clinics drew our attention. However, arriving at KS diagnosis of was delayed, there having been no account of alcohol abuse (apart from an account of ''occasionally drinking a few bottles of beer'). Secondly, the good response in the memory functions to vitamin B therapy with the detrimental effect on the mood disorder, in agreement with the negative details of history, were important. This case has been a reminder that KS should be kept in mind when memory disorder and psychotic symptoms are observed, that the patients' history should be studied as widely as possible and that during the improvement of KS depressive mood disorder can be encountered.

Key Words: Korsakoff Syndrome, psychotic disorder, depression

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PP-014

PHENPROBAMATE ABUSE: CASE PRESENATION

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AIM: Phenprobamate (3-phenylpropyl carbamate) is a centrally acting muscle relaxant with sedative and anticonvulsive effects. The muscle relaxant effect depends on the inhibition of the polysynaptic reflex arcs in the brain stem and medulla spinalis. Most of the centrally acting muscle relaxants have sedative effects which is the reason for the 'misuse' of the drug. In the literature, there are reports on the misuse of carisoprodol, meprobamat and baklofen, but not of phenprobamate, within the limits of our knowledge. This study has aimed to discuss phenprobamate misuse and tolerance by an inpatient and thereby to draw attention to the care needed when prescribing drugs that can be misused for the wrong reason.

CASE: C.D. is a male, 40-year old patient whose history shows starting alcohol use at the age of 18, which gradually reached to daily consumption of 70 cc Raki, a local distilled drink with 40% alcohol, or an equivalent alcoholic beverage. When in prison, prescribing a muscle relaxant by the prison doctor was indicated such that he started using phenprobamate which, in addition to relieving his somatic complaints at the time, also reduced his irritability, the loss of control on his social relationships, his anxieties and undesirable temperament . In the following years he increased the use of phenprobamate to 400 mg/day (30-40 pills) to maintain the level of effect. He experienced involuntary hand and foot movements, sleep disorder, irritability and anxiety if he did not take the drug. His psychiatric examination indicated mood of anxiety, but his neurological examination was uneventful. He was started on combined therapy with diazepam (30mg/day), paroxetine (20mg/day) and quetiapine (100 mg/day). Withdrawal symptoms were not observed in his follow up controls and the diazepam doses was reduced and discontinued. At the end of the 8th day of his admission the patient voluntarily discharged himself.

DISCUSSION: There are many reasons for the misuse of prescribed drugs including excitement and fun seeking, or self medication which, in this case, is the important mechanism behind the patient's desire to

rid himself of the irritability, alcohol cravings, undesirable temperament and anxiety by misusing phenprobamate. Skeletal muscle relaxants can be misused to prolong the effects of a narcotic drug, to boost the effect of smaller than the usual amounts of alcohol or narcotics, or the effect of another previously misused drug. In our case, patient awareness of the boosting of alcohol effects by phenprobamate was a significant cause for 12 years of drug misuse.

CONCLUSION: Within the limits of our knowledge this case presentation on the misuse of phenprobamate is the first in the literature. When prescribing centrally acting muscle relaxants, the patient's history should be investigated from the point of view of possible misuse and short term usage of the drug should be ensured in acute situations. In chronic situations, different modes of treatment such as with antidepressants, transcutaneous electrical nerve stimulation (TENS), physical therapy and biofeedback should be considered.

Key Words: Centrally acting muscle relaxants, phenprobamate, drug misuse

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PP-015

EVALUATION OF INDIVIDUAL CHARACTERISTICS AND THE SEVERITY OF DEPENDENCY IN RELATION TO THE SUBSTANCE USED

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AIM: Substance dependency is a chronic illness progressing with repetitions of misuse requiring long-term treatment and follow up strategies. People with alcohol and substance use disorder /ASUD) have problems of very different dimensions which must be considered for the effectiveness of treatment to be given. This study has aimed to investigate the dimensions of the dependency in relation to the substance used and also in relation to the personal traits of the inpatients undergoing treatment at Trakya University Balkan AMATEM (Alcohol and Substance Treatment Centre).

METHOD: Hospital records of the ASUD inpatients under treatment between April 2013 and April 2014 were scanned retrospectively. The dimensions and severity of substance dependency together with the psychological status and personal characteristics of 105 patients were assessed using the Addiction Profile Index - Clinical Short Form (BAPI-K) . The data gathered were analyzed for the defining and comparative statistics on the SSPS 2 program. The level of dependency and the personal traits of the patients were compared on the basis of their preference for the substance used.

RESULTS: Of the 105 ASUD inpatients investigated, 42 (40%) used alcohol (AU); 20 (19.1%) used cannabinoids/synthetic cannbinoids (CU); 25 (23.8%) opioids (OU); and, 18 (17.1%) used multiple substances (MU). The mean age of the alcohol users (AU) was significantly higher than the mean age of the other groups. Significant differences were observed, in the scores on the BAPI-K subscales, between the AU and the OU on the 'dependency diagnosis' criteria; between the AU and the OU and MU on 'the effect of substance use on the person's life'; between the MU and the AU and OU on 'craving'; between the AU and all the other substance users on 'novelty seeking"; between the AU and the CU and MU on 'anger control'; and between the AU and the OU on 'dependency severity'.

CONCLUSION: Different factors contribute to the severity of substance dependency, and the higher is the severity the more intense should be the therapy. Among ASUD patients, substance preference and the severity of dependency appear related to differences in psychological problems and individual traits. Therefore it is important to consider the differences in the severity of the dependency; to individualize the treatments on the basis of the risks and the needs of the patient, and to design strategies according to the personal traits of the patients to prevent relapses.

Key Words: Substance dependency, dimensional approach, substance use

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PP-016

THE PROFILES OF THE INPATIENTS OF A UNIVERSITY HOSPITAL ADDICTION CENTRE: ONE YEAR'S INVESTIGATION OF AMATEM DATA

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AIM: Retrospective investigations of the data on the demographic details and substance use preferences of alcohol and substance use disorder (ASUD) patients may increase our knowledge on the clinical characteristics and the treatment of these disorders. This work investigates the sociodemographic and clinical data of inpatients admitted to the Balkan AMATEM (Alcohol and Substance Treatment Centre) opened at the Trakya University Medical School in April 2013.

METHOD: Hospital records of 130 inpatients treated between April 2013 and April 2014 were scanned retrospectively. The sociodemographic and clinical data were processed on the SPSS 20.0 program for the definitive statistical analyses and statistical intergroup comparisons.

RESULTS: Of the 130 inpatients, 126 (96.9%) were males and 4 (3.1%) were females; 46 (35.4%) used alcohol (AU); 29 (22.3%) used cannabinoids/synthetic cannabinoids (CU) ; 29 (22.3%) used opiates (OU); 1 (0.8%) used volatile solvent; and, 25 (19.2%) used multiple substances (MU). The incidence of the first time admissions was 61.5% . The mean age of the AU (46.09±10.98) was significantly higher than those of the GU (26.34±8.88), OU (30.59±7.85) and the MU (28.84±5.24). It was seen that 27.7% of the patients were primary school graduates; 40% were high school graduates; 26.9% were senior high school graduates and 5.4% were university graduates;

46.2% were married; 36.9% were unemployed; 16.2% seeked daily job opportunities; 35.4% had regular jobs; 10% had retired; and 1.5% were students. There were significant differences in the substance preference of the patients when analysed on the basis of marital status, educational and employment histories. The 28-day therapy given had been completed by only 46.2% of the patients, which consisted of 79.3% of the OU, 54.3% of the AU, these ratios being significantly higher as compared to the completion by the CU (24%) and the MU (20%). There was no remission in 78.5% of the patients during the follow up period, while 6.2% had early complete remission and 10.8% were regarded as being on agonist therapy.

CONCLUSION: Our study is first of its kind on the investigation of the sociodemographic and clinical details of inpatients treated in a privatized detoxification centre in Trakya area. Given the increase in the prevalence of ASUD in Turkey, and the efforts to open new centers to facilitate the treatment of these patients, we think the comparison of our data with data in other AMATEMs in Turkey would be useful for the practice.

Key Words: Dependency, substance, clinical characteristics, sociodemographic characteristics

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PP-017

PREGABALIN USE DISORDER : CASE PRESENTATION

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AIM: Pregabalin is a gammabutyric acid analogue used to treat partial seizures, neuropathic pain, fibromyalgia and generalized anxiety disorder. Recently reports on the misuse of pregabalin and discussions on the potentiality of misuse have gradually increased. Within the limits of our knowledge, this study presents the third case of pregabalin misuse in Turkey.

CASE: A 31-year old male patient consulted our AMATEM (Alcohol and Substance Use Tretment Centre) in June 2014. At the time he was taking 25-30 /day of 150 mg pills (= 3750-4500 mg/day) of pregabalin, together with synthetic cannabinoids almost daily, and heavily used alcohol on an irregular basis. He had a history of regular use of pregabalin for 4 years; regular use of cannabinoids for 14 years (switched to synthetic cannbinoids in the last 6 months) and regular and heavy use of alcohol at irregular intervals for the last 16 years. He had been treated for alcohol and substance use disorder (ASUD) and for mood disorder as outpatient and inpatient, without completion of the therapies given. He started using pregabalin upon the recommendation of a friend, he felt better and became a daily user within few months and increased the dose. As pregabalin is a prescription medication, he had had difficulties in acquiring the drug when he experienced symptoms of withdrawal (sweating, shaking, restlessness, insomnia and intense craving) such that he could not be without pregabalin longer than three days. He was diagnosed with heavy cannabis use disorder (DSM-V) and heavy substance (pregabalin) use and admitted to our AMATEM service. He was given venlafaxine and quetiapin treatment for substance use complaints. Withdrawal symptoms were treated with diazepam. He voluntarily discharged himself from the service on the 3rd day of his therapy with intense cravings for synthetic cannabinoids and pregabalin.

DISCUSSION: There are reports and arguments on the potentiality of pregabalin dependency and misuse supported by limited number of studies. Case reports emphasize the euphorigenic effects. Symptoms of withdrawal including nausea, diarrhea, head ache, sweating, shaking, anxiety, irritability, insomnia and craving have been observed. Male gender, past or present substance use history are probable risk factors for the development of prgabalin dependency, indicating that pregabalin use especially in patients with ASUD history requires extreme care.

Key Words: Dependency, substance use, pregabalin

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PP-018

DEMOGRAPHIC CHARACTERISTICS OF A GROUP OF PATIENTS UNDER OBSERVATION FOR ALCOHOL USE DISORDER

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AIM: Development of alcohol use disorder (AUD) is associated with genetic, biologial and social factors and gives rise to serious problems in the social and professional lives of the individual. AUD is evaluated on a wide spectrum of alcohol use ranging from normal use, risky use, misuse to dependency. DSM-V has placed alcohol misuse and dependency under a single heading as the Alcohol Use Disorders (AUD), and has given criteria for the discrimination of the mild-moderate–severe clinical conditions, where the severity of the clinical conditions are associated with many other parameters. The age at starting alcohol use, type of drinking behavior, gender, psychiatric comorbidities all affect the clinical aspect of AUD. Here the clinical and demographic details of 25 outpatients, regularly followed up within the scope of the SAMBA group treatment (Cigarette, Alcohol and Substance Addiction Treatment Program) at our AUD clinics opened to service in April 2014, will be presented.

METHOD: On Wednesdays, between 13.30-16.00 pm , 8-10 appointments were given to patients at the Çanakkale Onsekiz Mart University Psychiatry AUD polyclinics, when the first interview of 30 minutes consisted of taking medical history to find out any psychiatric comorbidities. The first five interviews were made with one or two-week intervals on the bases of the clinical characteristics and the patients with suitable conditions , whose detoxification therapy were completed and management therapies had been planned, were sent to group

therapy on an outpatient basis. Within the framework of the defined treatment program, the data recorded during April –August 2014 on the demographic, clinical, laboratory and psychiatric comorbidy investigations on the outpatients are presented herebelow.

RESULTS: Demographically, 23 (98%) patients were males and 2 (8%) were female. The mean age of the patients was 46 ±9,3 years; mean educational duration was 9,5 ± 4,02 years; 2 (8%) were single, 14 (56%) were married, 8 (32%) were divorced; and , 1 (%4) was widowed. On the basis of the DSM-V diagnostic criteria, mild, moderate and severe AUD were diagnosed in , respectively, 3 (12%), 4 (16%) and 18 (72%) of the patients. The group mean alcohol use duration was 21.5±9,8 years; and, 10 (40%) patients had previously been treated as inpatients in AMATEM (aAlcohol and Substance Dependency Treatment Centre) clinics. The mean attempts to give up alcohol use were 2±0,9. Driving under the influence of alcohol was reported by 7 (28%). History of violence with friends or partner, and alcohol use in the family was reported by, respectively, 7 (28%) and 6 (24%). The mean duration of staying dry(sober) was 158±550 days. Psychiatric comorbidities were diagnosed in 84%, with mood disorders in 48%, anxiety disorder in 28%, attention deficit and hyperactivity disorder in 8%. Lifelong suicidal ideation was seen in 12% with actual sucidal attempts in 8%.

CONCLUSION: In our newly opened clinics we have observed in this patient population diagnosed with AUD that all individuals had problems of social, personal and physical nature, with a high prevalence of psychiatric comorbidities. We believe that clinical services designed specifically for the patients likely to be diagnosed with AUD is useful for making more detailed evaluations which increases compliance with the designed therapy.

Key Words: Alcohol use disorder, demographic characteristics

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PP-019

COMPULSIVE BUYING SCALE: VALIDITY, RELIABILITY, PSYCHOMETRIC CHARACTERISTICS IN OUR SOCIETY

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AIM: The aim of this study is to check the validity and reliability of the Turkish version of the Compulsive Buying Scale (CBS) developed by Valence, d'Astous and Fortier.

METHOD: On the basis of the DSM-IV diagnostic criteria, 100 patients diagnosed with impulse control disorder subtype compulsive shopping with no other equivalent diagnosis, and 100 patients diagnosed with bipolar disorder and in remission for minimally for 8 weeks were evaluated consecutively, after giving informed consent, by using psychometric rating scales. The healthy controls without a history of psychiatric complaints or treatment on the basis of SCID-NP criteria, consisting of the staff of our hospital matched for age and gender with the bipolar disorder group of patients. The reliability, internal consistency, validity, factor analysis and test correlations of the scale has been proven. Sensitivity, specificity, confidence interval and the cut-off point were determined by the ROC curve..

RESULTS: The mean score on the CBS of the patient groups with bipolar disorder and compulsive buying disorder is higher than that of the controls (p= 0.018 ve p< 0.001). The internal consistency of the scale is 0.80. The three subscales discriminated in factor analysis are the tendency to spend, reactive buying and post-purchase guilt representing 22%, 53% and 31.5% of the variance, respectively. CBS is found to be strongly correlated with Baratt Impulsiveness Scale and moderately correlated with the Beck Depression Inventory and the Beck Anxiety Inventory. There is a strong negative correlation between CBS and the Rosenberg Self-Esteem Scale. CBS sensitivity and specificity were estimated on the ROC curve to be 0.790 and 0.955, respectively. Accordingly, the distribution in the 95% confidence interval was estimated to be 9.6% and the cut-off point was ≥42.

CONCLUSION: CBS has been shown to discriminate between healthy individuals and those diagnosed with compulsive buying disorder or bipolar disorder. The Turkish version of the CBS, with acceptable validity and reliability test results, is a brief and simple assessment tool facilitated for self report.

Key Words: Compulsive buying , validity, reliability

PP-020

EVALUATION OF THE RELATIONSHIP DEPENDENCY CRITERIA USING THE RASCH MODEL

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AIM: In this study the 7 criteria recommended for the assessment of dependency in partner relationships in the context of DSM-IV substance dependency diagnosis criteria was investigated within the scope of the Item Response Theory.

METHOD: Students attending all departments of Ege University were randomized on the bases of department and the year of studentship; and, of the 1522 individuals reached 1260 were enrolled in the study. Data analyses were made using the IRTPRO and the BILOG-MG programs.

RESULTS: Of the participants, 751 (59.6%) were females and 509 (40.4%) were males. According to the Rasch Model analysis, the second criterion of the relationship dependency scale was affirmed (marked as Yes) by most participants (66.5%); followed by the first criterion (47.5%), the fifth (38.3%), the third (37.6%), the fourth (28.8%), the sixth/A (22.8%) and finally the sixth/B (21.8%). Pearson correlation coefficients were found to vary most between 0. 22 and 0.43, and the Biserial item correlations were found to change most between 0.3 and 0.53. The variance of the 7 relationship dependency diagnosis criteria was 0.66 and the standard deviation was 0.71. This results indicates that

the t value of the differences of the criteria was lower than 1.96 (p<.05) and therefore not statistically significant (t1259 = 0.66/0.71 =0.93).

CONCLUSION:According to the Rasch Model run within the scope of Item Response Theory the psychometric scale used was found to be a difficult tool. It has been concluded that the tendency of the participating young adults to show their 'relationship dependency' was low when analyzed on the 7 criteria recommended for the assessment of dependency in partner relationships in the context of DSM-IV substance dependency diagnosis criteria.

Key Words: Relationship dependency, item response theory, Rasch analysis, DSM

PP-021

EGO-IDENTITY STATUS AND PARENTAL ACCEPTANCE OR REJECTION OF ADOLESCENTS WITH SUBSTANCE USE DISORDER

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AIM: Drawbacks during the development process adversely affect the shaping of the personality. This study systematically evaluates the general psychological adaptation, parental acceptance or rejection and the identity status of the adolescents with substance use disorder (SUD).

METHOD: The 55 patients consulting an adolescent dependency treatment centre were included in this study together with 56 controls matched for sociodemographic characteristics with the SUD cases. The participants in the SUD and the control groups were assessed on the bases of scoring on a personal information form, the Objective Measure of Ego Identity Status (OMEIS), Parental Acceptance-Rejection Questionnaire/ Control (PARQ/C); and the Child Personality Assessment Questionnaire (PAQ).

RESULTS: The mean score of the SUD group in the OMEIS-diffusion subscale and the mean scores of the controls on the OMEIS- foreclosure and identity achievement subscales were found to be high. Evaluating the PARQ/C scores of both the SUD group and the controls, the PARQ/C/mother total scores and of the PARQ/C-aggression and the undifferentiated rejection subscales were significantly higher in the SUD group than in the controls. Also the PARQ/C/father total scores and the PARQ/C-aggression, neglect and the undifferentiated rejection scores in the SUD group were significantly higher than in the control group. With respect to the PAQ scores, the SUD group scores in the aggression, self esteem, self adequacy, emotional responsiveness, emotional stability, world view subscales were higher than those of the control group. There was a significant correlation between both the PARQ/C/mother and the PARQ/C/father scores and those of the PAQ. A significant correlation was found between the PARQ/C/mother and the indifference subscale scores of the SUD group while no correlation was demonstrable between the PARQ/C/father scores and the identity subscales of the PARQ/C.

CONCLUSION: This study has determined that the rejection perception of adolescents with SUD is high and also negative identity and behavioral dispositions are more frequently observed in adolescents with SUD.

Key Words: Adolescent, substance use disorder, identity status

PP-022

INVESTIGATION OF PERSONALITY, SELF ESTEEM AND PSYCHOLOGICAL CHARACTERISTICS OF ADOLESCENTS WITH SUBSTANCE USE DISORDER

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AIM: The aim of this study has been to investigate in adolescents with and without Substance Use Disorder (SUD) the relationships between personality traits, self esteem and psychological disorder symptoms and to determine whether these traits differ according to sociodemographic variables.

METHOD: This descriptive and comparative study includes a total of 124 participants of 14-20 years of age, 62 diagnosed with SUD and 62 controls. Data were acquired using the 5-Factor Personality Test (5FPT), Rosenberg Self Esteem Scale (RSES) and the Brief Symptom Inventory (BSI). The SPSS 15.0 package program was employed for the statistical analyses and p< 0.05 was accepted as statistically significant.

RESULTS: Adolescents with SUD when compared to the controls were found to have lower scores on personality traits of agreeableness (p<.05), self control/ responsibility (p<.001) and openness to experience (p<.01), but higher scores on emotional instability (p<.001). Also, while the self esteem scores of the SUD group were lower than that of the controls (p<.001). Psychologically, the anxiety, depression, negative personality, somatisation and hostility disorder incidences were higher in the UD group in comparison to the controls (p<.01).

DISCUSSION AND CONCLUSION: It has been observed that there are significant differences between the personality traits of adolescents with and without SUD. Self esteem was lower in the participants with SUD who also presented with a higher incidence of psychological disorder symptoms. These findings have agreed with those reported in the literature.

Key Words: Substance use disorder, personality traits, self esteem, psychological symptoms

PP-023

ALPRAZOLAM DEPENDENCY ASSOCIATED WITH AGORAPHOBIA: A CASE REPORT

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AIM: High dose benzodiazepine dependency and its treatment is discussed over a case.

CASE: A 36-year old, married and high school graduate female patient with an 18-year history of agoraphobia diagnosis and under alprazolam therapy for 17 years, which 4 years previously necessitated 45 days

of hospitalization for alprazolam dependency, was complaining of withdrawal symptoms, described as shaking, difficulty going to sleep and burning sensations on the body. After her hospitalization, she had not used alprazolam for 1 month, but started for social reasons and continued with high doses of 11-12 mg during the 6 months before her consultation. Her withdrawal symptoms had become complicated during the last 2 weeks with psychotic experiences as delusions of getting harmed and visual hallucinations. After psychiatric examination she was diagnosed with benzodiazepine dependency and agoraphobia and admitted to the psychiatric service to start medical treatment and cognitive-behavioral therapy.

DISCUSSION: Alprazolam is widely used for anxiety disorder treatment. Although recommended for short term use, it has been prescribed over the years leading to dependency. Some patients with dependency can be seen to use very high doses of alprazolam.

Key Words: Agoraphobia, alprazolam dependency

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PP-024

EFFECTS OF REGULAR SYNTHETIC CANNABINOID USE ON COGNITIVE FUNCTIONS

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AIM: Synthetic cannabinoid (SC) use has become a serious concern in the recent years bo in Turkey as well as the world. Studies have shown that in the acute phase hypertension, tachycardia, myocardial infarction, agitation, vomiting, hallucination, epileptic seizures and panic attacks can develop after use . The detrimental long-term effects of alcohol, cocain and natural cannabinoids on cognitive functions have been reported. However, the long term effects of SC use have not been investigated. Therefore, this study ahs aimed at investigating the long term effects of synthetic cannabinoids on cognitive functions.

METHOD: A total of 19 patients without previous diagnoses of psychiatric disorders and treated in our clinics with SC dependency on the basis of the DSM-IV diagnostic criteria were included in this study together with age and education matched 24 healthy controls who did not have any psychiatric disorders and had not been using any substance over the previous 6 months. Data on cognitive functions were gathered over the Wisconsin Card Sorting Test (WCST), Trail Making Test (TMT) A and B, and the Forward and Backward Counting Tests (FBCT) . The intergroup comparisons were performed using the Mann Whitney U test.

RESULTS: The patients had used SC for 18 (SD ±14.04) months, for a mean 90 (SD±59,10) times per month. The neuropsychological tests were performed minimally 1 week after the last use of the drug. Highly significant differences were found between the tested cognitive performances of the patient group and the control group. The correct total scores and the categories successfully passed in the WCST by the SC group were, respectively, 72.6 and 4.0 as compared to, respectively, 94.7 and 6.7 by the controls. The completion time and the error counts in the TMT A by the SC group were, respectively, 49.6 and 0,3 as compared to, respectively, 35.1 and 0,04 by the controls. The completion time and the error counts in the TMT B by the SC group were, respectively, 167,7 and 2.2 in comparison to 70,1 and 0.2 by the controls. The FBCT showed that the SC group score was 5.7 in forward counting and 4.4 in backward counting where as the same scores were, respectively 8.6 and 8.0) in the contol group.

CONCLUSION: As also seen with other substance use disorders, the results have indicated that cognitive performances are lowered by regular SC use even when the patient is not under the acute effect of the drug.

Key Words: Synthetic cannabinoid, neurocognitive functions, dependency

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PP-025

THE CLINICAL PICTURE AFTER BONZAI USE: CASE PRESENTATION

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INTRODUCTION: Synthetic cannabinoid (SC) use has increased over the recent years and has become a serious global health problem also observed in Turkey. SCs are prepared by getting dried leaves to absorb certain chemicals and have been given marketing names including bonzai, spice, K2, dream, bombay blue and jamaica. Dependency in SC use develops very fast. Although of cannabinoid nature, SC users resemble the opiate dependents. Bonzai use has caused the physicians to face very serious clinicial situations in the last few years.

AIM: Here 3 cases brought to our hospital after bonzai use and followed for very different clinical presentations will be discussed. We think that the changing clinical effects of these cannabinoid analogues, depending on the heterogeneity of their chemical composition, will be clarified as the case numbers increase in time.

CASE 1: Male, 31-year old, unmarried security officer on cannabinoids for 20 years before switching to using SC in the past few months, was admitted to psychiatry ward with complaints of insomnia, increased volume and speed of speech, visual hallucinations and delusions, suspicions and the excitation observed during his examination at the emergency services. His hepatic function tests and renal function tests indicated significant pathological changes. There was significant increase in the creatine kinase levels. The patient was treated and followed with the diagnoses of rhabdomyolysis and acute renal failure due to Bonzai intoxication.

CASE 2: Male 24-year old, unmarried, high school drop out machine operator was brought to emergency services with development of complaints during the past week of insomnia, talking to himself, talking about fears of being harmed and other odd behaviors. He gave

a history of using jamaica few times per week for the last 1.5 years and displayed odd behaviors during the clinical examination such as loss of orientation and cooperation from time to time, suggesting delirium. He was diagnosed with substance caused psychosis.

CASE 3: Male 34-year old, unmarried primary school graduate working in kitchens with a history of using bonzai for the past 4 years was brought to the emergency services with complaints of hearing sounds, akathisia, suspiciousness, hostile behavior and excessive sweating. He was put under temporary restraint due to excitation. Biochemical investigation of the hepatic function tests and renal function test indicated pathological changes, with significant increase in the creatine kinase levels and the haemogram indicated leucocytosis. He was referred to the internal diseases ward with the diagnoses of delirium, rhabdomyolysis and SC intoxication.

DISCUSSION: SCs have cardiovascular effects and can cause a 30% increase in cardiac output and result in acute pulmonary oedema. Triggering of delirium, hallucinations, psychotic attacks, rapid development of psychosis, confusion, vomiting, tachycardia, dyspnea, restlessness, balance disorders, epilepsy and renal failure are observed. The patients on SC should be assessed by scanning tests, ECG, renal function tests and other biochemical battery of tests. Symptomatic and support therapies, especially hydration should be ensured. Therapy should be aided with education in the family and schools, psychological support, social services assistance, and the support of the media. Bonzai will be better understood with the clinicial conditions caused as they appear in time. The presentation of the above three cases was to assist the physician to recognize more rapidly the bonzai intoxication cases and enable the speedy start of treatment to prevent the very likely bad prognoses, as well as to draw attention to the principles of the treatment.

Key Words: Synthetic cannabinoid, bonzai, clinical symptoms, treatment

PP-026

TROPICAMIDE ABUSE COINCIDENCE WITH INTRAVENOUS HEROIN INJECTION: CASE PRESENTATION

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AIM: Tropicamide is an opthalmic solution with short term anticholinergic effect. Intravenous (iv) tropicamide use has been discussed through three cases in the literature. Here another case of iv tropicamide use together with iv heroin will be presented.

CASE: The 21-year old female patient started to use heroin at the age of 15; and, during the past 1 year she switched from inhaling to iv use three times per day by dissolving one package of heroin in 1 ml of 1% tropicamide solution. At the time of consultation she had been inhaling 3 times the previous dose of heroin per day on account of the pain developed at the injection sites. She explained that use of tropicamide with heroin boosted the relaxant effect of heroin in smaller doses. She had also tried using tropicamide on its own which resulted only in blurry vision., but she did not experience other side effects as hallucination, confusion or dissociation. She arrived in March 2014 at Hacettepe University Medical School Hospital with opioid intoxication after using 3 times the usual daily heroin dose with 8 ml tropicamide in a single iv injection. She was admitted to the psychiatric ward for opioid detoxification when her mood situation was eutyhmic, affect was normal, her thought process and contents were natural. Opioid withdrawal symptoms were followed and she was started on buprenorphine: naloxone 4:1 mg/day, gradually increased to 24mg/day. She did not develop withdrawal symptoms due to tropicamide. She was given risperidone 1mg/day for impulse control and trazodone 50mg/day for insomnia complaints. During her stay she was given motivational interviews and discharged after 28 days.

DISCUSSION: Tropicamide misuse gives euphoria and reduces the withdrawal symptoms of heroin when used jointly, which have been the reported reasons for its misuse. There is need for wide scale studies on tropicamide use and misuse as the prevalence of misuse is not known. It has been reported that blurry vision, hallucination, stupifaction and dissociation are among the known side effects. In this study withdrawal symptoms associated with tropicamide were not observed in agreement with other reports in the literature. When prescribing anticholinergic ophthalmic solutions comparable to tropicamide, the possibility of misuse should be considered.

Key Words: Substance abuse, opiate dependency, tropicamide

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PP-027

MULTIPLE DRUG MISUSE WITH ZOPICLONE, DIAZEPAM AND GABAPENTIN : CASE PRESENTATION

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AIM: Multiple Drug Misuse (MDM) is a frequently met dependency with combined simultaneous use of 2, 3 and more psychoactive agents which usually belong to different groups of drugs. A patient diagnosed with zopiclone and gabapentin dependency, who also started the combined misuse of diazepam given for therapeutic reasons, is presented here.

CASE: A 34-year old female Canadian citizen had been treated 8 years previously with paroxetine (20-40 mg/day) for anxiety disorder. During the therapy she used benzodiazepin for insomnia, and 4 years after starting her medical treatment, gabapentin was added to her treatment with 600-1200 mg/day dosage which the patient raised to 2400 mg/days. She was recommended to use zopiclone (7.5mg/day) when she could not benefit from benzodiazepins but she used 7-8 tablets of zopiclone per day. She had settled in Erzurum in eastern Turkey with reasons of her marriage. She was brought to our clinic with complaints of shaking, shortness of breath, tachycardia, dizziness, depression and self isolation in her room all day and not going to work. During her psychiatric examination she was conscious, oriented, cooperative, her was attitude hostile, affect anxious and mood depressive. The momentary, recent and distant memory were normal, thought process and thought content and perceptual pathology were not observed. She had insight of MDM. She

was admitted to the ward with the preliminary diagnosis of MDM and mixed anxiety-depressive disorder. Treatment was started with cross-tapering paroxetine with duloxetine (60 mg /day) and zopiclone was stopped and diazepam (20 mg/day) was started. Gabapentin (2400 mg/day) was not stopped at the outset. Diazepam was planned to be reduced by 2.5mg/day every 15 days and to be withdrawn during follow up. The patient discharged herself on the 13th day of her therapy for business reasons. When , during the follow up, diazepam dose was reduced to 12.5 mg/day, she came up with complaints of shaking, shortness of breath, tachycardia, chest pain, dizziness, feeling oppressed, it was learned that she was using 2.5-5 mg /day more diazepam with zopiclone. Duloxetine dose was increased to 90-120 mg/day. After reducing gabapentin dose to 1800 mg/day, she complained of restlessness, irritability, insomnia and of feeling oppressed. She was observed to attend the clinic to get zopiclone, gabapentin and diazepam prescribed, and it was understood that she could not comply with the recommended dose reductions and continued to take all three agents together. She was irritated when denied the prescriptions she requested and abandoned her follow up consultations.

DISCUSSION: Zopiclone acts on the GABA-A receptors, its chemical structure being different than from that of benzodiazepines which have a higher risk of tolerance development. Misuse of gabapentin, used to treat pain and anxiety, has recently been reported. Diazepam is a benzodiazepine with long lasting effect, used in the treatement of drug withdrawal although it causes tolerance and dependency. Treatment and orientation of patients with MDM are difficult undertakings and we wanted to emphasize that they should be taken care of in clinics specialized in treating MDM.

Key Words: Multiple drug misuse, diazepam, gabapentin, zopiclone

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PP-028

TWO CASES OF CANNABINOID INTOXICATION WITH ACUTE HEPATIC FAILURE AND DELIRIUM

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AIM: Acute synthetic cannabinoid (SC) intoxication resembles that seen in the use of stimulant and sympathomimetic substances . Life threatening conditions as epileptic seizures and myocardial infarct (MI) can be observed in SC use. Also there are risks of rhabdomyolysis, increased creatine kinase (CPK) levels and renal failure. The two cases presented here demonstrate the effects of the SC ''bonzai" on vital functions of the users.

CASE 1: Male 33-year old patient who has used cannabinoids for 10 years and SC during the last 2 years, was admitted for treatment after experiencing insomnia and talking to himself in the last 5 days. He did not have a general medical condition. He had hallucinations of small men whom he was talking to. Laboratory tests showed increased levels of leucocytes, AST, ALT, urea, Na and CPK, ammonia and prothrombin time. He had asterixis, acute hepatic failure due to bonzai intoxication and associated hepatic encephalopathy was suspected.

CASE 2: Male 43-year old patient using bonzai for the last 1.5 months was admitted after damaging his environment, insomnia, odd manner of talking and for substance use. He heard voices from behind the walls, and saw small men who catheterized his bladder and enabled spreading bonzai throughout his body. His psychiatric examination showed fluctuating consciousness, he had difficulty cooperating and his orientation could not be assessed. His mood was irritable, affect limited, memory was disorganized. He had delusions of persecution, referential and somatic delusion and audial and visual hallucinations. His biochemistry was normal apart from elevated AST, CPK, neutrophils, and Na in his blood. The rapid development of fluctuations in consciousness, perception and cognitive deficits, agitation and attention deficits suggested delirium and appropriate treatment was started. The delirium and psychosis scene improved in 24 hours and the diagnosis was changed to substance intoxication.

DISCUSSION: The two cases presented are noteworthy for the demonstration of SC effects on vital organs. Being cheaper and more effective than cannabis, and the promise of getting away with the standard substance tests have contributed to the increased use of the SCs.

Key Words: Acute hepatic failure, bonzai, delirium, hepatic encephalopathy, synthetic cannabinoid

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PP-029

HIV (+) AND MOOD DISORDER ASSOCIATED WITH SYNTHETIC CANNABINOID USE: CASE PRESENTATION

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AIM: Bonzai, one of the synthetic cannabinoids (SC) has progressively become a serious social problem. The case of a HIV (+) male patient with mood disorder due to bonzai use will be presented here.

CASE: The patient was a 26-year old male who had used cannabis and ecstasy since childhood, switching to bonzai during the previous year. He was admitted to the psychiatry ward with complaints of experiencing in the previous 3 months, depression, demoralization, wounding his arms with gillette and knife and loss of appetite. He had broken up the furniture at home, attempted to destroy his identity card with the fear of being hijacked by the police. Hospital files revealed that he had been diagnosed as HIV (+) the previous year and with tuberculosis 3 years earlier. He had history of slight mental retardation diagnosis, suffered febrile confusion as a newborn, and viral menengitis and two epileptic seizures in infancy. His mother reported that he had been sodomised as a 13-year old. Psychiatric examination showed that he was conscious, cooperative, oriented, with depressive mood, limited affect, and poor thought content. His memory was normal but he had difficulty in aiming. He had persecution delusions. Abstract thinking and insight were lost. The only abnormality seen in routine biochemistry was increased ethyl glucronide in the urine. There was no indication for chemical treatment of his HIV infection and regular control was advised. He was started on sertraline (50 mg/day PO), risperidon (6 mg/day PO), quetiapine (50 mg/day PO), biperiden (2mg/day PO). When the complaints had subsided the patient was discharged and referred to an AMATEM (Alcohol and Substance Dependency Treatment Centre).

DISCUSSION: Multiple substance users have recently switched to SCs for reasons of cheapness and ease of acquisition. The possibility of these individauls being HIV(+) must be kept in mind.

Key Words: Bonzai, sexual abuse, mood disorder, HIV, synthetetic cannabinoid

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PP-030

SUBSTANCE USE AMONG UNIVERSITY STUDENTS AND ITS SOCAIL DETERMINANTS

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AIM: Substance use by the youth is a cause of anxiety, as the habit gives rise not only to health problems but also to social, academic and financial ones with detrimental effects on their lives. The aim of this study is to determine the prevalence of cigarette, alcohol and substance use by university students and the social factors affecting these habits..

METHOD: The data on substance use were gathered from 858 (454 female and 404 male) students of Marmara University with a mean age of 21.3 ±3.1 years, through the online reporting scale developed within the scope of SNIPE (Social Norms Intervention for Polydrug Use) project.

RESULTS: The data indicated that 24.8% of the male and 16.2% of the female students used alcohol at least once a week; while 37.4% of the students did not use alcohol. The prevalence of not using alcohol among the students reading health sciences was 63.2%'ü. Among the students the prevalence of cigarette smoking was 60.2% and 22.2% smoked every day. Lifelong cannabis use was 9.9%. The male gender, irreligiousness, living alone, having money to spend and the department attended in the university affected the frequency of cigarette and alcohol use, the prevalence of which habit was less among the students of health sciences.

CONCLUSION: In the future social factors must also be considered in the development of activities aiming to promote healthy living and to prevent substance use among students .

Key Words: Substance use, university students, social determinants

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PP-031

CURRENT PROBLEM OF PSYCHIATRY: FIVE CASES OF PSYCHOSIS PRESENTING AFTER BONZAI MISUSE

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INTRODUCTION: Synthetic cannabinoids (SC) are being marketed with popular names including ''Bonzai" and ''Jamaica". These are made by spraying plant materials with different chemicals to be used similarly to cannabis. Given the unpredictability of the chemical mixtures, SC users can be regarded as psychiatric UFOs. Compared to Delta-9-tetrahydrocannabinol (Delta-9-THC), SCs result more frequently in hallucination, psychosis, irritability, excitation, anxiety, agitation and panic attacks and are also more likely to cause serious adverse effects requiring emergency intervention such as hypertension, tachycardia, delirium, epileptic seizures, respiratory arrest and coma. This presentation is on five male cases, without a history of psychiatric diagnoses, admitted to the locked psychiatry ward after consulting the emergency services for SC misuse.

CASES AND DISCUSSION: All five cases, despite using alcohol, cannabis and ectasy, did not have a history of consulting hospitals for psychiatric problems, which, as reported by their relations, developed after starting to use SCs. The common reason for the admissions was the development of aggressive behavior evincing psychomotor activation associated with the psychosis observed. The response to parenteral haloperidol treatment within the first week was good, but the use of a second antipsychotic agents was indicated in two of the cases whose desired response to the therapy exceeded two weeks. Since SCs have neither reference standards nor recorded identity on any mass spectrometry system, their identification by laboratory tests is not easy. At our hospital, determination of SC use depended on the combined level of cannabinoid, opiate, heroin, cocain and benzodiazepine in

the urine, generally below significant amounts, and the information given by the patients and/or their relations. The clinical dynamism and variability caused by SC use were noteworthy. Patients, admitted in for reasons of hostile behavior, and homicidal and suicidal risks, were frequently agitated; with high incidences of visual and audial hallucinations, prolonged confusion, suspected delirium despite normal blood biochemistry and normal vital signs, which prevented foreseeing the period of response to treatment with haloperidol. The therapeutic process has been therefore too variable.

Key Words: Psychiatry, bonzai, psychosis

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PP-032

CHILLI PEPPER DEPENDENCY – A PHYSICAL AND PSYCHOGENIC DEPENDENCY CASE

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AIM: Hot peppers contain capsaicin which has been shown in previous studies to alleviate opiate deprivation symptoms and to stimulate cannabinoid receptors. Capsaicin may have the potential to cause dependency. We have aimed here to present a case of capsaicin dependency rarely included in the medical literature.

CASE: Our case was a 49-year old, high school graduate and married male employed as office worker. He had a history of consuming chilli peppers since the age of 6, which started with 100-200 grams of chilies per day which increased to 500 grams every day with all three meals and between meals. He kept supplies in his car. He asked for special hot sauces and peppers to be brought from people going overseas and went to the town of Urfa in southeastern Turkey to purchase very hot peppers. Symptoms of post nasal drip, blushing, burning sensation in the mouth, thirst, constipation and gastroesophageal reflux were much milder than seen generally. Eating chilies gave sensation of pleasure, and not eating chilies resulted in craving and withdrawal symptoms. SCID-I interview with the patient was normal and other routine clinical tests did not indicate any pathological situation. He did not have a history of using alcohol or psychoactive substances. He was not recommended any specific chemical treatment. He was given psychoeducational therapy against searching and craving for substance as a result of his psychogenic and physical dependency on hot pepper consuming. His seeking and finding chilies were limited. However, it was learned in the first follow up control that after 2 days of deprivation the patient had experienced sweating, shaking, indisposition and lack of joy in living, and had started consuming chilies.

DISCUSSION: We were not able to find in the literature any cases discussing chilli pepper dependency, which makes this the first case report of ''hot pepper dependency". It has to be kept in mind that capsaicin, shown to act on opiate and cannabinoid receptors, has the potential to cause dependency, especially since its consumption is popularly enjoyed and supported. Future studies carried out with capsaicin may provide new neurobiological information on opiate and cannabis dependency.

Key Words: Capsaicin, hot pepper, psychogenic, physical, dependency

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PP-033

HOT PEPPER DEPENDENCY : AN INTERESTING CASE

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INTRODUCTION: Chilli pepper plants have originated in the Americas and the peppers have been consumed since the 7000s BC. It is part of the traditional meals in East and West Africa, China, India and Korea as well. On the other hand it is also observed to be misused with intention to loose weight as the chilli peppers accelerate the metabolic rate. It is known that capsaicin in chilli peppers can bind the endogenous opiate and cannbinoid receptors and stimulating a sense of pleasure in the consumer. Therefore, given the above mentioned pathways, it could be said that chilli peppers have the potentiality to be misused and the capacity to cause dependency. Our case illustrates a type of dependency we have not been able to trace in the literature so far.

CASE: A 27-year old male, high school graduate, married and employed as a worker was referred to the psychiatry services by his relations. He had a history of consuming increasingly hot peppers all his life. He was ordering hot sauces and chilies from overseas and the towns of Hatay and Urfa. He started eating the peppers first thing in the morning. Despite the advice of the Dermatology clinic to give up chilies aggravating his acne, and similar recommendations from his relations to reduce consuming chilies he increased the amount. During the one or two days he did not have chilies he lost his sense of pleasure and motivation. He asked for chilies wherever he was and made sure he did not miss chilies longer than two days. No other psychopathological or medical disorder was observed apart from the chilli dependency. He was once again recommended to reduce the amounts eaten but he refused. It was found out that two of his distant relatives also had hot pepper dependency.

DISCUSSION: We could not find any reported cases under the key words "hot pepper addiction", "hot chili addiction" "case report" in the Google Academic, Pubmed and Medline data bases. This case presentation is therefore, within the limits of our knowledge, the first of its kind in the literature. The sense of pleasure experienced after consuming chilies is due to capsaicin effect on receptors in the central nervous system. Capsaicin, next to its alleviating effect on opiate withdrawal symptoms, may have the capacity to develop dependency given its effects on the vaniloid and cannabinoid receptors. This risk can be increased by chilies being part of the accepted diet. Study of capsaicin action mechanisms could contribute to the understanding of the neurobiology of substance dependency.

Key Words: Capsaicin, hot pepper, dependency

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PP-034

EMOTIONAL STATE OF THE INDIVIDUAL WITH INFERTILITY OF KNOWN REASONS AND THE COMPARISON OF THE ATTITUDES TO INFERTILITY BETWEEN THE SEXES

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AIM: Infertility, which affects 9% of the couples, is due to factors found in 30% of the males and 45% of the females. Reasons for infertility have not been discovered in 25% of infertile couples despite all possible diagnostic investigations. Culturally, in many societies, infertility is felt by women as being deprived of feelings and duties of motherhood, while it is regarded by men as a failure in passing on one's genetic legacy. It has been reported that infertility, by triggering different psychological processes, can give rise to differences in approaches to overcome this problem with the presentation of different psychiatric symptoms. This study has aimed to compare the attitudes towards infertility and the associated emotional conditions of the two sexes in the Turkish population.

METHOD: Those patients consulting the infertility and artificial insemination clinic at Zeynep Kamil Women's and Children's Diseases Teaching and Research Hospital, with primary infertility diagnosis and without any general medical disorders and psychiatric first axis diagnoses were included in the study as they arrived consecutively at the clinic. A written consent form was filled by all participants. The data consisted of the scorings on the tests including the Hospital Anxiety and Depression Scale (HADS-A and HADS-B), the Spielberger State Trait Anxiety Inventory (STAI-Momentary and STAI-Continuous), and the the questionnaire prepared by Hidehiko, Matsubayashi et al. (2004) on the emotional distress of infertile women after translation to Turkish.

RESULTS: The patients consisted of 60 females (FRI) and 60 males (MRI) with known reasons of infertility. There were no intergroup differences on sociodemographic details. The mean HADS-A score of the FRI (8.93±4.22) was higher than that (7.08±4.11) of the MRI (p:0.022, Z:2,28). Also, the mean STAI-M score of the FRI (42.93±11.44) was higher than that (38.25±11.05) of the MRI (p:0.026, Z:2,22). On the question of 'feeling pressure from others for not having children', 70% of the FRI and 43.3% of the MRI gave positive response, the difference being significant (p:0.003, x2: 8.69).

CONCLUSION: The higher anxiety score of women may be due to the implementation of the artificial insemination technique mostly on them. Also, women may perceive infertility as a threat to the role of motherhood imposed on them by the society, whereas men may react to infertility by denial or ignoring.

Key Words: Anxiety, depression, infertility, stigma

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PP-035

BLUE TOE SYNDROME DUE TO CLOMIPRAMINE: CASE PRESENTATION

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AIM: Blue toe syndrome describes the clinical finding of palpable distal arterial pulses and observation of Doppler flow with purple-gangrene toes and the aetiology includes aortic aneurysm, embolic plaques during angiography, coumadin use, paraneoplastic syndromes of malignancy and atrial fibrillation.

CASE: Female patient, 73 years of age and weighing 95 kilograms complained of blue discoloration on the toes of both feet (more pronounced on the left foot) and reaching the back of the feet over the last 3 months. Superficial observation suggested arterial flow insufficiency. Fasting and postprandial blood glucose levels and blood pressure (130/85 mm-Hg) were within normal limits. On both feet the pulses and the arterial Doppler flow were normal. Deep vein thrombosis was not detected. USG and ECO for abdominal aneurysm were normal. Capillary filling after pressure on the feet was elongated and the feet were cold and blue. She did not have a history of surgery and the systemic examination was ordinary. It was learned that the patient had been followed for 20 years with the diagnosis of obsessive-compulsive disorder and was on 80 mg clomipramine, 20 mg paroxetine and 0.5 mg alprozolam. She had moderate anxiety and severe hypochondriasis.

Discontinuation of clomipramine resulted in the improvement of the complaints within 3 weeks.

DISCUSSION: Tricyclic antidepressants have anti-cholinergic, anti-histaminergic and anti-adrenergic effects. Blood flow is regulated by mast cells and histamine in especially the digital arteries feeding the toes. Blue toe syndrome caused by imipramine has been reported in the literature. Clomipramine may also cause blue toe syndrome. After the elimination of other aetiological factors (aortic and popliteal artery aneurysms, atheroembolism due to cardiac atrial fibrillation, malignancy, etc.,) the history of drug use should be investigated. If blue toe syndrome is not treated on time it would lead to ulcerations on the digits and may result in amputations.

Key Words: Clomipramine, blue toe syndrome

PP-036

OBSESSIVE-COMPULSIVE DIORDER ON COURSE WITH COMPULSIVE TAPPING DAMAGING BOTH EYES

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INTRODUCTION: Obsessive-compulsive disorder (OCD) is included in the DSM-V under the heading ''OCD and Related Disorders" hence, placing OCD in the same group with some of the Impulse Control Disorders, and this association has entered the diagnostic system after arriving in the agenda with approaches and discussions of Obsessive Compulsive Spectrum Disorders (OCSD). Whereas the most frequently met compulsive disorders described in DSM-V are washing, controlling and organizing, repeated self harming is also prevalent. Self harm is described as intentional direct injuring of one's own body tissue, most often done without conscious suicidal intent. Differential diagnosis of this condition through the spectrum approach can be difficult. Here we present a case of repetitive hitting on the eyes resulting in bilateral cataracts , giant tear on the left nasal retina and retinal detachment on the right diagnosed by the eye clinics and with difficulties of differential psychiatric diagnosis and treatment.

CASE: Psychiatric consultation was asked on a male 23-year old, unmarried student inpatient at the ophthalmology ward, on account of unpreventable repetitive hitting of his eye lids. His psychiatric complaints started at 16 when he lost his mother, and included yelling and repeating certain actions to get relief, but without success; and, biting the lips and the sides of the fingers, which were replaced, 3 years previously, by hitting the lower margin of his right eyebrow with his left index finger (being left handed) , and getting a sense of relief when depressive, much as he found this action ridiculous and embarrassing. He had been started on sertraline (100mg) and risperidone (4 mg) 1 year previously when his complaints receded by some 80%. His psychiatric examination showed that he was conscious, his orientation was complete, his affect was anxious and felt troubled. His thought content had obsession with getting dirty, made overt by wearing spectacles to prevent his eyes from impact and yet hitting some 7-8times consecutively his eyeball. He was diagnosed with cleaning compulsion. Repeated warning of cataract development in the right eye had caused the hitting habit to shift to the left eye.

DISCUSSION: Our patient had, as summarized above, self harming behavior with severe results and bad prognosis. When considering the OCSD approaches, it becomes difficult to differentiate impulsive and compulsive behaviors as with our case. By considering the course and the ending of the symptoms, we arrived at the diagnosis of a compulsive disorder. Self harm by targeting the eye is mostly associated with psychosis and personality disorders rather than with OCD. However, there are OCD cases in the literature who have applied pressure on the eyes and have blinded themselves. These are behaviors requiring emergency treatments as the eye is a very sensitive organ. Despite the difficulty of differential diagnosis of self harm in relation to OCD, OCSD and impulsive disorders, the potentiality of the actions to damage the body has to be kept in mind for intervention. Hence multidisciplinary work makes up an important part of planning the treatment and follow up. .

Key Words: Self harm, eye, obsessive compulsive disorder

PP-037

SLEEP QUALITY IN OBSESSIVE-COMPULSIVE DISORDER

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AIM: Studies on sleep disorders in Obsessive Compulsive Disorder (OCD) have given conflicting results. In some studies sleep activity and the total sleep duration were reduced and sleep phase was delayed, and the bad sleep quality scores were found to be related to severities of obsession. One study has shown that OCD patients without depression had similar sleep pattern to that of the controls. The aim of this study was to investigate in OCD patients the relationship between the subjective sleep quality and the severity of obsessiveness and compulsivity, and also to assess the differences of sleep quality between OCD patients with and without the comorbidity of Major Depression (MD).

METHOD: Patients (n=98) diagnosed with OCD according to the DSM-IV criteria at the Psychiatry Polyclinics of Şişli Hamidiye Etfal Teaching and Research Hospital between 2006 and 2010 were included in this study. The patients completed the The Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I), a sociodemographic questionnaire, the Yale Brown Obsession Compulsion Scale (YBOCS) test and the Pittsburgh Sleep Quality Index (PSQI) questionnaire.

RESULTS: The mean age of the patients was 33±11.8, 75.5%' (n=74) being females and 24.5% (n=24) being males. Comorbidity diagnoses were made in 40.8% (n=40) of the patients. The mean YBOCS-obsession score was 13.2±4.2, and the mean YBOCS- compulsion score was 12.4±4.5. The mean total YBOCS score was 25.6± 7.8. On the basis of PUQI, 83.7% (n=82) had bad sleep quality. The mean PUQI global score was 9.6±4.7. In 77% of the OCD patients without MD comorbidity sleep quality was bad and a significant difference between the sleep qualities of the OCD patients with and without MD comorbidity was not observed. However, critical comparison of the scores in the PUQI individual subscales indicated that lower subjective sleep quality (p=0.04), prolonged delay of the sleep phase (p=0.026), higher incidence of sleep disorder (p=0.018) and more loss of daytime functionality (p=0.047) were prevalent in the OCD group with MD comorbidity as compared to the patients without MD comorbidity. A weak positive correlation was found between sleep disorder and the YBOCS obsession, compulsion and total scores.

CONCLUSION: Results have shown that majority of OCD patients had bad sleep quality. Complaints with sleep can be the prodromal indications of depression and can also adversely affect the patient's daily and cognitive functions, and therefore must be queried carefully in the examination. Future work must investigate the mechanisms relating OCD symptoms and sleep disorder.

Key Words: Depression, Obsessive compulsive disorder, Sleep

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PP-038

COMBINATION THERAPY WITH MIRTAZAPINE AND ARIPIPRAZOLE IN DEPRESSION AND PATHOLOGICAL GAMBLING: CASE PRESENTATION

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INTRODUCTION: Pathological gambling (PG) is classified under the section titled "Impulse Control Disorders Not Elsewhere Classified," in the DSM-IV-TR. PG is a disorder described as repeated and continual gambling giving rise to definite losses in family and business life. Detrimental results including suicidal attempts, loss of business, divorce and loss of family support have been recorded. Also, people with PG may attempt criminal activities and come to conflict with the law. PG disorder can follow a course with comorbidity which further complicates the treatment. People with PG disorder may in time lose contact with family, and the ensuing deep depressive symptoms can exacerbate PG. Early assessment and treatment of depression have shown regression in PG and reduction in the incidence of relapse. There are case presentations on the combination treatment of PG with pharmacotherapy and cognitive and behavioral therapies. There is not, however, a common therapeutic approach described in the literature.

CASE: An unemployed 31-year old married male continuously betting on horse races and feeling remorse at the same time , complained of feeling bad, unhappiness and hopelessness. He did not have a history of alcohol or substance dependency. He could not describe a past incident of depressive, hypomanic or manic attack. He scored 34 points on the Hamilton Depression Rating Scale. Before consulting us the patient had used combinations of fluoxetine and benzodiazepine. He was started on combined mirtazapine and aripiprazole treatment with favorable results.

DISCUSSION: In the literature use of aripiprazole with good effects in the treatment of impulse control disorders can be seen. In the combination treatment of our patient, next to aripiprazole, used for the impulse disorder, mirtazapine effect on the depression comorbidity was observable.

Key Words: Aripiprazole, mirtazapine, pathological gambling, depression

PP-039

INCIDENCE OF DISSOCIATIVE DISORDER COMORBIDITY, DISSOCIATION SYMPTOMS AND SEVERITY OF CHILDHOOD TRAUMA IN SOCIAL ANXIETY DISORDER

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AIM: Research has shown a clear relationship between the development of dissociative symptoms and severity of traumatizing events. Although the relationship of social anxiety disorder (SAD) with childhood trauma (CD) is not as defined as with dissociative identity disorder (DID), it has nevertheless been demonstrated that all types of CD, but especially emotional abuse and emotional neglect, are related to low functionality, low life quality and presentation or exacerbation of SAD in adulthood. In this study we have attempted to investigate the aetiological relationship between CD and the severity of SAD, and the prevalence of DID among SAD patients.

METHOD: The 94 patients enrolled in this study had met the DSM-IV-TR criteria for SAD and had not received psychiatric treatment for at least the previous 6 months. The Structured Clinical Interview for Dissociative Disorders (SCID-D), the Liebowitz Socal Anxiety Scale (LSAS), Dissociation Questionnaire (DIS-Q), the Childhood Traumas Questionnaire (CTQ-53), the Beck Depression Inventory (BDI) and the Beck Anxiety Inventory (BAI) were used to acquire the data. The statistical significance of the results was based on the p value of <0,05.

RESULTS: There was a 31.91% incidence of DID comorbidity among the SAD patients (n=30). The most frequent comorbidity diagnosis (14.89%; n=14) was that of DID which could not be described other than dissociative disorder. In those patients with high LSAS scores, comorbidity of DID, DIS-Q scores, CTQ total scores, and the scores on the subscales of Emotional Abuse (EA), Emotional Neglect (EN) and Sexual Abuse (SA) were also high. Patients with DID comorbidity or with high DIS-Q score, LSAS total and subscale scores, CTQ total score, Physical Abuse (PA), BDI and BAI scores were significantly elevated. On the basis of the mean DIS-Q score, there was significant correlation between the total and subscale scores of LSAS and CTQ, BDI and BAI.

CONCLUSION: We have observed a high prevalence of DID among SAD patients. The DID comorbidity and the severity of SAD symptoms increased with increased severity of the dissociative symptoms. SAD symptom severity and the severity of CT were related. Also, we oberved that the CTQ, BDI and BAI scores of patients with high DIS-Q score or with SCID-D diagnosis could be higher than those with low DIS-Q score or without SCID-D diagnosis. There are studies in the literature arguing that a history of dissociation or of CT may limit the effectiveness of pharmacological treatment of SAD (Bruce et al.,2012). Given the high prevalence of CT and DID symptoms observed among the SAD patients in our study, we believe that treatments for SAD patients should be planned accordingly.

Key Words: Social anxiety disorder, dissociative identity disorder, comorbidity, childhood trauma

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PP-040

FACTORS RELATED TO THE DEPRESSION AND ANXIETY LEVELS AMONG THE DISABLED LIVING AT HOME

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AIM: The disabled are people who for physcial or mental reasons are limited in various movements, sensations or functions. The level of anxiety and depression in the disabled affect the quality of life and further prevent their full participation in social life. Being disabled is a public health problem. This study has aimed to assess the level of anxiety and depression among the disabled living at home and to identify the factors related to these psychological disorders.

METHOD: In this study the data has been accumulated through a Sociodemographic Data Form, the Nottingham Health Profile (NHP) , the Beck Depression Inventory (BDI) and the Beck Anxiety Inventory (BAI) completed by the participants and analysed using the SPSS statistics program.

RESULTS: A total of 58 physically disabled persons, 30 (51.7%) males and 28 (48.3%) females, meeting the our enrollment criteria, participated in this study. The anxiety and depression levels of the participants were observed to be significantly different. The BAI score was high in 72.4% whereas the BDI score was elevated in 39.7% of the paticipants. Receiving disablement salary created a significant difference in the BAI score. The scores of those on a salary were significantly higher than those not on a salary. Those who were on social security 'green card' had significantly higher anxiety. BAI performance also diffeed significantly between those with and without a hobby, the latter group having lower BAI scores. Having first degree relatives under psychiatric treatment also increased the BAI score.

CONCLUSION: We have observed depression and anxiety levels in the disabled to be much higher than the norms for depression and anxiety levels in Turkey. Those who did not have social security or relying on a green card had high levels of anxiety and depression. Individuals receiving disablement salary when without social security also experienced inadequate fiscal means and had increased anxiety and depression. The disablement of the participants was not per se a factor affecting the anxiety or depression levels. Results have indicated that work on providing hobbies for the disabled should be furthered and those with pscyhiatric disorders in the family should be closely observed. Although this study has been carried out on a restricted area and with a small number of participants, it is the first of its kind in Turkey and should be repeated with larger groups of participants in order to integrate the disabled more effectively into the society.

Key Words: Disabled, depression, anxiety, life quality

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PP-041

OBSESSIVE-COMPULSIVE DISORDER PRESENTING AFTER INCEST AND THE THERAPEUTIC APPROACHES : CASE PRESENTATION

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AIM: Literature on childhood traumas (CT) draws attention to the relationship between CT and the psychological pathologies surfacing in later years of life, which are predominantly the post traumatic stress disorder (PTSD), major depression disorder (MDD), sexual function disorders, alcohol and substance use disorder, dissociative disorders and personality disorders. There are reports on the triggereing of obsessive-compulsive disorder (OCD) by CT. It has been shown that in the lives of 54% of OCD patients at least 1 traumatic experience has taken place. Also, there are reports on the regression of OCD symptoms after CT focused treatments. We have aimed to report here the dramatic improvement in the symptoms of a resistant OCD case after the treatment of PTSD comorbidity symptoms.

CASE: NÖ; a 39-year old married highschool graduate with one child was referred to psychiatry from gastroenterology clinics with a 5-year long history of nausea-vomiting and weight loss which could not be explained by any physical illness and was suspected to be due to psychogenic factors. Her psychiatric examination indicated undecidedness, obsessions about getting soiled and about symmetry, and associated compulsive behaviours. She had been diagnosed with OCD and given antidepressant treatment a number of times with suitable doses and durations of but her symptoms had not regressed. In the third interview with the patient, she revealed that she had been repeatedly sexually abused by her father when she was 9 years old. After comprehending this abusive situation she started to detest her body for being fouled and took up bathing for 1 hour twice a day, developed obsessions of not being sure , guilt and sinfulness. She remembered the traumatic events almost every day. She experienced physiological anxiety when scenes of sexaul harassment or assault appeared on the TV when she had to leave the room. When having intercourse with her husband, she was haunted with sudden and startling scenes making her want to cry. She was irritable and lacked libido. Se was started on sertraline 100 mg/day for PTSD and OCD symptoms and kept under observation. Her traumatic experience was isolated and she was engaged in conversations focusing on trauma, but she was not given tasks for her compulsive behaviours. At the 5th interview significant reduction was observed in vomiting and the other compulsive behaviours.

DISCUSSION: There are many theoretical arguments and clinical and experimental observations of the similarities between OCD and PTSD complaints. In a study with 4 female and male OCD patients with histories of CT and therapies that had ended with failure, the OCD complaints were found to be related to PTSD. Our case also had treatment resistant OCD and a history of CT ; and with the alleviation of the complaints specific to PTSD the symptoms specific to OCD improved together with the functionality of the patient.

Key Words: Incest, obsessive-compulsive disorder, psychological trauma

PP-042

PANIC DISORDER WITH PREDOMINANT DEPERSONALISATION AND DEREALISATION: CASE PRESENTATION

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AIM: After trauma, severe fear and loss of control are frequently and strongly experienced. The concurrent anxiety gives rise to dissociation which is a reaction of avoidance, and can be described as a response to traumatic experiences characterised by fundemental fears of death or loss of control. In anxiety disorder (AD) panick attacks or seeing an event as ''unreal", i.e., derealisation (DR) are frequent. People with AD also experience dissociation. Depersonalisaiton (DP) and DR are typical symptoms of panic disorder PD. The PD with predominance of dissociative symptoms and agoraphobia has been described as ''phobic-anxiety-depersonalisation syndrome", while the panic attacks with dissociative symptoms are seen as another type of PD.

CASE: CK, a 38-year old married and childless female working as a retail assistant described her complaints of 17 years as feeling troubled, shaking, tachycardia, shortness of breath, hot flashes, fear of getting out on her own and fear of insanity. During the panic attacks she had also complaints of the estrangement of her environment, regarding her mother as a stranger, thinking there was someone in her who could throw her down the balcony and believeing having brain disturbance. As the attacks often came after sun down, she had developed fears of the attacks coming in the evenings. She was given paharmacotherapy for PD for the first time 17 years previously when there had been some regression in these complaints. In the past 1 year her early dissociative symptoms reappeared with the panic attacks when she regarded her husband as a stranger, felt her body getting enlarged as if becoming gigantic. She had a childhood history of parents getting divorced and separation from the father when she was 4, and of being sexually abused by her uncle by marriage when she was in primary school. Her EEG and routine blood test results were normal. She had total scores of 7 and 31, respectively, on the dissociative experience scale (DES) and the panic and agoraphobia scale (PAS) tests.

DISCUSSION: DP and DR are recognised diagnostic criteria for panic attacks, and are thought to be related to the appearance of agoraphobia. The DP of panick attacks are proposed to be related to CT. Also, the incidence of panic attacks is higher and the age of onset younger in cases of PD with DP as compared to PD without DP. Our case had experienced multiple and deep CTs. Her panic attacks had started at the age of 17 and for the past one year she had attacks almost daily and in most of them she experienced DP, DR and agoraphobia. During these attacks she did not have fear of death but fear of insanity. Although her DES score was low, scoring 20-40 on the DES item numbers 2, 8, 11, 12, 21 ve 23, which she marked as her experiences during the attacks, indicated that these results were of dissociative origins. Her symptom profile suugested that our case might be a sub-type of PD with predominance of dissociative symptoms.

Key Words: Agoraphobia, depersonalisation, derealisation, dissociation, panic disorder sub- type, phobic-anxiety-depersonalisation syndrome

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PP-043

MALIGNANT TOURETTE SYNDROME: CASE PRESENTATION

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INTRODUCTION: Tourette Syndrome (TS) is a neuro-psychiatric disorder characterised with stereotypic, non rthytmic multiple or local tics as winking, sniffing, throat clearing, neck and shoulder movements. Rarely, with an incidence of 5%, TS is accompanied by life threatening severe tics and self harming acts that may result in disablement when TS is referred to as malignant TS. Here we are presenting a case compatible with malignant TS.

CASE: M.Ö, a 53-year old male primary school graduate married and living with his family was referred to the emergency services of our hospital from an opthalmology clinic. His left eye had been operated on for retinal detachment caused by involuntary pressure applied by the fingers on the eye, a behaviour which continued after the surgery resulting in the necessity of a second operation. Since the patient continued his behaviour he was referred to our hospital for psychiatric assessment. The patient shook his head, put pressure on his eye while making meaningless sounds and then yelled ''don't do". He had blinded his right eye by applying pressure with his finger three years previously when his tics first started. His psychiatric examination showed that his appearance was good, and delusions or hallucinations were not described. His mood was euthymic and affect was depressed. He did not have obsessions, phobias or mental preoccupations. His memory functions were preserved, knowledge and intelligence level were adequate. He had partial judgement but normal insight. He did not have homicidal or suicidal thoughts. His complaints had started with caprolalia and vocal tics in adolescence and alcohol misuse. His MRI imaging was within normal limits. He was followed once a week for 4 months on treatment with fluoxetine 40 mg/day, aripiprazol 10mg/day, quetiapine 300 mg/day. The follow up controls indicated reduction in the tics and improvement of his sleep, but despite the drop in the frequency of putting finger pressure on the left eye his vision had been reduced to 5%.

DISCUSSION: Previously a report had appeared in the literature on a case of applying finger preressure on the eye resulting in retinal detachment. Our case had virtually completely blinded his eyes. In TS the possibility of malignancy should be carefully investigated..

Key Words: Malignant Tourette Syndrome, retinal detachment

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PP-044

TREATMENT RESISTING OBSESSIVE-COMPUILSIVE DISORDER PRESENTING AFTER WITNESSING PARENTAL SEXUALITY: CASE PRESENTATION

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AIM: Longterm effects of traumatic experiences on psychological health, especially surfacing as post traumatic stress disorder (PTSD), dissociative disorders, depression and borderline personality disorder, have been recognised. The possibility of obsessive-compulsive disorder (OCD) resulting from traumatic events has been demonstrated in the literature. Traumatic experiences do give rise to treatment resisting OCD with high scores of tested anxiety, depression, trauma and dissociative symptoms. In this report we discuss the effects of existing traumatic experiences on the comorbidity and treatment resistance of OCD.

CASE: Ö.P. a 22-year old unmarried primary school graduate, consulted our unit with complaints of believing her hands to be soiled, being uncertain if the windows are closed when she leaves the house, unhappiness, depression, lack of motivation. Her complaints intensified during the last 3 months with suicidal attempts which necessitated her admission as an inpatient. Her psychiatric examination revealed that the obsessions started after witnessing parental sexuality 3 years previously; she felt guilty and sinful on intimacy with her boy friend, and became depressed. She had been treated for OCD various times with appropriate treatments with antidepressant, antipsychotic and anxiolytic agents without success. She was started for OCD and MDD treatment with sertralin, increased with dose titration to 200 mg/day. In the 2nd week ofher admission she was engaged in conversation on her traumatic experience of parental sexuality, gradually detailed in the following weeks. In the 4th week the obsessive thoughts and the depressive mood had sginificantly regressed.

DISCUSSION: The relationship between OCD diagnosed in 382 patients and the comorbidities of mood, substance useand eating disorders have been reported. In the case presented here the chronicity of OCD with resistance to pharmacotherapy may be related to the MDD when the time overlap and causality are considered. It has been reported that of the 120 patients treated for OCD, 58 were resistant to therapies and had comorbidities of anxiety, mood and dissociative identity disorders. In our case, the comorbidity of MDD and the concurrent life style may have contributed to treatment resistance. Therefore, this study is a good example to the importance of investigating the comorbidities of OCD patients after establishing a favourable therapeutic relationship.

Key Words: Obsessive compulsive disorder, comorbidity, traumatic experience

PP-045

EFFECTS OF THE DISSOCIATIVE DISORDER SYMPTOMS ON PHARMACOTHERAPY FOR PANIC DISORDER

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AIM: Serotonin reuptake inhibitors (SRI) and serotonin-norepinephrine reuptake inhibitor (SNRI) venlafaxine have been proposed, despite the slight variations in therapeutic guidelines, as the primary therapeutic choice for effective treatment of panic disorder (PD). There are many patients, however, who either do not respond to therapy or continue in course with significant residual symptoms. Research has shown that comorbidity with obsessive- compulsive disorder (OCD), major depressive disorder (MDD) and severe degrees of anxiety and phobic symptoms can affect the pharmacotherapy of PD. Also, dissociative symptoms seen with PD do affect detrimentally the psychotherapy and the psycho-pharmacological therapy in PD.

METHOD: In this study 63 PD patients on treatment with a standard dose of venlafaxine for 10 weeks were investigated psychometrically on the Panic Disorder Severity Scale (PDSS) and the Dissociation Questionnaire (DIS-Q). The participants with high and low scores on the basis of the DIS-Q cut off points were placed in two groups and both gourps were tested again with PDSS at the end of the 10-week therapy.

RESULTS: Demographically, 71.4%'i (n=45) of the participants were females and 65.1% (n=41) were married. The mean age at PD presentation was 27.48±7.99 years. The fall in PDSS scores after the 10-week therapy of the groups with high and low DIS-Q scores were, respectively, -8.71±2.61 (51.40%) and -9.00±2.93 (69.43%), the intergroup difference being statistically significant (Z=-3.822; p=0,000132).

CONCLUSION: The primary aim of this study was to assess the effects of the dissociative symptoms (DS) following the course of PD on the given pharmacotherapy. It was observed that as the SD persisted or progressed the response to the pharmacotherapy given for PD was lowered. Careful investigation of the DS in PD patients would assist the understanding of PD resistance to treatment and the planning of more effective psychotherapy and pharmacotherapy procedures.

Key Words: Panic disorder, dissociative symptoms, therapy

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PP-046

URINE RETENTION AFTER FLUOXETINE USE ON AN ADOLESCENT WITH OBSESSIVE-COMPULSIVE DISORDER: CASE PRESENTATION

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INTRODUCTION: Selective serotonin reuptake inhibitors (SSRI) are primarily preferred in the treatment of depression, and of various other psychological disorders. The frequently observed side effects of the SSRI include nausea, head ache, irritability, insomnia, dry mouth, dizziness, gastrointerstinal symptoms, loss of appetite, lethargy, weight loss and central nervous system symptoms problems. However, other reported and more serious effects include hypertension, arrythmias, hallucinations, raised hepatic enzyme levels, rahbdomyolysis, muscle weakness, raised blood glucose levels,polyurea/oligoues and dehydration. It is significant that these side effects are corrected in 70% of the users within 24 hours of drug withdrawal. In childhood OCD, SSRI are the first choice agents of treatment. Fluoxetine (age ≤ 7) and sertraline (age ≤ 6) have been approved for OCD treatment by FDA (Food and Drug Administration- USA).

AIM: Here a case with urine retention after fluoxetine use for OCD is presented, since a similar case has not been eported in the medical literature of Turkey.

CASE: A 13-year old girl, eldest of three siblings and attending 8th grade of school with success, complained of washing her hands very frequently and copiously, inability to touch surroundings for fear of microbes, shedding the clothes worn outside upon arrval at home, and bathing for 2-3-hours for the previous 1 year. It was learned that her father diagnosed with bipolar affective disorder and was currentlyon lithium and risperidone. During the first 24 hours after fluoxetine was started with the diagnosis of OCD, she could not pass urine despite feeling the urge. Her family retarded the second dose for a day, but urine retention reoccurred after the second dose when the family discontinued the treatment. Treatementwas switched to sertraline 25mg/day titrating the dose to 50mg/day after one week.

DISCUSSION: Serotonin binding of the 5-HT2C receptors inhibits the release of both norepinephrine (NE) and of dopamine (DA). Fluoxetine as an 5-HT2C antagonist, inhibits not only serotonin reuptake but also disinhibits the downstream realese of NE and DA by acting as a norepinephrine and dopamine disinhibitor (NDDI) which could result in an increase of the prefrontal cortical NE and DA release. The weak blockage of NE reuptake by fluoxetine may become clinically significant when used in high doses and mya lead to patient discontinuation of the therapy. Clinicians must begin fluoxetine with low doses titrated to higher doses as indicated to avoid side effects as observed in our case , albeit these side effects can be reversed in 24 hours as observed here.

Key Words: Fluoxetine, urine retention, obsessive-compulsive disorder

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PP-047

SOCIAL ANXIETY LEVEL AND THE SOCIODEMOGRAPHIC PARAMETERS AMONG THE FIRST YEAR STUDENTS IN MEDICAL SCHOOL

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AIM: During the educational years in the university students also enter a phase of self-expectations; they strive to get themselves accepted as independent individuals and desire prominence. Inability to meet these expectations results in increased social anxiety and social phobias start surfacing. The lives of those who have been unable to socialise well during the universtiy years may beome complicated with inabilites to stand on two feet underchallenge and/or to develop self confidence and with identity problems. Therefore we have been looking for answers to the questions on the level of social anxiety level of the first year medical students and the determinents of the high levels of anxiety.

METHOD: A total of 152 individuals randomly chosen from the 322 first year students reading medicine at Hacettepe University Medical School were included in the study. Data were acquired on the Soci-Demographic Data form and the Liebowitz Social Anxiety Scale (LSAS).

RESULTS: The internal consistency of LSAS-TR with 48 items has been calculated to be 0.95 (Cronbach alpha) for this experimental population. The mean total LSAS score for the entire participant group was 43.8 (SD:20.9). The cut off score of LSAS for social phobia diagnosis being 48 those with scores ≥ 48 made up 38.8% of the entire group. Students who did not use alochol at all (n= 95) had a mean total score of 46.3, while those who admitted using alcohol intermittently or regularly (n=54) had a mean total score of 39.9, the difference between these scores being statistically significant ($p<0.05$). Using regression analyses, the predictors of the total LSAS score were determined to be the questions on ''where the student lived/stayed" and ''whether the student had another phobia". Over the total LSAS scores, those ''living together with friends" (n= 31) scored 49.1 whereas those ''living in a residence hall"(n=73) scored 39,7 or lower , the difference being statistically significant(vs. $p<0.05$).

CONCLUSION: The high level of anxiety observed in medical students is important in consideration of the quality of the medical service to be given after graduation. While attempts are made to avert the misuse of alcohol, the parameter of social anxiety should also be kept in mind as a very important factor. Providing residence halls with equivalent comforts or facilities of the private houses may also prevent the development of social phobias.

Key Words: Social anxiety, student, social phobia, Liebowitz Scale

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PP-048

EFFECTS OF CHILDHOOD ATTENTION DEFICIT AND HYPERACTIVITY DISORDER ON ADULT OBSESSIVE-COMPULSIVE DISORDER

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AIM: Prevalence of obsessive-compulsive disorder (OCD) comorbidity with attention deficit and hyperactivity disorder (ADHD) in childhood is around %8-11. This study has aimed to investigate the effects of a history of childhood ADHD on the adult OCD without comorbidities of Tourette's syndrome or major depressive disorder.

METHOD: A total of 39 patients with an age range of 18-65 years, consisting of 25 females and 14 males, were included in the study. Patients with Tourette syndrome or a Hamilton Depression Rating Scale score of ≥ 15 were excluded. The data were collected on the psychometric tools of SCID-I, Y-BOCS, Wender-Utah Short Form (WURS-25) and Barratt Impulsiveness Scale (BIS-11) . The statistical data anlyses were based on the Mann-Whitney U test, Chi-Square test, and the Pearson Correlation and Regression analyses.

RESULTS: Among the OCD patients 30,76% had childhood ADHD. These OCD-ADHD patients scored sginificantly higher than the others on WURS-25, total BIS-11, and the attention and motor subscales ($p<0.0001$; $p=0.024$; $p=0.024$; and $p=0.047$, respectively). The start of OCD in the OCD-ADHD group was significantly earlier than with OCD patients ($p=0.036$). Also, the mean obsession and compulsion subscale scores of the OCD-ADHD group were significantly higher than those of the OCD group (($p<0.001$ and $p=0.004$, respectively).

There was a significantly higher prevalence of the collecting, symmetry and other obsessions in the OCD-ADHD group ($p=0.015$; $p<0.0001$; $p=0.013$, respectively). The total and the motor subscale scores and the total Y-BOCS scores were found to be correlated with the scores on obsession and compulsion subscales and the mean obsession counts. Regression analyses showed that the scores on the BIS-11 attention area ($p=0.024$) and the mean obsession count($p=0.003$) were strong predictors of the comorbidity diagnosis of OCD-ADHD.

CONCLUSION: The prevalence of a history of childhood ADHD in adult OCD was similar to that reported in earlier studies. Within the limits of our knowledge this study is the first to determine the highest prevalence of childhood history ADHD in adult OCD. Unlike in the previous studies, data on our patient groups did not differ with respect to gender in OCD and ADHD. Our results agree with previous report on the relationship between the collecting obsession and ADHD. With the exception of the impulsivity and obsession scores, the OCD scores were found to be interrelated. Our results suggest that patients with OCD and with a history of ADHD may be a subtype of OCD, presenting at an earlier age with OCD, with different obsession-compulsion symptoms and with impulsivity being in the foreground.

Key Words: Obsessive-compılsive disorder, attention deficit and hyperactivity, impulsivity

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PP-049

ANXIETY SENSITIVITY AND REASSURANCE SEEKING BEHAVIOUR IN ADULT SEPARATION ANXIETY DISORDER

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AIM: Separation anxiety disorder is characterised with excessive and generalised fear of physical or emotional separation from a major attachment figure or from places rated as ''secure". Although accepted as a childhood disorder till recent years, separation anxiety disorder has been included in DSM-V as an anxiety disorder diagnosed in all age groups. The aim of this study is to investgate anxiety sensitivity (AS), reassurance seeking behaviour and the presence of panic-agarophobia symptoms in the adult separation anxiety disorder (ASAD). AS has been described as the fear of behaviors or sensations associated with the experience of anxiety and is regarded as a risk factor for tendency to anxiety disorders and especially the panic disorder (PD). Reassurance seeking behaviour consists of the cognitive and behavioural strategies developed in anxiety disorders (AD) to prevent the occurrence of what is feared but which paradoxically contribute to the continuity of the anxiety. There are not any studies in the literature on reassurence seeking behaviour in ASAD.

METHOD: This work was carried out with 178 volunteering participants diagnosed with AD on the basis of the DSM-IV criteria. Diagnoses of ASAD have been based on the Structured Clinical Interview on Separation Anxiety Symptoms (SAS-SCI). The Adult Separation Anxiety Questionnaire (ASA-27) and the Separation Anxiety Symptom Inventory (SASI), have been used to assess the presence and the severity of ASAD. All participants completed the Anxiety Sensitivity Index-3 (ASI-3), the lifetime Panic-Agoraphobic Spectrum Scale (PAS-SR) and the Reassurance Seeking Scale (ERSS). The participants were evaluated in 5 groups consisting of ASAD (n=29), PD (n=31), generalised anxiety disorder (GAD) (n=33), control (n=34) and of the comorbid ASAD (n=51) groups.

RESULTS: In the ASAD, PD and GAD groups the mean total scores were statistically comparable to each other and significantly higher than those of the control group. Also, statistically significant differences were

not observed between the ASAD and GAD groups on the ASI-3 and the ERRS scores , but these scores were higher than those of the controls.

CONCLUSION: In our study the AS and reassureance seeking were observed to be high in the ASAD and the other AD groups (GAD, PD). Also, the observation that ASAD and GAD groups were similar on the ASI-3 cognitive subscale, may be pointing to the existence of common cognitive processes in these groups of patients.

Key Words: Adult separation anxiety disorder, reassurance seeking, anxiety sensitivity, panic-agoraphobia spectrum

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PP-050

SHARED OBSESSIVE-COMPULSIVE DISORDER BY TWO SISTERS: CASE PRESENTATION

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AIM: Shared Obsessive-Compulsive Disorder (OCD) is not included under a specific diagnostic heading in the DSM and comes up in the literature through case presentations. Here we present the sharing of obsessions and compulsions between two sisters and discuss the course and the treatment of the illness.

CASE: The case, A., a 31-year old female high school graduate, unmarried and unemployed, living with her family, consulted our clinics with complaints of obsessions of contamination and getting soiled, and compulsions of excessesive cleaning up, and also of depressiveness. She was diagnosed on the DSM-V criteria with OCD. The patient had been treated elsewhere for 1 year with 60 mg/day paroxetin and 100 mg/day sertralin. The treatment was continued by incrreasing her sertralin dose to 200mg/day. Her Yale-Brown Obsessive Compulsive Scale (Y-BOCS) score was 37 and her Hamilton Depression Rating Scale (HDRS) was 24. Her complaints had started when she attemted to help alleviate her sisters obsessions with cleaning up, when her sister's complaints had regressed. Her 29-year old sister, B., unmarried and unemployed high school graduate living with her family, was called for an interview. She was diagnosed with contamination and uncertainty obsessions and speaking and asking compulsions which had surfaced in primary school years and her functionality had been lowered because of the cleaning obsessions over the previous 2.5 years when she started to get treatment and observation with 200 mg/day sertraline at another clinic. She had not received behavioural therapy. Her Y-BOCS score was 10. The sisters were recommended to get separated , but this was not accepted. One month after starting her therapy, A's complaints persisted and clomipramine 75mg/day was started and increased to 150 mg/day. B did not attend control interview for reasons of feeling better. The sisters were recommended to share work at home and were given tasks, which A accpted and her Y-BOCS score fell to 20 but HDRS score went up to 30. At the end of 4 months B also accepted to do her tasks after which A's Y-BOCS score fell to 17 and the HDRS score fell to 12. In the process B's complaints did not alter but her uncertainty obsession disappeared.

