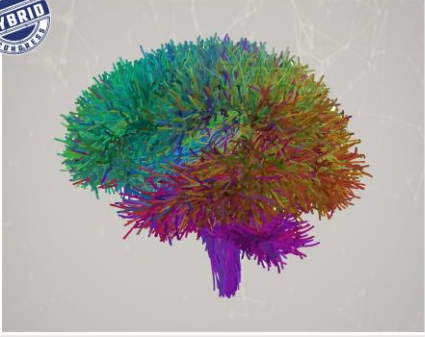


  
TURKISH ASSOCIATION FOR  
PSYCHOPHARMACOLOGY

**12<sup>th</sup> International Congress on Psychopharmacology  
&  
8<sup>th</sup> International Symposium on Child and  
Adolescent Psychopharmacology**

*Towards Advanced Diagnostics and Transformative Therapeutics*

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**ICP 2021 Oral Research Presentations,  
Poster Research Presentations &  
Case Report Presentations Abstracts**

## INVITATION

It is our great pleasure to announce that the Turkish Association for Psychopharmacology (TAP)'s 12th International Congress on Psychopharmacology & 8th International Symposium on Child and Adolescent Psychopharmacology will be held on November 17-20, 2021 in Antalya, Turkey.

12<sup>th</sup> ICP & 8<sup>th</sup> ISCAP Organizing Committee

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## Oral Research Presentations

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12<sup>th</sup> International Congress on Psychopharmacology &  
8<sup>th</sup> International Symposium on Child and Adolescent Psychopharmacology

[Abstract:0027]

**0027 - Comparison of the theory of mind abilities in adolescents diagnosed attention deficit-hyperactivity disorder and obsessive compulsive disorder**

Fatih Dağdelen

*Department Of Child And Adolescent Psychiatry, Tekirdağ State Hospital, Tekirdağ, Turkey***ABSTRACT**

**BACKGROUND AND AIM:** The aim of this study is to compare the theory of mind skills of the children and adolescents have Attention Deficit-Hyperactivity Disorder and Obsessive Compulsive Disorder.

**METHODS:** For the study, we took two groups of 30 patients, between 12-16 years old, diagnosed with ADHD according to DSM-V. While sociodemographic characteristics of the patients were being evaluated with a detailed form; neuropsychological tests were implemented to investigate the intelligence development and theory of mind skills. To evaluate psychopathologies Affective Disorders and Schizophrenia Schedule for School Age Children Present and Lifetime Version (Turkish) version (ÇDŞGCB). To evaluate the theory of mind skills, the false belief test of the Sally-Anne test, Bonibon test, Chocolate Test, Ice Cream Truck Test and for advanced skills of theory of mind Reading the Mind From Eyes Test and Hinting Test were performed

**RESULTS:** In the first and second level theory of mind tests between the groups, the ADHD group was found to be significantly failed ( $p=0,038$ - $p=0,018$ ). Reading the Mind From Eyes and Hinting Tests, the group with ADHD was found to have failed significantly.

**CONCLUSIONS:** It has been found that there is deficit of theory of mind in ADHD according to OCD and It has been concluded that the existence of the deficit of the theory of mind is required to be re-examined with new methods when diagnosing and treating.

**Keywords:** theory of mind, false belief, attention deficit and hiperactivity disorder

[Abstract:0043]

**0043 - Group emdr for female adolescents with complex posttraumatic stress disorder: a pilot study**

Mehmet Karadağ

*Department Of Child And Adolescent Psychiatry, Gaziantep University, Turkey***ABSTRACT**

**BACKGROUND AND AIM:** The aim of this study was to investigate the effect of the Group EMDR Protocol, which was previously used in disaster and war related traumas, on depression and trauma scores in female adolescents with Post-Traumatic Stress Disorder. This is the first study in this field.

**METHODS:** For this purpose, 17 female adolescents underwent 3 sessions of Group EMDR protocol. The cases had history of sexual abuse and had been given standard medical treatment for at least 6 months. The Posttraumatic Stress Index and the Kovacs Depression Scale were administered to the patients before therapy sessions and then 1 month after the sessions were completed.

**RESULTS:** The mean age of the patients was 14.9 (min: 12 max: 17). 82% (n: 14) of the cases had experienced more than one traumatic event before. The mean Kovacs Depression Scale scores were 46.8 ( $\pm 6.5$ ) before therapy and 38.4 ( $\pm 5.5$ ) at 1 month follow-up, Post-Traumatic Stress Index scores were 53.5 ( $\pm 7.5$ ) before therapy, and 39.3 ( $\pm 8.6$ ) at 1 month follow-up. There was a statistically significant difference in both depression and trauma scores before and after therapy. ( $P < 0.001$ )

**CONCLUSIONS:** Complicated PTSD is a psychiatric disorder that affects lives of individuals in many ways. Although standard psychotropic medication has a partial effect in reducing post-traumatic stress symptoms, this is not sufficient. Group therapy has been used mostly in collective traumatic events, it has been shown to be effective in complex PTSD as well with this study. However, larger samples and controlled studies are needed.

**Keywords:** PTSD, EMDR, Adolescent, Sexual Abuse, Trauma

[Abstract:0050]

**0050 - Attachment styles in alcoholic inpatients**Oğuzhan Doğan<sup>1</sup>, Hakan Delibaş<sup>2</sup>, Arzu Dalmış<sup>3</sup><sup>1</sup>Department Of Addiction Psychiatry, Toros State Hospital, Mersin, Turkey, <sup>2</sup>Department Of Psychiatry, University Of Health Sciences, Bozyaka Training And Research Hospital, Izmir, Turkey, <sup>3</sup>Department Of Psychiatry, Manisa Mental Health Hospital, Manisa, Turkey**ABSTRACT**

**BACKGROUND AND AIM:** Attachment theory suggests that the relationship with primary caregivers in early childhood forms a form of attachment that continues in adult life. Of these attachment styles, secure attachment was associated with healthy spiritual life, while insecure attachment was associated with psychopathology.

**METHODS:** 30 age-matched patient groups and 30 control subjects were interviewed using (SCID-I) for DSM-IV axis I disorders. Afterwards, adult attachment scale, Michigan alcoholism screening test and sociodemographic data form were given to alcohol-addicted patients. same scales were applied to the control group except for the Michigan alcoholism screening test.

Adult attachment style scaleThe first section developed by Hazan and Shaver, consists of three different expressions. In the second part of the scale developed by Mikulincer et. each form of attachment is represented by 5 items, whichever score is highest, the form of attachment of the individual is determined by it

**RESULTS:** it is found that alcohol addicts had a significantly lower attachment score than healthy controls. Again, for the first time, a positive correlation was found between the alcohol use age and the safe attachment score, and between the standard drink amount consumed daily and the avoidant attachment score.

**CONCLUSIONS:** it's understood that the insecure attachment style associated with general psychopathology in the literature is also related to alcohol dependence. Again, those with high secure attachment scores start drink alcohol at later age, and as the avoidant attachment scores increase, the standard drink consumed daily increases.

Understanding alcohol dependence in terms of attachment theory may improve the treatment understanding of this disease, where non-drug treatments are important. Otto Fenichel states that alcohol addicts who drink alone are worse in prognosis and that the treatment of an 'insecure individual' who cannot invest in an object will be difficult to treat.

**Keywords:** Alcohol addiction, attachment theory, insecure attachment

[Abstract:0055]

**0055 - Inflammation-neopterin-tetrahydrobiopterin pathway and nitric oxide levels in adolescents with obsessive compulsive disorder**Yekta Özkan<sup>1</sup>, Hasan Kandemir<sup>1</sup>, Fatma Taneli<sup>2</sup><sup>1</sup>Department Of Child And Adolescent Psychiatry, Manisa Celal Bayar University, Manisa, Turkey, <sup>2</sup>Department Of Biochemistry, Manisa Celal Bayar University, Manisa, Turkey**ABSTRACT**

**BACKGROUND AND AIM:**The biological mechanisms underlying obsessive compulsive disorder (OCD) are not yet sufficiently understood. The hypothesis that neopterin-tetrahydrobiopterin pathway may play a key role in the process between peripheral inflammation and alterations in the central nervous system has been proposed. This is because the products of this pathway are involved in the synthesis steps of neurotransmitters (serotonin, neudrenaline, dopamine) and the production of oxygen and nitrogen radicals (nitric oxide) in this pathway. In this study, we aimed to compare levels of serum TGF-1 $\beta$ , TNF- $\alpha$ , IL-1 $\beta$ , IL-2, IL-6, IL-10, IL-17 and neopterin, tetrahydrobiopterin, nitric oxide (NO) levels in patients with obsessive compulsive disorder and healthy controls.

**METHODS:**In total, 29 adolescent patients (age, 11–18 years) with OCD (no drug use) and 28 healthy controls were included in the study. Schedule for Affective Disorders and Schizophrenia for School Aged Children Kiddie-SADS-lifetime Version, DSM-5 (K-SADS-PL-DSM-5) and Children Yale-Brown Obsessive Compulsive Scale (C-Y-BOCS) were applied, and a sociodemographic data form was completed. Serum samples were analyzed for TGF-1 $\beta$ , TNF- $\alpha$ , IL-1 $\beta$ , IL-2, IL-6, IL-10, IL-17 and neopterin, tetrahydrobiopterin, NO levels using enzyme-linked immunosorbent assay.

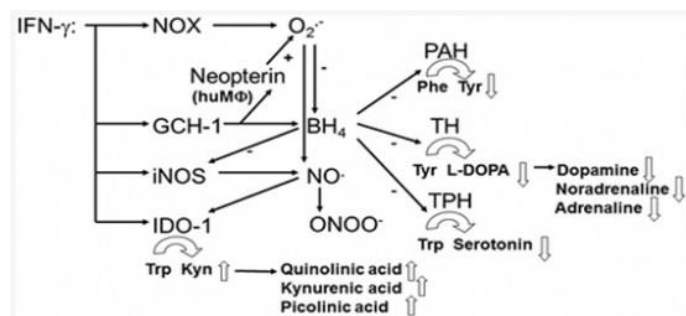
**RESULTS:**Significant differences were found between the groups when the levels of TGF-1 $\beta$  (p=0.002), neopterin (p=0.0021), tetrahydrobiopterin (p=0.001), NO (p=0.013) were compared. Neopterin and NO levels were significantly higher in the patient group than those in the healthy

controls, whereas TGF-1 $\beta$  and tetrahydrobiopterin levels were significantly lower. No significant difference was found between the two groups in TNF- $\alpha$  (p=0.938), IL-1 $\beta$  (p=0.357), IL-2 (p=0.135), IL-6 (p=9.458), IL-10 (p=0.877), IL-17 (p=0.391) levels.

**CONCLUSIONS:**As a result of study; it was determined that the activity of the neopterin-tetrahydrobiopterin pathway and the changes of inflammatory and oxidative in patients with OCD. These results suggest that inflammatory cytokines and neopterin, tetrahydrobiopterin, NO levels may be implicated in the pathophysiology of OCD.

**Keywords:** cytokines, inflammation, neopterin, nitric oxide, obsessive compulsive disorder, tetrahydrobiopterin

Figure 1. Relationship between inflammation-neopterin-tetrahydrobiopterin pathway and nitric oxide



Cytokines (especially IFN-  $\gamma$ ) and neopterin increase nitric oxide (NO) levels by increasing reactive oxygen species such as NADPH-oxidase (NOX) and superoxide anion (O<sub>2</sub><sup>-</sup>).

Table 1. Biochemical analysis of patient and control groups

	OCD Group	Healthy Control Group	p value
TGF-1 $\beta$ (pg/ml)	167.20 $\pm$ 82.98	216.75 $\pm$ 201.78	p=0.002
TNF- $\alpha$ (pg/ml)	6.56 $\pm$ 2.80	8.13 $\pm$ 7.12	p=0.983
IL-1 $\beta$ (pg/ml)	47.93 $\pm$ 16.95	70.12 $\pm$ 21.89	p=0.357
IL-2 (pg/ml)	86,13 $\pm$ 23.87	11,26 $\pm$ 34.98	p=0.135
IL-6 (pg/ml)	34.67 $\pm$ 58.97	67.08 $\pm$ 75.32	p=0.458
IL-10 (pg/ml)	14,67 $\pm$ 2.45	13,49 $\pm$ 5.13	p=0.877
IL-17 (pg/ml)	180,66 $\pm$ 46.93	364,06 $\pm$ 97.19	p=0.391
Neopterin (nmol/L)	9,72 $\pm$ 5,57	7,14 $\pm$ 6.78	p=0.021
Tetrahydrobiopterin (pg/ml)	148.35 $\pm$ 29.13	177.67 $\pm$ 35.87	p=0.001
Nitrik Oksit (NO) (Umol/L)	246,28 $\pm$ 54.79	217.89 $\pm$ 39.76	p=0.013

[Abstract:0065]

## 0065 - Relationship between irritability and psychopathology and parental temperament in child and adolescent

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### ABSTRACT

**BACKGROUND AND AIM:**Irritability is one of the most common reasons why children refer to psychiatric evaluation. Many genetic and environmental mechanisms related to parental factors have been identified in the etiology of irritability. The aim of this study was to investigate the relationship between parental affective temperament characteristics and child psychopathology symptoms of irritability in children and adolescents

**METHODS:**This is cross-sectional study. The Study sample consist of 329 children and adolescents with their parents who applied to Cerrahpasa Child and Adolescent Psychiatry outpatient clinic. Sociodemographic data form, Turgay DSM-IV Based Disruptive Behavioral Disorders Screening and Rating Scale, Revised Child Anxiety and Depression Scale Parent and Child version, Temperament Evaluation of Memphis, Pisa, Paris and San Diego Autoquestionnaire, Affective Reactivity Index forms were used. Data were evaluated using kolmogorov simirnov, wilcoxon, chi-square test, fischer test, spearman correlation analysis.

**RESULTS:**Significant positive correlation was found between the irritability scores reported in the Affective Reactivity Index-parent scale and parental anxious, depressive, irritable and cyclothymic temperament scores (p<.001). There was a positive correlation between irritability scores

in adolescent scale and parental anxious temperament only ( $r=0,213$ ,  $p=0.02$ ). In addition, a significant correlation was found between irritability level and children's attention deficit, hyperactivity and impulsivity, oppositional defiant disorder, conduct disorder, anxiety disorder and depression scores ( $p<.001$ ).

**CONCLUSIONS:** Anxious temperament characteristics should be considered in the parents of children who identify themselves as irritable. However, it is necessary to evaluate the characteristics of cyclothymic, depressive, irritable and anxious temperament in parents who define their children as irritable. The high level of irritability was associated with high reporting of psychopathology symptoms in the child. In addition to the psychopathology evaluations of children and adolescents who apply to the clinic for irritability, it can be considered that their parents temperament evaluation will help the clinician in terms of clinical course, treatment and therapy.

**Keywords:** child psychopathology, irritability, parental temperament

[Abstract:0067]

## 0067 - Use of antipsychotics: the experiences, views, and monitoring practices of child and adolescent psychiatrists in turkey

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### ABSTRACT

**BACKGROUND AND AIM:** To evaluate the attitudes of child and adolescent psychiatrists for the antipsychotic use and the screening of antipsychotic-related side effects in Turkey.

**METHODS:** The study involved a group of child psychiatrists at consultant and resident level. 19-item questionnaire investigating attitudes on the antipsychotic use and the screening of antipsychotic-related side effects was formed by researchers. 6-items investigated sociodemographic variables. 3-items questioned parameters screened either before antipsychotic prescription or within the antipsychotic treatment. 4 questions were asked to determine the reasons for the screening parameters included/excluded. Remaining inquiries were asked about the guidelines followed, the prevalence of antipsychotic-related side effects at clinical practice and the side effect management strategies. The questionnaire was sent to participants via email and personal messages.

**RESULTS:** 161 child and psychiatrists were included in the study. Before initiating antipsychotic treatment participants claimed to implement body mass index (47.2%), blood glucose (41.6%), lipid profile (37.0%), blood pressure (28.5%) and waist circumference (10.5%) measurements among screening parameters. After treatment initiation, participants reported measuring blood glucose (80.0%), lipid profile (79.5%), body mass index (65.7%) and waist circumference (26.6%) at least once in a year. Only a few clinicians screened body mass index (23.6%), waist circumference (5.6%), blood glucose (4.3%) and lipid profile (3.7%) more than twice in a year.

When clinical difficulties evaluated during the antipsychotic treatment, %36.0 of participants reported children are afraid of blood sampling and reluctant to phlebotomy. They also claimed not to have sufficient hospital resources for monitoring. %11.2 of the study population consider side-effect monitoring as a cumbersome clinical work. Finally, some clinicians evaluated side-effect monitoring as an economic burden on the healthcare system.

**CONCLUSIONS:** Study results proposed clinicians in child psychiatry had awareness of antipsychotic-related side effects; however, they were less likely to follow anthropometric measurements and blood tests in accord with the current guidelines for antipsychotic receiving youth.

**Keywords:** Antipsychotic, Child, Monitoring, Parameters,

### Measurement Rates Before Initiating Antipsychotic Treatment

Investigation	Never	Sometimes	Always/ almost always
Lipid profile	28 (%17,3)	72 (%44,7)	61 (%37,8)
Blood glucose	25 (%15,5)	69 (%42,8)	67 (%41,6)
Prolactin	93 (%57,7)	48 (%29,8)	20 (%12,4)
Antipsychotic blood level	149 (%92,5)	6 (%0,03)	6 (%0,03)
Weight	28 (%17,3)	47 (%29,1)	86 (%53,4)
Height	6 (%0,03)	38 (%23,6)	117 (%72,6)
BMI	30 (%18,6)	55 (%34,1)	76 (%47,2)
Fat mass / fat percentage	137 (%85)	17 (%10,5)	7 (%0,04)
Waist circumference	104 (%64,5)	40 (%24,8)	17 (%10,5)

Heart rate	56 (%34,7)	63 (%39,1)	42 (%26)
Blood pressure	52 (%32,2)	63 (%39,1)	46 (%28,5)
QT interval / ECG	47 (%29,1)	77 (%22,9)	37 (%22,9)

BMI: Body Mass Index, ECG: Electrocardiogram

#### Rates Of Long-term Follow-up Measurements After Antipsychotic Medication

Investigation	Never	< 1x per year	1x per year	2x per year	> 2x per year
Lipid profile	7 (%4,3)	26 (%16,1)	78 (%48,5)	44 (%27,3)	6 (%3,7)
Blood glucose	8 (%4,9)	24 (%14,9)	79(%49)	43 (%26,7)	7 (%4,3)
Prolactin	29 (%18)	46 (%28,5)	56 (%34,7)	26 (%16,1)	4 (%2,4)
Antipsychotic blood level	124 (%77,1)	18 (%11,1)	11 (%6,8)	4 (%2,4)	4 (%2,4)
Weight	23 (%14,2)	32 (%19,8)	43 (%26,7)	28 (%17,4)	35 (%21,7)
Height	2 (%1,2)	27 (%16,7)	51 (%31,6)	31 (%19,2)	50 (%31)
BMI	26 (%16,1)	29 (%18)	45 (%27,9)	23 (%14,2)	38 (%23,6)
Fat mass / fat percentage	116 (%72)	22 (%13,6)	15 (%0,09)	6 (%3,7)	2 (%1,2)
Waist and hip circumference	81 (%50,3)	37 (%22,9)	23 (%14,2)	11 (%6,8)	9 (%5,6)
Heart rate	27 (%16,7)	43 (%26,7)	52 (%32,2)	23 (%14,2)	16 (%9,9)
Blood pressure	24 (%14,9)	42 (%26)	55 (%34,1)	22 (%13,6)	18 (%11,1)
QT interval / ECG	25 (%15,5)	46 (%28,5)	55 (%34,1)	24 (%14,9)	11 (%6,8)

BMI: Body Mass Index, ECG: Electrocardiogram

[Abstract:0072]

#### 0072 - Anxiety and depression levels of mothers with children with autism spectrum disorder and intellectual disability: a case-control study

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#### ABSTRACT

**BACKGROUND AND AIM:** Various studies have shown that parental stress increases in neurodevelopmental disorders such as autism spectrum disorder (ASD) and intellectual disability (ID). The aim of this study was to compare the anxiety and depression levels in mothers of children with ASD, ID and healthy controls.

**METHODS:** Mothers of 31 ASD, 32 ID, and 32 healthy control children were recruited into the study, and completed a demographic information form, as well as the Beck Depression Inventory and Beck Anxiety Inventory.

**RESULTS:** The children's mean age, mother's age, father's age, birth weight, and breastfeeding duration did not differ significantly between the groups ( $p > 0.05$ ). The monthly income of the family was found to be significantly higher in the control group compared to both the autism and ID groups ( $F = 8.686$ ,  $p < 0.001$ ). The results revealed that depression scores were higher in the mothers of the ID group than the control group ( $p = 0.043$ ). Depression levels of the mothers of the autism and control groups were not significantly different ( $p = 0.735$ ). In addition, no significant difference was found in terms of anxiety levels of the groups ( $F = 1.845$ ,  $p = 0.164$ ). ASD and ID groups were considered as a group under neurodevelopmental disorders and compared with the healthy control group. While the depression level of the mothers with children with the neurodevelopmental disorder was higher than the control group ( $t = 2.400$ ,  $p = 0.018$ ), no difference was found between the anxiety levels ( $t = 1.264$ ,  $p = 0.209$ ).

**CONCLUSIONS:** These results indicate that mothers with children diagnosed with a neurodevelopmental disorder, especially mothers with children diagnosed with ID, should be screened for depression.

**Keywords:** anxiety, autism spectrum disorder, depression, intellectual disability, neurodevelopmental disorder

[Abstract:0085]

**0085 - Eating problems and related factors in children with autism spectrum disorder**Ümit Işık<sup>1</sup>, Leyla Seviçin<sup>2</sup>, Evrim Aktepe<sup>1</sup><sup>1</sup>Department Of Child And Adolescent Psychiatry, Suleyman Demirel University Faculty Of Medicine, Isparta, Turkey, <sup>2</sup>Department Of Child And Adolescent Psychiatry, Erciyes University Faculty Of Medicine, Isparta, Turkey**ABSTRACT**

**BACKGROUND AND AIM:**Eating problems are common in patients with autism spectrum disorder (ASD). The aim of this study was to compare the eating problems of ASD patients and healthy controls and to determine the factors associated with eating problems in ASD patients.

**METHODS:**Twenty-eight ASD cases and 27 age and sex matched healthy controls were included in the study. Parents were asked to complete the Brief Autism Mealtime Behavior Inventory (BAMBI) to determine children's eating problems, and parents completed the Aberrant Behavior Checklist (ABC) to evaluate children's behavioral problems. In addition, parents completed the Beck Depression and Beck Anxiety Scales. The Childhood Autism Rating Scale was administered by the clinician to assess the severity of autism.

**RESULTS:** BAMBI scale limited Variety, food refusal, and total subscale scores were found to be statistically significantly higher in patients with ASD than healthy controls. BAMBI - Features of Autism subfield scores did not show statistically significant difference between the groups ( $t = 0.589$ ,  $p = 0.558$ ). In linear regression model, BAMBI score was taken as a dependent variable, whereas mother's depression and anxiety scores, and CARS and ABC total were entered as independent variables. The results revealed that only ABC total score predicted the BAMBI total score in ASD patients.

**CONCLUSIONS:**In ASD cases, eating problems were higher than controls and the most important factor predicting eating problems was found to be aberrant behaviors. Interventions to reduce aberrant behaviors may reduce eating problems in patients with ASD.

**Keywords:** aberrant behavior, autism spectrum disorder, eating problems

[Abstract:0087]

**0087 - Clinical and genetic factors predicting the development of psychotic disorders in patients with cannabis or synthetic cannabinoid use disorder**Mine Elif Ture Sozer<sup>1</sup>, Pınar Çetinay Aydın<sup>1</sup>, Sacide Pehlivan<sup>2</sup><sup>1</sup>Department Of Psychiatry, Bakirkoy Prof Mazhar Osman Training And Research Hospital For Psychiatry, Neurology, And Neurosurgery, Istanbul, Turkey, <sup>2</sup>Department Of Medical Biology, Istanbul Faculty Of Medicine, Istanbul University, Istanbul, Turkey**ABSTRACT**

**BACKGROUND AND AIM:**Cannabis or synthetic cannabinoids (SCs) related disorders include problems that are associated with cannabinoids, especially Delta-9-tetrahydrocannabinol ( $\Delta^9$ -THC) derived from the cannabis plant and chemically similar synthetic compounds. In some individuals, cannabis or SCs use is associated with immediate psychosis that lasts longer than the period of acute intoxication and warrants clinical intervention. The aim of the present study was to compare sociodemographic and genetic variations between inpatients who use cannabis or SCs and healthy controls. We also aimed to examine the different possible associations between substance use and genetic variations with psychosis among inpatients.

**METHODS:**A total of 150 hospitalized male patients with cannabis or SCs use disorder and 56 healthy male controls participated in our cross-sectional study. Sociodemographic and clinical characteristics of patients were recorded. 3 variants of COMT (Val108/158Met) gene were analyzed by PCR and/or PCR-RFLP method.

**RESULTS:**57.4% of the participants in the patient group were diagnosed with psychotic disorder in addition to cannabis or SCs use disorder. Family history of psychosis, psychiatric re-hospitalization, duration of substance use and stay in the hospital were significantly higher in patients who have comorbid psychotic disorder ( $p < 0.05$ ). Val/Met COMT genotype variant was found to be significantly higher in the patient group than healthy controls. Val/Met carriers were 54 times and Met/Met carriers were 5 times more likely to develop psychotic disorder than those with the Val/Val carriers.

**CONCLUSIONS:**Previous studies reported mixed results about the link between cannabis related psychosis and genetic variations of COMT. Our study is the first study that investigating the link between SCs related psychosis and genetic variations of COMT. Further larger scale studies are required to replicate and elucidate relationship between COMT variations and SCs use with psychosis.

**Keywords:** Cannabis, COMT (Val108/158Met) gene, psychosis, synthetic cannabinoids



[Abstract:0092]

**0092 - Factors determining caregiver burden in patients with autism spectrum disorder**Ümit Işık, [Fulya Şimşek](#), Evrim Aktepe*Department Of Child And Adolescent Psychiatry, Suleyman Demirel University Faculty Of Medicine, Isparta, Turkey***ABSTRACT**

**BACKGROUND AND AIM:**It has been shown that caregiver burden increases in various neurodevelopmental disorders such as autism spectrum disorder (ASD). In this study, it was aimed to compare the caregiver burden of ASD cases and healthy controls and to investigate the factors determining caregiver burden in ASD cases.

**METHODS:**This study included 36 patients with ASD and 28 age and sex matched healthy controls and their mothers. Autism severity of children was evaluated by the clinician with the Childhood Autism Rating Scale (CARS). The mothers completed the Beck Depression, Beck Anxiety Scale, and Zarit Caregiver Burden Scale, respectively, to assess their depression, anxiety, and caregiver burden. They also completed the Aberrant Behavior Checklist (ABC) to assess children's problem behavior.

**RESULTS:**Zarit Caregiver Burden Scale, Beck Depression, CARS, ABC subscale and total scores were found to be significantly higher in the ASD group compared to the control group. On the other hand, Beck anxiety score did not differ between the groups. In linear regression model when Zarit Caregiver Burden Scale score was taken as dependent variable and the Beck Depression Scale, Beck Anxiety Scale, CARS and ABC total score were taken as independent variables, Beck Depression ( $B= 0.631$ ,  $SE= 0.230$ ,  $\beta= 0.405$ ,  $t= 2.740$ ,  $p= 0.010$ ) and ABC total scores were predictor ( $B= 0.142$ ,  $SE= 0.052$ ,  $\beta= 0.374$ ,  $t= -2.744$ ,  $p= 0.010$ ). In addition, a positive correlation was found between the Zarit Caregiver Burden Scale score and CARS ( $r= 0.448$ ,  $p= 0.006$ ), Beck Depression ( $r= 0.484$ ,  $p= 0.003$ ), ABC irritability ( $r= 0.499$ ,  $p= 0.002$ ), hyperactivity ( $r= 0.499$ ,  $p= 0.002$ ), and total ( $r= 0.474$ ,  $p= 0.004$ ) scores in ASD patients.

**CONCLUSIONS:**In order to reduce the burden of caregivers, it is necessary to evaluate mothers in terms of depression and reduce the aberrant behaviors of children with ASD.

**Keywords:** aberrant behaviors, autism spectrum disorder, caregiver burden, depression

[Abstract:0101]

**0101 - Pharmacotherapy prescribing patterns in different states of bipolar disorder in a psychiatry inpatient clinic**

Okan Ekinci

*Department of Psychiatry, Usak University, Usak, Turkey***ABSTRACT**

**BACKGROUND AND AIM:**The pharmacological management of bipolar disorder is a difficult task due to the recurrent, episodic, and heterogeneous nature of the disease (1). International guidelines recommend both mood stabilizers and antipsychotics as first-line treatment for acute episodes of disease. Treatment selection is influenced by the various factors such as current episode type and treatment guidelines (2, 3). The current study aimed to investigate clinician prescribing patterns for patients with bipolar disorder in the management of acute episodes.

**METHODS:**A retrospective observational study was carried out on a sample of patient admissions to the Department of Psychiatry of Usak University Hospital, between November 1, 2016 and November 1, 2019, with the diagnosis of acute mania, acute depression and acute mixed episode of bipolar disorder. Data were collected from medical records regarding sociodemographic and clinical characteristics and prescription patterns at discharge.

**RESULTS:**A total of 252 patient admissions were included. For acute mania treatment, the association of one mood stabilizer with one antipsychotic was found in 64.8% and the most preferred combination was Valproate with Olanzapine. For mixed and depressive episode treatment, quetiapine-lithium combination was the most commonly prescribed drug regimen. % 64,9 of patients with bipolar depression were prescribed an antidepressant in addition to available treatment. Sertraline ( $n=12$ , 16,2%) was the most commonly prescribed antidepressant. Long acting injectable antipsychotics were used only in 9,9% of discharges, mostly preferred in acute mixed episode management ( $n=10$ , 17,9%).

**CONCLUSIONS:**The current study provides data on the prescribing patterns for bipolar disorder in a psychiatric inpatient clinic from Turkey. Mood stabilizers in association with antipsychotics are preferred as first-line treatment in all phases of disease. Although controlled studies of polypharmacy are increasing, only limited evidence of effectiveness and safety is available to support the clinician. Clinicians should follow treatment guidelines more carefully in the treatment of bipolar disorder.

**Keywords:** pharmacotherapy, bipolar, mania, depressive, mixed

## Treatment regimens in different phases of bipolar disorder

	Manic episode N=122	Depressive episode n=74	Mixed episode n=56	Total
Olanzapine+ valproate	34(27,9%)	5(6,8%)	10(17,9%)	49(19,4%)
Quetiapine + valproate	27(22,1%)	12(16,2%)	10(17,9%)	49(19,4%)
Quetiapine +lithium	0(,0%)	14(18,9%)	11(19,6%)	25(9,9%)
Long acting antipsychotic+lithium or valproate	15(12,3%)	0(,0%)	10(17,9%)	25(9,9%)
Risperidone + valproate	10(8,2%)	0(0%)	5(8,9%)	15(6,0%)
Risperidone + valproate +lithium	0(,0%)	0(,0%)	10(17,9%)	10(4,0%)
Lithium +lamotrigine	0(,0%)	10(13,5%)	0(,0%)	10(4,0%)
Valproate +lamotrigine	0(,0%)	3(4,1%)	0(,0%)	3(1,2%)
Risperidone +olanzapine+ valproate	5(4,1%)	0(,0%)	0(,0%)	5(2,0%)
Risperidone + valproate +quetiapine	18(14,8%)	0(,0%)	0(,0%)	18(7,1%)
Valproate +paliperidone	5(4,1%)	0(,0%)	0(,0%)	5(2,0%)
Lithium + valproate +quetiapine	5(4,1%)	12(16,2%)	0(,0%)	17(6,7%)
Lithium +olanzapine	3(2,5%)	0(,0%)	0(,0%)	3(1,2%)
Lamotrigine+olanzapine	0(,0%)	5(6,8%)	0(,0%)	5(2,0%)
Aripiprazole +olanzapine	0(,0%)	5(6,8%)	0(,0%)	5(2,0%)
Valproate +olanzapine+lithium	0(,0%)	5(6,8%)	0(,0%)	5(2,0%)
Aripiprazole -quetiapine	0(,0%)	3(4,1%)	0(,0%)	3(1,2%)

[Abstract:0105]

**0105 - Evaluation of neutrophil lymphocyte ratios and characteristics of child and adolescents with attempted suicide**

Aylin Deniz Uzun, Şermin Yalın Sapmaz, Burak Çakır, Ece Akar, Tuğçe Canol, Hasan Kandemir

Manisa Mental Health and Diseases Hospital

**ABSTRACT**

**BACKGROUND AND AIM:**To evaluate sociodemographic data and clinical features, as well as whether neutrophil- lymphocyte-ratios(NLR) are related to suicide attempt on adolescents between the ages 10-18, who were consulted from various clinics due to suicide attempt.

**METHODS:**The case group constitutes of the consultations made to our clinic between January 2018-2020. It was examined retrospectively by using the content from the electronic data of our hospital, various demographic data and hemogram which was made due to suicide attempt. Control group consisted of adolescents who had hemogram, don't have any psychiatric disorder and organic pathology.

**RESULTS:**There were 492 consultations, including 51 suicide attempts. Case group consisted of 40(78.4%) girls and 11(21.6%) boys, the mean age 16.6±1.5. Control group was 34 girls(87.2%) and 5 boys(12.8%), the mean age 15.1±1.5. Suicide attempt method was determined as overdose drug in 44 cases(86.3%), self-cutting in 4 cases(7.8%) jumping from high in 2 cases(3.9%), hang in 1 case.(%1,9) The mean NLR value of case group was 2.5±0.8, whereas NLR value of the healthy group was 1.65±0.5. The difference was statistically significant. (p<0,001). Adolescents who didn't meet any diagnostic criteria of DSM-5 and attempted suicide NLR values were found to be significantly higher than those of controls.(p<0,001) The mean NLR values of people who experienced a stressful life event before the suicide attempt were found to be statistically significantly higher than those who didn't. (p=0.022)

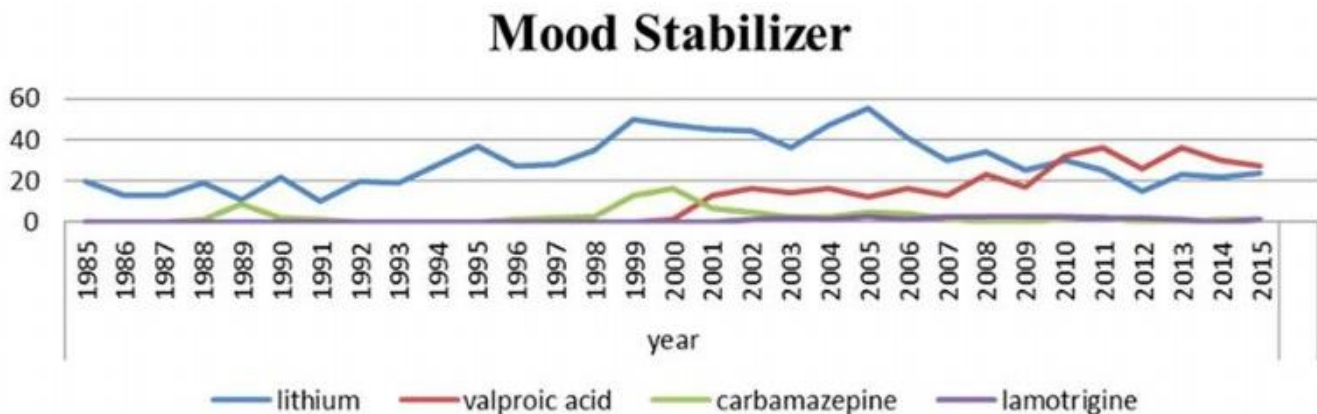
**CONCLUSIONS:**Suicide attempt is a preventable public health problem. Identifying risk groups is important. Compared to the control group, the increase in NLR value in those who attempted suicide, supports previous evidence that inflammation plays a role in the pathophysiology of suicide.

**Keywords:** Suicide, adolescent, neutrophil-lymphocyte-ratio

[Abstract:0136]

**0136 - The course of bipolar affective disorder and related factors in a university clinic, 30-year retrospective study**Gökhan Özpolat<sup>1</sup>, Elif Oral<sup>2</sup><sup>1</sup>Department of Psychiatry, Health Sciences University Erzurum Regional Education and Research Hospital, Erzurum, Turkey, <sup>2</sup>Department of Psychiatry, Katip Çelebi University Atatürk Education and Research Hospital, İzmir, Turkey**ABSTRACT****BACKGROUND AND AIM:**We aimed to analyze the sociodemographic and clinical characteristics of Bipolar Affective Disorder (BAD), the factors that might be related to the long-term course of the disorder, and the effects of changes in the treatment strategies on the clinical features.**METHODS:**The files of patients who had been treated with BAD at Atatürk University Medical Faculty inpatient psychiatry clinic between 1985 and 2015 were investigated retrospectively.**RESULTS:**As a result of examination of patient files the mean age at onset was  $24.1 \pm 8.9$  years. The most common comorbid psychiatric disorders were personality disorders and medical illness was hypothyroidism, 46.2% of the patients had mental illness in the family and the most common disorder was bipolar disorder. The diagnosis for the first episode in 69.1% of the patients was mania. Psychotic manifestations were present in 62.4% of the episodes. Manic episode is most often triggered by nonadherence to treatment and lack of treatment efficiency was the most important factor in triggering a new depressive episode. Given the change in medication trends between 1985 and 2015; it was concluded that the usage of mood stabilizers (MS) generally did not change significantly, the usage of lithium decreased and valproate increased significantly. It was found that the combined use of MS showed an increase, however not at a significant level. The use of typical antipsychotics (AP) decreased significantly, the use of atypical AP and depot AP increased significantly, and the use of combined AP decreased significantly. Antidepressant use decreased significantly. The most common form of suicide attempts were drug overdose and jumping from height. Suicide attempt was found to be significantly lower in patients using atypical AP and lithium.**CONCLUSIONS:**Investigating possible changes in factors affecting the course of the disorder over a period of 30 years can be useful in understanding BAD.**Keywords:** Bipolar disorder, clinical course, treatment

Mood Stabilizer



Trends in the psychopharmacological treatment of bipolar disorder

[Abstract:0148]

**0148 - Evaluation of inflammatory cytokines and response to treatment in drug-naïve-female patients with obsessive-compulsive disorder**Zeynep Balta<sup>1</sup>, Çağrı Döner<sup>1</sup>, Şule Terzioğlu<sup>2</sup>, Birsen Elibol<sup>2</sup>, Çiğdem Şahbaz<sup>3</sup><sup>1</sup>Bezmialem Vakıf University, School of Medicine, Istanbul, Turkey, <sup>2</sup>Bezmialem Vakıf University, Department of Medical Biology, Istanbul, Turkey, <sup>3</sup>Bezmialem Vakıf University, Department of Psychiatry, Istanbul, Turkey**ABSTRACT**

**BACKGROUND AND AIM:** A growing body of evidence suggested that inflammatory processes play a role in the development of Obsessive-Compulsive Disorder (OCD). However, the results of cytokines in the literature are inconsistent, and there is no data to define the changes of the levels of cytokines after treatment in drug-naïve patients with OCD. The main objective of the study was to compare levels of cytokine between in patients with OCD and healthy controls and examine the relationship between treatment response and clinical severity.

**METHODS:** Twenty-two drug-naïve outpatients diagnosed with OCD and 20 gender-age-BMI matched healthy controls (HC) were evaluated through the use of the Yale-Brown Obsessive-Compulsion (Y-BOC), Beck Depression (BD) and Beck Anxiety (BA) scales. We collected serum samples for the 3-time point (baseline, after 4 weeks, after 8 weeks) in the OCD group to investigate the effect of the treatment. Levels of cytokines IL-9 and TGF- $\beta$  were measured by using ELISA kit; IL1 $\beta$ , IL-6, IL-10, IL-17A were measured by using Luminex Human Magnetic Assay Kit.

**RESULTS:** Compared with HC, the levels of IL-6 (P = 0.016) were higher and the levels of TGF- $\beta$  were lower (P = 0.005) in drug-naïve patients with OCD. In the paired test analysis, YBOCS were decreased (P < 0.001) and the level of IL-10 (P = 0.042) and TGF- $\beta$  (P = 0.033) were higher after 8-week treatment in the patients with OCD. IL-10 also correlated with the last YBOC score (Rho = -0.494, P = 0.19) after 8 weeks of treatment and TGF- $\beta$  correlated with baseline BA score after 4 weeks treatment (Rho = 0.614, P = 0.002) and 8-week treatment (Rho = 0.484, P = 0.022).

**CONCLUSIONS:** Our study showed an increased proinflammatory response as well as a decreased anti-inflammatory response in OCD patients. It also suggests that treatment might cause a high level of anti-inflammatory immune response in OCD patients.

**Keywords:** IL-10, IL-17A, IL-6, Inflammation, OCD, TGF- $\beta$

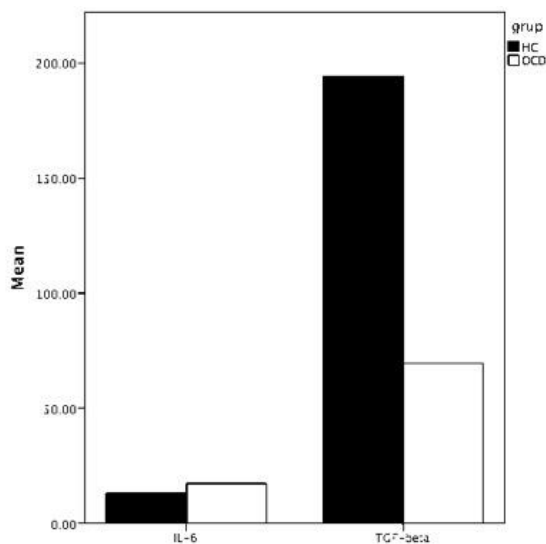


Figure 1. Comparison of IL-6 and TGF- $\beta$  Serum Levels of Patients with OCD and HC

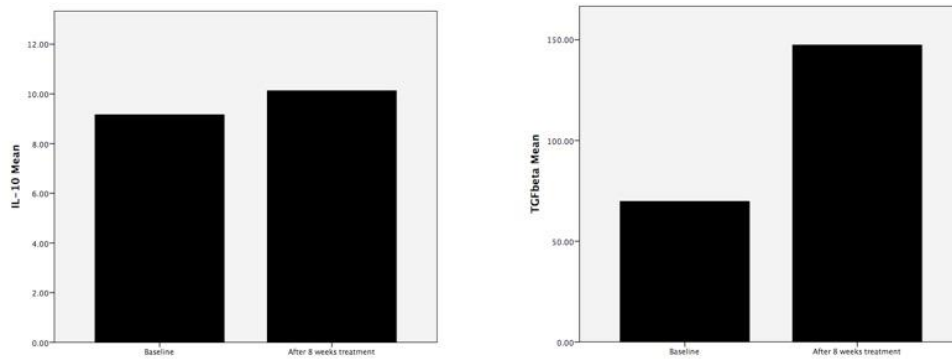


Figure 2. Comparison of Baseline and Post-Treatment Values of IL-10 and TGF- $\beta$  Levels in Patients with OCD

[Abstract:0149]

### 0149 - The relationship between smartphone addictions and eating attitudes in university students

Bahar Yeşil Örnek<sup>1</sup>, İbrahim Gündoğmuş<sup>2</sup>

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#### ABSTRACT

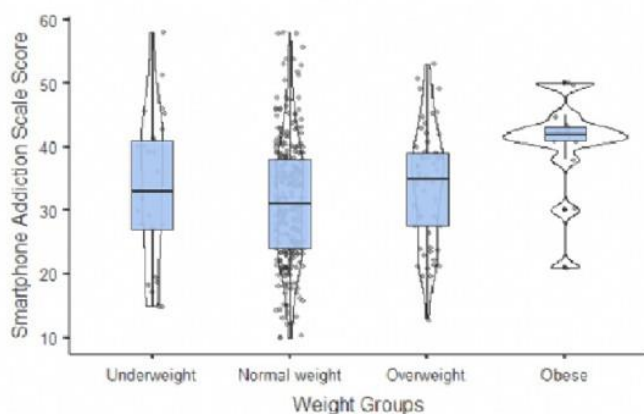
**BACKGROUND AND AIM:** Smartphone addiction is an increasing public health problem. It has been known to cause negative effects on psychological, physical, academic achievement and social relations especially among university students. However, to our knowledge, there are no studies investigating the effect of smartphone addiction on eating attitude, and weight status of individuals. The present study is aimed to determine the relationship between smartphone addiction, with eating attitude and weight status among university students.

**METHODS:** The sample of this cross-sectional prospective study consisted of 358 volunteer university students. The socio-demographic data form, Smartphone Addiction Scale-Short Form (SAS-SF) and Eating Attitude Test (EAT) were administered to the participants. Data obtained from the participants were subjected to proper analysis.

**RESULTS:** The mean age of the participants was  $22.27 \pm 3.10$  years and 59.8% (n=214) were female. The mean Body Mass Index (BMI) was calculated as  $22.34 \pm 3.61$  cm/kg<sup>2</sup>. In the comparison of socio-demographic data between the groups with and without smartphone addiction, a statistically significant difference was found between BMI, weight, student's faculty, family's economic status and the living place ( $p < 0.05$ ). In addition, there was a statistically significant difference between monthly mobile phone, EAT score and SAS-SF score ( $p < 0.05$ ). Between the groups of weight status, there was a statistically significant difference between EAT score and SAS-SF score ( $p < 0.05$ ). According to the linear regression model, gender, smartphone addiction and school year were found to be predictive for EAT.

**CONCLUSIONS:** Our study demonstrated the relationship between smartphone addiction and eating attitude and obesity in university students. We think that smartphone addiction should be considered as an etiological reason for the occurrence of eating behavior disorders. Considering that smartphone addiction will become widespread in the future and affect more segments of the society, it is more important to raise awareness of the society and to take multidisciplinary wide-participation preventions.

**Keywords:** Eating attitudes, smartphone addiction, obesity, weight status



[Abstract:0151]

**0151 - Validity and reliability of the Turkish version of 25-item hikikomori social isolation questionnaire**İbrahim Gündoğmuş<sup>1</sup>, Ayşegül Taşdelen Kul<sup>2</sup>, Abdullah Bolu<sup>1</sup>, Taner Öznur<sup>1</sup><sup>1</sup>Department Of Psychiatry, University Of Health Sciences, Gülhane Medical Faculty, Ankara, Turkey, <sup>2</sup>Department Of Psychiatry, Gülhane Training And Research Hospital, Ankara, Turkey**ABSTRACT**

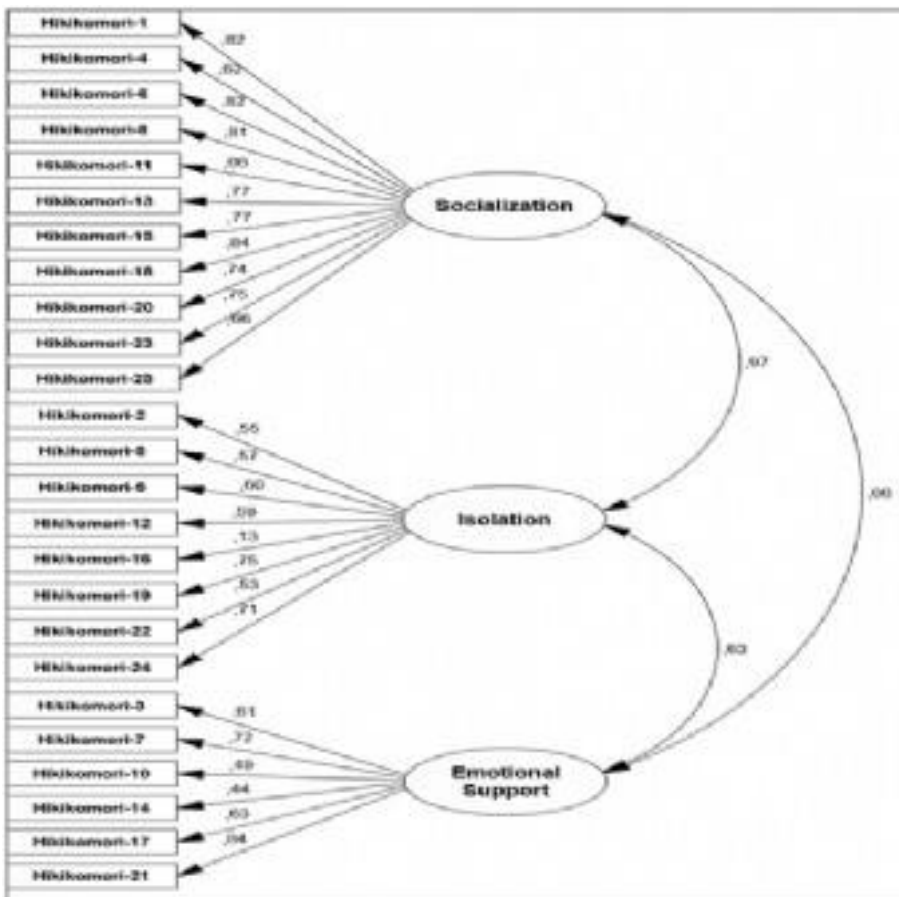
**BACKGROUND AND AIM:** Hikikomori, which is defined as severe and long-term social withdrawal, has recently been started to accepting as a psychiatric condition. However, it is known to be characterized by the avoidance of important social interactions or responsibilities, although a complete unity of definition is not achieved. Researchers, who become aware of the lack of measurement tools in hikikomori, developed the 25-item Hikikomori Social Isolation Questionnaire (HSIQ). In this study, we aim to adapt the HSIQ to Turkish and examine the reliability and validity.

**METHODS:** The study group included 343 participants who not met the criteria of any mental or physical disease. Multidimensional Scale of Perceived Social Support (MSPSS), UCLA Loneliness Scale (ULS), and Preference for Solitude Scale (PSS), which are self-report, was used for concurrent validity. Cronbach alpha and item-total correlation analysis was performed for reliability. Exploratory (EFA) and Confirmatory factor analysis (CFA) was used for validity, as MSPSS, ULS, PSS and EPQ was used for concurrent validity.

**RESULTS:** The mean age of participant was 33.15±13.56 years and 46.0 % (n=159) were female. The scale's internal consistency reliability scale' Cronbach alpha coefficient value was 0.917 and subscales' values ranged from 0.749 to 0.895. In the scale's internal consistency reliability total item correlation values were higher than 0.30, except two-item. According to EFA contains three subscales of Socialization, Isolation, and Emotional Support (Explaining of variance: 55.67%, Kaiser-Meier-Olkin value: 0.923). CFA supported the original 3-factor structure of the scale. It was found that the total scales and subscales correlations in the questionnaire varied between 0.470-0.936. Correlation coefficient of HSIQ with MSPSS, ULS and PSS were found as  $r > 0.30$ .

**CONCLUSIONS:** HSIQ is a potential and novel self-report tool to assist in the assessment of social isolation as a symptom. Our study showed that HSIQ can be used reliably in the academic studies and assessment of social isolation.

**Keywords:** Hikikomori, Reliability, Social isolation, Questionnaire, Validity





[Abstract:0152]

**0152 - Relationship between migraine type headache and suicidal ideation**Mehmet Öztürk<sup>1</sup>, Pınar Öztürk<sup>2</sup><sup>1</sup>Department of Psychiatry, Ankara Training and Research Hospital, Ankara, Turkey, <sup>2</sup>Department of Neurology, Yenimahalle Training and Research Hospital, Ankara, Turkey**ABSTRACT**

**BACKGROUND AND AIM:** Migraine headache (MTB) is a type of headache that can last for 4-72 hours, unilaterally, pulsatile, moderate and high in severity, accompanied by nausea and vomiting, photophobia, phonophobia. It may be associated with psychiatric conditions. Suicidal attempts are getting a major public health problem. Especially in psychiatric disorders, suicidal ideation is increasing with neurological diseases. Suicidal ideation has been increased in migraineurs, but it is controversial that this relationship is directly related to migraine. In particular, migraine with aura is highly associated with psychiatric comorbidities. However, the number of studies investigating suicidal ideation and related factors in patients is limited. The aim of this study was helping clinician by identifying the relationship between migraine and suicidal ideation.

**METHODS:** Forty volunteers between 18-65 age who were diagnosed as MTB according to the International Classification of Headache 3-Beta Criteria, who had not been psychiatrically diagnosed, had applied to Yenimahalle EAH neurology headache outpatient clinic, were included in the study sample and 40 healthy volunteer control groups with similar sociodemographic structure. Sociodemographic data form, Beck Depression Scale (BDI), Beck Anxiety Scale (BAI), Suicidal Ideation Scale (ISS), Visual Analogue Scale (VAS) were applied and the data were analyzed with SPSS 17.0.

**RESULTS:** BDI, BAI mean and ISS were significantly higher in case group compared to control group ( $p < 0.001$ ). BDI, VAS and ISS scores were significantly higher in patients with aura than those without aura ( $p \leq 0.001$ ). There was a positive, statistically significant correlation between ISS scores and BDI/BAI scores of the case group.

**CONCLUSIONS:** In our study, similar with literature, we found that anxiety levels, severity of depressive symptoms, and ISS scores were higher in patients with migraine compared to healthy individuals. Although there were conflicting results in terms of aura and suicidal ideation in literature, Lin et al. (2019) similar to our study. The severity of aura and depressive symptoms in individuals with migraine was found to be related with suicidal ideation. It has been suggested that this may be caused by abnormalities in the central serotonergic system. It is important to address depressive symptoms and suicidal thoughts, especially in MTD.

**Keywords:** migraine, suicidal ideation, aura, depression

[Abstract:0161]

**0161 - The prevalence of psychopharmacologic treatment in preschoolers and its correlates**

Selma Tural Hesapçioğlu, Seda Kanoğlu, Merve Okuyucu, Görkem Erçin, Ahmet Özaslan, Nuran Demir, Cafer Doğan Hacıosmanoğlu, Mehmet Fatih Ceylan

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**ABSTRACT**

**BACKGROUND AND AIM:** This study aims to identify the prevalence of psychopharmacologic treatment among preschoolers and the clinical and socio-demographic characteristics that affect the preferences of psychopharmacologic treatment in a child and adolescent psychiatry clinic.

**METHODS:** Socio-demographic, clinical data of the preschoolers referred to between the study period are collected. The parents of the cases fulfilled family assessment device (FAD), aberrant behavior checklist (ABC), child behavior checklist (CBCL), symptom checklist-90 (scl-90).