DISCUSSION: The shared form of OCD is seen in the literature only through case presentations. In the case presented here A was the passive and B was the dominant character such that intervention with B assured the improvements in A. This case shows similarities to shared psychosis. In the leterature it has been recommended that shared OCD should be included under the heading of shared psychosis, and that shared psychiatric disorders should be classified as the psychiatric and the nonpsychiatric types. To open a heading as 'shared OCD', would require many more studies on the condition. We have presented our case with the proposal that patients clinically diagnosed with OCD , and especially those responding well to pharmacotherapy on its own, should be investigated for the possibility of sharing the obsessions and compulsions of another member of the family.

Key Words: Shared obsession, shard compulsion, obsessive-compulsive disorder

PP-051

OBSESSIVE COMPULSIVE DISORDER RESISTING ELECTROCONVULSIVE THERAPY

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AIM: Patients with 'treatment resistant' obsessive-compulsive disorder (OCD) not responding to serotonin reuptake inhibitors and behavioural therapy, electroconvulsive therapy (ECT) has been recommended. ECT has been claimed to be more effective in cases of OCD with comorbidity of depression and risks of suicidal atempts. Here an OCD patient not responding to OCT is presnted.

CASE: A 35-year old married female unemployed teacher with one child, peviously diagnosed with OCD. Her complaints started 10 years previously by obsessive hand washing lest her baby would be contaminated. Later the frequency and duration of hand washin increased, and the clinical scene got further complicated with staying in the bath for hours, using the toilet very frequently, counting everthing around her, frequently controlling all electronic devices in the house. Her thought content was dense with obsessions about getting soiled (e.g., with bodily wastes and secretions, dirt and microbes, environmental pollution, and worries about cleaning materials), doubt obsession related to knowing and remembering, and lucky and unlucky numbers which she was reflecting onto her compulsions, such as rituals of hand washing (which had to be completed to 9 washes and if someone called and interrupted her, the ritual had to be restarted from the beginning), long stays in the bath, and intense control compulsion. Also she had to count everything. She had been previoulsy treated with sertralin, velafaxine, risperidone and pimozide combinations without success. She was admitted to our ward, and started on clomipramine 225 mg/day, paliperidone 6 mg/day. She was followed with cognitive therapy for about 8 months when her functionality did not improve. During the last interviews with her and

with her husband it was understood that she had abandoned her clincial controls and medicines, couldn't function in the house or look after her child and was on the brink of divorce. She wanted ECT and was admitted for ECT. She completed the Yale- Brown Obsession and Compıulsion Scale (Y-BOCS-36) and the Hamilton Depression Rating Scale (HDRS-24). She was given 7 sessions of ECT without any significant effect on her clincial situation when her HDRS score was 15 (40% fall) and Y-BOCS score was 30 (15% fall).

DISCUSSION: The ECT given to our patient did not improve to the expected extent her resistant ODC with moderate depressive comorbidity.

Key Words: Electroconvulsive Therapy (ECT), Obsessive-Compulsive Disorder (OCD)

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PP-052

PANIC DISORDER AND PREGNANCY: CASE PRESENTATION

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AIM: Life time incidence of panic disorder (PD) is about 4,7%. About 3-12% of women experience PD symptoms in their productive years during pregnancy and the postpartum period. Pregnancy is characterised with various physiological and psychological changes. In a study with 111 pegnant women in the first trimester, 39 (35.1%) were diagnosed with anxiety disorder and 0.9% of these patients were also diagnosed with PD. In another study with 512 women in the third trimester the incidence of PD was 2.5%. In this report a patient, who had to have a ceasarian section due to PD is discussed.

CASE: The patient, a 28-year old married high school graduate, started to feel anxiety, fear of death, tachycardia, shaking, chest pain and hot flashes 7 years previously, and was put on 40 mg/day paroxetin for 1 year by a psychiatrist. Having responded to the treatment she was followed for a while without pharmacotherapy. However, relapse of her condition required paroxetin treatment with behavioural therapy for 1 year. This was followed by 2 years of remission after which she became pregnant for the first time. In the 40th week PD reappeared and she was referred to the psychiatry services from the ante-natal clinic for a written report on whether normal birth would be prevented by the PD. The patient's psychological examination determined her death fear, marked anxiety, tachycardia, irritability and anxiety about normal spontaneous vaginal birth. Her mother and aunt had also been treated for PD. Hospital Committee decison was taken and the ante-natal clinic was advised that she could not meet normal birth on account of the PD diagnosis and that she should be referred back to the psychiatry services for control after stabilisation of her general state.

DISCUSSION: Pregnancy is a term with important biological and psychosocial changes and high risk of facing many factors giving rise to anxiety and stress. Every stage has a specific adaptation process, including the preparation for the birth process. Meeting three similar cases in the same month generates the question whether the changes in the health system in Turkey promotes the prevalence of some disorders, which may be answered in time.

Key Words: Pregnancy, anxiety disorder, panic disorder, frequency

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PP-053

ECCHYMOSIS DUE TO ESCITALOPRAM: CASE PRESENTATION

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AIM: Selective serotonin reuptake inhibitors (SSRI) are widely used in the treatment of various psychiatric disorders. Althout SSRI are generally accepted as safe with respect to side effects, rarely serious haematological effects such as petechia, purpura, ecchymoses and epistaxis, and more rarely intestinal haemorrhage and cerebral haemorrhage are being observed. Here a case of ecchymosis after escitalopram use is discussed..

CASE: A 21-year old unmarried female university 2nd year student had complained 1 year previously of fatigue, iritability and anxiety about some mishap to involve her relations, and had been put on escitalopram 10 mg/day which she did not use regularly and discontinued as her symtoms did not improve in 1 month. However, 4 months previously she consulted our clinic with complaints of attention deficit, irritability, fatigue and anxiety and was put on escitalopram 20 mg/day which she used regularly and her complaints improved almost completely. Two months after starting escitalopram use, ecchymoses kept appearing at the lower extremities, ranging in size from 1x1 to 5x5 cm. Clinically, a trauma or disorder could not be observed. Her medicine was reduced in dose and discontinued. The ecchymosis diappeared completely 3 weeks later.

DISCUSSION: SSRIs prevent the reuptake of serotonin by inhibiting the carrier protein on the presynaptic neurons. They similarly inhibit serotonin entry into thrombocytes. It is thought that serotonin depletion in the thrombocytes would lead to thrombocyte mediated haemostasis and tendency to bleeding.

Key Words: Escitalopram, eccymosis, haemorrhage

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PP-054

LICE INFESTATION MISTAKEN WITH DELUSIONAL PARASITOSIS : CASE PRESENTATION

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AIM: Delusional parasitosis (DP) is a rare hallucination of having parasitic infestation without medical evidence. Patients with DP generally consult dermatology clinics and cases are evaluated by dermatologists. We describe here a case with real parasitic infestation on his body and referred to psychiatry with the preliminary diagnosis of DP.

CASE: A 27-year old married high school graduate consulted dermatology clinic with the complaint of itchyness, for which a pathological cause was not determined and the patient was referred to psychiatry clinics. The patient believed that for the last 6-7 years lice had been living in his body, within his arms and legs, but not outside his body anywhere in his home or the people in his environment. He complained of continual seeking of medical help and that he did not benefit from the treatments. His pscyhiatric examination indicated that he was conscious, his orientation was complete; his attention, memory and thought process were normal; his thought content had ravings about physical symptoms, without phobias or obsessions; perception,affect and abstract thinking were normal, sleep and appetite were normal. Biochemical and haematological test results and cranial imaging did not show evidence of pathology. Examination of itchy areas indicated parasitic infestation.

DISCUSSION: Delusional parasitosis is a rare hallucination. It must be noted that detection of parasites living in the human body can easily be missed. In this case presentation inadequate examination of a patient suspected of having delusional parasitosis demonstrates the possibility of wrong diagnosis..

Key Words: Delusional parasitosis

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PP-055

BULIMIA NERVOSA AND OBESITY SURGERY: CASE PRESENTATION

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AIM: Although obesity surgery is an effective treatment for obesity and for the improvement of the complications caused by obesity, observation of eating disorders have been reported in obese patients before and after obesity surgery. The case of a bulimia nervosa patient given obesity surgery is discusssed in this report.

CASE: A 21-yer old unmarried highschool graduate consulted our clinics. Approximately 13 years previously she had had episodes of over eating and post-prandial regret and resorting to forced vomiting and use of laxatives. Some 8 years previously she underwent surgery to reduce the size of her stomach after excessive weight gain and her weight reduced from 135 to 110 kg in a short period. But she started to overeat again although the quantities were less than before her operation. In the prevailing 8 years her weight had reached up to 145kg when she consulted our psychiatry clinic for the first time. Her psychiatric examination showed obese appearance with dressing style suitable for her socioeconomic state. Her speech was normal, affect was euthymic; her thought content was dominated with weight gain issues. She did not have hallucinations, her abstract thinking was normal; she did not use alcohol, substance or any medication. Her routine investigation was normal. Her body mass index was 53/m^2 and the systemic examinations were normal.

DISCUSSION: The first clinical unit of consultation by the patients with eating disorders excludes psychiatry and although the treatments given without the diagnosis of eating disorders give good results for a period, complete success cannot be achieved as in the case of our patient. Patients with eating disorders should be made aware of other clinics they can consult to arrive at more conclusive therapeutic outcomes.

Key Words: Bulimia nervosa, obesity surgery

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PP-056

WORK ON THE VALIDITY AND RELIABILITY OF THE TURKISH VERSION OF DYSFUNCTIONAL ATTITUDES SCALE-SHORT FORM

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AIM: Dysfunctional Attitudes Scale (DAS) is one of the most freqeuntly used self-report psychometric scales to make comparisons before and after behavioural psychotherapies, to evaluate the basic and interim values of patients and to facilitate case conceptualisation. Using DAS, dysunctional attitudes can best be investigated within two factors focusing on approval seeking/dependency (AS/D) and perfectionism/performance evaluation (P/PE). Clinically, it is observed that Turkish version of DAS has a 4-factor structure rather than the two-factor structure often reported in the literature, but what the factors other than AS/D and P/PE stand for is not only unclear but also do not inable evaluations in comparative studies. Also, the short form of psychometric scales are more acceptable by both those who complete them and those who evaluate the results. Therefore, testing the validity and reliability of the short form of DAS (DAS-SF) has been attempted with a clinically depressive patient population.

METHOD: A total of 885 participants attending two different psychiatry clinics were included in this study. The participants were asked to complete DAS-SF, the Beck Depression Inventory (BDI) and the Automatic Thoughts Questionnaire (ATQ). Using the explanatory factor analysis (EFA), and the Promax rotation to investigate the correlations between DAS-SF and BDI, ATQ, and DAS total and subscale scores. Whether DAS-SF scores discriminate between the depressive and non-depressive groups was analysed and the relation beween depression and the DAS subscales were investigated.

RESULTS: Of the 885 participants 59.7% were females, 45% were married, and 39.3% had a good income. There were psychiatric disorders in the family of 32.3%, the mean age was 35,37 ± 12,30 years and the mean duration of education was 10,69 ±4,12 years. The mean BDI, ATQ , DAS-P/PE , DAS-AS/D and the DAS total scores were, respectively, 23,74 ± 14,67, 65,70 ± 30,68, 57,34 ± 19,34, 45,70 ± 11,10 and 147,48 ± 31,71. Using the EFA , two factors corresponding to AS/D and P/PE were determined in DAS-SF. Significant correlations were observed between DAS-SF total and subscales scores, and BDI, ATQ and DAS total and subscale scores. Discrimination of the depressive group from the non-depressive group on the basis of the DAS-SF total and the two subscale scores was observed. Results of the hierarchical multivariate regression-based sensitivity analysis showed significant relationship between DAS subscales and depression.

CONCLUSION: The existing results show that DAS-SF total scores and scores on its subscales are valid and reliable for evaluation of dysfunctional attitudes in depressive populations.

Key Words: Depression, validity, reliability, dysfunctional attitudes, perfectionism, approval seeking

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PP-057

EVALUATION OF THE EFFECTIVENESS OF COGNITIVE BEHAVIOURAL GROUP THERAPY IN PANIC DISORDER : PRELIMINARY STUDY

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AIM: Panic Disorder (PD) is a psychological disorder the life time prevalence of which is progressively increasing and occupying the first step health system. The most frequently observed symptoms are tachycardia, restlessness, fear of death, shaking/shivering, dry mouth and feelings of hopelessness/helplessness. According to the PD cognitive theory panic is the result of the misinterpretation of a physical or mental feelings as the signs of catastrophes of the moment. Cognitive behavioural group therapy (CBGT) restructures this misinterpratation and is widely used in the treatment of PD with proven rapidity and effectiveness. There is not a significant difference between individual therapy and CBGT when compared, and the conitnuation of well being has been observed over 18 months. The aim of this preliminary study has been to evaluate the effectiveness of CBGT on reducing the severity of PD symptoms. Although this effectivess has been demonstrated by previous studies this is the first of its kind in Turkey.

METHODS: This study has included 35 patients who consulted the Ankara Dışkapı YB Teaching and Research Hospital Psychiatry Clinics and were diagnosed with PD on the criteria of DSM-IV-TR. The patients were asked to complete a sociodemographic questionnaire, the Beck Anxiety Inventory (BAI), the Beck Depression Inventory (BDI), and the Panic and Agoraphobia Scale (PAS) before starting and after completeing the CBGT program. Following the evaluation interview, 10 patients who were found compatible with the study criteria and accepted to participate were enrolled in the group therapy. The Leahy and Holland CBT plan based on Clark's panic model was adapted to the group and was given as a 6- session CBGT. The first session consisted of introduction of the group members, comprehending the expectations from the therapy, establishing the goals of the CBGT and psychoeducation on panic disorder, the agoraphobia model, therapeutic strategies and CBT. The second session covered the somatic symptoms of anxiety and the autonomous nervous system, the patient's personal hierarchy of feared situations and the effects of catastrophic interpretations on the continuity of PD. In the third session the patients were taught to reveal the automatic thoughts linked to anxiety, emphasising catastrophizing thoughts, emotional inferences , labelling and personalisation. Also, the exacerbation of the cognitive and physiological symptoms of anxiety by thoughts of avoidance and coping strategies were discussed. The fourth session included cognitive restructuring and behavioural therapy. During the fifth session the introceptive exposure technique was used and intrasession exposure was staged. During the sixth session, the patient's abilities to interpret anxiety symptoms, ascribe new meanings to these and to reduce anxiety by self control were reviewed.

RESULTS: Of participants 80% were females and 20% were males; and, 20% of the group had a family history of PD. The mean age of the groups was 34,25±8,48 years; and, the mean years of education was 10,25±2,12 years. Only 8 patients completed the CBGT program. Comparing the psychometric test scores of the patients who completed the program, whereas the mean total scores on the BAI, BDI and PAS at the outset were respectively 35.25, 13.5 and 27.37, these were found to have fallen significantly at the termination of the CBGT to, respectively, 14.87 (p=0,012;z=-2,52), 7.62 (p=0,012; z=-2,52) and 10.12 (p=0,012; z=-2,52).

CONCLUSION: It can be argued that CBGT is effective in the improvement of PD, after observing statistically significant falls in the psychometric test scores of the patients at the completion of the treatment program. The small scale of xperiemental population and the lack of a control group are the limitations to our peliminary work. Further work with larger patient groups would be useful for the activities in this field in our country.

Key Words: Cognitive behavioural therapy, group psychotherapy, panic disorder

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PP-058

EFFECTS OF DEMOGRAPHIC FACTORS AND LOCUS OF CONTROL ON THE ATTITUDES TOWARD RECEIVING PROFESSIONAL PSYCHOLOGICAL HELP AMONG BILKENT UNIVERSITY STUDENTS

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AIM: Preparedness and willingness are of the most important factors in the process of individual psychotherapy. It is for the benefit of better intervention that the attitudes of preparedness and willingness of the individual and the factors affecting these needs must be investigated. In this very respect, the aim of this study has been to investigate the effects of the locus of control and of some demographic factors on the attitudes of university students to receiving psychological help.

METHOD: This study has enrolled 127 students reading at Bilkent University , Ankara, Turkey. The participants were asked to complete a demographic information form, the Locus of Control Scale, and the Attitudes Toward Seeking Professional Psychological Help Scale. Data analyses were made on the SPSS program, for correlations, t-test, ANOVA, and regression analyses to assess the correlations between dmographic parameters, locus of control and the attitidues to receiving psychological help.

RESULTS: The results have not yielded a significant relationship between locus of control (LC) and the attitudes toward seeking professional psychological help (ASPH). However, on the basis of the demographic parameter of gender, the LC ($t(125)= 2.47$, $p <.05$) and the ASPH ($t(125)= 3.22$, $p <.01$) of females and males were found to be very different, with the feamles having a significantly higher scores on the external LC and a more positive attitude to receiving psychological help.

CONCLUSION: As far as it is known, studies on the relationship of LC and ASPH are limited in the literature. A significant relationship between these parameters had been reported, but this has not been replicated in our study. However, the results agreed with those of others on females having a higher external LC and a higher preparedness to receive psychological help.

Key Words: Attitude toward seeking professional psychological help, locus of control, demographic factors, university students

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PP-059

MONODRAMA APPLICATION IN SOCIAL ANXIETY DISORDER: CASE PRESENTATION

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INTRODUCTION: Social Anxiety Disorder (SAD) is a psychiatric disorder involving individual anxiety over being undervalued in the social environment and with avoidance of socialising. Patients with SAD fear making mistakes and getting embarrassed in front of others. This fear may be exacerbated by a social event adversely affecting the individual. Not treating SAD does give rise to problems in family and profesional life. The treatment can be in the form of psychotherapy, pharmacotherapy or a combination of both. This study presents a case of monodrama application for treatment of SAD.

CASE: A 24-year old single male university student consulted our clinic with complaints of feeling anxiety about making presentations required by his academic and professional field work, and avoiding attending the events on the assigned date. He feared his voice shaking, of misreading the text, of being laughed at and getting embarrassed. He was placed under observation and pharmacotherapy was started accompanied with monodrama application.

DISCUSSION: Monodrama applications are individual treatments and have been carried out in relation to the individual's social and family lives. Applications of synchronisation, embodiment, side talk and internal talk can be carried out. In the above presented case significant reduction in the anxiety and avoidance behaviour had been observed after 16 sessions.

Key Words: Monodrama, psychodrama, social anxiety

PP-060

TARDIVE DYSKINESIA TRIGGERED BY BUPROPION

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INTRODUCTION: Extrapyramidal effects of antidepresants are often observed with selective serotonin reuptake inhibitors (SSRI) which result from the dopamine antagonism by SSRI in the striatum. Bupropion is an atypic antidepressant acting through norepinephrine and possibly dopamine re-uptake inhibition. This report discusses the development of involuntary movements after starting bupropion for treatment of depression.

CASE: A 46-year old male patient consulted our clinics with complaints of lack of humour, disinclination, exhaustion, loss of energy, reduced libido and sleep disorder. He was put on bupropion XL 150mg/day and the dose was titrated to 300 mg/day after 1 month. Two months after the dose increase involuntary movements started in the tongue and lips of the patient which increased at moments of tension and stress but were lost during sleep. His haemogram, routine biochemical test results and thyroid function test result were normal. Neurological consultation did not find any neurological disorder. He did not have a history of psychiatric disorder or use of antipsychotic medication. The involuntary movements were suspected to be due to bupropion and the dose was reduced to 150 mg/day but the movements did not disappear.

One month later dupropion was discontinued. In the subsequent four months the movements continued albeit decreased in severity.

DISCUSSION: Mechanism of dyskinesia due to bupropion is not clearly understood. In the literature there are reports of reversible dyskinesia due to bupropion and its treatment by mirtazapine. In our case dyskinesia developed two months after starting bupropion therapy and therefore diagnosis was made as tardive dyskinesia due to bupropione.

Key Words: Bupropion, tardive dyskinesia

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PP-061

MANIA SECONDARY TO PARKINSONISM: CASE PRESENTATION

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INTRODUCTION: Bipolar disorder usually starts in adolescence or early adulthood. In the elderly it is generally secondary to medical conditions frequently including thyrotoxicosis, Cushing's syndrome, systemic lupus erythematosus, head traumas, neurosyphilis, strokes, multiple sclerosis, tumours, and the use of steroids , anphetamine, cocaine and hallucinogens. This report discusses the case of a 70-year old male patient thought to have developed mania secondary to Parkinson's disease.

CASE: A 70-year old male patient consulted our polyclinics with the complaints of compulsive talking, increased energy, insomnia, overspending money, and urge to travel and go around. It was learned from his relations that 7 years previoulsy he had been diagnosed with 'bipolar affective disorder episode' , the first incident of any psychiatric disorder in his life, and had been put on valproic acid 1000mg/day and quetiapine 300 mg/day , that every year he had the same complaints during the July-August period and that he had not been using his medication for the last 3 months. Within the last 10 years the patient's movements had gradually slowed down, that he was walking slowly and with small steps, having difficulty going up and down the stairs, had recently become forgetful and unable to recall the names of his relations and tended to lose his way. Neurological consultation resulted in the diagnosis of Parkinson's disease (PD). On the basis of the psychiatric situations associated with PD in DSM-V, his case came under the diagnoses of ''bipolar affective disorder , mania or hypomania".

DISCUSSION: Psychiatric diseases can present before, at the time of or after diagnosis of PD which is most frequently comorbid with depression, but also anxiety disorders, obsessive-compulsive disorder, psychotic disorders, and bipolar disorder may be observed. Presentation of the psychiatric disorder at a late age after appearance of PD symptoms, lack of a personal and family history of psychiatric disorders and cerebral and cerebellar athrophy in neuro-imaging have suggested secondary mania.

Key Words: Mania, Parkinson's disease

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PP-062

PSYCHOTIC DISORDER SECONDARY TO ANTIPARKINSON DRUG TREATMENT: CASE PRESENTATION

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AIM: Parkinson's disease (PD) is a neurodegenerative condition due to excessive loss of dopaminergic neurons in the pars compacta of substantia nigra, and with the clinical symptoms of tremor, rigidity and bradykinesia. The aim in PD therapy is to replace the reduced dopamine depots, and the associated symptoms. Hence, agents with the dopamine precursor levodopa are used preferentially. However, after prolonged use of these agents at high doses, variations of the motor response, on-off phenomenon and involuntary movements are often observed. This report discusses a case of delusional jealousy that developed after treatment with antiparkinson agent.

CASE: A 65-year old male was brought to the hospital emergency services with the complaints of being deceived by his wife and her boyfriends who came to the house when the patient went out, that he had been following his wife and had seen the men repeatedly around his house, had cameras placed in the house, and that he was about to catch her in the act of adultery. He had been diagnosed with PD 6 years previouly and was on treatment with 'levodopa+benserazide', and that jealousy delusions had started 2 years after the diagnosis of PD. He had responded to olanzapine treatment as an outpatient and the delusins had nearly completely subsided but due to the progress of slowing down in his movements and the incomplete response of the psychotic signs he was put on combined 'levodopa+carbidopa+entacapone' by the neurology clinic which lead to the increase in the delusions. The patients was admitted to our psychiatry ward and put on olanzapine 20mg/day, and was followed as an outpatient when the delusions had signficiantly improved. Presently he is on 15 mg/day olanzapine toether with antiparkinson agents.

DISCUSSION: Treatment of the psychotic symptoms presenting with PD therapy involve serious difficulty. Decreasing the antiparkinson agent dose and addition of an antipsychotic agent together with the poor insight of the patient may lead to worsening in the clinical PD scene and adversely affect patient compliance with the treatment. Despite reports in the literature on the improvement of both the PD and the psychotic symptoms after aripiprazole treatment, our patient did not respond to aripiprazole. The results of a placebo controlled study on 23 PD patients showed that 2.5 and 5.0 mg aripiprazole use did not affect the drug-induced psychosis. The psychotic symptoms of our patient on high dose treatment with antiparkison agents did repond to 15 mg/day olanzapine.

Key Words: Parkinson's disease, delusional jealousy

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PP-063

ARIPIPRAZOLE TREATMENT OF PSYCHOSIS IN A CASE OF NEUROACANTHOSIS

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AIM: Neuroacanthosis is a hereditary neurodegenerative disease characterised by chorea, tic, oro-mandibular dystonia and Parkinsonism with dystonia. Finding of a peripheral spread of acanthocytes in excess of 15% leads to the diagnosis of the disorder. The clinical aspect includes depression, anxiety disorders, psychotic scenes and personality changes. This report discusses the successful treatment of psychotic symptoms in a case of neuroacanthosis.

CASE: A 45-year old male patient being followed up with the diagnosis of neuroacanthosis was brought to the psychiatry polyclinics with complaints of being followed by others, fears of being harmed, refusing to eat for fear of poisoning, insomnia, trichotillomania and self harm. He had self mutilation scars on his face. His psychiatric complaints had started 3 years previously. Neurological examination showed smacking of lips, myoclonus, difficulty in walking, tics and involuntary bodily movements and postural instability. He was started with olanzapine, but the psychotic symptoms persisted and therapy was switched to aripiprazole 10mg/day, and upon good response the dose was increased to 20mg/day. His persecution complaints and self mutilation receded and disappeared. Lip smacking and facial tics also improved.

DISCUSSION: Psychotic symptoms may accompany neuroacanthosis at different phases of the disease. Treatment with antipsychotics of minimal extrapyramidal symtoms should be preferred. Clozapine has been recommended in the literature. In our patient the first choice was olanzapine, but lack of effect necessitated switch to aripiprazole resulting in significant reduction in psychotic symptoms and self mutilation behaviour.

CONCLUSION: Aripiprazole is an antipsychotic agent with partial agonistic action on dopamine receptors and should be considered in the treatment of this type of cases.

Key Words: Neuroacanthosis, psychosis, aripiprazole

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PP-064

ANGIOEDEMA AFTER QUETIAPINE USE

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AIM: Angioedema can develop with urticaria as well as on its own frequently around the lips and the eyes where the subepidermal tissue is loose. It is characterised with vascular permeability triggered by vasoactive mediators, mainly histamine and serotonin. It is not itchy, does not leave folds, and is sometimes accompanied by pain or a burning sensation. Here an angioedema case due to quetiapine use is presented

CASE: A male patient on follow up for 30 years with schizoactive disorder diagnosis was brought to the emergency services with complaints that developed in the previous 10 days, including reduced need for sleep, irritability, excessive talking, akathisia, delusions about having been put under a spell and having been poisoned. He was admitted to the psychiatry ward with the preliminary diagnosis of ''schizoactive disorder of manic type". His dose of risperidone was increased to 8 mg/day and combined with quetiapine in doses stepwise increased to 1000 mg/day. In a few days oedema developed in his face when dermatology consultation was organised and facial and periorbital angioedema without itchyness or or pain was diagnosed. The patient's personal or family history did not include angioedema. Routine biochemistry test results , haemogram, sedimentation rate and CRP level were normal. He could not describe an history of infection. Quetiapine was reduced and discontinued and symptoms of angioedema disappeared in 1 week.

DISCUSSION: Angioedema develops after nonsteroidal anti inflammatory agents and angiotensin converting enzyme inhibitors. There are in the literature a few studies on the development of angioedema after atypic antipsychotic agents. Use of risperidone (in one case as the depot form) with 4 cases; ziprasidone in two cases, clozapine in one case and olanzapine in one case have been reported to cause angioedema. Within the limits of our knowledge, there have been no reports in the literature on the development of angioedema due to quetiapine use, our case being the first.

Key Words: Angioedema quetiapine, side effect

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PP-065

EVALUATION OF THE CONSULTATION REFERRALS TO PSYCHIATRY UNIT IN ONE YEAR FOR THE INPATIENTS OF A UNIVERSITY HOSPITAL

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AIM: This study has aimed to investigate all psychiatric consultation requests made for the inpatients of Abant İzzet Baysal University Medical School Hospital with respect to the hospital unit making the request, nature of the complaint, psychiatric examination results and the diagnoses made.

METHOD: Hospital records of all patients ≥18 years of age treated as inpatients at Abant İzzet Baysal University Medical School Hospital between 01/07/2013 and 01/07/2014 were investigated retrospectively.

RESULTS: Of the 342 patients included in the study 192 (56.3%) were females and 149 (43.7%) were males. Ranking of the frequency of requests for psychiatric consultation were lead by the intensive care unit 21.4%, followed by division of general internal medicine (16.4%), neurology (11.4%), dermatology (11.1%) and the physical therapy and rehabilitation clinic (10.5%). The reasons for the requests were anxiety (23.4%), depressive symptoms (22.2%), insomnia (14.3%) and agitation (13.1%). The most frequently made diagnoses ranked as depression (20.2%), anxiety disorder (18.1%), delirium (14.6%) and mixed anxiety depression disorder (11.7%). In 10.5% of the patients psychiatric disorders were not observed.

CONCLUSION: In accordance with the current literature, the most frequently made diagnosis was depression. However, the incidence of psychiatric diagnosis for the inpatients referred to the psychiatry service was 89.5% which is higher than that in the previous reports in the literature. Psychiatric disorders are often observed among inpatients being treated for physical diseases. Therefore the pysicians working at all wards have to accept a bio-psycho-social approach and develop cooperation with the psychiatry units for the benefit of the psychological as well as the physical well being of the patients.

Key Words: University hospital, psychiatric consultation, inpatients

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PP-066

INVESTIGATION OF THE RELATIONSHIP BETWEEN OVERWEIGHT/OBESITY AND ATTENTION DEFICIT/ HYPERACTIVITY AMONG PRIMARY SCHOOL STUDENTS IN THE BOLU PROVINCE

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AIM: Attention deficit and hyperactivity disorder (ADHD) is the most prevalent neurodevelopmental disorder and a serious public health concern. The global prevalence of ADHD is around 5%. Progressively more evidence has been found in clinical and epidemiological studes on the relationship between ADHD and childhood overweight/obesity problems. This study has investigated the relationship between ADHD and overweight /obesity among children of primary school age.

METHOD: This study was carried out with the above outlined experimental aim on children of 5-14 years of age reading in 9 different primary schools at the provincial centre of Bolu. Anthropometric measurements were made on a total of 2291 students to assess the body mass indices (BMIs). In order to ascertain the ADHD symptoms both the students and the parents/warders were asked to complete the Turgay Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSMTVj-Based Child and Adolescent Behavior Disorders Screening and Rating Scale (T-DSM-IV-S) as well as attending related interviews.

RESULTS: Of the participating students 53.6 % (1229) were girls and 46.4 % (1062) were boys. When grouped on the basis of BMI, 4% (91) were very underweight, 8.6% (197) were underweight, 67.1% (1537) were normal, 10.1% (232) were overweight and 10.2% (234)were obese. Taking $p<0.05$ as statistically significant in the post hoc analyses, the attention deficit scores of (a) the very underweight group vs the overweight and obese groups, (b) of the underweight group vs the obese group, (c) of the normal weight group vs the overweight and obese groups were significantly lower. The scores of the overweight group were significantly higher as compared to the normal group and significanly lower than those of the obese group. The scores of the obese group were significantly higher than those of all the other groups. Hyperactivity scores of the overweight group vs the normal group were significantly higher, but significantly lower as compared to the obese group. The scores of the normal weight group were significantly lower than those of the overweight and the obese groups. The scores of the obese group were significanly higher than those of all the other groups. There were no significant intergroup differences in the behavioural disorder scores.

CONCLUSION: Overweight and obese children had significantly higher attention deficit scores as compared to children with normal weight. The results of our study were in agreement with those reported in the literature. As a population scan, our study has used a wide population without any clinical complaints and consultations.

Key Words: Obesity, attention deficit, hyperactivity, Bolu province

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PP-067

OBSERVATION OF INCREASED SERUM NEUTROPHIL/LYMPHOCYTE RATIO OF THE PSYCHIATRY UNIT INPATIENTS

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AIM: Bipolar Affective Disorder (BAD) (previously 'manic-depressive psychosis') is a condition that follows a course of one or more manic or mixed episodes that can be accompanied with major depressive episodes. Increasing evidence suggest the possibility of the involvement of immunological and inflammatory mechanisms in BAD pathophysiology.

Changes in the levels of cytokines, increases in the level of autoantibodies, increased frequency of activated lymphocytes are among the anomalies observed in BAD patients. The estimated neutrophil/lymphocyte ratio (NLR) is a new, simple and cheap indicator of systemic inflammation. An increased NLR is associated with coronary heart diseases, malignancies and bad prognosis in pacreatitis. This study has aimed to compare the NLR values of BAD inpatients at the psychiatry ward with those of age and gender matched healthy controls.

METHOD: The routine haematological test results of 103 non-obese patients admitted to Abant İzzet Baysal University Medical School Hospital Psychiatry service with BAD diagnosis between 1 January, 2010 and 1 August 2014 were investigated retrospectively and the calculated NLR were compared to that of a group of 126 age and gender matched healthy controls.

RESULTS: The mean NLR of the psychiatry ward non-obese inpatients with BAD diagnosis was 3,28 ± 2,32 and that of the control group was 1,88 ± 0,61, the differenc being statistically significant ($p < 0.001$).

CONCLUSION: During BAD attacks inflammatory cytokinins activate neuronal apoptic pathways, lowering the serum nörotrophil level and preventing neuronal repair. The observation of a significantly elevated mean NLR in our study on physically healthy, non-obese BAD inpatients as compared to the healthy control group points to the role of the inflammation. Dysregulated cytokine caused low level of chronic inflammation is observed in BAD patients, as clinical, in vitro and genetic inveestigations indicate changes in cytokine levels in these patients. The raised NLR in BAD may be an indication of neurodegeneration.

Key Words: Bipolar, neutrophil/lymphocyte ratio, inflammation

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PP-068

TORSADES DE POINTES ATTACK RELATED TO PALIPERIDONE USE: CASE PRESENTATION

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AIM: Paliperidone, the active metabolic product of risperidone, is a new generation antipsychotic agent. Use of new generation antipsychotic agents is increasing due to their strong therapeutic effect and low side effect profile which, however, is known to include arrhythmias. This report is on the ventricular arrhythmia induced by hypokalemia in a patient on paliperidone treatment.

CASE: A 49-year old male patient on 12 mg/day paliperidone for schizo-affective disorder, and otherwise completely normal in clinical evaluation, had a Torsades de Pointes (TdP) attack thought to be induced by hypokalemia. Normal sinus rhythm was achieved by elctrical cardioversion.

Key Words: Schizoaffective Disorder, Paliperidone, Side Effect, Torsades de Pointes

PP-069

POST TRAUMATIC STRESS DISORDER AND POLYDIPSIA: CASE PRESENTATION

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AIM: Psychogenic polydipsia is a rarely detected condition although it often presents with a variety of psychiatric disorders. Most freqently it presents with schizophrenia, but also with mental retardation, bipolar disorder, alcohol dependency, eating disorders, organic mental disorder and obsessive-compulsive disorder. As it can lead to serious complications including hyponatremia, coma and death, polydipsia should not be overlooked. This report presents a case of post traumatic stress disorder (PTSD) and polydipsia.

CASE: Our patient was a 24-year old male unmarried junior high school graduate. His first complaints surfaced when he was on military service and witnessed the death of many of his fellow soldiers during an armed attack at their military station, an event which he continually recalled. He had sleep problems, saw the event in his dreams, got cut off from reality and sometimes relived the experience. He had complaints of unhappiness and difficulty controlling his anger and developed damaging behaviour. He did not receive psychiatric help at the time of his trauma. Three years previously he witnessed the death of his father when his 3-year younger brother accidentally fired the gun his father was working on, which exacerbated his psychiatric problems. When irritated, if anyone recommended him to take a drink of water he

indulged in drinking 5-6 litres of wate r when he felt better and relaxed. He was started on 100 mg sertraline and 1 mg lorazepam. Results of the haemogram, biochemical test, thyroid function test and the urinary analyses, carried out for the purposes of differential diagnosis to eliminate irrelevant reasons for his polydipsia, were all normal. After the course of his treatment he continued to drink about 2 litres of ater when irritated despite the partial regression of his complaints, His scores on the PTSD scale were 3 on reliving the trauma, 3 on symptoms of avoidance, and 2 on over stimulation. He totally scored 37 on the PTSD questionnaire and 7 on the Hamilton Depression Rating Scale.

DISCUSSION: Very little is known on the mechanisms behind the appearance of psychogenic polydipsia which, as expressed by our case, relieves and comforts the patient. Anterior hippocampus dsyfunction has been reported in polydipsic patients and that water drinking behaviour helped in coping with the psychologic stress. Comparably, in the animal model with polydipsia due to hippocampal lesions, after water drinking behaviour, activity in the hypothalamic- pituitary-adrenal axis was reduced. This case of polydipsia was of interest due to the episodic appearance of polydipsia with PTSD and after stressful experiences without comobidity with psychotic disorders.

Key Words: Psychogenic polydipsia, post traumatic stress disorder

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PP-070

RETINAL NERVE FIBRE THICKNESS IN PATIENTS DIAGNOSED WITH MAJOR DEPRESSIVE DISORDER

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AIM: In the recent years, changes in neurodegenerative diseases and schizophrenia have been shown in the retinal nerve fibre layer thickness estimated by Optic Coherence Tomography, (OCT). Symptoms of dementia, a neurodegenerative disease, the negative symptoms of schizophrenia and the symptoms of depression exhibit similarities. Therefore, this study has aimed to estimate the retinal nerve fiber layer in major depressive disorder (MDD) patients using OCT.

METHOD: For the purposes of this study OCT measurements have been made in 30 patients, diagnosed, on the basis of the DSM IV, with MDD and 30 age and gender matched controls.

RESULTS: In the MDD group the mean age at the onset of the disease was 28,83±8,75 years; the mean duration of the disease was 5,70±7,31 years ; and the mean spisode counts was 2,17±1,51. While 7 (23,3%) patients had mild depression, 15 (50%) had moderate and 8 (26,7%) had severe depression. All patients were on antidepressants. The mean vision values were 0.004±0.11 on the right and 0.004±0.12 on the left in the MDD group and 0.029±0.10 on the right and and 0.029±0.11 on the left. The retinal nerve fibre layer thickness in the right and the left eye of the MDD group did not differ significantly from the values of the controls. (upper temporal: r: t= -0,601 p= 0,55, l: t= -0,107 p=0,91; upper nasal: r: t=0,007 p=0,99 l: t=0,428 p=0,67; nasal: r: t= -0,689 p=0,49 l: t=-1,521 p=0,13; lower nasal: r: t= -0,045 p=0,96 l: t=-1,403 p=0,16; lower temporal r: t=-0,645 p=0,52 l: t=0,577 p=0,56; temporal r: t= -1,532 p=0,13 l: t=0,318 p=0,75; mean: r: t= -1,104, p=0,27 l: t=-0,411 p=0,68)

CONCLUSION: Visual system disorders have been reported previously in neurodegenerative disease, schizophrenia, pervasive developmental disorder and bipolar affective disorder. OCT is effective in the early detection of functional disorders in the magnocellular pathway. This study shows that pathophysiology of the unipolar major depressive disorder is different from that of the neurodegenerative disorders, pervasive developmentsal disorder shizophrenia and the bipolar affective disorder. Given that the magnocellular pathway develops in the very early stages of gestational period, MDD may be influenced by later stage pathophysiologies.

Key Words: Major depression, magnocellular pathway

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PP-071

EVALUATION OF EDARAVONE EFFECTS IN BIPOLAR DISOREDER: EXPERIMENTAL ANIMAL MODEL

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AIM: Bipolar disorder (BD) is a chronic psychiatric disorder characterised with manic and depressive episodes and leads to the loss of ability to function. There has been increasing evidence on the role of oxidative stress in the pathophysiology of BD. The aim of this study was to investigate in an experimental animal model the effects of edaravone (3-methyl-1-phenyl-2-pyrazolin-5-one), an antioxidant for rodents, in preventing the manic attack of BD.

METHOD: This study was carried out on 48 female, 10/11-week old (180-230 gr) Sprague-Dawley rats. The effects of edaravone i.p. 18mg/kg x 14days were compared with the positive control treatment with lithium i.p. 47,5mg/kg x 14days. The manic model was developed by quetiamine i.p. 25 mg/kg x 8days. On the 15th day the open field test was carried out; and the assessment of the locomotor activity, as the indicator of the manic attack was, was based on the squares passed in the test field. The number of entries into the central square was taken as a measure of anxiety level in the rat.

RESULTS: Use of quetiamine in the rats caused increased locomotor activity which has been taken as an indication of manic attack (p=0.037). Edaravone use has not affected the increased locomotor activity induced by quetiamine (p=0.954). Lithium, in contrast has prevented the increase in the lcomotor activity induced by quetiamine (p=0.046). As compared to the controls, the number of entries into the

central square was not significantly altered by quetiamine (p=0.453), lithium (p=0.291) or edavarone (p=0.533) use.

CONCLUSION: The results of this experiment supported the rodent model of manic attack induction by the use of quetiamine. This experiment demonstrated that the quetiamine induced manic attack in the rat was not prevented by the antioxidant edaravone, but that this was achieved with lithium. Also, quetiamine, lithium and edaravone uses in this experiement did not affect the anxiety level in the rat.

Key Words: Edaravone, antioxsidant, mania, quetiamine

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PP-072

OXIDATIVE DAMAGE ON GUANINE BASE OF DNA AND ITS REPAIR IN BIPOLAR DISORDER

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AIM: Small number of investigations on the oxidative DNA damage in bipolar disorder (BD) have reported increases over that seen in healthy individuals. Lack of results on the DNA repair process limits these studies. This study has aimed to investigate oxidative damage on the guanine constituent of DNA and the enzymes which play a role in its repair.

METHOD: This study has investigated 75 patients (30 euthymic, 30 manic, 15 depressive) with diagnoses of BD verified through the standardised DSM-IV interview, and 46 healthy volunteers. DNA from the leucocytes has been examined by Gas Chromatography-Mass Spectrometry for the damage indicators 2,6-diamino-4-hydroxy-5-formamidopyrimidine (FapyGua) and 8-hydroxyguanine (8-OHGua). The mRNA levels of the DNA repair enzymes 8-oxoguanine DNA glycosylase (OGG1) and Nei endonuclease VIII-like 1 (NEIL1)

were estimated with the real time polymerase chain reaction (qPCR) only in the euthymic group of BD patients. Intergroup comparisons of numerical data were statistically analysed using the Kruskal Wallis ve Mann-Whitney U tests, and the categorical data were analysed by the Chi-Square test.

RESULTS: The mean FapyGua/10^6DNA levels of the participant groups were determined to be 2,32±5,70 in healthy controls, 1,88±3,78 in the euthymic group, 1,65±4,11 in the manic group and 0,30±0,50 in the depressive group (?2=8,430, df=3, p=0,038). The mean 8-OHGua/10^6DNA levels were 9,24±9,14 in healthy controls, 7,27±6,23 8 in the manic group, 7,91±6,52 8 in the euthymic group and 3,76±4,07 in the depressive group (?2=8,127, df=3, p=0,043). The mean FapyGua/10^6 (Z=-2,335, p=0,020) and 8-OHGua/10^6DNA (Z=-2,403, p=0,016)levels of the depressive group were significantly lower than that of the controls. Whereas the NEIL1 expression in the euthymic group was not statistically different when compared to the controls (Z=-0.320, p=0,752), the mean OGG1 expression was 43% lower than that estimated in the healthy control group (Z=-3,305, p<0,001).

CONCLUSION: Guanine base damage tends to be lowered in BD patients, the lowest being in the depressive groups of patients. In the euthymic group of patients the lowered level of the OGG1 enzyme responsible for excising the FapyGua and 8-OHGua bases from the DNA molecule may be due to the inhibition of the enzyme as a result of the previously completed repair processes. Our data suggest that the oxidative damage and the repair mechanisms on the DNA are active simultaneously. Further research in BD, especially in the depressive phase, on DNA repair enzymes, antioxidant systems, antioxidant effects of psychiatric treatments given and the apoptotic processes should be informative on the etiopathogenesis of BD.

Key Words: Bipolar disorder, DNA damageı, oxidative stress, guanine

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PP-073

SERUM NO-ADMA LEVELS OF MAJOR DEPRESSIVE DISORDER PATIENTS WITH SUICIDAL ATTEMPT HISTORY

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AIM: The aim of the study was to assess the serum nitric oxide (NO) and asymmetric dimethylarginine (ADMA) levels of Major Depressive Disorder (MDD) patients with and without a history of suicidal attempts, to investigate the relationship between suicidal dispositon and NO-ADMA levels and the biological factors contributing to the suicidal atempts.

METHOD: This study was carried out with 30 patients with a history of suicidal attempt MDD-su, 30 MDD patients without a history of suicidal attempt, and 27 healthy individuals as the controls. The MDD diagnoses of the patients had been made on the basis of DSM-IV criteria. Depression severity of the patients was assessed on the Hamilton depression rating scale (HAM-D). Serum ADMA and NO levels were measured in all the participants.

RESULTS: When Comparing the MDD-su and the MDD groups of patients, serum ADMA and NO levels were found to be similar (p=0.28 and p=0.17, respectively). In both the MDD-su and the MDD group of patients serum ADMA levels were higher than that of the controls (p<0.01 and p<0.01, respectively). Irrespective of the categorical factor of suicidal attempt, serum ADMA levels of the MDD patients were higher and the NO levels were lower as compared to the controls (p<0.01 and p=0.02, respectively).

CONCLUSION: The results indicate that ADMA may have a role in etiopathogenesis of depression without being related to the sucidal attempts.

Key Words: Asymmetric dimethylarginine, depression, suicide, nitric oxide

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POSTER PRESENTATIONS

PP-074

EVALUATION OF THE RELATIONSHIP OF PAIN DISABILITY WITH PAIN SEVERITY AND DURATION AND THE COGNITIVE AND AFFECTIVE FACTORS

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AIM: Chronic pain is a health problem frequently met in clinical practice. Psychiatric disorders often accompany medical problems involving pain and detrimentally affect life quality. The aim of this study was to investigate the relationship between pain disability and pain severity and duration and also the effects of cognitive and affective factors on pain disability.

METHOD: The study was carried out on a patient population consulting Ankara Atatürk Training and Research Hospital Rheumatology Polyclinics due to rheumatologic problems with chronic pain. The participants did not have known psychiatric problems or a history of psychiatric treatment. Initially the participants were asked, in order to evaluate pain severity, to complete the Visual Analog Scale (VAS), the Pain Disability Index (PDI), the Automatic Thought Questionnaire (ATQ), and the Short Symptom Inventory (SSI). Subsequently, the factors effective on the pain disability were assessed through linear regression analyses.

RESULTS: This study included 100 volunteering patients. The mean scores of the participants on the questionnaires completed were: VAS=58.6±22.5; SSI=52.1±38.0; ATQ=50.6±23.1; PDI=23.3±14.7and pain duration = 3.6±1.6 years. Correlation of PDI scores with the scores of the other questionnaires was: PDI vs SSI, r =.437 p<.001; PDI vs ATQ, r=.351 p<.001; PDI vs VAS, r=.630 p<.001; and PDI vs pain duration (years)); r=-.017 p=.870. Linear regression analyses showed that VAS (ß =.567 p<.001) and SSI (ß =.327 p<.001) were predictors of PDI total scores.

DISCUSSION: In clinical practice, estimation of disability is an indirect approach to evaluate the life quality of patients and the effects of diseases on the daily functions of the patients and the outcomes of the given therapies. In cases progressing with pain, reducing pain disability is primarily achieved by reducing the severity of the pain, as indicated by our results. What clinicians should all remember is that psychiatric care is also effective in reducing pain disability.

Key Words: Pain, psychiatry, disability

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PP-075

DEVELOPMENT OF BRAIN TUMOUR IN A SCHIZOPHRENIA PATIENT UNDER OBSERVATION

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AIM: Cognitive decline in schizophrenia associated with the disease process has been shown in many studies. However cognitive impairment can also develop outside as well as within the process of the disease, one of the reasons being central nervous system tumours (CNST). Althout primary CNSTs are rare, if localised in the frontal lobe, symptoms of intracranial pressure elevation as cognitive disorders (24-73%), head ache, vomiting (15-60%); and neurological symptoms as ataxia (15-40%) and aphasia (40-50%) are observed (Bataille et al.,2000). This report aims to discuss the clinical details of a patient under observation for 10 years for schizophrenia who rapidly lost cognitive functions and was diagnosed with a primary CNS lymphoma.

CASE: A 64-year old female patient with a history of colon cancer and diabetes mellitus first developed psychotic symptoms 10 years previously, when she experienced auditory and visual hallucinations, delusions of reference , persecution and thought reading. Taken under follow up with schizophrenia diagnosis, she was twice hospitalised due to worsening symptoms and in one admission ECT was applied. She regularly attended psychiatry clinics and at the time of CNST consultation she was on quetiapine 300mg/day, biperiden 4mg/day, aripiprazole 30 mg/day and paliperidone depot 75mg/month. During the previous few months she had started to experience loss of memory, inability to name objects correctly, mixing up the names of her children, not knowing her location, head ache, difficulty in speaking and walking which lead to loss of functionality. Neuropsychological tests indicated organicity of complaints

and the requested brain MRI revealed multicentric lesions with irregular borders localised in the left frontal lobe, at the level of corona radiata and centrum semiovale, extending to the periventricular area. She was referred to neurosurgery division. The biopsy taken from the invasive mass was reported to be CNS- B cell lymphoma. She was started with chemotherapy while her psychotherapy was continued with aripiprazole 15mg/day. However, general condition worsened and she died.

DISCUSSION: Psychosis patients are followed regularly for years in psychiatry clinics. Although cognitive impairment related to stable illness is expected, sudden cognitive decline with dramatic progress necessitates MRI and neurological test batteries so as not to miss organic pathologies developing outside the known psychosis.

Key Words: Schizophrenia, organic, tumour

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PP-076

PRODROMAL PHASE IN BIPOLAR DISORDER: CASE PRESENTATION

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INTRODUCTION: Early diagnosis and and treatment of bipolar disorder (BD) is very important in relevance to morbidity, mortality and reduced quality of life. There are not definitive data on the existence of a prodromal phase for BD. Prodromal phase has been described as the time interval from the detection of the first symptoms characterised with mood and energy dysregulation until the presentation of diagnosable data. This study presents a case of prodromal BD manic attack.

CASE: A 30-year old married male patient with university education was brought to the psychiatry polyclinics with the complaints of excessive talking, megalomania, hypermobility, irritability and insomnia. His complaints had started 2 years previously. He had built a wall around his house without the need for it; had installed a second water pump in the garden; had started to associate with people he had previously rarely or not at all talked to, and started to blame his family with ignorance compared to himself as a university graduate. His functionality had not declined. In the previous 4 months he had delusions of becoming the president, that he had promises, visiting the political party building with ideas on democratic solutions, informing the gendarmerie about the lacks in the village. A detectable increase in his talking and mobility, shortening of his sleep and rapid irritability were apparent. He was admitted to hospital with diagnosis of BD manic attack. He was in remission in 4 weeks after the start of treatment with lithium 1500 mg/day and quetiapine 400 mg/day. His score on the Young mania scale dropped from 33 to under 7.

DISCUSSION : A common view on the length of the BD prodromal phase has not been established. It was reported in one study that the prodromal phase in patients going through psychotic manic attack the prodromal phase was 1.7 years, while in those under non pyschotic manic attack the prodromal phase was 1.9 years. In our case, the 1.5 to 2-year duration of symptoms including megalomania, increased talking, psychomotor activity and irritability support the existence of a prodromal phase in BD.

Key Words: Bipolar disorder, prodrome, diagnosis

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PP-077

MANIC ATTACK RESULTING FROM MODAFINIL USE: CASE PRESENTATION

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INTRODUCTION: Modafinil is used in clinical conditions progressing with day time narcolepsy . Modafinil is also used to treat resistant unipolar (UP) or bipolar (BP) depression and the hangover symptoms of fatigue and sleepines. Although there have been worries that modafinil causes flare-ups of mania and psychosis, the case incidences have been very limited. This report discusses a case of manic attack after adding modafinil to sertraline therapy.

CASE: A 31-year old male university graduate developed feelings of low spirits, being out of humour, languidity, not enjoying life and weepiness. He was diagnosed with major depression and started with 100 mg/day sertraline treatment. After regularly attending follow up controls his complaints resurfaced when 100 mg/day modafinil was added to his sertraline dose. One week later he had increased energy and self confidence, he indulged in jokes, started to over spend money, increased substance use and risky actions, and complained of irritability and insomnia. His score on the Young mania scale (YMS) was 33. He was started on valproic acid 1000 mg/day, amisulpride 400 mg/day, lorazepam 7.5 mg/day treatment for BP manic attack. One moth later his YMS score was down to 10 with observable improvement in his manic symptoms..

DISCUSSION: Appearance of the manic symptoms in our patient after adding modafinil to sertraline and not previously, when on regular sertraline treatment for 3 years suggests that modafinil has induced the manic attack. Chemical structure of modafinil and its action mechanism is different from that of the traditional sympathomimetic psychostimulant agents. Although the pharmacodynamic effects are not completely understood, in vitro studies have shown that it binds directly onto dopamine (DA) and norepinephrine (NE) carriers and moderately inhibits them . It leads to increased extracellular levels of DA, NE, serotonin, glutamate and histamine and reduced level of gamma amino butyric acid (GABA). The flare-up effects of modafinil on mania and psychosis can be explained by its indirect dopaminergic effect due to GABA inhibition and direct dopaminergic effect by inhibiting reuptake of DA. Modafinil, by inhibiting cytochrome P450, causes increased blood levels of antidepressant agents, whereby the increased antidepressants may result in manic attack, which may be one of the mechanisms causing the manic attack seen in our patient. In this study we have intended to emphasize the need for care in using modafinil with antidepressant agents.

Key Words: Modafinil, sertraline, mania

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PP-078

PERSISTENT PAROXYMAL SNEEZING PRESENTING IN MANIC PHASE: CASE PRESENTATION

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AIM: Persistent Paroxymal Sneezing (PPS), is described as an unexpected forceful sneezing with unusual frequency which is generally resistant to conventional therapy. PPS is often seen as the result of conversion reaction. This report is on the appearance of conversion reaction observed through PPS in a patient in manic phase.

CASE: A., a 19-year old unmarried housewife consulted our clinic with complaints of insomnia, elevated energy, increased appetite, excessive talking and indulgence in religious preoccupations which had started 10 days earlier. She was admitted to the psychiatry ward with the diagnosis of manic phase bipolar disorder (BD). Psychiatric examination showed that she was conscious, oriented, cooperative and had increased self care. Her sleep requirement had decreased, her mood was euphoric, her thought process was fast. She did not have perceptional pathology or insight. She did not have a history of psychiatric or medical illness, alcohol and substance use or head trauma. Her family history was uneventful. Her neurological and detailed systemic examination results were normal. Her haemogram, renal/hepatic/thyroid function test results and other routine biochemical parameters were normal. She was started on treatment with quetiapine (600 mg /day) and lithium carbonate (900 mg/day) with the diagnosis of manic phase BD. The day before her hospital admission she had started sneezing at 10-second intervals with open eyes and without nasal secretion, which continued day-long in hospital with decreasing and incresing frequency, but which disappeared when she was eating, sleeping or alone. The frquency and intensity of the sneezing increased when stressors were discussed in her presence. ENT and neurology consultations did not determine any causes including allergy, eczema, asthma,infection, convulsions, drug use etc. Her local nasal exmination was normal. Brain, MRI, EEG ve nasal sinus xrays were normal. An organic reason for sneezing could not be determined. No psychosocial reason other than breaking 10 days previously her engagement for marriage from her boy friend existed. Seven days after starting her treatment for manic attack her sneezing stopped completely. After 18 days of treatment, her score on Young mania rating scale was 7/60, and she was discharged.

DISCUSSION: PPS cases reported in the literature are mainly of psychogenic origin, but in addition to the psychogenic origin, allergy, local infection of the nose or systemic infections, vasomotor reasons, cervical adenitis due to tuberculosis, triethanolamine sensitivity, or multifactoral reasons have also been reported. In our patient the absence of stressors and organic reasons have suggested the psychogenic origin of the PPS. The possible relationship between PPS and dopaminergic system disorder has been reported. Appearance of the PPS in manic phase of our case supports this claim. This report is important for showing the possibility of a conversion reaction as PPS in manic phase of BD.

Key Words: Bipolar disorder, persistant paroxysmal sneezing, conversion, mania

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PP-079

EFFECTS OF THE PSYCHOEDUCATION GIVEN TO BIPOLAR MOOD DISORDER PATIENTS ON COMPLIANCE WITH TREATMENT AND LIFE QUALITY

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AIM: Bipolar Mood Disorder (BMD) is a chronic disease with a high incidence of relapse and hospitalisation and detrimental effects on life quality, professional and social functionality and inter person or social adaptation and has considerable burden both on the patients and their families. Psychoeducation given to this group of patients can help improve life quality and treatment compliance by increasing patient awareness of the basic information about the disorder, drugs and side effects, triggering factors, importance of compliance with the treatment, risks associated with stopping the treatment, avoidance of alcohol and substance use, recognition of relapse symptoms and maintaining regularity in living. This study was undertaken to determine the effects of the psychoeducation given to BMD patients on patient compliance with the treatment protocol and on the quality of life.

METHOD: This study was planned to enroll volunteering patients and on that basis a total of 40 patients participated in the psychoeducation program consisting of 21 sessions and conducted in 45 to 60-minute sessions twice a week. Data were based on the Patient Information Form, Short Form Health Survey (SF-36), the Quality of Life Scale (QLS) and the Morisky medication adherence scale (MMAS). Patients were observed before the program and 3 months after the completion of the program.

RESULTS: Demographically, 64,9% of the participants were males, 57.5% were single, 37,5% were university graduates, 40% worked with the family, 54.8% rated their income as moderate of good, and 85% lived with the family. Comparing the data on the patients before and 3 months after the psychoeducational program, significant differences were determined in the scores of the QLS subscales: 'physical role difficulty" (p=0,004), 'general health perception' (p=0,050), "vitality"

(p=0,005), "emotional role difficulty" (p=0,01), and in the MMAS mean scores (p=0,002). When MMAS scores were evaluated on gender basis, the mean score of the males was significantly altered 3 months after the program completion (p=0,002). When the mean QLS scores of the participants were compared on gender basis before and 3 months after the psycoeducation program, the scores of the females on 'general health perception' and 'psychological health' and the scores of the males on ''physical function", ''physical role difficulty", ''vitality" and emotional role difficulty" were significantly elevated (p=0.05).

CONCLUSION: It has been determined that in the third month after the completion of the group psychoeducation given to BMD patients, the program was effective on the quality of life and on patient compliance with treatment, indicating that it had helped the development of understanding and coping with the disorder.

Key Words: Bipolar disorder, Psychoeducation, Compliance with Treatment, Quality of Life

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PP-080

SNAITH-HAMILTON PLEASURE SCALE: VALIDITY, RELIABILITY, PSYCHOMETRIC SPECIFICITIES OF TURKISH POPULATION

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AIM: This study has aimed at determining the validity and reliability of the Turkish version of Snaith-Hamilton Pleasure Scale (SHAPS).

METHOD: For the purposes of this study, 50 patients in the depressive phase of bipolar disorder (BD) and 50 patients with major depressive disorder (MDD), diagnosed on the criteria of DSM-IV, were investigated consecutively, after obtaining the informed consent forms. Healthy hospital staff, not previously diagnosed with any psychiatric disorder on the SCID-NP criteria, were enrolled as the controls. The reliability, internal consistency and validity of SHAPS were determined with the use of principal factor analyses and simultaneous test correlations. Sensitivity, specificity, variance and cut-off limits were estimated on the ROC curve.

RESULTS: SHAPS scores of the patient groups were higher than that of the control group (p= 0.01 ve p< 0.001). The internal consistency of SHAPS was calculated to be 0.92. The factor analysis used yielded two dimensions of SHAPS, namely phsyical pleasure and social pleasure which represented 48% and 22%, respectively, of the variance. A moderate positive correlation existed between the total scores of SHAPS and the Hamilton Depression Rating Scale (HADRS). SHAPS sensitivity was 0.935 and specificity was 0.820 on the ROC curve; and accordingly, the variance in 95% confidence interval was 10.9% with a cut-off point of 28 and above.

CONCLUSION: It has been shown that SHAPS can discriminate MDD patients and BD patients in depressive phase from the healthy population. The Turkish version of SHAPS is a short and simple self-report psychometric tool with ease of clinical application..

Key Words : Snaith-Hamilton Pleasure scale, validity, reliability

PP-081

BUPROPION AND HYPOMANIC SWITCH: A CASE OF BIPOLAR DEPRESSION

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AIM: During the course of bipolar disorder (BD) depressive phases are more frequently met than the manic phases and antidepresssants are widely used in the treatment of BD, but there are risks of hypomanic or manic switch and care is necessary. Bupropione is a selective catecholamine (norepinephrine and dopamine) reuptake inhibitor, and is preferred for the treatment of BD since the tendency to cause manic or hypomanic switch is less when compared with the other antidepressants. This report presents a case of hypomanic switch after bupropione addition to the treatment for bipolar depression.

CASE: A 21-year old male university student, under treatment over the previous 2 years for BD-I with lithium (1500 mEq/l) and quetiapin (400 mg/day) and under observation with euthymic mood, consulted the polyclinics with complaints of anhedony, loss of interest and desire, slowing down of speech, introversion, negative thoughts of worthlessness, not leaving home, and not looking after himself. His Hamilton depression rating scale (HAM-D) score was 27. He was diagnosed with BD and bupropione (xl 150mg/day) was added to his treatment, and 3 weeks later the dose was increased to 300 mg/day when his symptoms did not change. After 2 weeks, observations of increased psychomotor activity, speech pace and volume, elevated mood, accelerated associative memory and grandiose thoughts were characteristic of hypomanic switch. Bupropione was withdrawn, quetiapine dose was increased to 600mg/day. In the subsequent 3 weeks he was in euthymic mood and his HAM-D score was 9. He was maintained in euthymic mood on Lithium (1500 mEq/l) and quetiapine (600 mg/day).

DISCUSSION: It has been accepted that hypomanic switch risk is reduced when bupropione ia used with lithium for bipolar depression treatment. Uses of standard or high doses of bupropione have resulted in some cases of manic switch. Our case presented with hypomanic switch when his blood lithium levels were in the therapeutic range. Therefore, we believe care is required in the use of bopropione in the treatment of bipolar depression in order to avoid the risk of manic or hypomanic switch.

Key Words: Bipolar depression, antidepressant treatment, bupropione, switch

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PP-082

RING FINGER AUTOPHAGIA AFTER LOSS OF MARRIAGE PARTNER

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AIM: Self-harm behaviour is recognised as a disorder not bearing suicidal intent but directed to mutilating one's own body. The prevalence of self mutilation is higher among psychiatric patients as compared to the population as a whole, such that the risks of self mutilation could increase in psychosis cases with active psychotic behaviour. The aim of this report is to make a contribution to the literature by presenting the case of a patient with depressive symptoms and auditary hallucinations who, secondarily to the directions of the voices heard, mutilated his body.

CASE: Ş.K., is a 51-year old male and widowed high-school graduate living alone. His psychological complaints started in 2003 with the diagnosis of breast cancer in his wife. He was diagnosed with major depressive disorder and treated without successful remission. His depressive symptoms increased after the loss of his wife in 2008, when he started to talk to his dead wife, got introverted, abandoned his job, and his self-care diminished. He seeked treatment but did not comply with it. In May, 2011 he consulted our polyclinics for the first time, with problems including staying by the grave of his wife, talking to his wife and attempting to burn himself when seeing open fire. He was admitted four times as an inpatient to be treated for major depression. Insomnia was his sole complaint at the third admission. His examination indicated suicidal ideation, severe depressive symptoms, and delusions of persecution. He had heard the voice of his wife saying ''I have rotted and a piece of your body should rot, too.", whereupon he had cut off the distal phalange of his ring finger and had eaten part of it and buried another part in his wife's grave. He was admitted for psychotic major depression and treated with 10 sessions of electroconvulsive therapy (ECT). He was discharged with complete remission, under risperidone (6mg/day) and ve mirtazapine (30 mg/day) therapy.

DISCUSSION: Reports in the literature on self mutilation show that it generally results from mandatory orders in auditory hallucinations. In our case the dead wife's voice had instructed the details of self mutilation to the patient. Psychoanalytically, self mutilation behaviour has been interpreted as 'localised self annihilation', self punishment and 'pseudo suicide'. The behaviour of the presented case can be interpreted as cutting the ring finger symbolising his marital ties with a much endeared wife, and eating part of it to make it a part of himself. Another psychoanalytical explanation of this self mutilation could be self punishment to alleviate the feeling of guilt for surviving his wife.

Key Words: Self mutilation behaviour, autophagia, autoamputation

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PP-083

VALIDITY AND RELIABILITY OF THE TURKISH VERSION OF THE THE BRIEF QUALITY OF LIFE IN BIPOLAR DISORDER SCALE

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AIM: The 'Brief Quality of Life in Bipolar Disorder Scale' (QOLBDS-SF)is a self-report, 12-item psychometric questionnaire with 5-Likert type items to be marked. It has been developed for the fast evaluation of quality of life in bipolar disorder (BD) patients. The total minimal and maximal scores are 12 and 60, repectively, the higher scores representing satisfaction with quality of life. This study has aimed to determine the validity and the reliability of the Turkish version of QOLBDS-SF.

METHOD: This is a study on methodology. Data were acquired from 18-65 year old 76 outpatients diagnosed with bipolar disorder (BD) and followed by standard principles and treated with standard drugs for mood disorders at our clinics between February and July 2013. These patients, who accepted to participate in the study, were in remission and had the mental capacity to implement the experimental instructions as they did not have auditory, visual or cognitive disabilities. Investigation of the psychometric characteristics of the scale in Turkish language was based on Cronbach alpha coefficient and the item total score correlation analyes. Validity analyses consisted of language, scope and structural validity; and, structural validity was assessed by exploratory and confirmatory factor analyses. Contol of the suitability of sampling was based on Kaiser–Meier–Olkin (KMO) test and the Bartlett's Test.

RESULTS: Demographically, 67,1% of the participants were female, 60,5% were married, 32,9% had university or post graduate degrees, 46 % were gainfully employed, and the group mean age was 41,17±1,38 years. The scope validity index of QOLBDS-SF was 0.82.

The Cronbach alpha internal consistency coefficient was 0,61, and reliability of the scale was determined (Yurdugül, 2005). Correlations of the item total scores were found to be between 0.34 and 0.73 ($p<0,005$), evincing that the correlation coefficients were of significance and within the confidence limits of the items. Result of Bartlett's test ($p=0,000$) and KMO=0,831 were at significance level ($?^2=288,59$). Exploratory factor analyses yielded a 3-factor structure different from the original scale, and representing 57,7% of the total variance of the scale. Confirmatory factor analyses gave values of model fit indices: $?^2=84.09$, df=54, $p<0,001$, $?^2$/ df=1,55, NFI=0,90, CFI=0,99, GFI=0,89, IFI=0,99, RMSEA=0,03; indicating very good fit with the model as in the original study (Michalak ve Murray 2010).

CONCLUSION: Turkish version of QOLBDS-SF can be used reliably and with validity among the BD patients in remission. It is recommended that the scale be checked in larger test populations.

Key Words: Bipolar disorder, validity, reliability, Quality of Life Scale

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PP-084

EFFECTS OF INDIVIDUAL PSYCHOEDUCATION ON THE RECURRENCE INCIDENCE OF BIPOLAR DISORDER

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AIM: Psychosocial methods used next to drug therapy have gained significance in the recent years, and they are suitable for our country as the costs of psychoeducation are low and their implementation is easy. Patients can improve their quality of life by acquiring knowledge on fundemental information on the disease, recurrence rates, drugs and side effects, triggering factors, importance of treatment compliance, supervision of symptoms, recognition of early recurrence symptoms, stress management, risks of suicide, pregnancy, being labelled, avoiding alcohol and substance use, and regularity in ways of living. This study was undertaken to determine the effects of individual psychoeducation of the incidence of recurrence of bipolar disorder (BD).

METHOD: This study was of experimental type planned with preliminary and final tests as data sources on 41 experimental group of BD patients and 41 controls who accepted to participate in the study. During the course of the educational program study 4 of the 41 patients left with unexplained reasons. The psychoeducational plan was designed by the researchers in the format of the studies in the literature, and implemented in 4 sessions once a week. Data consisted of scores on the psychometric scales consisting of Patient Information Form, Young Mania Rating Scale (YMRS) and the Hamilton Depression Scale (HAM-D). The participants enrolled in the study were BD outpatients of 18-65 years of age, under standard procedures of follow up and treatment , having no auditory, visual or cognitive disorders and with mental capacity to implement the study program, and having scores of <7 on both the YMRS and HAM-D . The recurrence incidents among the participants were determined by the research psychiatrist 12 months after the completion of the psychoeducational program. Data were analysed by definitive statistical analyses and the Chi-Square and t tests.

RESULTS: The mean age of the patient group and the control group were 38,70±11,68 and 40,05±12,17 years, respectively, and did not differ significantly (t=0,497; p=0,620). The incidence of recurrence in the patient group and the control group were 18,9% (n=7) and , %34,1 (n=14), respectively, and did not differ significantly (?2=1.583; p>0,208). Among the patients with relapse, 71.4 % (n=5) had a single attack, 28.6% (n=2) had multiple attacks , while 42.8% (n=6) of the control group had a single attack and 57.2% (n=8) had multiple attacks. Also, no member of the patient group had been hospitalised while 7.3% (n=3) of the controls had been admited to the hospital. Since the intergroup differences were ranked significant on the criterion of n<5 , this could not be assessed by the study.

CONCLUSION: Although there was less incidence of relapse in the patient group 12 months after the completion of psycoeducation program as compared to the controls the difference was not statistically significant. Individual psychoeducation should be evaluated with larger participant populations.

Key Words: Bipolar disorder, individual psychoeducation, recurrence (relapse) incidence

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PP-085

LATE ONSET MANIC SCENE AND DEMENTIA : CASE PRESENTAION

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INTRODUCTION: Bipolar disorder (BD) is a mood disorder, the onset age varying between 20 and 40, and in majority of patients presenting before the age of 50. The age of BD onset has a significant effect on the etiology, nature and the progress of the disease. BD presenting at old age needs must be carefully discriminated from the underlying neurological diseases. New late-onset mania cases require taking a comprehensive history, neurological examination and brain imaging. Neurological symptoms frequently develop in elderly patients without a family history of BD. It is thought that the manic symptoms secondary to neurological causes may develop after the effects of the disease on the frontotemporal pathways resulting in disinhibition of the limbic mechanisms. Especially the cases with the involvement of the right frontotemporal region, the symptoms of the disinhibition syndrome that presents match the groups of symptoms in DSM-IV TR manic phase diagnostic criteria.

CASE: In this report the case of a 70-year old male patient consulting with manic symptoms is discussed. This was the first manic attack of the patient with a history of depressive episodes and the detection of demential process symptoms indicated brain MRI which revealed frontotemporoparietal atrophy and right frontal cortical dysplasia.

CONCLUSION: The manic attack was thought to be related to the demential process.

Key Words: Late onset, mania, dementia

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PP-086

MIGNON DELUSION OF PATIENT WITH BIPOLAR DISORDER

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AIM: The aim of this report is to demonstrate that the extreme self esteem and grandiose delusions can present as Mignon delusion in the manic episode of Bipolar Affective Disorder (BD).

CASE: A 41-year old female patient consulted our clinic with complaints of irritable mood, reduced need of sleeping, excessive talking, acceleration of associations, psychomotor agitation, impaired judgement of reality and grandiose delusions. She was admitted to be observed as an inpatient. During her psychiatric examination she claimed to be a member of the ex-royal family, that the pair who brought up were not her actual parents, that she was abducted from the palace and given to her foster parents, which she had learned 30 years after the event. In her following observations she claimed family relationship with a princess, that she had descended from the royal family and that she and her children had body marks to prove this. It was found out that she had been followed at another clinic for the previous 2 years with BD and had a history of 2 manic and 3 depressive episodes, and that she had not used any psychotropic drug in the last 6 months. She was put under treatment with valproic acid (1000 mg/day) and risperidone (2 mg/day) for bipolar affective disorder manic episode and was discharged after 38 days of hospitalisation with the subsidence of her symptoms including the Mignon delusion.

DISCUSSION: Mignon delusion is characterised with the delusional claim of being born to a different, distinguished and wealthy family and denying the true relationship with the existing parents. It is known to be associated with psychotic disorders. The case presented shows that the grandiose delusions and extreme self esteem symptoms of the BD manic episodes may also involve Mignon Delusion. In patients with Mignon delusion the presence of mood disorders next to other psychotic disorders should be investigated.

Key Words: Mignon delusion, bipolar disorder, psychosis

PP-087

ELECTROCONVULSIVE THERAPY FOR BIPOLAR DISORDER OF PATIENT WITH CEREBRAL PALSY

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AIM: Cerebral palsy (CP) is a nonprogressive encephalopathy with various etiologies and differing clinical findings. Although a motor anomaly, CP is accompanied with psychiatric disorders including mental retardation, epilepsy, visual, auditory or speech disorders and eating disorders. This report presents the case of a patient with cerebral palsy given electoroconvulsive therapy (ECT) during manic episode of bipolar mood disorder (BMD) that did not respond to pharmacotherapy.

CASE: A 26-year old female hemiparetic patient diagnosed with CP at 2 years of age, being followed as both an inpatient and outpatient for the 3 previous years for BMD was admitted to our clinic with the preliminary diagnosis of manic episode of BMD. She had recently developed grandiose, referential and paronoid delusions together with insomnia, psychomotor activity and increased irritability. ECT was planned after inadequate response to the medical therapy and lack of significant regression in her psychomotor acitivity and deep psychotic symptoms with antipcychotic and mood stabiliser therapy,. On account of her cerebral palsy rocuronium rather than succinylcholine was ued as muscle relaxant during ECT. The patient was followed up every 3 hours before and after ECT sessions. After 8 sessions of ECT her manic symptoms were completely improved and she was discharged with a planned maintanance therapy.

DISCUSSION: Psychotic complications especially during the manic episodes of BMD upset planned therapy. Currently ECT is used mostly in cases of mood disorders and other psychotic disorders and rarely with some neuropsychiatric disorders. ECT is indicated by life threatening conditions, urgency of treatment, resistance to and intolerance or risks of pharmacotherapy. In the case of our patient lack of response to treatment indicated the switch to ECT. Although all ECT patients are routinely given sysemic examination, in cases of special conditions, as the CP in our patient, a multidiscplinary approach becomes important. There are reports in the literature that pharmacological agents like succinylcholine routinely used for ECT anaesthesia increase the risks of malignant hyperthermia and hyperkalemia in muscle and nervous system diseases like CP. Therefore, rocuronium with less risk of inducing hyerthermia and hyperkalemia was used with our patient, and no side effects were observed in the close follow ups during and after ECT sessions. When using ECT the choice of anaesthetic agent should be considered in view of any additional medical conditions of the patiens.

Key Words: Bipolar disosrder, ECT, cerebral palsy

PP-088

MANIA APPEARING AFTER THE USE OF NATALIZUMAB:CASE PRESENTATION

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AIM: Natalizumab is a humanized recombinant monoclonal antibody against the cell adhesion molecule α4-integrin (the very late activation antigen-4), used in the treatment of multiple sclerosis (MS). Natalizumab use is recommended in patients not controllable with interferon beta and glatiramer acetate therapy or cannot tolerate the side effects of these therapies. This report presents the case of a 33-year old female patient, without a history of psychiatric disorder, given natalizumab during MS attack which brought on a manic episode.

CASE: It was learned that 11 years previously the patient experienced for the first time loss of power in both legs and the episodes continued about 4 times for 10-15 days every year and use of steroids helped alleviate her problem. Upon the increase in the frequency and severity of the attacks 4 years previously, interferon-beta (INF-ß) and glatiramer acetate were added to her treatment. After increase in her complaints glatiramer acetate was discontinued and natalizumab was started , and 1 week later insomnia, increased energy, increased libido, grandiose delusions, over spending money, excessive speaking and increased psychomotor activity resulted in her hospitalisation. She was diagnosed according to the DSM-IV criteria with bipolar affective disorder manic episode caused by MS therapy. She was started with lithium carbonate (600 mg/day) and olanzapine (5 mg/day). Three weeks later her manic symptoms subsided and she was discharged on management therapy with lithium carbonate (900 mg/day) and olanzapine (10 mg/day).

DISCUSSION: Psychiatric disorders can appear or flare-up after some medications used for treatment of MS attacks. Therefore, after the start of the treatment of MS patients, psychiatric evaluation and follow up is recommnended

Key Words: Mania, multiple sclerosis, natalizumab

PP-089

MANIC EPISODE RELATED TO GINSENG USE : CASE PRESENTATION

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INTRODUCTION: Ginseng is a plant root product known to boost energy levels and sexual drive, and is used mainly to alleviate symptoms of fatigue and mental stength. It has been claimed that ginseng use can result in increased incidence of manic episodes. Here a case of manic episode development after ginseng use is presented.

CASE: A 29-year old, unmarried, unemployed male primary school graduate, living with his family was admitted as an inpatient with manic attack symptoms without psychotic symptoms. It was learned that about 15 days before his hospitilisation he had taken 4 or 5 ginseng pills in one day, and he had developed, after the next 2 days, symptoms of insomnia, excessive talking, akithisia, over spending money and increased self confidence. His psychiatric examination showed that his affect was euphoric, he had pressured speech, his speech and associations were accelerated, psychomotor acitivity and selective attention were increased. Although he did not have a history of psychiatric disorder, he had used 1 year previously a pill called NZT48 for brain doping when he experienced a manic episode with symptoms of increased libido, involvement with crime, agressiveness and insomnia. Also 2 years previously he had pyromaniac behaviour. His medical history included febrile convulsions as a 7-year old. His sister had history of panic attacks. He was started on treatment with haloperidol (20mg/day), biperiden (10mg/day) and valproic acid (1000mg/day). One week later significant improvement was observed in his symptoms.

DISCUSSION: Ginseng has been reported to cause bipolar disorder manic episode. In our patient use of ginseng to alleviate fatigue and concentration loss resulted in manic episode. There are reports in the literature on development of mania or hypomania in individuals without histories of psychiatric disorder as a result of consuming increasing doses of ginseng. It has been reported that manic attack episode developed in a 23-year old individual after using ginseng daily for one month with intermittent use of cannabis. A 79-year old patient using ginseng and yohimbine for erectile dysfuntion developed hypomania; and discontinuation of yohimbine and increasing the dose of ginseng resulted in manic attack. A mood disorder patient who experienced manic attack afer ginseng use had to be treated with low dose neuroleptics and benzodiazepine to reverse the symptoms. There are in the literature proposals that in individuals with defined risks ginseng can be associated with acute and important psychotic disorders. Reports in the literature on increased use of herbal products, draw attention to the possibility of relationships between these products and cases of mania.

Key Words: Ginseng, mania, bipolar disorder

PP-090

MOOD DISORDER DEVELOPMENT AFTER TRAUMATIC BRAIN DAMAGE: CASE PRESENTATION

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AIM: Traumatic brain damage (TBD) generally involves patients of ≤45 years of age. After TBD, depression is the most frequently observed psychiatric disorder. Whereas depression has been investigated in many medical conditions, there is paucity of data on mania. Secondary mania can be differentiated from primary mania as it occurs at relatively later ages, is not related to family history and its reponse to treatment is delayed and difficult to achieve.

CASE: The patient was a 25-year old single male university graduate. He was brought to the psychiatry clinics by his relatives, with complaints of increased insomnia during the previous 15 days, and loss of self confidence, irritability, tendency to over spend money. He did not have a history of psychiatric disorder or of alcohol and substance use. It was learned that 2 years previously he had fallen from an elevated place which resulted in subarachnoid haemorrhage, and was treated in the intensive care unit. In the subsequent 4-5 months he developed symptoms of depression characterised with unhappiness, pessimism, lack of pleasure in living and was put on 50mg/day sertraline treatment. When the treatment was completed, he had gone through a phase of increased psychomotor activity and self confidence and uncontrolled behaviour which was brought stabilised by antipsychotic therapy as an outpatient. In the 15 days before consultation with us, his manic symptoms had increased despite being on drug treatment. After admission as an inpatient, his MRI revealed post traumatic sequelae in the temporal lobe, at the level of bilateral basal ganglia, at corpus callosum localisation on

the right and on thalamus, bilaterally in the frontal lobe in subcortical white matter areas. He was started on treatement with olanzapine (30 mg/day) and valproic acid (1000mg/day). Upon improvement in the second week clonazepam (6 mg/day) and haloperidol /10 mg/day) were also added to his therapy. Haloperidol was later increased to 30 mg/day and olanzapine was discontinued, when his symptoms subsided. After discharge from hospital , akathisia related to haloperidol developed and norodol was discontinued and replaced with trifluoperazine(2 mg). He is currently euthymic and under observation.

DISCUSSION: Secondary mania comprises 1.75% of all psychiatric consultations and is observed in 4.67% of all manic patients. It has a delayed onset and is not associated with family history. It presents with irritability rather than euphoria. Treatment of secondary mania is similar to that of primary mania but more difficult and of shorter duration, and does not require management therapy as it is generally not progressive. In the case presented here, since both the manic and the depressive phases were seen to repeat, mood stabiliser treatment was indicated and valproic acid was chosen for its neuroprotective effects. The post traumatic symptoms in TBD depend on the locality of the affected area in the brain. Areas most frequently associated with mania are the prefrontal cortex, temporal cortex and the hypothalamus. The bilateral orbitofrontal and right temporoparietal, right basal and medial lobes, the basal ganglia, thalamic and right frontotemporal lesions have not been associated with mania. In our case lesions were found in the right temporal lobe, the basal ganglia and the bilateral frontal areas, in agreement with the reports in the literature.

Key Words: Traumatic brain damage, secondary mania, bipolar affective disorder

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PP-091

PSYCHOGENIC POLYDIPSIA IN BIPOLAR DISORDER: CASE PRESENTATION

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AIM: Psychogenic polydipsia (PP) is clinically characterised by excessive water intake without physiological stimulation. In patients with chronic psychiatric disorders, and especially with schizophrenia, PP comorbidity has been known, but case reports on its comorbidity with bipolar disorder are very rare. In the case reported here we have aimed to discuss PP comorbidity with bipolar disorder and the choice of pharmacotherapy.