**RESULTS:** One of the psychopharmacologic treatments was initiated in 14 (4.9%) of the 283 preschoolers. The most common preferred drug was risperidone (57.1%), the second was fluoxetine (28.6%), and the third was aripiprazole (14.3%). The median age of the mothers (range: 24-42, median: 35.3;  $p=0.021$ ) and the fathers (range: 32-48; median: 38;  $p=0.033$ ) were significantly higher among the psychopharmacologic treatment getting group. Psychopharmacologic treatment was significantly higher preferred among the cases with attention deficit hyperactivity disorder (ADHD) ( $\chi^2=20.084$ ;  $p<0.0001$ ), autism spectrum disorder (ASD) ( $\chi^2=4.377$ ;  $p=0.036$ ) and anxiety disorders ( $\chi^2=15.891$ ;  $p<0.0001$ ). The problems in the gestational period (independent from physical or mental) ( $\chi^2=12.992$ ;  $p<0.0001$ ) and nail-biting ( $\chi^2=4.097$ ;  $p=0.043$ ) is significantly frequent among the preschoolers that are initiated psychopharmacologic treatment. There were no statistical differences between CBCL and ABC and FAD subtests and total scores between groups. Only somatization subtest of Scl-90 of mothers ( $Z=-2.120$ ;  $p=0.034$ ) and hostility subtest of fathers ( $Z=-2.017$ ;  $p=0.044$ ) were significantly different between groups.

**CONCLUSIONS:**The results of this study reveal that psychopharmacologic treatment preferences are mainly affected by the age of the parents, not by symptom severity. Probably, the clinicians are asking this choice to parents, and the parents with higher ages are choosing this way. The cases with ADHD, ASD, and anxiety disorders are the most psychopharmacologic treatment preferred group.

**Keywords:** anxiety disorder, attention deficit hyperactivity disorder, autism spectrum disorder, psychopharmacologic treatments, preschoolers

[Abstract:0164]

### 0164 - Investigation of pathological narcissism in patients with anxiety disorders and depression

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#### ABSTRACT

**BACKGROUND AND AIM:**Evidence from clinical practice and discussions about narcissism suggests that pathological narcissism has higher prevalence rates than it is indicated by the Diagnostic and Statistical Manual of Mental Disorders. This is often thought to be caused by the narrow definitions of DSM, compared to the clinical experience and theoretical categorizations, which consists of grandiosity and vulnerability. The only construct about pathological narcissism in the DSM lies on the narcissistic personality disorder and this categorization only includes grandiosity while neglecting vulnerability. In this study, we aim to investigate the pathological narcissism including both grandiose and vulnerable aspects in patients with anxiety disorders and depression.

**METHODS:**Sample of 105 patients diagnosed with depression and anxiety completed the Pathological Narcissism Inventory and Borderline Personality Inventory in the outpatient clinic. PNI consists of 7 different subscales for pathological narcissism which are Contingent Self Esteem, Denial of Dependency, Exploitativeness, Entitlement Rage, Self Sacrificing and Self Enhancement. Borderline Personality Inventory consists of 4 different sub scales which are Identity Diffusion, Primitive Defenses, Intact Reality Testing, Fear of Fusion.

**RESULTS:**Age mean was 33, %78,1 female, %21,9 male, %36,2 has college degree, 65 had depression (%61,9), 40 had anxiety (%38,1). Male patients had higher pathological narcissism score than female patients (0,004). Patients with a college degree were found associated with higher PNI total (0,035) and PNI-Vulnerability (0,017) scores compared to the patients with lower school degrees. In the Spearman correlation analysis, we found PNI-Total highly correlated with the BPI-Total score in patients with depression ( $\rho=0,49$ ,  $p<0,001$ ) and anxiety disorders ( $\rho=0,62$ ,  $p<0,001$ ).

**CONCLUSIONS:**Our data suggests that there is no difference in pathological narcissism and borderline features between patients with depression and anxiety. Additionally, we found associations between PNI and BPI score in our sample. Hence, narcissistic personality variables might be presented with borderline features.

**Keywords:** Narcissism, depression, anxiety, borderline

[Abstract:0169]

### 0169 - A descriptive study of psychiatric consultation patterns in a rural turkish district state hospital

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#### ABSTRACT

**BACKGROUND AND AIM:**Although consultations are an important part of psychiatric services, studies about this subject are rare. This study aims to evaluate patterns of outpatient psychiatric consultation services in a Turkish district state hospital serving rural areas.

**METHODS:**All outpatients who were referred for a psychiatric consultation during a 6-month period (N=300) were included. Sociodemographic variables, referring department, patient's most prominent symptom, psychiatric diagnosis (according to DSM-5), and suggested treatment were recorded. Communication with non-Turkish speaking patients was with help of bilingual hospital staff.

**RESULTS:**Outpatient psychiatric referrals were most frequently requested from internal medicine (66%) and neurology (12%) departments. The mean age of the referred patients was  $43.9 \pm 17.9$  (18-86), and 71.8% of them were women. Only 75% of the referred patients actually showed up for a psychiatric assessment. 47% of the assessed patients were illiterate, and 19% could not speak Turkish. This assessment was a first time



psychiatric evaluation for 67% of the patients. Their two most common symptoms were pain (43%) and sleeping problems (18%). Their two most common psychiatric diagnoses were generalized anxiety disorder (38%) and major depressive disorder (33%). 65% of the patients were prescribed SSRIs, whereas 8% were given SSRI plus antipsychotic combinations. Only 28% of the assessed patients showed up for a follow-up evaluation. The non-Turkish speaking subgroup had some different properties (Table-1). They were mostly women (90%), significantly older ( $55.0 \pm 17.0$ ;  $U=536.500$ ,  $p=0.001$ ) and all illiterate. Their two most common symptoms were pain (59%) and shortness of breath (14%). Their two most common psychiatric diagnoses were major depressive disorder (46%) and generalized anxiety disorder (41%).

**CONCLUSIONS:** This study emphasizes the high rate of illiteracy and non-Turkish speakers among patients referred to psychiatry. This might indicate that minority groups, especially old women with low education levels have difficulties in accessing psychiatric services and visit other departments with psychosomatic symptoms.

**Keywords:** Cultural psychiatry, Psychiatric consultation, Outpatient referral

[Abstract:0170]

### 0170 - Comparison of mothers' oxytocin levels and attachment styles who have children with attention deficit hiperaktivity disorder with the healthy controls

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#### ABSTRACT

**BACKGROUND AND AIM:** Studies have been conducted on ADHD and attachment theory; however, there aren't many studies on the association between attachment forms of children with ADHD disorder and the comparison of these with oxytocin. We aimed to test the hypothesis that in our study the mothers of children with ADHD had more insecure attachment styles and lower oxytocin levels from controls.

**METHODS:** 30 children between the ages of 4 and 16 who were being followed by Child and Adolescent Psychiatry Polyclinic with a diagnosis of ADHD, 30 healthy children and biological mothers of these children participated in the study. The participants' psychiatric diagnoses were made after DSM-5 based clinical interviews. The mothers filled in Sociodemographic Data Form, Relationship Scales Questionnaire, Adult Attention Deficiency Hyperactivity Self-report scale, Wender Utah Rating Scale, Beck Depression Inventory,

Beck Anxiety Scale and gave 10 cc venous blood in the morning hours between the second and fourth days of the end of their period.

**RESULTS:** Association was found between ADHD and maternal preoccupied attachment. However, no significant association was found between maternal groups in terms of oxytocin level. Anxiety, depression and previous ADHD diagnosis were found to be significantly high in the mothers of children with ADHD. No association was found between oxytocin and attachment styles and ADHD diagnosis.

**CONCLUSIONS:** In our study, association was found between mothers whose children had ADHD and obsessed attachment. Assuming that this attachment style has been developed by interacting with the child's psychopathology, it can be predicted that mothers' support for childrearing attitudes will positively contribute to the child-mother relationship.

**Keywords:** Attention Deficit and Hyperactivity Disorder, Attachment Theory, Oxytocin

[Abstract:0191]

### 0191 - A new indication possibility for an old antidepressant drug reboxetine

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#### ABSTRACT

**BACKGROUND AND AIM:** Reboxetine is an antidepressant drug currently licensed in various European countries. However, its clinical efficacy has become doubtful in recent years. Therefore, we planned a drug repositioning study for reboxetine. Based on the therapeutic potential of this drug on chronic pain as a selective noradrenaline reuptake inhibitor, possible efficacy of reboxetine on diabetes-induced neuropathic pain was investigated, in the present study.

**METHODS:** Male Sprague-Dawley rats were used for the study. Diabetes was induced by a single dose of streptozotocin (50 mg/kg, *i.v.*). Hargreaves, warm plate, Randall-Selitto and dynamic plantar tests were used to evaluate thermal hyperalgesia, thermal allodynia, mechanical

hyperalgesia and mechanical allodynia responses of rats, respectively. Plasma glucose levels of rats were also evaluated at the end of the behavioral studies. The experimental protocol of this study was approved by the Animal Experiments Local Ethics Committee of Anadolu University.

**RESULTS:**Results of the neuropathic pain assessments exhibited that reboxetine treatments (8 and 16 mg/kg for 2 weeks), similar to pregabalin (10 mg/kg), notably improved the diabetes-induced hyperalgesia and allodynia responses. Furthermore, pretreatments with  $\alpha$ -methyl-para-tyrosine methyl ester, propranolol, ICI-118,551, SCH-23390, sulpiride, and naltrindole agents significantly abolished the presented antihyperalgesic and antiallodynic effects of this drug. Phentolamine, metoprolol, SR 59230A and atropine pre-administrations were ineffective.

**CONCLUSIONS:**Obtained findings suggested that reboxetine has catecholaminergic system;  $\beta$ 2-adrenoceptors; D1-, D2/D3-dopaminergic receptors; and  $\delta$ -opioid receptors mediated antihyperalgesic and antiallodynic effects on neuropathy-induced pain, without causing any detrimental influence on glycemic control of diabetic rats. These findings may have clinical value, since they point out a novel indication for a discredited drug, reboxetine.

**Keywords:** Allodinia, Diabetic neuropathic pain, Hyperalgesia, Reboxetine

[Abstract:0209]

### 0209 - Investigation of vitamin d levels and clinical relation in obsessive compulsive disorder patients

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#### ABSTRACT

**BACKGROUND AND AIM:**Vitamin D is an important neurosteroid hormone with immunomodulatory effects and plays a role in bone metabolism (1). It modulates synaptic plasticity in brain tissue (2). In recent studies, vitamin D deficiency has been shown in many psychiatric diseases such as autism, schizophrenia, dementia and depression (1,3). To our knowledge, there is no study investigating vitamin D levels in adult Obsessive Compulsive Disorder patients in the literature. We aimed to compare serum vitamin D levels in patients with obsessive compulsive disorder (OCD) and healthy controls.

**METHODS:**Thirty-one healthy controls and 31 patients who were diagnosed as Obsessive Compulsive Disorder according to DSM V criteria were included in the study. Vitamin D levels of patients and healthy subjects were measured. The patients were evaluated with Yale-Brown Obsession Compulsion Rating Scale (Y-BOCS).

**RESULTS:**Vitamin D levels were  $10.34 \pm 5.85$  (median: 8.6) in OCD patients and  $13.14 \pm 5.56$  (median: 12.0) in healthy volunteers. In our study, serum vitamin D levels of OCD patients were statistically significant lower than healthy controls ( $p: 0.025$ ). However, no significant correlation was found between vitamin D levels and Y-BOCS.

**CONCLUSIONS:**This is the first study comparing serum vitamin D levels of adult obsessive compulsive disorder (OCD) patients and healthy controls. According to the results of our study, vitamin D deficiency may have a role in the etiopathogenesis of OCD. Further studies with larger samples are needed.

**Keywords:** Neurosteroid hormone, Obsessive Compulsive disorder, Vitamin D Deficiency

[Abstract:0216]

### 0216 - Optical coherence tomography neurodegenerative findings in first degree relatives of patients with bipolar affective disorder

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#### ABSTRACT

**BACKGROUND AND AIM:**To compare the retinal changes between the first-degree relatives of patients with bipolar affective disorder (BAD) and healthy individuals, in order to assess the role of genetic factors in BAD. The pathophysiology of BAD has not been completely understood, yet. Neurophysiologic, psychodynamic, pharmacological, and environmental factors are believed to play a role. Genome studies suggest that the disease may also have a genetic basis. Recently, cranial MRI studies on patients with BAD have revealed neurodegenerative findings in the central nervous system. Interestingly, optical coherence tomography (OCT) imaging has shown that the retina, as a part of the brain, is also involved in the neurodegenerative process.

**METHODS:**Our study included 50 eyes of 25 first-degree relatives of patients with BAD in Group-1 and 66 eyes of 33 healthy controls in Group-2. We performed complete ophthalmological examinations and took OCT images. We compared the peripapillary retinal nerve fiber layers (RNFLs), and macular ganglion cell complexes (GCCs) thickness between the groups.

**RESULTS:**The mean age in Group-1 was  $43.80 \pm 17.88$  years, and  $43.90 \pm 15.34$  years in Group-2 ( $p=0.801$ ). The male/female ratios were 15/10 and 19/14 in the groups ( $p=0.853$ ). Both the average GCC thickness and the GCC thickness at the superior half were significantly less in Group-1 than in Group-2 ( $p=0.046$ , and  $p=0.045$ , respectively). Although not statistically significant, the average peripapillary RNFL and the RNFL at the superior, nasal, and inferior quadrants were thinner in Group-1 than in Group-2 ( $p>0.05$ ).

**CONCLUSIONS:**To our knowledge this is the first OCT study suggesting retinal changes in first-degree relatives of patients with BAD. Our findings support the role of genetics in the etiopathogenesis of BAD by demonstrating neurodegenerative findings in retinal ganglion cell layers in first-degree relatives of patients with BAD, using OCT, as a non-invasive neuro-imaging method.

**Keywords:** bipolar affective disorder, ganglion cell complex, genetics, neurodegeneration, optical coherence tomography, retinal nerve fiber layer

[Abstract:0222]

## 0222 - Psychiatric comorbidity and demographic characteristics of children and adolescents with obsessive compulsive disorder

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### ABSTRACT

**BACKGROUND AND AIM:**Obsessive compulsive disorder (OCD) is common disorder and cause of stress for children and adolescents. OCD and other psychiatric disorders are often seen clinically together. In this regard, it was found that mood disorders are the most common disorders with OCD. OCD, which is difficult to treat alone, may present as a more difficult clinical condition with the addition of other psychiatric disorders. Therefore, recognition of comorbid diseases will significantly affect the treatment and course of OCD. The objective of this study was to examine the prevalence of comorbid psychiatric disorders in children and adolescents with obsessive compulsive disorder in a child hospital and to assess the distribution of comorbidities according to sociodemographic features.

**METHODS:**The sample consisted of 95 children, 6 to 18 years of age, including 46 girls and 49 boys, from Dr. Ali Kemal Belviranlı, Women's Maternity and Children's Hospital, Child and Adolescent Psychiatry outpatient unit who were diagnosed with OCD. OCD patients who were admitted to the child and adolescent outpatient clinic within the past 1 year were retrospectively analyzed. The medical records and treatment records of the patients were examined and sociodemographic characteristics of the patients such as age, gender, and other psychiatric disorders and other medical disorders, as well as the psychiatric and other disorders of the parents of the patients were analyzed.

**RESULTS:**Of all, 21% had anxiety disorders, 16.8% had attention deficit hyperactivity disorder, 9.4% had psychiatric disorders such as learning disorders, elimination disorders, tic disorders, speech disorders and major depression. Five patients had more than one comorbid psychiatric disorder.

**CONCLUSIONS:**Comorbid psychiatric disorders associated with OCD differ in children and adolescents. High rate of comorbid disorders affect treatment strategies and prognosis. ADHD and anxiety disorders should be well recognized in children and adolescents with OCD.

**Keywords:** obsessive compulsive disorder, anxiety disorder, attention deficit hyperactivity disorder

[Abstract:0225]

**0225 - Sleep quality and drug selection according to dominant polarity in bipolar disorder**

Ece Yazla Asafov

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**BACKGROUND AND AIM:**The dominant polarity in bipolar disorder is defined as the polarity that constitutes at least two-thirds of a person's life-long episodes. Depressive (DDP) or manic dominant polarities (MDP) can be seen, while dominant polarity may not be seen. (1). It has been reported that sleep disorders in bipolar disorder can be observed even in the euthymic stages of the disease (2). The aim of this study was to compare sleep quality levels and medical therapies according to the dominant polarity of euthymic patients with bipolar disorder.

**METHODS:** A total of 46 patients with Bipolar Disorder in remission, 18 (39.1%) males and 28 (60.9%) females, aged between 18 and 79 years, were included in the study. The dominant polarity, age, gender and some sociodemographic information of the subjects were recorded and the Pittsburgh Sleep Quality Index was applied to the subjects

**RESULTS:**Patients were examined under a total of three groups with 19 (41.3%) MDP, 13 (28.3%) DDP and 14 (30.4%) non-dominant polarity (NDP). There was no statistically significant difference between dominant polarity groups in terms of age, gender, body mass index, pittsburg sleep quality scale scores, and distribution of medicine used ( $P>0,05$ ).

**CONCLUSIONS:**It is reported that sleep disorders may be one of the factors that determine the onset of attacks and even the onset of the disease (2). We did not find any difference between dominant polarities in terms of sleep quality in euthymic period. We thought that sleep disorders may be acute signs of bipolar disorder in the pre-episode period, therefore sleep quality of bipolar patients in euthymic period may not differ between dominant polarities.

Our finding about distribution of medicine used was considered as an indication that we did not question the dominant polarity adequately in our choice of treatment.

**Keywords:** Bipolar disorder, dominant polarity, sleep,

[Abstract:0234]

**0234 - Chronic menthol administration has different effects on cognitive functions and anxiety in rats**Şeyma Arpacı, Gökhan Ünal, Mükerrerem Betül Yerer*Department of Pharmacology, Erciyes University, Kayseri, Turkey***ABSTRACT**

**BACKGROUND AND AIM:**Menthol, which is one of the active molecules in the peppermint (*Mentha piperita*), is widely used in many areas from the medicines, cosmetics, candies to toothpastes in daily life. Recent studies demonstrated that menthol increase tobacco addiction and negatively modulates the alpha-7 nicotinic acetylcholinergic receptors ( $\alpha 7$  nAChR), serotonergic 5-HT<sub>3</sub> receptors and positively modulates the GABA receptors, which are the widely associated with several psychiatric disorders such as schizophrenia, depression, anxiety and cognitive dysfunction. Herein, we have aimed to investigate the effects of chronic menthol administration on the schizophrenia, depression, anxiety and cognitive dysfunction related behaviors in rats.

**METHODS:**Wistar albino rats divided into 3 groups as vehicle, menthol (2.5 mg/kg) and menthol (5 mg/kg)(n=8 in each group). Menthol was used to rats for 20 days and open field test (OFT), novel object recognition (NOR), prepulse inhibition of acoustic startle response (PPI) and forced swimming test (FST) were conducted on the 17th, 18th, 19th and 20th of treatments, respectively. Statistical analyses were performed by the using of one way analysis of variance (one-way ANOVA) followed by Dunnett's post hoc test.

**RESULTS:**Chronic menthol administration did not change the prepulse inhibition (%) values in PPI and immobility time in FST. Menthol (2.5 mg/kg) decreased ( $p<0.05$ ) the discrimination index in NOR test while menthol (10 mg/kg) increased ( $p<0.05$ ) the time in the central area in OFT compared to vehicle.

**CONCLUSIONS:**Our study showed that menthol may impair cognitive functions and provide anxiolytic effects depending on its dose. This effect of menthol is thought to be associated with previously reported modulator effects on  $\alpha 7$  nAChR and 5-HT<sub>3</sub> and GABA receptors in central nervous system. Further studies will be beneficial to confirm these effects of menthol and understand the underlying mechanisms of its effects.

**Keywords:** Anxiety, Forced Swimmig Test, Cognitive Dysfunction, Menthol, Prepulse inhibition

[Abstract:0239]

**0239 - Gastrointestinal symptoms in autism spectrum disorder**

Arzu Çalışkan Demir, Özlem Özcan

*Inonu University, Faculty of Medicine***ABSTRACT**

**BACKGROUND AND AIM:**Autism Spectrum Disorder (ASD) is a heterogeneous group of neurodevelopmental disorders occurring with a prevalence ranging from 0.7% to 2.64% in early childhood. Abnormal dietary habits, selectivity in food consumption and gastrointestinal system problems are also common in ASD which is existed with many comorbidities.

The aim of this study was to compare the gastrointestinal system (GIS) symptoms of children with ASD and healthy control groups matched in terms of age and sex.

**METHODS:**This study was conducted with 104 patients applied to child psychiatry polyclinic who were diagnosed with ASD according to DSM-5 diagnostic criteria and 100 healthy control groups matched in age-sex. Sociodemographic data form and nutritional evaluation form prepared by the researcher were given to the patients and their current GIS symptoms were questioned.

**RESULTS:**There was no statistically differences between two groups in terms of age and gender ( $p>0.05$ ). When GIS symptoms in infancy were questioned, diarrhea, constipation and abdominal pain were significantly higher in the research group ( $p<0.001$ ). Again, frequent vomiting in infancy was significantly higher in the research group ( $p=0.004$ ). When present GIS symptoms were questioned, there was no significant difference between diarrhea, abdominal pain and vomiting, while constipation was significantly higher in the research group ( $p=0.004$ ).

**CONCLUSIONS:**This study showed that diarrhea, constipation, abdominal pain and vomiting symptoms are more common in children with ASD in infancy and that their constipation is now higher. There are different views on why ASD and GIS symptoms coexist. However, the most frequent discussed topic recently is that intestinal-mucosal permeability is impaired and therefore may cause GIS symptoms. However, it is needed the contribution of clinicians to the literature with prospective studies involving high sample and control groups in this area.

**Keywords:** autism, gastrointestinal, symptom, diarrhea, constipation

[Abstract:0243]

**0243 - Are there different psychiatric profiles in terms of psychiatric comorbidities, eating behavior, and internet addiction between girls and boys with obesity?**Helin Yılmaz Kafalı<sup>1</sup>, Eda Mengen<sup>2</sup>, Serap Akpınar<sup>1</sup>, Merve Ergüven Demirtaş<sup>1</sup>, Özden Şükran Üneri<sup>1</sup>, Seyit Ahmet Uçaktürk<sup>2</sup>

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**ABSTRACT**

**BACKGROUND AND AIM:**It has been proposed that obese men and obese women have differences regarding risk-taking, impulsivity, and internalization symptoms. To investigate whether psychiatric profiles of adolescents with obesity differ in terms of gender.

**METHODS:**A total of 80 adolescents with obesity (43 girls, 37 boys) were recruited to the study. K-SADS (Schedule for Affective Disorders and Schizophrenia for School-Aged Children) was administered to detect the psychiatric diagnosis of the patients. Body mass index (BMI) and percentile values were calculated according to national reference values for Turkish children, and obesity was diagnosed according to WHO criteria. Sociodemographic information was obtained. Internet Addiction Scale (IAS), Three Factors Eating Questionnaire, and Body Image Scale (BIS) were filled by the volunteers.

**RESULTS:**When we compared girls and boys with OB, boys significantly spent more time on the internet ( $U=541.000$ ,  $p=0.018$ ). Obese boys had a significantly higher level of BMI percentile ( $U=526.000$ ,  $p=0.010$ ), IAS score ( $U=464.000$ ,  $p=0.008$ ), BIS score ( $U=350.000$ ,  $p=0.020$ ). While boys had significantly higher prevalence of attention deficit and hyperactivity disorder (ADHD) (32.4% male, 9.5% female,  $p=0.022$ ), internalization disorders were significantly more frequent in girls (27.9% female, 5.4% male,  $p=0.019$ ). Besides, boys with OB had a tendency to have uncontrolled eating behavior than girls ( $t(77)=1.860$ ,  $p=0.067$ ). 41.7% of obese boys had a risk of internet addiction whereas only 17% of females had this risk ( $p=0.033$ ).

**CONCLUSIONS:**Our findings suggested that boys with OB were at higher risk for internet addiction, ADHD, and uncontrolled eating than girls. Boys were more severely obese and more discontent regarding their body image. On the other hand, girls had a higher prevalence of internalizing

disorders. Given that impulsivity is a possible shared mechanism between internet addiction, ADHD, and uncontrolled eating, it can be proposed that dopamine-modulated mesolimbic circuit abnormalities may be a common underlying mechanism in obese boys for these disorders.

**Keywords:** ADHD, childhood obesity, gender, impulsivity, internet addiction

[Abstract:0244]

#### 0244 - A reason for failure: adult attention deficit hyperactivity disorder

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##### ABSTRACT

**BACKGROUND AND AIM:**The aim of this study was to investigate the lack of attention deficit hyperactivity disorder in university students who were motivated to fail to perform effectively despite the desire to study effectively.

**METHODS:**The sample of the study consists of KTO Karatay University students. In September-December 2019 academic year, students who found their motivation to work insufficiently and complained of not performing the way they wanted were invited to the study. Psychological examinations of the volunteer participants were conducted by the psychiatrist. After the structured psychiatric examination, the sociodemographic form and Wender-Utah Rating Scale (WURS) prepared by the participants were administered to the participants. The data of the study was evaluated with SPSS 25 program.

**RESULTS:**57 students (44 female, 13 male) between the ages of 19-36 participated in the study. According to the psychiatric examination, there was only attention deficit in 10 students (17.5%), only hyperactivity in 1 student (1.75%), and both attention deficit and hyperactivity in 8 students (14.03%). When the pathologies other than attention deficit hyperactivity (ADHD) were examined, performance anxiety was found in 3 students (5.26%) and generalized anxiety disorder was found in 5 students (8.8%). It was found that 11 students (19.3%) participating in the study applied psychiatric support with different complaints during childhood and 30 (52.63%) during adult period and none of them were diagnosed with ADHD. It was also found that WURS scores of individuals diagnosed with ADHD were significantly higher ( $r = .870$ ).

**CONCLUSIONS:**ADHD is not only a childhood disease but also it is a mental pathology that can continue in adulthood and may have a significant impact on the academic performance of individuals. The most important step in the treatment of ADHD is to remember and recognize this pathology. Our awareness of this issue will contribute to the patients' comfort of life.

**Keywords:** Adult, Attention Deficit Hyperactivity Disorder, Failure

[Abstract:0251]

#### 0251 - Investigation of second to fourth finger length ratio (2d: 4d) in patients with obsessive-compulsive disorder

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##### ABSTRACT

**BACKGROUND AND AIM:**Obsessive-compulsive disorder (OCD), with an incidence of 2-3 percent throughout the world, is defined by intrusive unwanted thoughts, ideas, or pictures that are distressing and urge the patient to conduct ritualistic activities or mental acts to decrease this distress. Despite enormous information from genetic, neurobiological, neurochemical and neuroimaging research, its etiopathogenesis is obscure. Differences in sex hormones have been suggested to play a role in the pathogenesis of OCD. An easy way to evaluate the biomarker that gives insight about prenatal androgen is the second to fourth digit ratio (2D:4D) of the hand. In this study, we aimed to compare the 2D:4D ratio in patients with OCD to healthy controls.

**METHODS:**Forty-eight patients with OCD and 48 healthy controls which age- and sex-matched were included in the study. Finger lengths were measured from the proximal finger wrinkle to the tip using a digital vernier caliper.

**RESULTS:**There were 28 females and 20 males with average age of  $31.3 \pm 9.4$  years in patients group; when there were 28 females and 20 males in the healthy control group, with average age of  $33.7 \pm 7.8$  years. There were no significant differences in right and left hand 2D:4D ratios between OCD and controls. Since the ratio of 2D:4D demonstrates gender dimorphism, we assessed the distinction for each sex individually between the



research groups. The right 2D:4D ratio of male patients was significantly greater than the male of controls group. However female patients showed no differences in right and left 2D:4D digit ratio between patients with OCD and healthy control groups.

**CONCLUSIONS:** Our findings suggest that high 2D:4D digit ratio of right hand in male patients may be related to the presence of OCD. In order to explain the validity of the 2D:4D digit ratio which is an index of fetal androgens hormone exposure concentration and its relationship with the appearance and incidence of OCD, further large-scale prospective studies are required.