CASE: The 29-year old female patient consulted the emergency services with complaints dating back about 1 month and consisting of decreased sleep need, nervous tension, suspiciousness, restlessness, continual urge of mobility and fears of being harmed. For the previous 2 weeks she had been experiencing loss of self confidence, repetitive crises of weeping and anhedonia. She was admitted as an inpatient. Her history indicated that the complaints had actually started 3 years previously and that she had been hospitalised 5 times. Her psychiatric assessment indicated that her appearance matched her age with an average self care. She had severe anxiety and did not make eye contact or reveal her thoughts. Her mood was dysphoric and affect was anxious. Her negativity had reduced spontaneity of speech, although her pace of speech and tone were normal. Her connotations were related and purpose oriented. She had auditory and persecutory delusions. Her impulse control was adequate. Her judgement was poor and she lacked insight. She mentioned passive suicidal ideation, She was diagnosed with bipolar disorder of psychotic type with depressive attack and was started on haloperidol (20 mg/day), biperidene (10 mg/day-parenteral) and valproate (1000mg/day). Her routine examinations and test results were within normal limits. During observations at ward, her treatement was switched to risperidone (6mg/day) and biperidene (4mg/day) after discontinuation of her parenteral treatment. On the 8th day of her therapy her routine tests and examinations were repeated after she fell down due to loss of balance. Her pscyhomotor activity and anxiety had increased and she displayed odd behaviours. Her serum sodium level had fallen to 115mg/dl, when she had to be transferred to the internal diseases clinics where her electrolyte imbalance was corrected and causes for a secondary hyponatraemia were eliminated. After her return to the psychiatry ward psychogenic polydipsia was suspected; her fluid intake was put under limitation; and her treatment was continued with risperidon (6 mg/day), biperidene (4 mg/day) and valproate (1000 mg/day). With the treatment given, her clinical symptoms improved; her need of fluid intake diminished; and her electrolyte levels were found to be normal. She was discharged with maintenance therapy on risperidon (4 mg/day), biperidene (2 mg/day) and valproate (1000 mg/day). Her symptoms of polydipsia had not repeated at her first and second month controls.

DISCUSSION: Although frequently observed alongside psychiatric disorders, aetiology of PP has not been elucidated. It has been generally reported with schizophrenia but its comorbidity with bipolar disorder has been seen very rarely. In the treatment of comorbid bipolar disorder and PP, the potential side effects of drugs have to be carefully controlled. As PP is not frequently diagnosed, it has to be watched for during follow up controls and remembered in planning treatment modes. In the case of the patient with bipolar disorder discussed here, we have wanted to emphasize that the combination therapy with risperidone and valproate is effective in correcting the PP and the improvement of the clinical symptoms.

Key Words: Bipolar disorder, psychogenic polydipsia, risperidon, valproate

PP-092

BIPOLAR AFFECTIVE DISORDER RELATED TO USE OF THE PLANT HYPERICUM PERFORATUM

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AIM: Using plants for treating diseases have started in early human history. In the recent years especially hypericum perforatum (HP, also popularly called St John's wort) has been used in the field of psychiatry,

with demonstration of mild to moderate effects on depression. This report discusses, by presenting a case, the ability of HP to cause bipolar affective disorder (BAD) .

CASE: The general internal diseases department referred a 54-year old male patient to psychiatry clinic with the sole complaint of indigestion with inexplicable cause. His family gave the history that for the previous 2 months he had developed meaningless and fast talking, hyper confidence, auditory hallucination of sounds from the roof, thoughts about being followed by people and insomnia. Psychiatric examination showed that he was conscious, his orientation was complete, attention was scattered, he had secondary process thinking, his thought content was filled with grandiose and persecutive delusions. His speech was accelerated, his associations were fast but loose. His mood was dysphoric and labile. He was thought to have BAD mixed attack and in order to eliminate any underlying medical condition, routine blood biochemistry, thyroid function tests, vitamin B12 level, cranial MRI and neurological examination carried out yielded results in the normal limits. In a further meeting with his family it was learned that he had started to use a herbal preparation containing HP some two months previously in order to give up cigarette smoking. Hence, he was diagnosed, on the basis of DSM-IV, with BSD mixed attack due to HP use. He was started on 10 mg/day olanzapine and followed up for 6 months when his complaints improved. However, 6 months after the last control he came back with complaints of introversion, self neglect, humourlessness, increased duration of sleep. Itwas learned that he had stopped his medication 4 months earlier. He was conscious, orientation was complete, perceptions and memory were normal, and talk volume was decreased, affect was depressive, psychomotor acitivity and self-care were reduced. He was diagnosed with major depressive disorder on the basis of DSM-IV criteria, and started on venlafaxine (75 mg/day). In two months after venlafaxine his talk volume increased, and symptoms of hyperconfidence recurred. The patient consulted another centre and was diagnosed with BAD.

DISCUSSION: HP is a plant with yellow flowers, its main constituents being hypericine, pseudohypericine, hyperforin, and adhyperforin, shown by in vitro studies to act by inhibiting serotonin, noradrenaline and dopamine reuptake. Hypericine is also thought to inhibit MAO activity. BAD diagnosed in this patient is believed to be caused by these agents in HP.

CONCLUSION: This case evinces that herbal agents recommended for use without adequate research on their reliability are not as innocent as assumed. As HP is offered in many edible or drinkable products, the effects on BAD must be considered during psychiatric investigation of patients.

Key Words: Bipolar affective disorder, hypericum perforatum

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PP-093

MOOD DISORDER DUE TO PRIMARY HYPERPARATHYROIDISM: CASE PRESENTATION

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AIM: It has been aimed here to discuss a case of mood disorder due to hyperparathyroidism.

CASE: F.S, a 59-year old, primary school educated widow with three children was brought for consultation with symptoms which had started 4 months previously. There were times when she had suspicions, she thought her daughters in law had organised a spell on her as she tended to wake up and walk around the house at night, complaining that ''those three-lettered ones (genies) did not allow her to sleep, threatening her by drawing out their knives" She dreamed of religous sages. She had increased tendency to spend money and had changed the door to her house without need as she thought it did not reflect her well. When she had realised that she was on route to hospital, she had attempted to open the door of the car in order to jump out. Her psyhiatric examination indicated acclerated connotations, distractibility, irritability, persecutory delusions, and praying very loudly. She was started on olanzapine (10mg/day) and lorazepam (2.5mg/day).

DISCUSSION: The patient did not have a history of psychiatric consultation until her symptoms had appeared. She did not have head trauma, alcohol or substance use. As her symptoms had presented at an advanced age, differential diagnosis of an underlying organic pathology was undertaken. Diagnosis of dementia was excluded by a score of 28 on the mini mental test. Preliminary diagnosis of delirium was eliminated on grounds of absence of vacillating disorientation at day time with worsening at night time. Lack of identifiable stressors eliminated conversion disorder. Her MRI and EEG were normal. Her biochemical test results were within normal limits except a Ca++ level of 13 mg/dl (normal rang=8,5-10,5).

She was started on i.v. hydration and diuretic therapy at the encorinology unit. The 24-hour urinary Ca++, phosphate, serum parathormone (PTH), 25-OH-D vit levels were checked; and she had neck USG and bone mineral densitometric investigation. Ca++ level was 6.53 mg/ dl PTH level was 611.3 pg/ml (normal range: 15-65 pg/ml), 25-OH-D vit.; 2.66 µgm/lt (normal range: 30-80). Neck USG and parathyroid scintigraphy results were compatible with parathyroid adenoma. Primary hyperparathyroidims is characterised with hypercalcaemia, hypophosphataemia, and elevated PTH, and in 80% of the cases the aetiology is solitary parathyroid adenoma. Anxiety, affective changes, psychosis and cognitive changes can be encountered. There are reports in the literature on diagnoses of manic attack, and of bipolar disorder due to primary hyperparathyroidism. There is a correlation between the serum calcium elevation and the frequency and severity of the symptoms. It has been shown that at calcium levels above 12 symptoms of psychosis, delirium and other cognitive symptoms are in the foregound; the main symptom being delirium when calicium level rises above 16 (Coşar, 2010). In the case discussed here, calicum level fell to 10 and the persecutory delusions regressed after the fluid support and diuretic treatment, when the dose of olanzapine was reduced . After parathyroidectomy the patient was followed at the polyclinics on 2.5mg/day olanzapine.

The observations that the symptoms had begun with elevated calcium concentration, and reversed with the fall in calicum level, together with the disappearance of the psychopathology after parathyroidectomy

confirms the diagnosis of mood disorder due to medical condition (premiary hyperparathyroidism).

Key Words: Hypercalcaemia, hyperparathyroidism, mood

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PP-094

ASPERGER'S SYNDROME AND BIPOLAR DISORDER: CASE PRESENTATION

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AIM: Asperger's Syndrome (AS) can present together with another psychiatric disorder in adolescence or young adulthood. This report has aimed to discuss the aetiology of a case of AS comorbid with bipolar disorder (BD) , the characteristics of its diagnosis and treatment.

INTRODUCTION: Asperger's syndrome is discriminated from other autistic spectrum disorders by its relative preservation of linguistic and cognitive development. The fundemental pathology is thought to involve disorders in mentalising and cognitive functions. Difficulties in nonverbal communication and social interaction impede the development of peer relationships. Data on AS prevalence among adults is not available, but a study evaluating psychiatric consultations has assessed the incidence among adult patients to be 0.002%. Psychiatric complaints for consultations in cases of AS are frequently those of mood symptoms and obsessive-compulsive symptoms. Psychiatric comorbidity is 2-6 fold higher than in the general population. These comorbidities include anxiety disorder, mood disorder and attention deficit and hyperactivity disorder. The comorbidity of AS , among the autistic spectrum disorders, with BD is noteworthy. There are difficulties with recognition of the mood disorders in patients with AS, who are well recognised in relation to depression within the conditions of polyclinics, but are freqently missed in relation to hypomania.

CASE: The patient was a 26-year old single, male highschool graduate, living without a regular job in Istanbul, with his family as the younger of two siblings. He had been very active with little sleep requirement since his childhood. Intermittently he made meaningless sounds, shouted and wept spontaneously or turned around himself. As a child he was agressive with explosive outbursts of anger. At the age of 16 he benefited from risperidone teatments given to stabilise irritability and aggressiveness. During his second hospitalisation he was diagnosed with AS and discharged after treatment with risperidone (8 mg/day), sodium valproate (1000 mg/day) and quetiapine (300 mg/day). Although his history was not special, that of his mother included suicidal attempt and diagnosis with obsessive-compulsive disorder. His father also had a history of short term psychotic disorder in his thirties. Psychiatric examination of the patient showed that his self care was diminished, his mood was dysphoric. Thought and speech rates had accelerated and psychomotor activity was increased. Memory function was normal, his spontaneous attention was increased. His impulse control was low, his judgement was disordered and insight was diminished. On the basis of DSM-IV criteria, he had BD manic phase mixed characteristics. He was started on risperidone (2 mg/day) and sodium valproate (1000 mg/day). On the third day blood level of sodium valproate was found to be 39 mg/dl and the dose was increased to 1500 mg/day. Manic symptoms subsided in 1 week. He was discharged on management therapy with risperidone (4 mg/day), sodium valproate (1500 mg/day) and olanzapine (5 mg/day).

DISCUSSION: BD is the most frequently diagnosed comorbidity in high-functoning young adult AS patients, but given the difficulty of their diagnosis, hypomanic symptoms should be carefully questioned in clinical practice next to the depressive symptoms. In AS cases the course of the mood disorder includes irritability, mixed symptom episodes, rapid cycling, suicidal tendency and oppositional defiant behaviour. The obsessions natural to AS may be masked by stereotypies, social disorder and withdrawal, aggression and self mutilation and recognition of mood disorders may become difficult.

Key Words: Asperger's syndrome, Bipolar disorder, Comorbidity, Autism

PP-095

MITOCHONDRIAL COMPLEX I-III LEVELS IN BIPOLAR DISORDER CASES

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AIM: The neurochemical mechanism of bipolar disorder (BD) has not been completely understood. Studies on the mitochondrial electron transport chain (ETC) have demonstrated pathological changes in the mitochondrial functions and cerebral energy metabolism of BD patients. These pathological processes take place in the critical brain circuits organizing the affective functions, emotions and motor behaviors. Thus, the changes taking place in the mood stabilizing mechanisms may result in the symptoms of BD. Activation of mitochondrial complexes I and III has been investigated in blood samples of patients in manic episode of BD in order to assess the relationship between mitochondrial complex dysfunction and BD.

METHOD: The participants in this study consisted of 32 male inpatients without a history of psychotic disorder and diagnosed with first attack BD manic episode on DSM-IV criteria; and , 35 healthy males as controls, demographically matched with the patients. Blood samples taken from the participants were processed to extract mRNA and the levels of mitochondrial complex I genes NDUFV1, NDUFV2, NDUFS1 mRNAs and the complex III gene UQCR10 mRNA levels were estimated.

RESULTS: The mean age of the BD group and the control group were, respectively, 21,2± 1,3 and 22,1± 1,4 years (p=0.4). When the gene levels of the 32 BD patients and the 35 controls were compared, statistically significant differences were observed in mitochondrial Complex I genes NDUFV1 (p=0,03), NDUFV2 (p=0.00), NDUFS1 (p=0,01) gene mRNA levels. A similarly significant difference in the

Complex III UQCR10 gene mRNA level between the BD and control group was not observed (p=0,6).

CONCLUSION: A significant increase in mitochondrial Complex I activation in the BD group has been determined in this study as compared to the controls. As with many other psychiatric disorders the diagnosis of BD is made through clinical investigation. Studies similar to the present one will enable the use of biological indicators in the diagnosis of neuropsychiatric disorders.

Key Words: Bipolar Disorder, Mitochondrial Complex, Gene levels

PP-096

MANIC ATTACKS DEVELOPING AFTER EPILEPTIC SEIZURES: CASE PRESENTATION

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INTRODUCTION: Prevalence of psychiatric disorders in epilepsy is higher than in the general population and mood disorders, especially, are the most frequently observed comorbidities. Depression is the psychiatric disorder that accompanies epilepsy most frequently, but information in the literature on the manic and hypomanic phases is very limited (2). In this report a patient observed for 32 years with epilepsy and bipolar affective disorder (BAD) and, presenting with mostly manic and rarely mixed phase psychiatric complaints after seizures is discussed.

CASE: A.Ç., a 59-year old married patient with two children, retired on grounds of disability due to epilepsy and BAD was admitted as inpatient to the psychiatry service on 12/05/2014 with complaints including insomnia, increased self care, unsuitable clothing style, and increased symptoms of: psychomotor activity, religious preoccupations, speech volume, self confidence, money spending and irritability. He had experienced 3 consecutive generalized tonic clonic type seizures 10 days previously which triggered his symptoms. He had a 32-year history of epilepsy and BAD comorbidity and experienced mostly manic phase symptoms after epileptic seizures. His compliance with his combination treatment with levetiracetam (1000 mg) and carbamazepine (800mg) was good. He did not have a medical complaint, and apart from slight AST and ALT elevation his routine biochemistry test results were normal. There was no pathological evidence in his cranial MRI. EEG record showed fast rhythm with low amplitude. Levetiracetam was reduced and replaced with valproic acid (1000 mg) combined with haloperidol (5 mg) and lorazepam (1mg). When his symptoms receded, he was discharged on 23/05/2014.

DISCUSSION: The reason for observing a higher incidence of depressive episodes in epileptic patients as compared to the manic and hypomanic episodes is thought to be due to prevention of mood elevations by the antimanic effects of antiepileptic agents. In contrast to the generally lower incidence of manic attacks after epileptic seizures, our patient had symptoms matching the manic episode criteria of DSM-V after the seizures which makes his case important.

CONCLUSION: Reports on the prevalence of manic episodes are very limited. Our case indicates that more epidemiological studies are needed.

Key Words: Epilepsy, mania, attack

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PP-097

TREATMENT RESISTANT DEPRESSION RELATED TO HYPERPARATHYROIDISM: CASE PRESENTATION

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AIM: Primary hyperparathyroidism (PHP) is a frequently observed endocrine disorder with an incidence of 0.022%. It is caused in 80-90% of the cases by a single enlarged parathyroid gland. PHP is predominantly seen in the 6th and 7th decades of life, the mean age of presentation beings 55 years. It progresses predominantly asymptomatically with moderate hypercalcaemia and classical symptoms of urolithiasis and osteitis fibrosa cystica are rarely observed. Psychiatric symptoms are widely diagnosed in PHP, such that, apart from the depressive symptoms with apathy and cognitive disorders, paranoid psychosis and delirium can also be observed. We report here the case of a 51-year old female patient under observation for treatment resistant major depressive disorder, referred for surgical treatment after diagnosis of PHP.

CASE: A 51-year old female patient consulted our psychiatry polyclinics with the complaints of demoralization, indifference, weakness and head aches. Psychiatric examination showed that she was weepy, distressed, obese with diminished self care, but looked her age. Her thought process and associations were normal, thought content was predominated by anhedonia, diminished self esteem and hopelessness. Affect was low and anxious. Her history or family history were uneventful. She was started on fluoxetine (40 mg/day) and alprazolam (1 mg/day) with diagnosis of major depressive disorder (MDD). As changes in her symptoms were under 25%, and given her complaints of stomach aches, lower back ache, hypertension and constipation, comprehensive biochemical test were carried out. Her blood calcium level was 12,7 mg/dL with phosphorous at the lower limit and parathormone level was at 199.8 pg/ml (vs normal limits : 15-65 pg/ml). Bone densitometry indicated osteopenia. Parathyroid sintigraphy showed parathyroid adenoma at the lower posterior section of the right thyroid lobe. She was diagnosed with PHP and she was referred to surgery unit with her consent.

DISCUSSION: PHP results in psychiatric disorders with unsatisfactory response to treatment as well metabolic disorders. Principal treatment of parathyroid adenoma is surgical excision. Depression scores of PHP patients estimated at regular intervals after surgery were reported to recede significantly. The case reported here warns us that within the frame work of diagnostic approaches in medicine, psychiatry patients should also be investigated with a multidisciplinary approach including laboratory techniques lest possible organic pathologies are missed. In our case, post-operative changes in the observed depression symptoms will clarify the pre-operative diagnosis made on the patient's condition.

Key Words: Depression, hyperparathyroidism, calcium, parathormone

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PP-098

FIRST MANIC ATTACK IN HOMOPHOBIC INDIVIDUAL AFTER COLONOSCOPY: CASE PRESENTATION

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INTRODUCTION: Homophobia is the attitude of discrimination, hate, fear and antipathy against homosexuality and homosexuals. An individual with anxiety and suspicions of being homosexual can express this fear as homophobia, including the defence and joining acts of violence against homosexuals. Although some invasive diagnostic interventions like colonoscopy or endoscopy may have stress effects, citations of manic attacks after these interventions have not been found in the literature. The homophobia of the patient presented in this report suggests that the manic attack appeared after causative psychodynamic processes.

CASE: A 43-year old male primary school graduate, working at a shipyard, and married for 20 years with 2 children came with complaints of insomnia in the previous 3 days. He did not want to spend time at home, had urges to get out and walk continuously, spend money and felt very satisfied with himself. He wished to develop projects; he did not go to work and left home with plans of opening a new place of work with friends, but was found naked in a forest. As he could not be persuaded to go to hospital, police help was seeked and ambulance was used to bring him to the hospital emergency services. He had experienced in the spring season of the previous 16 years a spell of insomnia with excessive talking, flighty thoughts and unwillingness to go to work which lasted only few days, not necessitating psychiatric consultation or treatment. About 2 months previously he underwent colonoscopy due to complaints of persistent lower abdominal aches. He experienced fear and anticipations until the date of the colonoscopy and after the event he abstained from associating with others and kept at home in bed, and lacked appetite, which lasted for 1 month and then suddenly switched to a manic phase. He did not recall much about his childhood when he worked as a shepherd, and said that his first child was born 10 years after his marriage. Two daughters of his paternal aunt were under observation for bipolar disorder (BD). He was diagnosed with BD attack manic episode without psychotic specifics and was started on parenteral treatment with haloperidol (10 mg/day) and valproic acid (1500 mg/day). During the advanced interviews, he expressed intense hatred against the homosexuals and his belief in their being punished or marginalized by the society. He abstained from giving information on his sexual life.

DISCUSSION: We have presented this case in order to draw attention to the possibility of manic attacks or flare ups after invasive interventions like colonoscopy in patients with BD and together with tendencies or attitudes like the homophobia of our patient.

Key Words: Bipolar disorder, homophobia, colonoscopy, manic attack

PP-099

MULTIPLE DRUG USE ON UNIVERSITY STUDENTS OBSERVED FOR BIPOLAR AFFECTIVE DISORDER AS INPATIENTS OF A UNIVERSITY HOSPITAL: DATA COMPARISONS OF 2004 AND 2012

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AIM: During the recent years increase in the frequency of multiple drug use for psychiatric therapies has been reported. This study retrospectively investigated the data on patient files of January- December 2004 and January-December 2012, to find out the differences during these years in the incidence of multiple drug recommendations for treatment of inpatients diagnosed with bipolar affective disorder (BAD).

METHOD: The epicrises of inpatients of Hacettepe University Medical School Psychiatric Division treated during January- December 2004 (n=75) and January-December 2012(n=54) with the preliminary diagnosis of BAD were investigated retrospectively and 5 patients with different final diagnoses were excluded from the study. The particulars taken into consideration included: Type of mood episode (mania, depression, mixed or hypomania), presence of psychotic findings, excitation incidence requiring intervention, use of electroconvulsive therapy (ECT) , details of management therapy at discharge (mood stabilizers, antipsychotics, antidepressants), duration of hospital stay, number of previous hospital admissions if any, and demographic details.

RESULTS: Comparison of the data of 2004 and 2012 periods did not yield significant differences with respect to patient gender, mean age, mean duration of hospital stay, incidence of psychotic symptoms, ECT requirements, and excitation incidences requiring intervention. Significant differences were not observed in the mean number of drugs prescribed for management therapy at discharge, the incidence of multiple drug use, and the incidence of being discharged with a single mood stabilizer only. However, prescriptions of antipsychotic drugs at discharge were significantly higher in 2012 (g2004=%60, g2012=%78.4, $p<0.05$).

DISCUSSION: Data on the presence of psychosis, total number of hospitalizations, ECT requirement and intervention for excitation did not differ in the two periods, suggesting that the groups treated in 2004 and 2012 were similar on grounds of psychopathological severity. Given this, the finding that prescription of anipsychotic drugs at discharge were significantly higher in 2012 points to an increase in the use of antipsychotic agents for the treatment of BAD, in agreement with other reports in the literature. Association of antipsychotic agents with risks of metabolic syndrome and obesity has been suggested. Mood stabilisers not associated with risks of obesity and metabolic syndrome (e.g., lithium), but which in the long term may result in other adverse effects, should be investigated in comparison to the long term use of antipsychotic agents with larger patient populations and over longer time periods.

Key Words: Multiple drug use, bipolar affective disorder, atypical antipsychotic

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PP-100

MANIC EPISODE WITH CATATONIC CHARACTER: CASE PRESENTATION

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INTRODUCTION: Catatonia is a clinical condition with psychomotor symptoms in the foreground, presenting with either diminished motor symptoms or increased psychomotor activity, or the successive switch of these very symptoms, and is considered as a syndrome on grounds of the similarity of clinical details despite the different aetiologies involved. Physical and psychiatric diseases constitute the basic disorders underlying catatonic syndrome (CS). The diagnostic criteria for CS should include any of the three criteria given in the DSM-V, including: 1-Stupor (Absence of psychomotor activity; lack of effective interest in the environment) 2-Catalepsy (muscular rigidity and postural fixity) 3-Waxy flexibility 4-Mutism 5-Negativism (Opposition or insensibility to instructions or stimuli) 6- Posture retention (Maintaining a position against gravity) 7-Mannerism 8-Sterotypic behavior (Aimless and repetitious behavior) 9-Agitation 10-Grimace 11-Echolalia 12-Echopraxia. Catatonia in DSM-V is a sub type of schizophrenia, bipolar disorder or major depressive disorder in association with the general medical condition.

CASE: The patient was a 24-year old unmarried and unemployed male highschool graduate. His psychiatric complaints started 1 month previously, and included irritability, reduction in sleep duration, increased libido, escaping from home, assuming inappropriate postures, susceptibilities and suspiciousness. He was excitable; speech volume and speed had increased, thought process was flightily and aimless; his thought content had paranoid delusions, his involuntary attention had increased and voluntary attention was diminished. His two cousins were under treatment for bipolar disorder (BD). He was started on haloperidol (10 mg/day) and valproic acid (1000 mg/day) with the preliminary diagnosis of BD manic attack with psychosis. On the second day he got excited when ''seeing devils'' and attempted to escape from the ward. These sudden excitations were repeated during his observations. Given his attempts to damage furniture and himself, he was placed under restraint and given extra antipsychotics and sedated by benzodiazepine. Rigidity and negativism during extremity examinations were observed to develop. He was engaged in disorganized behavior as undoing parts of the radiator or carving architraves of the doors. Haloperidol was discontinued and olanzapine was started at 20mg/day. His blood level of valproic acid was 77. While on therapy he and his family requested discharge. His psychotic symptoms had only partly receded but the patient had not gained insight of his condition. He was discharged on bail.

DISCUSSION: Although often mentioned with schizophrenia, catatonia is also frequently observed in BD manic episodes. Especially the recent case reports on the subject show that catatonia is associated mostly with mood disorders. We wanted to confirm these findings by the present case report.

Key Words: Bipolar disorder, Catatonia, Manic Attack

PP-101

BIPOLAR DISORDER AND TRANSSEXUALITY: CASE PRESENTATION

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INTRODUCTION: Bipolar disorder (BD) is a mood disorder with a chronic course of episodes with depressive, manic or mixed 'depressive and manic' symptoms which repeat without regularity and can last lifelong with remissive periods in between. Transsexualism is the condition of refusing one's of biological sexuality and desiring the primary and the secondary sexual characteristics of the opposite gender. Transsexuals feel incompatible with and disturbed by their own biological gender, while they identify strongly and continually with the opposite gender. This report presents the case of a patient whose sex change and BD symptoms started together.

CASE: E.K. is a transsexual female patient , 22 years of age, single and attending university. The patient had been under follow up observations after BD diagnosis for 2 years and 1 month before consultation with us the patient stopped using the management medication on the grounds of diminished libido, and one week later started to have progressively increasing symptoms of jauntiness, hyperconfidence, excessive speaking, flighty thoughts, reduced need for sleep and increased libido and was brought to the emergency services by relatives. At the age of 16 years, worries of being overweight and therefore not eating had started together with the desires to be a female and assuming to be a female, and therefore staying thin to look female, and even bandaging his feet to prevent their overgrowing. Since the patient's family history included a paternal uncle diagnosed with schizophrenia and as the patient gradually started to talk more openly about his sexuality, treatment had been started for schizophrenia aiming at deleting the desire to be a female. The last psychiatrist consulted had finally informed the family of his transsexuality. After two years of hormone treatment he underwent sex change operation and three months later, when the patient was trying to adapt to her new anatomy, she had a manic attack with psychotic characteristics and was diagnosed with BD.

DISCUSSION: Case reports in the literature on BD related to transsexuality are very rare. There are reports on transsexual behavior during the manic episodes of BD. In some of these publications transsexuality is accepted as a comorbidity but others regard it as a group of symptoms that can be corrected with the treatment of BD. The case reported here is different from those in the literature as the transsexual patient developed symptoms of BD after sex change

Key Words: Bipolar, manic attack, transsexuality, eating disorder

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PP-102

BIPOLAR DISORDER PATIENTS WITH AND WITHOUT MANIC/HYPOMANIC SWITCH : CLINICAL CHARACTERISTICS AND 5-HTT POLYMORPHISM

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AIM: Bipolar disorder (BD) starts in 20-70% of cases with depressive attack which dominates the general course of the disease. Manic/hypomanic attacks follow some of the depressive attacks. Biologically, phasic changes in receptor sensitivity, indepentdent of the treatment, may be responsible for the switch. However, the underlying mechanism of the manic/hypomanic switch (MHS) during antidepressant therapy (AD) is not known and the therapeutic drugs are thought to be responsible. BD aetiology is multifactoral, with genetic factors playing an important role. 5HTT-LPR polymorphism (5- Hydroxy tryptamine transporter linked promoter region polymorphism) is the most widely studied genetic variant in psychiatry. Two polymorphic regions on this gene, one being the variable-number-tandem-repeated (VNTR) region in the second intron and the other being the 44-basecouple insertion/deletion polymorphism in the 5'promoter region (5HTTLPR) which gives rise to the short (S) and the long (L) allelic variants are of interest. The aim of this study was to investigate the polymorphism of 5-HTT in BD patients with MHS after AD treatment, and to compare the genetic and clinical characteristics of these patients with those who do not develop MHS after AD treatment.

METHOD: This study was carried out on a total of 35 BD patients with a history of MHS and 100 BD patients without a history of MHS . The participating patients were being treated at two different psychiatry departments, one at the Gaziosmanpaşa University Medical School (G.Ui.M.S.) and the other at the Ondokuz Mayıs University Medical School. Blood samples of the patients were collected into EDTA-coated tubes and genetic analyses were performed at the G.U.M.S. Medical Biology and Genetics Laboratory.

RESULTS: Differences were not observed in the distribution of genetic polymorphisms of the two groups. Clinically, MHS was more frequently observed in the BD-I patients. In the group without a history of MHS psychotic characteristics, seasonal pattern and requirement of electroconvulsive therapy (ECT) was more frequently observed. Carriers of the S-allele had a higher incidence of psychiatric disorders in family history, the incidence of MHS was higher. Those with the STin2.12 polymorphism had higher incidence of comorbidity, seasonal course and and depressive attacks; and those with STin2.10 polymorphism had psychotic chracteristics, fast cycling attacks, history of ECT and higher incidence of hospital admissions.

CONCLUSION: In this study we could not establish a realtionship between MHS and 5-HTT gene polymorphism in BD patients, but the small numbers of patients investigated may have influenced the results. BD is a group of diseases with very variable clinical aspects, and some of the clinical characteristics may be genetically determined.

Key Words: Manic switch, serotonin transporter polymorphism

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PP-103

MANIC EPISODE RELATED TO VARENICLINE: CASE PRESENTATION

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AIM: This report presents the case of a patient without a history of psychiatric disorder who developed manic like symptoms after treatment with medication with varenicline to overcome nicotine addiction.

CASE: The patient was a 30-year old male university graduate working as an accountant. He did not have a history of psychiatric disorder or treatment. One week previously he had consulted a treatment clinic in order to receive help to stop cigarette smoking, and had been started on a preparation with varenicline as the effective constituent. A few days later he developed symptoms of excessive talking, insomnia, increased energy, visual and auditory hallucinations. He was diagnosed preliminarily with manic episode due to drug use and admitted to the hospital. His psychiatric examination revealed that his mood was elevated and affect was irritable. Speech volume and pace had increased, his appetite and sleep requirement had diminished. His associations were loose and thought was flighty. He had visual and auditory hallucinations but did not describe delusions. His attention and concentration were diminished and he had only partial insight. He did not have a family history of psychiatric disorders. Results of haematological and biochemical tests including hormonal and urinary analyses were normal. His Young Mania Rating Scale (YMRS) score was 30. He was diagnosed with mood disorder due to substance use (manic episode after varenicline use) and started on haloperidol im(20 mg/day), biperidene i.m. (10 mg/day) and lorazepam po (1 mg/day). In the second week of the therapy his YMRS score fell to 10 and clinical symptoms receded. His treatment was changed to oral haloperidol (20 mg/day) and , biperidene (2mg/day) and he was discharged. In the follow up controls on outpatient basis his psychiatric symptoms were seen to have disappeared and he had gained back his functionality. Stopping of the treatment by dose reduction was planned.

DISCUSSION: Varenicline, an alfa4beta2 neuronal nicotinic acetylcholine receptor (NAR) agonist, had been approved by the FDA in 2006 for treatment of stopping substance use. By binding the NAR it impedes the binging of nicotine to alfa4beta2 receptors. It diminishes nicotine craving by low dose dopamine release through the alfa4beta2 receptor mediation. Side effects include irritability, rarely agitation, manic mood variations, schizophrenia symptoms, and flare ups of psychotic findings and mixed mood episodes in depressive patients. It has been thought that the manic symptoms after varenicline are due to imbalance caused in the cholinergic-adrenergic system resulting from varenicline replacement of nicotine from acetylcholine receptors and giving rise to low-moderate release of dopamine by the mesolimbic dopaminergic system. The case presented here draws attention to the possibility of psychiatric side effects of varenicline, and the necessity of broadscale trials to establish the reliability of varenicline use.

Key Words: Mania, varenicline, mood

PP-104

AFFECTIVE TEMPERAMENT PROFILE OF EPILEPSY PATIENTS AND ITS RELATIONSHIP WITH MOOD DISORDERS

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AIM: In a majority of patients with neurological diseases and especially with epilepsy, comorbidity with psychiatric disorders , including mood disorders has been reported. Mood disorders are separated into two main groups of unipolar depression and bipolar disorders. Depressive disorder is very frequently observed in epilepsy and is often accompanied by atypical characteristics as anxiety and irritability. This study has aimed to investigate the affective temperament of epilepsy patients and the relationships of these traits with the characteristics of epilepsy.

METHOD: Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI) and the Temperament Evaluation of the Memphis, Pisa, Paris, and San Diego Autoquestionnaire (TEMPS-A) were completed by 70 epilepsy patients and 70 healthy volunteering controls.

RESULTS: Generally in all the three psychometric scales used, the scores of the patient group were higher compared to the scores of the control group. Also, the scores on the temperament of irritability were significantly higher in the patient group. Correlations were established between irritability and the presence of psychiatric disorder and between depressiveness and the disease and treatment duration. Epilepsy patients with simple partial and complex seizures had higher anxious temperament scores as compared to those with generalized seizures.

CONCLUSION: Given that irritability has a critical significance in interictal dysphoric syndrome and that there is a significant correlation between BDI scores and the TEMPS-A irritable temperament scores, we can relate the high irritability temperament of the epilepsy patients with depressive mood, on grounds of the results of this study. Although we cannot generalize these results, as our study was based on consecutive patients getting treated in a single neurology clinic, we can conclude that some of the affective symptoms of epilepsy patients and the historical ''epileptic personality" concept can be explained by affective temperament. .

Key Words: Epilepsy, bipolar mood disorder, affective temperament

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PP-105

MANIC EPISODE IN AFFECTIVE DISORDER TRIGGERED BY MEDROXYPROGESTERONE ACETATE: CASE PRESENTATION

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AIM: Medications used in clinical applications not related to psychiatry can cause manic symptoms. This report discusses the case of a patient, diagnosed with bipolar affective disorder (BAD) and in remission for the last 1 year, who was treated with medication with the principal active constituent medroxyprogesterone (MAP) to correct the irregularity of her menstrual cycle.

CASE: The patient is a 34-year old single female unemployed high school graduate living at home. She was prescribed MAP (5mg- 2x/day) to correct the irregularities of her menstrual cycle. Two days after starting the medication she developed symptoms of irritability, insomnia and increased energy and speech volume, whereupon she consulted our psychiatry emergency polyclinics. Her anamnesis given by her and her family indicated that she had been diagnosed 15 years previously with BAD-I, and currently was in remission for the last 1 year on valproate (2000 mg/day), paliperidone (6 mg/day) and quetiapine (50 mg/day). Her family history did not include medical or psychiatric disorders. Her psychiatric examination showed that her mood was elevated, affect was irritable; associations and psychomotor activity had increased; appetite and sleep requirement had diminished; thought content included grandiose delusions. Her score on the Young mania rating scale was 27. Routine biochemical, hormone and urinary tests and substance metabolite analyses gave results within normal limits. Her blood valproate level was 69.8. She was diagnosed on the basis of DSM-IV-TR with mood disorder related to substance use (with manic characteristics due to MAP). She was put on haloperidol (10mg/day i.m.), biperidene (5mg/day i.m.). After stabilization her symptoms, lorezapam (3 mg/day) was added to her drug therapy and the patient was discharged.

DISCUSSION: MAP is a synthetic progestin, structurally very similar to endogenous progesterone. It has side effects including galactorrhea, changes in menstruation and body weight, jaundice, depression, insomnia, fatigue and irritability. There are reports in the literature on the mood stabilizing effects of MAP. Also, suitability of MAP for reinforcement therapy in manic episodes, and its effects of increasing depressive symptoms have been mentioned. However, there is not a report in the literature on the development of manic episodes due to MAP use. We have emphasized in this report that in some cases MAP use can result in manic like symptoms. The validity of this effect needs to be confirmed by studies carried out on more patients.

Key Words: Mania, medroxyprogesterone, mood

PP-106

TREATMENT OF SOCIAL PHOBIA BY EYE MOVEMENT DESENSITIZATION AND REPROCESSING (EMDR): CASE PRESENTATION

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INTRODUCTION: Social phobia or Social Anxiety disorder (SAD) is characterized by discomfort or fear experienced when the individual is in a social interaction that involves a concern of being judged or evaluated by others, and abstaining from socializing . This report discusses the case of a patient who developed SAD after facing a TV interviewer and the treatment given to her.

CASE: N.Y. is a 22-year old female university student who consulted us with the complaints of having difficulty communicating with others, experiencing sweating, shaking hands , and blushing in public transport, classroom or cafeteria. One year previously she had faced a TV interviewer when she could not express herself adequately and her performance was made fun of by her friends, after which, when she especially had to verbally address people she did not know or when she was in the company of a group, she felt discomfort, and started to avoid these situations such that she had difficulty leaving home. She was diagnosed on the basis of DSM-V with SAD. She was started with Cognitive Behavioural Therapy. At the end of 2 sessions it was understood that her negative cognitions were associated the past TV interview. Her therapy was continued with EMDR and the third session was conducted in a place and in a manner representing the interview. The following were used : Picture: images of her blushing and the amused expression of the interviewer, Feeling: Exasperation with herself and the interviewer, Positive cognition: ''I am intelligent" , VoC score: 1, SUD: 8, Physical sensation: Aches in the lower abdominal area. After a 90-minute session her discomfort related to the picture was significantly diminished. When looking at the picture, the cognition formed was: ''That day my tummy was aching when the woman suddenly confronted me, anybody would have been excited". VoC score was 5 for the placed '' I am intelligent" cognition. SUD level was 0. Three months after starting EMDR, her symptoms had significantly regressed.

DISCUSSION: It has been shown in this report that a patient whose social phobias were considerably escalated by facing a TV interviewer, benefited significantly from the EMDR therapy and regained her functionality. It is noteworthy that apart from the improvement of her disclosed complaints, she showed cognitive improvement in relation to other past experiences not discussed and not included in this therapeutic program. In agreement with others we have shown that it is important to look into the life events of SAD patients for the effectiveness of the therapy planned .

Key Words: Social phobia, life events, EMDR

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PP-107

DRUG RESISTANT OBSESSIVE-COMPULSIVE DISORDER RESPONDING TO EYE MOVEMENT DESENSITIZATION AND REPROCESSING (EMDR METHOD: CASE PRESENTATION

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AIM: Obsessive-Compulsive Disorder (OCD) is a chronic psychological ailment that can detrimentally affect the functionality of the patients. The current first choice treatment is not only pharmacological with selective serotonin reuptake inhibitors or but also with the 'exposure and response prevention' approach of behavioural therapy, which when combined do provide a moderate degree of alleviation in the symptoms of the patients. Since some OCD patients do not benefit at all, more comprehensive treatment approaches are needed. This study has aimed to discuss the case of an OCD patient not responding to pahrmacotherapy successfully treated with EMDR.

CASE: The patient is a 33-year old primary school graduate housewife without children. For the previous 13 years she has been followed for OCD. She consulted our psychiatry clinic with the complaints of being disgusted with people coming from the eastern provinces of Muş, Bingöl, Van and Erzurum, suspecting that they may soil her, refusing to be at the same places with them, not accepting them in her house, not shaking hands with them, also washing her hands very frequently and not being able to go around her house with uncovered hair. She was admitted to the second step ward of our hospital. In he past she had been treated unsuccessfully with fluvoxamine, sertraline, clomipramine, fluoxetine and various antipsychotic agents which she had used regularly at the doses prescribed. She had also been given cognitive behavioural treatment but her anxiety had been a problem. Her imaginations about ''dirt" and ''getting dirty" were found suitable for treatment with EMDR. Her score on the Yale Brown Obsessive Compulsive Scale (YBOC–S) was 31 before the first EMDR session which was significantly reduced to 16 at the end of the 3rd session and her obsession with the people coming from Muş, Bingöl, Van and Erzurum provinces disappeared. She is now able to visit these people's houses, accept them to her house, go around her house with uncovered hair and is planning to work. She does not complain of any other obsession and is on management therapy with fluvoxamine (100 mg/day) and risperidone (1 mg/day).

DISCUSSION: Many studies have shown that EMDR has been successful in the treatment of many psychiatric disorders including post traumatic stress disorder (PTSD), panic disorder, phobias, dissociative disorder, social anxiety disorder and somatoform disorder. Although shown to be successful with anxiety disorder, reports on EMDR effect on OCD are very limited. Comparison of EMDR with effects of citalopram has shown both modes to be comparably beneficial, but OCD symptoms were alleviated faster during EMDR. Also, in a series of patients treated for OCD, 3 OCD patients whose treatment included EMDR had 60% reduction in their symptoms. As also demonstrated with our results EMDR should be considered in the treatment of OCD.

Key Words: EMDR, obsessive-compulsive disorder, resistance to treatment

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PP-108

TREATMENT WITH EMDR OF VAGINISMUS ACCOMPANYING COMORBID BIPOLAR DISORDER AND ATTENTION DEFICIT AND HYPERACTIVITY DISORDER: CASE PRESENTATION

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AIM: Vaginismus is a sexual function disorder due to the contraction of the muscles of the distal third of the vagina either repetitively or involuntarily preventing intercourse, causing pain during intercourse and is classified under the sexual pain disorders. Although childhood sexual traumas have been implicated as one of the underlying causes, lack of knowledge about sexuality and conservative judgements, sexual myths are responsible for the higher prevalence of vaginismus in Turkey. In this report the case of a patient under follow up controls for comorbid bipolar disorder and attention deficit and hyperactivity disorder accompanied with vaginismus is presented and the effect of Eye Movement Desensitization and Reprocessing (EMDR) treatment on the vaginismus is discussed.

CASE: A. is a 32-year old unemployed Food Engineer under observation for comorbid bipolar affective disorder-II and attention deficit and hyperacitivity disorder (ADHD). Her husband of one year is also a university graduate and is working. She has had 2 depressive atacks in the previous 1 year. Since her marriage day she has had fears of experiencing pain during intercourse, such that attempts have been unsuccessful, finally resulting in the decision to consult with our clinics. It has been learned that an accidental fall at the age of 5 had caused a tear between the vaginal and anal orifices. During her recovery her mother had forbidden her to open her legs for a few days and getting out of the bed for 1 month. EMDR was found suitable for her treatment since a sexual trauma was the underlying problem. Her positive and negative cognitions were evaluated and scored (VoC-Validity of Cognition, 1 wrong-7 correct). Subjective units of distress (SUD) scale scores were evaluated (0 neutral and 10 the highest). After 2 sessions of EMDR, SUD dropped to 0 and VoC rose to 7. It was learned that intercourse had taken place before the third session and the problem of vaginimus had been solved.

DISCUSSION: EMDR has been shown to be effective in many psychological disorders and usefully applicable in complicated cases. Although EMDR effectiveness has been shwon in post traumatic stress disorder, there are in the literature reports on its successful use in childhood sexual traumas and vaginismus. In the case presented here the standard EMDR protocol was applied and in two sessions the problems of vaginismus and anxieties had disappeared. During the one-year of follow up neither vaginismus or any depressive-manic attack has recurred. It is thought that EMDR is also effective on bipolar affective disorder.

CONCLUSION: EMDR is an effective method of treatment for vaginismus caused by traumatisation.

Key Words: EMDR, trauma, vaginismus

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PP-109

EVALUATION OF ATTENTION DEFICIT AND HYPERACTIVITY DISORDER AMONG PHYSICAL EDUCATION AND SPORTS STUDENTS

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AIM: Attention Deficit and Hyperactivity Disorder (ADHD) in the adult population has been shown to be 6% , emphasizing its being one of the most frequently observed psychiatric disorders. In Turkey there are limited number of investigations on ADHD among university students. It has been seen that there is a relatively higher incidence of ADHA complaints made to the medico-social unit by the students reading in the department of physical education. This study has investigated the prevalence of ADHD among university students reading Physical Education and Sports.

METHOD: All grade 1,2,3 and 4 students (n= 131) reading at Çukurova University Physical Education and Sports Department have volunteered to participate in this study. The participants were asked to complete the Wender-Utah Rating Scale (WURS).

RESULTS: WURS scores of the 18.2% participants were above the cut-off point of 46. A statistically significant difference was not observed between the mean scores of the females and males.

CONCLUSION: While the prevalence of ADHD was reported to be low in the general adult population this study on a selected population of adults has found ADHD prevalence to be 18.2%. Also, ADHD diagnosis observed to be higher among male children was not replicated in our study with young adults.

Key words: Physical Education and Sports students, attention deficit and hyperactivity disorder

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PP-110

EFFECTS OF REGULAR AND CONTROLLED SPORTS ACTIVITIES ON ADULT ATTENTION DEFICIT AND HYPERACTIVITY DISORDER

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AIM: Sports and physical activity are important for increasing the performance capacity of the individual. Regular exercising with awareness and control protects health and enables rehabilitation. Different therapeutic approaches together with pharmacotherapy have been considered for the treatment of Attention Deficit and Hyperactivity Disorder (ADHD). The effects of regular exercising planned and carried out with knowledge and awareness on adult ADHD has not been investigated which therefore has been the aim of this study..

METHOD: All grade 1,2 and 4 students of the Physical Education And Sports Department of Çukurova Universitesi volunteered to participate in this study. Of the total 137 participants 86 exercised regularly (RSE+) and 51 did not (RSE-) thus forming two groups. All participants were asked to complete the Adult ADHD Self-Report Scale-V1.1 (ASRS-V1.1) .

RESULTS: The mean attention deficit scores of the RSE+ and the RSE- groups were, respectively, 10.76±4. 65 and 15.70±7.98 the difference being statistically significant ($p<0.05$). Also, the mean hyperactivity scores of the RSE+ and the RSE- groups were , respectively, 13.29±5.96 and 16.31±8.50, the difference being statistically significant ($p<0.05$). The female participants scored high in both the attention deficit and the hyperativity subscales when compared to the males ($p<0.05$).

CONCLUSIONS: This study has determined lower attention deficit and hyperactivity scores among young adults with regular and controlled sports activities.

Key Words: Adult ADHD, ADHD, ADHD treatment, Sports activities

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PP-111

RELATIONSHIP BETWEEN THE SYMPTOMS OF ATTENTION DEFICIT AND HYPERACTIVITY DISORDER AND CHILDHOOD TRAUMAS, DEPRESSION AND ANXIETY

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AIM: Attention Deficit and Hyperactivity Disorder (ADHD) is a neuropsychiatric disorder that presents at childhood with symptoms of lack of attention and impulsivity. Comorbidity of other psychiatric disorders with adult ADHD has been known. The aim of this study was to investigate the relationship between adult ADHD symptoms and childhood traumas, depression and anxiety.

METHOD: The hospital files of 109 patients treated at the Turgut Özal University Medical School Psychiatry Clinics for anxiety, depression and ADHD were investigated retrospectively. Results were based on the recorded data on clinical interviews, Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), the Childhood Traumatic Events Scale (CTES), and the Adult ADHD Self-Report Scale-V1.1 (ASRS-V1.1). Patients were divided into 3 groups on the basis of the cut-off scores of ASRS-V1.1, as those 'without ADHD', with 'possible ADHD' , and 'highly probable ADHD'. The differences between the mean BDI, BAI and CTES scores of the three groups were determined by ANOVA. Correlations between ADHD and the mean subscale scores of BDI, BAI and CTES were determined using the Pearson correlation analysis method. Also, in order to find out whether the mean CTES score is a predictor of ADHD, hierarchical regression analyses were carried out. Subscale scores of BDI and BDA were included at the first step of analyses and the scores of CTES subscales (emotional neglect, physical neglect, physical abuse and sexual abuse) were included in the second step of the analyses.

RESULTS: In the three groups formed on the basis of ADHD severity, statistically significant differences were observed between the mean scores on physical neglect and physical abuse subscale scores of CTES. The group rated 'without ADHD' had a significantly different level of scores compared to the other two groups. The group with 'possible ADHD' had significantly different level of scores compared to the 'without ADHA' group but not the ''highly probable ADHD' group. Positive correlations were determined between ADHD symptoms, depression and anxiety symptoms and the mean scores of phyical neglect and physical abuse subscales. Also, depression and childhood trauma of physical abuse were determined to be predictors of adult ADHD severity.

CONCLUSION: Depression and anxiety disorders accompany ADHD and childhood traumas frequently underlie ADHD. In agreement with other reports in the literature, out study has shown the relationship between ADHD symptoms of depression and anxiety and childhood physical neglect and abuse. AS the severity of ADHD advances, patients experience greater difficulties in social fields which may be the cause of the observed higher prevalence of depression and anxiety disorders in adulthood. People with ADHD symptoms may carry risks of physical abuse on grounds of impulsivity and impatience, and the same genetic tendency may exist in their parents. Hence, the relationship between physical abuse and ADHD may be in two ways which cannot be named here given the limitations of the methodology of this study. Still, adults with ADHD should be investigated for the history of traumas

in childhood and especially of physical neglect and physical abuse, and diagnoses of the comorbidities of depressive and anxiety disorders should be established to be able to plan the therapeutic approaches.

Key Words: Anxiety, depression, attention deficit and hyperactivity disorder

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PP-112

RELATIONSHIP BETWEEN PSYCHOSOCIAL WELL BEING IN PREGNANCY AND THE ROLE OF MOTHERHOOD

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AIM: Pregnancy is a period of crisis when a woman's bio-psycho-social balance and roles in the family and the work place are changed, and a relationship of 'parentage' is formed between the mother and the baby. Hence, not only the psychological condition and the life style of the woman affect the progress of the pregnancy but pregnancy itself creates important reflections on the psychological and emotional experiences of the woman. Pregnancy is a natural phenomenon but the neuroendocrine and psychosocial changes are immensely increased during pregnancy in comparison to the other phases of life. The risks of impacting with probable stressful factors and frequency of associating with depression and anxiety are increased. This study aimed at determining the relationship between the psychosocial health of pregnant women and the mothering role.

METHOD: This study was conducted on 420 gravid women consulting for control the ante-natal clinics of the Nenehatun Maternity Hospital in the provincial centre of Erzurum between September 2013 and July 2014. Data were acquired from the completed entries of Demographic Information Form, Pregnancy Psychosocial Health Assessment Scale (PPHAS), 'I As the Mother-Significant Difference Scale' (IAMS). Data were statistically evaluated for percentage distributions, mean values, t-test outcomes, and with Linear Variation analysis, Kruskall Wallis analysis, Mann whitney –U test and Pearson Correlation analysis.

RESULTS: The mean total scores on PPHAS and IAMS were, respectively, 4.33±0.37 and 60.5±9.9. It was determined that factors of education, perception of income, duration of marriage, number of pregnancies, planned pregnancy and husband's agreement with pregnancy affected the psychosocial well being of the participating pregnant women ($p<0.05$). Factors including pregnancy phase, number of pregnancies, fetal gender, planned pregnancy and husband's agreement with pregnancy influenced the mothering role ($p<0.05$). Analysis of the relationship between the mean scores on PPHAS and IAMS showed a positive correlation the psychosocial health during pregnancy and the mothering role after pregnancy ($p<0.01$, $r=.162$).

CONCLUSION: Results on the mean total scores of PPHAS and IAMS showed that high rating of psychosocial life during pregnancy resulted in a good level of mothering role after birth. As the level of psychosocial health increased, the better was the gained motherhood.

Key Words: Mothering Role , Pregnancy, Psychosocial Health

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PP-113

POSTPARTUM PSYCHOSIS RESULTING IN MATERNAL INFANTICIDE: CASE PRESENTATION

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AIM: Majority of maternal infanticides occur in the postpartum period in relation to the psychoses which also include clinical symptoms of mood and cognitive disorders and show a prevalence of 0.001-0.002%. These psychoses are characterized with sudden post partum onset and rapid worsening This report is on a case of psychosis resulting in infanticide within the first week post partum.

CASE: First day post partum the patient developed symptoms of auditory hallucinations, and sense of bad smells, suspicions, extreme fright, anticipations of harm to herself and her family, thoughts of being under a magic spell, restlessness and intolerance and was started on the 6th day post partum with quetiapine (300mg/day) treatment. She lacked social support and had to care alone for her baby. On the 7th day post partum she threw the baby down the balcony as instructed by the voices in her ears. The police brought her to our hospital and she was admitted with the preliminary diagnosis of post partum psychosis. She had a history of similar complaints after her first baby, and had been kept under treatment until she was discovered to be pregnant, during which period she had had complaints of insomnia and emotional susceptibilities. Her planned treatment included ECT together with pharmacotherapy. Supportive psychotherapeutic interviews with the patient and psychoeducational interviews with her family were also carried out. Her initial scores on Hamilton depression rating scale (HAM-D-24) and the Brief Psychiatric Rating Scale (BPRS) were, respectively, 24 and 38. After 3 sessions of ECT they were reduced to, respectively, 8 and 15. During the 5th week of her admission HAM-D score was 16 and BPRS score was 17, with the elevation of especially the scores on guiltiness, tension, somatic problems and depressive mood subscales. Lithium (600 mg/day) and fluoxetine (20mg/day) were added to the treatment. In the 8th week, her HAM-D and BPRS scores were, respectively 12 and 8.

DISCUSSION: The stressful event of birth is the accelerating factor behind post partum psychotic mood disorders as the clinical sign of a lifelong tendency. Post partum psychosis is a foreseeable, diagnosable, treatable and often preventable public health problem of importance. There is continuing need for studies to evaluate the ante partum and post partum psychology of women under risk, in order to develop treatments and preventive strategies

Key Words: Infanticide, preventive psychiatry, post partum, psychosis

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PP-114

SOCIODEMOGRAPHIC AND CLINICAL CHARACTERISTICS OF PSYCHIATRIC INPATIENTS DURING THE PERINATAL PERIOD.

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AIM: Various psychiatric disorders can surface and the existing disorders can flare up during the perinatal period. The risks of teratogenicity and transfer of the drugs to breast milk complicate the treatment process in the perinatal period. However, without effective therapy serious complications including risks of suicide and infanticide are observed. This study has aimed to identify the sociodemographic, reproductive and clinical characteristics of the psychiatry inpatients in the perinatal period.

METHOD: This study included patients admitted to the No.14 Psychiatry service of Bakırköy Psychological and Neurological Diseases Hospital between April and August 2014 The patients were in the perinatal period(gravid, or post partum, or in the-12 month period of post voluntary/involuntary abortion). Sociodemographic details, reproductive health details and the clinical and treatment records were investigated prospectively.

RESULTS: The Study included a total of 19 cases in the perinatal period, consisting of 6 gravid, 11 post partum and 1 post abortus cases, and 1 both gravid and post partum period case. The age range was 20-38 years (mean 27.3), 17 were married. Of the gravid cases, 4 were in the first trimester, 1 in the second trimester and and 1 was in the third trimester. Of the post partum cases 8 had been admitted within the 3 months after giving birth. Gravid patients had been admitted for unipolar depression (n=3), bipolar disorder-manic phase (n=3) schizophrenia (n=1, both gravid and post parum). Post partum patients were admitted for bipolar disorder (n=7; 1 with depression), psychotic disorder (PD that could not be named otehrwise; n=4). The post abortus case already had a diagnosis of PD. It was the first pregnancy for 9 of the patients and 10 of the patients had a history of psychiatric disorder, and in 5 of these the diagnoses had been made in the previous perinatal period. Most frequently used medical agents during pegnancy were haloperidol and quetiapine. One case not responding to treatment with antipsychotic agents was treated with ECT.

CONCLUSION: Although post partum depression is the most frequent of the perinatal psychiatric disorders (1 in 7-10 births) , in our cases admitted to hospital for treatment, bipolar and psychotic disorders had prominence. Post partum psychoses are also thought to be related to bipolar disorder. There is high risk of recurrence of the perinatally observed psychiatric disorders both in the next pregnancy and also independently of pregnancy, which has also been observed in our study. A multidisciplinary approach to perinatal psychiatric disorders, with the inclusion of the husbands and the social support systems is important. Also, participation of the patient and of the husband in the treatment process, their being informed of the risks and the progress of the disorders and the recording of the decisions made are obligatory aspects of the perinatal disorder treatments.

Key Words: perinatal period, post partum period

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PP-115

ROLE OF THE PSYCHIATRY TEAM IN REPRODUCTIVE HEALTH CONSULTANCY OF PERINATAL PSYCHIATRY SERVICES: CASE PRESENTATION

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AIM: Role of the reproductive health consultancy and use of effective birth control methods are important in the cases of women abstaining from getting pregnant, since the risk of recurrence in the next pregnancy of the psychiatric disorders seen in the perinatal period is quite high. Yet, reaching these services by the psychiatry patients and getting informed does not have the required efficiency. This report aims to emphasize the importance of the role played by the psychiatry teams in directing the patients to the consultancy services for reproductive health and especially birth control issues and the evaluation of reproductive health with a multidisciplinry approach, given the prevalence of psychiatric disorders seen in the perinatal and especially the post partum periods.

CASE: A 30-year old female patient with pevailing psychiatric complaints over the previous 9 years was admitted with the preliminary diagnosis of bipolar disorder-II. Previously, she had been hospitalised 3 times for psychotic type of depression and had been given ECT during all 3 admissions on grounds of serious risks of suicidal attempts, one of which had resulted in cardiac arrest necessitating treatment in the intensive therapy unit. Her problems started with severe depression of psychotic type after giving birth for the first time. Although she had not wanted to get pregnant again, she had gone through the similar depressive episodes with severe psychotic symptoms and suicidal attempts after the 2nd and 3rd deliveries, due to not using reliable birth control methods. Being

unable to tolerate the side effects of the oral contraceptives, the patient had tried the traditional unreliable approaches to avoid pregnancy, but the results were 2 unwanted pregnancies. In her last admission, after gaining psychiatric stability, she was given by the responsible nursing officer information and orientation on reproductive health.

DISCUSSION: Prevalence of psychiatric morbidity, and especially of bipolar disorder (BD) with depressive attacks increases significantly in the post partum period. The psychoses observed in the post partum period are beleieved to be associated with bipolar spectrum disorders. Increased incidences of suice and infanticide in the post partum period emphasise the importance of the subject matter. The psychiatric disorders observed in the post partum period affect not only the attachment of the mother to the baby, but also the use of therapeutic agents, breast feeding, contact with the husband, marriage accord and thus can involve the entire environment of the patient. It has been found out that 50% of the pregnancies of psychiatry patients were unplanned and unwanted which further complicate the treatments. As the sole contact of the gravid patients with psychiatry services take place during the presence of psychiatric symptoms, the psychiatry team should play a more effective role in the reproductive health advisory services.

Key Words: reprductive health, perinatal period, bipolar disorder

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PP-116

EFFECTS OF THE SEVERE MOOD DISORDER OF CHILDREN WITH ATTENTION DEFICIT AND HYPERACTIVITY DISORDER ON FUNCTIONALITY AND THE RESPONSE TO METHYLPHENIDATE THERAPY

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AIM: Attention deficit and hyperactivity disorder (ADHD) is one of the most prevalent psychiatric conditions of childhood and has a very heterogenous clinical structure. Mood disorders and many other psychiatric disorders can acompany ADHD, influencing the severity and the clinical appearance of the disorder. Although in the recent years the serious irritability symptoms associated with ADHD have been thought to be an aspect of paediatric bipolar disorder, they have been named as non-cyclical irritability or severe mood management disorder accompanying ADHD. It has been proposed that the treatment of these symptoms in the child reduces the severity of ADHD. We have investigated the effects of severe mood management disorder is children diagnosed with ADHD on functionality and the reponse to methylphenidate .

METHOD: This follow up program was planned on a naturalistic basis. Children were diagnosed with ADHD on the bases of DSM-IV criteria, shool reports, family points of view and the evaluations of a child psychiatrist. After the children and their families accepted to participate in the research program, sociodemographic details were recorded and the childen were put on a 12-week follow up program. Families and teachers were asked to complete the DSM-IV-based Turgay ADHD scale in order to assess the severity of the diagnosed ADHD. Those children found suitable for methylphenidate therapy were started with the treatment and put on the follow up. The group to be studied for irritability/dysphoria was chosen from the children given scores of ≥ 8 on the ''Contrariness/opposition" division of Turgay ADHD-S and given scores between12 and 18 on the Childhood Depression Inventory. Functionality was queried on a rating scale with divisions on academic, social and behavioural fields each with 1-5 Likert-type items. Global Clinical Impression Scale (GCIS) was completed by the child psychiatrist at each interview. The participant children and families were called to weekly controls on the medication dosage and after the first 2 months, they were called for the monthly controls. The rating scales were completed again in the 6th and the 12th weeks of the study program by the child pcyhiatrist.

RESULTS: The ADHD+İrritable/dysphoric group consisted of 11 children (9 boys and 2 girls, with group mean age of 10.9 years) and the ADHD group consisted of 33 children (18 boys and 15 girls, with group mean age of 10.8 years). The basic functionality scores were significanly low for the ADHD+İrritable/dysphoric group as compared to the ADHD group ($p<0,05$). GCIS scores, estimating the clinical severity of ADHA were similar for both groups. At the 12th week controls, after methylphenidate treatment, CGIs scores and and functionality scores of the ADHD+İrritable/dysphoric group were significanly lower ($p<0.05$).

CONCLUSION: Comorbidity is one of the factors affecting the clinical aspect and the progress of ADHD. Even if irritability, dsyphoria and opposition are at a low level to be given any scores, they can influence the progress of the disase and the effectiveness of the treatment. This study has demonstrated that children with ADHD and associated irrtability/dysphoria symptoms have greater difficulties socially and academically, and give a lower response to methylphenidate treatment.

Key Words: ADHD, severe mood management disorder, irritability, dysphoria

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PP-117

EXHIBITION OF PERVASIVE DEVELOPMENTAL DISORDER AFTER EARLY LIFE STRESS: CASE PRESENTATION

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AIM: Pervasive Developmental Disorder (PDD) is a neurodevelopmental disorder caharacterised by symptoms exhibiting limitations to social interaction and communication, with limited and repetitive behaviours, interests and activities generally detected within the first 3 years of life. Although genetic, structural and psychosocial factors have been

implicated in its aetiology, inadequacies of stimulation, unsuitable environmental and family conditions are also important risk factors. This report discusses the differential diagnosis, treatment and follow up of PDD in a patient who experienced emotional neglect in infancy during his mother's pregnancy when his primary care giver had to be changed.

CASE: A 6-year old boy, born with caesarian section, who walked at 14 months, talked in single words at 12 months, made sentences at 25 months and completed his day time toilet habit at 30 months and night time toilet habit at 36 months of age.There were no delays in other developmental steps until he was 4, when the last trimester of his mother's pegnancy was threatened by miscarriage, confining his mother to continual bed rest such that his primary care giver had to be changed, and his paternal grandmother started to look after him. Thereafter he developed symptoms of not making eye contact, limited communication, not making sentences, diminished vocabulary, making odd and repeated hand gestures, swaying right and left and turning around himself, intolerance of crowds and getting restlessness, diurnal enuresis and irritability. His history showed that up to 4 years of age he had been looked after by his mother and did not have any health problems during this period. When under his grandmother's care, he wasn't taken out very often, remained at home and alone for long periods in front of the televison . At the time of consultation at our clinics, he avoided eye contact, did not answer questions, repeated single words, made small screaming sounds and streotypic movements and was not interested in his environment. The auditory test, cerebral MRI, EEG and blood test results carried out to establish the organic aetiology were all normal. Retardation in social and linguistic fields were observed by means of the Denver Developmental Screening Test (DDST). Diagnosed as 'PDD- not named otherwise'. His family was given behavioural recommendations and medical teatment was begun. Follow up controls were repeated every month for 6 months. The patient started to form sentences, make eye contact, give suitable answers to questions, with improvement in his communication skills and his irritability and stereotypic movements regressed significantly.

DISCUSSION: Traumatic experiences, separations and similar stressing events in early life can encourage appearance of PDD in individuals with the tencency. When on a normal course of development, separation of our patient at a very young age from his primary caregiver resulted in the failure to develop eye contact, communication skills, forming sentences, and the appearance of stereotypic movements which are compatible with PDD. In our case the diagnosis of reactive attachment disorder could also have been considered but with the demonstration of correct behaviours and the compensation of lack of stimulation a fast corection of the symptoms would have been expected. Hence, those children who while on a normal developmental course start to exhibit retardation, regression or any other development that draws attention should be evaluated by clinicians and the required interventions should immediately be started.

Key Words: pervasive developmental disorder, early life stressors, autism, stimulant deficit

PP-118

RELATIONSHIP OF RESILIENCE WITH TEMPAREMENT AND CHARACTER

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AIM: In this report it has been aimed to investigate the relationship of psychological resilience with Cloninger's temperament and character scale which is a psychobiological structural model.

METHOD: For the purposes of this study 190 psychiatry inpatients were asked to complete the Temperament and Character Inventory (TCI), Resilience Scale for Adults (RSA), and the Symptom Check List (SCL90-R). The Pearson correlation analysis and multiple regression analyses were used to investigate the relationship between the TCI subscale scores and the RSA subscale scores. In order to assess the predictive power of the TCI subscales, all subscales and SCL-90 total index scores were treated as independent variables.

RESULTS: Mostly negative correlations were found between the TCI subscale of novelty seeking (NS) and resilience subscales. Also, generally negative correlations were found between the TCI subscale of harm avoidance (HA) and RSA subscales. Positive correlations were found between the TCI subscale of reward dependence (RD) and RSA subscales of social adequacy (SA) and social resourcefulnesss (SR). Generally positive correlations were found between the TCI subscale of persistance (PS) and the RSA subscales. Positive correlations were found between the TCI subscale of self directedness (SD) and all the RSA subscales. Generally positive correlations were found between the TCI subscale of cooperativeness (C) and RSA subscales. Negative correlations were found beetween almost all SCL subscales and the RSA subscales. NS had a negative and PS had a positive effect on the structural style subscale. HA had negative and PS and SD had positive correlation with future perception; NS had negative correlation on family unison; HA had a negative correlation and PS and SD had positive correlation with self esteem; SD had positive correlation with PS; Social resourcefulnesss had positive correlation with RD and SD; TCI subscale of self-transcendence (ST), SD and PS were positively correlated with resilience . Severity of psychopathology was found to be negatively correlated with RSA subscales.

CONCLUSION: The positive correlations found between resilience and persistance, self-directedness, cooperativeness and self-transcendence are in agreement with the findings of previously reported studies (3). Also, a negative correlation has been found between resilience and novelty seeking (NS). NS is elevated in substance dependency which is correlated with low scores of RSA. In accordance with the similarity of PS with the definition of resilience, it has been found that PS predicted resilience positively. Resilience is ability to cope with all difficulties and, accordingly, has been found to have a negative correlation with harm avoidance (HA). In our study the highest positive correlation has been found between resilience and SD. Individuals with personality disorder and low SD score have low resilience to psychopathologies. Finding positive correlations between resilience and all character subscales of TCI draws attention to the effect of environmental conditions on resilience. The extraverted, agreeable and enterprising behaviour of individuals with high RD scores may explain the positive correlations with social adequacy and social resourcefulness. This study has shown the interrelationships between TCI subscales and resilience. For these results to be generalised, further controlled clinical studies with larger patient populations are needed.

Key Words: resilience, chaacter, temperament

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PP-119

DEPRESSION, ANXIETY , SUICIDE AND HOPE AMONG UNIVERITY STUDENTS

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AIM: Psychological symptoms observed in university students are not only related to personal physical and psychological health but also to demographic variables and academic performance. Suicidal attempts are associated with anxiety, depression and hopelessness. This study has investigated the personal physical and psychological conditions of university students, with the aim to determine the prevalence of psychological symptoms, suicidal ideation, and their relationship with sociodemographic variables.

METHOD: For the purposes of this study 4330 students making up 15% of the approximately 30,000 students reading at Çanakkale Onsekiz Mart University during the 2011-12 academic year participated in completing the questionnaire form consisting of 71 questions, 6 on demographic details, 27 concerning psychological symptoms, 25 on cigarettte, alcohol and substance use, 7 on violent behaviour and risky sexual relationships and 6 on physical health,exerciseing, computer use and related subdivisions. The form was placed in the information medium and completely filled up forms made up 15.5% of all entries.

RESULTS: Mean age of the participants was 21,8±3,7; 96.9% were single; 53.3% were female; 62.2% rated their economic status as medium. Personal physical and psychological health status was better among the males, post graduate students and students who had not lost any academic year. Physical and psychological health correlated negatively with age, and positively with economic status and personal success. Hopelessness scores did not differ with respect to gender, but the incidence was higher among diploma students and those who had lost an academic year. Scores on happiness were high among the females, post graduate students, and those who had not lost an academic year. Happines correlated negatively with age, and positively with physical and psychological health, personal economis status and personal seuccess. Psychologically, 28.2% of the participants were depressive and 33.1 % had anxiety symptoms, both symptoms being higher among the males, and the scores were much higher among those who had lost an academic year and those who rated their economic status as 'worse'. Academic success was associated with lower scoring on depressiveness and anxiety symptoms. Suicidal ideation, once in life time, was observed in 483 (10.9%) of the students. The most powerful determinants of suicidal ideation were perceived psychological status, depression and hopelessness. Severity of psychological symptoms was related to negative perception of personal physical and psychological health.

CONCLUSION: A well known correlation were confirmed by this study among the university students of our town**:** Depression, anxiety and hopelessness were the prominent factors causing suicidal ideation, and deterioration of economic status was a definite determinant of hopelessness and suicidal ideation. It is important to find out the mood of the youth, how they relate to life, whether they have ideas of terminating their lives, and what the reasons are. In order to design preventive protocols, it is important to reach many more student populations.

Key Words: depression, anxiety, suicide, hope, university students

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PP-120

ATTACHMENT IN ADOLESCENTS WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER AND THE EFFECT OF PARENTAL PSYCHOPATHOLOGY ON ATTACHMENT

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AIM: This study discusses the attachment patterns of adolescents with attention deficit hyperactivity disorder (ADHD) and the effects of parental psychopathology on the patterns of attachment.

METHOD: This study included 30 adolescents diagnosed with ADHD and their parents, and 30 healthy adolescents as the control group with their parents. All adolescent participants were in the age range of 12-17 years; and they were asked to complete a sociodemographic questionnaire , the Relationship Scales Questionnaire (RSQ) , and the Schedule for Affective Disorders and Schizophrenia (SADS) for School-Age Children (Kiddie SADS) –present episode and life-long version. Parents of the ADHD and control groups were asked to complete the The Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I) and the The Structured Clinical Interview for DSM-IV Axis II Personality Disorders (SCID-II) to assess their psychopathologies. The parents were also asked to complete The Wender-Utah Rating Scale (WURS) to assess retrospectively their childhood ADHD symptoms; and the Adult ADHD Self-Report Scale (ASRS-v1.1) to assess adult ADHD symptoms..

RESULTS: The research results did not yield any statistically significant differences between the mean total RSQ scores of ADHD and control groups over all the types of attachments in RSQ. The highest mean score

in the ADHD was on the RSQ dismissing attachment patterns subscale and in the control group the highest mean score was on the RSQ secure attachment patterns subscale. Parents of the ADHD group of children had significantly higher (p=0.012) psychopathology incidence (n=21, 35%) as compared to the parents of the controls (n=9, %15). The children of the parents with psychopathological symptoms had significantly higher RSQ dismissing attachment pattern scores. Also, the adolescents whose parents had ADHD symptoms had significantly higher RSQ dismissing attachment pattern scores.

CONCLUSION: On the basis of our results, adolescents with ADHD have high scores on RSQ dismissing attachment pattern, and also parental psychopathology increases the risk of insecure attachments. Wider scale studies need to be carried out to be able to generalize these results.

Key Words: ADHD, attachment, psychopathology, adolescence, parent

PP-121

PSYCHOTIC DISORDER RELATED TO SYSTEMIC LUPUS ERYTHEMATOSUS (SLE) : CASE PRESENTATION

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AIM: This report has aimed to discuss the differential diagnosis and treatment of psychotic disorder due to SLE in a young patient.

CASE: Female, 17-year old high school student under observation for SLE for the previous 3 years consulted the emergency services with complaints of generalized joint aches, high fever and symptoms of akathisia, insomnia, talking nonsense loudly as if addressing somebody, sudden weeping or laughing fits. She had been under prednisolone (20mg/day) treatment for SLE over the previous 3 years but had not well complied with her therapy and follow up controls. She was admitted to children's ward and prednisolone dose was increased to 60 mg/day. Physical examination showed that she had fever (37.8) , malar rash and arthritis. Lab results showed neutropeneia. Her cranial MRI and neurological examination results were normal. Her psychological examination indicated that affect was blunted, mood was labile and irritable, associations were detached, she had visual hallucinations, disorganized behaviour and psychomotor agitation. But for hip joint dislocation, she was physically normal. She was diagnosed with psychotic disorder associated with general medical condition of SLE. Olanzapine (10 mg/day) treatment was started for her psychosis which regressed within 1 week. Increased corticosteroid dose resulted in the correction of joint aches, malar rash and neutropenia. She is currently under regular observation on management therapy with olanzapine (10mg/day).

DISCUSSION: Clinically, SLE has many systemic effects including the central nervous system such that in 60% of SLE patients neuropsychiatric symptoms, including depression, anxiety and mood disorders, have been observed. Of these, psychosis is the most important and was included in 1982 within the SLE classification criteria. Psychosis in SLE is associated with disease effects in the central nervous system, but can occur with corticosteroid treatment and infections. Side effects comprising euphoria, emotional lability, behavioural changes, panic attack, psychosis and delirumhave been observed in 3-10% of patients using corticosteroids. Our patient had been on corticosteroid therapy for 3 years and the dose was increased while she was under observation, when antipsychotic drug was used for her psychiatric symptoms, resulting in the simultaneous correction of SLE and psychosis symptoms. Therefore, psychosis due to steroid use was eliminated in this case. The study shows that diagnosis of psychosis due to SLE per se is difficult and more definitive methods of diagnosis are needed.

Key Words: SLE, psychotic disorder, adolescent

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PP-122

DEVELOPMENTAL COORDINATION DISORDER: CASE PRESENTATION

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AIM: This report discusses the differential diagnosis and treatment of developmental coordination disorder (DCD) in a young patient..

CASE: A 13-year old female primary school student was brought to the psychiatry polyclinics with the complaint of having difficulty writing. Although her motor disabilities had been noticed until the age of 6, her functionality had not been greatly affected. She could not make the movements in the games played by her friends, could not learn to ride a bycycle. could not look after herself, dress up and comb her hair, cut her nails or eat her food. She could read well but could not write. Although she knew the answers she was graded low in the tests on account of very bad writing. She was restless in the classroom, getting up and walking around, talking without permission and interrupting others when talking. Her development was not retarded. Her family history was uneventful. Cranial MRI and neurological examination results were normal. Her IQ score on the Wechsler Intelligence Scale for Children (WISC) was 85; and she was less successful in the performance related subscales. Diagnosis was DCD with comorbid ADHD (attention deficit and hyperactivity disorder) and methylphenydate (27 mg/day) treatment was started. Although her ADHD symptoms improved, her motor disabilities have continued. She was referred to physical therapy in order to develop her motor skills..

DISCUSSION: DCD is a condition characterized with problems of coordinating motor functions and disrupts normal functionality , but is not associated with developmental retardation, cerebral palsy or muscular dystrophy . American Psychiatric Association report on its prevalence is 5-6% among children of 5-11 years of age. ADHD, autism spectrum disorder and specific learning disorders were often seen with DCD. The incidence of ADHD comorbidity with DCD is 50%. Also,

it is known that about one half of the children diagnosed with ADHD meet the diagnostic criteria of DCD. While ADHD was in DSM-IV under the heading of ''attention deficit and destructive behaviour disorders" within the category of ''disorders generally diagnosed first time in infancy, childhood or adolescence", it was put under ''neurodevelopmental disorders" in the DSM-V published in 2013.

In conclusion, there are differences of opinion as to whether DCD and ADHD are different conditions or the different aspects of a wider syndrome. In children with ADHD clinicians should not overlook DCD dignosis .

Key Words: DCD, ADHD, Adolescent

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PP-123

IMPULSE CONTROL DISORDER OBSERVED IN A GROUP OF MEDICAL SCHOOL STUDENTS

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AIM: Impulse Control Disorders (ICD) is a group of disorders not as rare as previously believed and have been of great interest in the recent years. Although it is known that ICD presents in adolescence or young adulthood, studies on adolescents and young adults are less than those carried out on adults. Its comorbidity with other psychiatric disorders makes its diagnosis difficult and also complicates the treatments. This study has aimed at determining the prevalence of ICD among medical school students , and the related sociodemographic characteristics and clinical findings.

METHOD: This study was carried out with 277 students reading at the Çukurova University Medical School between the dates September 2011 and June 2012. The participants were asked to complete a demographic data form, The clinical interview scale structured for DSM-IV – axis I psychiatric disorders was used. The only exclusion criterion was having acute psychosis. To Assess ICD the modified form of the Minnesota Impulse Control Disorder Interview Scale (MIDI) was used. Impulsivity was assessed by the Barratt Impulsivity Scale-11 (BIS-11).

RESULTS: Incidence of minimally one ICD diagnosis in the experimental group was 11.2% (n=31). The most frequently observed disorder was intermittent explosive disorder (n=17, 6.1%), followed by trichotillomania (n= 7, 2.5%), compulsive excoriation (n=6), compulsive buying (n=5) compulsive exercising (n=1). None of the 277 participants had life long or within the previous month diagnosed with kleptomania, pathological gambling or compulsive sexual behavior. There were not significant differences between the participants with and without ICD with respect to age, gender, marital state and socioeconomic status. Incidence of intermittent explosive disorder was significantly higher among the males ($p<0.05$). There were no other differences in disorder types on the basis of gender. Suicidal attempt incidence was significantly higher in the group diagnosed with ICD($p<0.05$). On the basis of BIS-11 assessments, total impulsivity, unplanned activity and motor impulsivity scores were higher in the group with ICD diagnosis. Also, the total impulsivity scores of the participants with intermittent explosive disorder and trichotillomania were significantly higher than the impulsivity scores of the particpants without ICD.

CONCLUSION: Results of this study indicate that ICD is frequently seen among young adults without diagnosis. ICD affects life quality and the course of the comorbidities. Therefore, in psychiatric examinations ICD should be queried routinely and should be treated appropriately if diagnosed.

Key Words: Impulse control disorder, young adults, epidemiology

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PP-124

MANIC ATTACK IN OLD AGE: CASE PRESENTATION: CASE PRESENTATION

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AIM: This report discusses the differential analysis procedure for manic attack in an elderly patient

CASE: The patient, a 77-year old female was brought to the emergency services with the complaints of excessive talking, irritability, insomnia, continual movement and hearing sounds. Her first psychiatric symptoms had appeared 3 years previously and treated with buspirone and escitalopram, but discontinued when excessive talking was observed. Three month previous to consulting us the depressive symptoms recurred and fluoxetine was started and later replaced with 10 mg citalopram, and there were doubts on excessive dosing of antidepressants. She was admitted to psychiatry ward. Her psychiatric examination indicated that her disposition was maladjusted, talk was tangential with increased volume, her associations were fast and loosened; affect was unrestrained and labile, orientation was complete, attention was scattered, there were auditory hallucinations and psychomotor agitation, judgement was impaired and she did not have insight. Her sleep requirement was decreased , appetite was normal. Physical examination and laboratory test results were normal. Cranial MRI revealed cerebral atrophy, chronic ischaemic changes. Cardiological examination indicated 100 mg salicylate use for moderate tricuspid valve insufficiency and mild mitral valve insufficiency. Her Standardised Mini Mental Test score was 23. In neuropsychological tests, Verbal Memory Processing Tests severe deterioration in all processes and and mild impairment in abstraction and judgement functions were observed. Although demential processes were not suspected repetition of the tests in 6 months time was planned given the detrimental effects of functional factors. The patient benefited from olazapine and lithium therapy.

DISCUSSION: The Patient had late onset depressive attack and antideprrant induced manic attack. Chronic ischaemic changes and

vascular diseases may underlie the late age onset of mood disorder. Presence of cerebral atrophy and chronic ischaemic changes and distinct memory impairment necessitates regular observational controls in our case.. Symptoms of bipolar disorder appearing at old age are worsened after antidepressants and acetylcholine esterase inhibitors and improvement is seen after mood stabilisers and atypic antipsychotic agents. When similar clinical obsrvations are compounded with cognitive impairment, late onset bipolar spectrum disorder type VI may be considered.

Key Words: Old age, depression, manic attack

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PP-125

OLD AGE PERCEPTION IN CARTOONS

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AIM: Cartoons are visual art forms with an intended meaning and express public perceptions. Subjects of current public interest are displayed in cartoon magazines. There are not adequate studies evaluating the points of view of the elderly on cartoons. In this contex, evaluating the treatment of old age in cartoons may indirectly reflect public opinion of old age. This stduy has aimed at investigating the handling of the subject of old age in cartoons in Turkey.

METHOD: The May 2012-May 2013 editions of two of the best selling cartoon magazines in Turkey, namely Uykusuz and Penguen, were selected for the pruposes of this study. The 91 cartoons related to 'old age' were collected to be evaluated by 4 experts, who completed a questionnaire, prepared by the researchers, for each of the cartoons. The various inclusions in these cartoons such as inflexibility, forgetfulness, cognitive problems, not being open to new development ets were included in the questionnaire. There was a high correlation between the evaluations of the experts (ICC: 0.84, p:0.02).

RESULTS: Negative aspects of old age were reflected in 70.6% of the cartoons. The most prevalent themes were dementia (25.3%), inability to adapt to new technologies (12.1%), rigidity/ inflexibility on the face of novelty (11%) and fear of death (9,9%).

CONCLUSION: In a rapidly aging population review of cartoons related to old age , deemed to express indirectly the public view, is important. Analyses of the cartoon contents show that the foremost theme is 'forgetfulness', reflecting the association of old age with memory failure. When the public perception of old age is negative, it becomes essential to invest in plans to improve psychological health in old age.

Key Words: Old age, cartoon, public perception, geriatric psychiatry

PP-126

PRIMARY PROGRESSIVE APHASIA : CASE PRESENTATION

Hatice Bayraktar

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AIM: Primary progressive aphasia (PPA) is a neurodegenerative dementia progressing with stages of impairment in linguistic functions and was diagnosed for the first time in 1982 by Mesulam. During the first two years of the disease the only impairment is in the linguistic functions and other mental abilities such as memory, visual and spatial abilities, behaviour and judgment are often spared. This report presents a rare case of PPA with the retention of personality characteristics, cognitive functions and the ability to organize daily activities despite the progressive deterioration of the linguistic abilities; and, discusses its clinical and laboratory characteristics.

CASE: A 63-year old illiterate female patient consulted the psychiatry polyclinics with the complaint of inability to talk and express herself as she willed. Her problem had started 6 months previously with interruptions in her speech and with time talk fluency worsened, sentence formation became difficult such that sometimes she could not finalize a sentence. She did not lose ability to understand spoken language. As a housewife she continued her everyday life, cooked, looked after herself and the house; there were no problems with remembering the way home, recognizing people, forgetfulness or behavioural changes. Neurological examination indicated non-fluent aphasia with retention of repeating and understanding. All other neurological examination findings were normal. Psychiatric examination showed good self care, talked with prolonged responses, blocked euthymic mood. She was conscious, orientation was complete, momentary and distant memory were good, recent memory was partly impaired, evaluation of reality and judgement were intact. On account of the blockage of speech thought process could not be assessed, within limits of assessment her thought did not have pathological content; she had insight of her condition. Seven years previously after stressing family circumstances she was diagnosed with subthreshold depressive symptoms which improved in 3-4 months without pharmacotherapy. Her father (deceased) had had long term amnesia and disorganized behaviour. In assessing her neuropsychologically, her Mini Mental State Test score was 18. She had not answered year, month and season questions which as an illeterature person she did not know. Results of her renal and hepatic function tests, thyroid function test, haemogram, fasting blood glucose, electrolytes, blood lipids, sedimentation estimations were all normal. Vitamin B12 and folic acid were at the lower limit of the normal range and she was given replacement therapy. EEG and tumour markers were normal but her cranial MRI revealed distinct atrophy in the left temporal lobe and the left perisylvian area.

DISCUSSION: The case presented here is taken as PPA syndrome with deterioration of linguistic functions and preservation of cognitive functions and of personality and behavioural traits and continuation of normal daily life. PPA syndrome with isolated linguistic dysfuntion is a rarely observed condition with its diagnosis frequently missed and given various treatments for misdiagnoses. In PPA syndrome the primary progressive aphasia should not be missed.

Key Words: Primary progressive aphasia, dementia, perisylvian atrophy

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PP-127

PAIN AND CARE HOMES

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AIM: Researchers are predicting that in the coming years, the elderly will make up almost half the population of the developed countries and that the elderly population in the developing countries will increase faster than in the developing countries. Aging humans go through many physical, psychological and social changes and chronic illnesses increase with age. Many clinical and epidemiological studies have shown that depression is often accompanied with chronic pain in the elderly, and complaint of pain becomes pronounced in depression. In Turkey there is paucity of studies on the relationship of pain and depression in the elderly. Our study has been planned on the proposal that institutions providing housing, care, medicare and psychosocial support for the elderly population would provide an important field of research on the old age period. Hence, this research has aimed to investigate the prevalence of depression and chronic pain in the care homes for the elderly and the risk factors affecting this prevalence.

METHOD: This study has been prepared in a definitive and cross sectional format. Out of a total of 30 care homes on either flanks of Istanbul 13 were chosen randomly, and out of the 2870 residents therein 247 participants were selected, again, randomly; and 206 (83.4%) complied totally with the study. Data were collected by the use of a Demographic Information Form, Pain Numeric Rating Scale (PRS), Depression Rating Scale for the Elderly (DRSE). Satististical data analyses were carried out using the SPSS for Windows program.

RESULTS: The mean age of the participants was 77.36 ± 9.74 years; 127 (61.7%) were widowers; 183(88.6%) did not have social security benefits; 142 (62.6%) had at least one child; 103 (50%) were university graduates. The mean DRSE score was 10.15 ± 6.67 (min=0, max= 26), and 55 (26.7%) were depressive when the cut off point was taken as 14. The incidence of any type of chronic pain based on the SAS scoring was 63% (n=131); and 74.5% (n=41) of the participants in depression complained of having at least one type of chronic pain, and 31.5% of those who indicated having at lest one type of chronic pain were found to be depressive (p=0.040).

CONCLUSION: Majority of the elderly patients with depressive disorder consult physicians with complaints of physical pain. Psychiatric disorders may be observed in persons with complaints of pain caused by organic diseases, but it should not be forgotten that the pain might also have psychiatric roots. Treating the elderly with chronic pain without considering the possibility of a psychiatric component may actually exacerbate the illness of the patient.

Key Words: Pain, depression, care home, elderly

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PP-128

RELATIONSHIP BETWEEN COGNITIVE DISORDER AND AGITATION IN THE OLD AGE PATIENTS

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AIM: It has been known that behavioural and psychological symptoms accompany cognitive disorder (CD) and that one of the most frequently observed symptoms is agitation. Agitation lowers the quality of life of the care giver as well as that of the patient, and also increases the burden of the caregiver. There are studies showing that agitation increases with the severity of CD. This study has aimed to investigate the incidence of agitation among the elderly CD patients consulting the geriatric psychiatry polyclinics of a university hospital and its relationship with the severity of the cognitive disorder.

METHOD: This study was carried out with 38 patients consulting the Geriatric Psychiatry polyclinics of Bezmialem Trust University Medical School with complaints of cognitive problems. The data on cognitive functions were gathered from the Standardized Mini-Mental State Examination (SMMSE), and the data on symptoms of agitation were collected from the Turkish version of the Cohen-Mansfield Agitation Inventory (CMAI). The demographic details of the patients were recorded on the Sociodemographic Data Collection Tool. SMMSE scores of 23-19, 18-15 and ≤ 14 stood for ,respectively, mild, moderate and severe cognitive disorder. And the correlations between these three subgroups and CMAI mean total agitation scores were analyzed.

RESULTS: The mean age of the 38 patients investigated was 75.5±5.9 years; 57.9% were females, 42.1% were males; most of them were married and the rest were widowers; 58% had mild, 26% had moderate and 16% had severe CD. The CMAI mean agitation scores of the mild, moderate and the severe CD subgroups were, respectively,38.22±11.7, 40.1± 14.89 and 66.66±41.36. The highest incidence of agitation was found in the severe CD subgroup. The Pearson correlation coefficient of -419 between CD severity and agitation incidence was statistically significant (p=0.009). The differences between the agitation scores of the CD subgroups, computed by means of the Kruskal- Wallis Test, were found to be statistically significant (p= 0.045).

CONCLUSION: Neuropsychological and behavioural symptoms can be observed at all stages of CD in the elderly, with agitation being the most disturbing symptom, causing more drug prescriptions headed with the antipsychotics, earlier admission to the care homes, and more frequent hospitalizations. This study shows that agitation presents more frequently in severe CD, in agreement with the reports on the correlation between agitation and CD in the literature. These results emphasize the importance of evaluating agitated behaviour next to cognitive functions in the old age patient. Appropriate interventions can ensure distinct improvements and also increase the quality of life for the care giver as well as the patient.

Key Words: Cognitive disorder, agitation, Cohen-Mansfield Agitation Inventory

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PP-129

COMPARISON OF THE DEMOGRAPHICS AND CLINICAL DETAILS OF PSYCHIATRY INPATIENTS ABOVE AND BELOW THE AGE OF 60 YEARS: A PRELIMINARY STUDY

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AIM: Additional medical disorders and psychiatric disorders associated with the general medical condition and/or the medication used are in the foreground of psychiatric practice with the elderly population. Having information on the demographics and the clinical characteristics of the elderly patients is important for correct diagnosing and treatment. Importance of this approach increases especially in the inpatients not responding well to therapy.

METHOD: This study was carried out with inpatients over and under the age of 60 years, under treatment at the Yıldırım Beyazıt University-Ankara Atatürk Training and Research Hospital and Ankara Oncology Hospital Psychiatry Clinics. Randomly chosen hospital files were retrospectively scanned in order to collect the relevant data.

RESULTS: Demographic details: The experimental population of 153 patients consisted of 83 (54,2%) adults below the age of 60, and 70 (45,8%) old age patients above the age of 60; the mean age of the two groups being , respectively, 30.2±6.7 and 67.5±6.8. The demographic details have been shown in Table 1. Statistically significant differences were computed between the demographic details of ''who the patient lived with', 'marital status', 'work life' and 'educational standard'. Psychiatric comorbidities were more frequently observed among the elderly subgroup who were more compliant with their treatments. The younger subgroup of patients had a higher incidence of the risk of 'violent behaviour observation". More imaging investigations (MRI, CT) were performed on the elderly subgroup. The elderly subgroup of patients had been discharged with 45,7% incidence of major depressive disorder, and the younger patients had been discharged with 37,3% incidence of psychotic disorders. However, the foremost reason for admission to hospital was the same in both subgroups as ''treatment resistance or adversity of side effects of the treatment being given and requirement of replanning the treatment" with incidences of 67.1% among the elderly and 37.3% in the younger patients. The comparison of the clinical details of the two subgroups are shown in Table 2.

CONCLUSION: Depression among the elderly inpatients as compared to the younger inpatients appeared to be a serious problem, possibly associated with demographic reasons creating liability to depression, presence of comorbidities, and anomalies surfacing with aging as suggested by the results. Being careful during the follow up controls of the elderly outpatients may reduce the incidence of hospitalisation since admission reasons of ''resistance to treatment, adverse side effects of or incompliance with the treatment" all appear as factors associated with the treatment being given.

Key Words: Geriatrics, clinical characteristics, inpatient

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COMPARISON OF THE RESPONSE TO TREATMENT FOR DEPRESSIVE DISORDER AMONG INPATIENTS OVER AND UNDER 60 YEARS OF AGE: RETROSPECTIVE PRELIMINARY STUDY

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INTRODUCTION: Depression is very common at old age and often remains undetected resulting in inadequate and unsuitable tretment of the elderly patient. Incidence of depression diagnosis among the elderly patients ranges between 17% and 37%; whereas it has been reported to be 1-3% in the general population. Incidence of recurrence after treatment is approximately 40%. Conditions including chronic medical disorders, central nervous system disorders , side effcets of therapeutic drugs taken, living alone and adverse advents of life are conducive to depression at old age. Positive response incidence to biopsychosocial treatment procedures which combine pharmacotherapy and psychotherapeutic approaches ranges between 65-75% in the elderly with depressive disorders (DD). This study has aimed to compare the incidence of response to therapy between DD inpatients above and under the age of 60 years.

METHOD: This study has been carried out retrospectively on the hospital records of inpatients treated for DD at Yıldırım Beyazıt University- Ankara Atatürk Training and Research Hospital and Ankara Oncology Hospital Psychiatry Clinics. The experimental population consisted of 33 inpatients over the age of 60 as the experimental group (EG) and 20 inpatients under the age of 60 included as the controls (CG). Scanning of the patient files was done according to the sociodemographic-clinical information form (SDCIF) prepared to collect the relevant data, which then were transferred to digital medium. Patients without the information meeting the SDCIF requirements including the Hamilton Depression Rating Scale (HAM-DRS) scores were excluded from this study.

RESULTS: The EG and CG consisted of 33 and 20 inpatients, respectively. Whereas a statisticially significant difference could not be found between the mean HAM-DRS total scores of the EG and CG at

the stage of admission to the hospital, the difference was very significant at the stage of discharge from the hospital.

DISCUSSION: Results have shown that although the severity of DD was similar in the EG and CG at admission, the response given by the elderly inpatients to DD therapy was poor in comparison to that of the younger patients. The reason for this poor response had been attributed to the ''acceptance of the depressive symptoms in the elderly as part of the aging process and planning of treatments with this approach" without considerations of ''additional medical conditions", ''low socioeconomic status", ''social isolation", ''inadequate family support" and '' misdiagnosis" as contributory reasons of depression. These possible causes of the high depression prevalence in the elderly population should be investigated further.

Key Words: Depression, Geriatrics, Treatment

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PP-131

PSYCHOLOGICAL AND BEHAVIOURAL SYMPTOMS IN THE ELDERLY WITH COGNITIVE DISORDER SYMPTOMS

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INTRODUCTION: Various psychiatric and behavioural symptoms accompany dementia and cognitive disorders (CD) at old age. The severity and the incidence of these additional symptoms determine the planning of the treatment to be given. This study has aimed to investigate the incidence of psychological and behavioural symptoms in the elderly consulting the psychiatry services with complaints of cognitive function problems.

METHOD: This study was carried out at the Geriatric Psychiatry Polyclinics of Bezmialem Trust University Medical School Hospital, with 40 patients over the age of 65. Those patients with ≤ 23 scores on the Standard Mini Mental Test (SMMT) were also rated on a sociodemographic data collection form, and the Behavioural Pathology in Alzheimer's Disease Rating Scale (BEHAVE-AD). The distribution of the scores have been given as percentage values.

RESULTS: Of the 40 inpatiens studied 26 (65%) were females and 14 (35%) were males; mean group age was 76.3 ± 6.5 years. The mean total SMMT score was 17.7 ±4.4. In those patients with CD symptoms the highest incidence of psychiatric/behavioural symptoms were affective symptoms (85%), followed by anxiety (71%), diurnal rhythm disorders (59%), delusions (55%), hallucinations (50%), activity disorders (44%) and agressiveness (38%). In 78% of the CD patients depressive symptoms were observed. Anticipations of approaching future events and fears of being left alone were the major causes of anxiety. The most frequently observed delusion (25%) was ''possessions being stolen by others", and visual hallucinations had the highest incidence of 43%. Activity disorder symptoms were generally of the aimless mobility type, and agitation symptoms were mostly displayed by verbal explosion in 38% of the patients.

DISCUSSION: Behavioural symptoms among the elderly patients with CD are the most disturbing symptoms of the disease process and result in increased care burden and emotional difficulties for the patient and the caregiver, and, hence, in early placement of the patient in a care home. Treatment of the behavioural symptoms has, therefore, become the focal point of the therapies. The results of this study on the incidences of depressive and anxiety symptoms are higher compared to those in the literature and may be related to the higher scores on the SMMT compared to those reported in previous studies by others. Van der Mussele et al. have reported that in mild CD, there are higher incidences of affective disorders and anxiety as compared to Alzheimer's dementia. Determination of the the psychological and behavioural symptoms and planning of suitable treaments should result in distinct improvements in behavioural changes and elevate the quality of life of both the patient and the caregiver.

Key Words: Cognitive disorder, BEHAVE-AD, symptomatology

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PP-132

COULD NON-FUNCTIONAL BEHAVIOURS INTERMEDIATE BETWEEN THE DEVELOPMENT OF DEPRESSIVE DISORDERS AND CHILDHOOD TRAUMAS?

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AIM: Psychological traumas of childhood can lead to the development of non-functional behaviours by causing negative cognitive structuring and faults in information processing. This study has investigated the relationship of childhood traumas and non-functional behaviours in women with depressive disorder (DD).

METHOD: This study enrolled 70 female patients with DD diagnosis, and 50 healthy volunteers as the controls (CG). All participants of the study were asked to complete a sociodemographic information form, the Beck Depression Inventory (BDI), Childhood Trauma Questionnaire (CTS) and the Non-Functional Behaviour Scale (NFBS).

RESULTS: When the DD and CG scores on CTS were compared, the DD scores on sexual abuse, physical abuse, emotional abuse, physical neglect and emotional neglect subscales were significantly higher than those of the CG. The NFBS mean score of the DD group was sinigicantly lower than that of the CG. The correlation analyses between the CTS and NFBS scores gave a significant negative correlation between the NFBS score and the CTS-emotional neglect subscale score. In those CD

patients with a family history of depression, the scores on all subscales of CTS, excluding the sexual abuse subscale, were found to be high.

CONCLUSION: In this study only a negative correlation was observed between non-functional behaviours scoring and emotional abuse in childhood, suggesting that one of the factors causing depression in later life childhood may intermdiate the development of non-functional behaviours.

Key Words: Depression, non-functional behaviours, childhood trauma

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PP-133

PERSONALITY CHANGES AFTER MENINGITIS

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AIM: It was proposed that infective organisms can play an important part in the pathophysiology of neurodegenerative and neurobehavioural diseases. Psychiatric symptoms can make up part of the clinical aspects of many systemic infections. Psychiatric disorders resulting from infectious diseases have been named in ICD-10 as 'organic mental diseases'. This study discusses the behavioural changes observed in a patient treated with dexamethsone after the diagnosis of meningitis.

CASE: F.A. is a 44-year old married female patient who consulted the emergency services with complaints of head ache, nausea, vomiting and fever which progressively worsened over the previous 8 days. The observations were: fever 39C, pulse 90, blood pressure 130/80, neck stiffness, photphobia and phonophobia; white blood cell count of 19.9 and sedimantation rate of 44. She was interned at the neurology ward, and given prophylactic cephalosporin and mannitol infusion. Lumbar puncture CSF analysis resulted in the diagnosis of viral meningitis and dexamethasone therapy was started and cephalosporin was discontinued. Cranial MRI indicated slight dilatation in the right temporal horn compared to the left. When the observed symptoms receded, the patient was discharged, but subsequently developed symptoms of irritability, coprolalia, speaking to herself, inability to complete daily chores, self harm behaviour, risky behaviours, overspending of money and amnesia. She reconsulted the psychitary clinics 1 month after her discharge. She was started on venlafaxine (150 mg/day), on outpatient basis, for depressive episode but did not attend the follow up controls, and came back with complaint of suicidal ideation. Psychiatric evaluation indicated average self care, normal orientation, irritable mood, suitable affect, increased talking tone, passive suicide thoughts, weakened longterm memory, diminished attention-concentration, diminished mood control, inadequate judgement and partial insight. She was diagnosed with organic mental disorder and started on milnacipran (25mg/day). The dose was increased to 50mg/day after observation of partial remission. As she did not attend her regular controls, her mood disorders continued causing serious problems in her social life.

DISCUSSION: After meningitis psychiatric problems headed by psychosis and mania, and rarely behavioural disorders, have been observed in patients. Given the personality characteristics before meningitis, lack of a family history of psychiatric problems, and the aggrevation of the behavioural symptoms after treatment for meningits together with only partial reponse to milnacipran treatment have resulted in the diagnosis of organic mental disorder. We would like hereby to emphasise that in patients with psychiatric disorders care is necessary for considering the underlying organic causes..

Key Words: meningitis, personality changes, organic causes

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PP-134

AN ADDISON'S DISEASE CASE WITH PSYCHOLOGICAL SYMPTOMS

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AIM: Addison's Disease (AD) is the clinical result of autoimmune damage to the suprarenal adrenal glands. Before the detection of the physical and biochemical symptoms specific to AD, depressive symptoms may appear and bear the risk of delayed diagnosis and life threatening outcomes.

CASE: The patient was a 23-year old single female university graduate, working as a teacher. She consulted the psychiatry clinics with complaints of demoralisation, unhappiness, weight loss, nausea and vomiting. She had lost 6 kg in the previous month and had consulted the general internal diseases polyclinics where the results of her haemogram, routine biochemical tests, thyroid function test, as well as electrocardiography, lung x-ray and abdominal ulrtasonography were all within normal limits. She was therefore referred to the psychiatry clinic with the suspicion of psychiatric causes to her symptoms. She was diagnosed with severe major depressive disorder and started on sertraline (50mg/day). Lack of response to therapy led to discontinuation of sertraline and switching to duloxetine (60 mg/day). Persistence of her symptoms necessitated admission to psychiatry ward with preliminary diagnoses of severe major depressive disorder , depressive episode due to general medical condition. However, she was transferred to internal diseases intensive care unit after laboratory estimations of hyponatremia, hyperkalemia and hypoglycaemia. Her morning basal corticosteroid level was low. Her electrolyte imbalance was corrected. She was diagnosed with adrenal insufficiency and started on steroid replacement therapy at the endocrinology services where her morning basal ACTH was found to be very high with hyperpigmentation in her oral mucosa. Spiral computerised tomography of her adrenal glands indicated bilateral atrophy of the glands and she was diagnosed with AD. She was discharged on steroid replacement therapy and in 15 days her depressive symptoms had completely disappeared. This case presentation has aimed to demonstrate the multidisciplinary approach in diagnosis of psychiatric symptoms and disorders.

Key Words: Addison's Disease, depression, diagnosis

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NON-CONVULSIVE STATUS EPILEPTICUS IN A CASE WITH PSYCHIATRIC SYMPTOMS

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AIM: This study aims to present the case of a patient subjected to physical and psychological trauma who consulted the psychiatry services with complaints of amnesia.

CASE: A 40-year old female patient was brought to out polyclinics with complaints of wanting to sleep continually, fatigue, shivering, getting disturbed by loud sounds and loss of equilibrium. She had been traumatised by violence from her husband over the previous 2-3 years , and could not attend the work place during the previous 10 days where her absence had been made known to her relations, the police was asked to intervene and legal proceeding were started. She was investigated as an inpatient. She could not recall anything about her ordeal. She had consulted psychiatry clinics 1 year previously and had been treated with antidepressants. Psychiatric examination revelaed that she was conscious, with confusion time to time, diminished self care, response to queries sometimes consisting of logical and suitable answers but mostly of single word replies of 'not remembering' or 'not knowing', affect not inappropriate with her situation, and making absurd laughs. She was preliminarily diagnosed with dissociative amnesia, short term psychotic disorder and was started on olanzapine and lorezepam treatment which was followed with delirium. Neurological examination showed that she was lethargic, her locality, time and person orientation was impaired, and her cooperation was limited. Cranial MRI showed slight increases of T2A ve FLAIR intensity and slight diffusion limitation on the bilateral caudate nuclei and anterior surface of putamen. In the EEG generalised rhythmic delta-theta wave (epileptic) activity was observed which was eradicated by i.v. diazepam. Non-convulsive status epilepticus (NCSE) was suspected and she was transferred to neurology service for investigation of the underlying causes.

DISCUSSION: Initially the organic aetiology of the patient's condition was investigated and subsequently the psychiatric aspects were considered on the face of the stressors involved. After the development of delirium, it was possible to diagnose NCSE, which is a prologed epileptic condition often, with well known clinical and EEG characteristics but often difficult to diagnose. The basic symptoms of NCSE are tendency to sleep, confusion, and dysorientation. The vacillating confusion and delirium symptoms, agitation, impulsivity, agressiveness, reduced talking, echolali, abrupt inappropriate laughing or weeping are typical symptoms. As it presents with different symptoms differential diagnosis is necessary. The organic roots of the amnesic symptoms in traumatised patiens have to be investigated..

Key Words: Trauma, amnesia, non-convulsive status epilepticus

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PP-136

CONSULTATION OF PSYCHIATRY CLINICS WITH GASTROINTESTINAL SYSTEM COMPLAINTS: COMPARISON OF REFERRALS AND DIRECT APPLICATIONS

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AIM: Clinical experience indicates that there exist differences in the characteristics of the patients who directly consult psychiatry clinics with gastrointestinal system complaints (GIC) and those who are referred to psychiatry after evaluation by the gatroenterology clinics. There are very limited reports to show whether these opinions are backed by scientific numerical evidence. This study has aimed to fill this vacuum.

METHOD: This cross-sectional study included individuals with GIC who consulted our clinics consecutively between January 2014 and June 2014, either directly (n=61) or by referral from gastroenterology (n=54). These patients were diagnosed with psychiatric disorders on the basis of DSM-IV criteria and assessed with completion of a sociodemographic questionnaire. The direct consultation (DC) patients and the referred patients for consultation (RC) were compared by the Chi-Square test, the Fisher's exact tests of definite results, and independent groups Student's t-test and the probability ratios (odds ratio= OR) of the risk groups were calculated.

RESULTS: The DC group consisted mainly of female patients of higher age and higher incidence of marriage, and believed more that their complaints had psychogenic roots (OR:2.430). The RC group had a higher incidence of going through invasive diagnostic methods and use of drugs for GIC was more frequent (OR:3.150). GIC of the DC group consisted more of feeling of fullness/abdominal tension (OR:1.434), GIC of the DC group consisted more of distention/ flatulence (OR:1.674), abdominal pain (OR:3.761) and constipation (OR:2.298). The DC and RC patients also differed on the basis of psychiatric complaints. The DC group had a higher incidence of depressive disorders (OR:1.802), trauma related disorders (OR:1.605) and personality disorders (OO:2.174), whereas the RC group had psychotic disorders (OR:2.271). The two groups also differed on impulsivity which was more frequent in the DC group (OR:1.629).

CONCLUSION: Results of this study on sociodemographic and clinical details of the patients indicate that those directly consulting the psychiatry clinics and those referred from gatroenterology clinics for GIC differed from each other in agreement with the clincial observations and the existing clinical experience and that these results can be used to facilitate the diagnostic evaluation and specific treatments of similar cases.

Key Words: Gastrointestinal system complaint, consultation, psychiatric diagnosis

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PP-137

NALTREXONE TREATMENT OF KLEPTOMANIA ASSOCIATED WITH NEUROBEHÇET DISEASE: CASE PRESENTATION

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AIM: Kleptomania is an impulsivity disorder characterised with inability to stop the impulse to steal items not needed for personal use. This report discusses the case of a patient diagnosed with kleptomania which developed in association with NeuroBehçet disease, and whose kelptomania symptoms showed distinct improvement with naltrexone therapy.

CASE: The patient was a 37-year old married man, diagnosed with Behçet's disease at the age of 16, and the MRI of 2007 showed lesions on the anterior krus and genus of bilateral capsula interna and the right putamen and the diagnosis was confirmed as neurobehcet disease. He had at the time psychomotor agitation, dysphoria, increased appetite. He expressed contentment and enjoyment of putting many objects in sight into his pocket, which happened repeatedly irrespecitve of time or place. He also picked the pockets of others. Corticosteroids were included in his treatment as an inpatient in 2008, but he experience manic psychotic episode when the steroid dose was reduced and 50 mg zuklopentiksol and 1000 mg valproic acid were added to his treatment regimen before discharge when the kleptomania symptoms were still observed, not responding to olanzapine, valproate or zuklopentiksol, and persisted between 2008 and 2011, although the manic episode had subsided. Selective serotonin reuptake inhibitors had not been used on account of the manic episode. In the follow up controls he was seen to have symptoms of reduced self care, dysphoria, coprolalia, agressiveness and behaviour with sexual disinhibition. His treatment included 300 mg quetiapine and 6 mg risperidone in this period. In 2011, 50 mg naltrexone was inluded in his treatment wfter which the kleptomania symptoms improved significantly. In 2012 when he had given up naltroxeno the kelptomania symptoms recurred and restarting the treatment improved the symptoms once again and the patient has protected this remission for 2 years.

DISCUSSION: Kleptomania incidence in NeuroBehçet disease has been reported to be 1.7%, when in all of these cases a frontal lobe syndrome has been observed. Effectiveness of naltrexone in the treatment of kleptomani ahs been shown in case reports and in a controlled study. This case presentation supports the previous observations that naltrexone use is beneficial for the treatment of kleptomania associated with NeuroBehçet Disesase.

Key Words: kleptomania, psychopahrmacology, opioid antagonists, impulse control disorders, consultation-liason psychiatry

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ANXIETY AND DEPRESSION SYMPTOMS IN ADVANCED STAGE CANCER PATIENTS

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AIM: Much as cancer is a physical illness, it also has psychological and psychosocial elements. Within the scope of general medicine cancer is the one group of diseases with the highest incidences of crisis, adaptation disorder and depression. Anxiety symptoms have been reported in at least 25% of advanced stage cancer patients and has been rated as a risk factor for severe depression. This study has aimed at determining the anxiety and depression levels in oncology inpatients being treated for advanced stage cancers.

METHOD: In this study 41 inpatients under treatement for advanced stage cancers at the Oncology Service of Adana Numune Training and Research Hospital were included. Data were collected using the Hospital Anxiety and Depression Scale (HADS) completed by the patients.

RESULTS: The mean±std.dev. values of HADS anxiety and depression scores of the patients were , respectively, 8.84±3.21 ve 8.57±3.94. The anxiety scores of 30.8% of the patients and the depresion scores of 21.1% of the patients were at the cut off limit of HADS and were symptomatically distinct. When the patient group was investigated comparatively by division into three groups of cancers as the subgroups of gastrointestinal cancers, breast cancers and other cancers (including lung, bladder, testes cancers) significant differences were not observed with respect to anxiety, but in the group with advanced breast cancer there was significantly increased incidence of severe depression.

CONCLUSION: The results of this study have shown that anxiety and depression symptoms are more pevalent in advanced stage cancer patients which necessitates psychological rehabilitation treatment of these patients next to the medical treatments being applied..

Key Words: Advnanced stage cancer patients, anxiety, depression

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COMPARISON OF THE PREVALENCE OF PSYCHIATRIC SYMPTOMS, DISORDERS, QUALITY OF LIFE, GENERAL COGNITIVE AND SEXUAL FUNCTIONS IN PATIENTS BEFORE UNDERGOING LIVER TRANSPLANT SURGERY AND 1 YEAR AFTER THE TRANSPLANT SURGERY

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AIM: Although the risk factors of morbidity and mortality after organ tranplant surgeries have been relatively well determined, the associated psychiatric risk factors have been of less interest. The primary aim of this study was to assess the prevalence of psychiatric symptoms and disorders, and the level of life quality, general cognitive and sexual functions before surgery for liver transplant, and the comparison of these findings with data on the same parameters one year after the transplant surgery. Other aims of the study include the investigation of the relationship between the psychiatric findings before and after the surgery and the alexithymic characteristics of the patients , and the effects of cultural factors on the observed process 1 year after the surgery.

METHOD: This study was carried out between 15.11.2008 and 31.07.2010 at the Dokuz Eylül University Medical School General Surgery and Gastroenterology Departments, and included 68 inpatients to undergo liver transplant surgery due to hepatic failure and 53 outpatients on their 12th month follow up controls after liver transplant surgery. Hence cross-sectional evaluations were made at two different stages of the surgery and the two patient groups were designated as the pre-surgery (PRS) and the post-surgery (POS) groups. Both groups of patients completed a personal data form, the SCID-I/CV interview, The Short Form (36) Health Survey (SF-36), the Standardised Mini Mental Test(SMMT), the Hospital Anxiety and Depression Scale (HADS), the Toronto Alexithymia Scale-20 (TAS-20) and the *Arizona* Sexual Experiences Scale (ASEX). The scores of the two groups were compared at the completion of the study. Also 16 patients were evaluated prospectively both before and after the transplant surgery, and results were analysed separately.

RESULTS: There were not significant differences between the PRS and POS groups on the basis of sociodemographic or the clinical data. PRS group's SF-36 scores, with the exception of the scores on the 'mental health' subscale, were significantly lower than those of the POS group. The two groups did not differ on the basis of the mean scores of the SF-36 'mental health' subscale or the mean of the scores on SMMT. Psychiatric disorders were found in 29.4% (n=20) of the PRS group and in 20.8% (n=11) of the POS group. Prevalence of psychiatric disorders in the two groups did not differ significantly. In comparison to the POS group, the PRS group had significantly high mean scores in all the subscsles of HADS. Also, on the basis of ASEX scores, the number of PRS patients with sexual function disorders significantly exceeded those in the POS group. The incidence of alexthymia was higher among the PRS group patients with psychiatric disorders in comparison to the PRS patients without psychiatric disorders.

CONCLUSION: This study is the first of its kind in Turkey in investigating the prevalence of psychiatric disorders among patients before and after undergoing liver transplant surgery. In the long term (one year) after transplant surgery the incidence of psychiatric disorders in comparison to the level before surgery was still too high to be underestimated. Therefore, psychiatric observation of the patients during all stages of liver transplant surgery and in the long term after the surgery is very essential. Observation of lower incidence of the symptoms of paradoxical psychiatric syndrome in Turkey as compared to the incidence in Japan may well be associated with cultural differences and the syndrome may well be a culture associated syndrome.

Key Words: Liver transplant, quality of life, psychiatric disorders, alexithymia

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PP-140

PRELIMINARY DIAGNOSIS OF CONVERSION DISORDER AND DYKE DAVIDOFF MASSON SYNDROME: CASE PRESENTATION

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AIM: Dyke Davidoff Masson Syndrome (DDMS) is manifested by facial asymmetry, contralateral hemiplegia or hemiparesis, mental retardation, loss of sensory hearing, psychiatric disorders and epilepsy. The typical radiological features are cerebral hemiatrophy with ipsilateral compensatory hypertrophy of the skull and the paranasal sinuses and with central neurogenic hyperventilation. CT and MRI are gold standard diagnostic approaches .

CASE: The patient is a 55-year old female admitted to neurology services ward with the preliminary diagnosis of conversion disorder, hemidystonia and cerebrovascular disease. Her complaints had started 3 months previously with weakness in her right arm and leg, torsion in the right arm, falling when walking, inability to hold her head up, diminished self care and functionality. Psychiatric consultation was requested for conversion disorder, and examination showed that she was conscious, oriented and cooperative with appearance compatible with her age and sociocultural status; she was eager to talk, answers were compatible with aim, memory was adequate, mental capacity was limited, affect was euthymic, perceptions were normal, associations and thought contents were normal, judgement was adequate, physico-physiological functions were normal, and anhedonia, anergia, suicidal ideation, psychomotor retardation, agitation, delusions or hallucinations were not observed. She had moderate mental retardation with an IQ in the range 35-49. She had hemiparesis, facial asymmetry, hemidystonia, mental retardation and epilepsy suggesting DDMS, and further investigation was indicated. Neurological determinations were: right nasolabial fold was erased, muscle power on the right was 4/5and on the left was 5/5; fist formation and pronation of the forearm on the left, babinski and hoffmann positive on the right, catching reflex positive on the right, dystonia in the right upper and lower extremities. Her history of and clinically observed epileptic seizures were of the generalised tonic clonic

type. Cranial CT imaging showed relative widening of the left ventricle, left sylvian fissures and the convexity sulci. Cranial MRI showed the left hemisphere atrophy relative to the right, and widening of the cortical sulci, thickening of the diploe on the left relative to the right, increased airiness in the left frontal sinus (secondary to intrauterine pathologies), increased T2 signal compatible with sequel gliosis in the cerebral parenchyma neighbouring the posterior horns of both lateral ventricles but more distinct on the parenchyma neighbouring the posterior horn of the left lateral ventricle. Diffusion tensor imaging did not indicate acute ischaemia. Cranial MR angiography did not indicate venous pathology. Doppler ultrasound imaging of the carotid and vertebral arteries was normal. The EEG was compatible with the epileptiform discharges in the left hemisphere.

DISCUSSION: The case presented here could not be explained with childhood onset epilepsy, mental retardation and cerebrovascular events; and was evaluated on the hemiparesis, hemidystonia and conversion disorder presenting after the 6th decade. We would like to emphasise that the comorbidity of conversion disorder with other psychiatric disorders of DDMS must be evaluated through differential diagnosis.

Key Words: Dyke Davidoff Masson Syndrome, conversion disorder, neuropsychiatry

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SELF-EMBEDDING DISORDER : CASE PRESENTATION

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AIM: Self-injury disorder includes behaviours of direct or indirect harm to one's own body with or without suicidal intent. Although not a recent type of behaviour, it was described as a psychological disorder for the first time in 1986 by Gould and Pyle. Self-embedding behaviour (SEB)is an aspect of the self-injury disorder. Of those diagnosed with SEB, 90% display suicidal ideation or attempts; and most suffer from comorbid bipolar disorder, borderline personality disorder, depression, post traumatic stress disorder (PTSD), anxiety and hyperactivity disorder (ADHD) or obsessive-compulsive disorder. In most of the children, separated from family environment and harboured in institutional care homes or living together, history of physical and/or psychological trauma are observed.

CASE: S.M. is a 19-year old female primary school graduate, unemployed and living in an institution. She was brought to the hospital by the institutional staff with complaints of inability to control herself, attacking other residents, excessive talking, stabbing herself with needles on her throat, hands, arms and abdomen. She expressed feelings of gloom and discomfort as everybody confronted her, and stabbed herself with large needles to relieve herself. She was admitted to children'scare home at the age of 4, and had been sexually assaulted at 16. Her self-injury behaviour started when she was 14.

DISCUSSION: SEB is a behaviour often overlooked, not reported and not diagnosed. To be able to determine its presence, it is necessary to be informed on the subject and to ensure the examination of the persons with the risk to be diagnosed and to be informed of this condition. SEB is progressive with increasing degrees of harm and carries a high risk of suicide. SEB patients benefit from medical treatment of impulsivity and psychotherapeutic and supportive approaches.

Key Words: Self-embedding, suicide, behaviour, impulsivity

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PSYCHOLOGICAL SYMPTOMS IN OSTEOGENESIS IMPERFECTA: CASE PRESENTATION

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AIM: Osteogenesis Imperfecta (OI) is clinically and genetically described as a heterogenous inherited disease with increased bone fragility and low bone density, its incidence in all its forms being 1 in 10,000 births. In some of the patients one of the 2 genes encoding type I collagen is mutated, but in some patients similar mutations cannot be identified. Up to date, psychiatric disorders associated with OI have very rarely been reported. This case presentation has aimed to emphasise the symptoms accompanying OI and the possible relationship between them and the potential tendencies to the disorders.

CASE: The patient is a 33-year old male young adult referred by the radiation oncology services to psychiatry on account of irritable behaviour with his family. While the patient complained of continually comparing himself to others, his relations gave details of his angry beahviour, sensitivities, lack of self confidence and refusal to accept his illness. The patient with OI had also been diagnosed with rectal malignant neoplasm 6 months previously. His physical examination indicated short gait, short extremities and bone deformities. Further evaluation by the physical medicine and rehabilitation services resulted in the observation of short gait, short extremites, intrauterine fractures, severe vertebral deformities, severe reduction of the thoracic cage volume together with restrictive pattern of respiratory function disorder, joint hypermobility, non-traumatic fractures, colour changes in the scleara and a positive family history of OI. The previous OI diagnosis was confirmed. His psychiatric examination showed that his self care was appropriate, and he appeared younger than his age. He was interested in the interview, perception was normal, intelligence was clinically normal. Vocal tone and speech rate were normal. His thought process was circumstantial and tangential, his associations became distinctly disconnected as the interview progressed. His thought content included severe anxiety about his illness, extreme mental preoccupations, and referential thoughts about his family. Self esteem was diminished. He was recommended 1 mg/day risperidone for formal thought disorder and the family oriented negative thoughts and behaviour.

His psychiatric history revealed that he had been previously observed for psychiatric problems, and 6 years previously had been given 1–year treatment for anxiety disorder. His self care had diminished during the previous 1 year as his referential thoughts and anger directed to his family had increased but he had not used medication and had not consulted the psychiatry services. His family history included 2nd degree interfamily marriage between his parents, and 3 of the brothers of his

mother had been diagnosed with OI, with 2 of them also daignosed with chronic psychotic disorder.

DISCUSSION: The genetic aetiology of the patients OI and psychiatric symptoms is noteworthy given his psychiatric symptoms together with a family history of OI with pscyhosis in second degree relations.

Key Words: Genetic, osteogenesis imperfecta, psychosis, psychological symptoms

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DISEASE PERCEPTION IN FIBROMYALGIA

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AIM: Diagnostic criteria for fibromyalgia (FM) were changed in 2010 by the exclusion of sensitivity points and inclusion of mental symptoms. Pain is still one of the main inclusions of the new diagnostic criteria. There are , however, very few studies on the investigation of the relationship between pain and disease perception. This study has aimed to investgate the relationship between the perception of FM and the severity of pain and depression.

METHOD: We investigated 50 female outpatients with FM diagnosis of 6 months or longer duration. Data were collected by means of the Disease Perception Scale (DPS), the Visual Pain Scale (VPS) and the Beck Depression Inverntory (BDI).

RESULTS: In our study significant positive correlations were found between the VPS scores and FM symptoms scores (r=0.517: p<0.05), the perception of the relationship between the symptoms and and FM (r=0.480: p<0.05), duration of FM (r=0.376: p<0.05), self control (r=0.479: p<0.001) and emotional expression representations (r=0.280: p<0.05). Relationships were not determined between VPS scores and factors of age (r=-0.173:p>0.05), duration of the treatment (r=-0.137: p>0.05), perception of FM outcomes (r=0.044: p>0.05), treatment control (r=-0.200: p>0.05), ability to comprehend the illness (r=0.126: p>0.05) and the BDI scores (r=0.061: p>0.05.) Attributions made by the patients to the ''possible causes for the illness" (subscale of DPS) varied, with 96% (n=48)being on psychological causes, 40% (n=20) on risk factors, 38% (n=19) on the immune system, 90% (n=45) on accidents or luck, using the expressions ''I think so" and ''I definitely believe so".

CONCLUSION: Although the pathophysiology of pain in FM has not been clearly explained, in one proposed model FM pain perception and mood disorders share the same mechanisms. However, recent studies have proposed that pain and psychological symptoms are separate phenomena. In our study the pain scale scores and the depressive symptoms were not found correlated, and also the depressive symtoms were not significantly correlated with the DPS subscale scores. TheVPS scores, the number of disease symptoms, FM duration, personal control, cyclical duration and emotional reprsentations were found to be related to depressive symptoms. These results of our study have similarity to the results of recent studies in pointing to the possibility of different mechanisms underlying FM pain and mood symptoms. The symptoms most frequently observed in a study on disease perception in FM were pain, stiff joints, power loss, fatigue, and sleep problems and that over 80% of the patients perceived these symptoms as directly related to FM. In our study the foremost 5 symptoms described by the patients were pain, fatigue, joint stiffness, loss of power and sleep problems and more than 70% of the patients believed these symptoms to be related to FM. In general the views of the patients on the causes of FM consist mainly of reduced body resistance to illness and psychological factors. In our study, as with the study of Stuifbergen et al., the most frequently given reasons were stress, mood and lowered body resistance to disease. This study has shown us the similarites of FM perception by patients of different cultural environments.

Key Words: Fibromyalgia, disease perception, painm,depression

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PP-144

COMPARISON OF TYPE 2 DIABETES PATIENTS USING ORAL ANTIDIABETIC AGENTS AND INSULIN ON THE BASIS OF PREVAILING DEPRESSIVE SYMPTOMS

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AIM: This study was carried out on type 2 diabetes mellitus (DM) patients with the aim to determine the depression levels among the oral antidiabetic (OAD) users and the insulin users and the factors associated with depression. The study included 107 inpatients diagnosed with type 2 DM in accordance with the relevant diagnostic criteria and treated in the diabetes polyclinics of a private hospital on the European side of the Istanbul province.

METHOD: Data were collected by means of a patient information form prepared by the researchers after investigation of the literature on the subject, and the Beck Depression Inventory (BDI). Statistical analyses on the data were carried out by determining the mean and the standard deviation, and the use of the Mann Whitney U test, Kruskal Wallis test and regression analyses. The results were ascribed statistical significance with a p value of <0.05 within the confidence interval of 95%.

RESULTS AND CONCLUSION: Mean age of the type 2 DM patiens was 63.1±11 years, with more than 50% being in the 55-69 range. Mean duration of DM was 16±6.7 years and the duration was longer in 47.3% of the OAD users and 61.1% of the insulins users. Mean HbA1c of all patients was 8.69±1.56 %, and it was 7.6±1.13% in OAD users and 9.4±1.44% in insulin users. While no DM related complications were observed in 79.3% of the OAD users, all of the insulin users had one or more of the DM related complications. Mean BDI score of all the patients was 22±13.7, the mean scores for the OAD users and the insulin users being, respectively 12.8±9.82 and 31±10.8; and the mean BDI scores for both genders were higher in the insulin users as compared to the OAD users. This study has demonstrated that there is a high incidence of depressive symptoms among DM patients with affecting factors. Educational and consultative services should be

promoted in order to develop measures to cope with and to prevent depression among the DM patients.

Key Words: Depression, insulin, OAD, Tyep 2 diabetes

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INVESTIGATION OF ANXIETY AND DEPRESSION IN CHRONIC HEART FAILURE

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AIM: Depression and anxiety symptoms often accompany chronic heart failure (CHF). Research shows that these symptoms also adversely affect the course of the illness. The aim of this study was to investigate anxiety and depression incidences among outpatients with (CHF) being treated at 3rd step medical centers by the use of a self-report questionnaire and to establish the relationship of these symptoms with the sociodemographic data and cardiac function parameters.

METHOD: The study is cross sectional and correlational in essence. Patients being treated at the Cerrahpaşa Cardiology Division and the Istanbul University Cardiology Institute Services were enrolled in the study after signing informed consent forms. Data were collected by means of the Anxiety and Depression Sympotms Hospital Anxiety and Depression Scale (HADS). Sociodemographic details were otained from the hospital records.

RESULTS: The study is ongoing and aiming at prospectively processing the data of 300 patients, there being at this stage 52 participants whose data have been analysed. Of these 52 patients 55.8% are males, the group mean age is 62±11 years; the mean HADS scores are 9,25±2,81 for anxiety and 10,6±2,64 for depression. The depression scores of almost all patients are on the cut-off points of the scale, and the depression scores especially related to anhedonia have been found to be correlated with the duration of the CHF. The anxiety scores of 44.2% of the patients are above the cut-off point of the scale, and the mean anxiety score of those patients with severe CHF on the basis of New York Heart Association heart failure classification are higher than the mean score of the total group.

CONCLUSION: Although the study is continuing, evaluation of the data in hand indicates that the incidences of anxiety and depression symptoms among CHF patients are much higher than the values given for the general public, and the difference becomes more significant as the duration and the severity of CHF increase.

Key Words: Chronic heart failure, anxiety, depression

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ANTIPHOSPHOLIPD SYNDROME PRESENTING WITH PSYCHOTIC ATTACK SYMPTOMS

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AIM: Antiphospholipd syndrome (APS) is an autoimmune disorder proceeding with repetitive arterial and venous thrombosis, affecting many organs and presenting with many different clinical symptoms. Central nervous system involvement is one of the most frequently observed conditions with neurological symptoms including epilepsy, cognitive disorders, dementia, chorea and sensorial auditory loss. This report discusses a case with APS presenting with psychotic symptoms of a patient

CASE: A 25-year old female primary school graduate with one child was brought to the emergency services with the complaints of confusion, neck stiffness and high fever. It was learned that one week previously she had, for the first time, symptoms of insomnia, excessive talking, paranoid fears of being harmed by others, auditory hallucinations and agitation. She did not have a history of any distinct pathology , except for psychosocial stress factors. She had been diagnosed with acute psychotic attack and admitted for treatment. Records of epicrisis showed that she was put on diazepam (10 mg/day), olanzapine (30 mg/day) quetiapine (400 mg/day). Her psychotic symptoms had not changed with the treatment and her confused state was added to her history when brought once again to the emergency services. She did not show cooperation and she yelled senselessly. Neurological examination showed that she did not have distinct focal neurological deficit, rigidity or neck stiffness. Body temperature was 39.7C, leucocyte count was 19850/mm3 and creatine kinase level was 951 IU/L. CSF analyses did not indicate any CNS infection. She was admitted for investigation of the organic aetiology of her condition; her neuroleptic therapy was discontinued and she was hydrated. Cranial imaging showed acute infarct at the tail of corpus callosum. After 48-hour supportive therapy she did not need intensive therapy. She was conscious with complete cooperation. Her treatment at the neurology clinics continued. Her psychotic symptoms (claims of being pregnant and about to give birth, etc) were treated with olanzapine with dosage increase to 20mg/day, such that she became able to manage her self care. Investigation of the tendency to thrombosis resulted in the finding of anticardiolipin IgM positivity. Transesophageal echocardiography was normal. APS was diagnosed and treatment with acetylsalycilic acid was started. For nearly 1 year she has remained in remisson, and antipsychotics were reduced and discontinued.

DISCUSSION: APS generally affects young patients and proceeds with frequently observed neuropsychiatric symptoms. Direct pathological effect of the antiphospholipid antibodies is not suspected. In the case of the patient discussed in this report, the acute psychotic attack was initially treated with neuroleptics, but investigation of the organic

aetiology showed the presence of acute infarct in corpus callosum. This case stresses the importance of investigating the organic aetiology with very sudden onset psychotic attacks.

Key Words: Antiphospholipid syndrome, psychosis, anticardiolipin antibody

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PP-147

SCHIZOPHRENIA COMORBIDITY WITH SJÖGREN'S SYNDROME: CASE PRESENTATION

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AIM: The aim of this report is to emphasise the importance of the psychiatric symptoms reflecting the involvement of the central nervous system (CNS) in Sjögren's Syndrome which has a relatively high prevalence in the general population.

CASE: The 35-year old female patient consulted our psychiatry clinics with the complaints of being talked about by others, being under surveillence, fostering hostility towards and harmful thoughts about her childen, inability to do her house work, anhedonia, insomnia and diminished self care. She was admitted to psychiatry ward. Her history showed that she had been under treatment for schizophrenia for the last 4 years with olanzapine (20 mg/day). As she had not benefited from olanzapine, her treatment was switched to risperdal (4 mg/day) but learning her incompliance with drug therapy, she was injected with risperidon consta (37.5 mg). Her cranial MRI revealed lesions with hyperintensity of T2 and FLAIR series at points neighbouring the right lateral ventricle anterior frontal horn, the right lateral ventricle posterior occipital horn and the left ventricle atrium, thought to be compatible with vasculitis. When this MRI was compared with another made 3 years previously, it was understood that the hyperintense lesions were stable with retention of dimensions and character. The vasculitis markers ANA, Anti-dsDNA, Anti-SSA and Anti-SSB were negative. The patient was referred to the rheumatology division and her complaints of 'gritty eyes', dry mouth, and joint pain for the previous 5 years were investigated for AMA m2, antihistone antibody, anticardiolipin IgG, anticardiolipin IgM, Anti SCL 70, Anti Jo 1, Anti SM/RNP,Anti Sm, MPO-ANCA, P-anca, C-anca CCP, RF C3, C4 were all negative. The minor salivary gland biopsy was carried out and the pathology report was, on the Chisholm Mason classification, Grade 3(over 50 lymphocytes in one lymphocytic focus), and the Schimmer test was bilaterally 5mm. She was given eye drops. On the basis of the European Consensus Group's criteria she was diagnosed with primary Sjögren's syndrome and treatment started with 200 mg/day hydroxychloroquine. In her follow up controls agitation and excitation symptoms had receded and she did not have hostile thoughts against her children and was discharged on maintanance therapy with risperidon consta (37.5 mg/ 15 days).

DISCUSSION: Sjögren's Syndrome is an autoimmune disorder with a prevalence of 2-3% in the general public. Psychiatric and neurological symptoms observed when the CNS is involved in Sjögren's syndrome are assumed to be the outcomes of ischaemic damage caused by vasculitis. The most frequently observed psychiatric problems are atypical mood disorders, but psychosis, somatisation, panic disorder and personality disorders have also been reported. It is noteworthy that the case presented here is being observed with schizophrenia diagnosis.

CONCLUSION: When somatic complaints accompany psychiatric symptoms, diagnosis of autoimmune rheumatological diseases must also be undertaken. Also, rheumatological diseases may present together with the psychiatric findings. It has been known that use of immunesuppressive agents for the underlying autoimmune pathology next to the psychotropic drugs facilitate faster improvement in the psychiatric symptoms.

Key Words: Sjögren's syndrome, schizophrenia, comorbidity

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PSYCHOSOCIAL FUNTIONALITY IN OVERWEIGHT WOMEN CONSULTING FOR DIET AND EXERCISE PROGRAM AND THE PREDICTORS

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AIM: Being overweight is an important health problem concerning all denominations of the public with its contributions to morbidity and mortality. Research demonstrates significant relationship between overweight and psychological health. Functionality disorders are more prominent in overweight women. One aspect of this is discontentment with one's own body in the face of the ''ideal woman image" promoted worlwide, and the consequential loss of self esteem and depression. Initiation of this spiral leads to psychological and social problems and unavoidable loss of quality of life, which means that there is a direct or indirect relationship between body perception and quality of life. The aim of this study was to determine the depression, self esteem, satisfaction with one's body and psychosocial functionality of overweight women volunteering to join the program for weight loss through diet and exercise at Kocaeli University Medical School Hospital and to detect the predictors of psychosocial functionality among the variables including sociodemographic data, BMI and psychological health parameters (e.g., depression, self esteem, satisfaction with one's body).

METHOD: A total of 110 women between the ages of 18-65 years, and BMI ?30, were included in the '' research on the psychological, social and medical risk factors determining the body weight in obese and non-obese women''program. Participants were asked to complete a demographic information form, the Beck Depression Inventory (BDI), the Rosenberg Self Esteem Scale, the Body Parts Satisfaction Scale and the Overweight Disorder Scale . Body weight and height were measured with calibrated scales for weight and height estimation.

RESULTS: Significant correlations were found between the psychosocial functionality of the participants and depression, self esteem and satisfaction with the body, but not with BMI. Also, satistically significant relationships were not found between the psychosocial functionality of the participants and marital status , monthly income, professional employment and educational level. Self esteem, satisfaction with the body and educational level were found to be predictors of the psychosocial functionality subscale of quality of life.

CONCLUSION: In the regresion model set up, self esteem, satisfaction with the body and educational level were predictors of psychosocial

functionality but depression and BMI were not. These results suggest that psychosocial functionality among overweight women is not associated with bodyweight but with how the women perceive themselves and their bodies. These finding indicate that self branding by overweight women must be studied further.

Key Words: Being overweight, quality of life, self esteemı, body image, branding, depression

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REVIEW OF PSYCHIATRIC COMORBIDITY IN EPILEPY PAITENTS

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AIM: Medical treatment of the seizures or the epileptic syndrome, compliance with therapy, and drug side effects are the focal points in the management of epilepsy. While it is the harmony and balance between expectations from life and the physical, psychological and social limitations that determine the quality of life, psychiatric disorders and cognitive disorders lower the quality of life of the epileptic patient. Biopsychosocial problems of epilepsy can be related to age, the underlying aetiology of the disease, duration of epilepsy, the frequency/severity/type of the seizures, EEG activity, antiepileptic agents used and the psychiatric comorbidities.

METHOD: This study investigated 117 epilepsy patients without a history of psychiatric disorder. Anamneses were recorded ensuring that none of the patients had a history of psychiatric diagnosis and use of drugs for their treatment. Clinical state of the patients were determined on the basis of the DSM-IV criteria. All patients were asked to complete the Hospital Anxiety Rating Scale (HARS) and the Hospital Depression Rating Scale (HDRS).

RESULTS: Of the total 117 patients, 63 were females and 54 were males. The mean age was 47 years. The epileptic seizures were ranked as : primary generalised in 41, complex partial in 39, simple partial in 20 and secondary genralised in 17 patients. On the basis of DSM-IV criteria psychiatric disorders were determined in 63 (56%) of the patients, with the ranking order of 23 depressive temperament compliance disorder, 18 major depressive disorder, 8 conversion disorder, 8 dysthymic disorder, 3 mild level mental retardation, 2 psychotic disorder that could not be named otherwise and 1 obsessive-compulsive disorder, while 54 patients did not have any psychotic problems. In the evaluation of the scorings on HARS and HDRS, depression and anxiety levels were found to to significantly high in female patients with complex partial and secondary generalised type of seizures; and only depression was found to be significantly high in women with primary generalised seizures. While the level of anxiety was higher among the female patients, depression incidence was higher among the male patients.

CONCLUSION: In the recent years the quality of life of patients including the epilepsy patients are stressed with the objectives of increasing the contentment and the living standard of the patient as well as reducing the cost burden of the disease. Determination of the psychiatric disorders and the social problems accompanying epilepsy and the psychiatric approaches and treatments in the necessitating cases are as important as seizure control in raising the quality of life of the patients.

Key Words: Epilepsy, psychiatry, depression, anxiety, comorbidity

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PP-150

BRADYCARDIA AFTER ELECTROCONVULSIVE THERAPY :CASE PRESENTATION

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AIM: Vagal stimulation and valsalva effect of electroconvulsive therapy (ECT) results first in sinus bradycardia, and following sympathetic stimulation and catecholamine release, hypertension and tachycardia are observed. Vagal and sympathetic effects also result in brady and tachy-arrhythmias, ST and T wave changes. Anaesthetic agents can also augment the cardiac side effects. This report discusses the case of a patient who developed serious attacks of bradycardia in seizures during ECT sessions.

CASE: The case is a 28-year old female patient with a 9-year history of bipolar disorder admitted to the psychiatry ward mania with psychotic character. Since she did not respond to the treatment given, after the required approvals, investigation and consultations, she was started on ECT in the second months of her pharmacotherapy. EEG recorded during the 4th ECT session after seizure showed bradycardia which was observed in 6 of the 9 sessions of ECT. During ECT the maximal heart rate was in the 116-206 beats/minute range. Bradycardia was in the 30-38 beats/min range. Intervention was with atropine in the first session and with lidocaine iv in one of the other sessions. ECG and ECHO did not indicate any pathology. Given the continuation of the severe psychiatric symptoms and that bradycardia that developed was not a contraindication to ECT, the therapy was continued. In the Holter investigation the rhythm was basal sinus rhythm, and 70 early beats and supraventricular tachycardia (SVT) with bigeminy, trigeminy, and couplet and triplet beats were observed. It was advised that as the antipsychotic medication used were not contraindicative to ECT, the therapeutic sessions could be continued with careful moniterisation.

DISCUSSION: ECT evoked an acute hyperdynamic cardiovascular response the extent of which were not related to extent of the seizure mechanism. Systolic blood pressure was transitorily raised by 30-40%, heart rate increased by 20%, and the peak values appeared 3-5 minutes after the electrical stimulation. ECT can result in myocardial infarction, ventricular tachycardia, and even cardiac rupture. The risks of cardiac

complications is higher in patients with cardiac disorders. There is a report in the literature on the case of a male patient in whom an epileptic fit could not be induced by ECT and bradycardia was observed after the third attempt. ECT was discontinued and the patient was treated with glycopyrrolate. The authors have recommended the use of suprathreshold stimulations to prevent life threatening bradycardia and hypotension which develop when subconvulsive stimulation results in extreme vagal stimulation without a subsequent epileptic fit and sympathetic activation. It has been reported that atropine use before ECT does not protect against bradycardia. However, it has been also argued that atropine, compared to glycopyrrolate, is more protective against bradycardia. In view of possible cardiovascular complications, the patient should have an open venous entry and should be monitored for blood pressure, ECG and pulse oximetry during ECT procedure.

Key Words: ECT, bradycardia, cardiovascular side effects

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PP-151

DULOXETINE USE FOR STRESS URINARY INCONTINENCE AND MANIC EPISODE SWITCH IN PATIENT WITH BIPOLAR DISORDER: CASE PRESENTATION

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AIM: Manic switches with varying incidences after antidepressant treatment in bipolar disorders (BD) or unipolar disorders have been known for many years in clinical practice. In this report attention has been drawn to antidepressant use in cases of comorbidity.

CASE: The 56-year old female patient had been followed and hospitalised many times over 40 years for BD complaints, with regular attacks especially during seasonal changes of the year. When treated by the urology clinics with duloxetine for stress urinary incontinence (SUI) she switched to manic episode and was admitted to the psychiatry ward. Shortly after her discharge, she was readmitted for manic episode relapse due to restarting medication of the same class for SUI. This report discusses the treatment and follow up control of the case on an outpatient basis.

DISCUSSION: It was seen that lack of adequate information exhange between the urology and psychiatry divisions underlied the incidence of repeat admissions of the BD patient for the recurrence of manic switch. Duloxetine causes increased levels of serotonin and noradrenaline in Onuf's nucleus where the pudendal nerve originates, and should be used with extreme care in BD patients with neurological comorbidities. Attention is drawn over the case of this patient to the necessity of information exhange, between units involved in the treatment of comorbidites, on the drugs used and the side effects.

Key Words: Bipolar disorder, duloxetine, urology, psychiatry

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PP-152

PARAMETERS OF ARTERIAL STIFFNESS IN PANIC DISORDER PATIENTS ON LONGTERM TREATMENT

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AIM: Relationships between psychiatric and cardiovascular disorders have been demonstrated by many studies . Panic Disorder (PD) is associated with the myocardial infarction risk in cardiovascular diseases. This study has aimed to evaluate the relationship between the arterial stiffness parameters (ASP) and the depression and anxiety scores of patients diagnosed with PD.

METHOD: This study has included 25 PD patients and 25 age and gender matched healthy controls. Psyhiatric symptom data were collected over the Beck Depression Inventory (BDI) and the Beck Anxiety Inventory (BAI) and arterial stiffness parameters were assessed using the Mobil-O-Graph arterioghraph equipment.

RESULTS: Demographic details of the two groups were similar, but the mean BDI and BDA scores of the PD group were significantly higher than those of the controls ($p<0.005$). ASP of pulse wave velocity and augmentation index were also significantly elevated in the PD group. There was a moderate positive correlation between the ASP and the mean BDA score, and also a similar and significant correlation existed btwee ASP and the mean BDI score.

CONCLUSION: The results of this study have demonstrated a significant relationship between the depression and anxiety scores of PD patients under long term antidepressive treatment and the ASP.

Key Words: anxiety, arterial stiffness, augmentation index, depression, pulse wave velocity

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PP-153

ANISOCORIA DUE TO ESCITALOPRAM USE

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AIM: Escitalopram is a selective serotonin reuptake inhibitor and is used by the current practice for the reliable treatment of major depressive disorder, anxiety disorders and obsessive-compulsive disorder. Anisocoria is the benign condition with different diameters in the pupils of the eyes under dim lighting and this report discusses the case of anisocoria after escitalopram treatment for preliminary diagnosis of pervasive anxiety disorder.

CASE: An 18-year old female university student preparing for academic examinations consulted our psychiatry clinics with the complaints of increased anxiety symptoms over the previous 6 months due to anticipations on the impending university exams, rapid fatigue, insomnia and indisposition. Psychiatric examination showed that she was conscious, her oreientations to persons, place and time were complete, longterm and short term memories were natural, attention and intelligence were normal. Her affect and mood were anxious, thought process was normal, thought contents included worries about the future. Perception pathology was not observed. Pervasive anxiety disorder was considered and she was started on escitalopram (5 mg/day, titrated to 10 mg on the 4th day). On the 7th day of the treatment she came back with increased anxiety when anisocoria was detected and she was referred to opthalmology clinics. The pupils were 9mm on the right and 5 mm on the left. She was investigated in the eye, neurology and brain surgery divisions and an organic pathology was not determined. Escitalopram was discontinued, and the pupil diameters returned to normal in 4 days. Upon the patient's request low dose escitalopram treatment was restarted when anisocoira repeated on the 6th day of the treatment. Her treatment was switched to venlaphaxine (37,5-75 mg/day) and continued without the recurrence of anisocoria, and with subsidence of anxiety symptoms. She is currently under follow up control in the 7th month of remission.

DISCUSSION: Anxiety due to various causes can upset the quality of life and the academic performance of the individual. It has been known that anxiolytic agents can aggrevate anxiety at the initial few weeks of the therapy. Anisocoria incidences have been reported in the literature after the use of sertraline, paroxetine, fluvoxamine, clomipramine and bupropion. However, a report on anisocoria after escitalopram use has not been found. In the event of anisocoria with drug therapy, changing the drug should be considered having completed the diferential diagnosis procedures to eliminate all possible organic causes.

Key Words: Anisocoria, escitalopram, SSRI

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PP-154

VISUAL HALLUCINATIONS IN AN ELDERLY PATIENT AFTER CATARACT SURGERY

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AIM: Incidence of visual hallucination after eye surgery have been reported in patients without pathology of the visual pathways and eye structure and with normal psychiatric examination results. This report discusses the case of an elderly patient complaining of seeing lit candles in her visual field after cataract surgery on the left eye.

CASE: An 83-year old female patient was referred to our psychiatry clinics by the opthalmology division with hallucination of candles before her eyes. Her psychiatric examination showed that she was conscious; with complete oritentations to person, place and time. Her momentary, short and long term memeory were normal; intelligence was normal; affect was anxious; mood was euthymic; thought process and content were normal. After her cataract operation 1 month previously, she had developed visual hallucination of lit candles in her visual field. Her Mini-Mental Scale score was 27/30. Her visual acuity increased from 5/20 to 10/20 after the cataract surgery. Abnormalities were not observed in her neurological examination and biochemical test results. Her history did not include past or chronic psychiatric condition or treatment, including any eating disorders, additional drug uses or other organic disorders to enable the explanation of her visual hallucination. She was recommended risperidone (0.5 mg/day) treatment. In the second week of her pharmacotherapy the hallucinations had disappeared. No further complaints were observed after the gradual discontinuation of drug therapy in the 3rd month.

DISCUSSION: Charles Bonnett Syndrome is generally associated with low visual capacity and accompanying visual hallucinations and conserved cognitive abilites after emotional and visual pathologies. There are reports in the literature on incidences of visual hallucinations with cataracts and the disappearance of visual hallucinations after cataract surgery. However, the incidences of visual hallucination after eye surgery, as in our case, are rarely observed. The aim of this report is to contribute to the literature on the incidence of visual hallucinations after eye surgery and successful approach with pharmacotherapy.

Key Words: Visual hallucination, cataract surgery, risperidon

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PP-155

GENERALISED DYSTONIA MISDIAGNOSED AS CONVERSION DISORDER

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AIM: Diagnosis of conversion disorder (CD) is an elimination diagnosis when various neuropsychological symptoms in respose to stressful situations without any organic basis are clinically presented. Treatment considerations include removal of the stressful factors and treatment with antidepressant agents. Dystonia, on the other hand, is characterised by frequently repeated abnormal movements caused by changes in the muscle tissue that prevent normal muscular movements. This report discusses the case of a generalised dystonia patient wrongly diagnosed with conversion disorder.

CASE: The complaints of a 26-year old female patient started with the sudden onset 5 years peviously of spasms in her neck and hands. She had consulted a family physician for the worries of her condition exacerbated with stressful situations, restlessness, indisposition and lack of cheer, diminished attention and interest. She was treated with escitalopram (10 mg/day) with the diagnosis of CD. Her depressive symptoms showed imrovement but her physical symptoms persisted and gradually spread to the rest of her body when she consulted our clinics. Her psyhiatric examination resulted in fully consciousness, complete orientation to person, place and time, natural immediate, short and long term memory, and normal deemed intelligence level, natural affect, euthymic mood, and normal thought process and thought contents, without any pathology of perception. She was referred to the neurology clinics with the preliminary diagnosis of generalised dystonia. Neurological examination did not show any pathology except the involuntary movements. MRI and EEG investigations were also normal. She was started on lorazepam (7,5 mg/day) and baclofen (30 mg/day) for one week. When no response was seen in her symptoms she was referred to an advanced centre for deep brain stimulation (DBS) treatment.

DISCUSSION: Dystonias are classified as being generalised,segmental multifocal and focal. Treatment is often not satisfactory. While botulinum toxin (botox) is found effective on focal dystonia, generalised dystonia has been treated with levodopa, trihexyphenidyl, benzatropine, diazepam, lorazepam, clonazepam, baclofen (oral, intrathecal), carbamazepine, tetrabenazine or deep brain stimulation therapy applied into the globus pallidus. We have aimed at the possibility of missing the pathologies underlying CD and that CD diagnosis should be arrived at with a serious approach.

Key Words: Dystonia, conversion disorder, DBS

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PP-156

DEEP VEIN THROMBOSIS DUE TO LOW DOSE OLANZAPINE

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AIM: Olanzapine is a second generation antipsychotic agent used to treat psychiatric disorders including psychotic disorders, mood disorders and psychotic depression. Deep vein thrombosis (DVT) is a widely observed pathology frequently with identifiable organic causes and especially after the use of the first generation antipsychotic agents. This report discusses a case of DVT after short term olanzapine treatment..

CASE: An 18-year old young female had been put on olanzapine (2.5 mg/day-to be used hour before going to bed) for complaints of difficulty going to deep sleep and reduction in her sleep duration over a period of 2-3 months, after having experienced stressing situations. Her sleep problems were solved immediately but on the 7th day of her therapy her left leg swelled with pain. Clinical examination and Doppler USG resulted in the diagnosis of DVT. Examinations did not show any underlying tendency to DVT and her recent olanzapine therapy was continued with mirtazapine (15 mg/day). Her DVT symptoms improved immediately and she is currently under follow up.

DISCUSSION: Metabolic side effects of antipsychotic agents, and especially of olanzapine, including weight gain, increases in the levels of blood lipids and glucose in the short term and tendency to thrombosis have been reported. However, there are not any reports on DVT occurrence in such a short time after commencing low dose olanzapine treatment. We have aimed at pointing at the requirement of care in the use of antipsychotic agents and close control of the patients for the presentation of DVT.

Ket Words: DVT, olanzapine, mirtazapine

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PP-157

ANGIOEDEMA RELATED TO RISPERIDONE

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AIM: Risperidone is a reliable therapeutic agent frequently used for psychotic disorders and mood disorders. Risperidone has mostly benign side effects including fatigue, lethargy, insomnia, increased appetite, agitation and anxiety. A serious side effect, however is angioedema. This report discusses a case of angioedema after risperidone treatment.

CASE: The 37-year old male patient developed behavioural changes with symptoms of irritability, reduced duration of sleep, use of swear words 1 week after the surgical removal of a tumour from the right frontal cortex, and was brought by his family to the psychiatry clinics. His psychiatric examination showed that his immediate, short term and long term memory were natural, affect was irritable and mood was euthymic and he did not describe any delusions or hallucinations. His judgement was normal. He was given risperidone (0,5 mg/day) to control his behavioural problems. It was learned later that his family increased the dose to 1 mg/day in the second week, when in 2 days he developed itchy and burning sensations all over his body , with periorbital oedema, swollen face, shortness of breath and difficulty swallowing and had to consult the emergency services and was subsequently referred to the dermatology clinics. His examination and laboratory test results did not give any indications to explain the observed angioedema. Risperidone was suspected of the symptoms and was discontinued When referred to psychiatry, the patient was started on quetiapine (100 mg/day) resulting in improvement of his behavioural symptoms. The patient is currently being followed up.

DISCUSSION: Angioedema is a rarely seen allergic reaction that can be attributed to many causes, and requires immediate treatment. Angioedema after risperidone has been observed to be due to injectible forms, high doses or use in combination therapies. We wanted to draw attention to the development of angioedema, a serious and life threatening condition, after 1 mg/day risperidone used on its own.

Key Words: Angioedema, allergic reaction, risperidone

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HIRSUTISM ASSOCIATED WITH SERTRALINE USE

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AIM: Hirsutism in women is the male-pattern growth of terminal body hair growth in androgen-stimulated locations such as the face, chest, and areolae, where hair growth in women usually is minimal or absent, as a result of androgen hormone production or increased sensitivity to androgens. Sertraline is a serotonin reuptake inhibitor used as an antidepressant agent in major depressive disorder (MDD), obsessive-compulsive disorder and anxiety disorders. This report discusses the case of a patient diagnosed with MDD, who developed hirsutism after sertraline therapy.

CASE: A 35-year old female patient consulted our psychiatry clinics with the complaints of weeping, boredom, depression, unhappiness, rapid irritability, reduced sleep and appetite over the previous 2 months. Her history revealed that she had family and marital problems. Psychiatric examination showed that she was conscious; orientation to persons, place and time were complete; momentary, short and long term memory were natural; her intelligence was normal but her attention had diminished. Her affect was sad, mood depressive, thought process and contents were normal, and pathology was not observed in her perceptions. She had a history of post partum depression 6 years previously which had been satisfactorily treated for 2 years with escitalopram (20mg/day) and thereafter for 1 year with fluoxetine (20 mg/day). Her score on the Hamilton Depression Rating Scale (HDRS) was 32, which suggested major depressive disorder and sertraline (50mg/day) treatment was started. Approximately 2 weeks after the commencement of the therapy she developed hypertrichosis under her chin and on parts of her body. As she did not have a similar complaint in her history, she was referred to the gynaecology and antenatal clinics. Her physical and abdominal examination, urogenital USG, routine biochemical test results and hormone levels including androstenedione, testosterone, dehydroepiandrosterone sulphate (DHEA-S), follicle stimulating hormone (FSH), leutenising hormone (LH), progesterone, cortisone, insulin and adrenocorticotropic hormone (ACTH) were all normal. As the patient was greatly disturbed by hirsutism and depressive symptoms persisted, sertraline was switched to venlafaxine (75 mg/day). Her trichosis had stopped but her HDRS score was 28 on the 15th day control when venlafaxine dose was titrated up to (150 mg/day). In the third month of the therapy her HDRS score had dropped to 7, and she resumed her past normal state.

DISCUSSION: Hirsutism is roughly separated as the androgenic, non-androgenic and idiopathic hirsutism, with androgenic hirsutism ranking as the majority (80%) of the cases observed. Hypertrichosis characterised with vellus type of hair growth on the body and is different from hisrsutism. It can be seen in both the males and the females. Hypertrichosis has been observed after citalopram. However, hirsutism or hypertrichosis after sertraline has not been reported in the literature. It has been the aim of this report to draw attention to this possibility.

Key Words: Hirsutism, sertraline, venlafaxine

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PSYCHOSIS LIKE SYMPTOMS: ARACHNOID CYST VERSUS DISSOCIATIVE REACTION? CASE PRESENTATION

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INTRODUCTION: Various psychotic symptoms including the Schneider symptoms are seen in dissociative reactions as well in organic psychoses which may complicate the process of differential diagnosis. In this report we have aimed to present the diagnosis, differential diagnosis

and treatment procedures in the case of a patient who consulted our clinics with atypic psychotic symptoms and an arachnoid cyst on the left temporal lobe.

CASE: The first complaints the 22-year old female patient married with one child started when she was 13 years of age by attacks of inability to recognise her environment, alienation from her environment, blurred vision and formation of lines in her visual field. During these 1 to 2-minute attacks she could not talk despite being fully conscious, her hands trembled, feeling numbness and cold in the left arm and feeling tired after the attack. The attacks ceased after 1 year, but restarted at 16 when she was married. During the new attacks she had delusions and hallucinations. She consulted the neurology department of a state hospital and cranial imaging revealed an arachnoid cyst of 8x7x7 cm dimensions. EEG was interpreted to be within normal limits and the patient's symptoms were thought to resemble epileptic phenomena and treatment was started with antiepileptic agents. However, since the symptoms were increased by stressful events, and when alone and unhappy the possibility of experiencing dissociative symptoms of psychotic character was considered and antidepressants and low dose antipsychotics were added to her treatment. Six months before she consulted our clinics she had 1to 2- minute attacks daily with auditory and visual hallucinations and labile affect. She started to have increased suspiciousness. She was admitted to the Video EEG unit when she was under treatment with valproic acid (1000 mg/day) and sertraline (100 mg/day). When having one or two attacks daily no changes were observed in her EEG records. On account of the auras, tremor and loss of feeling in the arm and lack of response to verbal stimuli, epilepsy could not be clinically eliminated completely. The position of the mass being in a risky location surgical intervention was not planned. Risperidone (1 mg/day) was added to her treatment. One month after her discharge her delusions and suspiciousness subsided and the dose of reiperidone was reduced.

DISCUSSION: Psychotic-like symptoms are associated with lesions in certain areas of the brain. Arachnoid cysts constitute 1 % of all intracranial lesions. They are benign and are generally determined by coincidence. Frequently they can cause head aches, intracranial pressure and neurological symptoms like epilepsy, and rarely psychiatric disorders. In the case reported here, anatomical placement of the cyst and the neurological changes during the attacks suggest a role of the cyst in the occurrence of the psychotic symptoms. However, the association of the symptoms with psychosocial stress factors suggest the presence of a psychogenic component of the organic pathology.

Key Words: Arachnoid cysts, dissociative reaction, psychosis

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PP-160

EVALUTATION OF DELIRIUM DURING PSYCHIATRIC CONSULTATION

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OBJECTIVE: Delirium is a complex neuropsychiatric syndrome with symptoms of disturbance in attention, various cognitive and motor functions, perception, thought process and sleep. Its incidence in the general patient population ranges from 10% to 40%; and can be higher in some patient groups, such as 30-50% among post-operative geriatric patients, and ≥80% among patients on mechanical ventilation in the intensive care units. The main determinant for the early treatment and prevention of delirium is the understanding of the detailed clinical picture of delirium. The aim of this study was to establish the incidence of delirium diagnoses in the psychiatry consultations made in the Dokuz Eylül University and discuss the clinical details.

METHOD: This study involves the retrospective scanning of all the patient referrals from the emergency and all other services or applications to the psychiatry services throughout 2013 up to 14.08.2014. The data in the files have been analyzed and all patient's records with reference to ''delirium" on the basis of ICD-10 diagnostic criteria, including "Delirium, not induced by alcohol and other psychoactive substances", ''delirium superimposed on dementia", ''delirium not superimposed on dementia", ''delirium, unspecified", ''delirium, other" were included in the study.

RESULTS: In a total of 7543 referrals made to the psychiatry services in the period given, 804 (10.6%) included a reference to ''delirium" with ICD-10 diagnostic coding. The total of patients with definite delirium diagnosis was 569, consisting of 44.6% females and 55.4% males; and ages ranging from 18 to 99 years with a mean of 69.5(± 14.8) years; 90(15.8%) were observed in the intensive care units; 73(%12,8) in the services of pulmonology and thoracic disorders; 68(12,0%) in the orthopaedic service;63(11,1%) in the general surgery services. For 143 patients (25.1%) with delirium diagnosis more than one consultation had been requested. In the year 2013 alone, the incidences changed as 10.8% in pulmonology services; 9.6% in cardiology services; 9.6%in orthopaedic services. Within the first 8 months of 2014 the incidences were 15.3% in pulmonology services; 14.9% in orthopaedic services; 11.4% in general surgery services, and in this period of 2014, 50.2% of the patients were females and 49,8% were males.

CONCLUSION: The incidences of 'delirium' diagnoses in psychiatric consultations assessed in our study are in agreement with the results of other studies reported in the literature. The results in the gender basis of incidence is in agreement with the gender distribution in the old age population. The majority of the patients diagnosed with delirium were referred from the pulmonology and orthopaedic services, which also is in agreement with the reports in the literature.

Key Words: Delirium, consultation, psychiatry

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COMPARISON OF DEPRESSION, ANXIETY AND QUALITY OF LIFE IN PRE-DIALYSIS AND DIALYSIS PATIENTS

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OBJECTIVE: The aim of this study was to compare the data on depression, anxiety and quality of life in chronic renal failure (CRF) patients at pre-dialysis stage (stage-IV) and at dialysis (Stage-V) to show the appearance of the depression and anxiety symptoms at a period ahead of the dialysis treatment, and to compare the effects of dialysis, depression and anxiety on the patients' quality of life.

METHOD: This study was conducted at Bakırköy Dr. Sadi Konuk Training and Research Hospital Dialysis Unit with 19 haemodialysis patients over 15 years of age at 'end stage/Stage-V CRF and 50 predialysis patients with stage-IV CRF. All patients were asked to fill in a sociodemographic information questionnaire, the Hospital Anxiety Depression Rating Scale (HADRS) and The Short Form (36) Health Survey for Quality of Life Assessment (SF-36) .

RESULTS: The Stage IV and the Stage V patients did not differ demographically or on the basis of their mean total scores on the HADRS. Comparison of the mean SF-36 scores of the two groups did not differ significantly in all the subscales except the 'pain' and 'physical functions' subscales. When patients were compared on the basis of being and not being at risk for depression and anxiety on the HADRS, scores on the quality of life component were significantly lower in the patient group at risk, independently of the stage of CRF .

CONCLUSION: The results of this study have shown that quality of life did not differ in the stage- IV and stage-V CRF patient groups, such that the progress of CRF did not have an extra contribution to quality of life rating, and that depression and anxiety affected adversely the quality of life independently of the stage of CRF. Quality of life is an important factor in determining morbidity and mortality among CRF patients. Given the proven bad effect of depression on quality of life, the importance of detection and timely treatment of the psychiatric symptoms not just at the final stages but in all the stages of CRF becomes obvious. It is expected that psychiatric examination of patients at the early stages of CRF and treatment of the depressive symptoms will increase the quality of life and facilitate compliance with the therapy, and hence in effect reduce the incidence of morbidity and mortality in CRF.

Key Words: Haemodialysis, predialiysis, depression, anxiety, quality of life, mortality, morbidity

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PP-162

PRESS COMPLIANCE WITH THE WORLD HEALTH ORGANIZATION RECOMMENDATIONS ON REPORTING SUICIDES

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INTRODUCTION: It had been reported that over 1 million people committed suicide annually. It may not be possible to eradicate suicide but preventive measures can reduce its incidence. The World Health Organization (WHO) has defined four basic preventive measures on suicide, the last of which is covers news reporting on suicide which spells out what should be done and not done in responsible news reporting.

OBJECTIVE: The aim of this study was to investigate on the one hand the compliance of the internet news bulletins of some of the news papers in Turkey with the WHO recommendations on reporting suicides; and to assess any differences in the compliance of local and national papers with the WHO recommendations on the other.

METHOD: The leading 3 national news papers, namely Hürriyet, Posta and Zaman, and local papers with daily sales above 5000, namely Haber, Olay, Özgür Kocaeli, Sakarya and Yeni Asır, published during 1-31 July 2013 were scanned in the internet web site of the Press Advertisement Institution by entering the word ''suicide" on the search motor of the pages.