**Keywords:** Digit ratio, obsessive compulsive disorder, prenatal androgens

[Abstract:0256]

## 0256 - Theory of mind and functionality in euthymic patients with bipolar 1 disorder

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### ABSTRACT

**BACKGROUND AND AIM:** Impaired functionality is observed in patients with bipolar disorder (BP) even after symptomatic remission. Which factors contribute to dysfunction in euthymic patients with bipolar disorder is still unclear. We aim to study if deficit in theory of mind (ToM) is a contributing factor for impaired functionality.

**METHODS:** A total of twenty (11 women, 9 men) euthymic patients with bipolar 1 disorder (BP-1) completed the Functional Assessment Short Test (FAST) to evaluate functioning in patients, Dokuz Eylül Theory of Mind Scale (DETMS) to evaluate ToM and a form consisting of sociodemographic questions and clinical data. The Hamilton Depression Rating Scale and the Young Mania Rating Scale were applied to determine whether the patients were in remission. Chi-square test, Independent sample t-test, and Spearman's Rank correlation coefficient were used as different statistical methods. Significant differences were considered at  $p < 0.05$ .

**RESULTS:** Age, gender, age of onset, disease duration, education level, family history and features of residency comparisons showed no evidence of differences for DETMS scores and FAST scores. DETMS scores showed significantly negative correlation with FAST scores (corr. coeff  $r = -0,676$ ,  $p = 0,001$ ). Mean DETMS scores were significantly lower in single patients and non-working patients ( $p = 0,005$  and  $p = 0,025$ ). FAST scores were found higher in single and non-working patients but differences were not significant ( $p > 0,05$ ).

**CONCLUSIONS:** The findings of our study suggest that impaired functionality in BP-1 patients is related with ToM and this result is consistent with the previous studies. According to the results in our present study; deficit in ToM might be interpreted as causing patients unable to work and deterioration of relationships with people which may result being single.

**Keywords:** bipolar disorder, theory of mind, functional impairment, dokuz eylül theory of mind scale, functional assessment short test

[Abstract:0289]

## 0289 - Assessment of medication preferences, dosages and drug changes in children with adhd

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### ABSTRACT

**BACKGROUND AND AIM:** Medications to treat ADHD in children have been available since the 1950s, and are commonly used worldwide. The aim of this study is to compare the data on current drugs used for the treatment of ADHD, medication dosages and drug changes at our ADHD clinic with the current literature on this subject.

**METHODS:** All patients who have been followed up in our outpatient ADHD clinic were analyzed retrospectively. 400 patients were randomly selected. The data was collected retrospectively.

Inclusion criteria for both groups were; confirming the definitive ADHD diagnosis with the clinical assesment according to The Schedule for Affective Disorders and Schizophrenia for School Age Children-Present and Lifetime (K-SADS-PL) and scales. Exclusion criteria for both groups were; inadequate findings for ADHD diagnosis. A sociodemographic questionnaire was completed by the clinicians by investigating all the records of the patients.

**RESULTS:**The mean age of patients was  $12.1 \pm 2.75$ . Of the 400 patients, 165 patients (41.6%) were using OROS-MPH, 143 patients (36%) were using extended-release MPH, 42 patients (10.6%) were using immediate-release MPH and 35 patients (8.8%) were using atomoxetine. 62% of patients were taking their medicines regularly. 43% of patients' medications had been changed at any time of treatment. The most commonly changed medicine was immediate-release MPH (41.1%) and the most common reason for drug change was ineffective treatment response. At the endpoint, the mean daily dose of OROS-MPH was  $0.77 \pm 0.22$  mg/kg (range 18-54 mg), the mean daily dose of extended release MPH was  $0.59 \pm 0.2$  mg/kg; (range 10-40 mg). Although these lower drug dosages, 38.5% of patients did not report any complaint about ADHD at their last visits.

**CONCLUSIONS:**Based on our ADHD outpatient department experience, we aimed to contribute to the literature on the current drugs used in the treatment of ADHD, the doses used and the data on drug changes.

**Keywords:** atomoxetine, attention deficit / hyperactivity disorder, medication management, methylphenidate, treatment

[Abstract:0299]

### 0299 - Comparing the structural changes in the brains of schizophrenic patients with and without the deficit syndrome observed in the long-term period

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#### ABSTRACT

**BACKGROUND AND AIM:**This study aims to find out the structural changes in the brains of the patients who have and who do not have the deficit syndrome in their long term observation(5 years), and aims to evaluate if the grey matter changes in the patients who have the deficit syndrome(DS) is more than in the patients who do not have the deficit syndrome(NDS), and its relations to the clinical differences.

**METHODS:**39 (13 DS and 26 NDS) of 45 patients who had structural brain MR imaging in the study conducted by the MR research protocol has accepted to take part in the study. In addition to psychiatric examination, SCID-I,PANSS,SANS,SDS,BNSS,CDRS,ESRS have been conducted. Subsequently MR images have been obtained by using 3 Tesla MR devices and images obtained with 3D T1 weighted MP-RAGE sequences have been used for region of interest analysis.Volumes of brain subsections have been measured with FreeSurfer software package.

**RESULTS:**It is seen that there is a tendency towards decreasing in the total volume of grey matter in the group with the DS( $z=-1.71$   $p=0.09$ ).When the change in the basal and current volumes of the groups by years is compared, it is found out that in the group with the DS; there is an enlargement in the volumes of right and left ventricles, and that it is statistically significant (respectively average difference=-1360.84  $p=0.01$ ; average difference=-1400.9  $p=0.01$ ).In addition, it is found out that there is a correlation between the current volumes of the lateral ventricles in the group with the DS and negative scores.

**CONCLUSIONS:**The results are considered to make a contribution to the literature by being the first study in which the groups with and without the deficit syndrome were compared in terms of neuroimaging during the five-year observation period; and considered to contribute in terms of increasing our knowledge about schizophrenia subgroups.

**Keywords:** Deficit Syndrome, Gray Matter, Lateral Ventricle, Magnetic Resonance Imaging, Schizophrenia



[Abstract:0300]

**0300 - The effect of chronotypes on follow-up outcomes of patients with substance use disorders**Özlem Akçay Ciner<sup>1</sup>, Ali Savaş Çilli<sup>1</sup>, Ahmet Bülent Yazıcı<sup>1</sup>, Adem Aydın<sup>2</sup><sup>1</sup>Department of Psychiatry, Sakarya University Medical Faculty, Sakarya, Turkey, <sup>2</sup>Department of Psychiatry, Necmettin Erbakan University Medical Faculty, Konya, Turkey**ABSTRACT**

**BACKGROUND AND AIM:** Substance use disorder has been shown to have circadian characteristics and those who have evening chronotypes are more prone to addiction [1, 2]. Polymorphisms in specific circadian genes were associated with substance use and dependence [3]. Relapses occur frequently in SUD and negatively affect treatment success. In this study, the effect of chronotypes on the treatment outcomes of SUD was investigated.

**METHODS:** The study included 66 patients aged 18-65 years who diagnosed as SUD according to DSM V diagnostic criteria. In the first interview, sociodemographic data form, addiction profile index applicator form, Beck Depression Inventory, Beck Anxiety Inventory, Morningness Eveningness Questionnaire (MEQ) and Pittsburgh Sleep Quality Index (PSQI) were applied. Six months later, the second interview was conducted and remission / relapse status was evaluated.

**RESULTS:** The rate of morningness was lower in SUD patients than expected morningness, eveningness and intermediate type chronotype distribution in the general adult population (20%, 20%, 60% versus 4.5%, 16.7%, 78.8%). MEQ scores of relapsed patients were found to be different in terms of eveningness than those in remission ( $45.62 \pm 8.70$  versus  $49.75 \pm 7.60$ ). As the score of craving and dependency profile index total (addictive severity) increased, they had more eveningness chronotype scores. The mean score of craving and Beck depression was higher in patients with relapse than those in remission.

**CONCLUSIONS:** Our findings, showing that relapsed patients have more eveningness chronotypes and SUD patients have less morning chronotypes than the general population, suggest that chronotypes play a role in the onset, prevention and treatment outcome of SUD and social rhythm therapy in the form of conversion to morning chronotype can achieve better remission rates. Our study also inspires xiii studies to be conducted in larger samples investigating the role of having a morning chronotype in protection from the SUD.

**Keywords:** Chronobiology, Chronotype, Relapse, Remission, Substance Use Disorder

[Abstract:0369]

**0369 - Effects of metformin on learning and memory functions of young and aged rats**Özgür Baris<sup>1</sup>, Semil Selcen Gocmez<sup>2</sup>, Ipek Komsuoglu Celikyurt<sup>2</sup>, Tijen Utkan<sup>2</sup><sup>1</sup>Department Of Cardiovascular Surgery, Kocaeli Derince Training And Research Hospital, University Of Health Sciences, Kocaeli, Turkey,<sup>2</sup>Department Of Clinical Pharmacology, School Of Medicine, Kocaeli University, Kocaeli, Turkey**ABSTRACT**

**BACKGROUND AND AIM:** Aging is a multifactorial and progressive phenomenon, exclusively leading to loss of cellular, molecular and physiological functionality. The aim of this study was to investigate the effects of Metformin (Met), an antidiabetic biguanide, on learning and memory functions of young and aged rats.

**METHODS:** Wistar-Albino male rats were separated into four groups: young mice (<12months-old), young mice+Met, aged mice (24 months old), aged mice+Met. Met (100mg/kg) was supplemented into drinking water for 8 weeks. Morris water maze (MWM) and passive avoidance (PA) tests were used to determine learning and memory functions. Locomotor activity with cabinet system was measured with a computerized system.

**RESULTS:** In MWM test, acquisition latency (1-4 days) of 24 month old rats was increased significantly. In probe trial of MWM test, there is a significant difference between young vs aged rats. There is a significant difference between young+Met vs aged rats and there is a significant difference between aged vs aged+Met group. In probe trial of MWM test, there is a significant reduction in "time spent in the escape platform's quadrant" in aged rats compared to young rats. Metformin treatment reversed reduction of "time spent in the escape platform's quadrant" of aged rats.

In PA test, there was no significant difference in 1st-day latency of rats in all groups. There is a significant difference between young vs aged rats and there is a significant difference between aged vs aged+Met group. The locomotor activity of rats were not affected.

**CONCLUSIONS:** Our findings suggest that aging negatively affects spatial and emotional memory functions in rats. Metformin administration might have an affirmative affect on age-related learning and memory dysfunctions.

**Keywords:** Metformin, learning, memory, aged-rats

[Abstract:0372]

### 0372 - Investigation of applications submitted to the health committee after çözger (special needs report for children) with the development of language- speech communication

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#### ABSTRACT

**BACKGROUND AND AIM:**With the regulation dated 20 February 2019, the processes of the Disability Health Committee and the content of the report have changed and the Special Needs Report for Children (ÇÖZGER) has been implemented in our hospital since May 2019. Within the scope of the regulation, reporting on communication disorders is given to Child and Adolescent Psychiatrist. In our study, it was aimed to investigate the sociodemographic and clinical parameters of children who applied to the health committee with the field of language-speech-communication development, and to identify possible specific variables leading to communication disorders.

**METHODS:**In this study, the files of 64 patients who applied to the Department of Pediatric and Adolescent Psychiatry Clinic of Selçuk University Faculty of Medicine between May-December 2019 with the field of language-speech-communication development were retrospectively reviewed.

**RESULTS:**65.6%(n:42) of the applicants were diagnosed as stuttering, 31.3%(n:20) were diagnosed with speech voice disorder, and 3.1%(n:2) were diagnosed with speech voice disorder with stuttering. When the study sample was divided into two groups as stuttering and speech voice disorder, 78.6% of the patients with stuttering were male and 45.0% of the patients who presented with speech voice disorder is male. There was a significant difference between the two groups in terms of gender distribution ( $p = 0.008$ ). Birth complications were significantly higher in patients with speech voice disorder (35%) than in those with stuttering (11.9%) ( $p = 0.031$ ).

**CONCLUSIONS:**Speech and communication disorders are common neurodevelopmental disorders of childhood. It is now easier to report this situation by child and adolescent psychiatrists in terms of early diagnosis and treatment of comorbidities. Since different communication disorders are associated with different clinical variables affecting prognosis and treatment, our study will guide clinicians because they reveal specific parameters of stuttering and speech voice disorder.

**Keywords:** language disorders, childhood, speech disorders, speech voice disorder, stuttering

[Abstract:0385]

### 0385 - Is obstructive sleep apnea associated with any psychopathology in children?

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#### ABSTRACT

**BACKGROUND AND AIM:**Obstructive sleep apnea syndrome (OSAS) is the pathophysiology of the recurrent partial or total collapse of the upper airways that may impair normal ventilation and sleep. Tonsile hypertrophy and adenoid hypertrophy are the two main factors causing OSAS in children. Children with OSAS often have impaired cognition, executive and emotional functions. In addition, sleep disturbance and hyperactivity symptoms will be exacerbated by the worsening of OSAS.

**METHODS:**Twenty patients with adenoid and/or tonsillar hypertrophy aged 2-10 years referred to the pediatric psychiatry outpatient clinic. 11 (55%) of these children were female and 9 (45%) were male. The mean age was found to be 5.2. Underwent a fully structured psychiatric interview with DAWBA to determine the psychopathology of children. SDQ (strengths and difficulties), Conners Parental Scale-long-form, CSHQ (Child Sleep Habits Questionnaire) were also administered to the parents. The SDQ (Forces and Difficulties Questionnaire) aimed to evaluate 5 parameters:Attention and hyperactivity are behavioral problems, emotional problems, peer problems, and social problems.

**RESULTS:**Among the premorbid features, the most important factors associated with psychopathology were a difficult history of birth and a history of frequent upper respiratory tract infection in childhood ( $p < 0.005$ ). It was showed that 65% (n=13) of patients had symptoms of hyperactivity, 35% (n=7) sleep problems, and 10% (n=2) had behavioral problems.

**CONCLUSIONS:** Comorbid ADHD is very common in children with OSAS. At the same time, children with OSAS have sleep problems in daily life. Studies have shown that there is a close relationship between OSAS and ADHD, and OSAS may contribute to ADHD symptoms. But the relationship is not clear yet, epidemiologic investigations will be required to better understand these relationships, as well as their prognostic implications.

**Keywords:** attention deficit-hyperactivity disorder, hypoxia, obstructive sleep apnea–hypopnea syndrome, sleep problems, tonsil hypertrophy

[Abstract:0389]

### 0389 - Effects of screen time on behavioral problems and competences of Turkish infants with autism spectrum disorders, developmental delay, speech delay and other psychiatric symptoms

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#### ABSTRACT

**BACKGROUND AND AIM:** Literature addressing the effects of screen exposure demonstrated that higher than 2 hours of exposure has an important negative effect on infants' cognitive, social, motor and language development. This study explored how much time infants spend on screen time and investigated its effects on cognitive, language, and motor developmental skills among a clinical sample including infants with Autism Spectrum Disorder (ASD), Developmental Delay (DD), Speech Delay (SD) and basic behavioral problems (BBP). **METHODS:** We used a sociodemographic form, a questionnaire about screen time of infants and BITSEA scale. All measures were enrolled by mothers. We evaluated 203 patients. We used ANCOVA analysis.

**RESULTS:** The mean screen time in this clinical sample is 2.7±2.7 hours a day. There was not a significant difference between groups ( $F=2.02$ ;  $p=0.112$ ). Problem domain subscale scores of BITSEA were higher in DD group than other groups. There was a significant difference between DD and SD group in this subscale (Mean ±SD: 24.3±13.9 vs 13.8±8.6;  $p=0.03$ ). The highest Competence domain subscale scores of BITSEA were in SD group; and the lowest scores were in ASD group. There were significant differences between BBP-ASD and ASD-SD groups (For BBP-ASD: Mean ±SD were 15.7±3.7 vs 12.7±5.3;  $p=0.01$  and for ASD-SD: Mean ±SD were 12.7±5.3 vs 17.5±2.7;  $p<0.001$ ). Correlation analysis revealed that only the relationship between Problem domain scores and video/game exposure time was strong in BBP groups ( $r=.63$ ,  $p<0.001$ ). In other groups there was not a strong relationship between problem domain and screen exposure times.

**CONCLUSIONS:** Our study demonstrated that Turkish infants who applied to psychiatry clinics have severe screen exposure than advised. This problem has an important effect on behavioral problems of infants in BBP group instead of psychiatric disorders groups. Increasing awareness of families on screen exposure seems to be very important.

**Keywords:** Autism Spectrum Disorders, Developmental Delay, Infants, Screen time, Speech Delay

[Abstract:0412]

### 0412 - Pycnogenol and curcumin attenuates cognitive deficits and biochemical parameters in type-2 diabetes mellitus-induced Alzheimer's disease on rats

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#### ABSTRACT

**BACKGROUND AND AIM:** Incidence of Alzheimer's Disease (AD) and Type-2 Diabetes Mellitus (T2DM) increases with age and development of one increases risk of others. Pycnogenol extracted from pine (*Pinus* sp.) tree bark and curcumin extracted from turmeric (*Curcuma longa*) rhizome have been shown to have potential effects on T2DM and AD. In our study, we aimed to investigate single and combined effects of pycnogenol and curcumin and compare with rivastigmine in T2DM-induced AD model.

**METHODS:**Experiments were carried out with approval of Marmara University Animal Experiments Local Ethics Committee (19.2018.mar). Rats were divided into 6 groups: Control, Alzheimer, Pycnogenol (10 mg/kg), Curcumin (80 mg/kg), Pycnogenol and Curcumin, and Rivastigmine groups. T2DM-induced AD model was induced by feeding with high-fat diets for 8 weeks and administration of low dose streptozotocin at end of 4th week. Anxiety and locomotor activities of rats were assessed by open field test (OFT); cognitive deficits were assessed by novel object recognition test (NORT) and Morris's water maze test (MWM). Insulin in rat hippocampus, brain cortex, pancreas and serum; and amyloid-beta 1-42 ( $A\beta$  1-42) in rat hippocampus and brain cortex are measured with ELISA method. Results of tests were analyzed by one-way ANOVA followed by Bonferroni method as a post-test. This study was supported by Marmara University Scientific Research Projects Committee (SAG-C-YLP-110718-0444).

**RESULTS:**The time spent in central area was increased in treatments group in comparison with Alzheimer group in OFT ( $p<0.05$ ). According to NORT and MWM results, a significant difference was found between control and Alzheimer groups and Alzheimer and treatment groups ( $p<0.05$ ). In the ELISA analysis, the deterioration in Alzheimer group compared to control group significantly improved in treatment groups ( $p<0.05$ ).

**CONCLUSIONS:**We have found that both single and combined pycnogenol and curcumin improved T2DM and AD parameters and cognitive functions in T2DM-induced AD rats.

**Keywords:** Type 2 diabetes mellitus, Alzheimer's disease, pycnogenol, curcumin, T2DM-induced AD model.

[Abstract:0429]

### 0429 - Attention deficit hyperactivity disorder, depression and anxiety levels in patients type 1 diabetes mellitus

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#### ABSTRACT

**BACKGROUND AND AIM:**In this study, we aimed to compare the attention deficit hyperactivity disorder, anxiety and depression levels of Type 1 diabetes mellitus (DM) patients with healthy controls. We also wanted to investigate the relationship between HgbA1c levels and clinical parameters in patients with type 1 DM.

**METHODS:**Thirty-two Type 1 DM patients and 28 healthy controls were included in the study. Mothers completed the Conners' Parent Rating Scale-Revised Short (CPRS-RS) to assess children's attention deficit hyperactivity disorder symptoms. Children completed the Revised Child Anxiety and Depression Scales – Child Version (RCADS-CV).

**RESULTS:**CPRS-RS and RCADS-CV subscales did not differ significantly between the groups. There was no correlation between HgbA1c levels and CPRS-RS and RCADS-CV subscales.

**CONCLUSIONS:**We could not find any difference between type 1 DM and healthy controls symptoms of depression, anxiety and attention deficit hyperactivity disorder. The results of this study are preliminary data and the increase in the number of samples will give us more accurate information.

**Keywords:** anxiety, attention-deficit/hyperactivity disorder, depression, type 1 diabetes mellitus

[Abstract:0436]

### 0436 - Expressed emotion and psychopathological symptoms in bipolar offspring: a preliminary study

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#### ABSTRACT

**BACKGROUND AND AIM:**Expressed emotion (EE) shows a strong relationship between environmental changes in the family system and mental health of family members. Therefore we aimed in this study was to investigate perceived EE in offspring of parents with bipolar disorder and to evaluate the relationship between perceived expressed emotion and psychological symptoms in offspring of parents with bipolar disorder.

**METHODS:**The sample of this single-center cross-sectional case-control study consisted of 12 offspring of parents with bipolar disorder and their parents. The control group consisted of 17 age- and sex-matched healthy adolescents and their parents. EE was assessed using the Shortened

Level of Expressed Emotion Scale (SLEES) and psychological symptoms was assessed using the Strengths and Difficulties Questionnaire (SDQ). **RESULTS:**The total scores of perceived EE ( $p = 0.37$ ) and lack of emotional support ( $p = 0.37$ ) subscale of SLEES were significantly higher in bipolar offspring group than in the control group. When the two groups were compared in terms of psychological symptoms, no significant difference was found between control group and bipolar offspring. According to the Spearman correlation, there was a moderate negative correlation ( $p=0.018$   $r=0.666$ ) between the prosocial behaviour subscale of SDQ and the intrusiveness subscale of SLEES. **CONCLUSIONS:**The presence of strong genetic effects in the pathophysiology of bipolar mood disorder and the onset of the disease in childhood and adolescence indicate that the offspring of these patients are at risk for this disease. High level of perceived EE and less emotional support in these children may be a risk for future psychopathologies. In this context, it may be clinically useful to follow these children in terms of expressed emotion.

**Keywords:** adolescent, bipolar disorder, expressed emotion,

[Abstract:0439]

### 0439 - Investigating the relationship between beliefs toward mental illness and caregiver burden in caregivers of individuals with schizophrenia

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#### ABSTRACT

**BACKGROUND AND AIM:**Schizophrenia is a severe mental disorder that begins at a young age and causes disability by adversely affecting interpersonal relationships, emotion, thought and behavior. It is known that schizophrenia directly affects both the patient and family members living with the schizophrenia patient. The attitudes and beliefs of the society may affect the acceptance and treatment of individuals with mental illness. In this study, we aimed to assess the relationship between beliefs toward mental illness and caregiver burden in caregivers of individuals with schizophrenia.

**METHODS:**Thirty four caregivers whose patients diagnosed with schizophrenia according to DSM-5 were enrolled in this study. The sociodemographic data form, beliefs toward mental illness scale (BTMIS) and Zarit Caregiver Burden Interview (Zarit) were administered to caregivers. Data were analyzed statistically with SPSS.

**RESULTS:**There were 14 (41.2%) female, 20 (58.8%) male caregivers. The mean age is  $58.88 \pm 10.97$ . 26 (76.5%) of them were married, 32 (94.1%) were unemployed. There were 6 (17.6%) son or girl of patients, 14 (41.2%) were mother or father, 12 (35.3%) were wife or husband and 2 (5.9%) were sister or brother. Individuals mean BTMIS total score was  $71.17 \pm 6.95$ . BTMIS has three subscales. Dangerous subscale mean score was  $17.82 \pm 2.70$ , incurability and disturbance in interpersonal relationships subscale mean score was  $30.64 \pm 3.56$ , shame subscale mean score was  $22.70 \pm 3.61$ . There were positive moderate correlations between Zarit and BTMIS shame subscale.

**CONCLUSIONS:**There are various studies about attitudes and beliefs of the society may affect caregiver burden but there aren't enough studies about relationship between caregiver beliefs and caregiver burden. Significant correlation in our study supported this relationship.

**Keywords:** schizophrenia, caregiver burden, beliefs, mental illness

[Abstract:0440]

### 0440 - Evaluation of pineal gland volume in children with intellectual disability

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#### ABSTRACT

**BACKGROUND AND AIM:**Studies have reported changes in volume of pineal gland (PG) which releases melatonin and is known to be associated with sleep and circadian rhythm in some psychiatric disorders. Within our knowledge, this is the first study evaluating pineal gland volume on children with intellectual disability (ID).

**METHODS:**This study included 40 6-12 years-old children who applied to child psychiatry outpatient clinics of KSÜ and ÇÜ Medical Faculties with mild to moderate ID according to DSM-V and 40 age- and sex-matched controls. Study was conducted as multicentric and retrospective. We evaluated sociodemographic characteristics and PG volume on MRI.

**RESULTS:**The mean age was  $9,13 \pm 1,94$  and  $9,78 \pm 1,80$  in patient and control group, respectively. The two groups were similar for age and sex ( $p > 0.05$ ). The mean total PG volume was  $76.29 \pm 34.47$  mm (median = 78.05mm) in patient group and  $64.41 \pm 38.42$  mm (median = 50.55mm) in control group. Total PG volume of patient group was significantly larger than controls ( $p = 0.023$ ). However, there was no statistically significant difference between mild and moderate ID. There was a moderate and positive correlation between WISC-R performance score and total PG volume ( $p=0.049$  and  $r=0.313$ ) only in patient group.

**CONCLUSIONS:**PG is known for its effect on sleep, sexual desires, immune system, antioxidant/anticancer effects, protection against infections mental state, daily body rhythm, gastrointestinal system and life expectancy. Some psychiatric disorders are thought to be associated with PG volume and different results of PG volume were reported. In our study, we found that PG volume was increased in children with ID than controls. The exact cause of this condition is not known. Prospective studies with larger samples are needed to evaluate this matter.

**Keywords:** adolescent, child, Intellectual disability, manyetik rezonans imaging, pineal gland volüme

[Abstract:0442]

#### 0442 - Empagliflozin ameliorates type 2 diabetes induced-alzheimer's disease-like alterations in high-fat diet-fed rats via inhibiting sodium glucose co-transporter 2 in the brain

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##### ABSTRACT

**BACKGROUND AND AIM:**Type 2 diabetes mellitus (T2DM) and Alzheimer's disease (AD) are mutually triggering diseases. Sodium glucose co-transporter-2 (SGLT2) inhibitors, which are oral antidiabetic drugs, are thought to be an effective treatment option for AD with its acetylcholinesterase inhibitor effect. In this study, the therapeutic effect and mechanism of the SGLT2 inhibitor empagliflozin (EM) were investigated in T2DM-induced AD model on rats by high-fat diet and low-dose STZ administration.

**METHODS:**Sprague-Dawley rats were divided into 5 groups, each containing 12 rats; control (C), Alzheimer's disease (AD), empagliflozin treatment (AD+EM, 10 mg/kg), and metformin treatment (AD+M, 400 mg/kg). AD and treatment groups were fed with a high-fat diet (HFD) for 4 weeks and then low dose (40 mg/kg) STZ was injected to induce model. Open field test (OFT), new object recognition test (NORT), passive avoidance test (PA), and Morris's water maze (MWM) were performed and body weight, blood glucose level (BGL), insulin, A $\beta$  1-42, and SGLT levels were measured.