RESULTS: A total of 691 entries were found, 630 (91%) of which reported individual suicides, while 62 (9%) were on general news related to suicide with 53(85,5%) of these giving information on suicide and 9 (14.5%) using the word ''suicide" metaphorically. Entries of news in the national and the local papers on suicidal attempt were, respectively, %29,4 and 26,7%(p>0,05) of the total news articles. Incidence of compliance with the WHO recommendation of 'not to print photographs' by the national and the local papers were , respectively, 27.8% and 7.3%. None of these entries had printed a 'suicidal note' as recommended by the WHO, but 11,1% of the national papers and 18% of the local papers had referred to the finding of a suicide note (p<0,05). . Despite the WHO recommendation against it, description of the mode of the suicide was given in 46.3% of the national papers and 39,3% of the local papers (p>0,05). Again, contrary to the WHO recommendation 'the cause' of the suicidal attempt was given in 57.8% and 64,7 % (p>0,05) of the national and local papers, respectively. None of the articles had inclusions on praising suicide, using cultural religious stereotypes or blaming others. Recommendation on seeking help from health officers was included only in 5 (3.2%) articles in the nationals and 4 (0.8%) of the locals. Compliance with the recommendation on the use of the expression ''completed suicide" as against ''successful suicide" was only 29,4% in the nationals and 26,7% in the locals (p>0,05). Measures were taken on the warning signs in entries by 2,1% of the nationals and 3,2% of the locals (Fischer Exact Test p>0,05). Only in one article was there reference to alternative suicidal ways, and no entries were found on sources of help for suicidal attempts.

CONCLUSION: The results have demonstrated that the WHO recommendations on reporting on suicides are not complied with in

the selected news paper on a significantly high rate, that photographs are printed and references are made to suicide notes in local papers at higher rates as compared to the national papers. We believe that when taking preventive measures against suicidal attempts, education of the journalists on the subject is important.

Key Words: media, newspaper, suicide, WHO

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EXPLANATIONS OF PHYSICAL SYMPTOMS BY DEPRESSIVE PATIENTS AND THE RELATED FACTORS

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OBJECTIVE: Symptoms of depression and the manner of seeking help for these symptoms exhibit cultural differences. Although at one time expression of psychological problems by somatization was thought to be characteristic of the Eastern populations, currently it is also seen frequently in the Western populations. The mode of interpreting somatic symptoms play an important role in the said somatization process. People generally make three types of causal attributes to somatic symptoms described as somatization, metallization and normalization. This study has aimed to assess the relationship between the types of causal attributions made by depressive patients on their symptoms and the associated factors, and to determine the predictors of these attributions.

METHOD: Patients (n=90) diagnosed with major depressive disorder on the basis of the DSM-IV criteria were asked to complete the Toronto Alexithymia Scale, Brief Symptom Inventory and Symptom Interpretation Questionnaire, the Beck Depression Inventory, Symptom Scan List-90-Somatisation Division and the Exaggeration of Symptomatic Complaints Scale.

RESULTS: All three types of causal attributions to somatic symptoms were found significantly correlated with each other and with depression, the level of alexithymia, the number of somatic symptoms and the exaggeration of somatic symptoms. Predictors of the somatization were alexithymia and exaggeration of somatic symptoms; the predictors of metallization and normalization were the severity of depression and exaggeration of somatic symptoms. The results of this study have shown that patients with severe depression attribute their somatic symptoms to more than one cause. The differences of causal attributions made by depressive patients between the Eastern and Western populations can be ascribed to cultural reasons and the differences in the behaviour of seeking help and treatment.

Key Words: Depression, somatization, causal attribution for somatic symptoms, culture

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RELATIONSHIP BETWEEN LONELINESS AND PARASOCIAL INTERACTON WITH CHARACTERS IN TV SERIAL FILMS

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OBJECTIVE: Some authors have discussed the possibility of forming a one-sided symbolic relationship between members of the public and the characters in TV serial films, and have designated this as a parasocial interaction. Formation of parasocial interactions (PSI) with film characters can be expected from those individuals with increased attachment anxiety in close relationships. In other words, attachment anxiety may be related to PSI. The aim of this study was to investigate the relationship between the attachment styles (anxiety and avoidant) and loneliness.

METHOD: This study was conducted with 363 volunteering university students (234 females and 129 males). Data were collected by means of psychometric scales. The participants were asked to complete the Parasocial Interaction Scale, the Parasocial Break-Up Scale, UCLA Loneliness Scale and the Experiences in Close Relationships-Revised inventory II.

RESULTS: Participants were placed in groups on the basis of the level of their PSI scores and the groups were compared on the basis of attachment and loneliness dimensions as well as various parameters related to TV watching. The group of participants with high level of PSI had significantly higher mean scores of attachment anxiety and loneliness as compared to the groups with moderate of mild PSI formation. The group with high PSI scores experienced more anxiety when the TV series ended or the characters left the series. It was also observed that the time spent by the group with high PSI scores watching TV films and preference for the Turkish serial films was higher than in the other groups.

CONCLUSION: Forming PSI with characters in serial TV films is strongly correlated with attachment anxiety and loneliness.

Key Words: Attachment dimensions, loneliness, parasocial interaction, TV film series

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ARE METAPHORICAL REFERENCES IN NEWSPAPERS TO SCHIZOPHRENIA ON THE DECLINE?

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OBJECTIVE: Branding or stigmatization of an individual or group is making detrimental attributes on socially characteristic grounds that are perceived, and serve to distinguish them, from other members of a society. Erroneous references by the media groups to psychiatric patients or disorders create negative judgements against these on part of the society. There are two aspects to the misuse of the word Schizophrenia by the press. One is the metaphorical use of the word out of context for an illness with significant prevalence in the population. One study has reported 44.1% incidence of the misuse of schizophrenia metaphorically. Another error is the use of the word in association with news of violent events. The aim of this study was to determine the misuse of the word schizophrenia metaphorically and in association with violence in the Turkish news papers.

METHOD: Turkish news papers were selected for the purposes of this study on the bases of the general press and publishing policies in Turkey, the identity of authors, and the historical points of view on being leftist, main current and Islamic. Those papers with the highest circulation, namely Cumhuriyet, Posta and Zaman published between January 2013 and 31 December 2014 were scanned through the search motor on their web pages for the news items containing the words ''schizophrenic person, schizophrenia, schizophrenic events"

RESULTS: A total of 186 reports were found, 79 in Zaman, 60 in Posta and 47 in Cumhuriyet where 155(83,3%) referrals were in association with the illness, and 31 (16,7%) were on the metaphorical use of the word, the differences being statistically significant (p<0,05), resulting from less use of the word as a metaphor in Posta as compared to the other papers. Of the 155 references related to the illness, 11 (7.1%) contained positive, 76 (49%) contained neutral, and 68 (43.9%) contained negative implications; and 38 (55.9%) of the 68 negative referrals associated the word with events of violence. Combined referrals to schizophrenia and violence constituted 24.54% of the total 155 news items, with 136 (87,7%) published as news and 19 (12,3%) as articles on the subject. In the total 31 items with metaphorical referrals to schizophrenia, 12 were on politics, 8 were on art and artists, 5 were about social structure, 1 on Europe (West) and 3 on other topics. Of the 186 reports, 178 were written by journalists, 5 by medical doctors, 2 by politicians and 1 by an academician.

DISCUSSION: In studies conducted between 2001 and 2006 in Turkey, 20.2% of the new items were found to be concerned with violence. This study has determined this incidence as 24.54%. Use of schizophrenia as a metaphor was found to have fallen from 44.1% to 16.7%, but news on violence with referrals to schizophrenia showed a slight but definite increase. In those papers with an accentuated ideological side the metaphorical references were more prevalent. As stigmatizing references to schizophrenia deter treatment seeking and diminish the effectiveness of treatment, journalists are still a target in the contention against branding.

Key Words: stigmatization, media, schizophrenia

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PP-166

DIFFERENTIAL DIAGNOSIS OF FRONTAL LOBE SYNDROME: CASE PRESENTATION

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OBJECTIVE: Frontal Lobe Syndrome (FLS) was recognized for the first time in the 19th century as the result of the complete behavioural changes observed in Phineas Gage after brain damage. Research on FLS has continued ever since, but on account of the psychiatric symptoms of the patients, FSL has been diagnosed as a functional psychiatric disorder like the psychotic disorder and mood disorders.

CASE: The patient was a 46-year old male brought to our clinics with complaints of ''sudden irritation, shouting and damaging the furniture". History taken from the patient, and members of his family as well as his past medical files indicated that he had been a silent and agreeable individual as a child and adolescent. He had survived a traffic accident in 1995, and undergone brain surgery and spent 4 months in an intensive care unit. After his discharge he developed retrograde amnesia and epilepsy. Also, he developed symptoms of severe jealousy, continual demand, fast and excessive irritability, excessive talking and increased libido. These were not periodic complaints. He could not control his anger and took sudden decisions. In a health center he was diagnosed with bipolar disorder. Computerized brain tomography, carried out for psychiatric disorder due to the general medical condition, showed in the neighborhood of the two lateral ventricular horns, more extensively on the right, a hypodense encephalomalacic area, and minimal increase in the retrocerebellar CSF space. EEG showed traces within normal limits.

CONCLUSION: This report discusses the procedure in the differential diagnosis of FLS and functional psychiatric disorder in a patient whose dramatic behavioural change after a traffic accident and brain surgery had been diagnosed as bipolar disorder.

Key Words: Frontal lobe syndrome, bipolar disorder, differential diagnosis

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MOOD CHARACTERISTICS AND THE CIRCADIAN RHYTHM OF MULTIPLE SCLEROSIS PATIENTS

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INTRODUCTION: Multiple Sclerosis (MS) is a progressive disease with demyelinization in the central nervous system, and an indefinable prognosis. This study has aimed to investigate the mood and chronobiologial charactersitics of MS patients.

METHOD: This study was carried out in the Yüzüncü Yıl University Medical School Neurology Department with 75 patients diagnosed with MS on the basis of Mc Donald's criteria and 50 healthy volunteers as the controls. The participants were asked to complete the Profile of Mood States (POMS) to assess the mood status, and the Morningness–Eveningness Questionnaire (MEQ) for the chronobiological characteristics. The single variable and structural equivalence model was used to evaluate the relationships between the parameters.

RESULTS: MS patients consisted of 54 females and 21 males, while the control group consisted of 38 were females and 12 were males. The MS patients were grouped as relapsing-remitting (n=63) and secondary progressive (n=12). Both MS groups had higher scores in the depression-sadness and fatigue-lethargy subscales of POMS, and the circadian rhythms of the two groups did not differ. Those MS patients on glatiramer acetate and other group drugs exhibited further functional impairment than the IFN-beta treated group of patients. According to the structural equivalence model, gender is the predictive factor for mood as well as being the most effective factor on mood.

DISCUSSION: Factors affecting mood in MS patients have not been completely explained. Disease duration and severity have been placed among these factors. In our study neither the duration nor the severity of MS appeared to have an adverse effect on mood, however, gender was found to be the most important factor affecting mood in MS. Although circadian rhythm and preferences have not been completely explained, demyelinizaiton of the nerve pathways in the suprachiasmatic nucleus may result in sleep-wake cycle disorder. In our study differences have not been found in the circadian preferences in MS patients.

CONCLUSION: Female gender was seen to have adverse affect on the mood of MS patients, as also seen in psychiatric disorders. In this respect, tension-anxiety, depression-sadness, anger-irritation are more prevalent among females. Mood characteristics are important in MS for daily living, social integration, adaptation and compliance with the treatment. Therefore, support and rehabilitation therapy for the mood disorder of female MS patients is essential for achieving positive results in the treatment of MS.

Key Words: Multiple Sclerosis, mood, disability, circadian rhythm

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CREUTZFELDT-JAKOB DISEASE INITIALLY THOUGHT TO BE CATATONIC DEPRESSION: CASE PRESENTATION

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OBJECTIVE: Creutzfeldt-Jakob disease is a very rare neurodegenative disease with sporadic (or classical), inherited (or familial), iatrogenic (or acquired) and variant types. In most of the cases its clinical aspect is characterised by neurological symptoms, and in a small percentage of patients it is displayed with mental disorder findings and psychiatric symptoms. This report aims to discuss the case of a patient initially presenting with catatonic depression symptoms, but subsequently discovered to have Creutzfeldt-Jakob disease with the use of advanced diagnostic systems.

CASE: M.O. was a 50-year old female patient referred to psychiatry from the emergency services with the complaints of diminished attention, insomnia, diminished psychomotor activity and memory functions. Her history included diagnosis with depression 20 years previously which improved without any treatment. Her anamnesis included the development during the previous 2 months of anhedonia, anxiety, sadness, lack of appetite, reduced self care, slow speech with reduced tone, answering questions with short answers, insomnia and iritability. Her family history was uneventful. Neurological examination showed loss of all orientations despite concsciousness; extremely slow speech, decreased muscle tonus in the extremities with mild to moderate rigidity, normal muscle power but increased reflexes. However, plantar reflex was indifferent. In view of the atypical anamnesis, fast developing symptoms and abnormal neurological findings an underlying organic cause was suspected. MRI showed mild cerebral-cerebellar atrophy and tensor diffusion MRI indicated limitation in the cortical diffusion. EEEG revealed bilateral periodic lateralised epileptiform discharges and slow wave forms. Myoclonic attacks not previously observed also added to the scene. Results of the fast polymerase chain reaction for Herpes Simplex, Herpes Zoster, Ebstein-Barr and Cytomegalovirus and fungal antibody scan in the CSF were not significant. But the protein level of the CSF was 76ml/dl vs the normal range of 15 – 45 mg/ dl. The 14-3-3 and tau proteins were analysed by outside laboratories and incresed levels were found in the CSF. The final diagnosis was sporadic Creutzfeldt-Jakob Disease (sCJD). After the patient was admitted to the neurology ward, her mental condition deteriorated, opposing food and mobilisation and akinetic mutism appeared in the scene. She died on the 72nd day of hospitalisation.

DISCUSSION: In CJD psychological symptoms of anhedonia, anxiety, iritability, insomnia and mood changes can be observed. Although in most cases CJD presents with neurological symptoms, it can also start with psychiatric symptoms. The case discussed here started with psychiatric symptoms that lead to late onset pyramidal-extrapyramidal findings, myoclonus, aphasia, and upper cortical signs of akinetic mutism resulted in CJD diagnosis. It is important to consider CJD in especially the elder patients without previous psychiatric history, and recent and fast progressing complaints of behavioural changes,

irritability, anxiety, mood variations, and treatment resistant psychotic symptoms.

Key Words: Depression, Creutzfeldt-Jakob disease, ccatatonia

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PP-169

A CASE OF NEUROSYPHILIS PRESENTING WITH MANIC SYMPTOMS

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DISCUSSION: Neurosyphilis is a disease due to the infection of the central nervous system by the bactrium treponema pallidum belonging to the spyroketes family, and is often acquired by sexual contact. At the initial phase it is either asymptomatic or presents similarly to menengitis, but at the advanced stages, with the involvement of the brain parenchyma, neuropsychiatric symptoms become very distinct. It can be observed clinically as mood disorders, psychotic disorders or demential processes. It is also important to consider the possibility of neurosyphilis in cases consulting with psychiatric symptoms not responding to treatment and with fast deterioration. The required investigations enable the catchment of neurosyphilis cases and suitable treatment. Antibiotic treatment in the early phase will impede the advancement of the disease; and , in fact, the early antibiotic treatment has reduced the incidence of neurosyphilis in the recent years. Early diagnosis and treatment is very important for the patients and their families. Therefore, we have discussed the case of a patient who presented with manic attack symptoms but was diagnosed with neurosyphilis.

Key Words: Mania, neurosyphilis, organicity

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PP-170

PSYCHOSIS RELATED BEHAVIOUR IN METABOLIC SYNDROME INDUCED BY HIGH-FRUCTOSE DIET AND THE CORRECTIVE EFFECT OF GLP-1 ANALOGUES

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OBJECTIVE: Sugary diets result in changes of the toll-like receptor sub-types and fat accumulation leading to inflammation that affects the brain and causes behavioural changes. Brain inflammation in psychotic disorder, and bipolar disorder has become a field of keen research in the recent years. This research has aimed to demonstrate the effect of diets with high sugar content on psychosis related behaviour and the effects of GLP-1 analogues (exenatide) on this behaviour.

METHOD: In order to induce fatty liver in 18 male experimental rats, they were given 35% fructose in the drinking water for 8 weeks. Another group of 6 rats were fed normally as controls. The fructose fed rats (FLR) were divided into 3 subgroups. FLR-1 group were injected intracerebroventricularly (icv) with 10 µL isotonic NaCl; FLR-2 were injected ivc 10 µL exenatide (10 µg/kg); FLR-3 were not treated. After allowing 5 days for recovery, all rats were put through apomorphine induced stereotype tests, by injecting ip 1.5 mg/kg apomorphine (dissolved in ascorbic acid) after being given 10 minutes to get used to the test cage. All rats were tested 10 minutes after the ip injections for 15 minutes when stereotypes per minute were scored by a system: No stereotype (0); rare sniffing (1); rare sniffing and rare cafe nibbling (2); frequent nibbling (3); continually intense nibbling (4); intensely nibbling the same point (5). Subsequently, the brains were excised and TNF-α, monodialdehyde and homovanillic acid (HVA) levels were estimated. The livers were studied histologically.

RESULTS: FLR exhibited significantly higher stereotypes as compared to the controls ($p<0.05$). Significant reduction in stereotypes was observed in rats injected with GLP-1 analogue in comparison to those injected with isotonic saline ($p<0.001$) and also reduced levels of TNF-α ($p<0.000$), malonaldehyde ($p<0.05$) and HVA ($p<0.0001$) were estimated in the brains of the GLP-1 analogue injected rats. Fatty liver development of macrovesicular type was demonstrated in histological sections.

CONCLUSION: Fatty liver causes psychosis related behaviour due to the increased turnover of dopamine. The inflammatory cytokines formed by the fatty liver (TNF-α) cause ''sickness behaviour''. Injection icv of GLP-1 analogue resulted in a decrease in this behaviour. The anti-inflammatory and the insulin resistance correcting effects of GLP-1 analogue reduced the dopamine turnover and resulted in the antipsychotic effects.

Key Words : Psychosis, fatty liver, exenatide, GLP-1

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PP-171

SCHIZOPHRENIA AND FRONTOTEMPORAL DEMENTIA COMORBIDITY: CASE PRESENTATION

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OBJECTIVE: The aim of this report is to draw attention to the neurodegenerative basis of recent onset behavioural changes in patients under clinical follow up observation for schizophrenia and similar psychotic disorders.

CASE: The patient is a 68-year old primary school graduate housewife, married with three children. Her complaints of ''suspecting her husband of adultery, irritability and physical aggression against people and furnishings about the house" appeared in 1982 when she was 36 years of age, after giving birth to her third child. When questioned on her aggression she commented that she was being made to do it. She was diagnosed with schizophrenia. Her first hospitalization was 10 years after the detection of her symptoms, up to which time she had been able to cope with house work and child care. When she consulted our clinics she had been hospitalized some 20 times, and her complaints consisted of irritability, sudden urge to shout, aggression, coprolalia, suddenly leaving home for unknown destinations. For the previous 4-5 years she had been talking senselessly to herself or behaving as if in the company of others, and could not recognize her relations. She closed up at times and did not respond to any stimuli. She was admitted to our psychiatry ward with the recent history of wanting to sleep continuously, tremor in arms and legs, difficulty walking, fearing being alone, refusing food, medication and conversation with others. Her preliminary diagnosis was atypic psychosis with parkinsonism and akathisia. Her pharmacotherapy was discontinued. Her laboratory tests and consultation with the general internal diseases unit indicated parenteral feeding. The patient refused the requests of the nursing staff, tried to remove her venous catheter or to get up and leave during parenteral feeding. Neurology consultation was requested for the differential diagnosis of any organic aetiology underlying her clinical condition and the changing course of her history. Cerebral MRI revealed atrophy in the frontotemporal zones and she was diagnosed with frontotemporal dementia (FTD). She was discharged with the management treatment of citalopram (40mg/day) and quetiapine (25mg/day)

DISCUSSION: The early onset psychiatric symptoms, preliminarily diagnosed as psychiatric disorders, and which in time present symptoms specific to FTD are considered to be the prodromal symptoms of FTD. Neurodegenerative diseases should be kept in mind in differential diagnosis and additonal diagnosis procedures on patients previously diagnosed with psychotic disorders such as schizophrenia but presenting with previously unobserved behavioural and cognitive changes..

Key Words: Differential diagnosis, frontotemporal dementia schizophrenia

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PP-172

PSYCHOSIS EPISODE PRESENTING WITH DELIRIUM POST- STATUS EPILEPTICUS: CASE PRESENTATION

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INTRODUCTION: Epilepsy is a pathological condition due to abnormal discharges by neurons in the brain. As it is accompanied frequently with psychiatric symptoms it was followed by psychiatrists in the early 1900s but later became the concern of neurologists. In the 1950s attention was drawn to the concurrence of epileptic seizures and psychiatric observations. The two accepted of the many explanations on its aetiology, are the kindling hypothesis and the explanations related to gliosis. According to the kindling process, the electrophysiological stimulation of one part of the brain gradually lowers the threshold for the successive stimulations such that when the previously subthreshold stimuli are repeated seizures do occur. Stimulations repeated over a long time directly cause seizures. The second hypothesis is associated with the loss of cells in the limbic area and the amygdala and gliosis after the seizures. The epileptic activity in the basolateral area of the amygdala facilitates the synaptic transmission and starts the psychotic process. Gliosis is observed mostly in the temporal zones and results firstly in personality changes followed with psychosis. Case reports by different clinics on the development of psychosis after nonconvulsive status epilepticus are correlated with radiological findings of pathological changes in the temporal zones. Case reports indicate that psychotic process started with personality changes can be further complicated with delusions and hallucinations.

There are three types of psychosis phenomena associated with epilepsy, designated as the post-ictal psychosis, inter-ictal psychosis and the chronic inter-ictal psychosis. Post-ictal psychosis generally results from the increased frquency of seizures or the wihdrawal of the anticonvulsant therapy for status epilepticus in the patient treated for epilepsy longer than 10 years which matches the case of the patient we have discussed here.

CASE: We were able to observe the psychotic attack characterized by somatic delusions of a patient, who had been treated for epilepsy in our clinics since the age of 6 and had been referred to the neurology intensive care unit after developing status epilepticus 15 days previously. Given the different clinical presentations of epileptic psychoses, we decided to share the details of this case with you.

Key Words: Epilepsy, psychosis, status epilepticus, psychiatric symptoms

PP-173

TUMOUR IN INSULAR CORTEX PRESENTING WITH DEPRESSIVE SYMPTOMS: CASE PRESENTATION

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OBJECTIVE: Brain tumours can frequently underlie symptoms including epileptic seizures, head aches, focal neurological findings, difficulty in maintaining cognitive processes, personality changes, schizophrenia and mood disorders such as depression and mania, which may present ahead of the other symptoms due to brain tumours and delay the diagnosis. The insula or the insular cortex has anatomic proximity to the frontal, parietal and temporal cortices and is liable to tumour development. The insula also has dense connections with the frontal, parietal, medial temporal structures, amygdala, the uncinate fasciculus, the internal capsule and the arcuate fasciculus, the basal ganglia, the limbic structures, thalamus and olfactory cortex. Therefore pathologies affecting the insula can be expected to result in many cognitive and autonomous effects. Tumours rooted in the insula can start simply by psychiatric symptoms. This report has aimed to discuss the case of a 70 year-old female patient without a history of psychiatric disorders, who presented with treatment resistant depression progressing to intracranial pressure build up due to a tumour in the insula

CASE: A 70-year old female patient married with two children consulted brain surgery services of our hospital with complaints of forceful vomiting, head ache, and loss of consciousness. Her cranial MRI showed a tumour located in the insular cortex on the right. Insula tumour was diagnosed and she was referred to the consultation liaison psychiatry team for her depressive symptoms. The patient had started for the first time 1 year previously with symptoms of wanting to sleep or weep continually, refusal to go out and loss of appetite. She was diagnosed with major depression disorder and treatment with antidepressants was started. In the follow up controls her symptoms were seen to resist treatment and further complaints of head ache, nausea and vomiting appeared when cranial imaging was requested.

DISCUSSION: Due to its dense afferent and efferent connections, the insula is thought to have multiple functions. The limbic, paralimbic and the prefrontal cortical structures play an important role in mood organization. Observation of anergia, hypoactivity and fatigue symptoms have been frequently reported in patients with right insular lesions. Some case presentations on insular cortex lesions have reported depressive symptoms. Studies have shown that the regional metabolic activity is reduced in bilateral insula of patients with depressive disorders. One meta-analysis on major depressive disorder patients has shown that the insula is one of the areas consistently affected by the disorder. Presence of brain tumours has to be considered in cases with late onset atypic clinical course with depressive symptoms, and it must be remembered that in some cases simple psychiatric symptoms can be seen at the early stages. The insula may be an important target of the studies on the neurobiological roots of depression.

Key Words: Depression, insula, tumour

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PP-174

CEREBELLAR ATAXIA AND PROGRESSIVE DEMENTIA OF AUTOSOMAL DOMINANT INHERITANCE ACCOMPANIED WITH ATYPICAL PSYCHOTIC SYMPTOMS: A POSSIBLE CASE OF GERSTMANN-STRÄUSSLER-SCHEINKER SYNDROME

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OBJECTIVE: Gerstmann-Sträussler-Scheinker Syndrome (GSSS) is a very rarely observed neurodegenerative disease of the spongiform encephalopathy with autosomal dominant inheritance. This report presents the case of a patient with complaints of visual and auditory hallucinations, paranoid and reference delusions and demential symptoms; with a history of Parkinsonian findings and a family history of similar events found to be clinically compatible with GSSS.

CASE: Complaints of the 49-year old male patient consisted of visual hallucinations, during the previous 7 years, of the coloured images of the buried dead, auditory hallucinations of hearing them and chatting with them; suspicions of being harmed by people around him and hearing whispers to that effect, reading the thoughts of others and amnesia. These had started in 2007 with tremor in the hands, impaired balance, difficulty of speech, and loss of 17 kg of weight in 2011. He did not have a history of psychiatric disorders, and was diagnosed at another centre with dementia, cerebral atrophy and Parkinson's disease and treated as an inpatient. His father and grandfather had had tremor of the hands, loss of balance and dementia and his father had died from these at the age of 64. Consultation with the Neurology and Medical Genetics units was requested. Cranial MRI showed global cerebral atrophy, cerebellar atrophy and bilateral leucomalacic areas. All cognitive functions including memory were impaired with attention deficit in the foreground. He was started on risperidone (2 mg/day) for his psychotic symptoms which responded to the treatment.

DISCUSSION: The patient discussed here had dysarthria, cerebellar ataxia, extrapyramidal symptoms and demential findings and psychotic symptoms at an early age. Together with fast weight loss, family history of similar symptoms suggesting a disease with autosomal dominant inheritance and slow progress of his condition resulted in the preliminary diagnosis of GSSS. GSSS is a slowly progressing prion disease of autosomal dominant inheritance, striking between the ages of 35 and 55 with cerebellar ataxia and early dementia. In some patients loss of vision or hearing, Parkinsonian symptoms, psychosis, severe depression and fast weight loss can also be observed. GSSS develops as a result of the mutation of the 102nd code on the number 20 chromosome, with replacement of the proline code with the leucine code leading to accumulation of a protease resistant prion in the central nervous system leading to neural degeneration. Definitive diagnosis depends on genetic analysis. In the case presented here definitive diagnosis of GSSS will be possible with the completion of the ongoing genetic analyses. The case is of significance as a degenerative cerebellar disease with clinically

very dramatic psychotic symptoms and in being probably the first GSSS reported in Turkey.

Key Words: Gerstmann-Sträussler-Scheinker Syndrome, prion diseases, psychosis, spongiform encephalopathy

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PP-175

INTERICTAL PSYCHOSIS : CASE PRESENTATION

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OBJECTIVE: The comorbidity of epilepsy and psychotic episodes have been known for some time and the relationship between the two clinical observations has been under continual investigation. On the basis of the appearance of psychotic symptoms in association with the epileptic seizures, the clinical classification of the condition are ictal, interictal, post ictal and chronic psychosis. Psychosis symptoms appearing not together with but in the period between seizures are known as interictal psychosis. This report discusses the case of a patient with a long history of epilepsy, whose psychosis symptoms flared up when seizures were brought under control, and vice versa.

CASE: The patient is a 36-year old male unmarried farmer, whose first epileptic seizure occurred at the age of 4 and then repeated once a year. As the complex partial seizures became more frequent when he was 14, he had to be brought under the control of the neurology services and was given treatment with phenytoin, carmazapine and valproic acid, which reduced the frequency of the seizures but did not stop them altogether. When the seizure frequency increased when he was 34, he was put on levetiracetam when the seizures stopped for 6 months for the first time. But at the end of the 6th month he started to experience symptoms, lasting a few days, of visual hallucinations, persecution delusions, psychomotor agitation necessitating involuntary hospitalization and restraint in closed ward with the diagnosis of psychotic disorder not otherwise specified. When levetiracetam was discontinued in favour of other antipsychotics, his psychosis symptoms subsided in two weeks. After discharge from the hospital, the complex partial epileptic seizures represented, necessitating the discontinuation of antipsychotic medication. However, within 2 months he had to be put under restraint in the closed ward with the relapse of his psychosis which was brought under control in two weeks by paliperidone (9 mg/day), aripiprazole (15 mg/day), quetiapine (150 mg/day) and biperidene treatment. Yet again, he came back to consult the neurology services for the increased severity and frequency of the partial type of epileptic seizures occurring several times per day , which was the only finding by his neurological examination.

Cranial MRI was normal and the EEG displayed generalized epileptiform discharges at the temporal occipital region. His psychiatric examination showed that his mood was euthymic, affect was consistent with the mood and restricted, and his intelligence was normal. Positive psychotic symptoms were not observed. Biperidone, paliperidone and quetiapine were reduced and discontinued to bring the seizures under control, but reduced aripiprazole (10 mg/day) was continued as antipsychotic treatment. This treatment procedure considerably cut down the seizure incidence and he was discharged from the hospital.

DISCUSSION: The case was diagnosed as interictal psychosis. The existence of 14 years between the onset of the epileptic attacks at a very early age and the onset of psychotic episodes, observation of complex partial seizures and temporal lobe seizures, their disappearance and reappearance constituted the risk factors of this case. It was possible to control the psychotic symptoms by the use of a low dose of antipsychotic agent which caused a relatively smaller reduction in the epilepsy threshold.

Key Words: Epilepsy, psychosis, seizure threshold

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PP-176

LIKELY NEUROSARCOIDOSIS OBSERVED WITH BIPOLAR DISORDER DIAGNOSIS: CASE PRESENTATION

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INTRODUCTION: Sarcoidosis is a chronic multisystem disease featuring granulomas in various organs with unknown cause. The most frequently involved organs being the lungs, eyes and the skin. Involvement of the central nervous system (CNS) is referred to as neurosarcoidosis (NS) and its incidence is 5-15% of the total sarcoidosis cases. On the basis of definite, probable and possible NS classifications, ''likely' NS is one that does not meet the diagnostic criteria stipulated for each of the three classifications.

CASE: The patient is a 70-year old male under follow up for 5 years with the diagnosis of bipolar disorder. His complaints of unhappiness, anhedonia, weeping, pessimism, insomnia started at the age of 55 and he was put on antidepressants. He was referred to the neurology services for tinnitus and fullness in the ears. His psychiatric examination as an inpatient showed that he was fully conscious, oriented, cooperative, with adequate self care but unwilling to converse expressed with respect towards the interviewer; mildly depressive mood, affect consistent with mood, diminished psychomotor activity, prolonged reaction time, normal speech rate and volume; abstractions organized and to the point and partial impairment of long term memory. He did not describe psychotic findings his; global judgment was adequate, and he had insight. Neurological examination results showed that he took complex orders; speech was normal; he could name and repeat; eye movement from the midline was normal on all 4 directions; pupils were isochoric and light reflex was positive bilaterally; muscular power was complete and DTR was normoactive and plantar reflex was bilaterally normal. Extrapyramidal system and cerebellar tests were normal. Romberg's test was normal. After admission, haemogram, microbiological and hormones test results, and biochemical test results were all normal except for Plateletst:114000; TSH:0.6; Ca:11; and Ionised Ca:5.92. Urinary Ca level was normal (54) and serum ACE was normal (14). The patient had 3 lumbar punctures. CSF was negative for cells.

CSF ACE and atypic cells test were normal. CSF lymphocyte count was 5 lyph./mm. CSF biochemistry was normal and CSF-VDRL was negative. His cranial MRI with contrast revealed hyperintense lesions in both hemispheres and leptomeningeal space held contrast, which is compatible with sarcoidosis. Biopsy was not recommended by brain surgery unit. As he had generalized tonic epileptic seizures, antiepileptic treatment was started and the seizures were brought under control. Other diseases involving contrast in the leptomeningeal space were eliminated. The patient was diagnosed with likely NS.

DISCUSSION: The clinical and laboratory findings on our patient have pointed to NS. Head aches and cranial neuropathies are common in NS, which can also present with various other symptoms and findings. Here a case of NS which started with psychiatric symptoms has been discussed.

Key Words: Bipolar disorder, neurosarcoidosis, neuropsychiatry

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PP-177

MULTIPLE SCLEROSIS ATTACKS WITH PSYCHOTIC CHARACTER: CASE PRESENTATION

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OBJECTIVE: Multiple sclerosis (MS) is a chronic disease generally progressing with flare ups and improvements, affecting the white matter of the central nervous system (CNS) at multiple localities, believed to result from genetic and environmental factors and probably involving autoimmune inflammatory demyelization and axon loss. Relationship between MS and many neuropsychiatric syndromes has been known, and psychiatric symptoms present during the course of MS with primary or secondary reasons. The aim of this report is to emphasize that neurological diseases can present together with psychiatric symptoms.

CASE: The 31-year old male patient had suffered, 5 years previously, multiple cranial traumas through impact and had been hospitalized for 57 days. After the event he developed suicidal ideation, social withdrawal and anhedonia to which others including talking to himself, impacting his head to walls, grandiose and referential delusions were added during the course of his clinical follow ups. On the preliminary diagnosis of schizophrenia, his symptoms were treated with appropriate and regular doses of quetiapine, risperidone, olanzapine and escitalopram without much improvement. After admission as inpatient, his neurological examination indicated ataxia, nistagmus, dysmetria and dysarthria and the cranial MRI and EEG showed paroxysmal disorganisation and chronic demyelization pathology in the central-temporal-parietal region. The patient was taken under observation jointly by the psychiatry and the neurology services. CSF analyses and visually evoked potential (VEP) investigation resulted in the diagnosis of MS and the patient was put on a 5-day pulse steroid treatment with significant improvement of his psychotic and neurological symptoms..

DISCUSSION: Clinicians frequently overlook groups of neurological diseases which present with psychiatric symptoms. Patients with longterm psychotic symptoms are diagnosed with schizophrenia and treated accordingly. Patients with psychotic symptoms that give limited response to antipsychotics should be put through detailed anamnesis, physical examination, laboratory and imaging investigations, irrespective of any diagnoses already made, to assess the underlying pathologies which would change significantly our approach to the cases.

Key Words: Multiple sclerosis, psychotic disorder, neuropsychiatric disorders

PP-178

NEUROCOGNITIVE DISORDER DUE TO TRAUMA: CASE PRESENTATION

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OBJECTIVE: Traumatic brain injury (TBI) is described as a period of physiological loss of consciousness, loss of memory on the events just before and just after the trauma, and psychological changes at the time of the trauma or temporary or chronic focal neurological losses. TBI is known to be associated with personality and behavioural changes, some of which result from the head trauma while others can present irrespective of the head trauma. Symptoms frequently seen after TBI are pathological laughing or weeping, apathy, denial, anosognosia and aprosodia. Generally widespread cognitive impairment, especially information processing, attention, memory, impairment of cognitive elasticity and problem solving have been reported. Significant degrees of impulsivity, mood imbalance disorder and disinhibition are seen secondary to injuries in the frontal, temporal and limbic areas. This report attempts to discuss the clinical observations on the post traumatic psychiatric symptoms of a patient and the approaches of current treatment addressing the variety of these symptoms.

CASE: The 63-year old male patient developed sudden symptoms of disorganized talking and behaviour, paranoid delusions, urinary and faecal incontinence, continual eating, coprolalia and repeating senseless statements after a traffic accident that took place approximately 1 year previously, The patient who did not have any behavioural problems before the accident started to treat his wife with violence, created social disorder among his relations and could not find his way home after getting out. His cranial MRI with contrast showed encephalomalacic areas on the right frontal lobe (4 cm) and right temporal lobe. He was diagnosed with organic mental disorder. Levetiracetam, which he was on, was discontinued lest his aggression became severer and he was started on 500 mg/day valproic acid and 50 mg/day quetiapine which was titrated to 400 mg/day. His disorganized talks and behaviour and paranoid delusions and demential symptoms significantly receded, without necessitating antidemential treatment.

DISCUSSION: The frontal lobe is responsible for high cortical functions like problem solving, spontaneity, memory, language, motivation, judgement, impulse control and social and sexual behaviours. The temporal lobe is responsible for receiving the auditory stimuli, special memory processes and understanding talking, organization of affect, perception and processing of smells, of sexual behaviour especially over the limbic system. In our patient especially the frontal and temporal lobes had been damaged and his symptoms therefore resembled frontal-temporal dementia. But it has to be remembered that frontal-temporal

dementia does not require a history of trauma. There is not a specific treatment for neurocognitive disorders due to TBI.

Key Words: frontal syndrome, frontal-temporal dementia, organic mental disorder

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OBSESSIVE-COMPULSIVE DISORDER PRESENTING AFTER MEDULLABLASTOMA OPERATION: CAN THE OBSESSIVE-COMPULSIVE SYMPTOMS BE AN ELEMENT OF 'CEREBELLAR COGNITIVE AFFECTIVE SYNDROME' ?

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INTRODUCTION: Cerebellar cognitive affective syndrome (CCAS), is a relatively recent neuropsychiatric concept, based on the research with animal models on the roles of cerebellum outside its contributions to motor movements. Patients with CCAS are believed to have the following characteristics: 1) Impaired management functions; 2) impaired spatial functions; 3) personality changes, flattening of affect, disinhibition; 4) Linguistic impairment (3). In this report the case of a patient who developed obsessive-compulsive (OC) symptoms after the resection of a medullabalstoma is discussed in the context of CCAS.

CASE: The 21-year old patient came to our clinics with complaints of rapid irritability, sexual, religious and cleanliness obsessions. According to the history given by his family, these complaints started 8 years previously when the patient had a brain operation for total resection of a medullablastoma in the right cerebellar hemisphere, followed by chemotherapy and radiotherapy. In addition to the OC complaints he also developed significant personality changes with sudden mood changes, emotional dysregulation symptoms, e.g., having difficulty coping with negative feelings and quietening down; impulsive behaviour like suddenly hitting doors and walls, which drew attention. He was treated for these symptoms with carbamazepine (400mg) and paroxetine (40mg) which were only partially beneficial. The patient's psychiatric examination showed that he was conscious, with complete orientation, appearing his age, able to form eye contact and cooperative. His mood was depressive, affect dysphoric and intermittently labile. His psychomotor activity was natural. He expressed anhedonia and anergia. His thought contents contained obsessions and considerations of worthlessness and inadequacy with respect to these; his talk contents were poor and circumstantial, and from time to time he had blockages due to anomia. His sleep had increased, appetite was natural, libido was increased. He had thoughts of self-harm and passive suicidal ideation. In the detailed neuropsychological test Luria and Stroop tests showed that inhibition was impaired, he had difficulty recalling in verbal memory, shape copying and visuospatial skills were impaired. Cranial MRI showed encephalomalacic area and atrophy in the right cerebellum.

DISCUSSION: CCAS can be observed in psychiatric practice with OC tendencies, psychotic thinking, mood disorders or personality changes. Also, frontal type cognitive disorder has been reported (2). When considered together with the other changes, OC disorder in our case is seen as the earliest manifestation of CCAS. When the OC symptoms receded with the treatment given, the secondary emotional, affective and cognitive elements of CCAS became more recognizable.

Key Words: Cerebellum, OC disorder, cerebellar cognitive affective syndrome (CCAS)

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DE NOVO PSYCHOSIS AFTER EPILEPSY SURGERY: CASE PRESENTATION

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INTRODUCTION: Existence of a relationship between the control of the seizures and the psychiatric sypmtoms of the epileptic patient has been observed. EEG recordings between the psychotic episodes in these patients showed normalised activity without the epileptic discharges and this pehnomenon has been referred to as ''forced normalisation". This antagonism between epilepsy and psychosis was thought to explain the therapeutic effect of the electroconvulsive therapy (ECT). After epilepsy surgery in patients with continual seizures, post-operative de novo psychosis can develop. A case of development of de novo psychosis after epilepsy surgery and the respone of this psychosis to ECT is discussed in this report.

CASE: The 26-year old single female patient, second grade student at the Public Relations Department of the Open University, lived with her mother and 2 of her 3 siblings at the Avcilar district of Istanbul. She had been operated for mesial temporal sclerosis at our clinics in 2006, and had returned to consult us with the development of psychosis symptoms once the epileptic seizures had ceased. Different atypical and typical anatipsychotic agents had been used between the years 2006 and 2014, without satisfactory outcome. She was admitted to hospital for ECT on the preliminary diagnosis of 'alternative psychosis' and consultations with neurosurgery and neurology departments did not indicate grounds for complications. The patient, with a metallic instrumentstion on the left temporal area, was given unipolar ECT. Electroencephalograms after the first, third and the fifth ECT sessions did not yield pathological findings. After the 6th ECT session, her delusions and hallucinations were observed to have ceased. Further treatment was planned with three sessions of ECT once every 15 days, followed by a last session after a period of one month. She was discharged on the existing therapy with risperidone (6mg/day) and quetiapine XR (800 mg/day).

DISCUSSION: The mechanisms behind the psychotic behaviour appearing after forced normalisation of seizures by antiepileptic therapy are believed to explain the de novo psychosis in patients after antiepilepsy surgery (5). The psychiatric symptoms surfacing during treatment of epilespsy are being overlooked in many patients. Reported incidence of de novo psychosis ranges between 3.8% to 35.7% of the cases. When treatment with antipsychotic drugs is ineffective, ECT can be elected as a good choice of therapy for symptoms of psychosis following treatment of epilepsy because there is a resemblance in the pathophysiology of ECT to seizure activity which can be used for therapeutic purposes.

Key Words: Forced normalisation, de novo psychosis

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PP-181

PERSONALITY CHANGE AND SEXUAL IMPULSIVITY AFTER ENCEPHALOPATHY

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OBJECTIVE: Personality change and impulse control inability due to brain injury are difficult to diagnose and treat. In addition to the difficulty posed by the differentiation of personality changes from mood disorders the complications they cause in the family and socially also concern the physicians. It has been aimed here to draw attention to these difficulties in reference to a case of unusual personality characteristics and symptoms.

CASE: A 19-year old female patient was sent to our clinics when she sexually approached one of the male staff of the hospital where she was being treated. No other psychological symptom was detected apart from limited emotional expression and indifference to what had happened. Before her illness, her behavioural model was more social compared to other adolescents, she liked to draw attention, was friendly, approachable and independent. Two years previously she had to be treated for ''metabolic toxic encephalopathy" with loss of consciousness. After she recovered without any neurological sequel, she was talking excessively for which psychiatric help was not seeked. Later she started leaving home and remaining out for long periods of time, and indulged in sexual relationship with many people. When her family kept her home for protective reasons she masturbated to inflict skin lesions.

She got married to someone within the week they met and divorced him shortly. She was admitted to psychiatry clinics 5 times. When she arrived at our clinics she was on carmazapine (400 mg/day), quetiapine (200 mg/day) and risperidone (4 mg/day) and she expressed her dissatisfaction with her medication. Her diagnosis was organic mood disorder.

EEG showed frontal and bihemispheric slow wave activities and hyperventilation sensitivity

ENA profile, ANA, Anti-ds-DNA, homocysteine levels were normal.

When the new and the old brain imaging were compared, the millimetric gliotic white matter lesions with indistinct contours located bilaterally in frontal deep white matter and neighbouring frontal horns were regarded as sequelea of encephalopathy in the past

The Minnesota Multiphasic Personality Inventory (MMPI) evaluation showed that she was irritated, impulsive, not resistant to stress conditions and had positive self esteem SCID-2 evaluation indicated he was ''histrionic with borderline personality disorder".

Although her task exercises on directing mental concentrations on daily activities and limiting sexual desires gave results she did not pursue them. Despite warnings she was too close to male patients in the clinic. She inflicted wounds on herself to draw attention. Organic Personality and Behaviour Change (F 07.8; G 09) was diagnosed..

While in the clinic her affect showed significant lability. She was treated with carmazapine (800 mg/day- stepwise increased), and quetiapine (800 mg/day, stepwise increase) for a period and risperidone (2 mg/day) was added for cross over when clinical improvement was not observed. After her discharge she discontinued the treatment and in her 6th month control her behavioural characteristics were unchanged.

DISCUSSION: Although impulsive sexual behaviour after brain damage is not frequently met in the literature, there have been case reports on sexual dysinhibition after damage to the frontobasal zones of the cortex and the limbic system. It should be kept in mind that the clinical picture that develops and the indifference and the lack of insight resulting in noncompliance with the treatment constitute serious problems for the patient herself, her family and the treatment team.

Key Words: Encephalopathy, personality change, sexual impulsivity

PP-182

NEUROPSYCHIATRIC EVALUATION OF HIV-POSITIVE PATIENTS

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OBJECTIVE: Cognitive disorders and disorders such as depression due to direct viral effects, HIV-associated diseases and the treatments given are observed in patients infected with HIV. This study has aimed at investigating the neuropsychiatric symptoms and the related sociodemographic and clinical findings in HIV(+) individuals.

METHOD: This study was carried out at Çukurova University Medical School Hospital Infective Diseases Polyclinics with 10 HIV(+) patients under control follow ups. Data on the HIV-RNA, CD4 and CD8 levels of the patients were collected retrospectively from the hospital records. A neuropsychological test battery composed of 8 tests was employed to collect the data on cognitive functions. General Psychological symptoms were evaluated over the SCl-90 and the Hamilton Depression Rating Scale (HAM-D) completed by the patients.

RESULTS: The mean age of the participating patients was 39.5 years. Sociodemographically, 6 were males and 4 were females, and 50% were married, with middle or low socioeconomic status, and all but one, primary school educated. All patients had significant attention deficit and secondary memory and management function disorders; 4 had <7 scores on HAM-D, while 6 had moderate or severe depression. Only one patients was on antidepressant treatment; the rest of the patients did not have previous psychiatric consultations. General psychiatric scan results with SCL-90 showed that depression, obsessive-compulsive characteristics, somatization and interpersonal sensitivity subscale scores were significantly elevated.

CONCLUSION: Cognitive disorder and depression have high incidence among HIV (+) patients and have detrimental effects on quality of life, psychosocial functionality and compliance with the treatment, and therefore these disorders should be routinely queried during the clinical examinations, and when necessary the patients should be given treatment for psychiatric symptoms.

Key Words: HIV, neuropsychological evaluation, depression, cognitive effects

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PP-183

EATING ATTITUDES IN MIGRAINE PATIENTS

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OBJECTIVE: Migraine is a chronic neurological illness that can be triggered by factors including nourishment, hormones, stress and sleep disorder. Migraine has also been shown to be a risk for eating disorders. The aim of this study was to investigate the eating attitudes, depression and anxiety levels of migraine patients.

METHOD: The study was conducted in Süleyman Demirel University Hospital Neurology Polyclinics with 59 migraine patients not on any treatment and with a mean age of 32.54±8.47 years, and 47 age, gender and educationally matched healthy controls with a mean age of 31.85±7.14 years. Participants were enrolled after informed consent, the criteria for inclusion being literacy, to be within 18-45year age limits, not to have any illness except migraine in the migraine group, not to have any illnesses in the control group, not to be on any medication. Sociaodemographic details of all the participants were assessed, body weight and height were measured and the BMI were calculated. In the migraine group the duration of the illness, duration and the frequency of attacks, presence of auras and the severity of the illness was evaluated over the Migraine Disability Assessment Test (MIDAS). All participants completed the The Eating Attitudes Test (EAT), Beck Anxiety Inventory (BAI) and the Beck Depression Inventory (BDI).

RESULTS: In the migraine group mean EAT score (t=3.888), BAI score (t=5.087) and the BDI score (t=4.538) were found to be significantly higher ($p<0.01$) than those of the control group. The BMI of the two groups did not differ significantly ($p>0.05$). EAT scores of ≥30 indicating eating disorders were observed in 11.9% of the migraine group, the incidence being 2.1% in the control group ($p<0.05$). In the migraine group significant positive correlations were found between the MIDAS and the EAT mean scores ($r=0.298$, $p<0.05$); and between the MIDAS and the BDI mean scores ($r=0.332$, $p=0.01$). Also, in the migraine group significant positive correlations were found between the EAT and the BAI mean scores ($r=0.381$, $p<0.01$) and between the EAT and the BDI mean scores ($r=0.381$, $p<0.01$), and between the BDI and BDA mean scores ($r=0.807$, $p<0.001$). In the control group significant positive correlations were found between the EAT and BAI mean scores ($r=0.352$, $p<0.05$) and between the EAT and BDI mean scores ($r=0.424$, $p<0.01$), and between the BDI and BAI mean scores ($r=0.670$, $p<0.001$). In the migraine group there were no significant correlations between the illness duration, attack duration, attack frequency and aura presence and the mean scores on the EAT, BAI and BDI($p>0.05$).

CONCLUSION: In agreement with the reports in the literature, our results have shown that migraine patients have significantly high incidence of eating disorders together with high levels of depressive and anxiety symptoms. This study is important for demonstrating eating disorder in migraine patients.

Key Words: Anxiety, depression, migraine, eating attitude

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PP-184

DECREASED SYMPTOMS OF OBSESSIVE-COMPULSIVE DISORDER AFTER ECT : CASE PRESENTATION

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OBJECTIVE: The aim of this report is to identify the relationship of obsessive-compulsive disorder (OCD) and psychosis with epilepsy observed in the case of a patient and to emphasize that electroconvulsive therapy (ECT) is an important choice of treatment given the possible relationship between psychiatric symptoms and epilepsy.

CASE: The case history of the 27-year old female patient started at the age of 3 with attacks of less than 1 minute duration up to 5 times a day, presenting with fixed gaze, wheezing, facial tension and tonic contractions in the left arm and leg. She was operated at 7 for temporally located mass lesion (ML), whereby her attacks were reduced to 2 episodes per day, and she was given the combined 4-antiepileptic drug therapy without success in controlling her epilepsy. At 17 the recurred ML was operated after which the convulsive attacks stopped, but obsessive-compulsive symptoms and auditory hallucinations reappeared. Before she consulted us she had been admitted 8 times to psychiatric wards since her symptoms had repeated many times for about 10 days while under treatment for OCD and psychosis. She completed the Yale-Brown Obsession-Compulsion Scale (YBOCS) and scored 25. Risperidone (4 mg/day) was added to her treatment and 8 sessions of ECT were performed. Her auditory hallucinations disappeared and her YBOCS score dropped to 11.

DISCUSSION: Relationship between epilepsy and OCD with psychosis has long been known. This relationship is especially dense in the temporal lobe epilepsies (TLE). Treatment- resistant epilepsy is a risk factor for both of these psychiatric disorders. As shown in case reports, right focal TLE is predisposes to OCD. TLE effects on the limbic system may be the mechanism underlying the OCD observed. It has been assumed that idiopathic generalized epilepsy is preventive against OCD via the basal ganglia, through which ECT can be helpful on OCD. Recurrence of OCD symptoms 1 month after ECT indicates short term positive effect of ECT on OCD in the case reported here. The psychotic symptoms of short duration observed in this case are compatible with interictal psychosis which can appear even if the epileptic seizures are taken under control, and last for days or months, and generally disappear on their own. Success in the treatment of psychosis after the control of seizures by epileptic surgery has been

reported. Disappearance of the auditory hallucinations in our patient can be related to risperidone, ECT or the natural progress of the case.

CONCLUSION: Psychiatric comorbidities in epilepsy patients must not be taken as unrelated pathologies, and the use of ECT in the cases of treatment-resistant epilepsy should be kept in mind for short term improvements. ECT can be beneficial in psychosis comorbid with epilepsy.

Key Words: Epilepsy, obsessive-compulsive disorder, psychotic

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PP-185

POST-TRAUMATIC STRESS DISORDER AND POST-CONCUSSION SYNDROME : CASE PRESENTATION

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OBJECTIVE: Evaluation with respect to traumatic amnesia and/or post-traumatic stress disorder (PTSD) of the memory disorder and behavioural alterations observed in a patient after cranial trauma, for the purposes of presenting expert medical opinion at the ongoing court case after suffering an accident.

CASE: The patient, a 35-year old right-handed, married mother of two, with junior high school diploma consulted us 10 months after being hit by an automobile when she incurred soft tissue injuries, brain oedema, subarachnoid and parenchymal haemorrhage with diffuse axonal damage as shown by CT imaging. When she gained consciousness, she had loss of past memory and could not recognise people and objects for a period on one month. Continuity of memory was enabled by the assistance of her relations using old photographs and possessions. However, at that stage changes were observed in her reactions and behaviour. Wheras she was recognised, before the accident, as being extroverted, self confident, having high self esteem, sense of humour, with good friendly relationships and willingness to help others, her resistance to hardship and her selflessness had diminished aftre the accident when psychological reactance became obvious; and she could not explain the reasons for her sad facial expression. With the exception of her father and his sister, she disliked her close relations and especially her elder son and talked about thoughts of harming him. Examination of her memory was normal but she commented that she felt alienness to the ''memories she had been reminded of later". Her mood was depressive, affect matched her thought contents. She had tears in her eyes when referring to the accident. Her thought process and speech were normal. Contents of her thoughts were dominated by undesired intrusive reminders of the accident, themes of anger about the driver of the car that hit her and the scars developed in her body, alienation from people and the external world, worries about the impairment of her memory. Her impulse control had decreased. She had difficulty falling asleep and sustaining sleep, and was experiencing loss of libido and appetite. She had psychomotor agitation. Other results of her examination were normal. Her history and family history did not have any extraordinary detail. Her laboratory test results were within normal limits. The Minnesota Multiphasic Personality Inventory (MMPI) test could not be completed properly due to her attention deficit which led to the conclusion that the observations indicated adverse affects on memory and cognitive functions. The results of the Wisconsin Car Sorting Test, Stroop Test, The Rey Auditory Verbal Learning Test and Cancellation Tests indicated significant impairment in the patient's memory and executive brain functions. Amnesia, regression in cognitive functions, personality changes, affective lability, impulsivity, dizziness were diagnosed as the symptoms of post-concussion syndrome (F07.2), and the observations of decreased avoidance behaviour and reliving the trauma after 6 months on sertraline (50 mg/day) led to PTSD (F43.1) diagnosis.

DISCUSSION: Post-concussion syndrome can present as the complication of all mild or severe head traumas. There is a space between the pretraumatic period and the post traumatic point of consciousness after cerebral concussion. Patients diagnosed with post-concussion syndrome experience concentration disorder, attention deficits and failures in perseverance, and correlating perceptions as well as planning and consistency attributed to the frontal lobe 'executive functions'. Severe behavioural disorder would indicate contusions in the frontal and/or the temporal lobe. Hard to detect mental-behavioural disorders can persist as the sequala of serious cerebral injuries. Such patients display more reactance, suspiciousness, imperviousness to the social consequences of their activities, and an argumentative behaviour.

Key Words: Head trauma, post-concussion syndrome, post-traumatic stress syndrome

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LYME DISEASE PRESENTING WITH PSYCHIATRIC SYMPTOMS: CASE PRESENTATION

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OBJECTIVE: Lyme disease is caused by the transmission of Borrelia burgdorferi, a bacterial species of the spirochete class of the genus Borrelia (B.b) through ixodes tick bite. The first response is a localized inflammation of the skin, followed by the involvement of the joints, the heart, muscles and the peripheral and central nervous systems (CNS). It can be months and years after the infection that depression, panic attacks, catatonia and schizophrenia-like psychotic attacks can appear secondarily to the CNS involvement. This report is about a case presenting with psychiatric symptoms and the subsequent discovery and treatment of lyme disease associated with the involvement of the CNS.

CASE: K.G. is a 18-year old female patient who had 10 days before her consultation with psychiatry services, symptoms of anxiety about harm being done to her family, weepiness, akithisia, and gradually increasing talking behaviour. She was admitted for the investigation of dissociative disorder and acute psychotic attack. Her personal and family history were uneventful and her routine investigations were normal. While under observation she developed urinary incontinence requiring neurological consultation. Her Cranial MRI revealed a colloid cyst of 5.6 mm diameter in the third ventricle. EEG showed semi periodic patterns of discharge compatible with long interval burst suppression pattern, and a query on encephalitis. Control EEG was performed after treatment with iv diazepam, and she was referred to the

neurology services with the preliminary diagnosis of Subacute Sclerosing Panencephalitis (SSPE). Aetiological investigations determined Borrelia Ig M(+) status and the infectious diseases services were consulted with the preliminary diagnosis of lyme disease. After 2 weeks of ceftriaxone treatment the patient's complaints had nearly completely receded.

DISCUSSION: In view of the increasing cases of infections after tick bite in Turkey, lyme disease, patients can be expected to consult health care centers with diverse symptoms which may be associated with all the infected organs including the CNS, and presenting with acute onset psychiatric symptoms. Attention has been drawn to clinical missing of B.burgdorferi infections comparably to the missing of neurosyphilis cases in the past. The progressive inflammatory processes of the infection can lead to diverse psychiatric symptoms. Given these reasons, atypic psychosis cases, with or without a history of tick bite, and with or without associated systemic involvements, should be investigated for the presence of lyme disease. This is an approach with importance for the treatment and the prognosis of the disease.

Key words: Lyme, psychotic attack, neuropsychiatry

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PP-187

CREUTZFELDT JAKOB DISEASE PRESENTING WITH PSYCHIATRIC SYMPTOMS: CASE PRESENTATION

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OBJECTIVE: Creutzfeld Jakob Disease (CJD) is a neurodegenerative disease of the brain progressing with rapid dementia, myoclonus and cerebellar symptoms, first discovered in 1921. Its incidence is 1-2/1000000 globally, and the age of onset is around 60. CJD has 4 subtypes, designated as the sporadic, hereditary, acquired and variant, with the sporadic subtype constituting 85% of the observed cases. Although the exact pathophysiology of CJD is not established, it is thought that creation of a protease resistant prion with an amino acid code mutation in the prion gene leads to intracranial accumulation of a prion and results in neurological damage. EEG records show periodic epileptiform discharges associated with fast progressing neurological symptoms and the presence of 14-3-3 protein in the CSF. Psychiatric symptoms do arise though not regularly at the outset of the disease. This report discussed is a case of CJD presenting with psychiatric symptoms.

CASE: The complaint of the 45-year old female primary school graduate and married patient, started 3 months before her consultation with our clinics and included feeling disturbed, anxiety and fright, tension, talking to herself and arson attempts which were assessed at the neurology services of a health care centre. As no pathology was determined she was treated with paroxetine (20mg/day) and risperidone (4mg/day) without any benefits. She was admitted to our ward, when she could walk only with help, and was observed to have blunted affect, visual hallucinations, thoughts of worthlessness and guilt, and mystic delusions. Her biochemical test results were normal, and she was started on olanzapine (10mg/day) and diazepam (10mg/day) was added to control her anxiety and spasms. Olanzapine was titrated down to 5 mg/day and diazepam was discontinued after the increase in hepatic enzyme levels and she was started on 2,5 mg/day lorazepam. On the second day of her admission her walking difficulty advanced and oral feeding got limited such that neurological consultation was seeked. Her cranial MRI showed diffusion limitations bilaterally on the caudate nuclei and on the anterior putamen on the right, with increases of cortical intensity bilaterally on the frontal-parietal zones. Next to the pervasive slow down in the basal rhythm of EEG records, paroxysmal epileptiform activity was also observed, and she was taken over by the neurology services with non-convulsive status. Further investigations showed protein 14-3-3 in the CSF and she was diagnosed with sporadic CJD.

DISCUSSION: Although rare compared to the variant forms of CJD, incidence of onset with psychiatric symptoms in sporadic CJD can reach 26%. In a 53-year old male patient who was under observation for 3 years with depression and psychotic findings was diagnosed with CJD after neurological investigations. Hence, the possibility of underlying organic pathologies in psychiatry patients should be remembered, and the new cases should be routinely given EEG and MRI investigations .

Key Words: Creutzfeldt Jakob Disese, psychiatry

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PP-188

B12 DEFICIENCY AND PSYCHOSIS OR REMINDERS OF MENTAL BODY: CASE PRESENTATION

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OBJECTIVE: Aetiological investigations are pushed back as the work load of psychiatrists increase, resulting in the preference of resorting to pharmacotherapy. The aim of this presentation is to emphasize the importance of further investigation of psychiatric symptoms for underlying organic causes to ensure correct diagnosis and treatment procedures.

CASE: The 47-year old unmarried female patient was brought to our clinics by her relations. She did not express her complaints when queried directly. Her relations accounted that she had whispers in her ears, visual hallucinations of shapes similar to bats, fears over harm coming to her family, weeping crises, suspicions of bad talk about herself, slowing down and refusing to go out all of which presented 1 month previously. The family consulted the psychiatry unit of a private hospital 5 days

before consulting our polyclinics where she was started with olanzapine (10 mg/day) treatment which did not benefit her condition over the intervening 5 days. She was admitted to our ward with preliminary diagnosis of psychotic disorder. She was given olanzapine (20 mg/day) and biochemical and metabolic tests were performed on her blood samples. Her B12 levels were found to be low at 84.5 pg/ml versus the normal interval of 180-900 pg/ml, despite the absence of anaemia. It was learned that she had not consumes red meat products for the last 10 years. Vitamin B12 (1000 mcg) together with vitamin B complex was added to her therapy. All of her symptoms disappeared completely within 11 days and she was discharged when her blood vitamin B12 level was 815.4 pg/ml.

DISCUSSION: Psychotic disorders have remained for centuries as the greatest curiosity in clinical medicine. Despite the technological advances in diagnostics, the underlying causes have not been successfully identified in most cases. Therefore it can be assumed that this negative awareness has pushed back behind curtains the investigation of possible organic causes that could be cured. The case discussed here emphasizes the importance of aetiological investigations in psychosis patients. The applicability of simple B12 replacement monotherapy necessitates differential diagnosis with comprehensive investigation of the similar cases to the one discussed here.

Key Words: Psychotic disorder, B12 deficiency, antipsychotic agents

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NEUROACANTHOSIS SYNDROME WITH INVOLUNTARY MOUTH BITING: CASE PRESENTATION

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OBJECTIVE: Neuroacanthosis Syndrome (NAS) or the McLeod Syndrome is a rare genetic disease with an incidence of 1-5/1000000, that progresses with degenerative changes in the basal ganglia and is detected by the antigenic change in the surfaces of the red blood cells (acanthocytes). This report discusses the case of a patient with involuntary biting of the mouth suspected to be psychogenic and diagnosed as the outcome of NAS.

CASE: The 34-year old married male patient who worked as an agricultural or construction worker had no problems of functioning until 1 year before his consultation with our clinics. He had started to bite his mouth 3 years previously. As the problem advanced and investigations of the severe lesions suggested precancerous developments, the involved area was closed with an internal flap. The patient then started to bite different areas of the mouth. As he could not stop this behaviour, he tried when he was not eating his meals to pack his mouth with cloth or cotton wool as well as trying to chew chewing gums in order not to bite the interior of his cheeks, with only partial benefit. He developed slight loss of balance when walking and was admitted to the general internal diseases services for investigations and was referred to the psychiatry services for his symptoms. His examination showed that he was full conscious, well oriented, and cooperative. Attention and memory functions were normal, affect and mood were euthymic, thought process and contents were normal and perception pathology was not observed. He bit the interior of his mouth involuntarily and complained of his helplessness and pain. It was learned that his elder brother had similar afflictions. Observation of pes cavus in the feet, and lack of skills in the cerebellar tests necessitated neurological consultation with suspect NAS. His laboratory results at the neurology clinics showed peripheral acantocytosis. His cranial MRI indicated increased signals over the basal ganglia and mild cerebellar degeneration. EEG and the ECHO at the cardiology services did not show any pathology. EMG indicated mild myopathy and axonal neuropathy. To eliminate other NAS signs, the routine laboratory tests, the tests on hepatic-renal-thyroid functions, and tumour marker tests and the measurement of lipoprotein levels gave normal results. Mc Leod Syndrome , one of the NAS type of syndromes was considered. To prevent mouth biting an apparatus was recommended but the patient could not use it. However, he partially benefited from risperidone tretment. During his hospital investigations his sleep disorder and speech problems advanced and he was started on quetiapine (300 mg) but this was not beneficial. He was put on aripiprazole (10 mg) and he is currently under observation with his prevailing condition.

DISCUSSION: Next to mouth and finger biting, cognitive impairment, depression, psychotic symptoms, obsessive-compulsive symptoms and behavioural problems can be observed in NAS and these can be treated with antipsychotics, benzodiazepines, anticholinergics and intramouth apparatus. However, the natural course of the disease leads to premature death.

Key Words: Mc Leod Syndrome, neuroacanthosis, involuntary mouth biting

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PP-190

NEUROGONITIVE IMPAIRMENT AND UNCONTROLLABLE LAUGHING DUE TO FRONTAL LOBE TUMOUR : CASE PRESENTATION

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OBJECTIVE: Neuropsychological symptoms arise with frontal lobe tumours. Neuropsychiatric evaluation is very important in the correct diagnosis and treatment of these cases. This report discusses the behavioural symptoms of uncontrollable laughing and neurocognitive dysfunction impairment secondary to frontal lobe tumour diagnosed in a patient and the postoperative clinical changes.

CASE: The 33-year old male patient, a senior highschool drop out working as a waiter in a restaurant developed symptoms of slowing down in his movements and thinking, and loss of balance while walking 3 months before consulting our clinics. Shortly he also developed the complaint of uncontrollable laughing. Cranial MRI revealed the presence of a mass lesion bilaterally in the frontal lobes with pressure on the tissue below and above the lobes. He was operated by neurosurgery services but the uncontrollable laughing did not disappear and was compounded with urinary incontinence. Neurological examination showed that he was conscious, oriented and cooperative with motor and emotional tests indicating normality. Cerebellar tests showed mild failures, on the left side, including indifferent babinski on the left, and positive palmomental reflex. Other primitive reflexes were

not determined. His psychological examination was normal, affect was tangential, mood euthymic, judgement close to normal, abstract thinking slightly impaired. He was clumsy in the Luria test and scored 27 in the minimal test. He had distinct failure in the word flow test using the letters k,a and s in one minute. Trail making test was not completed despite 10 minutes past B. Pharmacotherapy was not recommended for his inappropriate laughing behaviour in view of natural improvement with clearing oedema etc in the surgery areas. In the first month follow up the laughters were distinctly improved but the lack of balance persisted. His neuropsychological tests also showed partial improvement. He is currently under follow up observations.

DISCUSSION: Frontal lobes are the largest lobes of the brain and control the memory, language, sensing, perceptional, and motor processes. Therefore, with any functional disorder many cognitive and neuropsychiatric problems arise. There is another report on the pathological laughter behaviour due to frontal lobe tumour in the literature. It has been shown here that these cases do improve naturally in time.

Key Words: Frontal Lobe, inappropriate laughing, neurocognitive impairment

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PP-191

NEUROLEPTIC MALIGNANT SYNDROME WITHOUT MUSCULAR RIGIDITY: CASE PRESENTATION

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OBJECTIVE: Neuroleptic malignant syndrome (NMS) was recognized for the first time in the 1960s with the development of fever, muscular rigidity, tremor, autonomic dysregulation, mental state changes and laboratory anomalies including elevated CPK, polymorphoneuclear leucocytosis, elevated hepatic enzymes and myoglobinuria, due to antipsychotic agent treatment. Its prevalence is 0.02-2.44% and incidence of motality is around 10%.

CASE: The 30-year old female patient had been under observation for 5 years with the diagnosis of bipolar disorder. One month before consulting us, she developed symptoms of insomnia, irritability, escaping from home, suspicions of being talked about, and trouble thinking , and during the 2-3 days before her consultation she was not eating or drinking, and not talking. Combined im chlorpromazine (50 mg), haloperidol (5 mg) and biperidene (5 mg) resulted in sleeping for over 6 hours. The next day she was observed to tend to sleep, not responding to stimuli, with a temperature of 38.5 C and blood pressure of systolic 80mm/Hg and diastolic 50 mm/Hg, and a pulse rate of 140/min. Cranial MRI was normal. ECG showed ST segment depression and prolongued QTc interval (560 msec vs the normal 450msec.; suggesting acute coronary syndrome. She was referred to the emergency services of our hospital with a Glasgow coma score of 9 and elevations of leucocyte count =16000; creatinine= 3,6; troponin-I= 1,16; and sodium =161. She was given emergency fluid replacement. Ventricular fibrillation developed during the interventions leading to cardiac arrest. Despite 45-minute efforts for resuscitation her pulse and respiration did not come back.

DISCUSSION: Given the clinical and laboratory results on the patient, and observation of not eating and drinking in the last few days suggested NMS, muscle damage and acute renal failure. Although muscular rigidity has been given as one of the diagnostic criteria of NMS , it can develop without this phenomenon. It was thought that the ST depression and extended QTc was due to neuroleptic agents used, and the hypernatraemia was ascribed to dehydration. Extended QTc reaching over 500 msec is risky for arrhythmias. The incidence of death in this case may be due to NMS, QTc prolongation and the hypernatraemia. This report emphasizes that NMS can present without muscular rigidity and that extended QTc can be fatal.

Key Words: Cardiac arrest, neuroleptic malignant syndrome, rigidity

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PP-192

LATE ONSET MANIA WITH CRANIAL MRI FINDINGS; VASCULAR MANIA? : CASE PRESENTATION

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OBJECTIVE: Bipolar disorder (BD) presenting after the age of 50 is identified as late onset bipolar disorder (LOBD). There are epidemiological and aetiological differences in the early and late onset BD. LOBD is frequently associated with dementia and stroke. This report aims to discuss the differential diagnosis of LOBD in an elderly patient presenting with the first manic attack in her history and the probable aetiology of the disorder.

CASE: M.K. is a 81-year old female patient brought to our polyclinics with the complaints of insomnia, increased talking and mobility, irritability and increased libido with visual hallucinations of people

wanting to have sexual intercourse with her. Her history included DM and hypertension. Her family history did not include psychiatric disorders. She was conscious, orientation with respect to time was impaired, but normal for persons and place. Affect was labile and mood was irritable. Thought process had accelerated, talking had increased and abstractions were disorganized. She was admitted to the ward for differential diagnosis of dementia and BD. Her routine biochemical test results were normal apart from elevated fasting blood glucose. Cranial MRI showed encephalomalacic sequalae on the right parietal lobe, wide spread perventricular hyperintensities and bilateral lacunar infarcts in the basal ganglia. Risperidone (3 mg/day) toned down her irritability and her talk volume and normalized her sleep with subsidence of the other psychotic symptoms. Her score on the Standardized Mini Mental Test (SMMT) was 25/30. Apraxia and agnosia was not determined and diagnosis of dementia was abandoned. She was discharged in 2 weeks.

DISCUSSION: Observation of silent infarct areas in the MRI and lack psychotic events in personal and familial history suggested secondary mania. There are reports on the relationship between mania and infarcts mainly in the frontal-temporal zones and the basal ganglia, but there is only one report on mania due to parietal lobe infarcts. Also, in LOBD white matter hyperintensities are observed mainly in the deep parietal zones and the basal ganglia. In the case discussed here, the MRI findings support the opinion on the cortico-limbic mood organisation by the cortical-subcortical connections.

Key Words: Late onset bipolar disorder, vascular mania, stroke

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PP-193

PSYCHOTIC DISORDER PRESENTING WITH EARLY ONSET FACIOSCAPULOHUMERAL MUSCULAR DYSTROPHIA: CASE PRESENTATION

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OBJECTIVE: Facioscapulohumeral Muscular Dystrophy (FSHD) is a recognised progressive muscular dystrophy and it is the most widely seen muscular dystrophy with an incidence of 1/10.000 in the adult population. It presents mostly in the second decade of life. Early onset cases progress with non muscular complications including rapid progress with bad prognosis, central nervous system (CNS) involvement, retinal telangiectasis. With CNS involvement mental retardation, epilepsy, sensorial auditory loss and visual loss can appear. High prevalence of comorbid psychiatric disorders in neurological diseases has been known. FSHD patients have been investigated for mood disorders, anxiety disorder and substance use disorder and 33% of the patients have been found to have at least one diagnosis for psychiatric disorder. There are very few reports on the comorbidity of psychotic disorders and FSHD in the literature. This report discusses the case of a patient diagnosed with FSHD in the first decade of life with associated psychiatric complaints in the third decade with the diagnosis of atypic psychosis.

CASE: A 34-year old young male adult was brought by ambulance and his family to the emergency services of our psychiatry services with risks of suicidal attempt. The patient had gradually become withdrawn and uncommunicative over the previous 3 years, and had not bathed for 7-8 months, did not go to the toilet despite being able to walk and urinated and defecated in his underwear and got irritated when cleaned up, and refused to eat. He had been examined in infancy for speaking and walking late compared to his contemporaries when the family was told that he had an incurable muscular disorder. He had low academic success in the primary school and could not continue schooling. He was exempted from obligatory military service due to FSHD and mild mental retardation. He had attempted to work forshort durations up to 3 years previously. His psychiatric examination showed that his self care had very much diminished; his affect was limited and thought contents were poor with frequent blockage to thinking and verbigeration. His abstractions and judegments were inadequate. He lacked insight. Neurological consultation for FSHD and ENT consultation for his difficulty of hearing, EEG, Cranial MRI, and neurospychological investigations were completed. He was put on olanzapine (10 mg/day) and Sertraline (50 mg/day), and the dosages were titrated to 20 mg/day and 100 mg/day, respectively, during his control follow ups. His symptoms receded rapidly and he was discharged on the 27th day of his admission.

DISCUSSION: Although there is not a known relationship between FSHD and psychotic disorder, in view of the high incidence of psychiatric comorbidites in neurological diseases and the complications caused by these comorbidites in the treatment procedures, consultative cooperation with psychiatry services is necessary .in the management of FSHD patients.

Key Words: Facioscapulohumeral muscular dystrophy, psychotic disorder

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NEUROBRUCELLOSIS WITH PSYCHOTIC SYMPTOMS: CASE PRESENTAION

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OBJECTIVE: Brucellosis is a communicable disease frequently seen in developing countries and surfaces with non-specific clinical symptoms after involvement of various systems. Neurobrucellosis is seen in less than 10% of the cases. Neurobrucellosis may present with neurological symptoms including head ache, cognitive impairment, ataxia, and paralysis and different psychiatric symptoms as depression, psychotic symptoms, and personality changes. This report discusses a case of neurobrucellosis that started with psychiatric symptoms.

CASE: The 31-year old male patient was brought from an outside health care center to the emergency services of our hospital. His relations gave his complaints, which started 1 week previously, as gradually increased irritability, verbigeration, visual hallucinations and odd behaviours. He was initially evaluated by psychiatry services. EEG and cranial CT were normal. Neurology services could not diagnose acute neurological pathology and he was transferred to psychiatry for his psychosis. His

treatment was started with risperidone (4 mg tb), haloperidol (10 g im) and biperidene (5 mg im). On the 4th day of his admission his condition worsened. He was brought to our hospital for differential diagnosis of his complaints. His relations reported that he had consulted neurology services for head aches that started nearly 1 month previously, and was treated with analgesics; and that during the previous 10 days he had intermittently vomited. His emergency psychiatric examination showed that he was confused (fluctuating), not responding to verbal stimuli, and not making contact. Neurological examination showed that the pupils were isochoric, bilateral light reflex was positive, and could locate the painful stimuli.

Deep tendon reflexes (DTR) were normal, the TCR flexor response, neck stiffness, and meningeal irritation results were negative. His temperature was 37.3 C; laboratory investigation results were : WBC= 12900, CRP= 14.1, ALT= 103, AST= 296, LDH_ 563, and CPK= 10755. Neurology and infectious diseases services were consulted. Cranial CT and diffusion MRI did not show pathology. CSF analysis showed cell count of 300, glucose level of 18, protein level of 144 , chlorine level of 112. He was admitted to the neurology ward with the preliminary diagnoses of neurobrucellosis and meningeal tuberculosis. Blood Coombs brucella agglutination was 1/40; brucellacapt was 1/320 and CSF Wright test result was 1/20. Neurobrucellosis diagnosis was confirmed and treatment was started with ceftriaxone, doxicycline and rifampicin. Psychiatric symptoms were treated with olanzapine (5 mg 2x1). Brain MRI showed a single signal increase neighbouring right lateral ventricle corpus posterior in the 3mm diameter- T2-FLAIR type series , which was queried as a nonspecific gliotic focus. Contrast was not held up. On the third day of admission his psychiatric symptoms started to recede. He was conscious, had place-person orientation but not time orientation. His cognitive fluctuations and hallucinations had diminished. He was not agitated but showed aggressive behaviour from time to time. On the 7th day of his antibiotic treatment his psychiatric symptoms nearly completely improved.

DISCUSSION: When there are atypic psychotic symptoms with cognitive fluctuations differential diagnosis of neurobrucellosis is recommended as it is quite prevalent in our country.

Key Words: Neurobrucellosis, neuropsychiatric symptoms

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SELF DESTRUCTIVE TICS ENDING IN BLINDNESS IN TOURETTE SYNDROME: CASE PRESENTATION

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OBJECTIVE: Tic disorders are described in DSM-5 as sudden, rapid, repetitive and nonrhythmic motor motion or voice production behaviour. Tourette Sydnrome (TS), on the other hand, is a neuropsychiatric disorder starting at childhood with at least one vocal and many motor tics seen together within the span of one year. In individuals with TS diagnosis, many psychiatric disorders including obsessive-compulsive disorder (OCD), attention deficit and hyperactivity disorder, intermittent blasts of anger and sleep disorders are seen with an incidence above that in the general population. Also, the self-destructive behaviour is seen with an incidence of 30-48% in TS. Initial consultation of services other than psychiatry delays the diagnosis and the treatment of TS to the detriment of the patient. This report discusses the case of a patient who consulted the ophthalmology clinics before referral to psychiatry resulting in delays that lead to blindness.

CASE: The 27-year old male patient sent from the eye clinics for consultation to our psychiatry clinics had complaints of involuntary coprolalia and yelling. In the previous 8 months he also had developed the tic of putting pressure on his eye, which lead to keratoconus and 85% loss of vision in his right eye when he consulted the emergency clinics of our hospital and was referred to the psychiatry services. His history revealed that he had many other motor and complex tics. He was diagnosed with TS and was started on treatment with risperidone (2 mg/day), olanzapine (10 mg/day), valproate (1000 mg/day), sertraline (200 mg/day) and biperidene (4 mg/day) with plans to titrate the doses up in time. Given the frequency of the vocal ticks and application of pressure on his eyes he was treated with zuklopenticsol (50 mg im) with a view to increase the dose gradually in the initial period. During this period the hands of the patient had to be fixed on his body. As he did not benefit from the treatment, valproate was replaced with carmazapine and the antipsychotic doses were also reduced. His treatment was redesigned as risperidone (1 mg/day), olanzapine(5 mg/ day), sertraline (200 mg/day) and carmazapine (800 mg/day). In approximately 4 weeks the tics had significantly reduced and his hands were released. As soon as he became able to meet his daily needs, he was discharged.

DISCUSSION: Given the physiological build of a human, it is expected that pain reflexes will deter a person from self harm should there be such an attempt. However, some psychiatric patients do inflict repeatedly self harm despite the pain stimuli. These conditions have not always been understood by physicians and delay in referrals to psychiatry services can have serious consequences. The patient whose case has been reported here has thus lost an eye due to keratoconus after continual pressure application on the eye. In these types of cases the psychiatric symptoms should be diagnosed and the patient should be properly directed.

Key Words: Keratoconus, neuropsychiatry, self destructive, Tourette syndrome

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RELATIONSHIP BETWEEN DEPRESSION AND BURNOUT INCIDENCES AND SOCIODEMOGRAPHIC DETAILS AMONG NURSES AND ANCILLARY STAFF AT A PRIVATE HOSPITAL

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OBJECTIVE: This is a cross sectional study designed to investigate the factors affecting feelings of burnout and depression among the nursing and ancillary services staff employed in a private hospital.

METHOD: This research was carried out with the participation of 61 nurses and 77 ancillary staff serving the inpatients and outpatients in a private hospital. The participants were asked to complete a sociodemographic information questionnaire, the Maslach Burnout Inventory (MBI) and the Beck Depression Inventory (BDI).

RESULTS: This study enrolled 61 nurses and 77 ancillary staff. The gender, marital status, job description, working hours and work load of the participants have been shown in Table 1. Incidence of working over

5 years was higher among the nurses as compared to the ancillary staff (44,1% vs 10,7%; p< 0,001). The BDI mean score of the ancillary staff was significantly above that of the nurses (10,13±7,84 vs 6,85±6,78; p=0.01). The MBI and BDI scores have been shown in Table 2. Severe burnout was expressed by 11.3% of the nurses and 18.4% of the ancillary staff; and 3,6% of the nurses and 16,2% of the ancillary staff expressed feeling indifference. Individual success scores were low in both groups (nurses 96,4%; ancillary staff 100%). The regression model on the depression scores of the ancillary staff indicated that job description, work duration and work motivation were statistically significant determinants (p=0.03, p< 0.001, p=0.04, respectively). Significant positive correlations were established between the BDI scores and the emotional burnout, indifference and individual subscale scores.

CONCLUSION: Healthcare services require attention, sensitivity, and self-denial. It is a field without tolerance for errors. For the given service to have quality, the service givers must be physically and psychologically healthy, protected from burnout, be able to cope with stress, perform their jobs with satisfaction and feel secure. It is important to care for the psychological well being of the staff and prepare the appropriate work conditions in order to give health care with quality.