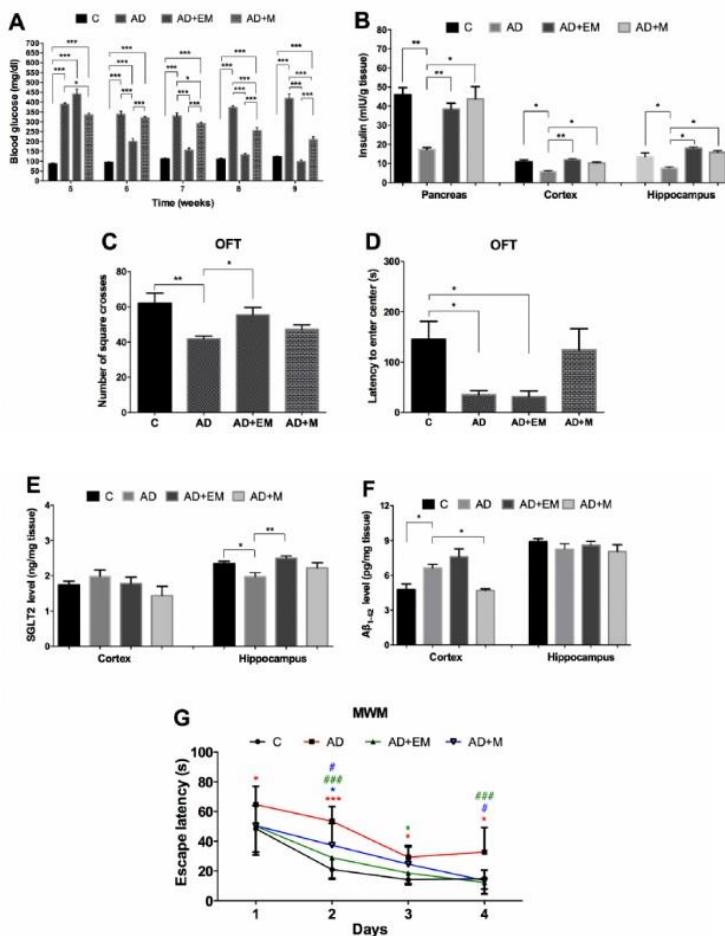
**RESULTS:**EM balanced BGL ( $p < 0.001$ ) and increased the level of insulin in the pancreas, cortex, and hippocampus ( $p < 0.05$ ) but not in the serum. The number of square crosses significantly increased in the AD+EM group compared to the AD group ( $p < 0.05$ ). AD+EM group significantly improved the total time spent in the target quadrant compared to the AD group on day 4 in MWM ( $p < 0.001$ ). SGLT2 level was higher in the hippocampus of the AD+EM group compared to the AD group ( $p < 0.01$ ) and metformin significantly decreased the level of A $\beta$  1-42 compared to the AD group ( $p < 0.05$ ) (Figure 1).

**CONCLUSIONS:**These result showed that EM improved the cognitive functions via its SGLT inhibitor effect. Thus, EM may be beneficial in AD with its positive effects on cognitive function and glucose balancing.

**Keywords:** Alzheimer's Disease, Diabetes Mellitus, SGLT-2 Inhibitors, Acetylcholinesterase Inhibitors, Empagliflozin



Figure 1



(A) Blood glucose level of rats after starting the treatment; (B) insulin levels in pancreas, cortex, and hippocampus; (C) The number of square crosses, (D) latency to enter center, (E) SGLT2 and (F) Aβ<sub>1-42</sub> level in cortex and hippocampus; (G) Latency to platform of rats in MWM test. \**p* < 0.05, \*\**p* < 0.01, \*\*\**p* < 0.001 represent statistical differences compared to C; #*p* < 0.05, ##*p* < 0.01, ###*p* < 0.001 compared to AD groups.

[Abstract:0444]

#### 0444 - Attention deficit hyperactivity disorder symptoms and autistic traits in patients with congenital heart disease: preliminary data

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#### ABSTRACT

**BACKGROUND AND AIM:** It has been suggested that common genes may be responsible for congenital heart disease, attention deficit hyperactivity disorder (ADHD) and autism spectrum disorder (ASD) etiology. In the present study, we aimed to compare the symptoms of ADHD and autistic traits of patients with congenital heart disease with healthy controls.

**METHODS:** Twenty patients with congenital heart disease and 21 healthy controls were included in the study. The mothers completed the Conners' Parent Rating Scale-Revised Short (CPRS-RS) for ADHD symptoms and the Social Responsiveness Scale (SRS) for autistic traits.

**RESULTS:** Seven of the cases diagnosed with congenital heart disease are boys and 13 are girls. Of the control group, 10 are boys and 11 are girls. There is no significant difference in sex between the two groups (*p*=0.412). While the average age of the patient group is 11.6±4.1, the average age of the control group is 9±3.7. There is a significant difference between the average age of the groups (*t*=2.141, *p*= 0.039). There is no difference in terms of birth times of the participants in the groups. In the patient group, 18 patients had acyanotic and 2 patients had cyanotic heart disease. While 5 cases were operated in the patient group, 15 cases were not operated. CPRS-RS oppositional subscale score was higher in congenital heart disease group than healthy controls (*t* = 2.071, *p* = 0.045). CPRS-RS other subscales (inattention, hyperactivity subscale, and ADHD index) and SRS total score did not differ significantly between the groups.

**CONCLUSIONS:**In patients with congenital heart disease, the oppositional scores were higher. Interventions to reduce the oppositional behaviors of these cases will improve the quality of life of the families.

**Keywords:** attention-deficit/hyperactivity disorder, autistic traits, congenital heart disease

[Abstract:0447]

#### 0447 - Whole- brain morphometric studies in sexually abused female adolescence by voxel- based morphometry

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#### ABSTRACT

**BACKGROUND AND AIM:** During the adolescence the youths have to overcome the new challenges with their changing social and physical life, while neuroplastic changes and maturation continues in the brain regions specialized to control impulses, decision making, social adjustment. We investigated the effects of sexual abuse adverse effects that adolescence might have, on their brain structure.

**METHODS:** We enrolled fifty-seven female adolescents with a history of sexual abuse during adolescence and thirty-three healthy female adolescents. We compared structural brain images of the groups in terms of whole brain VBM.

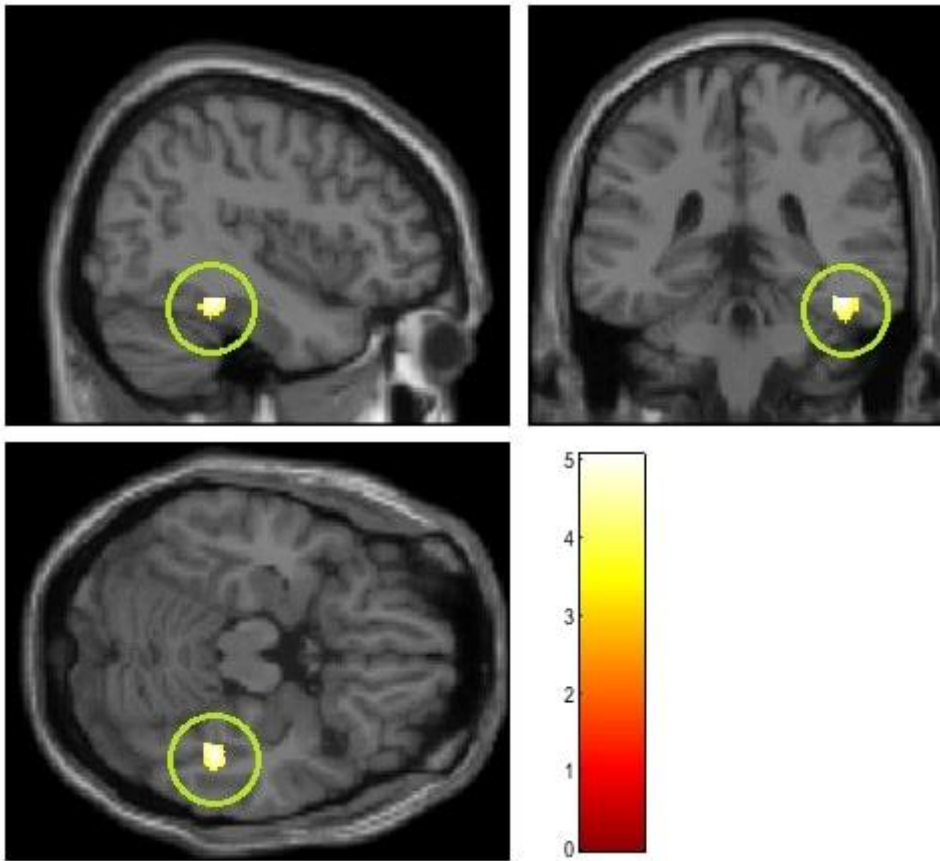
**RESULTS:** Regarding VBM analysis measured between two groups, when total brain volume, age and IQ were accepted as covariates and upon removing the effects of these variables and remaining values corrected statistically, areas that held statistically significant differences were found as left thalamus and right fusiform gyrus, where gray matter were in higher concentrations in healthy controls and female adolescents with a history of sexual abuse (pFWEcorr <0.05). As for female adolescents with a history of sexual abuse, the area with higher concentrations of gray matter was identified as right primary visual area, when compared to the control group (pFWEcorr=0.875, puncorr<0.001). Through a review of relevant literature, we determined areas that had been identified with brain imaging studies of other subjects with a history of sexual abuse as apriori area, and through a VBM analysis of these areas, we have found that areas that contained more gray matter in controls when compared to subjects with a history of sexual abuse were right angular gyrus, right premotor cortex, right middle temporal gyrus, left middle frontal gyrus, pars triangularis, left and right primary motor cortex, right supramarginal gyrus, secondary sensorimotor cortex, right and left visual association cortex (p uncorrected <0.001).

**CONCLUSION:** These findings emphasize the importance of having sexual abuse in adolescence, which may cause changes in brain structure.

**Keywords:** Sexual abuse, adolescence, voxel-based morphometry, thalamus, fusiform gyrus

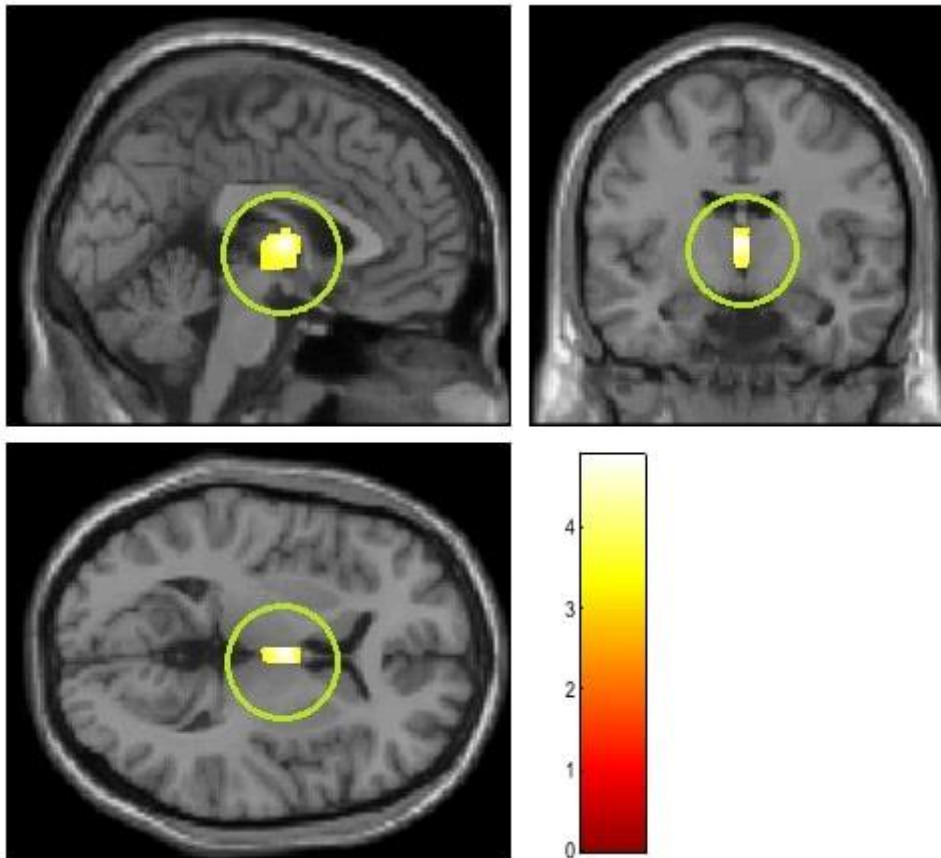


Figure 1



*Decreased grey matter volume was detected in the right fusiform gyrus for the sexually abused group*

Figure 2



*Decreased grey matter volume was detected in the left thalamus for the sexually abused group*

**Table 1** Gray matter differences between groups in voxel-based morphometry analysis

Region	MNI Coordinates X	MNI Coordinates Y	MNI Coordinates Z	Cluster size (mm <sup>3</sup> )	P value	t-value	Side	Brodman Area
Abused<Control Fusiform Gyrus	42	-41	14	823	0.027*	5.06	R	BA 37
Abused<Control Thalamus	-2	-11	11	4833	0.046*	4.89	L	BA 50
Abused<Control Secondary visual association cortex	18	-90	14	607.5	<0.001**	4.44	R	BA 18
Abused<Control Visual association cortex	-9	-90	14	287	<0.001**	4.00	L	BA 18

The threshold was set at  $p < 0.05$  (FWE-corr); \*: FWE corrected, \*\*: uncorrected L: left, R: right; BA, Brodmann area x, y, z, coordinates of primary peak locations in the MNI space; T statistical value of peak voxel showing gray matter difference among the abused and control group

**Table 2** Gray matter differences between the groups in voxel-based morphometry analysis(Explanatory uncorrected results)

Comparison	Region	MNI Coordinates X	MNI Coordinates Y	MNI Coordinates Z	Cluster size (mm <sup>3</sup> )	P uncorr value	t-value	Side	Brodman Area
Control>Sexually Abused	Fusiform gyrus	42	-41	-14	823.5	$p < 0.001^*$	5.06	R	BA 37
Control>Sexually Abused	Secondary visual association cortex	18	-90	14	607.5	$p < 0.001^*$	4.44	R	BA 18
Control>Sexually Abused	Angular gyrus	41	-65	30	162	$p < 0.001$	4.32	R	BA 39
Control>Sexually Abused	Premotor area	63	5	-2	239	$p < 0.001$	4.09	R	BA 6
Control>Sexually Abused	Middle temporal gyrus	48	-32	9	273	$p < 0.001$	3.66	R	BA 21
Control>Sexually Abused	Premotor cortex	9	-23	77	499	$p < 0.001$	3.67	R	BA 6
Control>Sexually Abused	Pars Triangularis	38	26	12	61	$p < 0.001$	3.42	R	BA 45
Control>Sexually Abused	Primary motor cortex	48	-11	32	199	$p < 0.001$	3.37	R	BA 4
Control>Sexually Abused	Supramarginal gyrus	39	-38	45	320	$p < 0.001$	3.73	R	BA 40
Control>Sexually Abused	Middle frontal gyrus	-39	24	30	54	$p < 0.001$	3.46	L	BA 9&10
Control>Sexually Abused	Primary motor cortex	-59	-6	39	44	$p < 0.001$	3.40	L	BA 4
Control>Sexually Abused	Visual association cortex	-9	-90	14	287	$p < 0.001$	4.00	L	BA 18
Control>Sexually Abused	Secondary sensory cortex	-11	-63	42	7	$p < 0.001$	3.23	L	BA 5&7

The threshold was set at  $p < 0.05$  (FWE-corr); \*: FWE corrected, \*\*: uncorrected L: left, R: right; BA, Brodmann area x, y, z, coordinates of primary peak locations in the MNI space; T statistical value of peak voxel showing gray matter difference among the abused and control group

[Abstract:0449]

**0449 - The association between social anxiety and types of problematic internet use in adolescents with adhd**Özalp Ekinci, Özge İpek Doğan, Cemre Yaşöz, Selin Ayşe İpek Baş, Nazan Ekinci, İbrahim Adak*University of Health Sciences, Faculty of Medicine, Department of Child Psychiatry, Erenköy Training and Research Hospital***ABSTRACT**

**BACKGROUND AND AIM:** Problematic internet use is highly common in adolescents with Attention deficit hyperactivity disorder (ADHD). This study aims to investigate the association between social anxiety and types of problematic internet use in adolescents with ADHD.

**METHODS:** A total 181 adolescents (mean age 15.4 years, 70% males) with a documented DSM-V ADHD diagnosis were included in the study. To assess problematic internet use; Young's Internet Addiction Scale (IAS), Digital Game Addiction Scale (DGAS) and Facebook/Instagram Addiction Scale (FAS) were administered to the sample. Liebowitz Social Anxiety Scale (LSAS) was used to measure social anxiety and avoidance.

**RESULTS:** All of the three LSAS scores, total, anxiety and avoidance scores, were found to be higher in adolescents with internet addiction risk (IAS>50) when compared to those without. Adolescents with facebook addiction risk (FAS>42) had also significantly higher LSAS total, anxiety and avoidance scores. Similarly, adolescents with probable social anxiety (LSAS >60) had higher scores on IAS and FAS. The link between LSAS and DGAS scores, however, appeared to be less pronounced. Only the LSAS avoidance scores were found to be higher in those with DGAS addiction risk.

**CONCLUSIONS:** Our findings suggest that adolescents with ADHD who have problematic internet use have a high risk for social anxiety. Facebook/instagram addiction, but not digital game addiction, appears to be mainly responsible for this association. Given the complex link between social anxiety, avoidance and addiction, the relationship between social anxiety and internet addiction may be best defined as a bidirectional one. Future prospective studies are needed to draw a conclusion on the individual and psychosocial correlates of this association.

**Keywords:** social anxiety, problematic internet use, adolescents, ADHD

**Table 1.** LSAS scores in adolescents with low and high IAS, FAS and DGAS scores

	<b>IAS low score</b> Mean(SD) N(%)	<b>IAS high score</b> Mean(SD) N(%)	<b>P value</b>
<b>LSAS Total</b>	91.3(22.6) 98(%56)	103.3(28) 74(%45)	0.02
<b>LSAS Anxiety</b>	45.3(12) 100(%57)	52(14.1) 75(%42)	0.01
<b>LSAS Avoidance</b>	46.1(13.3) 98(%60)	54.1(16.2) 74(%45)	0.05
	<b>FAS low score</b>	<b>FAS high score</b>	
<b>LSAS Total</b>	93.6(%24.3) 91(%62)	103.3(28.5) 55(%37)	0.03
<b>LSAS Anxiety</b>	45.3(12.5) 93(%62)	54(13.5) 56(%38)	0.01
<b>LSAS Avoidance</b>	48.4(15.3) 91(%62)	53(15.6) 55(%37)	0.05
	<b>DGAS low score</b>	<b>DGAS high score</b>	
<b>LSAS Total</b>	94.5(24.9) 115(%96)	100.9(27.9) 4(%0.3)	0.14
<b>LSAS Anxiety</b>	47.8(13.3) 117(%96)	49.1(13.6) 4(%0.3)	0.57
<b>LSAS Avoidance</b>	47.8(15.4) 115(%96)	53.6(14.5) 4(%0.3)	0.02

IAS: Internet Addiction Scale, LSAS: Liebowitz Social Anxiety Scale, DGAS: Digital Game Addiction Scale, FAS: Facebook Addiction Scale

[Abstract:0454]

**0454 - Self-esteem and impulsivity in adolescents with suicide attempt**

Nazmiye Öcalan, Gülen Güler Aksu

*Department of Child and Adolescent Mental Health and Diseases, Mersin University, Turkey***ABSTRACT**

**BACKGROUND AND AIM:**The aim of this preliminary study was to investigate the self-perception and impulsivity levels of adolescents with suicide attempts.

**METHODS:**67 patients aged between 10-18 years who applied to Mersin University Child Psychiatry Polyclinic between November 2019 and January 2019 were included. The subjects were divided into two groups as at least one attempted suicide and no attempted suicide. Sociodemographic data form, Rosenber Self-Esteem scale and Barrat Impulsivity scale were applied to the groups and comparisons were made between the two groups.

**RESULTS:**Twenty - five suicidal attempts and 42 non - suicidal attempts were included in the study. 80% of the suicide attempts were women and 20% were men. There was no significant difference between the groups with and without suicide attempt. There is a statistically significant relationship between family history of mental illness and 62.5% of 24 people who attempted suicide have no family history of mental illness. In our study, 80% of 25 people who attempted suicide had a comorbid diagnosis. While there was no statistically significant difference between the groups with and without suicide attempt in terms of Barrat subscale mean scores, Rossenberg self-esteem total score averages were significantly lower than those without suicide attempt.

**CONCLUSIONS:**It has been reported that approximately two thirds of adolescent suicide attempts are motivated by the desire to die. (1). In a study comparing suicide attempts (n = 30) and non-suicide attempts (n = 24), it was shown that those who had a history of suicide attempt had higher impulsivity. (2).

In our study, self-esteem was found to be lower in adolescents who attempted suicide compared to the control group. In our study, comorbid psychiatric diagnoses were high in adolescents who attempted suicide and their psychiatric diagnosis history was high in their families.

**Keywords:** adolescent, suicide, impulsivity, self-esteem

[Abstract:0462]

**0462 - Parent-child interaction, parental attachment styles and parental alexithymia levels of children with autism spectrum disorder**Rahime Duygu Temeltürk<sup>1</sup>, Esra Yürümez<sup>2</sup>, Merve Çıkkılı Uytun<sup>2</sup>, Didem Behice Öztop<sup>2</sup>

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**ABSTRACT**

**BACKGROUND AND AIM:** Several studies have pointed out that parents' of children with Autism Spectrum Disorders (ASD) have difficulties in relationships with their partner and children because of their alexithymic characteristics and attachment styles. The aim of our study was to investigate the alexithymia levels and attachment-related behaviors, child-parent interaction patterns and family functioning among the groups of children with ASD(Autism Spectrum Disorder), GDD(Global Development Delay) and healthy controls.

**METHODS:** The sample included 76 children aged between 1-5 years, including 25 ASD, 24 GDD and 27 typically developing (TD) children. In order to compare parents' interaction with their children among three groups, PIR-GAS (Parent-Infant Relationship Global Assessment Scale), an observational and structured assessment based on DC: 0-5 was applied. The mothers and fathers were asked to complete TAS(Toronto Alexithymia Scale), ECR(Experiences in Close Relationships Scale) and FAD(Family Assessment Device) to determine alexithymia levels, romantic attachment styles and family characteristics.

**RESULTS:** Examining the quality of parent-child relationship based on the PIR-GAS scores of ASD, GDD and TD groups were 30-80 points (mean 48), 40-80 (mean 60), 50-90 (mean 74), respectively indicating TD had the highest and the ASD had the lowest (F (2,73)=34,54, p<0.001). Family functioning rated by fathers of children with GDD was worse than that of children with ASD and healthy ones. There was no significant difference between the parents in terms of alexithymia levels, and no reciprocal relationship between psychopathology and parent's own attachment style.

**CONCLUSIONS:** This is the first study investigating alexithymia levels, attachment styles in romantic relationships and interactions of parents with their children with ASD, and comparing these results with those of parents of children with GDD or healthy ones. Further studies are

warranted to understand these concepts and improve the quality of parent–child interaction with appropriate intervention approaches.

**Keywords:** alexithymia, attachment, autism spectrum disorder, parent-child interaction

[Abstract:0467]

## 0467 - Camellia sinensis leaves extract improves the alzheimer's disease-like alterations induced by type 2 diabetes

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<sup>1</sup>Depart of Pharmacology, Marmara University, Istanbul, Turkey, <sup>2</sup>Depart of Pharmacognosy, Marmara University, Istanbul, Turkey

### ABSTRACT

**BACKGROUND AND AIM:** A sufficient medical treatment targeting Alzheimer's disease (AD) in patients has not yet been proved. To use antidiabetic drugs such as metformin in order to treat AD is an alternative treatment strategy and has been given more importance in the last decade. In our study, a plant extract prepared by *Camellia sinensis* (green tea), which inhibits sodium-dependent glucose transporter-1 (SGLT-1), was used in the treatment of type 2 diabetes mellitus (T2DM)-induced AD-like alterations.

**METHODS:** There are 4 groups in the animal test and 12 Sprague-Dawley rats in each test group: control (C), Alzheimer's disease (AD), *C. sinensis* treatment (AD+CS, 625 mg/kg), and metformin treatment (AD+M, 400 mg/kg). AD and treatment groups were fed with a high-fat diet (HFD) for 4 weeks and then low dose (40 mg/kg) STZ was injected to induce AD model. Open field test (OFT), new object recognition test (NORT), passive avoidance test (PA), and Morris's water maze (MWM) were performed.

**RESULTS:** There are significant differences between the exploration time of familiar and novel object in control ( $p < 0.001$ ), AD+CS ( $p < 0.05$ ), and AD+M groups ( $p < 0.05$ ) but there is no significant difference in AD group. Discrimination and preferential index were also evaluated in NORT and it is clearly seen that all groups are significantly higher ( $p < 0.05$ ) than AD group in discrimination index. C and AD+M groups had significantly higher preferential index compared to AD group ( $p < 0.05$ ). Short-term memory impairment was improved with metformin and *C. Sinensis* treatments. When the treatment groups were examined, it was observed that AD+M group significantly improved the total time spent in the target quadrant compared to AD+CS group on day 4 ( $p < 0.01$ ) (Figure 1).

**CONCLUSIONS:** Consequently, *C. Sinensis* may be used as a supportive treatment to improve the cognitive functions in T2DM-induced AD rats.

**Keywords:** Alzheimer's Disease, Diabetes Mellitus, *Camellia sinensis*, Medicinal plants, Morris's water maze

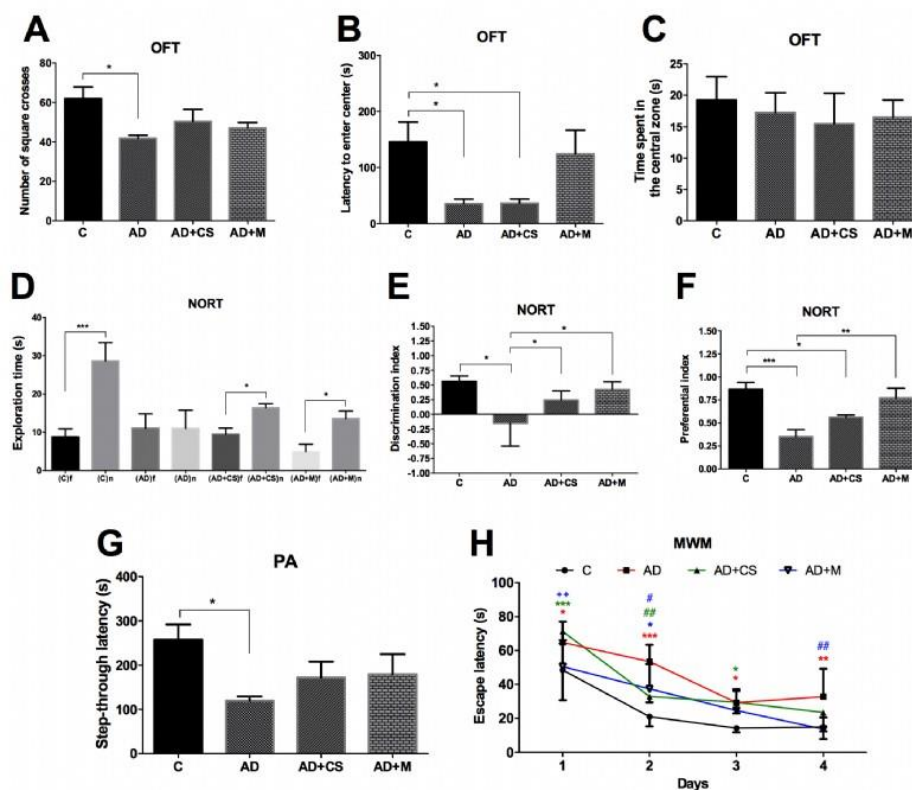


Figure 1: (A) The number of square crosses, (B) latency to enter center, and (C) latency to enter center of rats in OFT. (D) Exploration time, (E)



discrimination index, and (F) preferential index of rats in NORT. (G) Step-through latency of rats in PA test. (H) Latency to platform of rats in MWM test. The results represents Mean  $\pm$  SEM. ANOVA was performed followed by Tukey post hoc test. \* $p < 0.05$ , \*\* $p < 0.01$ , \*\*\* $p < 0.001$  represent statistical differences compared to C group and # $p < 0.05$ , ## $p < 0.01$ , ### $p < 0.001$  represent statistical differences compared to AD group. + $p < 0.05$ , ++ $p < 0.01$ , +++ $p < 0.001$  represent statistical differences compared to AD+CS group.