Key Words: Hospital, depression, burnout

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PP-197

POST GRADUATE PSYCHIATRY EDUCATION IN GERMANY

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There are some differences between the post-graduate psychiatry training programs of Germany and Turkey. In particular, Psychiatry and Psychosomatic medicine are regarded as two different fields of expertise. Although there are slight differences between provinces there is a basic national educational program on the rotations and the teaching programs. When compared to the approach in Turkey, the greatest difference is in the individualization of the program and the provision of the facilities and opportunities for the physicians to orient themselves. Another difference is the absence of the requirement of preparing a thesis during the assistancy training period. Given its length and difficulties, medicine is not a highly preferred subject of higher education in Germany. Therefore, it is becoming difficult to replace the retiring German doctors and the gradually increasing vacancies are strived to be filled by those doctors from countries joining the European Union. The total number of doctors working in the fields of psychiatry and psychology in Germany is around 10.000 , which means that there are approximately 120 doctors, psychologists and psychotherapists per one million citizens. The Turkish population in Germany and especially the first generation immigrants experience difficulty in expressing themselves in their native language during diagnostic and treatment procedures. The feed back received from out Turkish colleagues indicate that the resulting errors in diagnoses play a detrimental part in the treatment of the diseases. This report has not only been prepared to prove that training in medicine in Turkey does not have any shortfalls compared to that in Germany but also to stress some aspects of postgraduate medical training in Germany in order to develop and standardize our training programs.

Key Words: Psychiatry training, Germany

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THE CONVICTIONS AND ATTITUDES OF THE ASSISTANT PHYSICIANS OF A UNIVERSITY HOSPITAL ON MENTAL ILLNESSES

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OBJECTIVE: Attitudes of healthcare personnel and especially of physicians towards mental illnesses influence the patients and their treatments. This study was carried out to determine the beliefs on and attitudes towards mental disorders and the afflicted patients of the physicians working a Dicle University.

METHOD: This study was carried out with the participation of a total of 168 assistant physicians, with 92 from the general internal diseases, 47 from the surgery departments and 29 from the basic sciences. Data were collected by means of a sociodemographic questionnaire and the Attitudes Towards Mental Illness -Rating Scale (ATMIRS).

RESULTS: While no differences were found between the male and female doctors on the subscales of dangerousness, helplessness and interindividual relationship disorders, the mean score of the male doctors on the embarrassment subscale was significantly higher than that of the female doctors(p<0.05). Among those doctors who had received psychiatric help the dangerousness and embarrassment mean scores and the mean total score were significantly lower (p<0.05). Also among those who were currently seeking psychiatric help, the embarrassment subscale mean score was significantly low (p<0.05). Among the doctors who had actively followed up psychiatric patients during their medical training, the mean scores on the dangerousness, helplessness and interindividual relationship disorders subscales were significantly low (p<0.05), and during practicing as assistant physicians encountering psychiatric patients did not affect them. Those doctors who had not followed up psychiatric patients in psychiatry polyclinics or clinics, expressed tension and impatience when following psychiatric patients after having qualified as practicing and assistant doctors (p<0.01).

CONCLUSION: Lack of knowledge in and negative attitudes towards mental diseases of the doctors not specially trained in psychiatry is the consequence of the failure of medical training in this respect. Those doctors who had observed psychiatric patients in the psychiatry clinics during their training years were more comfortable when meeting psychiatric patients as practitioners. There was a lower incidence of negative convictions on mental diseases among those physicians who had a family history of mental disease, or had received or were currently planning to receive psychiatric help, and those who had actively followed psychiatric inpatients in the clinics or outpatients in the polyclinics during medical training.

Key Words: Beliefs, mental illness, assistant physicians

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PP-199

ATTITUDE TO THE MENTAL ILLNESS AMONG THE STUDENTS OF THE FIRST MEDICAL SCHOOL IN THE TURKISH REPUBLIC OF NORTHERN CYPRUS

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OBJECTIVE: The aim of this study was to investigate the attitude to mental illness among the students of Yakın Doğu University Medical School which trained students from different cultural backgrounds as the first medical training university in the Turkish Republic of Northern Cyprus (TRNS).

METHOD: This study was carried out with 394 volunteering student participants reading medicine at Yakın Doğu University Medical School. Data were collected by means of a sociodemographic questionnaire and the Attitudes Towards Mental Illness -Rating Scale (ATMIRS).

RESULTS: Students native to TRNS numbered 72 (18,2%), students from the Republic of Turkey (TC) numbered 270 (68,2%) and the foreign students numbered 52 (13,1%). A total of 248 students (68.2%) reported knowing people with psychiatric problems. When the mean total and subscale scores were compared on the basis of citizenship, the mean score of the TRNS and TC students on the 'dangerousness' subscale was significantly higher compared to that of the foreign students (respectively, 22,33 ± 6,21vs18,87 ± 5,20; p<0,05). However, the mean score of the foreign students on the helplessness subscale was significantly higher than that of the combined TRNS and TC students (28,92 ± 9,31 vs 25,18 ± 9,19; (p<0,05). The total mean score of those who knew people diagnosed with psychiatric disorders was significantly different than that of the rest of the students (47,70 ± 14,83 vs 51,16 ± 14,11; p<0,05).

CONCLUSION: While it has been reported in the literature that knowing people with psychiatric disorders supported a positive view of mental illnesses, this study with university students determined that knowing people with psychiatric disorders negatively affected the attitude towards mental illness. It can be said that students from TRNS and TC believe that mental illness patients are dangerous individuals. These findings indicate that people of different cultural backgrounds entertain different attitudes towards mental illness.

Key Words: Cyprus, attitude to mental illness, student

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PP-200

EXPERIMENTATION ON OCCUPATIONAL THERAPY WITH PSCYHIATRIC PATIENTS

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OBJECTIVE: Schizophrenia and other similarly severe psychiatric illnesses cause the loss of mental abilities. There is need for rehabilitation programs to assist the patient to regain functionality in order to become independent an integrated social individuals. In this respect, occupational activities are an important aspect of rehabilitation programs intended for the socialisation and occupational and independent self expression by the chronic mental illness patients. This study has aimed at evaluating the feedback from the physicians together with the reports of the occupational treatment studies carried out in the university psychiatry clinic under the leadership of the responsible psychiatry nurse with psychiatry outpatients and patients's families.

METHOD: Occupational treatment studies have been carried out in Pamukkale University Psychiatry Polyclinics since 2012, over a total of 4 hours on two days of the week, with psychiatry outpatients diagnosed with psychotic disorder, obsessive-conpulsive disorder, and relapsing depression. The studies were conducted as workshops on rug making, wood painting, and making mozaics, toys, flowers and jewelery together with social activities including organising charity sales, picnics, and visiting children's wards in the university hospital and attending concerts. These activites facilitated the discussion with the patients their problems with the illness and the social environment as well as interpatient sharing of activities. Records of the interviews with the patients and their families, together with the observational reports of the responsible physicians controlling the patients were analysed to evaluate the outcomes of the program.

RESULTS: The feedback from the patiens, their families and the physicians were positive.

It was noted that the social integration and compliance with rules, manual skills, problem solving abilities of the patients were distinctly improved. Also the interaction, communication and the trust between the patients and the members of the treatment teams improved resulting in better cooperation with the treatment procedures.

CONCLUSION: Occupational treatment acitivities have enabled psychiatric patients to get socially integrated, gain problem solving abilities and accept the necessity of compliance with the treatment procedures.

Key Words: Psychiatry, rehabilitation, occupation

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PP-201

ADAPTATION OF MARITAL POWER SCALE TO TURKISH LANGUAGE

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OBJECTIVE: Power is recognised as the ability or the potential of the individual to affect the behaviour of others and to make changes in their lives. Studies have shown that power plays an important role in marriage such that power is a significant determinant of marital satisfaction and of aggressiveness. Scanning of the literature has shown us that there is not a rating scale in Turkey for the perception of marital power and that this subject has not been adequately researched in Turkey. Therefore, adaptation to Turkish of the Marital Power Scale was undertaken in order to provide researchers on marital subjects with a tool to estimate the perception by married couples of power in their partners.

METHOD: For the purposes of this study a total of 171 participants consisting of 95 females and 74 males and 2 participants who did not indicate their gender were enrolled with the snow ball approach. As a first step, the scale was translated to Turkish by an English Language teacher, two academic staff members and three research team members. Subsequently, the items of the scale were organised using the translated text. The participants were asked to complete a sociodemographic questionnaire and the Turkish version of the Marital Power Scale (MPS-TR).

RESULTS: In order to test the validity of the MPS-TR, the principal components analysis using the varimax rotation (VR) and the confirmatory factor analysis (CFA) were utilised. Results of the VR indicated that the two-variable(factor) solution was suitable for the data as shown with the original scale. The two factors were named as 'power processess' (PP) and ''power outcomes"(PO) as with the original scale. The compliance of the two-factor structure with the data was assessed by using the covariance matrix and the CFA. The results of this analysis have indicated the good fit of the model with the two-variable construct [?2 (86, N = 171) = 163.92, p <.000,GFI =.89, AGFI =.84, NNFI =.95, CFI =.96, RMSEA =.07, SRMR=.07]. The internal consistency coefficients for the MPS-TR were 0.82 both for the PP and the PO subscales. The half reliability correlation coefficients of MPS-TR were 0.72 for PO and 0.65 for PP.

CONCLUSION: It can be concluded that the MPS-TR is avalid and reliable statistical tool.

Key Words: Percieved power, marital poser scale, power in marriage/ marital power

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PP-202

GRIEF IN OLD AGE DEPRESSION

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INTRODUCTION AND AIM: Depression is the most frequently observed mood disorder in old age. As aging takes place loss experiences increase (Worden 1992). The grief reaction to losses can present together with the depressive symptoms (Gallagher et al., 1982). Grief is not an easy process for the elderly experiencing losses in many areas and the elderly can have serious problems in psychosocial adaptation (Worden, 1992). There is not a study in Turkey on the relationship of grief and depression symptoms. Therefore, this study aimed to investigate the clinical characteristics of grief in elderly patients diagnosed with major depressive disorder (MDD) who had exprienced losses in the 6 months prior to the start of the study.

METHOD: Old age patients consulting the geriatric psychiatry polyclinics who were diagnosed with MDD on the basis of ICD-10 criteria were queried for losses in the previous 6 months. The 32 patients who had experienced losses in the previous 6 months were asked to complete *The Brief Grief* Questionnaire (BGQ)a, The Geriatric *Depression Scale* (GDS) and the Depression Scale (DS) developed by the researchers. BGQ is a 5-item questionnaire designed by Shear et al., (2012) to assess old age grief, with scoring of ''none-0"; ''some-1", ''very much-2" with a cut off point of 5. The DS developed by the researchers is scored on the basis of ''yes-2" and ''no-0" and contains 41 questions on the symptoms frequently seen in old age depression patients .

RESULTS: Of the 32 patients included in the study, 23 (76.7%) were females and 9(23.3%) were males. Mean GDS score was 16.31± 7.2, mean BGQ score was 5.25±2.54 and the mean DS score was 40.7± 22.3. Significant correlations were found between the GDS and DS scores (r=0.68, p<0.001) and between the DS and BGQ scores (r=0.37, p=0.04); but not between the GDS and BGQ scores. The BGQ scores of 19 patients were above the cut off limit of 5. The incidence of ''none" response to the two last items of BGQ were respectively, 34.4% (11) and 50% (16), indicating significant elevation.

CONCLUSION: This study has shown the relationbetween grief and symptoms of depression in old age patients diagnosed with MDD. Also, as recommended by Horowitz et al.,(1984), the frequency of the severity of grief has been determined , and when compared with the intrusive thoughts and adaptation problems , avoidance symptoms were found to be rarer. These observatiosn may depend on cultural factors and need to be supported by further studies with a larger patient populations.

Key Words: Depression, grief, old age

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PP-203

COMPARISON OF FACIAL EXPRESSION OF EMOTION IN THE HEALTHY WOMEN IN THE FOLLICULAR AND LUTEAL PHASES

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OBJECTIVE: The aim of the study was to compare the facial expression of emotion in healthy women during the follicular and luteal phases of the mentstrual cycle.

METHOD: A premenstrual rating form was completed by 27 healthy participants. Each participant also went twice through the test for recognition of facial expression of emotion in the follicular and in the luteal phases of their menstrual cycles.

RESULTS: A significantly lower incidence of identification of sadness was observed in the luteal phase as compared to the follicular phase.

CONCLUSION: In the follicular phase, recognition with higher accuracy of facial expression of emotion may be associated with high oestrogen levels, while recognition of facial expression of emotion with less accuracy in the luteal pahse may be associated with the increased levels of progesterone, when women also score high in the depression scales. In the follicular phase, the accuracy of recognising facial expression of emotions may be reflecting the higher awareness of women to social clues in this fertile period for finding a suitable partner for fertilisation.

Key Words: Premenstrual syndrome, recognising facial expresion of emotion, luteal phase, follicular phase

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PP-204

COMPARING RECOGNITION OF FACIAL EXPRESSION OF EMOTION IN THE LUTEAL AND FOLLICULAR PHASES BY WOMEN WITH PREMENSTRUAL SYNDROME

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OBJECTIVE: Comparison of recognition of facial expression of emotion in the luteal and follicular phases by women with premenstrual syndrome.

METHOD: A premenstrual evaluation form was completed by 37 participating women with premenstrual syndrome. Each participant twice went through the test for recognition of facial expression of emotion in the follicular and in the luteal pahses of their mesntrual cycles.

RESULTS: In the luteal phase there was a significant fall in the recognition of sad and surprised expressions.

CONCLUSION: Ovarian hormones may cause mood changes during the menstrual cycle which may affect the detection of facial expressions of emotion. Less accuracy in recognising facial expressions in the luteal phase may be associated with higher levels of progesterone. The results are in agreement with the observation of high scoring by women with premenstrual syndrome on depression rating scales.

Key Words: Follicular phase, luteal phase, premenstrual syndrome, recognising facial expression of emotion

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PP-205

JUSTICE SEEKING BEHAVIOUR BY AIB UNIVERSITY MEDICAL SCHOOL WORKERS WHEN FACING VIOLENCE

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OBJECTIVE: Violence against healthcare workers is seen to have increased in the world and in Turkey. Behaviour of the healthcare staff in complaining and seeking justice against the violence faced is important in the prevention of this increasing violence. The aim of this study was to determine the manner of complaining and seeking justice against verbal agression, threat and physical violence directed to them.

METHOD: A questionnaire designed to assess whether the individual had been subjected to any form of verbal and physical violence; the cause of the violence; the sociocultural characteristics of the perpetrators of violence; as well as to find out the points of view on the prevention of the violence and the perception of violence was completed during face to face interviews with the workers in AIB University Medical School Hospital.

RESULTS: Most of the participants were females (%63.9). The mean age of the participants was 30.99, majority age (64.5%) being in the 26-35 range. Most of the workers responding to the questionnaire were nurses (34.3%) and their assistants (33.1%). Majority (95. %7) of the participants were in the opinion that violence had increased against health care workers (96.4%), that the denigrating comments of the politicians

(82.5%) implicating the health care workers as the causes of health care problems (84.3%), or the excessive burden of patients (90.4%), and the increasing expectations of the patients and relations (84.4%) were the underlying causes of the increased violence. Also 55.4% thought that performance dependent payment sysytem promoted violence, while 67.9% found the Ministry of Health Contact Centre as the instigator of violence against healthcare workers. Those who considered contribution, participation, appointments and green card issues to be associated with violence were in relative minority (48.8%). Only 17.5% thought the perpetrators of violence were the economically poor. Belief in the solution to the problem by the ministry (21.0%), or by law and rules (21.7%) were not the majority. Majority (91.0%).believed that the ministry should cooperate with the Turkish Physicians Association and the organisations of healthcare professions. Thoughts on public education (84.9%), organisation of health policies (92.7%), control on the media (88.5%), getting over the economic inadequacies(61.4%), increasing the punitive measures on violence against health workers (95.2%) were in the foreground. Opinion on the adequacy of fiscal punisments (12.6%) was defeated by the opinion on the inclusion of imprisonment(67.5%). Opinion on response to the aggressors included equivalent reaction to the aggressor (17.4%), formal complaint to the authorities ((90.9%), taking legal action (92.7%) was variable. After acts of violence only 49.6%, 38.2% and , 26.3% of those who had been subjected to, respectively, verbal violence,threat and physical violence had made formal complaints or had taken legal action. Violence on others was witnessed and reported on verbal abuse (58.9%), threat (51.9%) and on phsysical violence (38.6%). A correlation could not be found between the opinions of formal complaint and legal action and the reporting of verbal abuse , threat or physical violence; the relevant correlation coefficents were found to be insignificant (0.004 – 0.147).

CONCLUSION: The reactions of the healthcare workers against violence shows consistency and significant solidarity. However, the rate of converting opinions to action by formally complaining or seeking justice is much lower. These results are in good agreemnet with other reports in the literature.

Key Words: Healthcare worker, violence, justice seeking, behaviour

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POSTER PRESENTATIONS

PP-206

WHAT DO THE AIBU MEDIAL SCHOOL HEALTHCARE WORKERS DO WHEN FACED WITH VIOLENCE?

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OBJECTIVE: Violence against healthcare workers and especially physicians has significantly increased globally and in Turkey in the recent years. Convictions, attitudes and behaviour of the healthcare workers are very important for the measures to be taken against the violence in the healthcare environment. The aim of this work was to determine the attitudes and behaviour of the healthcare workers of the AIB University to being subjected to verbal agression, threats and physical violence.

METHOD: A questionnaire was completed face to face with the healthcare workers at the Abant İzzet Baysal University Medical School, on ''whether throughout their professional lives in healthcare institutions they had been subjected to verbal or physical violence; the causes of the violence, the sociocultural characteristics of the perpetrators of violence, opinion on the preventive measures against the violence and the perception of violence". The healthcare workers were classified as teaching staff, expert physician, assistant physician, nurse and ancillary health staff.

RESULTS: Majority (63.9%)of the participants were females; mean age of the participants was 30.99 with the majority (64.5%) being between the ages of 26-35 years. Most of the workers responding to the questionnaire were nurses (34.3%) and the ancillary nursing staff (33.1%). Majority (84.3%) had worries of being the victims of violence, since 83.1% had faced verbal abuse, and 73.5% of these had more than one experience. Those who witnessed verbal abuse were 9%. Of the participants 78.9% had faced verbal abuse more than once and 12% had faced only once; 33.1%had been threatened more than once and 19.9% had been threatened once; 11.4% had given information on being the subject of physical violence; and 10% of these had remained passive; 70% had warned to stop; and 20% had responded on equal terms; with only 10% of the cases being reported to the police or the legal authority. Significant correlations were found between fear of violence and verbal abuse ($p<0.001$) and between fear of violence and being threatened ($p<0.05$). There was not a significant relationship between gender, professional type or rank, or the duration of professional employment and subjection to any type of violence.

CONCLUSION: The high incidence of subjection to violence among healthcare workers is noteworty. Fear of repeated subjection to violence was significantly increased by facing violence. The observation that gender, professional type or rank, or the duration of professional employment did not correlate with subjection to violence indicates that no one among healthcare workers is exempt from violence. These results are in good agreement with others in the literature.

Key Words: Healthcare workers, violence, attitude

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PP-207

EFFECTS OF JUDO TRAINING ON THE BEHAVIOUR OF CHILDREN WITH DOWN SYNDROME AND ON THE FAMILIES

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INTRODUCTION: Down syndrome is a genetic disorder presenting with multiple malformations, and problems of mental retardation, overweight, communication and sleep disorder, and results in economic problems in the families including diminished professional and social functionality. Judo meaning ''beautiful way" in Japanese, is a sport included in the Olympics since 1964 and is believed to have positive effects on the quality of life, satisfaction and well being in the adolescents.

OBJECTIVE: This study aims at reporting the effects of giving children diagnosed with Down syndrome a 9-month rehabilitative training in judo and of providing education and consultative information to the families on the burden of the illness, psychological symptoms and behaviour of the children.

METHOD: Samsun, Sports, Training and Introduction Trust (SAM-SEV) presented a project headed '' JUDOWN- Rehabilitation of Children with Down Syndrome by Judo Training"to the campaign started by the Middle Blacksea Development Agency (OKA) on ''Fiscal Support to Disadvantaged Groups with a Social Context" and obtained fiscal support from OKA. Organisers of the project consulted our research team for the evaluation of the effects of this program. Children with Down syndrome were given Judo training for 2 hours on 2 days of the week for 9 months by a qualified trainer and his assistants. In Augst 2013 the selected childen and their families were invited to our clinics and were asked to complete a sociodemographic questionnaire, the Burden Assessment Scale (BAS), The Symptom Checklist-90-Revised (SCL-90-R) and the Problem Behaviour Check List (PBCL). In compliance with the project, the families were given education on the topics of ''communication", ''family" and '' Frequently seen behaviour problems in Down Syndrome". A full length film on Down syndrome as well as short films were shown and opened to discussion. When the project was completed the same 3 statistical scales were completed again with the children and their families.

RESULTS: In the course of this project, 33 childen attended th Judo training sessions, 28 came to the initial interview and 22 (14 males and 8 females) came to the final interview. The mean age of the children was 17,41±6,19. The Wilcoxon signed-rank test was used for the analyses of the data. Significant reduction was observed in the PBCL subscales of irritability (z:2,644, p:0,008) and talking (z:2,57, p:0,01) and the depression subscale of SCL-90 (z:2,104, p:0,035). Similarly significant reductions in the scores of BAS (z: 0,643, p>0,05) and PBCL (z:1,663, p>0,05) were not found.

CONCLUSION: Projects related to the disabled people are increasing in Turkey. Funds raised by a non-govermental institution in Samsun to make efforts for the familiies of the diabled is noteworthy. The results of the study have shown that there have been positive improvements in the irrtability and speech problems of the children and that the depressive symptoms of the families had receded. The data of this study should be reviewed for the puposes of other projects planned for the benefit of the families of disabled children.

Key Words: Family, Down syndrome, rehabilitation

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PP-208

RELATIONSHIP BETWEEN SELF-HARM BEHAVIOUR AND DEPRESSION, ANXIETY, ATTENTION DEFICIT AND HYPERACTIVITY SYMPTOMS

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OBJECTIVE: The aim of this study was to investigate the relationship between the self-harm behaviour and the severity of the symptoms of patients consulting the psychiatry polyclinics with complaints of depression, anxiety and attention deficit and hyperactivity disorders (ADHAD).

METHOD: This study was carried out at Turgut Özal University Medical School Psychiatry Polyclinics by retrospective investigation of the hospital records of 109 patients who had consulted the polyclinics for depressive symptoms (DS), anxiety symptoms (AS) and ADHD symptoms. Patients had completed a sociodemographic questionnaire, the Adult Attention Deficit and Hyperactivity self-Report Scale (ASRS), the Beck Depression Inventory (BDI) and the Beck Anxiety Inventroy (BAI). Statistical analyses were based on the Chi-Square test for the categorical variables , the mean scores were computed using the t test and the self-harm behaviour symptoms were analysed with logistical regression analyses.

RESULTS: It was observed that 38% (n=21) of the patients had reported self-harm behaviour; of which 14,5% (n=8)were males and 24,1% (n=13) were females (p=0.21); 20,5% (n=15) were smokers and 16.7% (n=6) were non smokers (p=0.63) ; and only 2 patients were alcohol users, and none of the patients had reported substance use. The total mean ASRS score (t(107) = 3,81, p<.001), mean total attention deficit score (t(107) = 3,08, p<.01) and the mean total hyperactivity score (t(107) = 3,49, p<.01), the mean total depression score (t(133)=4,32, p<.001) and the mean total anxiety score (t(133)=3,14), p<.01) were significantly higher in the group reporting self-harm. Two egression analyses were made with ADHD, including DS and AS in the first step and ASRS mean total score in the second step. In the first step DS and in the second step ADHD itself have beenfound to be the determinants of self-harm behaviour. In the second regression analysis, the mean attention deficit and hypreactivity subscale scores have been used in place of the mean total ASRS score, and the mean score on the hyperactivity subscale was found to be the predictor of self-harm behaviour.

CONCLUSIONS: Patients with depression and anxiety are known to have reported self-harm behaviour. Hence, self-harm behaviour may be related to the mood disorders. Also, patients with ADHD are known to have increased self-harm behaviour as compared to the healthy controls. In our study, in agreement with the report in the literature, those patients reporting self-harm behaviour had severer ADHD symptoms, DS and

AS. When mood symptoms were analysed the severity of ADHD was found to be its own determinant. In so far as we know, in the previous studies DS and AS were not taken as control variables. In this study, in agreemeet with another severity of the hyperactivity/impulsivity symptoms were found to be the determinants of self-harm behaviour. Hence, impulsivity may be a more important diagnostic factor for self-harm than DS. Clinicians must be remember that patients with hyperactivity/impulsivity symptoms may also have self-harm behaviour.

Key Words: Attention deficit and hyperactivity disorder, depression, anxiety, self-harm

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PP-209

EVIDENCE BACKED MEDICINE: EVALUATION OF THE RESEARCH METHODS OF POSTGRADUATE MEDICAL STUDENTS AND THEIR BASIC STATISTICAL KNOWLEDGE

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OBJECTIVE: In medicine depending on evidence, the main source of the current information for the physicians are the results of medical research published in professional journals. Therefore, physicians can evaluate critically the basic resarch methods and statistical approaches in these articles. Although very little research has been made on the subject, it is generally believed that physicians are not qualified on research methods. We have aimed in this study to evaluate the research methods and the basic knowledge on statistics of medical students getting postgraduate training.

METHOD: Thisi study has inlcuded 101 postgradute medical trainees in the Kocaeli University Medical School. The participants have completed a special questionnaire consisting of 10 items, with 5 items on basic research methods and 5 items on stastistics.

RESULTS: Of the 101 participants 57,4% (n=58) were females; 75,2% (n=76) were working in general internal diseases, 23,8% (n= 24) were in surgery deparments, 1% (n=1) was in basic sciences. The participants in research 93,1% (n=94) declared that they had not taken any training on the subject; and 92,1% (n=93) declared that they were not given any instruction in the departments they worked in; and 21,8% had not read any articles in the last 3 months; 54,5% had read 4 or less articles, and 83% did not have any articles published in refereed journals; 71% got scores of 3 or less on 'research methods', 67% got score of 1 or under in 'statistics'. Mean score on the research methods was 2.86 over 5 , and 1.11 over 5 in statistics. While 34% got 1 score over 5, 34% got 0 score in statistics.

CONCLUSION: Results of this study have shown that the postgraduate trainees lacked education on the subjects and therefore also had insufficient knowledge, indicating that here is serious need for better structured and wide spread educational programs not only to enable them to carry out research but also to analyse critically the material they read to acquire credible kowledge in medicine.

Key Words: Statistics, research methods, medical education, evidence backed medicine

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CONSTRUCT VALIDITY AND RELIABILITY OF THE TURKISH VERSION OF THE OBESITY-RELATED PROBLEMS SCALE

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OBJECTIVE: Overweight and obesity are within the most important public health problems involving all sectors of global human populations and with significant effects on morbidity and mortality. Quality of life for overweight people is lowered both physically and psychosocially compard to the normal weight individuals. This study has aimed to adapt to Turkish the obesity related problems scale (OP) evaluating the psychosocail aspect of quality of life specific to obese indiviudals and to test its validity and reliability in the Turkish population.

METHOD: This study was conducted with 140 obese individuals attending the Kocaeli University Medical School Hospital for diet-exercise programs or bariatric surgery. Body weight and heights were measured to calculate the BMI of the participants. Data were collected by means of a sociodemographic questionnaire, the Beck Depression Inventory (BDI), and the divisions on body perception and psychological well being subscales of eating disorders rating scale (EDRS) and the OP.

RESULTS: Among the participants 78,6% (n=110) were in the diet-exercise program and 21,4% (n=30) were in hospital for bariatric surgery; 95,7% (n=134) were females, 4,3% (n=6) were males; mean age of the group was 36,14 (±5,64); mean BMI was 37,96 (±7,71). OP mean total score was 19,88 (±5,64) and the mean total BDI was 15,26 (±9,42). EDRS body perception mean score was 4,32 (±1,25), mean total score on psychological well being was 62,40(±19,10). Cronbach-α coefficient was 0,82, indicating adequate internal consistency .. Correlation coefficient of each of the items were at satisfactory level, the weakest correlaton was in the 6th item. Varimax rotation indicated that the scale had a two-variable structure; items 1-5 were weighted on the psychological variable 1; and, items 6-8 were weighted on varible 2. A significant correlation was found between OP and BDI (tau_b=0,20, p<0,05), EDRS bodyperception subscale (tau_b=0,23, p<0,05), and EDRS psychological well being subscale (tau_b=-0,12, p<0,05).

CONCLUSION: On the basis of the results of this study the Turkish version of OP is a valid and reliable scale with a two-factor structure and can be clinicallyused.

Key Words: Obesity, quality of life, OP, body image, depression

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PP-211

QTC PROLONGATION TRIGGERED BY AMISULPRIDE

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INTRODUCTION: Prolongation of the QTc in electrocardiography by both the typical and the atypical antipsychotic drugs is of importance for the clincial practice in psychiatry. Prolonged QTc can result in the potentially fatal arryhythmia known as the Torsade de Pointes (TdP). The typical antipsychotic agent that causes the most QTc prolongation is thioridazine, followed by pimozide and haloperidol. Among the new atypical antipsychotic agents sertindole and ziprasidone cause significant QTc . Amisulpride is a new antipsychotic agent with relatively less adverse side effects. There are case reports in the literature on TdP events after using quetiapine and amisulpride. A retrospective study on cases of amisulpride use in toxic doses (4-80gr) by 73% of 84 patients, reported 7% incidence of TdP onset. This report discusses QTc prolongation after therapeutic doses of amisulpride.

CASE: The 55-year old male patient had a 25-year history of schizoaffective disorder. His serum was found to be hepatitis-C positive 6 years previously. He had not used his medication regularly in the pevious 3 months. When he was admitted to hospital his hepatic functions tests were abnormal: ALT:99, AST:118, GGT:298, ALP:134. He was treated with renally excreted amisulpride (800 mg/day), lithium(1200 mg/day) and haloperidol (15 mg/day). His ECG recorded QTc length at the time of his admission was 360 ms, but it was observed to be 630 ms after 20 days. As the patient had been on haloperidol before admission, it was thought that amisulpride added to the therapy, could have caused it. After consultation with the cardiology services amisulpride was discontinued. Haloperidol dose was adjusted to 20 pite mg/day, and paliperidone (9 mg/day) was added. His ECG 3 days after discontinuation of amisulpride recorded a QTc of 400 ms. He was discharged after 40 days with partial recovery.

CONCLUSION: Amisulpride is a new atypical antipsychotic agent believed to have little effect on QTc prolongation and there are very few case report on its effects on QTc . In our patient the QTc prolongation after its inclusion in the therapy and the return to normal of the QTc interval after its discontinuation, despite increased haloperidol use, suggests the QTc effect to be due to amisulpride. As prolonged QTc can results in potentially fatal arryhythmia known as the Torsade de Pointes, amisulpride should be used with care in antipsychotic therapy of patients.

Key Words: Amisulpride, Antipyschotic, QTc prolongation

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PP-212

URTICARIA AND ANGIOEDEMA AFTER FLUOXETINE USE : CASE PRESENTATION

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INTRODUCTION: Selective serotinin reuptake inhibitors (SRI), first used in 1988, are relatively well tolerated agents used very frequently in the treatment of depression. Fluoxetine is an SRI agent with the most reported side effects of nausea, loss of appetite, and GI system disorders, sexual dysfunction, head ache, insomni irritability, tremor and dizziness. Urticaria and angioedema are rarely developed side effects with only two reports in the literature. This report discusses the case of a patient who is thought to have developed urticaria and angioedema due to fluoxetine use.

CASE: The 23-year old male university student consulted our polyclinics with complaints of indisposition, fatigue, not enjoying favoured activites , difficulty concentrating and sleeping long hours. To assess the aetiology of his symptoms haemogram, thyroid function tests, and estimations of B12 , folate and ferritin levels gave normal results. He was started on fluoxetine (20mg/day) with preliminary diagnosis of depression.In the second week of his treatment he developed itchy rash all over his body with urticarial plaques, and periorbital oedema and eritema on the lips. He was referred to dermatology services. His personal and family history did not include urticaria or angioedema. He did not define food or drug allergies. Laboatory investigations on aetiological reasons for urticaria and angioedema were negative. He did not have a history of infection. Fluoxetine was discontinued and prednisolone iv and antihistaminic agent treatment was started. On the 4th day his symptoms improved and he was discharged to be followed on outpatient basis.

CONCLUSION: There are only two case reports in the literature on urticaria and angioedema after fluoxetine use; one being due to excessive doses, and the other occurring in a 11-year old child after therapeutic dose of the drug . Producer of the fluoxetine recommends to discontinue the drug if an alternative reason for dermatological side effects cannot be found. The most frequently seen causes of urticaria and angioedema are drugs, especially penicilin and its derivatives. But, infections, insect bites, food allergies and other allergens and physical factors may result in urticaria and angioedema, all of which were eliminated in the case of our patient. Fluoxetine treatment was thought to be the most likely cause of the oberved symptoms..

Key Words: Fluoxetine, urticaria, angioedema

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PP-213

HYPOMANIA INDUCED BY PREGABALIN

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OBJECTIVE: Fibromyalgia (FM) is a chronic pain syndrome presenting with pervasive muscle and skeltal system aches, sleep disorder and fatigue. Risk factors have been identified as female gender, being in the 40-60 age range (80-90%), being divorced, low levels of education and economic status. Basic symptoms are chronic pervasive pain and sensitive spots at certain areas. Other frequently observed symptoms include fatigue, sleep disorder, feeling bloated up, paresthesia, cognitive disorders, dizziness and weakness. Despite the variety of complaints, lack of supportive laboratory evidence suggests that the symptoms can be psychological. Depression incidence at the consultative stage has been reported to be as high as 50%. Analgesics, NSAAI agents, muscle relaxants and antiepileptics have been used for the treatment of FM. Pregabalin, an antiepileptic drug, has been approved bt FDA for use in the treatment of FM

RESULTS: A 38-year old male patient consulted us with symptoms of excessive talking, cheerfulness without cause, increased libido, ''energy explosions" (his expression). He had been referred from the physical therapy and rehabilitation (PTR) division to the cardiology services. His history included pains and aches starting from the fore arm and extending to the shoulder neck and the back for the previous 7/8 years. The probable casues for his pain symptoms were investigated in cardiology, neurology and general internal diseases divisions without the finding an organic pathology. His pains were accompanied with indisposition, fatigue, cheerlessness, not talking, diminished libido and anergia which suggested dysthymia. Sometimes he experienced episodes of major depression attacks with anhedonia, and passive suicidal ideation. He could not describe euthymic state for the previous 8 years. Two months before consulting our psychiatry clinics he was prescribed pregabalin for soft tissue rheumatism by the PTR division. When the dose was increased to 300 mg, he felt relieved of the aches and became euphoric, with increases in talking, self confidence , psychomotor activity. His sleep did not alter. He described the incidence as never before experienced in his life. He was thought to have hypomania induced by pregabaline.

CONCLUSION : Pregabalin is currently used in the treatment of FM. In psychiatry it is also used in treating anxiety disorders although not indicated. There is one report in the literature on pregabalin induced mania but not hypomania. We wanted to draw attention to this side effect of pregabalin, newly introduced to use in psychiatry.

Key Words: Fibromyalgia, hypomania, pregabalin, psychosomatic, somatisation

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PP-214

PROBLEMS OF TREATMENT IN PSYCHOTIC DISORDER: CASE PRESENTATION

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OBJECTIVE: Observation of extrapyramidal sytem (EPS) side effects has decreased with the introduction of the second generation antipsychotics. On the other hand, symptoms developed especially during long term treatments, requiring watchfulness, such as weight gain, glucose and lipid metabolism disorders and endocrine effects such as hyperprolactinaemia (also seen with the classical antipsychotics) are the risky aspects of second generation antipsychotic agents. Therefore, during treatment with second generation antipsychotics, endocrine and metabolic parameters should be monitored to ensure the continuation of compliance with the therapy. In this report we aim to draw attention to the difficulties experienced during the treatment with ziprasidone of a patient with psychotic disorder in remission.

CASE: The 28-year old female patient consulted our polyclinics with the complaints that started 2 months previously, described as loss of appetite, indulgence in religious preoccupations, and hearing voices giving orders. During these 2 months she had been treated with effective dose of aripiprazole as an inpatient in another healthcare centre with the diagnosis of psychosis. When the tratment had been ineffective, she was brought to us by her family with her approval. She was given 13 sessions of ECT together with olanzapine titrated up to 25mg/day. With the developmnt of EPS side effects, biperidene was added to her treament. While in remission she consulted the polyclinics with weight gain and amenorrhea for 2 months. Serum prolactin level was 99 ng/mL and cholesterol and LDL levels were also raised. Olanzapine was reduced and ziprasidone was started with gradual dose titration up to 120 mg/day. Apart from sedation, side effects of EPS , QTc prolongation were not observed. Within 1 month of treatment her prolactin dropped to 51 ng/mL, LDL fell to normal level and cholesterol receded to 241 mg/dL. Also, she lost 2-3 kg of weight by dieting and exercising. She is curently in remission.

CONCLUSION: In the treatment of hyperprolactinaemia, lowering the dose of the antipsychotic being used or switching to another,or adding to the treatment partial dopamine agonists are sutiable alternatives. Changing the antipsychotic was considered in the case reported here, as the patient was young at reproductive age with very high level of prolactinaemia, and there were risks of losing effective treatment by decreasing the dose of the drug. Among the atypic antipsychotics amisulpride and risperidone are the most likely to cause hyperprolactinaemia. Use of olanzapine and clozapine is reported to reduce the hyperprolactinaemia due to treatment. Risk of inducing hyperprolactinaemia is less with quetiapine, aripiprazole and ziprasidone. Observation of hyperprolactinaemia with olanzapine use in our case reduced the drug spectrum to be used. Clozapine was discontinued because of weight gain, and aripiprasole was not used on account of previous ineffectiveness. Difficulty of the treament in schizophrenia and other psychotic disorders is determined by the differences of the effectiveness and side effects of the drugs with different patients. In difficult cases paying attention to the possible side effects of each drug

and not changing the drug before the dose effect and duration are over would provide adantages for the treatment.

Key Words: Antipsychotic side effect, hyperprolactinaemia, weight gain

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PP-215

ELECTROCUNVULSIVE THERAPY APPLIED IN A UNIVERSITY HOSPITAL PSYCHIATRY CLINIC IN TWO YEARS

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OBJECTIVE: This study has aimed at investigating the sociodemographic background, range of diagnoses, reponse to treatment and complications of treatment in a population of patients given electrocunvulsive therapy at the psychiatry clinics of a university hopsital over a period of two years.

METHOD: This study included 50 patients given ECT among 645 patiens attending the psychiatry wards of Trakya University during 2012-2013. Data were collected retrospectively from the hospital records of the patients, and the diagnoses on the patients were checked on the basis of DSM-V criteria. Reponse to treatment was judged from the clinical records and the results of the psychometric scales of assessment used. Statistical analyses were performed using the SPSS 20 package program.

RESULTS: A total of 50 patients have been given ECT in a period of two years in our clinics as indicated by the psychiatric disorders ranging from pyschotic major depression, one patient with catatonia (46%), non psychotic major depression (18%), schizophrenia (12%), bipolar disorder in depressive episode (10%), bipolar disorder in manic episode (6%), schizoactive disorder depressive episode(4%) and hysterical psychosis (4%). Of the 50 patients treated 30 (60%) were females and 20 (40%) were males; 28 (56%) were single and 22 (44%) were married; mean age was 44,3±13 years. Recorded complications of ECT in 4 (8%) patients were gingival haemorrhage in 2 patients due to airway intubation; 1 case of bradycardia and 1 case of severe amnesia. All patients responded positively to ECT. Treatments were finalised with reasons including improvement in 46 (92%), complications in 2 (4%), and withdrawal of approval for ECT by 2 (4%) patients. Among the female patiens none were pregnant. Mean ECT session counts was 10,1±4,2, mean convulsive period was 26,2±7 sn and the mean hospitalisation per patient was 43,9±16,4 days. There were no significant differences in the ECT counts, ECT duration and hospitalisation time between the different diagnostic groups.

CONCLUSION: ECT is carried out under general anaesthesia in the operation theatres of our hospital; the anaesthetic agents used and the dosage being decided by the anaesthesiologists. The most frequently used anaesthetic agent was propofol (and rarely ketamine), and muscle relaxant used was succinylcholine. Our clinic is the sole center giving ECT in the Trakya region. ECT frequency and the patient profile shows regional variation. The incidence of ECT use in our clinic was 7.75%, which ranges between 2.2% and 16.4% in the general of the country. This study has demontrated that ECT is an effective, reliable somatic treatment procedure with low risk of side effects.

Key Words: depression, electroconvulsive therapy, manis, somatic treatment, schizophrenia

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PP-216

ALOPECIA LOSS DUE TO FLUOXETINE: CASE PRESENTATION

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OBJECTIVE: Alopecia due to drug therapy is an adverse side effect that progresses as wide spread hair loss, reversible by the discontinuation of the drug. Selective serotonin reuptake inhibitors (SSRI) are wideley used antidepressant agents. All SSRI are reported to cause hair loss from time to time. We aimed to present the case of alopecia due to fluoxetine which was reversed by the discontinuation of the treatment.

CASE: The patient was a 50-year old widowed female prinary school graduate with 2 children. She consulted our services 3 months after the killing of her husband in a psychiatry clinic, with the complaints of weepiness, tension, unhappiness and lack of motivation. Her history did not include psychiatric or dermatological disorders. She was diagnosed with mixed anxiety and depression disorder and started with fluoxetine (20mg/day) treatment. In the second month of this treatment she observed localised patches of hair loss which she attributed to stress and continued to use her medication. Her alopecia advanced in 6 months of her treatment with fluoxetine when she consulted dermatology services. Her hormone and routine biochemical test results were normal. She was recommendedby the dermatology clinics to discontinue fluoxetine, which the patient accepted as her sympotms had improved. After two weeks without fluoxtine, her hair loss stopped. Her controls in our clinics confirmed the discontinuation of fluoxetine and further treatment with another agent was not indicated. She did not develop any further dermatological problems.

CONCLUSION: Alopecia is a rarely observed side effect of drug treatment. There are reports in the literature on alopecia after sertraline, citalopram, fluvoxamine, escitalopram and paroxetine use. Alopecia due to SSRI use has not been clearly explained. Drugs affect not the hair roots but the telogen phase of hair growth cycle. As control of hair growth involves the sympathetic nervous system, dopaminergic treatments have been expected to cause hair loss and, being a dopamine reuptake inhibitor, fluoxetine use may result in hair loss. When using SSRI, treatment compliance will be ensured by controlling and informing the patients on the dermatological side effects as well as on the metabolic, sexual and GI system side effects of these drugs.

Key Words: Fluoxetine, antidepressant, alopecia

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ELEVATION OF LIVER ENZYMES FOLLOWING THE INITIAL DOSE OF PALIPERIDON PALMITATE IM: CASE PRESENTATION

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OBJECTIVE: Paliperidon palmitade IM is a long acting antipsychotic agent used for the treatment of schizophrenia. This drug is successfully used in patients who cannot take it orally . The most common adverse effects are drowsiness, anxiety and headache. The case presented here shows elevation of liver enzymes and fever following the initial dose paliperidon palmitate (PP).

CASE: A 25-year old male patient with no significant medical history or any family member with history of liver disease was admitted to our clinic after the preliminary diagnosis of psychotic disorder. Routine blood analysis results were normal. The patient who failed oral intake was given PP by im injection of 150mg/g. The first day after PP injection he developed fever (40o C), diarrhea, nausea and his liver function tests (LFT) were abnormal with increased serum hepatic enzyme levels (AST:155/ALT:200). He was examined by the general internal diseases clinic for differential diagnosis. Brucellosis, hepatitis and substance abuse tests results were negative. Neurological examination and cranial neuroimaging (MRI) were normal. Acute hepatotoxicity picture was related to PP injection. When checked on the subsequent days, hepatic enzyme levels were increased after PP injection. PP was discontinued on the 8th day and he was monitored without any psychotroph injection. LFT tests indicated slight improvement. Ten days later liver enzymes returned to normal levels. He was monitored with oral haloperidol treatment and quetiapine in the follow up controls for his psychotic symptoms. We checked liver enzymes regularly. He was discharged without any hepatic enzyme elevation.

CONCLUSION: The number of patients reported in the literature to have elevated serum levels of the hepatic enzymes after PP use are very few. It is important to keep in mind that there rare adverse effects such as elevation of serum liver enzymes and fever related to PP use which can lead to liver failure.

Key Words: Hepatotoxicity, LFT, paliperidon palmitade

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GALACTORRHEA DUE TO TRAZODONE USE: CASE PRESENTATION

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OBJECTIVE: Galactorrhea is observed frequently in psychiatric patients as the adverse side effects of antipsychotic drugs, and rarely with antidepressant agents. This report aidms to discuss the development galactorrhea after addition of trazodone to citalopram treatment.

CASE: The 23-year old single female patient consulted our psychiatry polyclinics with complaints of pessimism, hopelessness, lack of motivation, irritability, insomnia and anhedonia suggesting depressive disorder, and she was started on citalopram (20mg/day) and hydroxizine (25 mg/day). Her symptoms had not improved at her first month control , and citalopram dose was increased to 40mg/day. Persistence of insomnia indicated switch from hydroxizine to trazodone (50mg/day). On the second month control insomnia was still persisting when trazodone dose was titrated up to 100mg/day. Two weeks later the patient returned to the clinics with complaint of lacattion in both breasts for the first time in her medical history. Laboratury tests showed increased prolactin serum level (PRL:43.61ng/ml vs normal range of 3.3-26ng/ml). Trazodone dose was decreased stepwise and discontinued. In the subsequent monthly control, serum PRL was :10.78 ng/ml and galactorrhea had stopped. Insomnia complaints were present indicating quetiapine (25 mg/day) addition to her treatment which resulted in improvement of the insomnia as observed in the next monthly control.

CONCLUSION: Trazodone in low doses of 25-150 mg/day acts as a serotonin 2A antagonist without adequate inhibition of serotonin reuptake. In our patient on citalopram (40 mg/day), inclusion of trazodone led to the development of galactorrhea. Since she did not have MRI evidence of hypophyseal pathology, with normal serum B-HCG, TSH levels, and treatment with citalopram alone reversed the observed galactorrhea, it was thought that trazodone had caused her hormonal symptom. Inhibition of serotonin and dopamine release or the direct stimulation of the prolactinergic factor in the hypothalamus can cause prolactinaemia. There are also studies showing that antidepressant caused serum hyper prolactimaemia is mediated by the 5-HT2A, 5-HT2C, 5-HT1A, 5-HT3 receptors. In the case presented here, PRL elevation was unrelated to citalopram treatment while PRL appearance and disappearance were observed respectively, after inclusion and discontinuation of trazodene in the treatment protocol, suggest that PRL elevation was mediated by 5-HT2A receptors.

Key Words: Trazodone, galactorrhea, prolactin

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SIALORRHEA RELATED TO PALIPERIDONE PALMITATE: CASE PRESENTATION

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OBJECTIVE: In the literature there is no report on development of sialorrhea after using atypical antipsychotics except clozapine. This report discussed a case of sialorrhea after the use of paliperidone palmitate (PP).

CASE: The 23-year old single female was brought to the pychiatry clinics with the complaints of ''escaping from home, insomnia, and talking to herself". Four years previously, at 19 years of age, she had auditory hallucinations ordering her: ''run away, your family will kill you". She had been hospitalised, at the same hospital , 6 times and once in a university hospital. Her history included use of haloperidol, zuklopentixol, olanzapine, risperidone, paliperidone ER, aripiprazole, quetiapine and risperdal, without use of effective doses over effective durations. Her mental examination showed diminished self care, unwillingness to communicate or make contact; diminished concentration and manintainance of attention; affect was blunted; perceptions of audiatory and visual hallucinations; slow and limited abstractions; thoughts containing Schneiderian delusions and thoughts of referential and persecution ; disordered judgement, abstract thinking and realisation; diminished social funtionality; psychophysiological increase of appetite and libido; and, lack of insight; all indicating schizophrenia diagnosis. Her treatment was started on outpatient basis with first day 150 mg equivalent of PP deltoid injection; up to 8 days 100 mg PP equivalent deltoid injection and contol on the 15th day at the polyclinics. In her first control her positive symptoms had partially improved and sleep had gained regularity. It was immediately detected that she had sialorrhea and showed sensitivity to and got irritated by offering of paper tissues. She was given advice and started with biperidene (6 mg/day). Two weeks later her sialorrhea had advanced. Biperidene was titrated down and discontinued and she was started with amitriptyline (25 mg/day). One week later her complaints disappeared. She attends her controls.

CONCLUSION: Paliperidone is the active metabolite of risperidone (9-hydroxyrisperidone) and is in clinical use as an atypic antipsychotic agent working centrally as a dopamin type-2 (D2) ve serotonin type-2 (5HT2A) receptor antagonist. Dose dependent sialorrhea due to paliperidone has been reported. As it also has antagonistic action on adrenergic and histaminergic receptors, it has some side effects. Sialorrhea triggered by antipsychotic agents is treated with amitriptyline. Response oberved to amitriptyline in this case can be interpreted as PP antagonism on α-2 receptors reulting in sialorrhea. This report is expected to make a significant contribution to the litarature on PP related sialorrhea.

Key Words: Paliperidone, sialorrhea, atypic antipsychotic, schizophrenia

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PP-220

ORAL CANDIDIASIS IN AN ADOLESCENT PATIENT AFTER LOW DOSE ARIPIPRAZOLE

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OBJECTIVE: Aripiprazole is a third generation aynitpsychotic agent used to balance dopamine and serotonin and is used as an alternative therapeutic agent for its action on different receptors. It is effective in the treatment of childhood and adolescence bipolar disorder, tic disorder, schizophrenia and the aggressiveness, irritability and self-harm behaviour in pervasive developmental disorder; and its most frequently seen side effects are akithisia and digestive disorders. One of the rare digestive system side effects is oral candidiasis and this report discusses a case presenting with oral candida infection after aripiprazole. Candida, which is present in the human natural flora can cause superficial and systemic infections when the immune system is weakended and natural immunity fails.

CASE: The 15-year old patient with mild mental retardation and oppositional defiant disorder (ODD) was treated by risperdal, with dosage increase to 1.5mg/day in 4 months, when she gained 11 kg body weight. To avoid risk of metabolic syndrome and given her clinical improvement, her management treatment was continued with aripiprazole (2.5 mg/day increased to 5 mg/day 1 week later). Two days after dose increase she had tongue ache and much of her tongue was covered with white pus and localised eritema. Smear test showed oral candidiasis and nystatin solution was recommended by paediatrics services, when aripiprazole treatment was put on hold. After 5 days of therapy her symptoms disappeared and she was put under psychiatry control.

CONCLUSION: As the side effects of the atypic antipsychotics clozapine, olanzapine and quetiapine are detected clearly, the anticholinergic effects of the antipsychotics risperdal and ziprasidone are also very obvious. In children and adults anticholinergic effects appear as dry mouth, blurred vision, confusion, tachycardia and urinary retension. These agents block the parasympathetic stimulation of the salivary glands causing severe deep hyposalivation resulting in changes in the oral environment and perodontal disease. With the loss of mechanical cleansing, humidifying and antibacterial effects of saliva, candida infections are the first opportunistic advents .Oral candidiasis is seen clinically with an incidence of 30-70% among patients with systemic disease or under pharmacotherapy with antipsychotics, which can be exacerbated with poor diet, cigarette smoking and bad oral hygiene. This case report is, to the best of our knowledge, the first on the assocaition of oral candidiasis and aripiprazole use. Candida is present in the natural flora of humans, but with loss of saliva and after immune suppression candida can be pathogenic. Physicians have to keep in mind that antipsychotic gents with anticholinergic action can cause hyposalivation which then can result in oral candidiasis.

Key Words: Aripiprazole, oral candidiasis, candidiasis

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SSRI RELATED HAEMATOLOGICAL SIDE EFFECTS: CASE PRESENTATION

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OBJECTIVE: Selective serotonin reuptake inhibitors (SSRI) are widely used in the treatment of psychiatric disorders. When compared to the other antipsychotic agents SSRI have a reliable side effect profile which makes them globally the most preferred antipsychotic agents. However, there are reports on haematological side effects attributed to SSRI which are usually in the form of subepidermal haemorrhages and ecchymoses but can also include risky and serious intracranial haemorrhages. When the coagulation system parameters show normal levels, antipsychotic treatment with paroxetine, fluoxetine and fluvoxamine can cause spontaneous ecchymosis and cutanous vasculitis lesions. This report discusses haematological side effects attributed to paroxetine and sertraline use.

CASE: A 21-year old female patient consulted us with various complaints experienced in the previous 8 months, consisting of lack of will, uneasiness, vomiting, torpor,weeping dfficulty concentrating attention, impulsive activity under stress, anergia and increased sleep, Her psychiatric examination and other investiations resulted in the diagnosis of depression and obsessive-compulsive disorder on the criteria of DSM-IV (APA 1994). It was learned that she had been previously treated with paroxetine (20 mg/day) which was discontinued as it caused purple patches on her skin. Treatment was started on sertraline (50 mg/day) with gradual escalation to 200 mg/day. Blue patches appeared on both thighs when the sertraline dose reached 150 mg/day and became very distinct with the maximal dose. She had not used any other drugs or experienced traumas in the previous 1 month. Haematological investigations resulted in 2 abnormal parametric values (all others being within normal limits): [PTZ: 12,8 sn vs the normal 9,4-12,5 and INR: 1,13 vs the normal 0,83-1,1)]. After sertraline dose reduction to 100mg/day the ecchymoses disappeared. Apart from elevated D-Dimer: 643 vs the normal: 0-243), all other parameters were normal. She is on maintanance with sertraline (100 mg/g) and without relapse of her lesions..

CONCLUSION: This report has discussed a case of ecchymosis believed to be caused by treatment of psychiatric disorder with a medium dose of the SSRI paroxetine and subsequently with a high dose of sertraline. But treatment was continued with sertraline dose adjustment. It is very likely that this effect can be seen with other SSRIs. This report shows that the SSRIs have individual differences with respect to haematological side effects.

Key Words: Ecchymosis, paroxetine, serotonin reuptake inhibitor, sertraline

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PP-222

COMPARISON OF THE EFFECTS AND SIDE EFFECTS OF HALOPERIDOL DECANOATE AND PALIPERIDONE PALMITATE

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OBJECTIVE: Schizophrenia with early age onset and chronicity is globally one of the most expensive disorders to manage. Some cost reduction is achieved by the use of long acting antipsychotic agents with maintanance of more stable therapeutic blood plasma levels and better control which prevents relapse episodes. This study has aimed to compare the effects and side effects of haloperidol decanoate (HD) and paliperdone palmitate (PP) depot over a 6- month treatment of schizophrenia.

METHOD: Hospital records of schizophrenia outpatients treated in our Public Mental Health Centre were investigated retrospectively and data on the patients treated with (HD) and (PP) depot for a minimum period of 6 months were included in the study. Data consisted of sociodemographic details, body weight, height and waist circumference measurements, arterial blood pressure, plasma glucose, cholesterol and triglyceride levels, together with the scores on the Scale for the Assessment of Positive Symptoms (SAPS), the Scale for the Assessment of Negative Symptoms (SANS), the Extrapyramidal Symptom Rating Scale (ESRS) and the Clinical Global Impressions Scale (CGI-S), which were evaluated for statistically significant differences on the basis of metabolic syndrome developement.

RESULTS: PP was used by 13 (61,9%) and HD was used by 8 (38,1%) patients. Significant disfferences were not observed between these groups with respect to mean age and the duration of illness. There were also not significant differences between the mean scores on SANS, SAPS, CGI-S, ESRS at the 0, 2 and 6 months of their treatment with respect to development of metabolic syndrome.

CONCLUSION: There is not another study in the literature on the comparison of PP and HD effectiveness and side effects in the treatment of psychotic disorders, our study being the first one of its kind. It has been known that depot antipsychotics as compared to the oral antipsychotics have better control of the disease and hence prevent relapse incidences. The falls in the SANS, SAPS ve CGI-S scores of the patients in 6 months of therapy are in agreement with the reports in the literature. Extrapyramidal system (EPS) symptoms are known to appear with less frequency during the use of depot antipsychotics. In this study observation of the falls in ESRS scores with HD as well as with the atypic antipsychotic PP is also in agreement with the literature. Considering that there were no differences between PP and HD effects and side effects on the results of the psychometric scales used and with respect to the risk of development of metabolic syndrome suggested that treatment protocols have to be oriented to cost effectiveness.

Key Words: Haloperidol decanoate, paliperidone palmitate, schizophrenia, effectiveness, side effect, metabolic ssyndrome

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PP-223

LECOPAENIA DUE TO ATOMOXETINE USE: CASE PRESENTATION

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OBJECTIVE: Atomoxetine is a selective noradrenergic reuptake inhibitor, approved by the FDA for the treatment of attention deficit and hyperactivity disorder (ADHD) as a nonstimulant agent. It is accepted to be safe as a nonstimulant agent and therefore is not subject to control. It is frequently used in children and adolescents, but the rare side effect of leucopaenia has been known. This report discusses a case of leucopaenia related to atomoxetine use.

CASE: An 11-year old male patient without a history of haematological disease , diagnosed with ADHD and behaviour disorder, developed leucopaenia after treatment with atomoxetine. The patient did not use any drugs potentially able to cause leucopaenia. With the discontinuation of atomoxetine, leucopaenia was normalised. When atomoxetine was restarted, leucopania represented , supporting the explantion of the adverse side effect.

CONCLUSION: Haematological side effects can be caused by many drugs widely prescribed as well as the psychiatric drugs. After infection, drugs are the second most frequent cause of acquired leucopaenia. Although atomoxetine is very frequently used in children and adolescents as a selective noradrenergic reuptake inhibitor, its haematological side effects including leucopaenia are very rarely observed. We could not reach any study in the PubMed internet search motor using the key words "Atomoxetine; Side effects; Blood dyscrasias; Leukopenia; Neutropenia;" However, one review on the eHealthme base did refer to leucopaenia after atomoxetine and gave a leucopaenia incidence of 0.15% among atomoxetine users. In the case presented here, absence of a symptomatic course of events, and the emergence of the abnormal haematological result during routine scan, when evaluated over the case, can lead to the opinion that it is clinically unimportant. But this finding is very important for the consideration of the risk of much more serious haematological side effects when atomoxetine is used in multiple drug therapies. Therefore, clinicians should know well the potential side effects of the drugs they employ, and carry out laboratory tests before and regularly after starting a treatment protocol to be able to detect these side effects in time to implement treatment at the early stages..

Key Words: Atomoxetine, attention deficit and hyperactivity disorder, leucokopaenia

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PP-224

NEUROLEPTIC MALIGNANT SYNDROME: CASE PRESENTATION

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OBJECTIVE: Neuroleptic malignant syndrome (NMS) can be fatal if the precautions indicated with the use of antipsychotic drugs are not taken. NMS generally presents within the second weak of the therapy with an incidence of 0.02-3%, more frequently in males and at young age. The strenght of the drug used, its dose, the pace of increasing the dosage, parenteral applications and the depot antipsychotics are risk factors for NMS. Clinically NMS progresses with cognitive changes, muscular rigidity, high fever and autunomous irregularities. Laboratory findings of increased serum creatine phosphokinsase (CPK) and increased count of leucocytes. Its treatment consists of primarily hydration and electrolyte replacement, and use of dopamine agonists (Strawn et al.,2007). This report discusses the development of NMS after the use of paliperidone.

CASE: The 24-year old female patient, under control for bipolar affective disorder, developed symptoms of increased talking and activity, irritability and auditory halluciantions after abandoning her drug therapy for 3-4 months, and consulted our polyclinics. She was admitted to the ward with the preliminary diagnosis of manic episode and started on paliperidone (6 mg/DAY) and lithium (600 mg/day). On the 5th day of her admission she developed sialorrhea and loss of balance. Lithium was discontinued and sodium valproate (1000 mg/day) was started. Her symptoms persisted and on the 9th day her neurological examination determined an increase in her deep tendon reflexes (DTR). CPK was estimated to be 165. On the 15th day of her admission her confusion, loss of orientation, DTR increases, muscular rigidity and CPK levels (=1016) had all advanced. She had rigidity, leucocytosis and fever of 37,8°C . Paliperidone was disontinued and the patient was put under observation with the preliminary diagnosis of NMS. Bromocyptine treatment was started. Her symptoms of confusion and disorientation improved within 1 week, and the treatment was finalised in 45 days, and she was discharged on the 73rd day on management therapy with sodium valproate (1000 mg/day) and olanzapine (10mg/day).

CONCLUSION: NMS is a serious complication of psychiatric treatment and given the difficulty of its detection by differential diagnosis can often be missed, and can resultwith mortality in delayed treatment cases with a 20% incidence. It should be accepted that the risk of NMS development is high in the first two weeks of starting antipsychotic treatments. In our patient, hyperthermia did not exceed 38°C. There are similar case reports in the relevant literature. In cases thought to be on course with NMS, leucocyte count, CPK estimation, supportive treatment and immediate intervention with bromocryptine can be a life saving approach in a very serious clinical picture.

Key Words: Bipolar affective disorder, bromocryptine, neuroleptic malignant syndrome, paliperidone

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PP-225

PAEDIATRIC EOSINOPHILIC PLEURITIS DUE TO VALPROIC ACID USE: CASE PRESENTATION

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OBJECTIVE: Valproic acid is currently being used by itself or in combination with other agents for epilsepsy in neurology, in the manic and mixed episodes of childhood or adolescence bipolar mood disorder, and in management therapy as a mood stabiliser. Hepatic, renal and metabolic side effects limits its use. Although there are reports of eosinophilic pleural effusion (or eosinophilic pleuritis)in adults, reports in childhood cases have not been found. This report discusses the case of a 15-year old adolescent under observation for behavioural disorder and bipolar mood disorder who developed eosinophilic pleuritis after valproic acid treatment. As the patient is under the age of 18, the report is the first of its kind.

CASE: Sertraline (50mg) and risperidon (2mg) treatment was started in May 2013 in the psychiatry polyclinics of the Ondokuz Mayıs University for the treatment of major depression and behaviour disorder diagnosed in the 15-year old male patient and was continued until March 2014. On the 8th month of the therapy remission was seen in the depression symptoms. Valproic acid (15/mg/kg/day =750mg) was started when the patient neglected to use the medication with regularity. One week later the patient consulted a healthcare centre for shortness of breath, chest pain with accent while breathing, fever and dry cough which he had experienced for the previous 4 days. When the complaints increased the next day, he was brought to our emergency services. The clinical picture was that of repiratory acidosis with leucocytosis , eosinophilia (45%), and CRP:61. Thoracic USG revealed effusion with dominance on the right side. He was admitted to paediatric infection service. Direct coombs, c3 c4,ANA, Anti- ds DNA C-ANCA,P- ANCA, ARB and PCR (mycobacterium) tests were neagative. Thoracentesis fluid was exudative in character with 12% eosinophyl. SFT was compatible with asthma. When consulted, our advice was to continue with valproate and risperidone treatment. One week later the serum level of valproate was below toxicity limit and effective for treatment and the symptoms improved. Aetiological investigations did yield diagnostic oncological, parasitological and infectious parameters. Valproate was put on hold. He was followed on outpatient basis. One month after his discharge from the hospital thoracic x-ray and USG indicated complete improvement with significant fall in the peripheral eosinophil counts.

CONCLUSION: Cases of eosinophilic pleuritis under 18 years of age after valproic acid treatment have not been reported in the literature. In the case reported with eosinophilic pleuritis, valproic acid dosage was low and improvement in the effusion started one month after discontinuation of the therapy. In our patient pleural effusion was seen with a dose of 1000 mg valproate which is similar to other cases reported. But unlike those reported cases pleuritis symptoms appeared in 4 days, witht clinical and radiographical improvement starting 1 month after the discontinuation of valproate. There is a report in the literature on reversible alveolar haemorrhage induced by valproic acid in a patient under 18 years of age. The mechanism of the plural effusion started by valproic acid is not understood. There have been proposals of acute hypersensitivty reaction, dose dependent toxic effect, drug dependent triggering of inflammation and mesothelial damage due to oxidation.

Key Words: Valproic acid, eosinophilic pleuritis, pediatric psychiatryi

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PP-226

DEVELOPMENT OF THROMBOCYTOPENIA AFTER CLOZAPINE USE: CASE PRESENTATION

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OBJECTIVE: Clozapine, rated as an atypic antipsychotic agent, more effective on treatment resistant schizophrenia than the standard antipsychotic therapies, has many side effects including leucopaenia, neutropaenia, agranulocytosis, leucocytosis, anemia, thrombocytopaenia, and eosinopshilia. Although agranulocytosis is a much reported side effect of clozapine, data on thrombocytopaenia are limited. This report discusses a case of thrombocytopaenia after clozapine use.

CASE: A 44-year old female patient with a history of schizoaffective disorder diagnosis and repeated hospitalisations over 25 years was dissatisfied with her treatement. Her latest therapy cosisted of combination of haloperidol (15 mg/g), aripipirazole (30 mg/g), valproic acid (1000 mg/g) , biperidene (4 mg/g), Clorpromazine (100 mg/g) and 8 sessions of ECT. Since there was not a distinct improvement in her clinical condition, she was started on clozapine. Treatment dose was controlled by haemograms as it was increased stepwise to 400 mg/g, when her thrombocyte count fell from the level at the start of the therapy (175 K/μ vs the normal range150-450) to 93 K/μ. After lowering the clozapine dose to 300mg/g, her thrombocyte count increased to 122 K/μ and in 2 weeks to 192 K/μ.

CONCLUSION: Thrombocytopaenia due to clozapine use is a not well known side effect that needs must be investigated in practice. One report draws attention to the necessity of thrombocyte counts when following leucocyte levels. There are conflicting views about the realitonship between clozapine dose and thrombocytopaenia, but the improvement seen in this study on thrombocyte counts by lowering of clozapine dose indicates a dose related effect.

Key Words: Clozapine, trombocytopaenia, thrombocyte, drug side effect

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PRETIBIAL OEDEMA DUE TO QUETIAPINE USE: CASE SERIES

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OBJECTIVE: This report discusses the cases of five inpatients who developed pretibial oedema (PTO) during treatment with quetiapine, which was reversed after decreasing the dose or discontinuation of quetiapine.

CASE 1: The patient was a 57-year old single male under control for bipolar disorder and being treated with valproic acid (1750 mg/day), citalopram (30 mg/day), lamotrigine (12,5 mg/day) and quetiapine XR (400 mg/day) when PTO was detected. After medical investigations he was diagnosed with pericardial effusion and venous insufficiency (varicosis). Treatment by cardiology consultant physician did not correct the pericardial effusion and investigations for suspected malignancy gave negative results. The patient had been on valproic acid for many years without an incidence of oedema. Discontinuation of lamotrigine did not improve the oedema but after discontinuing quetiapine PTO decreased..

CASE 2: The 62-year old married male patient was being treated with valproic acid (1500mg/day) and quetiapine XR (800 mg/day) when PTO was detected. Consultation with caridology, cardiac and vascular surgery and general internal diseases services did not find an organic basis to the PTO. Furosemide amp was recommended. PTO disappeared when quetiapine was discontinued.

CASE 3: The 50–year old female patient diagnosed with bipolar disorder in depressive episode was being treated with valproic acid (1500 mg/day) , lamotrigine (100mg/day) and quetiapine 200 mg/day , when PTO developed. Her history included hypothrodism, hypertension and diabetes mellitus. The interdepartmental investigations requested determined a malignant mass in the bladder. Quetiapine was discontinued and PTO reversed.

CASE 4: A 65-year old male patient diagnosed with mood disorder (MD) in the manic episode, developed cerebrovascular accident followed by epilepsy which indicated antiaggregant treatment and levetiracetam. While using quetiapine (400 mg/day) for MD, PTO developed. Investigation showed venous insufficiency and stenosis in the left carotid artery. Reduction of quetiapine dose resulted in distinct improvement of PTO.

CASE 5: The 46-year old female patient was admitted with diagnosis of psychotic depression. She was on oral antidiabetic treatment for DM, and was started on citalopram (30 mg/day) and quetiapine (300 mg/day) when PTO developed. Quetiapine dose was reduced to 100 mg/day when PTO regressed.

CONCLUSION: In cases 1 and 3, peviously maintained on valproate and quetiapine, oedema was not observed and PTO developed when other medical illnesses got added to this background. After PTO, venous insufficiency was observed in cases 1 and 4, and bladder tumour in patient 2, the only case not involving any medical illness. Although no medical illness was determined in case 5 after PTO, the patient had a history of DM. As with our cases , majority of cases reported in the literature oedema was observed after combination therapies. It is recommended that patients using quetiapine and presenting with PTO should be physically examined with detail for the presence of another medical illness.

Key Words: Quetiapine, oedema, adverse effects

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PP-228

HYPERHIDROSIS DUE TO ARIPIPRAZOLE USE: CASE PRESENTATION

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INTRODUCTION: Atypic antipsychotics are currrently being used to treat childhood schizophrenia, tic disorders, pervasive developments disorders (PDD), bipolar disorder and behavioural disorders. Aripiprazole is a new atypic antipsychotic agent with partial effect on dopamine-D2 receptor (D2) and serotonin-1A receptor (5-HT-1A), and also antagonistic effect on serotonin-2A receptor (5-HT-2A). Atypic antipsychotic agents, apart from antagonistic effects of the serotonin (5-HT)2A ve D2 receptors, also react with both the dopamine and the serotonin subtype receptors, such as the 5-HT1A, 5-HT1D, 5-HT2C, 5-HT3, 5-HT6, 5-HT7, 5-HT carrier and the D1, D3, and D4. Atypic antipsychotic agents also inhibit the norepinephrine carrier and the muscarinic-1, muskuranic -3; histamine-1, α-1 adrenargic and α -2 adrenargic receptors (Stahl 2012). In the case presented here, hyperhidrosis developed from the initial months of aripiprazole therapy. As a similar case was not peviously reported in the literature in Turkish, this report was prepared to draw attention to the condition.

CASE: The male patient was 12 years 7 months old, the only child of his family and in the 6th grade of primary school, who did not start speaking until 4 , and had limitation to eye contact, stereotypic movements and gestures indicating psychiatric consultation, and was diagnosed with PDD. He learned reading in the first grade of primary school. He was started with risperdal (0,5 mg /day) for ''Attention Deficit and Hyperactivity Disorder." His treatment was switched to methylphenidate (36 mg/day) on account of weight gain, but with the persistence of his psychiatric symptoms treatment was altered to atomoxetin (40 mg /day) which was used regularly for 6 months when symptoms did not improve and the drug was discontinued. One year previously he was started on aripiprazole (5 mg/day) for his obsessions, obstinacy, hyperactivity and nervous laughing complaints when excessive sweating on the face, neck and the back developed. As the psychiatric symptoms improved with his therapy, and the symptoms of hyperhidrosis were tolerable, he was kept under control observations without therapeutic readjustments.

CONCLUSION: Atypic antipsychotic drug effects on the 5-HT2A, 5-HT1A, 5-HT2C receptors may result in disinhibition of

norephinephrine(NE) and dopamine(DE) release from the prefrontal cortex. NE binds the specific receptors in the brain, spinal chord, peripheral autonomic system, heart and bladder. Stimulation of the noradnenergic receptors of the sympathetic nervous system would result in reduced parasympathetic cholinergic effects. NE effects on α-1 adrenergic receptors might mimic symptoms of ''anticholinergic" side effects. Therefore, clinicians should keep in mind the possibility of hyperhidrosis during atypic antipsychotic drug use and inform the patients' families to ensure compliance with the treatment.

Key Words: Aripiprazole, autism, sweating

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PP-229

BLURRED VISION DUE TO SERTRALINE USE: CASE PRESENTATION

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OBJECTIVE: Selective serotonin reuptake inhibitors (SSRIs) are the agents most preferred in the treatment of depression, obsessive-compulsive disorder, panic disorder and other different pcyshiatric disorders. The known SSRI side effects include sexual dysfunction, GI symptoms including nausea, diarrhea, vomiting, dsypepsia, and central nervous symptoms including reduced satiety and weight gain, head ache, anxiety, insomnia, hallucinations and extrapyramidal findings, anticholinergic effects of dry mouth, haematological changes, glucose and electrolyte metabolism disorders and serotonin syndrome. Antidepressant agents also have rare but serous risks of adverse ocular side effects , repoted not to have been seen with the new generation atypic antidepressant agents. This report discusses the development of blurred vision in a 52-year old female patient during use of the atypic antipsychotic drug sertraline.

CASE: The 52-year old female primary school graduate patient was married with 3 children. She consulted our polyclinics with symptoms of fatigue, unhappiness, anhedonia, lack of endurance, sudden irritability, body tremor, lethargy and sleep disorder that developed over the previous year as a result of stressful events. Her psychiatric examination showed that her self care was compatible with her age, her thought process had slowed down, thought contents included anhedonia, references to stressful life events and anger; her affect was passive. She was diagnosed with depressive disorder. Her only medical history was hypertension which had been treated with antihypertensives for the previous 12 months. Also, she had received sertraline, venlafaxine and escitalopram treatment for two episodes of depression. As she had benefited from sertraline, she was started on treatment with 50 mg/day dosage which resulted in the improvement of her symptoms. During her controls she complained, for the first time in her medical history, of blurred vision, which started 10 hours after taking sertraline and lasted for nearly 1 hour. She had checked the regularity of this symptom by readjusting the timing of her daily dose of sertraline. When she stopped using the medication, the symptoms disappeared. As she was on remission without any other psychological complaints she was put on follow up without any treatment..

CONCLUSION: It was beleieved that the blurred vision symptom of the patient was caused by sertraline use, since it presented for the first time after starting sertraline use and appeared with regularity after taking the medication and disappeared with the discontinuation of sertraline. There are reports in the literature on the observation of maculopathy and increased intraocular pressure after sertraline use but not on the incidence of blurred vision as observed in the case reported here. Although rarely encountered, the ocular side effects of new generation atypic antidepressant agents like sertraline should be kept in mind by the pysicians to be able to prevent serious complications.

Key Words: Blurred vision, sertraline, side effect

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PP-230

A CASE OF TORTICOLLIS AFTER LOW DOSE OLANZAPINE TREATMENT

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OBJECTIVE: Since the antipsychotic agents have entered clinical use there have appeared reports in the literature on cases of persistent dystonias, which are believed to be triggered by the anitdepressants as subtypes of ''dystonia tarda" later renamed as ''tardive dyskinesia" (TD). A case of torticollis ina female patient on antipsychotic therapy was reported for the first time by Keegan and Rajput. TD incidence in individuals on antipsychotic therapy varies in the range 2.7-5.3%. This report discusses the case of a patient with torticollis secondary to low dose olanzapine treatment.

CASE: The 26-year old female unmarried, primary scchool graduate patient consulted our polyclinics with complaints of 6-month duration including verbigeneration, nervous laughter, diifculty coping with house work, sleep disorders, loss of appetite and irritability.Her routine investigations did not give pathological results. She was preliminarily diagnosed with depressive disorder (not otherwise described) and started on olanzapine (5 mg/day) treatment and kept under monthly controls. In the second control she had cpmlaints of pain in her neck with bending to the left. Physical examination result was torticollis. Treatment was switched to aripiprazole (5 mg/day) and controls were continued.

CONCLUSION: TD reports are rarely seen in the literature. The pathophysiological mechanisms underlying the olanzapine triggered TD is not understood. Trugman et al. proposed repetitive endogenous dopamine stimulation of D1 receptors resulting in D1 mediated striatal output sensitisation cause the TD symptoms. The first step treatment of TD traiggered by antipsychotics should be switching to another drug s the side effect seen may cause serious funtinal disability as well as interfering with treatmen compliance. Therefore, clinicians shoul inform the patient and their relatives of this potential side effect. For understanding of the underlying mechanisms and increased awareness of mental healthcare workers, more case reports and research is needed.

Key Words: Olanzapine, antipsychotic, torticollis, tardive dyskinesia, psychosis

PP-231

ACURE HEPATIC FAILURE DUE TO OLANZAPINE USE: CASE PRESENTATION AND LITERATURE REVIEW

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OBJECTIVE: There are many reports in the literature on the hepatic side effects of the new generation atypic antipsychotic agent olanzapine, but these include only 3 cases of acute hepatic failure in the last 10 years. This report discusses a case of acute hepatic failure in the first month of olanzapine use and a review of the literature on the hepatic side effects of olanzapine use. This report on olanzapine related acute hepatic failure is the first in the Turkish literature and the fourth in the world literature, to the best of our knowledge.

CASE: A 57-year old male patient diagnosed with bipolar disorder-II on the basis of DSM-IV criteria at the Marmara University Medical School Psychiatry Division has been followed on outpatient basis since 2009. He was admitted to ward with the preliminary diagnosis of depression and comorbid toxic hepatitis. It was learned that in the second week of the olanzapine (10mg/day) treatment the patient presented with jaundice, loss of appetite, abdominal pain, nausea, and fatigue. He was examined by the general internal diseases division and his lab results were found to include: AST: 515 IU / L, ALT: 825 IU / L (vs5-37 IU/L), GGT: 957 IU/L (vs7-49 IU/L), ALP: 764 (vs0-129 IU/L), Total Bilirubin: 3.10 (vs0-1 mg/dL), Direct Bilirubin: 2.32 (vs0-0.3 mg/dL) indicating increased levels of transaminases and cholestasis. Albumin and coagulation parameters were normal. As the patient did not have any other comorbidity, and did not use any other medication, herbal agents, alcholol or substances, olanzapine was suspected of the effects and was discontinued. Further laboratory tests were carried out in order to assess the aetiological factors. The results of HIV, cytomegalovirus (CMV), herpes simplex (HSV) ve Epstein-Barr virus types (EBV) tests were neagative, eliminating acute viral hepatitis; and the antinuclear antibodies (ANA), liver-kidney microsomal antibody (anti-LKM), and anti mitochondrial antibodies (AMA), smooth muscle antibody (SMA) and the perinuclear antineutrophilic cytoplamic antibody (ANCA) tets were also negative, eliminating autoimmune hepatitis. Abdominal USG was within normal limits. After discontinuing olanzapine, hepatic enzyme levels were normalised in 3 weeks until when the patient was followed without antipsychotic threapy.

CONCLUSION: Reports in the literature have emphasised the control of the hepatic enzymes in order to assess the hepatotoxic effects. Olanzapine has been reported to have isolated effects of increased transaminase levels in the hepatic functions tests. Serious cases of hepatotoxicity after olanzapine are very rare and dictate the immediate discontinuation of the drug, whereby, according to the literature, the enzyme levels will be normalised and the acute hepatic failure will disappear without sequelea. The need for controlled research to provide valid data on hepatotoxicity of antipsychotic drugs has been increasing.

Key Words: Acute hepatotoxicity, olanzapine

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PP-232

SPONTANEOUS EJACULATION DUE TO DULOXETINE USE

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OBJECTIVE: Duloxetine is a serotonin ve norepinephrine reuptake inhibitor (SSRI, SNRI) used as an antidepressant agent for the treatment of major depressive disorder, pervasive anxiety disorder, and diabetic peripheral neuralgia. Spontaneous ejaculation is a rarely observed side effect of antidepressant therapy and can cause serious discomfort to the patient. This report discusses a case of spontaneous ejaculation overlooked for 1 year in a patient on duloxetine treatment.

CASE: Mr. B., a 46-year old male patient consulted our psychiatry polyclinics with symptoms and complaints experienced over 1 year, which included unhappiness, sleep and appetite disorders, excessive mental preoccupation with stressors, death wish, aches over the body of unexplained causes, intermittent constipation and diarrhea, profound feeling of indisposition and tachycardia. He was started on duloxetine (30 gm/day titrated to 60 mg/day 1 moth later). After starting the therapy, daily spontaneous ejaculations occurred frequently after micturition and rarely after defecation. The patient had sexual reluctance. The symptoms were attributed to duloxetine and the drug was planned to be discontinued starting with dose reduction and withdrawal. Spontaneous ejaculation stopped at the end of one week after stopping drug therapy.

CONCLUSION: Ejaculation is a natural activity important for the propagation of the human species, and depends on complex neural network mechanisms with multiple neurotransmitter interactions. Retrograde ejaculation, delayed ejaculation or lack of ejaculation can be seen after sympathectomy, spinal chord injuries, autonomic neuropathies, and after drug use including SSRIs, sympatholytic antihypertensives and antipsychotics. Spontaneous ejaculation cases have been reported after the SNRIs and SSRIs, citalopram, reboxetine, nefazodone and venlafaxine. However, there are not any reports on duloxetine caused spontaneous ejaculation. Even if it is a difficult subject of discussion in our population, sexual side effects of treatment with antipsychiatric medication should be queried with the patients to ensure prevention of adverse side effects and compliance with treatment.

Key Words: Spontaneous ejaculation, duloxetine, SNRI

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PP-233

NEUROTOXICITY DUE TO THERAPEUTIC LITHIUM: CASE PRESENTATIONS

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INTRODUCTION: Lithium is used in the treatment of bipolar disorder. Due to its limited therapeutic index toxic side effects are often observed. Toxic effects can also be observed with normal serum levels. This report discusses two cases of neurotoxicity with normal serum levels of lithium in the eldery patient.

CASE 1: When our 75-year old male patient diagnosed with bipolar disorder came for his controls, he was on lithium (900mg/day) and olanzapine (5 mg/day). Neurological examination determined loss of place and time orientation, ataxic walking with small steps, myoclonus and tremor in his hands. His lithium blood level was measured to be 0,8 mEq/L. The other laboratory test results were within normal limits. ECG and MRI were normal. Lithium was suspected for the symptoms and discontinued when the symptoms improved.

CASE 2: The 75-year old male patient diagnosed with bipolar disorder and treated with lithium (900mg/day) and olanzapine (5 mg/day) developed 15 days before his monthly control symptoms of tremor in his hands, myoclonus and sudden involuntary movements of arms, wallking with small steps and loss of place and time orientation. His blood level of lithium was 0,9 mEq/L, with all the other tests results being normal. ECG was within normal limits, but MRI revealed chronic ischaemic atrophic changes, secondary atrophic dilatation of ventricular system and the sulci. His symptoms were found compatible with lithium toxicity and stepwise discontinuation of lithium resulted in the improvements observed in his next monthly control.

CONCLUSION: It has been reported that 75% of the patients on long term lithium therapy develop intoxication symptoms at on stage of the treatment procedure. Old age and combined antipsychotic treatment are risk factors for lithium toxicity at normal circulatory levels of lithium. Hence, both of the patients discussed here, being elderly and on lithium therapy of long duration, were under the risk of toxicity. Since clinically detected neurotoxicity is diagnosed despite lithium levels within the therapeutic limits, clinicians must regularly monitor the patients and especiall those under risk.