[Abstract:0478]

#### 0478 - Peer aggression in early childhood: associated medical, psychiatric and familial factors in a clinical sample

Özalp Ekinci, Nazan Ekinci, Selin Ayşe İpek Baş, Özge İpek Doğan, Cemre Yaşöz, Muhammet El Bayati, İbrahim Adak

University of Health Sciences, Faculty of Medicine, Department of Child Psychiatry, Erenköy Training and Research Hospital

#### ABSTRACT

**BACKGROUND AND AIM:** Early onset aggressive behaviors may be considered as a public health problem. We aimed to investigate the associated factors of peer aggression in preschool children.

**METHODS:** 112 children (aged between 2 and 5, mean age=44.7 months) with the primary complaints of aggressive behaviors by their parents were included in the study. A semi-structured inquiry was used to evaluate the demographic features, medical and psychiatric characteristics of children, birth-related information, parents' psychological profiles and family functioning patterns of the sample. Peer aggression was classified in two groups according to the severity: none-mild and moderate-severe. Moderate-severe peer aggression was defined as the marked risk or the presence of physical harm to peers. The Aberrant Behaviour Checklist (ABC), Children's Sleep Habits Questionnaire (CSHQ), CBCL Child Behavior Checklist/2-3 (CBCL/2-3) were administered for the children while, Beck Depression Inventory (BDI), Wender Utah Rating Scale (WURS) and State-Trait Anxiety Inventory (STAI) were used for the parents. Family functioning was assessed with Family Assessment Device (FAD).

**RESULTS:** 45% (n=51) children had moderate-severe peer aggression. Moderate-severe peer aggression was found to be associated with aggressive behaviors to self, mother, father, siblings and destruction of property ( $p < 0.05$ ). Difficult birth, lower socioeconomic status, marital relationship problems and lower parental education levels were more frequent in those with moderate-severe peer aggression ( $p < 0.05$ ). Among the scale scores; Child's CSHQ total score and CBCL, total, internalized and externalized scores higher in moderate-severe peer aggression. BDI of fathers, WURS of both parents, and the general functioning, affective involvement and affective responsiveness scores of FAD were also found to be associated with moderate-severe peer aggression ( $p < 0.05$ ).

**CONCLUSIONS:** Peer aggression in preschool children is associated with multiple, mostly interlinked, factors. Our findings indicate that parental characteristics and family functioning appear to be especially important in the evaluation and prognosis of affected children.

**Keywords:** Peer aggression, early childhood, sleep, parent

	Peer aggression None-mild n(%)	Peer aggression Mod-Severe n(%)	p
<b>Gender</b>			
Boy	39(34.51)	40(35.39)	0.07
<b>Types of delivery</b>			
Cesarean section	41(36.6)	28(25)	0.27
<b>Gestational age</b>			
Term	48(42.8)	41(36.6)	0.74
<b>Difficult birth</b>	6(5.35)	12(10.71)	0.04
<b>Kindergarten</b>	23(20.9)	16(14.5)	0.48
<b>Aggressive behavior to self</b>			
Moderate-severe	11(9.7)	25(22.1)	<0.001
<b>Aggressive behavior to mother</b>			
Moderate-severe	22 (19.4)	36(31.8)	<0.001
<b>Aggressive behavior to father</b>			
Moderate-severe	15(13.3)	30(26.7)	<0.001
<b>Aggressive behavior to siblings</b>			
Moderate-severe	16(17.9)	34(38.2)	<0.001
<b>Destruction of property</b>			
Moderate-severe	28(24.7)	38(33.6)	<0.001
<b>Mother's education level</b>			
Primary school or lower	27(24.5)	31(28.1)	0.04
<b>Father's education level</b>			
Primary school or lower	24(24.7)	27(27.8)	0.05
<b>Household monthly income (&lt;2000\$)</b>	1(0.89)	6(5.35)	0.05
<b>Marital relationship problems</b>			
Frequent conflicts	7(6.4)	13(11.9)	0.05

[Abstract:0479]

**0479 - The associated factors of inpatient service noncompliance in adolescent substance use disorder**Özalp Ekinci, Selin Ayşe İpek Baş, Nazan Ekinci, Cemre Yaşöz, Özge İpek Doğan, İbrahim Adak*Sağlık Bilimleri Üniversitesi Tıp Fakültesi Çocuk Psikiyatri AB Dalı, Erenköy SUAM***ABSTRACT**

**BACKGROUND AND AIM:**This study aimed to investigate the associated factors and clinical correlates of service noncompliance in adolescents with substance abuse disorder.

**METHODS:**A total of 92 male adolescents (mean age: 16.3 years) were included. The mean duration of inpatient treatment was 21 days. Study sample were evaluated at the time of service admission, during inpatient treatment and at discharge with comprehensive interviews and self-reported scales. Several variables including individual (the presence of childhood and current ADHD, anger control before service admission, depressive mood, self-injurious behavior, adjustment to service educations, tattoo and piercings, history of physical and sexual abuse) psychosocial (the beginning age substance use, substance of choice, alcohol abuse) of and familial (psychiatric history, legal problems and substance use in parents) factors were investigated. Detailed interviews were also undertaken with the service nurse, social worker and psychologist to evaluate service compliance (the presence of at least three of the following: a) following service rules, b) accepting the established duration of inpatient treatment and service education sessions, c) building positive relationships with service employees, d) not being involved in a physical fight with other patients (should be present). The Buss-Perry Aggression Questionnaire (BPAQ) was used to measure anger control difficulties.

**RESULTS:**Adolescents with service noncompliance differed from those with compliance in school attendance, history of sexual abuse, experience of living outside home and the presence of tattoos. Self injurious behaviors, depressive symptoms and anger control difficulties before service admission were also found to be associated with service noncompliance ( $p<0.05$ ).

**CONCLUSIONS:**Since adolescent addiction is related with severe short-term and long-term consequences, the success of inpatient service treatment is important. Our findings in a group of male adolescents suggest that certain individual and psycho-social factors were associated with noncompliance. Future large sample-sized studies are needed to clarify the predictors of noncompliance in adolescent substance use disorder.

**Keywords:** inpatient service compliance, adolescent, substance use disorder

[Abstract:0500]

**0500 - Investigation of the relationship between symptom dimensions and anxiety sensitivity and rumination in obsessive compulsive disorder**Başak Şahin<sup>1</sup>, Yasir Şafak<sup>2</sup>*<sup>1</sup>Kızılcahamam State Hospital, Department of Psychiatry, Ankara, Turkey, <sup>2</sup>SBU Diskapi Yıldırım Beyazıt Research and Teaching Hospital, Department of Psychiatry, Ankara, Turkey***ABSTRACT**

**BACKGROUND AND AIM:**In this study, it was aimed to determine anxiety sensitivity and rumination differences specific to symptom dimensions of obsessive compulsive disorder and to investigate the relationship between symptom dimensions and these features.

**METHODS:**The study included 100 obsessive compulsive disorder (OCD) patients and 100 healthy controls who applied to the Psychiatry Clinic of Dışkapı Training and Research Hospital. Sociodemographic Data Form, Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), Dimensional Obsession Compulsion Scale (DOCS), Anxiety Sensitivity Index 3 (ASI), Ruminative Response Scale (RRS) was used to evaluate the patients.

**RESULTS:**The mean age of the OCD and control groups included in the study were  $34.91\pm 10.9$  and  $34.64\pm 10.13$ , respectively. The groups were similar in terms of age, gender and marital status. There was a statistically significant difference between the two groups in terms of BDI, BAI, total and subscale scores DOCS (DOCS contamination, DOCS harm avoidance, DOCS thoughts, DOCS symmetry), ASI total and subscale scores (ASI physical, ASI social, ASI cognitive) and RRS scores (for each  $p<0.05$ ). Correlation analyzes with OCD symptom dimensions, there was a significant correlation between DOCS contamination and BDI ( $r=.234$ ), RRS ( $r=.207$ ), ASI cognitive ( $r=.222$ ), and ASI total ( $r=.213$ ) (for each  $p<0.05$ ). At varying levels significant positive correlation was found between all other sub-dimensions and with all features examined (for all  $p<0.05$ ).

**CONCLUSIONS:**As a result of our study, anxiety sensitivity, depression and rumination were shown to be more closely related to some symptom dimensions. The findings will lead to specific interventions in therapy applications, and accordingly, the results will lead to a new understanding

of the relationship between cognitive factors and OCD symptom dimensions and the development of effective therapy interventions.

**Keywords:** obsession, compulsion, obsessive compulsive disorder, symptom dimensions, anxiety sensitivity, rumination

[Abstract:0509]

### 0509 - A comparison of autogenous and reactive obsessions in terms of obsessive beliefs and metacognitions

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#### ABSTRACT

**BACKGROUND AND AIM:** Heterogeneous nature of OCD complicates clinical studies. Several subgroups have been identified to overcome heterogeneity. In one of these models, obsessions are classified into two categories: autogenous and reactive. Autogenous obsessions tend to occur without identifiable trigger, and are perceived as ego-dystonic and irrational, and include sexual, religious, or aggressive obsessions. In contrast, reactive obsessions tend to be triggered by identifiable external stimuli, and are perceived as relatively rational, and include contamination, symmetry or exactness obsessions. In the present study, it was aimed to evaluate the differences between patients with autogenous and reactive obsessions in terms of obsessive beliefs and metacognitions.

**METHODS:** 45 OCD patients whose primary obsession is autogenous and 45 OCD patients whose primary obsession is reactive, a total of ninety OCD patients, were included in this cross – sectional study. The participants were administered Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), Yale – Brown Obsessive Compulsive Scale (YBOCS), Obsessive Beliefs Questionnaire (OBQ) and Metacognitions Questionnaire (MCQ).

**RESULTS:** BDI, importance – control of thoughts subscale of OBQ and uncontrollability - danger subscale of MCQ scores were significantly higher in autogenous group ( $p=0.023$ ,  $p=0.045$ ,  $p=0.03$ ,  $p=0.045$  respectively). There were no significant differences in terms of non – metacognitive beliefs i.e. responsibility – threat estimation, perfectionism – certainty, BAI and YBOCS scores.

**CONCLUSIONS:** Metacognitive beliefs stand out as variables associated with autogenous obsessions. Beliefs regarding importance, control and danger of thoughts may constitute a key point in the emergence of autogenous obsessions. Additionally, OCD patients whose primary obsession is autogenous may be more prone to depression. Further studies based on the metacognitive model may provide a better understanding of the nature of autogenous and reactive obsessions.

**Keywords:** autogenous reactive obsessions, metacognitions, obsessive beliefs

[Abstract:0516]

### 0516 - The effect of traumatic experiences on the relapse of alcohol and substance use disorders

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#### ABSTRACT

**BACKGROUND AND AIM:** Trauma-related factors such as many psychiatric disorders have also been reported to be higher than controls in alcohol and substance use disorders[1]. Although there are studies reporting that traumatic life experience is associated with relapse rates in substance use disorder, there are few and have not been evaluated extensively[2].

**METHODS:** Hamilton Depression (HAM-D), Hamilton Anxiety (HAM-A), Dissociative Experiences (DES), Impact of Event Scale-Revised (IES-R) and Traumatic Experiences Checklist (TEC) were applied to patients diagnosed with alcohol or substance use disorder at Sakarya Training and Research Hospital Alcohol and Substance Abuse Treatment and Training Centre inpatient clinic.

**RESULTS:** 51 patients were included in the study, 60,8% of 49 patients reached were relapsed. There was no difference between the relapse and remission groups in terms of socio-demographic factors. While HAM-D, HAM-A, DES, TEC scores were significantly higher in the relapse group than the remission group ( $P < 0.05$ ), no significant difference was found in the IES-R scores ( $p > 0.05$ ).

**CONCLUSIONS:** Previous studies have shown that disorders such as depression, anxiety disorder, panic disorder, posttraumatic stress disorder (PTSD), social anxiety disorder, schizophrenia, personality disorder are associated with alcohol and substance use disorder relapse. There are large sample studies investigating PTSD relationship, but studies investigating the effect of traumatic experiences on relapse are either focused



on childhood traumas or designed by including specific addiction groups [2-5]. According to the results of our study, similar to previous studies, depression, anxiety, dissociation scores were found to be associated with relapse of alcohol and substance use disorders. In addition, the fact that traumatic experience levels are associated with relapse indicates that traumatic experiences are related to relapses in dependent of clinical diagnosis.

**Keywords:** Addiction, relapse, traumatic experience

[Abstract:0530]

### 0530 - Comparison of excessively mind wandering phenomena in adult attention deficit and hyperactivity disorder and bipolar disorder

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#### ABSTRACT

**BACKGROUND AND AIM:** Excessively Mind Wandering described by Asherson in 2016 refers spontaneous and excessive mind activity phenomena which could not be controlled and unintentional in nature. This activity could be related to motoric hyperactivity equivalent of mind. In order to assess "mind wandering" Excessively Mind Wandering Scale has been used. This scale was developed by Philip Asherson in 2016. The transliterational equivalence, validity and Turkish norm study has been performed previously by researcher and also data of the validity and norm study will be presented.

**METHODS:** In order to compare excessively mind wandering phenomena in Adult ADHD and Bipolar Disorder, 93 patients diagnosed as Adult ADHD were compared with 85 patients diagnosed with Bipolar Disorder in remission in psychiatry outpatient setting and randomly selected 111 healthy controls were assessed. Statistical analysis were performed with LISREL.

**RESULTS:** Comparison of the results from this 3 group revealed that excessive mind were statistically significantly common in Adult ADHD compared with healthy controls imposing highly discriminatory for this disorder whereas excessively mind wandering were not significantly correlated with scores obtained both from Bipolar Disorder and Healthy Control ( $p=,268$ ;  $p>,05$ ).

**CONCLUSIONS:** Mind wandering can be proposed as a discriminatory phenomenon observed in Adult ADHD.

**Keywords:** adult ADHD, bipolar disorder, excessively mind wandering

[Abstract:0532]

### 0532 - Stigma and treatment in school counsellors in Turkey

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#### ABSTRACT

**BACKGROUND AND AIM:** School counseling is intended to increase student adaptation and participation, improve the behavior of students, and help students develop psychosocially. This study aimed to investigate the perspectives, beliefs, and knowledge of school counselors about eating disorders, one of the most frequently stigmatized psychiatric disorders, to determine their awareness and stigmatization about eating disorders, based on vignettes.

**METHODS:** School counselors working in Erzurum province in Turkey who volunteered to participate in the study completed the questionnaire. All participants were given a questionnaire randomly containing one of five different vignettes with an adolescent patient. Five different questionnaires were prepared based on five vignettes consisting of different cases (Anorexia nervosa, bulimia nervosa, binge eating disorder, depression, and diabetes), but questions were the same in all questionnaires. Questionnaire measuring the perspectives, attitudes, knowledge of school counselors about eating disorders were applied with case examples.

**RESULTS:** 59.2% of the participants chose to apply to the hospital as the most useful approach to the case. When examining the each vignette's correct diagnosis of the school counselors, anorexia nervosa was the highest correct diagnosis with 75%, while diabetes mellitus was the lowest

correct diagnosis with 25%. When the number of correct answers between AN and BN was compared, it was found that the number of correct answers to AN was less than that given to BN. The number of correct answers to AN was less than that given to BED.

**CONCLUSIONS:**Consequently, although school counselors can diagnose cases of eating disorders at a high rate, their level of knowledge needs to be increased. Anorexia nervosa is an eating disorder that they are most familiar with but have the lowest level of knowledge.As a future direction, vignette-based, anorexia nervosa weighted, symptom and treatment-oriented training should be provided to the counselors.

**Keywords:** School counseling, Stigma, Treatment, Eating Disorders

[Abstract:0541]

#### 0541 - Processed meat products and snack food consumption in adhd: a case-control study

Sümeyye Akın<sup>1</sup>, Fatih Gültekin<sup>1</sup>, Özalp Ekinci<sup>2</sup>, Arzu Kanık<sup>3</sup>, Büşra Üstündağ<sup>2</sup>, Bilge Didem Tunalı<sup>2</sup>, Mohammad B. Abdulrazzaq Al Bayati<sup>2</sup>, Cemre Yaşöz<sup>2</sup>

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#### ABSTRACT

**BACKGROUND AND AIM:**Attention deficit hyperactivity disorder (ADHD) has been linked to “unhealthy” food consumption, but the studies in this area are insufficient. The aims of this study to investigate the relationship between ADHD/related symptoms and processed meat products, snack consumption.

**METHODS:**This study was conducted on 390 children aged between 6-17 with 169 ADHD (38 Girls, 131 Boys) and 221 healthy controls (93 Girls, 128 Boys). Food consumption was evaluated by a modified food frequency questionnaire, including 18 food containing processed meat products and snacks. ADHD symptoms were evaluated by the teacher and parent Turgay DSM-IV-Based Child and Adolescent Disruptive Behavioral Disorders Screening and Rating Scale (T-DSM-IV-Scale), Conners' Rating Scale (CPRS, CTRS).

**RESULTS:**Children with ADHD consumed more processed meat products, milk-based desserts, and chocolate-sweets than controls ( $p<0.05$ ). A positive correlation was observed between the ADHD symptom scores and the consumption amount of all snacks, the amount of chocolate-sweets consumption, the frequency of consumption of sujuk, chocolate, jelly beans, sweets, cakes, and chocolate spread ( $p<0.05$ ).

**CONCLUSIONS:**Children with ADHD consume more foods rich in saturated fat and sugar than their healthy peers. Processed food consumption of children with ADHD may be associated with ADHD symptoms.

**Keywords:** attention deficit hyperactivity disorder, children, chocolate, sweets, snack, processed meat products

[Abstract:0565]

#### 0565 - Evaluation of clinical features and cognitions effect on utilization of smoking cessation treatment

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#### ABSTRACT

**BACKGROUND AND AIM:** Smoking is the leading preventable cause of illness and premature death worldwide. Despite the availability of effective, safe and available aids, most smokers do not use evidence-based smoking cessation treatment therefore more than 95% of smoking cessation efforts fail within a year. Aim of this study is to determine factors effects utilization of treatments.

**METHODS:**156 patients with smoke addiction, who attended to treatment and 78 smoker who tried to quit within the last year but never attend to treatment were included in the study. All participants had an interview with CBT therapist, their cognitions about smoking/smoking cessation were gathered.Participants also assessed with the socio-demographic data form, Fagerstrom Nicotine Dependency Test (FNDT), State Trait Anxiety Inventory (STAI), Anxiety Sensitivity Index (ASI), Cognitive Distortions Scale (CDS) and Dysfunctional Attitude Scale (DAS).

**RESULTS:** Only significant difference between the two groups in terms of socio-demographic characteristics was age(the average age of treatment seekers group(TSG) was lower than non treatment group(NTG)). NTG had more quitting attempt history. Motivation found higher in the TSG. There were no significant differences at STAI, ASI scores were significantly higher at TSG. Mind reading, minimalizing the positive and

should statements was higher in TSG. However when the same cognitive distortions usage at smoking topic examined, only all-or-nothing thinking about using/quitting smoking was higher at TSG. All other cognitive distortions about using/quitting smoking found similar with treatment seeker group but about 'getting help to quit smoking'; labeling, mental filter, should statements, minimizing the positive were statistically higher at NTG.

**CONCLUSIONS:** This study shows that, smokers had similar cognitions about smoking but some cognitive distortions about getting professional help to quit smoking were significantly higher in the smokers who wanted and tried to quit but didn't get any treatment. Aiming these cognitions can increase treatment utilization, which can boost quitting rates and have considerable effect at public health.

**Keywords:** Smoke addiction, nicotine dependence, smoking cessation treatment, treatment utilization, cognitions at smoking cessation

[Abstract:0566]

## 0566 - Psychological variables affecting exam anxiety

Mehmet Emrah Karadere<sup>1</sup>, Hüseyin Şehid Burhan<sup>2</sup>, Tacettin Kuru<sup>3</sup>

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### ABSTRACT

**BACKGROUND AND AIM:** Exam anxiety has been stated to have two sub-dimensions: emotionality and worry (Liebert & Morris, 1967). The emotional dimension of exam anxiety is somatic complaints or changes such as palpitations, headaches, tension, cortisol secretion, which occur with anxiety (Cassady & Finch, 2015). The worry is the consequences of failure, the evaluations of others, and critical thoughts about the person (Liebert & Morris, 1967). Exam anxiety was associated with psychiatric problems and personality traits such as social phobia, generalized anxiety, depression (LeBeau et al., 2010) (von der Embse, Jester, Roy, & Post, 2017). The purpose of this study is to determine the relationship between exam anxiety and its sub-dimensions with depression and anxiety.

**METHODS:** The data of 100 university students actively continuing their education were evaluated. The participants were administered a sociodemographic data form, State and Continuity Anxiety Inventory, Beck Depression Inventory (BDI), Exam Anxiety Inventory (SKE) for the determination of psychological variables.

**RESULTS:** The average age of the cases evaluated was  $21.47 \pm 1.77$ , 57 (57%) of the cases were women. In correlation analysis, a statistically significant correlation was found between SKE, SKA-e, SKE-d, STAI, STAI-d, STAI-s and BDE ( $p < .001$ ).

**CONCLUSIONS:** The results obtained are consistent with the literature information which states that anxiety and depressive symptoms are associated with exam anxiety (LeBeau et al., 2010) (von der Embse et al., 2017). It has been stated in the literature that the relation between exam anxiety and especially worry sub-dimension with trait anxiety is more than state anxiety (Spielberger, Anton, & Bedell, 2015) (Stöber & Pekrun, 2004). We can say that we found a similar result in our analyzes. We think that the results of the study will help to better understand the exam anxiety and its sub-dimensions with anxiety and depression.

**Keywords:** anxiety disorders, exam anxiety, depression, students

### Relationships between scales

	SKE	SKE-e	STA-d	STAI	STAI-d	STAI-s	BDE
SKE	--						
SKE-e	0.939 *	--					
STA-d	0.965 *	0.816 *	--				
STAI	0.469 *	0.487 *	0.417 *	--			
STAI-d	0.385 *	0.417 *	0.328 *	0.913 *	--		
STAI-s	0.462 *	0.459 *	0.426 *	0.875 *	0.601 *	--	
BDE	0.438 *	0.458 *	0.388 *	0.666 *	0.526 *	0.680 *	--

\* $p < .001$

[Abstract:0569]

**0569 - Clinical characteristics associated with selective serotonin reuptake inhibitors-resistant obsessive compulsive disorder in children and adolescents**İpek Perçinel Yazıcı, [Kemal Utku Yazıcı](#)*Department of Child and Adolescent Psychiatry, Firat University School of Medicine, Elazığ, Turkey***ABSTRACT**

**BACKGROUND AND AIM:**Selective serotonin reuptake inhibitors (SSRIs) are used as standard in the psychopharmacological treatment of childhood obsessive compulsive disorder (OCD). However, 40-60% of OCD patients fail to respond to SSRIs. In this study, the clinical characteristics of OCD patients who did not respond to SSRI were evaluated.

**METHODS:**The patients who were followed up in our clinic between 01/01/2019-01/12/2019 and met OCD diagnostic criteria according to DSM-5 were evaluated retrospectively. Patients with Yale-Brown Obsessive-Compulsive Scale (CY-BOCS) score>16 were included. In the follow-up, those who showed less than 25% decrease in CY-BOCS scores despite at least two different SSRIs in adequate dose and duration were identified as resistant, and those who showed more than 35% decrease were determined as non-resistant group.

**RESULTS:**Data of 51 cases were evaluated. 23 cases were resistant (%45.1) and 28 cases were not-resistant (%54.9). There was no significant difference between the two groups regarding age and gender ( $p=.461$ ,  $p=.788$ , respectively). Disease duration, CY-BOCS, Clinical Global Impression Scale-Severity and Child Depression Inventory (CDI) scores were significantly higher in the resistant group ( $p=.004$ ,  $p=.001$ ,  $p=.037$ ,  $p=.003$ , respectively). In resistant group, sexual obsessions were significantly higher ( $p=.038$ ). There was no difference in terms of compulsion types. When the cases were evaluated in terms of insight, it was observed that there were significantly more poor insight patients in the resistant group ( $p=.04$ ). At least one psychiatric comorbidity was found in 12 cases (42.9%) in the non-resistant group and 17 cases (73.9%) in the resistant group ( $p=.026$ ). Disease duration, CY-BOCS total score and insight were found to be effective for predicting resistance to SSRI treatment.

**CONCLUSIONS:**Considering that OCD is a chronic and dysfunctional disorder, determining which patients can respond to standard therapies has important clinical consequences. Prospective studies may provide more valuable additional information about the relationship between various factors and treatment outcomes.

**Keywords:** Adolescent, Child, Obsessive compulsive disorder, Resistant, Selective serotonin reuptake inhibitors, Treatment

[Abstract:0581]

**0581 - Prevalence and associated factors of adverse effects in children administered with selective serotonin reuptake inhibitors**Hülya Hanım Alınay<sup>1</sup>, Murat Coşkun<sup>2</sup>, [Ali Karayağmurlu](#)<sup>2</sup>*<sup>1</sup>Department of Child and Adolescent Psychiatry, Sultanbeyli State Hospital, Istanbul, Turkey, <sup>2</sup>Department of Child and Adolescent Psychiatry, Istanbul University, Istanbul, Turkey***ABSTRACT**

**BACKGROUND AND AIM:**SSRIs are commonly preferred agents in treatment of psychiatric disorders. Although safety and being well-tolerated of SSRIs are confirmed in large-scale adult samples, there are few studies adverse effects of SSRIs treatment in children. The aim of the study is to investigate prevalence and associated factors of adverse effects in children treated with SSRIs.

**METHODS:**Medical records of 85 children who had received SSRI monotherapy for any psychiatric diagnosis in an outpatient clinic during January-June 2018 were reviewed. The side effect was evaluated using the UKU side effect scale, and SABAMAS which developed in our clinic and used to evaluate the behavioral activation, mania, apathy and suicidality. Sixty-seven subjects in this sample were identified to have complete records, the three-month follow-up and met the study inclusion criteria.

**RESULTS:**The mean±SD age of the subjects was 10.82±3.63 years. 49.3% (n=33) of the sample was male, and 50.7% (n = 34) of the sample was female. At the end of 3th month of SSRI treatment, 23.8 percent of the subjects (n=16) had at least one adverse effect in SABAMAS and 70.1 percent (n=47) had at least one side effect in UKU. 37.3% (n=5) of the cases had psychological side effects, 29.9% (n=20) had autonomic side effects, and 9% (n=6) had other side effects in the UKU. Commonly seen side effects in SABAMAS was found behavioral activation 19.4% (n=13). The age of the subject ( $p=0.044$ ), diagnosis of OCD in the subject ( $p=0.034$ ), and psychiatric disorder(s) in the father ( $p=0.036$ ) were determined to be associated with behavioral activation.

**CONCLUSIONS:** Behavioral activation, psychological and autonomic side effects are the most common side effects in patients receiving SSRI treatment. Mental health professionals should be mindful when evaluating side effects of SSRIs in pediatric population; in doing so, diagnosis and intervention will be easier.

**Keywords:** SSRI, child, adolescent, side effect

[Abstract:0586]

### 0586 - Extracting face measurements on children for adhd classification

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#### ABSTRACT

**BACKGROUND AND AIM:** ADHD has been started to be investigated under the heading of neurodevelopmental disorders together with DSM-V and, as with many neurodevelopmental disorders, the search for biomarkers for use in the diagnosis of ADHD has recently been increasing. The final focus of the new researches is on identifying behavioural phenotypes, and for this purpose, both genetic and neuroanatomic elements have begun to focus together.

Facial recognition systems have been studied in the field of computer vision for many years. It has been used in many areas such as security, biometric data analysis and personal data protection.

**METHODS:** Children and adolescents without any comorbid psychopathology and intellectual disability diagnosed with ADHD were included as a case group within the scope of the study. Children without any psychopathology and intellectual disability, and also any history of psychiatric disorder were included as a control group.

The scenario was obtained as follows; all participants were asked to sit in a table near their parent in order to feel relax. Two photographs of the facial region of children, one from the front and one from the left side were taken.

**RESULTS:** The data obtained from the photographs are divided into two as 20% test and 80% learning data. As a result of the experiment, nearly 90% success was achieved.

**CONCLUSIONS:** Face Measurements may become an ideal biomarker candidate in the future for ADHD.

**Keywords:** face detection, attention deficit, hyperactivity disorder, machine learning

[Abstract:0591]

### 0591 - Chronotype evaluation of children with and without primary enuresis nocturna

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#### ABSTRACT

**BACKGROUND AND AIM:** Nocturnal enuresis (NE) is seen in approximately 20% of 5-year-old children, 10% of 7-year-old children and 2% of adolescents. Although multiple factors have been proposed in etiology, the most common factors are genetic causes, bladder physiology, antidiuretic hormone-related problems and sleep problems. An important part of these factors such as an impaired day-night rhythm of arousal level, urine production, and bladder storage is closely related to circadian rhythm. For instance enuretic children are deep sleepers just at the time of urine loss, but are light sleepers during the rest of the sleep period. Another example is abnormal diurnal rhythms of plasma vasopressin in children with enuresis.

Chronotype that is an external indicator of the circadian rhythm is a term that indicates individual differences regarding the preferred time and sleep time preference for physical and cognitive activities throughout the day. In terms of differences in chronotype, people are divided into 3 types: morning type, evening type and intermediate type. Morning types wake up early in the morning and are most active in the first part of the day while evening types prefer to wake up later, as their peak time of the day is in the evening, and they prefer to sleep late at night. In this study, we aimed to determine whether there is a difference between the enuretic group and the healthy control group in terms of chronotype types.

**METHODS:**We studied 38 children with monosymptomatic NE and 32 age-matched healthy controls. A sociodemographic data form, a form consisting of questions about children's sleep-wake habits and children's chronotype questionnaire were administered to the parents of the children.

**RESULTS:**There was no difference between the groups in terms of sociodemographic characteristics. In the enuresis group, individuals with evening type chronotype were significantly higher than the control group ( $p=0,005$ ). The results are summarized in table 1.

**CONCLUSIONS:**Based on this result, we think that it will be beneficial to evaluate children with enuresis in terms of sleep habits chronotype. This approach will provide us with an etiological enlightenment as well as guiding the treatment algorithms. In addition, further studies are needed on the effectiveness of treatment types (eg desmopressin) in individuals with different types of chronotype.

**Keywords:** Primary Enuresis Nocturna, Circadian Rhythm, Chronotype, Sleep Habits

Tablo-1

GROUP	MORNING TYPE	INTERMEDIATE TYPE	EVENING TYPE	TOTAL
NE	7(%18,9)	12(%32,4)	18(%48,6)	37
CONTROL	2(%6,3)	25(%78,1)	5(%15,6)	32

[Abstract:0601]

## 0601 - Functional brain network analysis under cognitive task

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### ABSTRACT

**BACKGROUND AND AIM:**Functional Brain Networks (FBN), derived from electroencephalogram (EEG) signal records, provide a framework to analyze connectivity between brain regions by means of complex network measures. Analysis of such networked structure provides insight into neurological and psychiatric diseases like schizophrenia, Alzheimer's disease, dementia, each of which can be probed by changes in brain functional networks. Our study aims to provide an insight into evolution of network metrics under a cognitive task with respect to resting state.

**METHODS:**To investigate evolution of FBN under a cognitive task, we performed an analytical study based on EEG signals recorded from 36 healthy volunteers of matched age, which are available through Physiobank platform. We generated adjacency matrices with edge weights indicating correlations between EEG signals from each electrode, using phase-locking value method.

**RESULTS:**We uncovered that under resting conditions, FBNs of female individuals have slightly greater strength, network density and clustering, pairing with lower path length. On the other hand, all this scheme reverses under a cognitive task, putting forward FBNs of male individuals as more connected ones. Moreover, regardless from gender, FBNs of successful individuals in cognitive task are slightly more connected compared to unsuccessful ones.

**CONCLUSIONS:**We captured diverse outcomes in connectivity structure from rest to task conditions according to gender. Female individuals have greater connectivity compared to male peers under resting condition, whereas this outcome reverses under cognitive task, for which male individuals have greater connectivity. On the other hand, successful individuals exhibit higher brain connectivity compared to unsuccessful peers under resting condition, while this diversity is preserved but reduced to a minimal level under a cognitive task. This is an indicator that arithmetically successful individuals differ by unsuccessful ones with their higher resting-state connectivity, since their connectivity schemes under cognitive task are very similar. We can conclude successful brains are more active ones during resting state.

**Keywords:** Functional brain networks, complex networks, EEG, signal processing, phase-locking value method.



[Abstract:0611]

**0611 - Detailed assessment of asymmetry of brain regions in major depressive disorder**Burak Okumuş<sup>1</sup>, Doğançan Sönmez<sup>1</sup>, Ali Mert Beşenek<sup>2</sup>, Fatma Beyazal Çelikel<sup>3</sup>, Çiçek Hocaoğlu<sup>1</sup><sup>1</sup>Department of Psychiatry, Recep Tayyip Erdogan University, Rize, Turkey, <sup>2</sup>Department of Child and Adolescent Psychiatry, Recep Tayyip Erdogan University, Rize, Turkey, <sup>3</sup>Department of Radiology, Recep Tayyip Erdogan University, Rize, Turkey**ABSTRACT**

**BACKGROUND AND AIM:** Neuroimaging studies have shown that there may be both functional and structural differences in major depressive disorder (MDD). Automated approaches for volumetric measurements and segmentation are increasingly used in studies with Magnetic resonance imaging (MRI). Automatic approaches which prepared for brain segmentation have several potential advantages over manual segmentation. These model-based approaches assume that algorithms can reliably identify anatomical regions regardless of interpersonal differences or pathological changes in neuroanatomy and/or analysis of MR brain data. Fully automated multiple atlas tag fusion approaches such as volBrain (<https://volbrain.upv.es/members.php>) have been developed to counteract these confounder factors. There are limited studies of lateralization of these to the right or left hemisphere. Most imaging studies are not specifically designed to study hemispheric asymmetry. As a result; This study suggests that neuroimaging and volbrain may contribute to elucidating the possible clinical effects on MDD and provide clinical data on the role of MDD in its biological infrastructure.

**METHODS:** Normal brain MRIs with 3 tesla MR device with volumetric axial 1 mm section T1 sequence brain extractions and reported by the Department of Radiology were included in the study. The sections of the case (MDD) and control groups were analyzed with the newly introduced fully automatic segmentation technique volbrain. Chi-square test for comparing categorical data between groups; Mann Whitney U Test will be used to compare the averages.

**RESULTS:** Right and left volumes of whole brain white and gray matter, cerebrum, cerebellum, caudate, putamen, thalamus, globus pallidus, hippocampus, amygdala, accumbens regions were measured and proportioned (right/left). Caudate ratio was calculated to be lower in the case group than the control group. This result was statistically significant. ( $P=0.035$ )

**CONCLUSIONS:** In the literature, it has been determined in previous studies that the decrease in nucleus caudatus volume accompanied by depression compared to other neuroanatomical structures. In our study with Volbrain, the results regarding caudate volumes and ratios (R/L) were consistent with the literature. Our study suggests that Volbrain may be an important part of clinical applications in many other neuropsychiatric disorders in the near future.

**Keywords:** Depression, Neuroimaging, Volbrain

Comparison of right/left ratios of brain regions between case and control groups

		Mean ( $\pm$ S.D)	Za	pa
Age	Case	60,44 $\pm$ 21,36	-0,151	0,912
Age	Control	58,70 $\pm$ 20,16	-0,151	0,912
Cerebrum (R/L)	Case	1,008 $\pm$ 0,023	-0,227	0,853
Cerebrum (R/L)	Control	1,009 $\pm$ 0,021	-0,227	0,853
Cerebellum (R/L)	Case	1,009 $\pm$ 0,029	-0,680	0,529
Cerebellum (R/L)	Control	1,003 $\pm$ 0,072	-0,680	0,529
Caudate (R/L)	Case	0,968 $\pm$ 0,074	-2,117	0,035*
Caudate (R/L)	Control	1,061 $\pm$ 0,131	-2,117	0,035*
Putamen (R/L)	Case	1,011 $\pm$ 0,088	-0,680	0,529
Putamen (R/L)	Control	0,948 $\pm$ 0,112	-0,680	0,529
Thalamus (R/L)	Case	0,958 $\pm$ 0,052	-1,436	0,165
Thalamus (R/L)	Control	0,987 $\pm$ 0,073	-1,436	0,165
Globus Pallidus (R/L)	Case	1,044 $\pm$ 0,161	-0,680	0,529
Globus Pallidus (R/L)	Control	0,963 $\pm$ 0,154	-0,680	0,529
Hippocampus (R/L)	Case	1,032 $\pm$ 0,102	-0,076	0,971
Hippocampus (R/L)	Control	1,024 $\pm$ 0,085	-0,076	0,971
Amygdala (R/L)	Case	0,959 $\pm$ 0,540	-1,663	0,105
Amygdala (R/L)	Control	1,250 $\pm$ 0,575	-1,663	0,105
Accumbens (R/L)	Case	0,792 $\pm$ 0,152	-0,454	0,684
Accumbens (R/L)	Control	0,863 $\pm$ 0,292	-0,454	0,684

\*: Statistically significant p values are written in bold. a: Mann-Whitney U test.

[Abstract:0632]

**0632 - Do peripheral inflammatory markers discriminate the clinical stage of schizophrenia? a perspective from trait-or-state dilemma**Yasin Hasan Balcıoğlu, Simge Seren Kirloğlu*Department of Psychiatry, Bakirkoy Prof Mazhar Osman Training and Research Hospital for Psychiatry, Neurology, and Neurosurgery, Istanbul, Turkey***ABSTRACT**

**BACKGROUND AND AIM:** Although increasing evidence implicates inflammatory processes in the pathophysiology of schizophrenia, it remained unclarified that to what extent enhanced inflammatory tone plays a role in the relapse-remission cycle of the disorder. Furthermore, the ratio of C-reactive protein-to-albumin (CAR), which is a novel biomarker of the systemic inflammatory response has not been examined in schizophrenia, yet. The study aimed to compare CAR and other blood-derived inflammatory markers including neutrophil-to-lymphocyte ratio (NLR), platelet-to-lymphocyte ratio (PLR), monocyte-to-lymphocyte ratio (MLR), red cell distribution width (RDW), and mean platelet volume (MPV) between patients with acute exacerbation of schizophrenia, remitted schizophrenia, and controls.

**METHODS:** A total of 618 patients with schizophrenia (310 male, 308 female) and 445 mentally and medically healthy subjects (223 male, 222 female) admitted for a pre-employment mental health evaluation were enrolled in the study. All the data were retrieved from our hospital's electronic database. Of 618 patients, 439 with acute exacerbation (AE), 179 with remission (R), and healthy subjects consisted three study groups. Results were assessed at significance  $p < 0.05$  level.

**RESULTS:** There were statistically significant differences between the schizophrenia-AE, schizophrenia-R, and control groups in terms of CAR, NLR, PLR, MLR, RDW, and MPV. Further, it was found that none of inflammatory markers differed between the schizophrenia-AE and schizophrenia-R groups after post-hoc analysis. All markers were significantly higher in patients with schizophrenia-AE compared with healthy controls ( $p < 0.001$ ). Additionally, MLR and MPV were significantly higher in patients with schizophrenia-R than in controls ( $p < 0.05$ ). MPV was significantly and negatively correlated with the number of hospital stays and total duration of hospital stays.

**CONCLUSIONS:** The significance of our study comes from that we examined and combined all of five complete blood count-derived markers and a novel plasma-derived marker of systemic inflammation in exacerbated and remitted schizophrenia patients. Our findings support the previous findings that pro-inflammatory tone may be rather a trait marker for schizophrenia.

**Keywords:** C-reactive protein to albumin ratio (CAR), inflammatory markers, schizophrenia

[Abstract:0637]

**0637 - The association between perceived severity of tinnitus with anxiety, depressive symptoms and sexual functions in normal-hearing male patients with chronic subjective tinnitus**Mehmet Arslan<sup>1</sup>, Firat Onur<sup>2</sup>*<sup>1</sup>Department of Psychiatry, Babaeski State Hospital, Kırklareli, Turkey, <sup>2</sup>Department of Otorhinolaryngology, Babaeski State Hospital, Kırklareli, Turkey***ABSTRACT**

**BACKGROUND:** Tinnitus is the perception of sound in the ears or in the head in the absence of an auditory stimulus and can be classified as subjective (heard only by the patient) or objective (perceived by both the patient and physician). Several studies reported that tinnitus is associated with psychological and social problems. Association between tinnitus and psychiatric disorders such as anxiety and major depression has also been reported. However, the number of studies evaluating the relationship between tinnitus and sexual functions in the literature is quite limited. The aim of this study is to investigate the association between perceived severity of tinnitus with anxiety, depressive symptoms and sexual functions in normal-hearing male patients with chronic subjective tinnitus.

**METHODS:** Twenty male patients between ages 18-60 who admitted to the otorhinolaryngology outpatient clinic with one or two-sided subjective tinnitus for more than 6 months with normal hearing were enrolled in the study. Tinnitus Handicap Inventory (THI), Hamilton Depression Rating Scale (HDRS), Hamilton Anxiety Rating Scale (HARS) and Golombok Rust Inventory of Sexual Satisfaction (GRISS) were used to assess tinnitus annoyance, depressive symptom severity, anxiety symptom severity and sexual functions, respectively.

**RESULTS:** THI, HDRS, HARS, GRISS scores were  $28.9 \pm 23.5$ ,  $9.4 \pm 7.1$ ,  $7.4 \pm 5.5$ ,  $32.2 \pm 12.1$ , respectively. A positive correlation was found between THI scores with HDRS ( $r = 0.664$ ,  $p = 0.001$ ), HARS ( $r = 0.807$ ,  $p < 0.001$ ) and GRISS total ( $r = 0.508$ ,  $p = 0.022$ ). After controlling for HDRS ve HARS scores, no correlation was found between THI scores and GRISS scores ( $r = -0.067$ ,  $p = 0.791$ ).



**CONCLUSIONS:** Our results revealed an association between perceived severity of tinnitus with depressive-anxiety symptoms and sexual problems. However, after controlling for depressive and anxiety symptoms, no association was found between tinnitus and sexual functions. We conclude that performing the necessary psychiatric interventions especially in terms of anxiety and depressive complaints with the multidisciplinary approach, may increase the success of tinnitus treatment.

**Keywords:** tinnitus, normal-hearing, anxiety, depression, sexual functions

[Abstract:0640]

## 0640 - The retrospective evaluation of the children who applied to the health board of disability

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### ABSTRACT

**BACKGROUND:** The aim of this study is to enlighten the approach and arrangements for children with disability by determining the follow-up and treatment by evaluating the patients applied to the health board of disability.

**METHODS:** Gender, age, complaint, history of medication use, admission to child psychiatry and/or health board, diagnoses and special requirements of the children who applied to the health board of Şırnak Cizre State Hospital in a month were evaluated retrospectively. The data were analyzed with descriptive statistical methods.

**RESULTS:** A total of 107 patients, with a mean age of 8.86 (4 months-17,5 years), 66 (61.7%) of whom were male, were admitted. The complaints of these patients were 36 (33.6%) other medical causes, 29 (27.1%) developmental disability, 28 (26.2%) academic difficulty, 8 (7.5%) speech problems, 4 (3.7%) autism, 1 (0.9%) behavioral problem, 1 (0.9%) movement disorder. It was determined that 89 (83.2%) patients didn't apply to the child psychiatry, 94 (87.9%) patients didn't use psychotropic medication and 50 (46.7%) patients didn't apply to health board before. 45 (42%) patients were diagnosed with intellectual disability, 13 (12.1%) with specific learning disorder, 6 (5.6%) with speech disorders, 5 (4.7%) with autism, while no active psychopathology was detected in 26 (24.3%) and follow-up was recommended for 12 (11.2%) patients. Special requirements were 38 (35.5%) "no special needs (SN)", 30 (28%) "SN", 17 (15.9%) "mild SN", 5 (4.7%) "moderate SN", 8 (7.5%) "advanced SN", 2 "very advanced SN", 1 (0.9%) "significant SN", 6 (5.6%) "special condition needs".

**CONCLUSION:** Although the applications of health board of disability were largely due to psychopathologies, the number of children who admitted to the child psychiatry and/or used psychotropic medication was few. It is suggested to investigate the reasons that hinder the admissions of children with disabilities for their mental health; and to provide arrangements for their follow-up and treatment.

**Keywords:** Child, People with Disabilities, Psychiatric Disorders, Psychopathology

[Abstract:0645]

## 0645 - Examination of thyroid hormone levels, peripheral inflammatory markers and their associations with impulsiveness and trait aggression among violent and non-violent suicide attempters: a preliminary study

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### ABSTRACT

**INTRODUCTION:** Thyroid functions are associated with inflammatory processes and oxidative stress. Depressive disorders and suicidal behavior seem to be related with thyroid dysfunction while increased inflammation status has been suggested to have a role in the pathophysiology of both depression and suicidal behavior. Psychological dimensions and their neurobiological correlates are yet to be elucidated among suicidal population. This study aimed to examine thyroid hormones, inflammatory markers, impulsivity and trait aggression among patients presented with suicidal behavior.

**METHODS:** Twenty-six patients (13 males and 13 females), with a mean age of 34.04±13.21, who were admitted to the emergency unit with a suicidal attempt were recruited. Alongside sociodemographic and psychiatric information, hemogram-derived inflammatory markers, thyroid

hormone levels were recorded and Barratt Impulsiveness Scale-11 (BIS), Montgomery-Åsberg Depression Rating Scale (MADRS) and Buss-Perry Aggression Questionnaire (BPAQ) were administered.

**RESULTS:** BIS, MADRS and BPAQ scores did not differ between suicidal patients whose attempt were violent and non-violent ( $p>0.05$ ). Neutrophil-to-lymphocyte, monocyte-to-lymphocyte, platelet-to-lymphocyte, neutrophil-to-albumin ratios were not significantly different between male and female attempters, and between violent and non-violent attempters. ( $p>0.05$ ). Among study group, BIS and BPAQ scores ( $r=0.465$ ,  $p<0.05$ ), FT4 and neutrophil-to-lymphocyte ratio were correlated ( $r=0.489$ ,  $p<0.05$ ), while FT4 and BIS has an inverse correlation ( $r=-0.408$ ,  $p<0.05$ ).

**CONCLUSION:** Our findings confirm that impulsivity and trait aggression are cardinal psychological elements of suicidal tendency. Furthermore, thyroxine seems to be significantly associated with inflammation and impulsivity among patients with suicidal behavior. Much more work is needed to highlight the essential relationship between inflammation, thyroid functions and behavioral phenotypes of suicide.

**Keywords:** Aggression, impulsivity, inflammation, suicide

[Abstract:0646]

### 0646 - Evaluation of vitamin b12 levels in gambling disorder

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#### ABSTRACT

**OBJECTIVE:** Gambling disorder, which is included in the category of addictions in DSM-5, is a mental disorder characterized by the inability to control gambling disorder and defined as repetitive undesired gambling behaviors, resulting in psychological, social, occupational, and economic losses for people [1,2]. Vitamin B12 has a corrin ring structure, which has effects on neurological and hematological systems in the body, contains the cobalt ion, and is water-soluble [3]. In previous studies, it has been shown that Vitamin B12 deficiency is associated with neuropsychiatric disorders such as depression, affective disorder, psychosis and delirium [4,5]. In this study, it was aimed to compare the Vitamin B12 levels of patients diagnosed with gambling disorder and the healthy control group and to determine whether there was a difference between them.

**METHODS:** This study included (n=30) patients addicted to gambling, who applied to Yazir Psychiatry Department of Konya Training and Research Hospital, were diagnosed with gambling disorder in accordance with the DSM-V diagnostic criteria, and followed up and treated as in-patients, and (n=30) healthy individuals with compatible ages and body mass indices as the control group. The Vitamin B12 values were obtained retrospectively from the hospital automation system. Statistical analyses were performed using SPSS 22 software.

**RESULTS:** When the Vitamin B12 levels of the control group ( $355.36\pm77.35$  pg/ml) and the group with gambling disorder ( $317.29\pm83.80$  pg/ml) were compared, no statistically significant difference was revealed ( $p>0.05$ ).

**CONCLUSION:** The results of our study demonstrate that there is no relationship between gambling disorder and Vitamin B12 levels. Furthermore, it would be useful to conduct a higher number of comprehensive and prospective studies in order to support our findings

**Keywords:** Addiction, gambling disorder, vitamin B12

[Abstract:0648]

### 0648 - Vortioxetine has an anticonvulsant activity on the pentylenetetrazole induced kindling model in rats

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#### ABSTRACT

**BACKGROUND:** Epilepsy is a devastating neurological disorder that is characterized with recurrent convulsions. Approximately 1/3 of patients are drug-resistant and could not be treated enough while current drugs treat over the half of the patients. Besides, the current drugs have severe side effects that decrease the treatment compliance. For these reasons, epilepsy patients need novel drug approaches for a more comfortable life. Recent studies have indicated a close relationship between serotonin and epilepsy. Herein, we investigated the effects of vortioxetine, a

novel antidepressant acting on different types of 5-HT receptors and transporters, on the pentylenetetrazole (PTZ) induced kindling model of rats.

**MATERIAL-METHODS:** Male wistar albino rats were divided into three groups as PTZ (35 mg/kg, i.p.), PTZ+Vortioxetine (10 mg/kg, i.p.), and PTZ+Topiramate as positive control (10 mg/kg, i.p.). PTZ and treatments (30 min before PTZ) administered three times a week until kindling was observed, then electrodes were implanted for electrocorticography (ECoG). The rats' behaviors were scored for 30 minutes according to Fisher and Kittner's convulsion severity scale.

**RESULTS:** In behavior, both vortioxetine and topiramate decreased the convulsion severity of rats. In ECoG, vortioxetine and topiramate decreased the total spike number in the brain compared to PTZ group. Interestingly, the rats injected with vortioxetine and especially topiramate tended to decrease the latency for the first myoclonic jerks.

**CONCLUSIONS:** Our results indicated that vortioxetine have beneficial effects on behavioral and electrophysiological deficits of chronic PTZ kindling model in rats. Our results suggest that the antiepileptic activity of vortioxetine is worth investigating.

**Keywords:** Epilepsy, Pentylenetetrazole, Topiramate, Vortioxetine

[Abstract:0780]

### 0780 - Psychiatric assessment and sociodemographic characteristics of adolescents referred to a state hospital for the marriage license

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#### ABSTRACT

**INTRODUCTION:** According to the 124th article of the Turkish civil code, marital maturity is determined as 17 years of age. However, with the decision of the judge in extraordinary situations, the person who is over 16 years old can be allowed to marry. In this study, we aimed to investigate the sociodemographic characteristics of adolescent girls older than 15 years who were referred to our hospital by law courts for legal marriage permission

**METHODS:** A total of 108 adolescent girls aged over 15 years were included in the study. Sociodemographic information was obtained with the information forms prepared by the interviewer. Participants were also subjected to psychometric evaluation by psychologists and social review by social workers.

**RESULTS:** All of the participants had no history of psychiatric treatment or visit. Only 13,9% of the participants had not performed illegal religious/cultural marriage and asked for permission during the engagement. Only 3,7% of the parents didn't give their consent to the marriage of their children. The mean age of the participants was 196 months at the time of the evaluation; and 189 months at the date of marriage. The mean age of the husbands was 24.3 years, and they were between 18-35 years of age. The mean educational duration of the participants was 5,4 years. In the DSM-5 based evaluation, 7 of the participants were diagnosed with psychiatric diagnosis. 41,7% of the participants were pregnant at the time of evaluation and 7 of the participants were already had one delivery at that time.

**CONCLUSION:** The cognition level of participants, their education levels and age differences between their spouses caused concerns about their psychosexual maturity. We believe that education in this age group and for parents will be beneficial in terms of community mental health.

**Keywords:** Adolescent Health, Adolescent Pregnancy, Early Marriage

[Abstract:0883]

### 0883 - Psychometric properties of the Turkish version of the barratt impulsiveness scale-brief in adolescents

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#### ABSTRACT

**BACKGROUND:** Impulsivity is associated with different adolescent psychiatric disorders. The Barratt Impulsiveness Scale-11(BIS-11) is one of the most commonly used scales for assessing the impulsiveness. Recently a shorter, unidimensional version of the BIS-11 was developed for

adolescents (Barratt Impulsiveness Scale-Brief)(BIS-Brief). In this study, it was aimed to determine the psychometric properties of the Turkish version of the BIS-Brief in adolescent' clinical and non-clinical samples.

**METHODS:**To assess the psychometric properties of the Turkish version of the BIS-Brief, the scale was administered to 175 middle and high school students and 116 patients with attention-deficit/hyperactivity disorders and substance use disorders. The Turkish version of the BIS-Brief's internal consistency reliabilities were assessed by calculating Cronbach's alpha coefficients for each group. Pearson correlations were applied to examine test-retest reliabilities. The factor validity was calculated in the patients, using exploratory factor analysis (EFA).

**RESULTS:**As a result of the exploratory factor analysis, we found a two-dimensional structure for the BIS-Brief in contrast to the uni-dimensional structure of the original scale. Cronbach's alphas for internal consistency were 0,779 (patient) and 0,703 (students). Three weeks test-retest reliability was 0,644 (patients). There was a statistically significant difference in total BIS-Brief scores between student and patient groups matched for age and gender. In addition, BIS-Brief had a significant correlation with parameters related to impulsivity.

**CONCLUSIONS:** Despite some limitations, our findings suggest that the Turkish BIS-Brief is a reliable and valid measure for assessing impulsiveness in adolescents' clinical and non-clinical samples, and factor analysis indicates that it has a two-dimensional model.

**Keywords:** adolescents, impulsivity, reliability, Turkish BIS-Brief, validity

[Abstract:0890]

### 0890 - Choroid plexus enlargement in early-course psychosis

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#### ABSTRACT

**BACKGROUND:** Psychosis is a severely debilitating chronic brain disorder. Evidence from several fields suggests an essential role of neuroinflammation for the pathophysiology of psychosis, especially around disease onset. The Choroid Plexus (ChP) is a vital regulator of the neuroinflammatory response, and postmortem and imaging studies have implicated ChP abnormalities in psychosis. Here, we developed a novel magnetic resonance (MR)-derived manual segmentation method to investigate the role of ChP volume in early-course psychosis (ECP).

**METHODS:**Forty-two individuals with ECP (female 38.1%; age=21.74±4.41) and thirty healthy controls (HC) (female 40%; age=25.03±4.52) were included in our study. Individuals with psychosis were diagnosed with a DSM-5 non-affective or affective psychosis and were within the first five years after disease onset.

We collected whole-brain, high-resolution three-dimensional T1 weighted MR images and applied in-house developed thorough preprocessing. Next, we manually segmented the ChP in the atrium of the lateral ventricles. The establishment of our method was guided by three neuroanatomists and yielded inter- and intra-rater reliability above 0.9.