Key Words: Lithium, neurotoxicity, side effects,normal serum level

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PP-234

COMPARISON OF HYPERPROLACTINAEMIA IN PALIPERIDON PALMITATE AND RISPERIDON (LAI) USE

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OBJECTIVE: Paliperidone palmitate (PP) is the palmitic acid esther of 9-hydroxyrisperidone, the major active metabolite of risperidone. The frequently met neurological PP side effects include insomnia, head ache, stupor, sedation, nausea, pain at injection site, muscular aches and extrapyramidal symptoms. Studies have also reported endocrine effects, generally on galactorrhea, amenorrhea and sexual dysfunctions secondary to primary hyperprolactinaemia. This report compares the observed hyperprolactinamia incidences in risperidone-lai (Rlai) and PP use.

METHOD: This drug monitorisation study was conducted at Ankara Oncology Hospital Psycological Disorders Unit, with the approval of the hospital ethics committee and the informed written consent of patients under control observation at the hospital and on treatment with Rlai (N:17) or PP (N:15) for a minimum of 3 months.

RESULTS: Patients using Rlai (male:14, female:3,) and PP (male: 4, Female:11) did not differ significanly with respect to details of age, disease duration, educational level, and marital status. However, significant differences were computed with respect to gender, duration of drug usage and incidence of hyperprolactinaemia (p:.002). PP users were mainly the females; drug usage duration was longer in the Rlai group (p:.002). Mean serum levels of prolactin (PRL) was 17,706 ng/ml in the Rlai group and 56,600 ng/ml in the PP group (p:.000).

CONCLUSION: It has been reported that switching to PP from Rlai to control hyperprolactinaaemia actually reduced the circulatory levels of PRL. However, in contrast to this report, in our patient groups PRL levels were higher in the PP group. Working with a small population of patients is the major limiting aspect of this study, therefore requiring careful evaluation of the results data. Prevalence of females in the PP group may be one reason for hyperprolactinaemia in this group, since a higher incidence of hyperprolactinaemia has been reported with long term drug usage and in the female users of the drugs. In our study, although drug usage duration was longer in the Rlai group, the mean PRL level was lower, which again could be due to the gender difference in the groups. In clinical trials the side effects secondary to prolactinaemia have been stressed and the incidences of asymptomatic hyperprolactinaemia have not been reported, despite the importance of hyperprolactinaemia as a risk factor for breast cancer and osteoporosis. Given the risk of hyperprolactinaemia under antipsychotic treatment, all patients started on treatment should be monitored for serum PRL at the start and at the controls of the treatment. Also, gender matched larger patient populations must be investigated to ascertain the gender based differences in side effects of antipsychotic agents.

Key Words: Paliperidone palmitate, hyperprolactinaemia, Risperidon long-acting injectable, risperidone

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PP-235

EXTRAPYRAMIDAL SIDE EFFECTS AND DYSTONIA AFTER A SINGLE DOSE OF BUPROPION

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OBJECTIVE: Bupropion is an antidepressant agent used for the treatment of major depression and nicotine dependency. As its sexual side effects are similar to that of placebo, it is frequently preferred in patients with sexual reluctance or presenting with sexual symptoms due to antidepressant drug use. The antidepressant effect is thought to rely on the increased tranmission of dopamine. In the literature, extrapyramidal system symptoms have been associated with especially diseases like Parkinson's disease of dystonia resulting from neuron death or dysfunction, and antipsychotic drugs which decrease dopamine levels by blockage of dopaminergic receptors. Case reports on extrapyramidal side effects due to bupropion or sudden withdrawal of bupropion have rarely been reported. This report discusses a case with appearance of extrapyramidal symptoms hours after a single 150 mg dose of bupropion.

CASE: The 32-year old male unmarried patient consulted a senior psychiatrist with complaints of anhedonia and loss of interest and loss of will. He was put on bupropion (150 mg/day) with the diagnosis of major depressive disorder. Approxiamately 4-5 hours after taking bupropion he developed symptoms of blushing on the face, swelling tongue, numbness in hands, involuntary contractions of the arms and the neck. He consulted the emergency services where he was gven biperiden (5 mg im). His symptoms receded in minutes and he was discharged the next day for being asymptomatic.

CONCLUSION: The aim in presenting this case is to show that extrapyramidal system side effects of antipsychotic agents acting especially as dopamine receptor antagonists could be seen after bupropione which in contrast acts by increasing the synaptic levels of dopamine which the clinicians should be careful about.

Key Words: Bupropion, dystonia, EPS

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PP-236

VAGINAL HAEMORRHAGE DUE TO FLUOXETINE AND SWITCH TO REBOXETINE: CASE PRESENTATION

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OBJECTIVE: Selective serotonin reuptake inhibitors (SSRI) are used in the treatment of depression and anxiety disorders due to their benign side effect profile. Tendency to haemorrhage is a very rarely met side affect of SSRIs. This report discusses a serious case of vaginal haemorrhage due to fluoxetine use.

CASE: The 37-year old married female patient with 3 children and without any previous history of psychiatric or chronic disorder consulted a senior psyhiatrist with the complaints of tachycardia, restlessness and anticipation of bad events, which developed 3 months previously. She was diagnosed with anxiety disorder and started on fluoxetine (20mg/day). On the 7th day of the treatment she consulted our hospital with vaginal haemorrhage . She was admitted to the general internal diseases ward. Her haemogram showed a thrombocyte count of 9000 /ml, which was confirmed by smear test, but another haematological pathology could not be found. She was given 1 unit of thrombocyte suspension by apheresis and the cell count was brought to 59000, which increased to 150000 one week later. While she was at the haematological ward whe was given 1 dose of fluoxetine (20mg) upon her request when her thrombocyte count fell to 130000. This effect was believed to arise from fluoxetine use and, after her haematological therapy, she was started on reboxetine (4-8 mg/day) , an antideprrasant that is not an SSRI. She did not develop further symptoms and is being followed..

CONCLUSION: Thrombocytopaenia can reach fatal levels and can be seen as a symptom of haematological disease as well as the side effect of drug treatment. Importance of the role of serotonin in the realisation of thrombocyte functions is known. Inhibition of serotonin reuptake can upset thrombocyte structure and functions and cause seriously low thrombocyte levels. In patients sensitive to SSRIs in this respect, SNRI like reboxetine would be a useful alternative.

Key Words: Fluoxetine, reboxetine, thrombocytopeania

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PP-237

ACUTE AKATHISIA DUE TO METOCLOPRAMIDE USE: CASE PRESENTATION

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OBJECTIVE: Akathisia is a movement disorder characterised by a need for chronic movement in the legs and feeling of uneasiness. It is seen as a psychomotor phenomenon of uneasiness that causes anxiety, the urge to get up and walk, general tension especially at the lower extremities and lack of clear thinking, with varying degrees of severity. The most frequent causes are neuroleptics, antipsychotics and the benzodiazepine withdrawal syndrome. Metoclopramide is a benzamide derivative antiemetic frequently used in emergency services against nausea, vomiting and vascular type of head ache. There are reports on the induction of feelings of uneasiness with an incidence of 20-25% especially after iv use of metoclopramide. A relationship between the serum level of metoclopramide and akathisia has been shown with the demonstration that slow infusion of metoclopramide causes less incidence of akathisa . This report discusses the case of akathisia secondary to a single bolus iv dose of metoclopramide.

CASE: The 22-year old married female patient without a history of illness consulted the emergency services with complaints of nausea, abdominal pain and loss of appetite which developed 10 days previously. Physical examination could not establish any physical illness other than abdominal sensitiveness. Her laboratory investigation results including blood glucose, urea, creatinine, electrolytes, hepatic function tests, pregnancy test, urinary analyses and haemogram were all within normal limits. She was teated symptomaticlly with 10 mg iv metoclopramide in phsyiological serum. When her complaints settled down she went home but came back a few hours later with symtpoms of uneasiness, urge to move and tremor in her hands when psychiatric consultation was requested. She was diagnosed with akathisa and started on lorazepam was (1,25 mg oral) . Within one hour her symptoms settled and did not repeat during her control when she was discharged.

CONCLUSION: Metoclopramide is a strong dopamine receptor blocker and has psychomotor side effects which include acute dystonia, akathisia and Parkinsonism. Benzodiazepines, beta-blockers, α2-agonist opioids, and anticholinergic agents can be used in the treatment of akathisia. We have aimed by this report to emphasise that metoclopramide, frequently used in the emergency services, can have side effects and pointed out the modes of treatment.

Key Words: Akathisia, lorazepam, meclopramide

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PP-238

LIVER DAMAGE DUE TO BUPROPION USE : CASE PRESENTATION

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OBJECTIVE: Drug-induced liver damage (LILD) is the common name of all conditions ranging from asymptomatic elevation of serum hepatic enzymes to fulminant hepatitis. Three fold increase in serum alanine aminotransferase (ALT) level and two fold incraese in the serum alkalinephospahtase is diagnostic of LILD. In phase 3 studies an incidence of 1% reversible hepatic enzyme elevation was shown with bupropion but clinical studies have not reported hepatic injury due to bupropion. This reports aims to discuss a case of liver damage due to bupropion use.

CASE: The 32-year old male patient had been under control observations for 6 months with major depressive disorder and had been switched to bupropion (150 mg/day) after dissatisfaction with mirtazapine and fluvoxamine. On the day of starting bupropion treatment his liver enzme levels were normal. Only partial response to treatment indicated dose titration to 300 mg/day at his next control. One month later thyroid function tests, vitamine B12, and folate levels, routine biochemical parameters were estimated including a haemogram. All results except ALT (146 U = 3x NR) were normal. As the patient did not use alcohol or other substances, serological, biochemical and toxicological tests were carried out with normal results. Abdominal USG records were normal. After discontinuation of bupropione the ALT level dropped by 50% in one week and had completely normalised at the end of 1 month..

CONCLUSION: Reversible elevations of serum liver enzymes can be seen with almost all antidepressant drugs. All available information on LILD has been acquired from case reports. To this day only 6 cases have been reported, all but one involving comorbidity and combined drug use, the latter being a risk factor for LILD. In our patients all such causes were eliminated. Our patient scored 9 on the Roussel Uclaf Causality Assessment Method (RUCAM) which probably points his case to LILD, which is idiosyncratic, acute and hard to predict. Even if not sensitive enough, elevation of serum liver enzymes are warnings for LILD.

Key Words: Bupropion, liver damage, aminotransferase

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CLINICAL EFFECTS OF BILATERAL ECT DEPRESSION WITH STIMULI 1.5 OR 2.5 FOLD THE SEIZURE THRESHOLD AND COMPARISON OF SIDE EFFECTS

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OBJECTIVE: Different parameters related to the use of electrocunvulsive therapy (ECT) in the treatment of depression affect the clinical effects and side effects of ECT. Although it is the established method to use ECT with a dose above the patient's seizure threshold (ST), in the depressive patients effects of bilateral brief pulse ECT with stimuli 1.5 or 2.5 the seizure threshold have not been investigated. In this study these two applications of ECT have been retrospectively compared.

METHOD: Hospital records of all patients given ECT at the Hacettepe University Hospitals Psychiatry Clinics between November 2010 and July 2014 were investigated. Data were based on the files of patients given ECT for acute phase depression; and patients with schizophrenia, dementia and degenerative brain diseases and pregnant women were excluded.

Patients selected for this study were given ECT applied bilaterally with electrodes located frontal-temporally giving 1ms stimuli. ST was determined in the first session, and ECT then continued with doses 1.5 or 2.5 times the ST, without changing of electrode positions or pulse width of the electrical stimuli. The recorded parameters and side effects, and the benefits of the diagnosis and treatment were investigated.

RESULTS: During this study the records of a total of 63 patients (19 males nad 44 females) diagnosed with depression and given bilateral ECT were evaluated and the patients were grouped on the basis of the dose of stimulation as : Group 1 (STx1.5), 10 males and 22 females; Grup 2 (STx2.5), 9 male, 22 females. Significant intergroup differences were not observed with respect to gender, diagnosis, anaesthtic agent and benefits of ECT. Also, a statistically significant difference was not found between number of total sessions and the shortest and longest seizures peripherally observed and detected with EEG. The total dose applied throughout the treatment was higher in group 2 (Mann-Whitney U, p=0.015). The two groups did not differ significantly on the basis of repated stimulations for failure to achieve seizures of effective duration, and on the basis of the count of the repeats. Similarly the two groups did not differ on the basis of side effects such as hypertension or arrhythmia monitored during the sessions. When the comparisons were repeated with the patients who expressed satisfaction at the end of the ECT programs, similar results were obtained (Group-1 27 patients; Group-2, 28 patients).

CONCLUSION: There were not any differences in the clinical effects, sessions counts, cardiovascular side effects and seizure duration of the application of bilateral ECT at 1.5 and 2.5 fold the ST in the treatment of depression. In the group treated with 2.5 x ST dose the cumulative dose used was significantly higher. The findings support the view that stimulations should be carried out at high doses. To assess the response speed and the cognitive and systemic side effects, larger patient populations are required.

Key Words: Depression, electroconvulsive therapy, seizure threshold

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PP-240

RAYNAUD'S PHENOMENON DURING ARIPIPRAZOLE TREATMENT: CASE PRESENTATION

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INTRODUCTION: Raynaud's phenomenon is a vasospastic disorder seen with 5 fold higher incidence among women and appearing with constriction of the blood vessels in the hands and the feet in response to physical, chemical and emotional factors and systemic ilnesses.

CASE: The 38-year old female married patient had been under control observations for chronic schizophrenia for 10 years and maintained in remission on aripiprazole (10 mg/day) in the last 2 years, complained in her routine control that she had developed in the previous week aches in her hands which got swollen and blue. She had not been exposed to cold. General internal diseases unit was consulted and she was diagnosed with Raynaud's phenomenon. Her psychological examination did not show positive or negative symptoms. Her PANSS score was 35. Aripiprazole treatment was switched to quetiapine (400 mg/day) and she was controlled 1 week later when it was learned that her complaints receded in 3 days after discontinuing aripiprazole.

DISCUSSION: Aripiprazole is a second generation antipsychotic agent with partially agonistic action on dopamine D2 and serotonin 5-HT-1A receptor, and antagonistic action on serotonin 5-HT-2A receptors. Also has weak antagonistic action on alpha-1 adrenergic and , histamine-H1 receptors. In the case presented here, changing aripiprazole with quetiapine without any other change in her living conditions the patient recovered from her symptoms of Raynaud's phenomenon. We think that the Raynaud's phenomenon observed in this case is due to the reactive endothelial vasospasm due to aripiprazole use.

Key Words: Aripiprazole, Raynaud's phenomenon, schizophrenia

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PP-241

VARENICLINE-INDUCED MANIC EPISODE IN A PATIENT WITH SCHIZOAFFECTIVE DISORDER

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AIM: Varenicline is the selective partial agonist of the presynaptic a4b2 neuronal nicotinic acetycholine receptors (nAchR) on the mesolimbic pathway and causes sustained dopamine ve norepinephrin release. By means of the medium or longterm release of the mesolimbic dopamine varenicline reduces the symptoms of withdrawal and craving without causing dependency. This report discusses schizoaffective disorder with psychotic mania presenting after varenicline use to stop cigarette smoking.

CASE: A 49-year old single male university graduate was brought to the emergency services

by his relations with the complaints of excessive talking and mobility and ascribing meanings to poems. He had been under control observations for 28 years after diagnosis of schizoaffective disorder and had been in remission for the last 2 years on pimozide (4mg/day)+valproic acid (1250mg/ day)+biperidene (4mg/day). Two months previously he had been prescribed varenicline (1 mg/day) to stop smoking. He had started to interpret poetry, reading poetry aloud, claiming to be a renown poet, drawing correlations between days of the week, colours, numbers, names and poems, claiming to receive messages via the TV. He slept less, wanted to spend money, listened to music for long periods, his self care and increased and he chose to dress brightly. He had persecutory and grandiose delusions recorded by means of microphones placed in his home by his relations. He was admittted to the psychiatric ward with the preliminary diagnosis of schizoaffective disorder in psychotic manic episode. Varenicline treatement was discontinued and the doses of pimozide ve valproic acid he had been on were increased. His symptoms improved and he was discharged on maintainance treatment with pimozide (8mg/day) and valproic acid (2250mg/day) on the 36th day of his admission..

DISCUSSION: FDA announced in 2007 that use of varenicline caused behavioural and mood changes, depressive disorder, irritability, hostility, suicidal ideation and attempts. Case reports in the literature have also shown that varenicline use caused flare ups of psychosis and mania in the individuals with a history of psychiatric disorders. Our patient who had been in remission for 2 years developed psychotic manic episode after using varenicline, which indicated varenicline to be the cause of the episode. The prolongued release of dopamine and norepinephrine and the weighting of the adrenergic-cholinergic balance in favour of the adrenergic may have underlied the psychosis. Clinicians should warn the patiens using varenicline of the possible side effects given the reported psychiatric symptoms and findings.

Key Words: Varenicline, manic episode, schizoaffective disorder

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PP-242

TIC DISORDER AFTER WITHDRAWAL OF PAROXETINE: CASE PRESENTATION

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AIM: Tic disorders are involuntary of semi voluntary, sudden and repetitive stereotypic motor movements (motor tics) or voices (phonic or vocal tics) and can be of genetic origin, or developmental, due to infections, toxins, drugs and psychosocial stress. Hypypotheses have been proposed that neurochemical anomalies of the dopaminergic, adrenergic, glutaminergic, serotninergic, cholinergic and GABAergic mechanisms are responsible for tic disorders. Case reports on tic disorders caused by psychiatric agents including escitalopram, sertraline, quetiapine have been reported. This reports discusses the case of a tic disorder presenting after the discontinuation of paroxetine.

CASE: The patient was a 26-year old male who consulted the psychiatry polyclinics with the complaints of panic attacks and abstention from going out to the street, not wanting to be alone and thoughts of leaving school. It was learned that he had been for 2 years on paroxetine (20 mg/day) for panic disorder and that having had not much benefit he had stopped using it when, in a short while, severe tics had started on his face. His psyhiatric examination revealed, in addition to the symptoms of panic attacks, winking, clearing the throat and coughing tics. His history did not include tics, recent traumas or ilnesses or use of drugs other than paroxetine. Neurology consultation was requested and the physical, laboratory and imaging investigations did not determine any pathologies. Paroxetine was restarted to test the hypothesis that paroxetine withdrawal underlied this episode. In the follow up control his tics had completely diappeared..

DISCUSSION: In the general population, prevalence of reversible tic disorders is 10-15%, of motor and vocal tic disorders is 3-4% and of Tourette syndrome it is 1%. It is less frequently seen in the adult. SSRI withdrawal syndrome has been reported in relation to all SSRIs but paroxetine. SSRI withdrawal syndrome can present with sleep disorders and affective disorders as well as neurological, somatic, emotional and gastorintestinal symptoms. However, there is no report in the literature on development of tic disorder after paroxetine withdrawal. This case presentation is therefore thought to be useful in demonstrating that SSRI withdrawal can results in tic disorder and other movement disorders.

Key Words: Withdrawal, paroxetine, selective serotonin reuptake inhibitor, ticdisorder

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PP-243

ELECTROCONVULSIVE THERAPY IN WOMEN'S PSYCHIATRY CLINICS

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AIM: Electroconvulsive therapy (ECT), although being an effective treatment mode, is being gradually less employed in psychiatric practice inview of the complications that have developed especially before the new and modifed procedures. The indications for ECT include catatonia, refusing eating disorder, suicide risk cases, serious excitation, old age depression and inadequate respone to treatment. This study has aimed at determining the clinical and sociodemographic details of female patients given ECT in our 3rd step healthcare centre.

METHOD: Hospital records of female inpatiens given ECT at Bakırkoy Mental and Neurological Diseases Hospital 14th Pychiatry Ward, between the dates of October 2013 and August 2014, were investigated retrospectively for clinical details including diagnosis made, duration of illness, number of hospital admissions, the indications for ECT, starting time of ECT, number of ECT sessions, seizure duration and complications.

RESULTS: Within a 10-month period, ECT had been given to 15 patients with psychiatric disorders including schizophrenia (7)), bipolar disorder (4), schizoaffective disorder (2), psychosis- not otherwise described- with moderate dementia (1), major depressive disorder (1). Patients were given ECT for inadequate response to the previous therapy (10) and refusing eating disorder (2). One of the patient was pregnant and another was 10 days post-clinical abortion. Mean group age was 35.4 (22-52 years); mean duration of illness 91.4 (3-120 months); mean number of hospital admissions was 3; and 5 patients had a previous history of ECT. All cases had been continued with treatment on psychopharmaceuticals headed by the antipsychotics. ECT had been started between the 3rd and the 80th day of admission (mean 19.4th days); mean number of ECT sessions was 7.2. Complications included, bradycardia from the 4th sessions onwards in one case (lowest beat 33/min); bronchospasm in one case immediately after anaesthesia with remifentanyl 80 mcg i.v. when ECT was terminated at the 4th session; development of serious confusion in one case at the end of the 10th session; observation of reduction in the amniotic fluid volume in the patient under routine antenatal control and termination of ECT at the 7th session. Distinct positive response was observed in 6 patients and 4 of the schizophrenia patients, with partial respose in 5 of the schizophrenia patients.

CONSLUSION: Certainty of the effectiveness of ECT in mania has been demonstrated by many studies. ECT effectiveness on schizophrenia has been proven on patients with affective symptoms, acute onset cases and short term disease. In the treatment resistant schizophrenia cases, 54% were observed to respond positively, with reduction in the severity of the disease in the other patients. In our services ECT was used mostly in the treatment resistant schizophrenia cases with simultaneous antipsychotic treatment and distinct response was observed in nearly half of the patients. Therefore, the effectviness of ECT as a treatment choice in cases resisting other modes of treatment should not be overlooked.

Key Words: ECT, tretment resistant schizophrenia

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PP-244

ELECTROCONVULSIVE THERAPY APPLICATION AT MANISA MENTAL HEALTH AND DISEASES HOSPITAL IN 2013-2014

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AIM: Electroconvulsive therapy (ECT) has been widely used since the 1940s for the treatment of a wide range of psychiatric disorders including depression, suicide risk, mania, catatonia, schizophrenia, schizoaffective disorder and neuroleptic malignant syndrome. Application of ECT in Turkish hospitals has been reported to vary in the 6.9-16.4 % range . This study has aimed at investigating the clinical details of the patients given ECT in Manisa Mental Health and Diseases Hospital.

METHOD: Hospital records of the inpatients given ECT between the dates of 1 January, 2013 and 1 January, 2014 in Manisa Mental Health and Diseases Hospital were scanned retrospectively.

RESULTS: A total of 977 patients were included in the study. Mean age was 37.39±10.77 years; 30.1% were females(n=294) and 69.9% (n=683) were males; 68.5% (n=669) with psychotic disorder; 9.0% (n=88) with bipolar disorder in depressive episode without psychotic findings; 7.5'% (n=73) with depressive disorder without psychotic findings; 5.7% (n=56) with bipolar disorder manic episode with psychotic findings; 3,5% (n=34) with bipolar disorder manic episode without psychotic findings; 2,6% (n=25) bipolar disorder depressive episode with psychotic findings; 2,4% (n=23) with depression with psychotic findings; 88.3 (n=863) without comorbidity; 37(3.8 %) with DM, 23(2.4%) with hypertension; 21 (2.1%) with asthma; 16 (1.6%) with epilepsy; 11 (1.1%) with thyroid disease; 6 (0.6%) with heart disease. For 15.4% of the patients it was the first admission to hospital. The most frequently used antipsychotics in patients given ECT were olanzapine (n=623, 63.8%),quetiapine (n=525, 53.7%) and haloperidol (n=406, 41.6%); and most frequently used andtidepressants were (n=95, 9.7%), sertraline (n=40, ,4.1%) and mirtazapine (n=38, 3.9%). Legal cases constituted 6.9% (67) of the patients. Mean duration of hospital admission was 33.38±15.88 days.Mean number of ECT sessions was 7.2±2.3. Treatment of 933 (95%) patients had been clinically positive.

CONCLUSION: ECT had been applied in 10.4% of the cases of the hospital, which in agreement with other reports in Turkey, but shows higher incidence than in the USA and the European countries. This may be due to our higher catchment of treatment resistant patients and higher bed capacity in comparison to university hospitals. The incidence of ECT applications in our hospital has dropped from 12.4 % between 2006 and 2007, to 6.9% between 2008 and 2010. A comparison has not been possible between the ECT applied in the past. ECT has been employed in Turkish hospitals, as also in our case, mostly for the treatment of bipolar disorder manic episode patients and schizophrenia. Since ECT is highly effective and reliable especially for the treatment of cases with suicide risk and resistance to other therapies, attempts are needed to reduce the technical differences between ECT and other treatment modes and improve the negative image of ECT.

Key Words: Electrocunvulsive therapy, inpatient

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PP-245

ABSENCE OF TOXICITY DESPITE HIGH SERUM LEVELS OF CLOZAPINE: CASE PRESENTATION

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AIM: Clozapine is the single antipsychotic with proven effectiveness in treatment resistant schizophrenia and its use in continued despite its wide side effects profile. Although the serum clozapine levels for side effects and toxicity have not been ascertained, one study has implicated the increased possibility of side effects with levels over 600-1000 ng/mL. Clozapine toxicity symptoms include blurred consciousness, delirum, coma, hypotention, fever, arrhythmia, tachycardia, cardiac arrest, aspiration and respiratory depression. This report discusses the clinical details of a patient with very high serum levels of clozapine.

CASE: The 33-year old female patient who had been under follow up controls for approximately 14 years with diagnosis of schziophrenia had been started 10 years previously on clozapine on grounds of treatment resistance and upon beneficial efecets of the drug the dose had been increased to 850 mg/day. She had developed obsessive-compulsive symptoms of 'not being sure and controlling' interfering with her functionality after the commencement of clozapine. Also,despite regular use of the drug, her audiatory hallucinations had persisted. Aripirazole was tried to strenghten the therapy, but the patient could not establish agreement with it. Clozapine dose was reduced to 650 mg/day and bolstered with amisulpride (200 mg/day) and with fluoxetine (40mg/day) against the obsessive symptoms. While in hospital her amisulrpide dose was increased to 600 mg/day . With the introduction of fluoxetine serum level of clozapine reached 2280 ng/mL.Her neurological examination was normal and she did not have side effcet symptoms apart from symptoms of sialorrhea, constipation and increased sleep. Routine awake EEG recorded paroxymal disorder of slow waves intermittently appearing on the midline and temporoparietal zones with tendency to get generalised. Active epileptiform anomalies were not observed. After having reduced clozapine dose to 600 mg/day, clozapine serum level was 1457 ng/mL and side effects did not differ from those of the 650mg/day usage period. Her routine awake EEG was repeated. Basal activity had pervasive slow wave disorder, and in the frontal regions much generalised slow paroxysms gaining rhythm and further enhancement by hyperventilltion at delta frequency were observed. There were no clinical findings indicating addition of an antiepileptic to her treatment. She was discharged upon improvement with the existing teatment regime.

DISCUSSION: This report presents a case with serum clozapine at levels generally believed to be toxic, but, clinically, without symptoms of toxicity and with the exception of sialorrhea, prolonged sleep and constipation, without serious side effects. A previous study had associated serum clozapine levels over 2000 ng/mL with clozapine toxicity, whereas in our patient the levels had reached 2280 ng/mL during clozapine treatment without signs of toxicity.

Key Words: Serum level, clozapine, toxicity

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VENLAFAXINE RELATED SPONTANEOUS EJACULATION DURING DEFECATION:CASE PRESENTATION

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AIM: Venlafaxine is an antidepressant of the serotonin and norepinephrine reuptake inhibitor family with the frequently seen sexual side effects of anejaculation and libido loss. It is generally used with adults but reports on side effects of spontaneous ejaculation have been rarely published. This report discusses a case of spontaneous ejaculation due to venlafaxine use.

CASE: Here it is discussed if a treatment dose of 75mg/day venlafaxine could have an caused spontaneous ejaculation during defecation in a 33-year old male patient with diagnosis of major depressive disorder and without a history of urological disease. As the patient did not have a history of illness or drug use that could trigger spontaneous ejaculation, venlafaxine treatment became suspect and discontinuation of the therapy terminated the problem, supporting the claim that the drug can bring about this side effect..

DISCUSSION: The incidence of sexual side effects of SSRI and SNRI use in male patients is reported to be 34.2%. Other studies have shown that velafaxine use is related to 12% incidence of erectile dysfunction and 6% incidence of ejaculation disorders. In the literature there are 3 case reports on the reboxetine caused spontaneous ejaculation during defecation, but reports on venlafaxine on the same context have not been found. The possible mechanism underlying the observation of spontaneous ejaculation during defecation in our patient could be the reduction of the ejaculation latency by increased adrenergic activity which could trigger ejaculation. Therefore, the possibilities of erectile dysfuntion, premature and spontaneous ejaculation effects with venlafaxine should be remembered.

Key Words: Venlafaxine, spontaneous ejaculation, noradrenergic

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PP-247

ACUTE TRANSIENT HYPERAMMONEMIC ENCEPHALOPATHY DUE TO VALPROIC ACID USE

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AIM: Diagnosis of hyperammonemic encephalopathy (HE) is arrived at by the observation of confused consiousness together with elevated serum ammonia, and the return of full consciousness with the fall in serum ammonia levels to normal. Although HE is often accompanied with elevated serum hepatic enzymes, it can also happen with normal hepatic function parameters. The aim of this report is to draw attention to the hyperammonemia in the observed encephalopathy.

CASE: The 38-year old female patient with a 5-year history of schizoaffective disorder diagnosis was admitted to the ward with complaints of refusing eating, speaking only about the imminent death of her children and religious preoccupations. As she did not benefit from drug therapy she had been on for the previous 3 weeks, ECT was used for 7 sessions followed with commencement of valproate (1000 mg/day) treatment 4 days after the last ECT session, only to be interrupted when serum level of valproate reached 138 mg/dl and she had to be examined at neurology clinics. EEG and cranial MRI did not show any pathological signs and serum AST, ALT, BUN and creatinine levels were within normal limits, eliminating uremic encephalopathy. Also, her confused consciousness could not be ascribed to hypoglycaemia, hyperglycaemia, hypercapnia, hypoxia or electrolyte imbalance. When her hyperammonemia was corrected with the resultant regaining of consciousness HE diagnosis was put. During her previous antipsychotic therapy and during the ECT phase she did not have problems with consciousness until valproate treatment had begun when the acute moderate elevation of serum ammonia resulted in encephalopathy.

DISCUSSION: The reasons for hyperammonaemia during normal and high levels of valproic acid without pathological change in hepatic enzyme leves has been explained but the mechanism has not been defined. The phenomenon is found to be multifactorial and need for further reseach has been indicated. One proposed possibility is the valproate inhibition of carbamoyl phosphate synthetase I and disruption of the urea cycle resulting in the release of ammonia. This case demonstrates the probable validity of valproate being the cause of the acute reversible HE seen in our patient and the necessity of querying valproate use in the differential diagnosis of confusion. Also, if confusion or blurred consciousness is observed in patients on valproate, serum ammonia should be checked.

Key Words: Valproate, hyperamonnemic encephalopathy

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PP-248

LATE ONSET MANIA: CASE PRESENTATION

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INTRODUCTION: Age of onset of bipolar disorder (BD) is between 20 and 40, and in most of the cases it is seen to have begun before the age of 50 years. There are reports in the literature that late onset BD is associated with psychotic symptoms and longer durations of hospital stays. Late onset BD is attributed to neurological factors, especially white matter hyperintensity and cortical atrophy. Mania appearing for the first time at old age is very rare. This report discusses the ace of a 72-year old male patient with late onset mania.

CASE: The 72-year old male patient was brought to the emergency services with the complaints of excessive talking, insomnia and urge to spend money. He was admitted to the ward with the preliminary diagnosis of BP manic episode. His history did not include depression or mania, alcohol or substance use and his only illness had been psoriasis. His fanily history was uneventful. Investigations to exclude any organic aetiology could not find any pathological changes in routine biochemistry, thyroid function test, B12 and folic acid levels. Cranial MRI showed signs of senility, but EEG records were ordinary. Neurological examination, his history acquired from his family and the MRI results were evaluated together to eliminate dementia. His TSH was low, but T3 and T4 levels were normal, and routine biochemistry parameters were normal. Endocrinology unit recommended propylthiouracil (oral). On the basis of the preliminary diagnosis, he was started on risperidon (8mg/day)and valproic acid (1000 mg/day). On the second week of his admission to the hospital his irritability subsided and he was discharged on the 3rd week.

DISCUSSION: Paitens with late onset BD have to be diagnosed for organic pathology.

Key Words: Bipolar disorder, mania, late onset

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PP-249

VENLAFAXINE DEPENDANT SPONTANEOUS EJACULATION AND MIRTAZAPINE TREATMENT

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AIM: Although antidepressant agents have frequent sexual side effects for reasons related to the patient and the physician they are often overlooked or missed. The most frequently seen side effects are decreased sexual desire, lack of stimulation or delayed ejaculation. Spontaneous ejaculation has beeen reported in association with the selective noradrenergic agents like reboxetine. It is a rare side effect that

can seriously upset the patients quality of life. Spontaneous ejaculation can follow micturition, defacation or occur by itself. Ejaculation is not accompanied by orgasm sensations. Also, this side effect occurs with lack of sexual desire. This report discusses spontaneous ejaculation developing with velafaxine treatment and resolved by mirtazapine.

CASE: Mr. A., the 29-year old male patient on 75mg/day venlafaxine therapy, consulted our polyclinics with complaints of long standing head and neck ache, tension and spasms in the shoulders, and physical discomfort together with lack of mirth, anxiety on impending bad events. He expressed satisfaction with venlafaxine and that he wanted to continue with the same drug but that he spontaneously ejaculated sometimes with micturiton or defecation. Mirtazapine (30mg/day) was added to his treatment. In his next fornightly control his complaints of ejaculation and lack of sexual desire had greatly improved. His treatment was continued with venlafaxine and mirtazapine.

DISCUSSION: The exact mechanism of ejaculation has not been clarifed. It is the resultant of a complex process involving different areas of the brain and the spinal chord. In our patient spontaneous ejaculation which affects quality of life adversely appeared as a side effect of venlafaxine and was resolved by the addition of mirtazapine to his treatment. This case proves that clinicians have to recognise and question the potential side effects of the psychiatric drugs in use. Here it is seen that there is need for reseach to find out the mechanisms of action of venlafaxine and mirtazapine as well as for case reports on the topic.

Key Words: Spontaneous ejaculation, mirtazapine, venlefaxine

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PP-250

INCIDENCE OF METABOLIC SYNDROME AMONG FEMALE PSYCHIATRY INPATIENTS AND THE RELATED FACTORS

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AIM: It is known that there is a high prevalence of metabolic syndrome (MS) among patients with psychiatric diagnoses. Studies have reported MS prevalence to vary in the range of 28.4%-62.4% in schizophrenia and schizoaffective disorders; and, within 6.7%-67% in bipolar disorder. The higher rates may be due to weight gain facilitation by psychotropic agents, and their effects on the glucidic and lipid metabolisms. This report has aimed to investigate the incidence of MS among female inpatients and the related factors, and to draw attention to the serum level of the hepatic enzyme ALT.

METHOD: This study was carried out with 404 inpatients being treated in the Bakırköy Mental and Neurological Diseases Hospital 15th Psychiatry Clinic between August 2013 and July 2014. Hospital files of the patients were scanned retrospectively. MS parameters including, on basis of the International Diabetes Foundation (IDF)-2005 criteria, serum triglycerides, high density lipoprotein(HDL), fasting blood glucose, waist circumference and blood pressure were recorded.

RESULTS: The computed results of the recorded data consisted of : mean age of the patients: 36.8±11.2 years; mean number of hospital admissions; 3.2±3.8; mean duration of hospital stay; 16.2±10.4 days; mean BMI: 29.1±6.6kg/m2; mean waist circumference: 99.8±14.3; mean blood gluce level: 97.1±13.7mg/dl; mean HDLlevel:54.7±23.6 mg/dl; mean trigliseride leveli:117±70.3mg/dl. It was the first admission to hospital for 40.6% of the patients ; and 23.8% of the patients met the criteria of MS diagnosis. MS incidence was 21% in the psychotic disorders (including schizophrenia, schizoaffective disorder, psychotic disorser not otherwise mentioned); 30% in bipolar disorder; 24.4% in depression, 15.9 in the group with other mental disorders. Considering only the patients diagnosed with schizophrenia, MS incidence was calculated to be 25.6%. In the group of patients identified with MS the mean age was significantly higher than that of the total patient population (p=0.00); and thyroid function disorder (p=0.03), and serum ALT levels (p=0.00)were also significantly increased. The patients did not differ on the basis of cigarette, alcohol and substance use habits and the general medical and pyschological illnesses in their families. Those with MS and without MS did not differ on the use of antipsychotic drugs at the time of admission to hospital, but the frequency of mood stabilising drug use was higher in the group identified with MS (p=0.005). Atypic antipsychitoc agents were being used by 83.3% of the patients. When the patients admitted to hospital for the first ime were excluded, the inidence of MS was 24.%. Bipolar disorder group of patients had longer treatments and longer hospital stays (p=0.002) and more number of hospital stays (p=0.03). ALT levels in MS patients in psychotic disorders (p=0.01)and bipolar disorder (p=0.01) group were significantly raised.

CONCLUSION: The observation of increased MS incidence from 21% to 25.6% when patients with schizophrenia are taken by themselves may be the result of shorter treatment required by the other psychotic disorder patients. The high incidence of MS in bipolar disorder is in agreement with the reports in the literature. Finding similar incidences of MS in the depressive disorder group and schizophrenia group, and correlation of MS with treatment with mood stabilisers and not the antipyschotic agents, and the significant increase in the serum level of the hepatic enzyme ALT are findings that merit further investigation.

Key Words: ALT, bipolar disorder,depression, metabolic syndrome, schizophrenia

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PP-251

FACTORS DETERMINING RESTRAINT MEASURES IN AN ACUTE PSYCHOSIS CLINIC: RETROSPECTIVE STUDY

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AIM: 'Restraint' is the sum of interventions by mechanical or physical means to take under control the behaviour of the patients in a treatment environment. Restraint is generally used to prevent the patients from harming themselves, other patients or hospital staff. Currently it has been aimed to minimise the restraint and isolation of patients. In this

context there are needs for working on the methods of restraint, duration of restraint and the factors affecting the restraint measures as there are very few studies carried out in this respect in Turkey. The aim of this study was to determine the incidence of restraint among male inpatiens in an acute psychosis hospital and the related sociodemographic factors..

METHOD: The hospital files of all patients treated and the restraint records made in the 66-bed male psychiatry ward in Bakırköy Prof. Dr. Mazhar Osman Mental Health and Neurological Diseases Training and Research between 01 March and 31 May 2014Hospital were scanned and the data were loaded on a sociodemographic and clinical information form.

RESULTS: A total of 351 inpatients treated between the indicated dates were divided into diagnostic groups as the psychotic disorders 172 (49.0%); mood disorders 87(24.8%); substance use disorders 64(18.2%) and others 28 (8.0%). Those taken under restraint were 90 (25.7%) and not put under restraint were 261 (74.3%). Total counts of reatraint was 172 and the number applied per patient varied between 1-11. Sociodemographically, mean age of restrained patients was 31,8±12,0 and that of patients not restrained was 35,9±11,4. The two groups did not differ in a statistically significant context with respect to age, martial status, employment, education and family history. Clinically, disease duration in the restrained and those not restrained were, respectively,7,8±9,6 years and 9,3±8,6 years (p=0,02). Incidence of psychoactive substance use among the restrained (n=40) and those not restrained(N=69) were, respectively, 44,4, % and 26.4%, (p=0,001). ECT incidences among the restrained (N=11) and those not restrained (N=7) were, respectively, 12,2% and 2.7%, (p<0,001). Incidence of restraint was higher among those with psychoactive substance use disorder as compared to the rest (p=0,002). Restraint was used most frequently on the first day of admission to hospital (48%).

CONCLUSION: We have determined that within a period of 3 months, 90 (25.7%) of a total of 351 patients had been put under restraint. Another study had reported restraint of 35(13,5%) patients out of 259 in a male patient ward. The results of our study suggest an increase in the incidence of restraint among male psychiatric patients. It has been pointed out in the literature that male patients, youth, substance users, those with a history of violence and/or crime, and psychotic patients with positive symptoms were risk groups for restraint measures. The patients in our study with and without restraint did not differ with respect to age; but the mean age of the substance use disorder group was higher. Application of restraint mesures on the first day of admission to hospital is in agreement with the literature. In order to be able to reduce the incidence of restraint in psychiatry wards, psychoactive substance use needs to be prevented.

Key Words: Psychiatry clinic, psychosis, restraint

PP-252

SECONDARY TRAUMA AMONG HEALTHCARE WORKERS ON DUTY AT REYHANLI TERRORIST BOMB EXPLOSION

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AIM: Psychological traumas involve unplanned calamities of natural events or accidents as well as the calamitious acts of sexual assault, terrosist attacks and torture perpetrated by humans. Witnessing the event a well as being directly victimised results in PTSD. The aim of this study was to determine the incidence of depression, anxiety and PTDS among the healthcare workers who were on duty immediately after the terrorist bomb explosion in the Reyhanlı district of Hatay at the south eastern border of Turkey.

METHOD: This study was carried out with a total of 128 people, consisting of 63 healthcare workers (EHW) who assisted the wounded at the Reyhanlı bomb site and 65 healthy healthcare workers who had not faced the wounded. All participants were asked to complete the Beck depression ınventory (BDI), the Post Traumatic Stress Disorder (PTSD) Check List- Civilian Version (PCL-C), the Spielberger State-Trait Anxiety Scale(STAI I-II) , and a sociodemographic questionnaire. The cutoff score for the PCL-C has been shown to range between 35 and 50. In our study this was taken as 40. The BDI cut of Score for the validated Turkish version has been estimated to be 17.

RESULTS: The probability of developing PTSD and depression by the EHW were, respectively, 10.7 and 3 times higher than that by the controls. The total mean PCL-C score and and the mean scores on the 'reliving', 'avoidance', 'warned' PCL-C subscales were significantly higher in EHW as compared to the controls (p<0,001). The mean total BDI score (p<0,001), and the mean the STAI-I ve STAI- II scores (p<0,001) of EHW were significantly higher than those of the controls. When the EHW were analysed by forming 2 groups as those who developed PTSD and those who did not, the 2 groups did not statistically differ with respect to gender, marital status, education, income, illness, psychiatric history in the family, and personal psychiatric history (p>0.05).

CONCLUSION: Thus, among those who have been subjected secondarily to trauma next to the primary sufferers a signifiantly increased incidence of PTSD and depression is observed. Threfore, those who have been indirectiy exposed to trauma should also be the subject of trauma reseach as well as the recipients of social and pychological help.

Key Words: Secondary trauma, post trauma stress distress, depression, healthcare workers

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PP-253

PSYCHOSOCIAL PREDICTORS OF TRAUMATIC GRIEF

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AIM: The loss through death of someone important or loved brings with it the process of grief. This unavoidable process may not always follow its usual trace, and some people may find it hard to tune to living with loss and may experience it as a traumatic event. Traumatic grief concept is a subject open to discussion in the literature . The main aim of

this study was to get acquainted with and differentiate the psychosocial factors that affect the transformation of grief to trauma in our country.

METHOD: In the direction of the expressed aim, the demographic characteristics and details associated with loss experience were investigated in the relevant literature and 474 people over the age of 18 who had experienced loss of near relations within 6 months or before were included in the study. A demographic information form, Two Track Model of Bereavement Questionnaire and Multidimensional Scale of Perceived Social Support were used to collect the data.

RESULTS: Results gathered: the gender of people experiencing the usual grief process as trauma (Wilks'?=.98, F2,471=5.86, p<.05, ?²=0.02), the degree of closeness of the person lost (Wilks'?=.67, F8,936= 25.56, p<.001, ?²=0.18), the reason of death (Wilks'?=.55, F10,934=32.46, p<.001, ?² =0.258), the placae of death (Wilks'?=.75, F9, 1107= 14.85, p<.01, ?²=.09), and attending the funeral (Wilks'?=.94, F3, 462=10.03, p<.01, ?²=.061). In addition to these, the educational level of the mourner, the number of his/her loss, (R2=.027, F6,443=3.12, p<.05), the age of the lost person, the suddenness and violence of the loss experience and active grief reactions (R2=.027, F6,443=3.12, p<.05) predict the grief process significantly.

CONCLUSION: This study has assumed traumatic grief to be different from the usual grief process and has tried to determine the risk factors causing it. Grief process when tracing a normal route is a natural process not requiring intervention. But, the increasing incidences of road accidents, natural disasters and terror events have caused very sudden and violent death and loss. Therefore, this situation would bring with it the traumatic grief process which will require intervention.

Key Words: Loss, psychosocial determinants, traumatic grief

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PP-254

RELATIONSHIP OF BURNOUT LEVEL IN PHYSICIANS WITH PERSONALITY, ALEXITHYMIA AND COPING WITH STRESS

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AIM: Burnout has been described as a syndrome characterised by physical, emotional and intellectual exhaustion in the work environment as a result of long term exposure to stress, progressing with feelings of breakdown of self esteem, chronic fatigue, helplessness and hopelessness and creating complications in a person's working and social life. It has three sub categories depicted as emotional exhaustion, depersonalisation, reduced personal accomplishment. Physicianship is one of the professions with most risk for burnout. Apart from the difficulties specific to the profession, Eastern Anatolia where physical,social and economical poverty are felt profoundly, with heavy work load and rhythm, managerial and infrastuructural inadequacies of the health system, all contributing to stress and burnout of the imbalance in the labour divison, studies carried out have emphasised the importance of individualistic traits and style of coping with stress also play an important part in the emergence of burnout. This study has aimed to investigate the level of burnout and its relationship with personality, alexithymia and style of coping with stress in all the physicians working in the Muş province of Eastern Anatolia and to determine the predictors of burnout.

METHOD: In the period when this research was made, 139 (71%) of 207 physicians working in Muş were asked to complete a sociodemographic form, the Maslach Burnout Inventory (MBI), Eysenck Personality Questionnaire (EPQ), Toronto Aleksitymia Scale (TAS) and the Stress:Coping Scale (SCS).

RESULTS: Mean scores of MBI subscales of emotional exhaustion, depersonalisation, reduced personal accomplishment were found to be, respectively, 14.91±7.02, 5.80±3.33 ve 20.35±3.85. Among senior phyicians and physicians expected to carry out more than 50 examinations per day, depersonalisation level was high. Also, physicians expected to carry out more than 50 examinations per day had low individual success. As expected, a positive correlation was found with the feeling focused/passive helpless approach (among emotional exhaustion and depersonalisation, neuroticism, alxithymia and coping styles); and a negative correlation was found with self confident and optimistic approach (among extraversion and coping styles). Reduced personal accomplishment was positively correlated with extraversion, and all problem focused/active coping styles, and it was negatively correlated with neuroticism and emotion focused/passive coping styles. Neuroticism, family physicianship, helplessnes (among the coping styles), self confident and social support seeking approach were found to be predictors of burnout.

CONCLUSION: Our results have demonstrated that internal processes like personality traits and coping style with stress as well as external factors like professional and organisational characteristics play a role in the appearance of burnout. It has been conluded that support for especially the problem focused/active coping style would help reduce burnout.

Key Words: Burnout,job satisfaction, depression,physicians

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PP-255

BURNING MOUTH SYNDROME: CASE PRESENTATION

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AIM: Burning mouth syndrome (BMS) is a chronic orofacial pain syndrome with a prevalence of 0.7%-7.0% in the general population, progressing with dryness and burning sensations of the oral mucosa. Comorbidities of depression and anxiety disorders are met more frequently in people with BMS. This report discusses the clinical observations on and response to treatment of a patient diagnosed aith BMS.

CASE: A 41-year old female patient consulted the psychiatry polyclinics in March 2014 with the complaint of a sensation of burning in the mucosa of her mouth that had persisted for the previous 2 years. She had been to general internal diseases and ear-nose-throat (ENT) clinics, but her condition had not improve and she had been recommended to consult psychiatry. She did not have a history of past pychiatric consultation or complaint; she was not on any medication and did not have any physical illness apart from feeling cheerless from time to time. Her psychiatric examination indicated mild to moderate anxiety and depressive sympttms. She completed the Beck Depression Inventory (BDI) and the Beck Anxiety Inventory (BDA). Her biochemistry test results and haemogram were normal. Her oral mucosal biopsy at ENT clinics had not reported any pathology. She was diagnosed with BMS. She was staated on escitalopram (10mg/day) for her anxiety and depression symptoms and followed up with controls on the 4th, 8th and the 12th weeks. Her first BDI and BDA scores were,respectively 27(moderate) and 35 (severe). In the 8th and the 12th weeks BDI score was 6 and the BDA score was 8. Also, in the 8th week the burning in her mouth had significnatly improved. She was recommended to continue with her treatment and come for controls every 2 months.

DISCUSSION: Description of the symptoms of BMS would differ from one patient to another. Our patient had described a burning sensation in a single area with the severity of burning and dryness varying over a 2 year span. However, she had severe anxiety symptoms associated with her BMS. Her complaint had started by itself. Some publications report that the symptoms start by themselves and disappear by the 8th to 12th weeks . Benzodiazepines, antidepressants and anticonvulsants are being used in the treatment of BMS. SSRI treatment helped improve the depression and anxiety symptoms of our patient in 8 weeks. When consulted with complaints of burning sensation in the mouth, the first to be eliminated are infections, vitamin deficits, and medications being used. Comorbidity of psychiatric complaints are closely related to the duration and changes in the severity of the condition. After differential diagnosis of phsyical illnesses, the patient thought to have BMS should also be examined for psychiatric disorders and treatment which ensures the improvement of their functionality.

Key Words: Escitalopram, burning mouth syndrome

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PP-256

FACTITIOUS DISORDER IN A HEALTHCARE WORKER AND LEGAL PROCEEDINGS

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AIM: Factitious disorders (FD) are physical or combined physical-psychiatric symptoms displayed by an individual with the intent to get medical, surgical or psychiatric help. It is generally seen in the 18-65 age group and more frequently among women, and has been highly prevalent among healthcare workers. This report aims, by the presentation of this case, to emphasise the importance of differential diagnosis of the factitious psychiatric disorders especially in cases associated with legal proceedings.

CASAE: A 43-year old female nurse, without a personal history of any psychiatric illness or treatment, was put under psychiatric observation for a legal decision to be taken on whether her psychological health had been detrimentally affected after the sexual assault she had faced 1.5 years previously. It was found out that in the past she had made complaints of back ache, knee ache, fatigue and other somatic discomforts to obtain medical reports to take periods of rest while in employment. She insisted that her complaints had increased after the assault such that she could not get out of home; had fears of being attacked by men on the street; had to lock her door and repatedly ensured that it had been done; did not want to commnunicate with others; and relived the trauma and wept continually; was not convinced of her cleanliness and had to shower several times a day and washed her hands 5-6 times. Her psychiatric examination showed that although her cognitive functions were normal, she wanted to give the impression of having difficulty answering the questions put to her. Her thought contents were concentrated on the legal proceedings, her affect was dysphoric. The treatment team of the clinic observed the symptom imitations she displayed. During the 17 days she was at the ward, she did not display especially the obsessive-compulsive symptoms she had described verbally. She had from one time to the next exaggerated behavioural displays compounded with approximate answers to questions directed at her. She was put through the Minnesota Multiple Personality Inventory (MMPI), and the results were evaluated as ''tendency to give the wrong answers''. Taking the clinical observations made, the MMPI result, the legal data and her past history, she was diagnosed with FD, that her psychological health had not deteriorated as she had claimed after the assault.

DISCUSSION: Although it is known that FDs are common among the healthcare workers, diagnosis of FD is always held at a distance by proposing different explanations of the case. It should be remembered that although in healthcare workers, especially in legal cases, 'symptom production' is a conscious process, the motivation is created by subconscious processes, and that possibility of FD should be considered when facing patients disolaying complicated symptoms

Key Words: Legal proceedings, healthcare worker, factitious disorderk

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CONVERSION DISORDER CASE FOLLOWED WITH MYASTHENIA GRAVIS DIAGNOSIS: CASE PRESENTATION

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AIM: This report presents the case of a patient, under control observations over the previous 3 years for myasthenia gravis (MG) and referred to psychiatry clinics with the subsequent development of symptoms of withdrawal and anhedonia and was diagnosed with conversion disorder (CD), with the aim to draw attention to the difficulties of diagnosing and treating CD especially when delayed and to emphasise the necessity of recognition of CD by psycisians specialised in areas outside psychiatry.

CASE: A 64-year old married female consulted our clinics with complaints of fatigue, walking difficulties, lack of will, unhappiness and withdrawal. Her history included ECT for complaints of depression and numbness in hands, followed by a period of 10-year remission on venlafaxine. Having learned that her child had been adapted by a family and the death of her sister from amyotrophic lateral schlerosis, her depressive symptoms had developed with complaints of ptosis (which required 3 surgeries) , fatigue, tiring quickly and difficulty talking. She was being followed by the neurology clinics with the diagnosis of MG. When she consulted our clinic she was on pyridostigmine (300 mg/day), azothioprine (75 mg/day), venlafaxine (150 mg/day), olanzapine (10 mg/day), quetiapine (50 mg/day) and clonazepam (drops). Her thoracic tomography was normal and repetitive electromyographies did not find any end plate pathology; acetylcholine receptor antibody level was 0.31 nmol/L. MG diagnosis could not be confirmed and her on pyridostigmine and azothioprine were reduced and discontinued. Her treatment was dontinued with venlafaxine (150 mg/day) and quetiapine (50 mg/day). Olanzapine was reduced to 5 gm/day and clonazepam was withrawn.

Daily electrofaradisation treatments were applied. She had favourable response to her treatment and was discharged.

DISCUSSION: CD is a psychiatric disorder that must be kept in mind during the differential diagnosis of neurological diesases as it mimics many of these. Especially in the cases resistant to treatment and known to have started under stressful conditions, CD assessment with differential daignosis should be carried out. .

Key Words: Conversion disorder, Myasthenia Gravis, neuropsychiatric symptoms

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PERSISTENT HICCUPS STARTING AFTER STRESS: CASE PRESENTATION

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AIM: Hiccups are frequently seen, spontaneous and uncomplicated complaints that are expected to resolve quickly. At the longest they disappear in 48 hours. Hiccups prolonged over 2 days are called persistent hiccups and those persisting beyond 1 month are designated as intractable hiccups. This report presents a case of hiccups lasting for 3 years.

CASE: N.G. is a 50-year old married female patient with 2 children. She has no history of known medical illness. Three years previously she found her house door broken in by thieves when the fright she went through triggered the hiccups which continued for 3 years with changing severity. In the recent times she had difficulty coping with house work, concentrating, and had tendency to dose off to sleep. Results of all investigations on her, before and after her admission to hospital were normal. She was started on chlorpromazine (300 mg/day) and her complaints disappeared in 3 days. Her hiccups resumed during MR imaging. Lorezapam was added to her treatment and she went to remission again which continued under observation for 15 days.

DISCUSSION: Hiccups are triggered by the irritation of the vagal and phrenic nerves with gastric distention being the main cause. Rarely persistent hiccups are observed in excessive excitement or stress. Differential diagnosis for any underlying pathology should eliminate causes associated with the central nervous system, chest, abdominal space pathologies, traumas, infections and the metabolic disorders. Patients are mostly men in their early middle ages. Different maneuvers can be tried for treatment. Phrenic nerve ablation is considered when pharmacotherapy fails..

Key Words: Hiccup, stress, phrenic nerve, vagus, psychosomatic, psychiatry

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PP-259

UNHEARD SCREAM

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INTRODUCTION: Somatoform disorders are severe forms of somatisation seen frequently and known to heavily burden the healthcare system. This report aims to discuss the case of a patient who underwent 6 surgeries in 8 years, 3 being on the laryngeal area without the improvement of her complaints.

CASE: A 40-year old married female patient consulted our clinics with vocal hoarseness, dysphagia, shortness of breath and back ache that had persisted for very long years. Starting with 2006, she had been operated for lumbar dis hernia for her back ache; then operated for functional ovarian cyst for her abdominal pain; and underwent cholecyctectomy for bile calculi; followed by tachycardia complaints and subtotal thyroidectomy after diagnosis of multinodular goitre. After the thyroidectomy, she had 2 fold chordotomy for vocal chord paralysis, one operation of thyroplasty, and 1 fold arytenoid and thyroarytenoid botox treatment. Despite all these interventions her dysphagia, dyspnea and hoarseness had not improved. She continued to complain that people were put off by her voice and therefore she had no social and work life, an had continual shortness of breath and back ache. She had

been given by an unnamed psychiatrist antidepressants and quetiapine (up to 400 gm/day) treatments without benefit. Her neck spasms were diagnosed in April 2014 as dystonia and treated with botox at a healthcare centre ; and in May 2014 she was diagnosed with tardive dyskinesia due to quetiapine treatment. She was overweight, held her throat when talking, had involuntary lip movements, and a very upset facial expression. It was implicate in all her claims that she did not want to be discharged from hospital. Her appearance was compatible with her sociocultural background. She did not intergrate with the other patients and remained in her bed. Psychiatrically, her affect was dysphoric, anxious and irritable. Her thought contents inluded dysphonia, dyskinesia in the lips , shortness of breath and pervasive somatic pains. Her anxiery was distinct. Examinations at the ENT, neurology and the thoracic diseases units did not come up with an organic cause for her shortness of breath and dysphagia. She was started on chlozapine (up to 200mg/day), chlopramine (225 mg/day), alprazolam (3mg/day), and biperidene (4mgday) treatment and she was instigated to have some insight on her condition. It was jointly decided that there was not any identifaible organic cause for her complaint, and she was discharged to be followed as an outpatient.

DISCUSSION: The observation of many different complaints and many polyclinic consultations in different provincial centres in a short period, undergoing various surgeries, persistence of h er condition despite treatment and lack of an an identifaible organic cause to her complaints made the diagnostic and treatment procedures very difficult and burdensome. Differential psychiatric diagnoses considered were hypochondriasis and persistent somatoform pain disorder.

Key Words: Somatoform, shortness of breath, dyspahgia

PP-260

{UNFINISHED GRIEF}: CASE PRESENTATION

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AIM: Conversion disorder (CD), clinically seen with a freqenncy of 0.3%, progresses with neurological symptoms involving voluntary motor and sensory systems or others, and gradually recedes although it can cause significant breakdown of functionality. As the symptoms do not fit known neuroanatomic tracks, they cannot be expected to be explained by known neurophysiological mechanisms. This report aims to discuss a case involving severe neurological motor symptoms started with childhood traumas, followed by long years of treatment in neurology clinics on an inpatient or outpatient basis. As such serious CD cases would be rarely seen currently, this case has been found worthy of presentation.

CASE: The 25-year old single female patient living with her family, was referred to psychiatry services by the neurology services with a preliminary diagnosis of CD on the basis of her complaints of inablitity to walk and stand, pueril talk and difficulties of linguistic articulation. She arrived in a wheel chair, with a smile on her face, talked of her inability to walk without care. History taking revealed that she was an unwanted child, abandoned by her father at the age of 2 and never again contacted until his return, upon the warning of her grandfather, when she was 6 and therafter treated badly by him as being responsible for his return. She had been wetting her pants since 12, and one of her kidneys were discovered to be non-functional and had to be removed during appendectomyİ and she had to be operated 11 times for neurogenic bladder. Her psychiatric examination indicated alexithymia, pueril talk and la belle indifference. She did not have insight. She was started with sertraline (50mg titrated to 200mg/day). In the second week amisulpride (100mg/daytitrated to 200mg/day) was added. She was supported with dynamic and oriented interviews . On the 3rd week of her admission she was walking with support and shortly thereafter on her own, and the lack of articulation and puerility in her talk regressed.

DISCUSSION: CD is recently less observed in Turkey although the incidence is still higher. Considering in this very case the long time pasage between the start of the problems and the diagnosis of CD, the long periods passed in neurological clinics, having been neglected since childhood, psychiatric problems despite lack of organic basis to her condition, a course of treatment is to be planned by the interpretation of this history.

Krey Words: alexithymia, la belle indifference, conversion disorder

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RELATIONSHIP OF ACNE VULGARIS SEVERITY IN THE 12 TO18-YEAR OLDS WITH QUALITY OF LIFE, COMORBIDITY, SELF ESTEEM AND POSSIBILITY OF SUICIDE

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Acne (AV) is a dermatological problem frequenetly seen in youth and young adulthood. Effective treatment of AV is essential, as it has the potential to give rise to serious psychological and psychiatric complications, affecting detrimentally the life quality of the individual by especially emerging at adolescence when the hardest social and physical developments take place and chronic psychological sequalea can develop. This study has been conducted jointly with Uludag University Medical Faculty Departmant of Children's Mental Health and Diseases, Department of Skin and Venereal Diseases with the aim to determine the severity of acne vulgaris in child and adolescent patients and its relationship to the ratings of depression, anxiety, self esteem, possibility of suicide, quality of life and sociodemographic characteristics.

METHOD: This study compared 40 acne patients (21 girls;19 boys; with mean group age 15;9 years) and 40 controls (20 girls and 20 boys with mean group age 15;6 years). Data were collected by means of a sociodemographic form, The global acne grading system, the Children's Depression Inventory (CDI), the State-Trait Anxiety Inventory (STAI), the Symptom Inventory-Short Form (SISF) , the Multidimensional Body-Self Relations Questionnaire (MBSRQ), the Piers-Harris Children's Self-Concept Scale, the Suicide Probability Scale and the Children's quality of life measures. The SPSS 13 program was used for statistical analyses..

RESULTS: Acne grading was mild in 37.5%, moderate in 43.8% and severe in 18.8% of the patients. Anxiety and/or depression level of 40% of the patients and 42.5% of the controls was at pathological level ($p>0.05$). Comapring the scale scores, (total and physical) score on parents' account of the quality of life was high in the patient group

(p<0.05). Among the 12-14 age group patients as compared to the 15-18 age group patients the SISF scores on obsession, compulsion, interperson sensitivity, psychotism, symptom complaint were lower, and selfconcept (physical appearance) was higher (p<0.05). Correlations were not observed between acne duration and scale scores (p>0.05). Acne score and body-self relationship (appearance, physical adequacy, body areas satisfaction) were directly reciprocal; and acne and body-self relationship (appearance, health, body area satisfaction) were inversely reciprocal (p<0.05). Limitation perceived by the patient and depression momentary anxiety, SISF (mostly sub scale), suicide possibility (hopelessness, hostility, total), body-self relationship (tendency to appearance), adolescent life quality (total, physical) and parents' (physical) account were inversely reciprocal(p<0.05).

CONCLUSION: This study has attemtped to determine how the patient evaluates acne subjectively and how this is reflected to the psychometric scales of assessment. It has been understood that the physician will not be able to rate how the patient will be psychologically affected by his objective evaluation of the acne. It has also been seen that parents' evaluation of the quality of life of the adolescent with acne is restricted to the physical appearance and that the psychosocial effects of acne are overlooked. In the reports found in the literature on the subject, older age groups had been studied, and although depression, anxiety, quality of life and suicide possibility had been evaluated they were not investigated together in the same study. Our study has intoduced new results with respect to age and the use of the psychometric scales together in the same program. In cases of acne vulgaris, determination of the level of perception of acne by the patient and referral to a psychiatrist is important for the protection of the functionality of the patient..

Key Words: Acne vulgaris, psychiatric comorbidity, quality of life

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PP-262

RESIDENT OF THE CLINIC: DELAYED DISCHARGE AT PSYCHIATRY CLINIC: CASE PRESENTATION

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AIM: Over the years, duration of stay in the psychiatry wards has shown much variation. Population oriented pyschiatry policies, newly developed treatment modes and revised legalities on involuntary stay have reduced the time of stay in psychiatry wards to shorter stay protocols. By presenting the case of a patient who was discharged at the end of 7 months despite the complete improvement of his psychiatric symptoms at the end of one month we wanted to draw attention to social reasons underlying lon hospital stays.

CASE: The 66-year old single primaryschool dropout, who had expressed that he had 6 siblings, did not communicate with his relations, he had worked as a cook, had been working and living at a coffe shop 20 days befoe his admission to hospital, was brought to the emergency services by the report on possibility of suicidal attempt and was voluntarily admitted to the ward. He had consulted a healthcare centre for chest pain 2 previously and had ben treated for 13 days for pulmonary oedeme and acute myocardial infarction. He had hypertension, DM and hyperlipidaemias. He had not been visited by his relatives and contact could not be established with them and successful registrations with the national health and security department could not be achieved. He had complained of having no one, not enjoying life and had talked of ending his life. He did not have record of previous admission to psychiatry ward but had received irregular treatments for depression.. He had attempted suicide by rat poison, natural gas tube inhalation and also by throwing himself in the sea 1 month before his admission to our hospital. He did not use alcohol or substance. His family history was uneventful. He was started on sertraline (25mg/day titrated to 100 mg/day) for repetitive depression. He had investigations at cardiology and general internal diseases services. At the end of 1 month his depression and suicidal thoughts had regressed. As he did not have a fixed address to go to procedures under social employment were started. With the reluctance of his relations to be of help, and not responding to efforts of communication, search was started. The health committee took over the situation after the second month of his stay but the officers despite extensive applications and correspondence were not successful in registering him with social security. At the end he was transferred temporarily to an institution and finally discharged at the end of 7 months, 6 months after the discharge decision had been taken.

DISCUSSION: Hospital stay time of psychiatry patients have been reported to depend not only on the severity of their disorder but also on sociodemographic factors, psychosocial stressful events and insufficiency of economic and social resources.It has also been proposed that severity of the psychosocial problems are more important than the diagnoses in determining the lenghth of hospitala stay. In the case reported here it also was not the severity of psychiatric disorder that determined the duration of the patient's stay in the hospital, which had to be extended, despite his clinical improvement, to 7 months. Lack of family support, lack of a place to stay, lack of a job or social security had complicated the situation of the patient and prevented his discharge. He was placed in an institution on temporary grounds by the efforts of social security officers.

CONCLUSION: It can be seen that the timing of stay in mental health hospitals is not only determined by the severity or the duration of the treatment of the patient but also by social factors. Treatment of the inpatient is one of the functions of psychiatry, patient care after discharge, treatment and follow up and also ensuring that the need for shelter and expenses are met are other functions taht should be taken into consideration.

Key Words: Mental health hospital, prolonged stay, delayed discharge

PP-263

PREFERRED CLOTHING STYLE FOR THE PSYCHAITRIST AND ITS EFFECTS ON PATIENT-PHYSICIAN RELATIONSHIP

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AIM: First impressions are of importance in interpersonal relationships. Patient-physician relationship also establishes the foundation of the treatment process. It has been claimed that the manner of dressing by the physicians can create differences in the patient-physician relationship. Studies in the literature on the subject have indicated the preference

for the white coat to be worn by the physicians. A study carried out in a psychiatry clinic has reported preferences for the white coat and for smart appearance. This study has aimed to determine the preferences of the patients consulting the psychiatry polyclinics for the manner of dressing by the psychiatrists , and their points of view on the effect of this on patient-physician relationship.

METHOD: This study was carried out with 150 consecutive patients consulting the psychiatry polyclinics and 100 psychiatrists. The participants were asked to fill in a sociodemographic form and a questionnaire with illustrations on how a psychiatry physician should dress and the effect of this on patient-physician relationship.

RESULTS: Mean age of the participating patients was 39,3±2,8 years(19-79); 73 (48.7%) were female and 77 (51.3%) were male; 40 (26.7%) had psychotic disorders; 52 (34./%) had mood disorders; 31 (20.7%) had anxiety disorders; and 27 (28%) had other diagnoses. Mean age of the physicians was 32,4±8,2 (24-59); 52 (52%) were female and 48 (48%) were male; mean duration of physicianship was 7,7±8,2 years; duration of psychiatry physicianship was 6,2±7,2 years; 68 (68%) were junior physicians and 32 /32%) were senior physicians. Physicians regarded their dress code with more importance than did the patients ($p<0.01$). When the preferences of the physicians and of the patients were compared, a significant difference was found ($p<0,01$). Whereas the patients preferred the whitecoat for female (%50, N=75) and male (%54,7, N=82) physicians; the physicians preferred day suits (%56, N=56) for the male physician and a semi formal (%52, N=52) dress code for the female physician. Only 5% of the physicians preferred the white coat for both the female and the male physician.

CONCLUSION: Reports in the literature have indicated that the white coat is generally preferred by the medical profession as this represents recognisability, cleanliness, professionalism and scientific appearance. A significant relationship has been reported between the physician's manner of dressing and the element of trust between the physician and the patient. Inpatients of a psychiatry clinic have also selected the white coat and smart appearance . In our study the preference of the psychiatry outpatients has also been for the white coat. It has been reported that greater importance is being attached to the white coat by the patients as compared to the physicians. Our study has shown that patients do not attach a great importance to the physicians manner of dress as do the physicians. Some studies have reported that most of the physicians not wearing white coat were either paediatricians or psychiatrists in order to avoid the negative effects of the white coat on the patient. In this study psychiatry physicians preferred to wear day suits. In conclusion, although psychiatry patients did not give as much importance to the physicians' dress code as the the physicians themselves, they still preferred the white coat to be worn. The white coat may effect the patient-physician relationship positively and help the physician to make a good impression.

Key Word: Psychiatry, physician's dress code, white coat

PP-264

ATTACHEMNT DIMENSIONS IN PANIC DISORDER AND MAJOR DEPRESSIVE DISORDER

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AIM: Attachment is described as a tie which starts with the relationship between the baby and the caregiver, appears with seeking closeness, targeting safety from danger and becoming distinct at times of stress. Attachment concept is also described as the effort to protect the closeness with an individual who can solve problems and cope with the world. Reacting positively to this individual, wanting to spend most of the time with this individual, Searching for this individual under frightening situations, feeling comfortable in the presence of that individual and protection from harm are important characteristics of atachment. Both attachment procedures and psychopathology are closely related to cultural variables and it is important to identify the pattern specific to our country. We have therefore aimed to assess the relationships between attachment and psychopathology through this and a further series of studies. In the study presented here the effects of early experiences on development of anxiety and avoidance in attachment,and the effects of anxiety and avoidance on major depression disorder (MD) and panic disorder (PD) were investigated on clinical populations.

METHOD: This research was carried out with patients diagnosed on the basis of DSM-IV-TR with MD or PD criteria between October 2009 and October 2011 in İnönü Üniversitesi Tıp Fakültesi Turgut Özal Tıp Merkezi Psikiyatri clinics and controls matched with the patients on the basis of age, gender and education. A total of 100 PD patients, 100 MD patients and 145 healthy controls were included in the study within the indicated period. The attachment scores of the participants were estimated by means of the Turkish version of Relationship Scales Questionnaire (RSQ) .developed by Griffin and Bartholomew (1994).

RESULTS: Statistical differences wee not found between the three goups on separation from the mother at childhood (Chi-square=8.853, p=0,012). A higher incidence of separation from the mother was noted in the MD group of patients. Higher incidences of PD among patients who had become ill at childhood (Chi-square=5.737 $p<0.05$) and a higher incidence of MD was seen in patients separated from the mother at early childhood (Chi-square=8.853 $p<0.01$) Significant differences were not observed between the three goups with respect to anxiety over attachment, the relevant score was lower in the control group. The anxiety over attachment scores of the MD group of patients were significantly higher than those of the PD group of patients($p<0.02$). avoidance in attachment scores were significantly lower in the control group as compared to the patient groups ($p<0.00$). there as not a significant difference between the MD and the PD groups of patients on avoidanve in attachment.

CONCLUSION: Despite the limitations of the study, attachment characteristics in the MD, PB and healthy controls of the Malatya region have emerged throuh its results. The study provides important data for determining the treatment ways for the emergence of anxiety and avoidance in attachment in the proceess of psychopathology development.

Key Words: Attachment, depression, panic

PP-265

ASSESSMENT OF BURNOUT AMONG THE NURSES WORKING AT NEWBORN INTENSIVE CARE UNIT

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AIM: Resarch has proven that more nurses doing duty at intensive care units experience burnout compared to the nurses working at other services. This study was undetaken with the aim to establish the extent of burnout among the nurses working in the newborn intensive care unit

of Pamukkale University Medical Faculty Hospital, and to investigate the relationship between burnout and sociodemographic characteristics and professional variables.

METHOD: Data of this epidemiological study were collected between March 2013and July 2013 by means of psychometric tools. The 16 nurses of the newborn İTU were asked to complete a sociodemographic form and the Maslach Burnout Inventory (MBI). Data were analysed by the SPSS package program 22.0, to use the Mann-Whitney U test and the Pearson correlation analysis.

RESULTS: Mean age of the participants was 28,81±5.44. It was found out that 37,5% of the nurses had worked for longer than 5 years at ICU, and 50% had elected to work at ICU. The MBI-emotional exhaustion subscale score was 20.62±5.38, the depersonalisation subscale score was 14.00±2.06 and the deficit in personal accomplishment subscale score was 27.43±4.32. Emotional exhaustion scores increased significantly with advancing age (r:0,60;p:0,01) and also by the educational status(p:0,02). Educational level and the deficit in personal achievement subcale scores were found to be negatively correlated (p:0,02). Significant correlations between burnout and the parameters of marital status, social security, duration of profession, number of patients, working hours and working methods were not demonstrable.

CONCLUSION: When subscales of MBI- burnout were analysed, the nurses were found to be under increased risk of emotional exhaustion and burnout with increasing age and increased educational level.

Key Words : Nurse, burnout, intensive care unit- ICU (intensive therapy unit-ITU)

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POSTER PRESENTATIONS

PP-266

FAMILY VIOLENCE ON WOMEN: DIFFERENT ETHNICITIES

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AIM: Violence against women is a global problem that has pervaded all cultures and populations. This study was undertaken to determine the types of family violence experienced by women from communites of different ethnicity and their views related to the problem.

METHOD: This study is epidemiological in its planning and has been directed to three different ethnicites in Turkey, namely the Turkish-Sunneh, Arab-Alawi and Arab-Christian. In 2007, 360 married women accepted to participate in this study. Data were gathered in the field and by personal interviews. An interview questionnaire was prepared by the researchers for the purposes of this study, in agreement with those in the literature. The statistical analyses consisted of the percentage, the mean, chi-square and the 95% confidence limits (interval).

RESULTS: Of the participating women, 50% were within the age group of 30-49years. They had matching educational and working demographic details. The arab-Alawi women lived predominantly with the core family (p<0,001); 60% of the Turkish-Sunneh women were married at a significantly younger(<18) age (p=0,026). These women had been subjected at least once to physical violence (65,1%), verbal violence (84.4%) or sexual violence (81,1%). A majority (41.1%) of the women gave the reason for violence as stubbornliness/obstinacy, and some remarked that they had deserved the violence (61,9%).

CONCLUSION: In all groups of ethnicity included in the study violence against women was prevalent. This study needs must be repeated in a wider scale to enable the correct measures to be taken for the prevention of intrafamily violence and development of the required teatment and rehabiliation programs and services..

Key Words: Ethnic, woman, violence

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PP-267

THE PSYCHIATRIC PATIENT AND RECOGNISING AND GETTING INFLUENCED BY VIOLENCE

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AIM: Violence is a public health problem observed in all aspects of human life. It has been viewed in 5 types including the physical, sexual, emotional, economic and the verbal that emerge through biological, psychological and social causes. When violence becomes an accepted behaviour in living environments like the home, or the school, and is directed to the women, children, the elderly and psychiatric patients, it become ordinary in time and renews itself. The aim of this study is to assess the recognition of violence by psychiatric patients acording to their gender and illness and the influence of violence on these patients. .

METHOD: This study was carried out in Pamukkale Üniversitesi Tıp Fakültesi Psychiatry Polyclinics in 2013 with 200 patients who were diagnosed on the basis of the DSM-IV criteria, did not have severe psychiatric or physical problems to prevent the communication required in conducting this study, and gave informed consent to participate. A questionnaire prepared by the researchers in reference to the literature on the subject and the Social Functioning Scale, the Personal and Social Performance Scale,and the PTSD Questionnaire. Data were analysed using the t-test and Chi-square test as well as the SPSS 18.0 package program. The value p<0,05 was accepted as the indicant of statistical significance in all analyses.

RESULTS: Among the patients 78.9% of the female patients and 77.5% of the male patients described physical violence first, followed

by psychological and verbal violence. More females (46.9%) than males (332.4%) described sexual violence (p<0,05). 'Duty Negligence' was given as cause of violence by 42,2% females and 60.6% males the opinion being more prevalent among males.(p<0,05). A majority (45,3%) of females believed violence did not have a rightful cause. However, 40,6% justified it against assault, and 36,7% justified violence against dishonouring acts, etc. Both gender groups expressed education as the primary peventive measure against violence.. Females also argued that 'married couples both working '' could prevent violence. Among those who had been subjected to violence, significant diferences could not be found on gender, illness and professional occupations. Those who had been subjected to violence established better accord with their environment than the others (p<0,05).

CONCLUSION: In this study differences were not found between participants with respect to their responses on perception and prevention of violence. Both gender groups described violence primarily as physical violence. Females in comparison to males were more aware of sexual violence. In a previous study women were found to recognise physical and verbal violence best and to have difficulty describing sexual violence. Recognising only physical violence can result in failing to recognise other forms when exposed and failure to take the appropriate protective measures . It is beleieved that public should be informed about recognising or perceiving forms of violence and that public should be informed by way of education of how to prevent violence as well as making regulations against violence.

Key Words: Psychiatric patient, perception of violence

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PP-268

PERCEIVED STRESS AND DEPRESSION IN PARENTS OF THE NEWBORN KEPT IN ICU

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AIM: Having a sick baby when expecting a healthy baby leads to feelings of guilt, loss, sadness and anxiety. There are differences in the way individuals perceive stress and this is affected by various factors. This study has aimed at determining the depression and the percieved stress by the relations the newborn cofined in the ICU.

METHOD: This study was undertaken with the parents of 31 newborn cared for in the Newborn ICU of Pamukkale University Medical Faculty, after receiving their informed consent. Participants were asked to complete a sociodemographic questionnaire, the Beck Depression Inventory (BDI) and the Perceived Stress Scale (PSS). Statistical analyses of the data were made using the SPSS 16 program. Correlations between age, stress and depression were analysed by the Pearson correlation analysis. Possibility of correlation between the other demographic parameters and depression was checked by the mann-Whitney U test. The value p‹0.05 was accepted as significant for all analyses.

RESULTS: The newborn under care in the ICU included 11 (35.5%) girls and 20 (64.5%) boys; and 24 (77,4%) of their participating relations were females and 7 (22,6%)were males. Mean age was 29,1±5,3 (20-40 years). There were 17 (54.8%)participants in the 19 to29-year age range, and 14(45.2%) participants in the 30 to 49-year age range. Participants with senior highschool education and above were 13 (41.9%), and those in other levels were 18(58.1%); and, 15 participants (48.4%) lived in town center while 16 (52.6%) lived in the suburban areas. The BDI scores and the perceived stress were found to be correlated (r= 0.430, p=0.016). Stress perceived by participants living at town centre was higher as compared to the stress perceived by those living in the suburban areas (p=0,014). Participants who expressed fatigue, unhappiness, lack of will, complaints of disruption to work and of financial difficulties had higher BDI scores (p=0,01). Participants who complained of disruptions to family relationships had significantly higher BDI (P=0.006) and PSS scores (P=0.025). Those participants whose sleep duration was 7 hours or lower had significantly higher BDI score(p=0,032). Age and the BDI score of the participants were correlated (p= 0,038).

CONCLUSION: Among those parents who expresssed complaints of having disruptions to their lives had high level of depressive symptoms. Those parents who felt their family realtionships has suffered had significantly severer depressive symptoms and perceived more stress than the other parents. Depressive symptoms were found to increase as the age of the parents advanced.

Key Words: Newborn, intensive care unit, parent, depression, perceived stress

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PP-269

PSYCHOTIC DISORDER AFTER WITHDRAWAL OF CARBAMAZEPINE TREATMENT IN TUBEROSCLEROSIS PATIENT

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AIM: Carbamazepine is widely used in the treatment of acute mania and the management therapy of bipolar disorder as well as epilepsy and trigeminal neuralgia. Although the place of carbamazepine in treatment of schizophrenia is subject to dispute, its withdrawal has caused flare ups of psychotic symptoms.This case report discusses the development of psychotic symptoms after withdrawal of carbamazepine in the treatment of tuberous schlerosis.

CASE: The case is a 16 year old male patient who developed behavioural and emotional changes after the withdrawal of carbamazepine he had been on for 15 years. He had been placed under observation since the age of 6 months after right focal seizures. Given the hypomelanic macules, shagreen patches, moderate mental retardation and the sub-ependymal nodules revelaed by CT, he was diagnosed with tuberous schlerosis. Absence of seizures for 5 years and absence of epileptic activity in his EEG led to titrating down his 400mg/day carbamazepine over 6 months and discontinuation. One week after the withdrawal of the drug he had withdrawal symptoms, fright when looking at the mirror, refusing to eat, insomnia, head aches. His psychiatric examination indicated decreased talking, apathy, not forming eye contact, visual hallucinations, inability

to do simple arythmetics and diminished spontaneous attention. His routine blood test and EEG at the time were normal and additional pathology was not observed by CT. Two weeks after starting 200mg/day carbamazepine, all psychotic symptoms had regressed. He is stil asymptomatic and under observation on 200mg/day carbamazepine treatment.

DISCUSSION: Tuberousclerosus is a genetially inherited neurocutaneous disorder with expressions of epilepsy, mental retardation, and adenoma sebaceum, but is rarely met with psychosis. The case presented here sugests a relationship between the psychosis and the discontinuation of carmazepine as the symptoms appered short while after drug withdrawal and improved immediately after its replacement. There are case report on the appearance of mania after withdrawal of carbamazepine, or appearance of psychosis symptoms after withdrawal of carbamazepine due to carbamazepine toxicity; and the appearance of positive symptoms such as paranoia, agitation, hostility after carbamazepine withdrawal in schizophrenia patients. When our case is considered with the reports in the literature, it is seen that after longterm carbamazepine use discontinuation of the drug may result in ''carbamazepine syndrome".

Key Words: Psychosis, carbamazepine withdrawal, tuberousclerosis

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PP-270

BRAIN STRUCTURAL ANOMALIES IN SCHIZOPHRENIA AND SINGLE-CARBON METABOLISM

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AIM: This study was planned to investigate the relationship of the MRI-demonstrated white matter hyperintensity (WMH) and wide spread cerebral sulcal intensity (CSI) in schizophrenia and the single-carbon metabolism intermediates folic acid, vitamin B12 and homocysteine.

METHOD: After clinical interviews and confirmation of he schizophrenia diagnosis, on DSM-IV-TR criteria, 54 (40,7% females) outpatients of the pychiatry polyclinics together with 33 (42,4 % females) healthy volunteers were examined with cranial MRI and their blood folic acid, vitamin B12, homocycstein, total cholesterol and fasting glucose were measured.

RESULTS: The results indicated that WMH was related to age, female gender and elevated serum homocysteine. Significant differences were not found between the schizophrenia patients and the controls. Folic acid, vitamin B12, homocycstein levels of the two groups did not differ significantly.

CONCLUSION: This study has confirmed the presence of a positive relationship between WMH and age, female gender and especially the serum homocysteine level without providing enough evidence for a relationship between the two major brain pathologies of WMH and CSI and the single-carbon metabolism. Nevertheless, given the demonstrated WMH and homocysteine relationship, there is need for discriminating the role of homocyteine in the development of brain pathologies of schizophrenia.

Key Words: Schizophrenia, homocystein, magnetic resonance imaging

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PP-271

CHRONIC PTSD FOLLOWED WITH PSYCHOSIS DIAGNOSIS: CASE PRESENTATION

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AIM: Post traumatic stress disorder (PTSD) is a chronic disorder with high incidence of comorbidities, the most most frequent being mood disorders and obsessive-compulsive disorder. Chronic PTSD with hallucinations and delusions may be misdiagnosed as schizophrenia.

CASE: O.A. is a 32-year old male primary school graduate , divorced with one child and unemployed. He has consulted many pscyhiatry centers with complaints of intolerance of crowds, fears of being harmed, weakness, tremor, auditory hallucinations (hearing gun shots), and visual hallucinations (blood on skeletons) and he was started on antipyschotic treatment with the diagnosis of schizophrenia. His first symptoms started 10 years previously during his obligatory military service, when he joined two armed conflicts witnessing the severe wounding of his friend. He started frequently dreaming the moments of the conflict, hearing gun shots and imagining being followed when out. He was admitted to our clinics; his antipsychotic treatment was discontinued and treatment with venlafaxine (225mg/day) was begun. His symptoms receded and he made adaptiation to the intraclinical environment. He was dischared on venlafaxine (225mg/day).

DISCUSSION: Studies have shown that PTSD, directly or indirectly, brings about the appearance of psychotic symptoms, such that direct effects include avoidance, reliving and especially hyperstimulated state symptoms, and indirect effects can include disruption of interpersonal relationships and substance and alcohol use disorders. Flashbacks can result in the extreme stimulation state and exhibiton of paranoid behaviour. On the other hand, isolation and sleep disorders can result in hallucinations. A study has shown that as PTSD becomes chronic, the psychotic symptoms become more distinct. A study, comparing the scores of 20 war veterans diagnosed with PTSD and 18 war veterans without PTSD on theScale for the Assessment of Negative Symptoms (SANS) and the Positive Symptoms (SAPS), showed that both sets of scores were significantly higher in the PTSD group. In one study the incidence of psychotic symptoms associated with PTSD in military service was determined to vary in the range 20-40% .

Ket Words: Chronic PTSD, psychosis

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PP-272

RELATIONSHIP BETWEEN THE MONTH OF BIRTH WITH THE CLINICAL VARIABLES AND COGNITIVE FUNCTIONS IN CASES OF FIRST EPISODE SCHIZOPHRENIA PATIENTS

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AIM: Observation of 5-8% higher incidence of births in the winter-spring months have been reported in schizophrenia. The underlying causes may be associated with infectious agents, temperature, light, nourishment, effect of the seasons on the genes, singly or in combinations. These winter-spring births have been found related with lower severity of illness, lack of family history of illness, and birth in towns. A study carried out in 2103 associated a similar excess of illness incidence with winter-spring births but this was associated mainly with women patients and lower income status. Also, higher incidence of deficit schizophrenia have been associated with births in June-July months. However, up to now there has not been a similar study with only the first episode schizophrenia patients. It has been the aim of this study to investigate the birth month of first episode schizophrenia patients and assess any relationship with the birth month and season with the clinical details and cognitive functions of these patients.

METHOD: For the purposes of this study, birth month and season data of 140 first episode schizophrenia patiens were collected. Those born in June-July were compared with those born in winter-spring months using the data generated (1) before the start of the treatments on scores of the Brief Psychiatric Rating Scale (BPRS -KPDÖ), TheScale for the Assessment of Negative Symptoms (SANS NBDÖ), Scale for the Assessment of Positive Symptoms (SAPS PBDÖ) the Global Assessment of Functioning Scale (GAFS- İGD)and the The Premorbid Adjustment Scale (PAS-SI), The 8-Item Cognitive Assessment System Battery, and (2) during the 24-month follow up observations periodon the scores of the BPRS, SANS, SAPS and GAFS which were evaluated with respect to the clinical variables of relapse, admissions, work/employment status.

RESULTS: The highest incidences of birth were in March (12.1%) with spring being the m predominant season(33%). Signifcant relationships were not found between the birth months /seasons and gender, family history, the scores of the used clinical scales, relapse, number of hospital admissions. The psychotic period without treatment of those born in spring were longer (p=0,04) than those of born in autumn, whose untreated period, in turn, was also longer compared to the mean. The incidence of exposure to stressing events 1 month before admission to hosptial of the patients born in the winter-spring months was less than that of the others (p=0,01). The incidenc of suicidal attempts in the patiens born in June-July period was higher in comparison to those born in all the other months (19% vs 13%, p=0,04).

CONCLUSION: The finding that the untreated pscyhotic period of the patients born in spring were longer suggests that the illness starts in this group not with postive symptoms that woud attract attention but with very silent neative symptoms. Lack of a source of stress to trigger the psychosis in this group may point albeit indirectly to the presence of a group with deficit schizophrenia. Not finding a difference in the severity of disease between the groups born in the different month/ seasons investigated within the scope of this study does not support this suggestion. But, further analyses we plan to undertake with larger patient groups are believed to assist the arrival at more definite results.

Key Words: first episode schizophrenia, birth season, birth month

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FACTORS RELATED TO VIOLENCE IN SCHIZOPHRENIA

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AIM: Frequent resorting to aggression by schizophrenia patients has often come to the agenda. Studies have shown that individuals with any axis 1 psychiatric diagnosis have a higher risk of displaying aggression than the healthy population and that this risks increases 6.5 to 8 fold in schizophrenia. Variations in the patient populations investigated and

the lack of standardisation of the symptom severity in these studies have yielded differing results. This study has aimed to determine the risk factors giving rise to seriously aggressive behaviour in schizophrenia.

METHOD: The study has been carried out with a total of 210 schizophrenia inpatients and outpatients, between the ages of 18-65 years, getting treatment at Samsun Ruh Sağlığı Hastalıkları Hospital and Ondokuz Mayıs Üniversitesi Psychiatry Clinics. Data were gathered from the patients, their relations and admission files of the patients on "serious agressive behaviour" and the patients were formed into two groups as GP(1) n=101 with aggressive behaviour , 30 resulting in death, and GP(2) n=109 without a history of seriously aggressive behaviour. Data were collected to assess psychotic behaviour and its type and degree of severity among the patients, by means of the Positive and Negative Symptoms Scale (PANS) and the Retrospective Modified Overt Agression Scale (ROAS).

RESULTS: Mean ages were: GP1 41.8±12.2 and GP2 34.6±10.7 (p<0,001, t:4.5, df:200). Mean education durations were: 7.2±3.2 years and GP2 10.2± 4.1 years, (p< 0,001, t:-5.9, df:208). The two groups di not differ significantly on the basis of PANS scores. The ROAS scores of GP1 were significantly higher than those of GP2. More GP1 patients lived alone compared to the GP2 patients (6.4% vs 23.8%) (p:0.002; x2:17; df:4. Mean age of GP1 patients at onset of illness was lower compared to GP2 (22.7 vs 27.7) (p<0.001 u:3817; z:-3.55), and unemployment was higher among them (75.2% vs 72.5%)(p<0.001; x2:23.4; df:3). . GP1 patients had less insight than the GP2 patients (28.7% vs 57.3%) (p<0.001; x2:29.8; df:3); and more GP1 patients were in the paranoid classification that the GP2 patients (73.3% vs 49.5%) (p<0.006; x2:14.5; df:4). The logistic regression analyses carried out to determine the predictors of serious aggression showed that especially low level of education, living alone and low insight were risk predictors for serious agressive behaviour in schizophrenia [x2=31.78, df=12, p=0.001].

CONCLUSION: This study has shown that factors of male gender, low level of education, low insight for illness, living singly and being in the paranoid subclass are important risk factors for serious agression in schizophrenia. Other studies had shown that gender, presence of active psychotic symptoms, personality traits, prevailing social conditions and developmental factors also had effect of the risk of aggression . This study has put forward important results on the risk factors of agressive behaviour in schizophrenia.

Key Words: Schizophrenia, aggression, violence, homicide

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PP-274

RELATION OF GENDER WITH CLOZAPINE USE

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AIM: Clozapine has been proven to be effective in the treatment of resistant schizophrenia and in distinct reduction of the suicide risk. However, serious side effects including the fatal effects of agranulocytosis, cardiomyopathy and myocarditis have deterred clinicians from using clozapine. The aim of this study was to determine the sociodemographic details, illness duration, time of starting clozapine therapy, side effects of and reponse to the therapy among female and male patients being treated with clozapine in our clinics. Differences between the patients who gave the minimal and the maximal reponses to clozapine treatment were also investigated..

METHOD: Hospital records of the 306 patients being observed in our polyclinics were scanned retrospectively and the condition of having been observed for at least one year with schizophrenia diagnoses based on the DSM-IV-TR criteria were confirmed. From the records of the clozapine using patients data were collected on the history of previous treatment, time of beginning clozapine treatment, the time gap between diagnosis of treatment-resistant status and the start of clozapine treatment, dose of clozapine, use of additional psychotropic agents, and the side effects. Statistical comparison of the results of the female and the male patients were made using the Chi-square and t-test, and the Mann-Whitney U Test was used to esablish any relationship between patient gender and the extent of benefitting from clozapine use.

RESULTS: Data of 154 patients using clozapine were used. Of the 154 patients 63.6% were males. Mean age, mean duration of illness, the duration of the illness before starting clozapine and the number of suicidal attemtps were estimated to be higher in the female group of patients. The time gap between the diagnosis of treatment resistant status and the start of clozapine use was significantly longer in the female patients (40.7 vs 23.5, p=0.01). Use of typical or atypical antipsychotic agents at doses above the treatment doses indicated in the guidelines of the Psychiatric Association of Turkey (PAT) before starting clozapine use were significanly higher in the female group of patients. Cigarette smokers numbered significantly more among the male patients than the female patients. There were no statistically significant differences between female and male patients with respect to the incidence of observing clozapine side effects , but orthostatic hypotension was more frequent among the female patients. Patient age and the number of antipsychotics used before starting clozapine was higher among the female patients with minimal benefit from clozapine use as compared to those female patients with maximal benefit from clozapine. A similar realtionship was not seen among the male patients.

CONCLUSION: Results have shown that clozapine treatment was started at a later phase of the disease among the female patients and many more drugs had been used before starting clozapine. With respect to clozapine side effects, only orthostatic hypotension was a distinct side effect among the female patients. The longer delay in starting clozapine treatment among female patients appears to constitute a serious impediment in the clozapine therapy.

Key Words: Gender, male, female, clozapine, duration, schizophrenia

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EFFECTIVENESS OF COMMUNICATION SKILLS EDUCATION ON SCHIZOPHRENIA PATIENTS

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AIM: Schizophrenia is a psychiatric disorder appearing mostly at early ages with detrimental changes in the emotional, thought and behaviour aspects of an individual's life resulting in social withdrawal and avoidance of interpersonal relationships. Despite the treatments recommended, improvements in self care, social skills and communication functions lag behind in schizophrenia. Recent studies have been oriented to psychosocial as well as pharmacological procedures and interventions to improve and develop daily functionality of the patients. Psychological group therapy programs for the patients and their families make up an important aspect of these advances and the effectiveness of these therapy programs have been proven by application studies. Studies on the social skills education carried out within the scope of the psychosocial treament programs have been shown to increase the effectiveness of the pharmacological treatments and compliance with the treatment programs. However an isolated study on the communication skills education has not been reported in the literature. This study has aimed to investigate the effectiveness of the communication skills education, used as a part of the social skills education for schizophrenia patients.

METHOD: The study was carried out with the participation of 8 schizophrenia patients being observed at Dışkapı Yıldırım Beyazıt Training and Research Hospital Public Mental Health Centre. Educational program included sections on 'psychoeducation', 'communication and components', 'communcation with ourselves', 'I language-you language', 'unspoken communication and body language', effective listening', 'empathy', inerpersonal relationships and communication'. The participants completed a sociodemographic questionnaire and the Interpersonal Communication Skills Inventory (ICS) before starting and after the completing the educational program.

RESULTS: Of the 8 participants 2 were females and 6 were males, with a group mean age of 33,75±10,79 years and mean illness duration of 10,00±9,53 years. After completing the program statistically significant ($p<0,05$) increases were observed in the total ICS scores and in the ICS emotional, and behavioural subscale scores.

CONCLUSION: The results of the study have shown that after the communication skills education program there was a significant increase in emotional and behavioural communication skills of the patients but a similarly significant level of imrovement was not obtained in mental communication skills, which may be associated with the limited numbers of patients joining the study. There are not similar studies in the literature on the subject for comparison. More studies are needed with programs developed in content and applied over longer periods as well as patient assessment with more purpose-oriented psychometric scales.

Key Words: Schizophrenia, rehabilitation, communication

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EFFECTIVENESS OF SOCIAL SKILLS EDUCATION ON SCHIZOPHRENIA PATIENTS

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AIM: Schizophrenia is a disease that causes impairment of thought, perception, affect and behaviour. It generally lasts a life time and results in serious damage to quality of life and functionality. Patients have problems in skills of coping with the symptoms of the disease, with interpersonal relationships, in work life and the activities of daily living. The skills of coping have to be revived and developed ensuring the gains of additional skills to advance functionality. This study has aimed to evaluate the effectiveness of social skills education on the negative symptoms, general and social funtionality of schizophrenia patients.

METHOD: This study was carried out with the participation of 16 patients with ages within the 20-50-year range, diagnosed with schizophrenia on the DSM-V criteria and being observed at Dışkapı Yıldırım Beyazıt Training and Research Hospital Public Mental Health Centre. The participating patients completed a sociodemographic questionnaire, the Brief Psychiatric Rating Scale (BPRS), the Scale for the Assessment of Negative Symptoms (SANS), the Calgary Depression Scale for Schizophrenia , the Social FunctioningScale (SFS) Global Assessment of Functioning Scale (GAF), once before and once 3 months after the completion of the educational program.

RESULTS: Mean age of the 16 patients participating in the study was 36,50 ± 9,85 years; 56,3% were male and 43,8% were female; mean illness duration was 11,18 ± 6,27 years. There were significant differences in the mean scores of the patients on the psychometric scales after the program as compared to the mean scores before the program: BPRS ($p<0,001$; $Z=-3,51$), SANS ($p<0,001$; $Z=-3,51$), Calgary ($p=0,001$; $Z=-3,18$), GAF ($p<0,001$; $Z=-3,40$) and SFS ($p<0,001$; $Z=-3,53$)

CONCLUSION: When the scores of the patients recorded before and after the social skills education program were compared, significant changes were observed in the scores achieved in all the scales employed after the completion of the program. These results have shown that the educaional program has contributed to improvements in the symptoms of the illness, the negative and depressive symptoms of the illness and social functionality. Our study is in agreement with the other studies in the literature on the positive effects of social skills education on the negative symptoms, general funcitonality and social functionality of schizophrenia patients. This study is important in being the first to be carried out in a Public Mental Health Center (PMHC) on this subject in Turkey. This study should be further supported by others programs to be carried out in the PMHCs on social skill education for patients as part of the treatment and rehabilitation program.

Key Words: Schizophrenia, social skill education, rehabilitation, functionality

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DIFFERENTIAL DIAGNOSIS OF MONOSYMPTOMATIC HYPOCHONDRIAC PSYCHOSIS AND SCHIZOPHRENIA: CASE PRESENTATION

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AIM: Monosymptomatic hypochondriac psychosis (MHP) comes within the schizophrenia spectrum and other psychotic disorders in the DSM-V, under the heading of delusional disorder somatic subtype. MHP is frequently misdiagnosed as schizophrenia. This report discusses the differential diagnosis of MHP and schizophrenia in a patient.

CASE: The 27-year old, single, male, high school graduate consulted us with his relatives. On his own account, his complaints consisted of nervous tension and insomnia; which, accoridng to his family, were compounded with introversion and the sensation of a vacuoles behind his cheeks. Further interview revealed that his behavioural changes dates back 4 years, when he did not want to communicate with anyone; stayed overnight at his work place; then left work; moved to another town and worked on night shift with the conviction that people feared him and avoided his sight. These complaints progressively worsened, and 2 years back he started to look at the mirror frequently, complaining that his cheeks were sinking inward. He attempted to pad up his cheeks with bread and chewing gum, and seeked help for plastic surgery to fill up his cheeks. He refused to eat with other members of the family, believed on parasitic infestation of his gut, attributing the borborigenic sounds to the hunger signs of the parasites, refusing to accept that the tests on parasitic infestation were negative. He had been rejected from military service for advanced myopia. He smoked a package of cigarettes per day. His family history did not include psychiatric disorders. When examined, the noticable projection of his cheeks were found to be caused by pingpong ball-sized chewing gum pads. His self care was bad and he was not cooperative with the interview, with poor eye contact and a defensive. stance. His thought contents had ideas about his body that he could not be convinced against. His affect was restricted, he did not have insight. He had diminished appetite and sleep. He was started on risperidone consta (50mg/day). When he did not improve after 4 months, his therapy was switched to amisulpride (800mg/day) and clomipramine (225mg/day) which had been partiallly beneficial as he did not fully comply with his treatment. His latest treatment was planned as paliperidone palmitate (100mg/day).

DISCUSSION: The observation that the patient had delusions of infestation and dismorphophobia, and behaviours related to these has suggested MHP. However, being in a prodromal stage, distinct impairment of functionality, the odd behaviour of stuffing up his mouth with objects, poor self care and restricted affect, poor thought contents and negative symptoms and the detection of premorbid schizoid personality have suggested the diagnosis of schizophrenia.

Key Words: Monosymptomatic hypochondriac psychosis, schizophrenia

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OBSESSIVE-COMPULSIVE DISORDER AFTER QUETIAPINE USE IN SCHIZOPHRENIA WITH MENTAL RETARDATION

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AIM: It has been known that use of quetiapine and other atypic antipsychotic agents in treatment of schizophrenia can result in obsessive-compulsive disorder (OCD) or mental retardation with OC symptoms. However, OC symptoms in mental retardation after use of atypic antipsychotic agents is very rare. This report discusses the case of a patient followed up for schizophrenia with mental retardation (MR) who developed OC symptoms after quetiapine use. .

CASE: Ö.G. is a 25-year old male living with his family and not working. He has MR due to birth trauma, and developed, at the age of 13, auditory and visual hallucinations and persecutory delusions, disorganised behaviour and talking. He has been treated with chlorpromazine and haloperidol for 5 years for undifferentiated type schizophrenia and MR. Since the psychotic symptoms persisted he was brought to our polyclincs 7 years previously and was started on quetiapine with dose titration to 800 mg/day when the pscyhotic symptoms were seen to subside. During these 7 years the patients was not precise in attending his follow up controls. He came back when he developed for the first time obsessions of getting soiled and compulsive washing behaviour. His SANS, SAPS and Y-BOCS scores were, respectively, 44, 3 and 28. Quetiapine dose was gradually reduced to 600 mg/day and his Y-BOCS score dropped to 17 in two weeks. Quetiapine dose was further dropped to 500 mg/day and 4 weeks later his scores were: Y-BOCS=0, SANS=0, SAPS=0, indicating complete improvement of his OC symptoms.

DISCUSSION: During quetiapine treatment the strong antagonistic effect of the drug on 5HT2 receptors has been reported to give rise to OC symptoms or flare ups in OCD. As in our case, these symptoms may be due to very high doses of quetiapine. It is of interest to observe similar effects in a patient with mental retardation. It is possible that appearence of OC symptoms after long term maintainance of our case on 800 mg/day quetiapine may be associated with the action mechanism of the drug. Atypic antipyschotic agents act by blocking the postsynaptic serotonin and dopamine receptors which play an important role in OCD pathophysiology. Hypodopaminergic activity and postsynaptic receptor sensitivity may have a role on the stereotypies and compulsivity behaviour. Quetiapine with its antiserotoninergic character may cause these symptoms to appear by upsetting the sensitive serotonin-dopamine balance, not only in individuals with schizophrenia but also those with MR. This effect might be dose dependent in the patient with a tendency to develop OC symptoms.

Key Words: Schizophrenia, quetiapine, obsessive-compulsive disorder, mental retardation, aypic antipsychotic

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COMPARISON OF THE DEMOGRAPHIC DETAILS OF INPATIENTS WITH SCHIZOPHRENIA AND WITH OTHER PSYCHOTIC DISORDERS AT A PSYCHIATRY CLINIC

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AIM: Schizophrenia is a type of chronic psychotic syndrome with different hallucinations, pronounced negative symptoms and relatively less mood disorder symptoms. Although the prevalence of schizophrenia is low its burden on people and social security is considerably high. There are many cultural variables specific to the disease, the patient, the patient's family and the treatment that determine this burden. The aim of this study was to investigate the familial, sociodemographic and clinical details of the inpatients diagnosed with schizophrenia and other psychotic disorders at Konya Training and Research Hospital Beyhekim Psychiatry Clinic and the effect of these parameters on compliance with treatment and the course of progress of the disease. .

METHOD: Between the dates of January 2011 and – September 2014 the inpatients with schizophrenia adn other pschotic disorders being treated at Konya Training and Research Hospital Beyhekim Psychiatry Clinic were included in the study. Data were based on history given by patients and their relations who accepted, on informed consent, to participate and also acquired from the hospital records. Participants who met the conditions of the study numbered 190, consisting of 100 males and 90 females. The participants were asked to complete a sociodemographic questionnaire, a family/caregiver data questionnaire and a clinical and treatment history data form.

RESULTS: Of the 190 participating patients, 47.4% were females and 52.6% were males; 62.1% were born in the villages,37.9% were born in town centers; 14,2% lived in villages, 6,3% in municipalities, 23,2 % lived in small towns and 56.3% in town centres; 6.4%were illiterate and 58.3% of these were female, and 54.2% were highschool graduates, 39.5% were at least senior high school graduates. Treatment compliance was good for 64.5%, moderate for 25.8%,, and bad for 9.7% for those who were in the hospital for the first time; patients who hd been in hospital for 2-5 times, treatment compliance was good for 30.2%, moderate for 45.3%, but was bad for 24.4%. Those who had been hospitalised for more than 5 times, treatment compliance was good for 31.5% %, moderate for 37% and bad for 31.5%. A significant correlation was found between frquency of hospital admission and noncompliance with treatment. As the frequency of hospitalisation increased, treatment compliance worsened (p<0,05).

CONCLUSION: There are not adequate number of studies comparing the familial, sociodemographic and clinical details of patients with schizophrenia and other psychotic disorders. Comparative evaluation of these parameters in patients who need to be admitted to hospital for treatment are needed to indicate the currently prevalent situation about schzophrenia other pyschotic disorders.

Key Words: Psychotic disorder, sociodemographic, schizophrenia

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PP-280

CHILDHOOD TRAUMA – COGNITIVE FUNTION DISORDER RELATIONSHIP IN FIRST EPISODE SCHIZOPHRENIA

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AIM: Studies have shown that childhood traumas give rise to psychotic tendencies and that people with a history of childhood trauma have cognitive disorders . Also, there are reports that first episode schizophrenia patients have a higher incidence of childhood traumas as compared to the population in general. The aim of our study was to investigate whether there was a relationship between the childhood traumas and the cognitive functions of first episode schizophrenia patients.

METHOD: Before treatment with drugs, 33 first episode schizophrenia patients were asked to complete a cognitive tests battery consisting of 6 tests including the Rey Auditory Learning Test, the Trail Making Test, the Forward/Backward Digit Span , the Wisconsin Card Sorting Test, the Stroop Test and the Continous Performance Test. Patients were also asked to complete the Childhood Traumatic Events Scale (CTS) and were grouped according to the classifications, made on the basis of the cut-off points during the validation of the Turkish version of CTS, as 'has/has not' trauma/neglect experience. The cognitive performance scores of the patients with childhood trauma and without childhood trauma were compared using the Mann Whitney U test; and the correlation with the CTS scores were tested using the Pearson regression analysis.

RESULTS: The CTS total scores did not show any statistically significant correlation with any of the test scale scores. However, the CTS-subscale (ssc) physical trauma mean score showed positive correlation with the Rey test ssc 'false positive' (r=0,465 p=0,008); the Stroop Test ssc 'fault in colour reading' (r=0,634, p=0,000), ssc 'colour reading duration' (r=0,451, p=0,011),and ssc 'word reading duration' (r=0,683, p=0,000), and negative correlation with Rey test ssc 'counting span'(r=-0,528, p=0,002). An inverse correlation was found between CTS- ssc sexual abuse and the the Continual Attention test 'hit %-age' (r=-0,588, p=0,021). There was a significant difference in the Rey test ssc 'false positive' scores of patients with and without a history of

emotional trauma (p=0,041). Also, a significant difference was seen between the Stroop test ssc'colour reading' scores of patients with and without a history of emotional neglect (p=0,034).

CONCLUSION: Our results have indicated that first episode schizophrenia patients with experiences of childhood neglect and traumas had cognitive functions deficits in selective attention, reaction inhibition, resisting interference, verbal learning and process memory.

Key Words: Cognitive, first episode, psychosis, schizophrenia, trauma

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PP-281

DELUSIONAL MISIDENTIFICATION SYNDROME ACCOMPANIED BY LIVE ALTERATION DELUSIONS: CASE PRESENTATION

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AIM: Capgras Syndrome is a delusional misidentification syndrome with the patient believing that real relations and objects are replaced by identical impostors or copies. About 70% of the cases reported in the literature have ben associated with a functional psychosis. The aim of this report was to draw attention to Capgras syndrome as the most frequently observed delusional misidentification syndrome.

CASE: The patient was the 26-year old female second child of an emigrant family, born in Germany. Her first psychiatric consultation was at 15 with complaints of being followed by camerea, and having been assulted by her brother. She had broken up objects in the house in Germany and had come back to her father's house in Turkey when she consulted our clinics. Her psychiatric examination showed that she was conscious, cooperative, fully oriented, eager to communicate, respectful to the interviewer, with diminished self care, and looks matching her age; psychomotor activity was normal; affect consistent; mood dysphoric and anxious; spech pace and volume normal, with difficulty in orienting to objectives. Her claims that her parents were not genuine and had been changed; her legs, arms and organs and her habits had been altered; someone's fatness genes had been exchanged with her thinness genes causing her to gain weight; her hair had been changed by the hairdresser; her hormones had been changed by injection and her sleep had been taken away; time had been changed, that she was being followed by camera, was being tried to be replaced; that her brain was very wide; that she could percieve what others could not; that her brother had assaulted her, all fitted the Capgras syndrome with the persecutory, referential, somatic and bizarre delusions. Possibility of an organic aetiology was eliminated by routine analyses and examinations. EEG detected paroxysmal slow waves in both hemispheres. Cranial MRI was normal. Neuropsychometric tests indicated that attention and continual attention dificulties were accompanied by mild verbal and nonverbal memory disorder, and recognition disorder (including famous faces). Her treatment was begun with clozapine, after her family's consent. In the 2 months she was observed at the ward as an inpatient her Capgras symptoms regressed.

DISCUSSION: On the psychodynamic side, Capgras Syndrome has been considered to involve the direction of ambivalent emotions to a symbolic resemblance as a solution to the love-hate conflict. Disorganisation of the pathways between the limbic structures facilitating formation of emotional affect with face recognition process based in inferior-parietal cortex has been proposed to result in the disorder of the 'feeling of familiarity without misidentification of people and objects', but a definite description of the roots of the disorder has net been made. This report has discussed the rarely observed symptoms of a typical case of Capgras syndrome, recognition and the treatment of which creates difficulties for the uninformed and inexperienced psychiatrist. There is need for further research to be able to decide on the correct place of this syndrome in the psychiatric classification.

Key Words: Capgras, delusion, delusional misidentification

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PP-282

SCHIZOTYPAL SYMPTOM SCANNING ON BOTH FLANKS OF ISTANBUL.

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AIM: Schizotypal chracteristics, known to be related to the genetics of Schizophrenia, are thought to be predictors for the tendency to develop the disease. The number, severity and the prevalence of Schizotypal chracteristics in a population is an important source of information on the tendency to psychotic processes in that population. Psychotic symptoms, findings and disorders are more frequently observed in town centers than in the country. Estimations of higher prevalence of schizophrenia in towns is thought to be related to the interaction of the biological tendency and factors of the town environment, as also determined in other points of the psychosis spectrum. This study has aimed at investigating the popular chararacteristics related to a particular settlement areas of the town and to look for the relationship of these characateristics with the prevalence of schizotypal characteristics of the population of that area.

METHOD: Within the scope to this study, groups of 16-year old population members settled in two areas of Istanbul have been scanned cross-sectionally for schizotypal characteristics with the use of the Schizotypal Symptoms Inventory (SSI-SF). Also, a sociodemographic data form and a popular capital data scale, purpose-made by the researchers to assess the local individual and collective charactersitics were used.

CONCLUSION: When the two groups of 16-year old senior highschool students living in two different areas on the European and Asian flanks of Istanbul were tested for schizotypal characteristics on SSI-SF, a mean

total score was 9.76±4.5/22, and the scores of 15 and above indicated elevated risks of psychotic symptoms, findings and disorders. When these SSI-SF total scores of 15 and above were compared with all the independent variables tested, they were found to be significantly correlated with the biological gender factor and 5 environmental factors consisting of house income, residential area, pressure at school and exposure to discrimination and popular control and knowledge.

Key Words: Social capital, transformation to town, schizotypal

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POST TRAUMATIC STRESS DISORDER COMORBID WITH PSYCHOTIC DISORDER: A CASE PRESENTATION

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AIM: Delusions about having been abused by assault or auditory hallucinations of being threatened that appear with psychotic disorders, causing terror and helplessness and undermine the integral security of the individual's life can be interpreted as are rough treatments. There are reports in the literature of post traumatic stress disorder (PTSD) after psychotic experiences . This report discusses a case of psychotic disorder comorbid with PTSD with delusions of having been assaulted.

CASE: The patient was a 35-year old married female, senior highschool graduate with psychotic symptoms of 18 years. She was brought to psychiatry clinics for having started to complain of having been poisoned by her family and refusing to eat or drink, speaking and laughing by herself, odd behaviours including aggression. During the admission process the patient also had delusions of being assaulted by the hospital staff. She was observed to hallucinate on scenes of assault, refrain from the sight of male patients and of remaining by herself. Treatment with antipsychotics of suitable dose and duration led to the improvement of her psychotic delusional and hallucinatory symptoms but her PTSD symptoms continued and an antidepressant was added to her treatment. With the antidepressant therapy her stress symptoms were observed to recede.

DISCUSSION: Although effectiveness of antidepressants with psychotherapy in treatment of PTSD has gained support, the consistency of these treatment modes have not been studied in serious mental disorders. Addition of an antidepressant to the treatment of our patient and giving her behavioural tasks against the avoidance behaviour lessened the symptoms of PTSD. Further studies are needed to validate the post psychosis PTSD diagnosis and to design psychological and pharmaceutical therapies.

Key Words: Psychosis, schizophrenia, PTSD

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PP-284

PROGRESS FROM SUBTHRESHOLD PSYCHOSIS TO PSYCHOTIC DISORDER AFTER ISOTRETINOIN USE: CASE PRESENTATION

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AIM: Isotretinoin, the synthetic oral retinoid used in the treatment of acne, is known to have psychotic side effects including depression, suicide and psychosis through many case reports, and retrospective and prospective studies. Cases reported in scientific journals usually concern depression and suicide with and without psychosis, and a fewer number of cases on pychosis. Despite this abundancy of reporting, a causal relationship between isotretinoin and psychiatric symptoms has not been demonstrated and remains a subject of controversy. This report discusses the case of a patient with subthreshold psychotic experiences who progressed to psychotic disorder with suicidal ideation and depressive symptoms after isotretinoin use, the aim being to draw attention to the psychotic side effects of isotretinoin and to investigate the casual relationship.

CASE: A-20-year old female student experienced symptoms of suspicions on being followed, being gossipped about and being laughed at, withdrawal, irritability, unhappines and lack of will, scattered attention and suicidal ideation two months after she was started on 10 mg/day isotretinoin treatment for acne. During her pyschiatric examination she was conscious, and her orientation was complete. Her mood and affect were depressive and anxious, she had persecutory delusions and auditory hallucinations, and her sleep, appetite and energy were reduced. Her functionality was disordered and she had suicidal thoughts. She was differentially diagnosed with psychotic disorder due to isotretinoin and depression with psychotic chracteristics and was started on venlafaxine (37.5 mg/day), resperidone (2 mg/day)and lorazepam (1 mg/day). On account of its side effects risperidone was switched to olanzapine (5mg/day). She was admitted to the psychiatry clinic when the symptoms worsened. She did not have a history of another disease, accident or trauma, cigarette/ alcohol/substance or drug use. Her family history did not include any psychiatric disorder. Deeper investigation into her history revealed that she had had paranoid delusions and limited social relationships in the past. During her treatment suicidal thoughts and depressive symptoms disappeared and the associated psychotic delusions were significantly reduced. However, the negative symptoms of psychosis persisted with treatment resistance.

DISCUSSION: Appearence of psychotic disorder 2 months after starting izotretinoin treatment supports our view of isotretinoin being responsible for this clinical scene. Izotretinoin was expected to have triggered the psychosis in the patient with genetic tendency to psychosis

and a history of living for long years with subthreshold psychotic experiences. Improvement of the depressive symptoms and suicidal ideation with treatment but the persistence of the negative psychotic symptoms shifted the diagnosis from depression to psychosis. Although the effectiveness of this drug in the treatment of acne is undisputable, patients should be warned of the psychotic side effects.

Key Words: Psychosis, isotretinoin, psychiatry

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HIGH DOSE N-ACETYLCYSTEINE IN ACUTE PHASE SCHIZOPHRENIA: CASE PRESENTATION

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INTRODUCTION: N-acetylcysteine (NAC) is an antioxidant and mucolytic agent used in pulmonary diseases and acetaminophen poisoning. In the recent years, interest in the use of NAC in the treatment of neurological and psychiatric disorders has increased. Studies showing that increased oxidative stress and diminished antioxidant enzymes would be effective on the pathophysiology and trial of NAC treatment was suggested. This report discusses the case of a patient who could not be treated with antipsychotics due to hepatic function disorder when high dose NAC treatment was used as an alternative.

CASE: R.U. is a 41-year old unmarried, unemployed female patient living with her family. She did not have a history of alcohol or substance use. She was brought to the psychiatry consultation by her family for having refused to use her medication and the consequential flare up of her psychotic complaints. She had first consulted psychiatry polyclinics 20 years previously with complaints of depressive mood, mutism, social isolation, auditory hallucinations, insomnia and suicidal attempt. Her compliance with her treatment had been irregular. She had been in a remisive state only for the 1 after 1996 following ECT. She had had 4 suicidal attempts and 4 hospital stays and the final suicidal attempt had resulted in disability. In the last 10 years further delusions of of guilt, reference, persecution and worthlessness, and stereotypic talk and loss of appetite were added to her complaints. Her examination showed auditory hallucinations, and referential, persecutory, guilt and worthlessness delusions, thought reading, death thoughts, disorganised talk, irritable mood, superfical affect and insomnia. She had not used her medication for the last 2 months. She was diagnosed on the DSM-V criteria with acute phase schizophrenia progressing with multiple phases. Her psychometric test scores were: PANSS:123 (P:29, N:21, G:73), SAPS:71, SANS:61 and Calgary-D:21. Her blood tests showed a triple elevation of her hepatic enzyme levels: (AST:179, ALT:289, GGT:476), increased RBCsedimentation rate (ESR:58). Gastroenterological preliminary diagnosis was toxic hepatitis due to drug treatment. Therefore, with the approval of her family, antipychotic treatment was delayed and she was treated with 3000mg NAC infusion and followed on clinical grounds. After 21 days her psychiatric test scores were : PANSS:96 (P:16, N:20, G:63), SAPS:55, SANS:52, Calgary-D:23. On the biopsy result gastroenterology distanced the diagnosis of toxic hepatitis. Prednisolone was recommended with the diagnosis of autoimmune hepatitis. But was abandoned lest the psychiatric symptoms would be aggravated. She was put on daily 3000 mg oral NAC and urodeoxycholicacid. Two weeks later her psychiatric test scores were: PANSS:112 (P:32, N:21,G:59), SAPS:104, SANS:62, Calgary-D:23. Hepatic enzyme levels dropped and with the agreement of gastroenterology amisulrpide (400 mg/day) was added to NAC treatment and the dose was increased step wise up to 800 mg/day. Partial improvement was observed and she was discharged to be followed as an outpatient. One month later her psychiatric test scores were PANSS:108 (P:30, N:19, G:59), SAPS:100, SANS:54, Calgary-D:23.

DISCUSSION: It has been reported that NAC use in combination with antipsychotics inschizophrenia causes a drop in PANSS scores. In our patient high dose infusion of NAC alone resulted in reduced positive symptoms. Oral NAC did not give useful results. The first passage elimination effect may have had a role in the switch from the iv to oral mode. NAC use In the treatment of schizophrenia patients may provide an advantage with its low side effect profile.

Key Words: Schizophrenia, N-acetylcystein, infusion, NAC

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A CASE OF PSEUDOLOGIA FANTASTICA RESULTING IN FAMILIAL PSYCHOTIC DISORDER

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AIM: Pseudologia fantastica is a condition that continues with detailed and not impossible stories and lies that fit correct plots, told not with an aim to benefit or exalt the individual and the falseness of which get acceppted by the fantasising individual when faced with facts, which helps differentiate the situation from delusion. Shared psychotic disorder(folie à deux) is about the appearance of psychotic symptoms of an individual on others in the environment of the individua. Here a cse of pseudologia fantastica which resulted in the shared psychotic disorder in family members is being discussed.

CASE: The 20-year old male consulted our polyclinics with the complaints of being off colour, insomnia, lack of appetite, loss of 25 kilograms of body weight in the previous 6 months, anhedonia, inermittent thoughts of death and getting wornout by correspondence with the secret service. When examined his appearance matched his age, and his socioculturel status. His momentary, short and long term memory were normal; his thought content was filled with well organised hallucinatory and delusional accounts of organised military operations and activities as a member of the secret services. His abstractions were organised, affect consistent and mood depressive. Blood test results including his haemogram, serum electrolytes, renal and hepatic function tests, Vitamine B12 and folic acid levels were normal; illegal psychotrop levels were negative.Cranial MRI and EEG displayed normal results. When the patient's mother accounted that his son worked for the national secret service which made his father and herself proud, a neighbouring relative was called for interview. The relation

explained that the patient lived in a personally created fictional world , and that his parents believed his lies. There had been legal proceedings when the family claimed having passed on information to the police. The patient was thought to have pseudologia fantastica with shared psychosis in his parents. It was planned to admit him to hospital for treatment and organise interviews with the family to rehabilitate them to reality. The patient and his parents refused admission to hospital. He was treated and followed on outpatient basis with 2 mg/day risperidone. In the third week his symptoms had receded and by the 6th week they had completely disappeared with return to normal life when the family accepted the illness.

DISCUSSION: Pseudologia fantastica can be mistaken for delusional disorder with the patient talking about events as if they had truly come to pass. In this case this situation has caused a shared psychosis to appear in the amily members. This report has aimed to draw aattention to pseudologia fantastica and the shared psychosis.

Key Words: Shared psychosis, pseudologia fantastica, risperidone

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PP-287

RELATIONSHIP BETWEEEN B12 LEVELS WITH THE NEUTROPHIL/LYMPHOCYTE RATIO OF SCHIZOPHRENIA INPATIENTS OF A UNIVERSITY HOSPITAL

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INTRODUCTION: Schizophrenia is a disease seen with an approximate incidence of 0,7-1%. From an aetiopathogenetic angle, chronic antipsychotic use, and the relationship between neutrophil/lymphocyte ratio and vitamin B12 in association with leucocyte synthesis is the subject of our study. This study is an investigation in schizophrenia patients aiming to demonstate the relationship between vitamin 12 level, the neutrophil/lymphocyte ratio, duration of illness and the drugs used.

METHOD: Hospital records of 75 inpatients consisting of 47 males (62,5%) and 28 (37,3%) females, treated in Abant İzzet Baysal University Medical School Psychiatry Clinics between the dates June 2010 and August 2014 after the diagnosis of schizophrenia on the DSM-IV criteria , were scanned retrospectively for data on age, gender, illness duration, drugs used, serum vitamin B12 and the , lymphocyte and neutrophil levels, and the interrelationships were analysed..

RESULTS: The mean estimated vit B12 level of the patients was 299±14; with 33% of the patients having vitB12 deficiency, which exceeded the incidence of vit B12 deficiency of 3-29% in the general population. The neutrophil/lymphocyte ratio in patients with vit B12 deficiency was also observed to be decreased in comparison to the ratio in the patients without vit B12 deficiency. Vitamin B12 deficiency was observed in male patients using high doses of drugs.

DISCUSSION: Vit.B12 deficincy is known to cause depression, anxiety disorder and psychotic disorder among others. In first episode psychotic patients vit B12 level has been found to be low (1-2) without significant megaloblastic change (2). In schizophrenia patients increased inlammatory process has been reported, with demonstration of reduction in the lymphocyte / neutrophil or the related CD4/ CD8 ratio(3). In our study the finding of lowered neutrophil/lymphocyte ratio in schizophrenia patients has been thought to be due to consumption of vit B12 for leucocyte synthesis. Low Vit B12 levels observed in the patients using high dose drug treatment was thought to be associated with treatment resistant symptoms..

CONCLUSION: Given the effects on inflammation in schizophrenia, the relationship between vitamin B12 and neutrophil/lymphocyte ratio shown by our study is important and should be investigated on a wider scale.

Key Words: Schizophreniai, vitamin B12, neutrophil/lymphocyte ratio

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PP-288

INTERMETAMORPHOSIS AND CAPGRAS SYNDROME IN TWO SIBLINGS WITH SCHIZOAFFFECTIVE DISORDER

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AIM: Delusional misidentification syndrome (DMS) is the group of disorders involving the beliefs that people and objects if the environment of the patient are replaced or changed by others, frequently seen comorbid with schizophrenia, mood disorders and organic mental disorders. As these disorders share many properties and often accompany each other or get transformed into one another they have been collected under one umbrella term.. In Capgras syndrome (CS) the patient believes perople and objects are replaced by identical imposters or copies, which although resembling the original are psychologically different. In the case of intermetamorphosis (IM) the relations and strangers are are identical both physically and psychologically and change places. This report discusses two sisters with one diagnosed with schizoaffective disorder and IM and the other with CS.

CASE 1: The 30-year old married female patient was brought to our clinics by her relations.The patient believed that her parents had changed places with other relatives and had complained to the police about his father, asking for a DNA test on him. She believed her real father was her maternal uncle and her uncle's wife was her real mother, claiming that her own mother was her paternal aunt, which is the delusional intermetamorphosis concerned, and her history included a manic episode. Her elder sister was being observed with schizoaffective disorder in our clinics. She was started on aripiprazole (20 mg/day) and lithium carbonate (1200mg/day). She was diagnosed with schizoaffective bipolar disorder on the basis of DSM-IV-TR criteria.

CASE 2: The 37-year old unmarried female patient was brought to our clinics by her relatives with the complaints of aggressiveness,and excessive talking. She had approximately a 10-year history of being observed in controls follow ups for schizoaffective disorder, with 4-5 manic and 4-5 depressive episodes associated with referential and persecutory delusions.. Her treatment compliance had ben irregular. She expressed that her parents had been replaced by others exactly resembling them which agreed with Capgras syndrome, and had delusions of grandeur and of conspiracy against her, tangential talk, increased libido, flighty thoughts and irritability. She was admitted as inpatient with the diagnosis of schizoaffective bipolar type manic episode and was started on clozapine (200mg/day), aripiprazole (30 mg/day) and clonazepam(2 mg/day).

DISCUSSION: We have not seen a case report in the literature on the simultaneous presence of IM and CS in members of the same family. The psychodynamic approaches to explaine the syndromes at the outset have been exchanged with organic factors. Although pathology was not revealed in the MRI and EEG investigations on both of the patients, presentations it is known thorugh many case presentations that especially the right hemispheric lesions and functional disorders can give rise to MRS. Observation of MRS symptoms in both sisters point to the possibility of a common genetic and neurophysiologcal basis for these phenomena.

Key Words: İntermetamorphosis, Capgras Syndrome, genetic tendency

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PP-289

KLINGSOR SYNDROME: CASE PRESENTATION

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INTRODUCTION: Self mutilation is a behaviour disorder without death thought, observed in psychotic disorders or nonpsychotic psychiatric pathologies. Genital self mutilation and genital self amputation are covered under psychotic disorders. Klingsor syndrome takes its place under pscyhotic disorders with auditory delusions, religous sinfulness, genital self mutilation or amputation as its typifying symptoms.

CASE: The 20-year old single male patient consulted the emergency services. He had been discovered by his friends while attempting to cut his penis in the WC. His wounds were sutured up, his referrals were made for neurological, infectious and psychiatric examinations. He did not have psychiatric complaints or any pain in his penis. His history disclosed that approximately 2 years previously he had had an episode of extremes of religious preoccupations, auditory hallucinations and referential delusions and was treated as an outpatient with olanzapin (10 mg/day). He had stopped using his medicaation six month later once his symptoms had improved His psychologiacl examination showed that the patient had a pathognomonic disorganised talk, insomnia, labile affect, thought contents of religious delusions, psychomotor agitation, and no insight. Neurological examination was normal. Pathological results were not observed in the laboratory tests focusing on infectious and toxicological search for organic aetiology. Cranial MRI and EEG did not reveal pathology. His PANS score was 147. He was diagnosed with Klingsor syndrome and started treatment with haloperidol (30 mg/day), biperidene (10mg/day) im, lorazepam (3 mg/day). On the 3rd day of his admision the treatment was changed to lorazepam 3 mg/day, olanzapin (20 mg/day) and biperidene (5 mg/day). Upon persistence of his psychotic symptoms on the 7th day, he was given 8 sessions of electroconvulsive therapy (ECT). He was seen to improve. His PANS score dropped to 65. He was discharged with 10mg/day olanzapine management treatment on the 30th day of his admission.

DISCUSSION: Klingsor Syndrome is evaluated within the scope of psychotic disorders. Genital self mutilation, which is characteristic symptom of this syndrome, may require following surgically as well as psychiatrically with a multidisciplinary approach. In our patient the self inflicted wounds were superficial, but there are multiplicity of reports in the literature requiring penal reconstruction surgery, therefore requiring sound evaluation of treatment. Patients resistant to pharmaceutical therapy can be given ECT which has been shown to be beneficial.

Key Words: Genital self mutilation, Klingsor syndrome, schizophrenia

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PP-290

DOES ADAPTATION TO A NEW ENVIRONMENT TRIGGER PSYCHOTIC LIFE EXPERIENCES? (KEHUS-P)

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AIM: This study has aimed to investigate the relaitonships between stresses endured during the adaptation process to a new environment such large town life or the university campus and the psychotic experiences endured.

METHOD: This cross sectional study was carried out at Dokuz Eylül Universitesi Medical School with 164 volunteering first year students. Psychotic experiences of the previous 6 months and those of a previous life time were scanned by means of the CAPE 42 - Community

Assessment of Psychic Experiences. Social stress was assessed by using the population capital questionnaire employed to evaluate social interrelationships. Also, the discriminatory attitudes perceived by the participants in the unversity atmosphere was taken as a separate socail stress factor.

RESULTS: Of the participants 53.1% were females; 80.5% were in their first year at the campus; 26.2% had previously lived in centers with small populations; 27.8% had at least one of their relative with mental problems; 24.4% had experienced at least once psychological problem in the past. The psychotic expriences within the previous 6 months were correlated with the psychotic symptoms experienced before that period (ß: 1.4; p: 0.026); the stress in adapting to the university class (ß: 1.3; p: 0.004); the discriminatory perceptions in the class (ß: 2.9; p: 0.001); and the discriminatory perception in the town life (ß: 3.0; p: 0.001).

CONCLUSION: Difficulties experienced or perceived during adaptation to a new social environment or the difficulties and the discriminations perceived constitute separate stresses. Possible distinct tendencies, such as previous psychiatric complaints, not only lengthen the duration of the adaptation and of the discriminatory perceptions, but also cause positive psychptic symptoms to appear. However, the stress of adapting to the new social environment can also independently trigger positive psychotic symptoms. Research into life experiences such as starting university training, military service and the periods after natural disasters will help futher differentiate these relationships.

Key Words: Psychotic life exprience, town life, social stress

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PP-291

COTARD'S SYNDROME AND CAPGRAS SYNDROME COMORBIDITY: CASE PRESENTATION

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Cotard's Syndrome: First described " in 1882 by the French neurologist Jules Cotard as "delire des negations" (the delirium of negations), this mental illness is represented by exaggerated nihilistic delusions, such as claiming to be dead and putrifying, and the severest form being is believeing one does not exist. It is comorbid mostly with schizophrenia and bipolar disorder and is associated with lesions in the temporal-parietal lesions of the non dominant hemisphere. Studies have shown Cotard syndrome can be associated with oganic as well s the psychiatric diseases and may originate form parietal lobe dysfunction.

Capgras Syndrome: This rare mental disease first described in 1923 by the French psychiatrists Capgras and Reboul-Lachaux was named the "illusion des sosie" (the illusion of doubles), and comes under the delusional misidentification syndrome'. It is chiefly characterised by delusional denial of the authenticity of a person or object in the environment and the belief that the orignal has been replaced by copies or impostors. Existence of a paranoid tendency with not trusting and feeling alien is in the formation of the delusion. Capgras syndrome also has a psychodynamic meaning such that the patient is supposed to be excluding someone whom he knows with bad qualities or someone who is putting bad qualities on him without letting this denial to rise to the conscious due to feelings of guilt and ambivalence, and hence directing his feelings to the copy or replacement person/object who/which is easier to dismiss.

CASE: The 35-year old male primary school graduate was an unmarried tailor not working. He claimed his family not to be his authentic family, that their identities had changed and had therefore sent his family away. For the 3 months before his consultation with the psychiatry clinics he had not washed, walked naked in the house and kept talking to himself. He had been stopping and asking people in his neighbourhood to kill him. He was brought to the emergency services by the officers after demonstating hostility. He had a 7-year history of schizophrenia diagnosis and had been hospitalised 5 times. He claimed that he had been killed years ago when in a psychiatric interview, that the dead should be in the grave, that he was being tortured by being held in the hospital and that the dead should not be tortured. His words were: ''I am dead; they are making the dead walk around, making the dead drink tea, they are torturing the dead, please bury me". It was learned that one of his cousins was also nder control obsevation for schizophrenia. He was started on Risperidone (10 mg/day), biperiden (4 mg/day), olanzapine (10 mg/day) and zuklopentisol depot and was discharged.

DISCUSSION: We wished to draw attention to the comorbidity of the very rare Cotard's and Capgras syndromes together and that contrary to the predictions the response to treatment was good.

Key Words: Capgras syndrome, Cotard's syndrome, nihilistic delusions, schizophrenia

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LATE ONSET SCHIZOPHRENIA AND ITS DIFFERENTIAL DIAGNOSIS: CASE PRESENTATION

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AIM: Although schizophrenia has been known frequently to appear at young adulthood, a review has shown that 15.4 % to 32 % of the cases present after the age of 40 (Howard et al., 2000). This report discusses the differential diagnosis of a late onset schizophrenia case.

CASE: The patient was 52 years of age, male, unmarried and retired for the previous 3 years living with his mother and his caregiver. When he arrived at our polyclinics he had been restless for the previous 10 days, with repetitive urge to swear and talk in coprolalia. He had been withdrawn for the previous 4-5 years and 3 years previously he developed persecutory delusions when he responded with complete remission to 4mg/day risperidone. His remission lasted 18 months, when risperidone was cut back, and in 2 months his withdrawal symptoms began to reappear, soon to be followed by the thought obsessions and the persecutory delusions. His examination showed that his mood was dysphoric, affect increased in the direction of anxiety, his abstractions were organised, thought content was defensive and engaged with persecutory delusions,. Cranial MRI showed slight cerebral volume loss, and his Mini-Mental test score was 28/30 and the Enhanced Cued Recall Test score was 46/48; with prolonged Increased Clues Trail Making Test and Stroop Test, supporting the frontal lobe function loss. He developed distinct bradycardia with risperidone and treatment swtiched to quetiapine titrated up to 900mg/day. As he attemtped suicide when admitted to the ward, he was given 13 sessions of ECT. Although his affective symptoms receded his delusions persisted. Quetiapine was switched to olanzapine (15 mg/day) and escitalopram (20mg/day). His psychotic symptoms improved and he was discharged to be followed on outpatient basis.

DISCUSSION: Late onset schizophrenia means schizophrenia presenting after the age of 40 and is characterised with depressive symptoms, as in the case reported here, when good premorbid accord and functional level have been noted. Lower doses of antipsychotics are needed for treatment as compared to the early onset cases. Despite these data, late onset schizophrenia has not been accepted as a separate category of diagnosis. Also, in a study with 27 patients at and over the age of 50, followed for schizophrenia for 5 years, 9 were later diagnosed with dementia. In our patient cranial MRI, neuropsychological tests and clinical obervations have eliminated dementia. In the 'late onset' group of schizophrenia patients differential diagnosis of the affective episodes with pscyhotic characteristics is very important. In our patient, affective symptoms were lost after ECT but the psychotic symptoms persisted supporting the diagnosis of late onset schizophrenia. Before diagnosing late onset schizophrenia, depressive and demential processes must be considered in the differential diagnosis and eliminated.

Key Words: late onset schizophrenia, psychosis, schizophrenia

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PP-293

LEUCOCYTOSIS DEVELOPMENT DUE TO VALPROIC ACID AND CLOZAPINE COMBINED USE: CASE PRESENTATION

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AIM: Nearly all psychiatric agents have been reported to have haematological side effects involving the red blood cells (RBC), white blood cells (WBC), thrombocytes and impaired coagulation process, resulting in different clinical conditions. Our aim was to draw attention to the side effects observed when using combined drugs. Lithium, clozapine, carbamazepine, valproic acid and the SSRI antidepressants have a higher haematological toxicity profile. Valproic acid (valproate sodium or valproate) is an anticonvulsant used in the treatment of bipolar disorder. Its effectiveness in acute mania has been proven. It is held at the blood level of therapeutic interval by measurement of its plasma concentration. Hair loss, weight gain, sedation and polycyctic ovaries are of the known side effects. Clozapine is an atypic antipsychotic agent regarded as the gold standard in treating resistant type of schizophrenia, with also good results with schizoaffective disorder and bipolar disorder treatment. However, it has life threatening side effects including agranulocytosis, epileptic seizures, hyperglycaemia, pulmonary embolism, and hepatitis. The most frequently observed side effects are sedation, hypotension, sialorrhea, fever, nausea, weight gain, tachycardia, metabolic side effects and lowering the epileptic threshold. Despite the serious side effect of agranulocytosis, WBC count of the clozapine using patients have been seen to fall.

CASE: The 25-year old female patient was brought to the emergency services with the complaints of believeing messages being given from the radio, refusing eating, insomnia, stripping and going out, excessive talking and claiming to be in touch with celebrities. She had a disease history of 4 years without regular compliance with her treatment or controls. Test performed showed that she did not have any pathology apart from iron deficiency and was put on haloperidol (20mg/day), biperidene (10 mg/day), lorazepam (5 mg/day). Not being effective, halopridol was switched to risperidone and the dose was stepped up. When the course of the illness did not alter, risperidone was switched to clozapine and the dose was titrated up to 500 mg/day and valproate (500 mg/day) was combined with clozapine finally to achieve a distinct regression in the patient's symptoms. However, valproate addition was followed by an increase in the WBC in her control haemogram. There were no problems in the clinical scene. She was referred to the general internal diseases for assessment of an organic aetiology to her symptoms without any definitive results. Discontinuation of valproic acid resulted in the normalisation of the WBC levels.

DISCUSSION: Attention has been drawn here to the side effects that can develop during combined drug therapy. With the observation of drug resistant psychotic symptoms in the case reported here, the desired response was observed after clozapine treatment was started but complication develped after combining valproate with clozapine. Many treatment guidelines recommend monotherapy in schizophrenia and do not approve of polypharmacotherapy. Effectiveness of valproate on tardive dyskinesia and agressive behaviour have been observed and ist use in combination with atypic antipsychotics has been recommended for the treatment of severe schizophrenia cases .

Key Words: Clozapine, leucocytosis, valproic acid

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PP-294

RESTLESS LEGS SYNDROME DUE TO ARIPIPRAZOLE USE: CASE PRESENTATION

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AIM: Restless legs syndrome (RLS) is a neurological disorder characterised with difficult to describe sensations, almost a type of dysesthesia, especially in the lower legs resulting in an urge to move to relieve the sensations, and can develop secondary to diseases such as renal failure, iron deficiency anaemia and to neuroleptic and antidepressant drugs. This report discusses the observation that aripiprazole used to treat RLS can actually cause RLS.

CASE: The 47-year old male patient consulted our psychiatry polyclinics with the complaints of distrust and jealousy in his marriage and having the habit since his adolescence of discriminating people as trustworthy and not trustworthy. His psychiatric examination results were all normal except the ''thought content of paranoid overvalued thoughts''. Suspecting paranoid personality disorder, aripiprazole (10mg/day) treatment was started. In his control one month later, his suspicions had partially improved, but the day after starting aripiprazole treatment physical restlessness, numbness and paraesthesia developed in his lower legs which could only be relieved by movement and for which he did not feel an internal restlessness. He and his family did not have a history of sleep or movement disorder. Neurological tests did not determine any pathology. EMG and polysomnography could not be performed as the patient did not want these He was diagnosed with RLS on the basis of the ''International Restless Legs Study Group'' standardised criteria.

DOISCUSSION: Dopaminergic dysregulation is the most suspected underlying factor in RLS. There are reports in the literature on the effectiveness of aripiprazole on RLS. However, only one report has been found in the literature on RLS due to aripiprazole. At low doses aripiprazole is partially agonistic on D2 dopaminergic receptors , but at high doses its antidopaminergic effect becomes effective. This is the mechanism by which aripiprazole is thought to cause RLS. Another side effect of aripiprazole is akathisia which differs from RLS in ''specific internal uneasiness'' and its appearance especially at night, to be relieved, again, only by movement. In the case reported here the complaints appeared generally when at rest and was overcome by movement which prevented the diagnosis of akathisia. It should be remembered that although aripiprazole is used in the treatment of RLS with its partial agonistic effect on dopaminergic D2 receptors, it causes RLS on its own and this effect should be differentiated from akathisia.

Key Words: Akathisia, aripiprazol, restless leg syndrome

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PP-295

SLEEP AND QUALITY OF LIFE OF MINERS

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AIM: This study has aimed to investigate the effect of shift work on the sleep quality and the quality of life of mine workers.

METHOD: Between the dates of January and March 2012, 470 miners participated in this study. Data were collected by means of a sociodemographic questionnaire prepared by the researchers, the Pittsburgh Sleep Quality Index (PSQI), The Short Form (36) Health Survey (SF-6), the Beck Anxiety Index (BAI) and the Beck Deprssion Index (BDI). Data were analysed using the Pearson Chi-Square test and the Mann Whitney U Test.

RESULTS: Of the participants 70.6% were working at daytime and 29.4% were working at night shift; 34% of the participants had sleep problems. The PSQI scores of 68.1% of the participants were ≤ 5, and had good quality of sleep. The PSQI mean score of the total participants was 4.53±2.91; of the day workers was 4.31±2.76; and of the night shift workers was 5.05±3.19 with a statistically significant difference between the sleep quality of the daytime and the night shift workers (p=0.02). The SF-36 subscale scores for general health, pain, pshysical role difficulty, emotional role difficulty, vitality and social function were higher among the daytime workers as compared to the night shift workers (respectively, p=0.007, p=0.003, p=0.008, p=0.046, p=0.026, p=0.03). Significant differences were not observed between the BDI and BDA mean scores of the daytime and nightshift workers. Incidences of alcohol and cigarette use were, respectively, 43.3% and 40.4% among the participants. There were not significant differences in the sleep quality of the users and nonusers of alcohol and of cigarettes. The BDA and the BDI mean score of those with good quality of sleep were lower, 6.02±6.15 and 4.92±6.32. respectively as compared to the scores of those with low sleep quality, 14.20±11.45 and 12.17±8.65, respectively. Scores of those with good sleep quality in all the subscales of SF-6 were significantly higher than those with bad sleep quality.

CONCLUSION: Our results of higher sleep quality in the daytime workers in comparison to the night shift workers are in agreemment with the literature. It has been reported in the literature that the disorder in the sleep quality of night shift workers in many branches of labour is related to the lowered quality of life. Our finding of the lowering effect of impaired quality of sleep on the quality of life, and increased test scores of depression and anxiety among miners with low quality of sleep agrees with the reports in the literature. It is proposed that close follow up on the sleep quality of night time shift workers and the determination of any disorders as early as possible will enable the timely taking of the measures to prevent lowered quality of life among these workers.

Key Words: Mine workers, sleep qality, quality of life

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PP-296

KLEIN LEVIN SYNDROME OBSERVED WITH ESCITALOPRAM FOR FOUR YEARS: CASE PRESENTATION

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AIM: Klein Levin syndrome (KLS) is a vey rarely observed neurological disorder, more frequently seen in males, progressing with repetitive hypersomnia, hyperphagia and disinhibition. Hypothlamic dysfuntion has been proposed to be one cause of the condition. Symptoms including irritability, depression, euphoria, difficulty to concentrate, apathy, lethargy can be seen between attacks but the patients are normal as indicated with phsysical examination and laboratory investigations. We aimed to report here a rare case of KLS, discovered and differentially diagnosed when visiting the pscyhiatry polyclinics for the renewal of a prescription.

CASE: The 23-year old male highschool graduate, not married and not working, consulted our polyclinics to renew his escitalopram prescription for his depressive symptoms. Taking detailed history from the patient, it was learned that the patient had had about 8 hypersomnia episodes lasting about two weeks over the previous 4 years when he also experienced increased sexual desire, masturbation, eating 5-6 fold a day, and weight gain. During the episodes he had mild symptoms of depression but not delusions or disorganised behaviour. During attacks he left bed only to go to the toilet and to eat. Between the attacks he functioned normally and had no complaints. He had been maintained on escitalopram (10mg/day) for 4 years for these complaints. EEG and CT and MRI investigations were seen to be normal. He did not have any pathology after examinations at neurology and general internal diseases services. He did not have a history of manic or hypomanic attacks, use of psychoactive substance or alcohol. He was obese. Suspecting KLS, escitalopram was discontinued and valproate /1000mg/day) was started and the patient was called to control appointments. As he did not have attacks during the examinations, a psychostimulant was not added to his treatment.

DISCUSSION: Klein Levin Syndrome diagnosis may be mistaken for depression, bipolar disorder and schizophrenia as regards the progress of the symptoms. Our patient went through short episodes of depression and the improvement between attacks was probably attributed to the drug which was, therefore, continued. Given that the increased sexual desire can be mistaken for bipolar disorder manic episode, the diagnosis has to be made with extreme care with consideration of all other symptoms of the patient. It would be hard to place the correct diagnosis at the very first attack, and regular follow up would facilitate the final decision. KLS treatment consist of psychostimulants between attacks, and mood stabilisers such as lithium, valproic acid or cambamazepine to reduce the frequency of the attacks. In our patient we chose to start with valproate and here we wanted to draw attention to the necessity of taking more detailed history from patiens with atypic progress consulting with the polyclinics for repeat issuing of prescriptions.

Key Words: Klein Levin, escitalopram, valproic acid

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SCOFF EATING DISORDERS SCALE TURKISH VERSION VALIDITY AND RELIABILITY

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AIM: There is not a psychometric scale to assess eating disorders in Turkish for use in daily psychiatry and in field work . This study has aimed to establish the validity and the reliability of the Turkish version of the SCOFF eating disorders Scale.

METHOD: The study has been conducted with the participation of healthy 5th year female students of Celal Bayar Universitesi Medical School. A total of 62 volunteers have been reached among whom 50 individuals with a mean age of 22.31±1.68 years have accepted to complete the scale forms. For joint validity the The Eating Attitudes Test (EAT) was used.

RESULTS: SCOFF Eating Disorders Scale was firstly translated to Turkish and then to English and then the final scale text was obtained by the unison of the languages. The internal consistency calculations yielded a Cronbach alpha coefficient of 0.74 and the item-total correlation coefficients were within the range 0.21-0.55. In exploratory factor analysis only one dimension was found and all items were represented. The confirmatory factor analysis confirmed the single dimensional structure. Correlation with EAT was calculated to be r=0.52 (p<0.0001).

CONCLUSION: The Turkish version of the SCOFF Eating Disorders Scale designed to scan eating disorders has been shown to be a psychometric tool that can be used with validity and reliability.

Key Words: SCOFF eating disorders scale, reliability, validity

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PP-298

CHILDHOOD CONVERSION DISORDER APPEARING WITH PSEUDOSEIZURES: CASE PRESENTATION

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AIM: Conversion disorder frequently observed in the adult psychiatry is seen very rarely in adolescence and childhood psychiatry clinics especially in the pre-adolescence period and frequently appears as pseudoseizures. Conversion disorder is a source of stress in the family, which promotes the psychiatric plot, the frequent and emergency consultations and the extension of the hospitalisation to clarify the clinical scene not only intereferes with the school functions of the child but also increases the

healthcare costs. Therefore early recognition of conversion disorder in the child and its management is necessary. Here a case is reported which has been difficult to differentiate from the neurological involvement, with a 1.5-year delay in understanding the trauma history and the evaluation of the data on the basis basis of conversion disorder.

CASE: The male patient of 9 years and 5 months age, looked after by his mother up to the age of 7 when he went to school, and was in the third grade of primary school when consulting. He had two fist degree cousins with conversion disorder. His birth and developmental history was uneventful. In 2012 he had a bycycle accident and 3 days at intensive care unit; an incident of passing out in 2013 and admission to the Paediatric Neurology of Istanbul University Medical School. He was thought to have pseudoseizures. In April 2014 he passed out with loss of memory, periodically he did not recognise his environment and made insensible sounds and was brought to Marmara University Paediatric Neurology Clinics. Cranial CT , MRI and EEG could not find signs for epileptic seizures. He was referred to psychiatry from neurology. He had learned reading and writing with his contemporaries. He had difficulty paying continaul attention during the interview, his mobility drew attention. He had low academic performance and bad social communication. Before the onset of the neurological looking complaints he had escaped getting in a car accident followed by acute stress symptoms including irritability, hypervigilance, disorderly sleep and avoidance. He had pseudoseizure in the emergency paediatry during which he displayed spitting, swallowing, not responding to stimuli, not taking orders, making odd sounds, and walking and crawling around. He was diagnosed with attention deficit and hyperactivity disorder and conversion disorder by paediatric psychiatry and psychopharmacological therapy was initiated together with his family members.

DISCUSSION: From the time of his first loss of consciousness there have been repeated hospital admissions, numerous emergency consultations, and extensive investigations for over a year when school routine was badly disrupted. Being male at a preadolescent age, and absence of a history of trauma or abuse, may have been the reason for putting conversion disorder at the end of the diagnosis possibilites. We have wanted to emphasise here that in children with pseude seizures psychiatric orentation has to be made early.

Key Words: Conversion disorder, peudoseizures, epilepsy

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DISSOCIATIVE PERSONALITY DISORDER: CASE PRESENTATION

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INTRODUCTION: Dissociative personality disorder (plural personality disorder) often faces the physician with complaints secondary to it, the most chronic and frequent being head aches. A rare disociative disorder case has been discussed here.

CASE: The 48-yar old female patient consulted our clinics with complaints of frequent amnesia attacks, seeing odd shapes on the walls, seeing frightful faces on objects she looked at, and seeing someone come out of her to kill people. She was admitted to the psychiatry ward with the preliminary diagnosis of dissociative disorder. She was given paroxetine, quetiapine, valproic acid and diazepam. She had frequent amnesia attacks. She said that she felt two people, one in white and the other in black cloak, patting her head but she could not speak to them. But, a little later, she said that she felt like someone with the name Y at the same age and with same appearance whom she described as a very angry sperson, highly self confident, able to express herself, desirous to use sustance, wanting to cause harm to everybody. She said that they spent time together, but that most of the time she did not do what Y told her to do. Our patient was describing herself as exactly the opposite of Y, as a quiet and peaceful person, obedient to authority and trying very hard. In one interview she passed through a few minutes of stupor, then she felt tired and her speech became indistinct, then she introduced herself as Y. She said she was the same age as our patient. Talked about our patient as ''she'': ''I tell her but she does not listen to me''. She said she felt very angry and wanted to get everybody killed. In ten minutes she was revived again and was using her own name.The conversation progressed with passages between the two peronalities. We thought the one who came out of her was Y. She then talked of another person not very exposed and of a different weight, whom she felt bu could not communicate with.

DISCUSSION AND CONCLUSION: Plural personality disorder is one of the diseases with a known aetiology and treatment. Most of the patients recover on their own with a supportive approach including psychotherapeutic interview, taking away from the immediate environment, hospitalisation. On the other hand awareness of plural personality disorder, and its diagnosis is made difficult by not being known well by clinicians and wrong evaluation of many cases. Sometimes during the struggle between multiple personalities to take control, a short while of weeping, laughing, depressive appearance, exuberance, childish gibberish can make the clinician think of pseudo psychosis and even schizophrenia. Our patient's anger attacks from time to time, agressiveness, and the hallucinations might give the appearance of acute psychotic attack but together with the suitable approach and clinical evaluation, the possibility of plural personality disorder should be kept in mind.

Key Words: Amnesia, alternative personality, dissosiative personality disorder

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PP-300

INTRACEREBRAL HAEMORRHAGE WITH PRELIMINARY DIAGNOSIS OF CONVERSION DISORDER

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AIM: Intracerebral hamorrhage (IH) is a cranial blood vessel disorder with haemorrhage into the brain tissue. The accepted risk factors include advanced age, cigarette smoking, alcohold use, previous ischaemic stroke and use of anticoagulants. The clinical aspects of IH depend on the location and size of the haemorrhage. Most frequently

focal neurological problems, aphasia, cognitive problems, and clinical problems such as paresis are observed. We have tried to draw attention to a patient with intracerebral haemorrhage who had been referred to psychiatry polyclinics with the peliminary diagnosis of converion disorder.

CASE: Twentyfive-year old married and childless female patient had been given an embryo transfer two weeks previously by artificial insemination which was not succesful.. She had sudden head ache early in the morning with nausea and inability to speak. She was thought to have anxiety and was given iv 5 mg diazepam and sent home. When her complaints persisted, she consulted the antenatal clinics of the hospital. She drew attention by answering some of the questions only and not following the instructions given. Consultation was asked from pyschiatry. Her examination showed that she was in a tendency to sleep, she opened her eyes but did not answer questions, as she was not cooperative, psychiatric examination could not be completed. Neurological examination indicated response to painful stimuli by retracting the extremities and making sounds. She did not have meningeal irritation signs, pupils were isochoric, light reflex was normal bilaterally, there was not facial asymmetry, DTR was normoactive, Hoffman reflex was positive on the right, babisnki was bilaterally negative. The patient's own and her family history did not have disease or substance use. Brain CT showed on the left frontal-temporal zone a haematoma which opened into the ventricle on the left, and exerted pressure on the left lateral ventricle . Brain surgery was alerted an she was given emergency surgery.

DISCUSSION: One of the most frequent causes of consulting psychiatry clinics is conversion disorder. Information taken from the patient and the relatives may often mislead the physician.What is important is to question whether the condition of the patient is truly conversive or not. This report had shown that insufficent evaluation of a patient not only delays the diagnosis but also results in wrong diagnosis. Therefore, patients with atypic complaints shoud be investigated with a sensitive appraoch.

Key Words: Conversion disorder, intracerebral haemorrhage, anxiety

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SUICIDE IN THE TURKISH REPUBLIC OF NORTHERN CYPRUS: 2010-2013 DATA

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AIM: The aim of this study was to investigate the incidence of suicidal deaths in the Turkish Republic of Northern Cyprus (TRNC) with respect to sociodemographic background, years, seasons and to evaluate the results in comparison to similar data in the literature.

METHOD: All suicidal deaths in TRNC between the years 2010-2013 were included in this study. The data were acquired from the TNRC Police General Directorate.

RESULTS: During the years 2010-2013, 56 people died as a result of suicidal attempts in the TRNC, 40 (71.4%) of these were males and 16 (28.6%) were females, the male/female ratio being 2.5. Mean age of all were 41.70 ± 17.12 (age range 14-86), that of the males and females being 42.75 ± 14.83 (19-75) and 39.06 ± 22.20 (14-86), respectively. The incidence of suicidal deaths per 100,000 population were 5.94, 4.89, 5.94 and 2.79 in 2010,2011 2012 and 2013, respectively, with a mean of 4.89 over the 4 years. The most frequently used modes of suicide were self hanging 16(40%),among the males, and use of drugs 7(43.8%) among the females and most events were in the summer and spring seasons and the least events were in autumn.

RESULTS: Suicidal death incidence given in the literature for New York in 2006, Japan during 1995-2010, and Iran were, respectively 5, 9.3 and 6.7 per 100,000 population. In countries such as Finland, Lithuania and Russia the counts exceeded 30 per 100,000. In the

South American and Middle Eastern Muslim countries the incidence was under 6.5 per 100,000. In comparison to other countries the mean rate (4.89) over four years in the TRNC is lower; but it is higher when compared to southern Cyprus with an incidence of 4.13 (3.08 male-1.05female) during of 1988-1999; and closer to the incidences of 4.26 and 3.96 given for the Republic of Turkey (TC) for 2007 and 2012, respectively. When analysed with respect to gender, suicidal deaths are more frequent among males than among females (3:1 vs 4:1), in many European countries and the USA; but, this ratio is lower in Asian countries with the lowest recorded in China (1:1). The corresponding ratios being 2.29, 2.39, 2.7 and 2.97, for TC, Iran, Japan and TRNC, respectively. Whereas fire guns are used more frequently in the USA, pesticides are more popular in China and Korea with the predomination of rural agrarian living. Self hanging is more prevalent in TC, Australia, Japan, New Zealand, Pakistan, Thailand and India, and jumping from heights has been preferred in Hong Kong and Singapour. In agreeement with other reports in the literature, our results showed more frequent use of self hanging and drugs/chemicals among the males and females , respectively, in the TRNC, and a higher prevalence of the events in summer and spring. A study on suicidal attempts and deaths in Italy has reported that over a span of 20 years these events were directly related to the sunlight exposure, and inversely related to rain fall duration. It was proposed that sunlight effect of the serotonin neurotransmission was responsible for the increased suicidal attempts.

Key Words: Gender, Cyyprus, season, suicide

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PP-302

RETROSPECTIVE EVALUATION OF THE SOCIODEMOGRAPHIC CHARACTERISTICS OF APPLICANTS TO THE PAEDIATRIC PSYCHIATRY POLYCLINICS AT A UNIVERSITY HOSPITAL

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AIM: It has been aimed here to evaluate retrospectively the recorded sociodemographic details, histories and the diagnoses on the cases arriving at the child and adolescent psychiatry polyclinics.

METHODS: Files of the patients consulting Adnan Menderes University Child and Adolescent Psychiatry Polyclinics between the dates 01 February- 31 July 2014 were investigated retrospectively.

RESULTS: A total of 832 cases, consisting of 41.8% females with a mean age of 10.8±4.9y and 58,2% males with a mean age of 8.5±4.7y, were seen within the span of 6 months. The majority of the cases were within the age range of 12-18y. Those arriving with own parents and those sent from care homes made up, respectively, 81.1% and 0.8% of the cases. The maternal (15,6%) and the paternal (7,6%) histories included psychiatric disorders; and 13,7% of the cases were offsprings of intrafamily marriages. Maternal and paternal education, respectively, 47% and 45,6%, were mainly at the primary school level. Reasons for consulting the polyclinics varied as applications for the health committee evaluation (21,9%), forensic evaluation (13.8%), consultation for specific complaints (11,2%) and routine case evaluations at the polyclinics (52,9%). The complaints received were ranked as nervous tension (15,7%), complaints related to attention deficit/hyperactivity (14,8%), speech retardation (10,5%), phobias and anxieties (5,9%) and failure at school (5,7%). The majority of the diagnoses made were attention deficit and hyperactivity disorder-ADHD- (20,6%), behavioural disorders excluding ADHD(12,4%) and anxiety disorder (10.2%).

CONCLUSION: The results are in agreement with other studies made in the same field in having received mainly the complaint of nervous tension, and having diagnosed ADHD in majority of the cases. Demographically, low education level of the families, the incidence of intrafamily marriages, and the heavy burden of the psychiatric histories emphasise the importance of preventive measures and services for psychological health.

Key Words: Child psychiatry, psychiatric diagnosis, sociodemographic

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PP-303

BIPOLAR DISORDER AND PERSISTENT SEXUAL AROUSAL DISORDER: 3 CASE PRESENTATIONS

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AIM: Persistent sexual/genital arousal disorder (PSAD) is a recently identified and not well understood syndrome with complicated aetiology of biological (including the vascular, hormonal, central and perpiheral neuruological as well as pharmacological factors), psychological and idiopathic causes and complicated treatment. This report discusses 3 cases with this rare disorder comorbid with bipolar disorder (BD) with respect to aetiology and the possible interaction of PSAD and BD.

CASE 1: The 28-year old married female patient with one child working as a Qoran reading teacher, had PSAD complaint since the age of 18. The stimulations were involuntary, continual and very disturbing. She went through distinct depressive episodes, and has symptoms of irritability, anger explosions and self harming behaviour. She has been diagnosed with BD-2, borderline personality disorder and PSAD. Her sexual arousals were independent of her mood episodes and persisted continually and she did benefit from her treatment with valproic acid and antipsychotics on all her symptoms except those of PSAD.

CASE 2 : The 33-year old single female, graduate of theological studies, working as an employee, has diagnoses of hyperthymic personality and BD-I. She has been hospitalised 2 times for acute flare up of mood disorder and has been on mood stabilisers for 10 years. Her PSAD is episodic and disturbs her considerably when she cannot go out. She cannot name a related triggering stressful factor or mood change. Her PSAD symptoms have not benefited from lithium, valproic acid, bezodiazepine and quetiapine used in the past and she had only slight benefit from escitalopram treatment which had to be stopped due to an episode of hypomania.

CASE 3: The 36-year old married female patient with one child has been under observation for BD-I and obsessive-compulsive disorder (OCD) diagnoses for 10 years. She has complaints of episodic PSAD which prevents her going out. Her PSAD sysmptoms are not related to her mood disorders; and the mood stabilisers and atypic antipsychotic treatment given has not benefited the PSAD symptoms..

DISCUSSION: Hypothalamic and limbic dopamine and norepinephrinewhich stimulate sexual arousal, and serotonin which inhibits it have a role in the aetiology of BD. The central increase of dopamine levels may play a role in the PSAD aetiology.

Key Words: Bipolar, sexual arousal, mood

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PP-304

COMORBIDITY OF SCHIZOPHRENIA AND ANOREXIA NERVOSA: CASE PRESENTATION

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AIM: Prevalence of schizophrenia in the general population is around 1%. Eating disorders are frequently comorbid with mood and anxiety disorders. Eating disorder and schizophrenia comorbidity is seen very rarely which will be discussed in the case presented here.

CASE: The 34-year old unmarried female, university graduate was an immigrant from Bulgaria 10 years previously. After working as a teacher for 4 years she refused to work further on grounds of having been very tired and closed up at home and cut off relationships with her family members. She started to diet despite having 56 kg of body weight, and when it dropped to 39 kilograms, she had to be brought to the hospital by her family with the help of the police..

DISCUSSION: Psychiatric comorbidity can augment the severity of eating disorders, causing chronicity and resistance to treatment. The incidence of temporary psychotic attacks in eating disorders is 10-15%. Among the eating disorders, anorexia nervosa shows common neurocognitive deficits with schizophrenia. Although bas outcome is

expected from eating disorders comorbid with psychoses, treatment over the dopaminergic system pathways can be beneficial.

CONCLUSION: In conclusion, symptoms of withdrawal, blunted affect, thought rigidity, obsessions and self perception disorders bring anorexia nervosa, among all eating disorders, closest to schizophrenia. The underlying neurobiological and neuroendocrine variables, the neurocognitive impairment and imaging studies have all supported this point of view.

Key Words: Schizophrenia, anorexia nervosa, comorbidity

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AUTHOR INDEX

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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**
   İlginç 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 Dergide 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** 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 numaralandırılmalıdır. 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 ayraç 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. İkiden 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 ayraç 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 kaynakta üçten çok yazar varsa üçüncü yazardan sonra "ve ark" ibaresi yer almalıdır. Bunların ardından kaynağın basım tarihi ayraç içinde verilmelidir.

    a) Kaynak bir makale ise tarihin ardından makalenin tam adı, yayınlandığı derginin adı (Index Medicus'daki kısaltmalardan yararlanılmalıdır), cilt no (cilt no belirtilmemişse ayraç 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) kaçıncı basım olduğu, basımyeri, basımevi 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, kaçıncı 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 yararlandıysanız 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 Rundell (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.