We compared normalized (by total intracranial volume) left, and right ChP volumes applying ANCOVAs corrected for age and sex between ECP and HC. Next, we correlated normalized ChP volumes with chlorpromazine equivalent dosage, as well as positive and negative symptom severity in ECP group.

**RESULTS:**Individuals with psychosis demonstrated significantly larger left ( $F = 19.66$ ,  $df = 1$ ,  $p < .0001$ ) and right ( $F = 18.93$ ,  $df = 1$ ,  $p < .0001$ ) ChP volumes than HC. Volumes were not associated with medication, or symptom severity.

**CONCLUSIONS:**The present study is the first to assess the differences in ChP volume between individuals with ECP and healthy individuals using MR imaging and manual segmentation. We observe higher ChP volumes in individuals with ECP, which might indicate an acute neuroinflammatory response. However, future longitudinal studies are needed to further investigate role of ChP in the pathophysiology of psychosis.

**Keywords:** magnetic resonance imaging, manual segmentation, neuroinflammation, psychosis, schizophrenia

[Abstract:0891]

### 0891 - Relationship between test anxiety and metacognitive beliefs among university students

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#### ABSTRACT

**BACKGROUND AND AIM:**The cognitive test anxiety is characterized as extreme anxiety that inhibits efficient use through previously acquired information during the testing and leads to a reduction in success. Furthermore, metacognitive belief is referred to as the brain mechanisms that incorporate control, monitoring, organization, and evaluation of cognition. As it involves a wide range of activities, psychopathological cognitive patterns are likely to be derived from maladaptive functioning in metacognition. Recent studies suggested that metacognitive beliefs have a significant impact on test anxiety. There is concern whether metacognition and cognitive anxiety test is intimately related. Our aim was to investigate the relationship between cognitive test anxiety and metacognitive beliefs among university students.

**METHODS:**Three hundred-thirty university students participated in our study. The study was conducted via an online survey, and the snowball method was applied. Cognitive Test Anxiety Scale-Revised (CTAR), Metacognition Questionnaire (MCQ-30), and Socio-demographic scale were administered. The data were analyzed using descriptive statistics and Pearson correlations, and multiple linear regression analyses were computed to analyze the relationship between age, test anxiety, and metacognitive beliefs among university students. All participants signed informed consent, and the study was approved by the ethics committee.

**RESULTS:**The overall score of MCQ-30 subcategories was positively associated with the CTAR. Pearson's correlation equation detected positive correlation between the negative beliefs about uncontrollability and danger (MCQ-NB), cognitive self-consciousness (MCQ-CSC), need to control thoughts (MCQ-NCT), and cognitive confidence (MCQ-CC) subtests with the CTAR. Results from linear regression analysis yielded a significant and positive association between MCQ-NB and MCQ-CC subtests.

**CONCLUSIONS:**Our study revealed that negative beliefs about uncontrollability and danger and cognitive confidence factors may influence cognitive test anxiety in young adults. These findings point out the importance of implementing a metacognitive intervention for students with high cognitive test anxiety. Additionally, interventions targeting these factors may help young people manage cognitive test anxiety.

**Keywords:** cognitive test anxiety, metacognitive beliefs, young adults

[Abstract:0892]

### 0892 - The relationship between mindfulness, metacognitive beliefs and social anxiety among university students

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#### ABSTRACT

**BACKGROUND AND AIM:**Although social anxiety disorder (SAD) is widespread and associated with major psychological distress, its etiology is yet to be fully explored. The approach of Mindfulness is used in many different concepts; also it has been used to reduce the effects of social anxiety levels. In addition, maladaptive cognitions have been extensively investigated and presented as a maintenance factor of social anxiety. Our aim was to study how metacognitions and Mindfulness may affect SAD.

**METHODS:**Five hundred and thirty-one college students were enrolled in the study. The study was conducted via an online survey, and the snowball method was applied. Participants completed the Liebowitz Social Anxiety Scale Self-Report (LSAS-SR), the Five-Facet Mindfulness Questionnaire (FFMQ), and the Metacognition Questionnaire-30 (MCQ-30). The data were analyzed using descriptive statistics, correlational measures, and Pearson correlations were computed between all the variables to analyze the relationship between social anxiety, Mindfulness, and metacognition among university students. All participants signed informed consent, and the study was approved by the ethics committee.

**RESULTS:**Pearson's correlations analyses detected the positive correlation between metacognitions and social anxiety (SA), while Mindfulness

was negatively correlated with both SA and metacognitions. Likewise, structural equation modeling analyses specified that Mindfulness has a negative effect on both SA and metacognitions, whereas metacognitions positively affect SA.

**CONCLUSIONS:** Our findings imply that both metacognitions and mindfulness factors may influence SAD in young adults. These findings might point out the importance of treatment management in mindfulness therapies of social anxiety disorders. Interventions targeting these factors may help young people manage SAD. Additionally, targeting the inappropriate metacognitions would be beneficial for social anxiety, pointing out more reasonable targets across inappropriate metacognitions.

**Keywords:** social anxiety, metacognitions, mindfulness, young adults

[Abstract:0909]

### 0909 - The assessment of alexithymia and sleep problems in patients with myofascial pain syndrome

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#### ABSTRACT

**BACKGROUND AND AIM:** Myofascial Pain Syndrome (MPS) is defined as a chronic pain syndrome, usually related to psychiatric problems and decreased life quality. Alexithymia is characterized as the impairment of emotional processing's potential with difficulty in the internal emotional state to be recognized, explained, and verbalized. This study aimed to explore alexithymia and sleep problems in a group of patients affected by myofascial pain (MP).

**METHODS:** This case-control study included 75 patients with MPS and 75 healthy controls (HC). Physical examination, clinical history, visual analog scale (VAS), Toronto Alexithymia Scale (TAS), Pittsburgh Sleep Quality Index (PSQI) scale were performed for all participants.

**RESULTS:** TAS scores were significantly higher in MPS patients than in the HC group. Additionally, PSQI scores were significantly higher in patients with MPS than in the control group. VAS score is significantly higher in patients with alexithymia than those with borderline and non-alexithymia. PSQI score is significantly higher in patients with alexithymia than those with borderline and non-alexithymia.

**CONCLUSIONS:** As far as we can know, our study is the first to evaluate the Alexithymia characteristics with MPS. We consider that identifying alexithymic features of people with MPS may help clinicians forecast those MPS patients who have a higher risk for sleep disorders and clinical severity.

**Keywords:** Alexithymia, myofascial pain syndromes, sleep disorders

[Abstract:0913]

### 0913 - The relationship of myofascial pain syndrome with type d personality and childhood trauma

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#### ABSTRACT

**BACKGROUND AND AIM:** This study aimed to explore the properties and impacts of D-type personality, sexual dysfunction, childhood trauma on pain, quality of life, depression, and anxiety symptoms in MPS patients.

**METHODS:** This case-control study was carried out in the University Hospital Physical Therapy and Rehabilitation Clinic, Turkey. Sociodemographic data form, visual analog scale (VAS), Short Form (SF-36), Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), Childhood Trauma Questionnaire (CTQ), Type D Personality Scale (DS-14), Somatosensory Amplification Scale (SAS), Arizona Sexual Experience Scale (ASEX) were administered for all volunteers.

**RESULTS:** VAS, BDI, BAI, SAS, ASEX scores, and all subgroup scores of CTQ, DS-14 were remarkably higher in the patient group ( $p < 0.05$ ) in comparison to the healthy control (HC) group. On the other hand, the Quality of Life Inventory subgroup scales were significantly lower in MPS patients than the control group ( $p < 0.05$ ). Type D personality (OR=9.35), sexual dysfunction (OR=6.92), childhood trauma (OR=3.74) were found as risk factors in MPS.

**CONCLUSIONS:** Type D personality, childhood trauma, depression, anxiety, somatization, sexual dysfunction, and decreased life quality were found more commonly in MPS patients compared to the control group. Type D personality characteristics, childhood trauma, and sexual



dysfunction are directly related to MPS<sup>1</sup> risk. This study was thought to contribute to the literature in improving preventive mental health about determining and reducing the MPS risk factors.

**Keywords:** Childhood trauma, depression, myofascial pain syndrome, quality of life, sexual dysfunction, type D personality

[Abstract:0930]

### 0930 - Brain texture analysis in vaginismus

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#### ABSTRACT

**BACKGROUND AND AIM:**The clinic of vaginismus is similar to anxiety disorders and patients behave like phobic disorders. Some regions involved in anxiety modulation have not been investigated by imaging-based texture analysis to date. Diagnostic images are digital and consist of pixels. A measure of heterogeneity is provided by mathematical methods used to derive so-called 'texture features' in the image and to determine the spatial position of pixels and gray density changes, and this is called texture analysis. Recently, texture analysis, which has been used to distinguish abnormal structures, has also been used to identify biomarkers. There is no study based on texture analysis investigating the effect of vaginismus on the brain. In this study, it was aimed to compare the tissue analyzes of some regions of women with vaginismus with healthy controls, assuming differences in the brain.

**METHODS:**According to the study criteria, 30 female volunteers, 15 of whom with vaginismus, 15 of whom healthy control, and similar in terms of age distribution were selected. All participants were scanned with a 1.5T MRI scanner. The whole texture analysis algorithm was implemented with an in-house software coded in MATLAB. The statistical analyses were made with IBM SPSS for Windows.

**RESULTS:**In this study, textural differences were detected in some brain regions of patients with vaginismus. Texture analysis values showed that the pixel distribution was uneven in images. This shows that neuropsychiatric and possible structural mechanisms may also be valid in vaginismus patients. However, the reason for this cannot be explained because there is not enough research in patients with vaginismus and the effect of feature differences cannot be evaluated clearly.

**CONCLUSIONS:**Data from the current study suggest that patients with vaginismus appear to be associated with altered brain area texture compared to healthy controls. It will be important to support this finding in future detailed studies.

**Keywords:** Vaginismus,; image processing, computer-assisted,; magnetic resonance imaging

Table 1. Distributions of analysis values of corpus callosum of the groups.

Corpus callosum	Control (15)		Vaginusmus (15)		p
	Mean	Standard Deviation	Mean	Standard Deviation	
Age	29.60	4.41	28.53	7.39	0.635†
<b>Area (cm<sup>2</sup>)</b>	<b>5.70</b>	<b>0.54</b>	<b>6.18</b>	<b>0.42</b>	<b>0.013†</b>
<b>Mean</b>	<b>317.06</b>	<b>144.32</b>	<b>104.39</b>	<b>11.47</b>	<b>&lt;0.001*</b>
<b>Standard Deviation</b>	<b>30.15</b>	<b>13.54</b>	<b>20.78</b>	<b>2.98</b>	<b>0.015*</b>
<b>Minimum</b>	<b>112.73</b>	<b>83.89</b>	<b>12.93</b>	<b>3.65</b>	<b>&lt;0.001*</b>
<b>Maximum</b>	<b>381.53</b>	<b>168.98</b>	<b>137.87</b>	<b>10.82</b>	<b>&lt;0.001*</b>
<b>Median</b>	<b>322.87</b>	<b>145.52</b>	<b>112.60</b>	<b>10.95</b>	<b>&lt;0.001*</b>
Variance	1080.19	948.77	492.17	87.72	0.059*
Entropy	6.03	0.38	5.66	0.70	0.086†
<b>Size %L</b>	<b>9.87</b>	<b>1.41</b>	<b>15.19</b>	<b>1.94</b>	<b>&lt;0.001†</b>
<b>Size %U</b>	<b>6.80</b>	<b>3.27</b>	<b>3.33</b>	<b>1.60</b>	<b>0.004*</b>
Size %M	83.33	3.49	85.05	2.66	0.140†
<b>Kurtosis</b>	<b>13.10</b>	<b>4.11</b>	<b>7.33</b>	<b>2.07</b>	<b>&lt;0.001†</b>
<b>Skewness</b>	<b>-2.41</b>	<b>0.36</b>	<b>-1.61</b>	<b>0.50</b>	<b>&lt;0.001†</b>
<b>Uniformity</b>	<b>0.60</b>	<b>0.04</b>	<b>0.62</b>	<b>0.01</b>	<b>0.036*</b>

S.D.: Standard Deviation, \*Mann-Whitney U Test, †Independent-Samples T Test

Table 2. Distributions of analysis values of amygdala of the groups.

Amygdala	Control (15)		Vaginusmus (15)		p
	Mean	Standard Deviation	Mean	Standard Deviation	
<b>Mean</b>	<b>231,73</b>	<b>94,56</b>	<b>71,01</b>	<b>13,32</b>	<b>&lt;0.001*</b>
<b>Standard Deviation</b>	<b>11,32</b>	<b>5,75</b>	<b>5,72</b>	<b>1,14</b>	<b>&lt;0.001*</b>
<b>Minimum</b>	<b>204,67</b>	<b>82,53</b>	<b>58,73</b>	<b>12,96</b>	<b>&lt;0.001*</b>
<b>Maximum</b>	<b>258,73</b>	<b>107,13</b>	<b>84,20</b>	<b>13,53</b>	<b>&lt;0.001*</b>
<b>Median</b>	<b>231,80</b>	<b>95,11</b>	<b>71,37</b>	<b>13,29</b>	<b>&lt;0.001*</b>
<b>Variance</b>	<b>158,92</b>	<b>151,70</b>	<b>32,03</b>	<b>11,27</b>	<b>&lt;0.001*</b>
<b>Entropy</b>	<b>5,01</b>	<b>0,54</b>	<b>4,21</b>	<b>0,29</b>	<b>&lt;0.001*</b>
Size %L	15,83	1,89	16,49	3,14	0,487†
Size %U	15,84	2,47	15,48	3,00	0,720†
Size %M	68,33	3,59	68,05	5,68	0,872†
Kurtosis	2,81	0,48	3,13	0,89	0,236†
Skewness	-0,05	0,36	0,19	0,59	0,200†
Uniformity	0,30	0,07	0,28	0,07	0,433†

S.D.: Standard Deviation, \*Mann-Whitney U Test, †Independent-Samples T Test



[Abstract:0931]

**0931 - Psychological evaluation of patients after coronavirus-19 infection**Ayşe Gökçen Gündoğmuş, Yasemin Koçyiğit

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**ABSTRACT**

**BACKGROUND AND AIM:** Significant serious psychiatric comorbidities such as depression, anxiety disorder, posttraumatic stress disorder, suicidal thoughts and psychotic disorders have been reported in previous outbreaks [1,2]. The studies were generally focused on clinical features and treatment of COVID-19 infection while aspects of mental health during the pandemic remained in the background [1]. It has been observed in the past outbreaks that psychiatric evaluation and interventions improved the patients' quality of life along with improving their ability to adapt the disease [3,4]. The aim of this study is to evaluate mental states of patients who had COVID-19 previously.

**METHODS:** This study was conducted with individuals who accepted to participate in the study and gave informed consent, who applied or referred to Ankara Dışkapı Yıldırım Beyazıt Training and Research Hospital Psychiatry Clinic. A sociodemographic data form, Hospital Anxiety and Depression Scale (HADS), and the Impact of Event Scale-Revised (IES-R) were given to the all participants.

**RESULTS:** During the evaluation period 20.7% of the individuals (n=135) requested psychological support, and 4.4% reported that they had suicidal ideation during the infection period. The outbreak was reported as a traumatic experience for 63% of them and 19,3% of individuals scored above the cut-off score from IES-R. A correlation was found between anxiety and depression scores and the total score of IES-R ( $r=0.630$  and  $r=0.575$ , respectively;  $p>0.001$ ). It was observed that the IES-R scores of patients at 3 months after the Covid-19 diagnosis were the lowest as compared with shorter periods.

**CONCLUSIONS:** The COVID-19 outbreak can cause psychological problems as well as physical difficulties for patients. As a result of our study, we have observed that patients are in need of more psychological support in the earlier periods post-disease when compared with later periods after disease.

**Keywords:** anxiety, coronavirus, depression, post traumatic stress disorder, suicidal ideation

**Table 1.** Correlation between scale scores

	Anxiety (HADS)	Depression (HADS)	IES-R Intrusion	IES-R Avoidance	ES-R Hyperarousal	IES-R Total
Anxiety (HADS)	1	,599**	,582**	,450**	,674**	,630**
Depression (HADS)		1	,573**	,412**	,564**	,575**
IES-R Intrusion			1	,665**	,804**	,922**
IES-R Avoidance				1	,595**	,864**
IES-R Hyperarousal					1	,882**

\*\* $p<0.01$ , \* $p<0.05$  significant relationship, strength of correlation coefficient;  $0<r<0.299$  low  $0.300<r<0.599$  medium,  $0.600<r<0.799$  strong,  $0.800<r<0.999$  very strong. (Spearman correlation). (HADS: Hospital Anxiety and Depression Scale, IES-R: Impact of Event Scale-Revised)

Comparison of anxiety, depression and traumatic stress according to time

	One month	Two months	Three months	
	N (%)	N (%)	N (%)	p
Anxiety (HADS)*	9 (12,7)	7 (17,5)	3 (12,5)	0,759
Depression (HADS)*	23 (32,4)	16 (40)	10 (41,7)	0,605
IES-R Total*	11 (15,5)	13 (32,5)	2 (8,3)	0,030

\*participants who has scores above the cut off scores for scales (HADS: Hospital Anxiety and Depression Scale, IES-R: Impact of Event Scale-Revised)

[Abstract:0934]

**0934 - The effect of psychopathology and cognitive functions on caregiver burden in patients with schizophrenia**Ezgi Selçuk Özmen<sup>1</sup>, Filiz Civil Arslan<sup>2</sup>, Yusuf Demirtaş<sup>3</sup><sup>1</sup>Department of Mental Health and Diseases, Fatih State Hospital, Trabzon, Turkey, <sup>2</sup>Department of Mental Health and Diseases, Karadeniz Technical University, Trabzon, Turkey, <sup>3</sup>Bor Provincial Health Directorate, Niğde, Turkey**ABSTRACT**

**BACKGROUND AND AIM:** Studies have shown widespread cognitive loss in multiple domains in schizophrenia. The most common loss is in attention, verbal memory, working memory and executive functions. Recognition and monitoring of cognitive symptoms that directly affect general functionality and prognosis in schizophrenia and their treatment goals are important for caregivers as well as patients. In our study; The aim of this study was to evaluate the effect of cognitive functions of patients with schizophrenia on caregiver burden.

**METHODS:** The patients and their primary caregivers (n=44) who were diagnosed with schizophrenia (n=44) according to DSM-5 criteria and admitted to the psychiatry outpatient clinic of Karadeniz Technical University Medical Faculty Hospital were included in the study. A form including sociodemographic and other characteristics was applied to all participants. SAPS and SANS to evaluate clinical signs and symptoms in the patient group; Wisconsin Card Sorting Test, Stroop Test for the evaluation of cognitive functions; Trail Making Test; Rey Auditory Verbal Learning Test; Zarit Caregiver Burden Scale was applied to caregivers.

**RESULTS:** According to our findings, the relationship between zarit caregiver burden and patients' sociodemographic characteristics and disease-related data no statistically significant relationship was found. While positive and negative symptoms of the patients were not associated with zaritis caregiver burden; In the correlations between cognitive functions, which is the focus of our study, and the scale of caregiver burden, a significant relationship was shown between the WCST test, which is especially related to DLPFC functions, and the scale of zarit caregiver burden.

**CONCLUSIONS:** In conclusion, when we look at our findings regarding the relationships between the cognitive functions of patients with schizophrenia and the burden of their caregivers, it has been observed that cognitive impairments, especially related to the dorsolateral prefrontal cortex, are associated with high caregiver burden.

**Keywords:** Schizophrenia, Cognitive Functions, Caregiver Burden

Sociodemographic Characteristics and Distribution of Disease-Related Data in Patient Group Cases of Patients about

	PATIENT (n=44)	CAREGIVER (n = 44)
Age (Year) (min-max (average±SD))	41,50±11,09 (19-64)	53,07±12,75 (24-78)
Gender (n (%))	30 (%68,2)	13 (%29,5)
Male	14 (%31,8)	31 (%70,5)
Female		
Education Status (Year) (min-max (average±SD))	11,57 ± 3,67 (5-20)	6,86 ± 3,86 (0-20)
ZCBS Total Point Average (min-max (average±SD))		23,25±20,94 (6-74)
Age at first diagnosis (years) (min-max (average±SD))	10-52 25,52±10,0	
Disease duration (min-max (average±SD))	2-43 16,16±9,62	
Number of Hospitalizations (min-max (average±SD))	0-20 2,64±3,20	
Time since last hospitalization (months) (min-max (average±SD))	0-312 45,02±63,75	
SAPS (min-max (average±SD))	0-34 (2,14±6,68)	
SANS (min-max (average±SD))	0-60 13,41±14,35	

## Data on Cognitive Tests in Patient Group Cases

	<b>Patient (n=44)</b>
	Median (T1-T3)
<b>WCKET</b>	26
<b>correct answer</b>	12
<b>Number of conceptual answers</b>	12.5
<b>Number of perseverative answers</b>	50
<b>Number of attempts used to complete the first category</b>	1
<b>Number of categories completed</b>	
<b>Stroop Test</b>	26.5
<b>Stroop interference time (5-2)</b>	
<b>Tracking Test</b>	61
<b>A (duration)</b>	187.5
<b>B (duration)</b>	109.5
<b>B-A (duration)</b>	
<b>AVLT</b>	5
<b>AVLT A1 total correct answer (instant memory)</b>	35
<b>AVLT A1-5 total correct answer (learning)</b>	6
<b>AVLT A6 total correct answer (prospective confounder)</b>	5.5
<b>AVLT A7 total correct answer (delayed memory)</b>	

## Correlation data between Positive and Negative Syndrome Scales of Patients and Caregiver Burden

	<b>ZARIT Caregiver Burden scale</b>
	<b>p r</b>
<b>SAPS (Scale for the Assessment of Positive Symptoms)</b>	0,97 0,25
<b>SANS (Scale for the Assessment of Negative Symptoms)</b>	0,56 0,29

## Correlation data between Cognitive Tests and Caregiver Burden

	<b>ZARIT Caregiver Burden scale</b>
	<b>p r</b>
<b>WCKET</b>	
<b>Total Number of Lines</b>	0,028 -,332
<b>Total number of errors</b>	0,028,332
<b>Conceptual level response number</b>	0,010 -,382
<b>Number of non-perseverative errors</b>	0,012,375
<b>Number of Completed Categories</b>	0,023 -,343
<b>Number of Attempts Used in Completing the First Category</b>	0,041,309

[Abstract:0946]

**0946 - Retrospective comparison of vitamin b12 and folate levels of patients with first episode psychosis and first episode mania with healthy people**

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**ABSTRACT**

**BACKGROUND AND AIM:**There is information in the literature that vitamin B12 and folate may play a role in the etiology of schizophrenia and bipolar disorder. Based on the idea in this study, we compared the vitamin B12 and folate levels of patients with schizophrenia and bipolar disorder in the first episode periods with healthy controls.

**METHODS:**In this study, vitamin B12 and folate blood levels of patients with the first-episode psychosis (FEP) and first-episode mania (FEM) were compared with healthy controls (HC) retrospectively. Sixty-seven volunteers between the ages of 18-65 without any additional psychiatric or organic diseases were recruited from all three groups.

**RESULTS:**According to the statistical analysis, vitamin B12 blood level was significantly lower in the FEP group than HC ( $p = 0.002$ ). In male FEPs, blood folate level was significantly lower than male HCs ( $p = 0.045$ ).

According to the chi-square analysis applied, the frequency of patients with a diagnosis of vitamin B12 deficiency ( $<189$  pg/ml) in FEP and FEM groups was found significantly higher than HC ( $p < 0.001$  and  $p = 0.025$ ).

Vitamin B12 blood level was found to have a predictive effect on the diagnosis of schizophrenia in the FEP group according to the logistic regression model created ( $p = 0.009$ ). It was also found that having a clinical diagnosis of vitamin B12 deficiency had a predictive effect on the diagnosis of schizophrenia ( $p = 0.002$ ). Vitamin B12 and folate blood levels did not have a predictive effect on the diagnosis of bipolar disorder ( $p=0.752$  and  $p=0.684$ ).

**CONCLUSIONS:** A low level of vitamin B12 and the deficiency of vitamin B12 may predict the diagnosis of schizophrenia. The frequency of vitamin B12 is higher in FEPs and FEMs than in healthy controls. Therefore, clinicians should be aware of vitamin B12 deficiency in patients with schizophrenia and bipolar disorder.

**Keywords:** bipolar disorder, folate, schizophrenia, vitamin B12

[Abstract:0951]

**0951 - Comparison of impulsivity and serum uric acid levels of criminal and non-criminal psychotic disorder patients**Aslı Kazgan Kılıçaslan<sup>1</sup>, Burcu Sırlıer Emir<sup>2</sup>, Sevler Yıldız<sup>3</sup><sup>1</sup>University of Bozok, Department of Psychiatry, Yozgat, Turkey, <sup>2</sup>Elazığ Fethi Sekin City Hospital, Department of Psychiatry, Elazığ, Turkey,<sup>3</sup>University of Binali Yıldırım, Department of Psychiatry, Erzincan, Turkey**ABSTRACT**

**BACKGROUND AND AIM:**It has been observed that impulsivity, defined as one of the main features of psychotic disorders, leads to aggression and violent behavior and consequently to crime. Uric acid (UA) has been shown to play a role in impulsive behavior and has been detected at different levels in some psychiatric disorders. The present study aims to compare impulsivity and serum UA levels of patients diagnosed with a psychotic disorder with and without forensic crimes and to evaluate the relationship between these patient groups

**METHODS:** A total of 70 patients diagnosed with psychotic disorder (Schizophrenia, Psychotic Disorder Not Otherwise Specified, Delusional Disorder, Substance-Related Psychosis), including 35 patients with a history of forensic crimes and 35 patients without a history of forensic crimes, participated in this study. Sociodemographic and Clinical Data Form, Positive and Negative Syndrome Scale (PANSS) and Barratt Impulsivity Scale Short Form (BIS -11) data were administered to all participants. Uric acid levels were determined in venous blood samples collected from the patients.

**RESULTS:**The BIS-11 and PANSS scores of the criminal group were significantly higher than the scores of the non-criminal group ( $p < 0.001$ ). There was no significant difference in serum UA levels between groups ( $p = 0.176$ ). No significant correlation was observed between UA levels and scale scores ( $p > 0.05$ ). There was a significant positive correlation between BIS -11 total and PANSS negative, positive and PANSS total scores ( $r = .439$ ,  $p < 0.001$ ;  $r = .544$ ,  $p < 0.001$ ;  $r = .690$ ,  $p < 0.001$ , respectively).

**CONCLUSIONS:**Patients diagnosed with psychotic disorder with forensic crimes had higher impulsivity levels and higher negative and positive symptom burden than patients without forensic crimes. There was no significant difference between the serum UA levels of the two groups. We believe that our study data are promising for placing these concepts on a biological footing.

**Keywords:** impulsivity, uric acid, high-security forensic psychiatry, psychosis

Comparison of scale scores of criminal and non-criminal groups

	Criminal group	Non-criminal group	p*
	Median (IQR)	Median (IQR)	
Uric acid	5.4±1.3	4.9±1.6	0.176
BIS 11-motor	26.1±4.8	19.4±4.1	<0.001*
BIS 11-carelessness	21.3±3.2	17.4±3.9	<0.001*
BIS 11-unplanned	33.0±3.9	20.5±5.6	<0.001*
BIS 11-total	80.2±9.4	57.4±9.2	<0.001*
PANSS-positive	22.3±4.6	15.5±4.3	<0.001*
PANSS-negative	22.5±6.3	16.0±4.4	<0.001*
PANSS-general	44.0±7.6	22.0±4.7	<0.001*
PANSS-total	88.9±13.1	53.5±8.8	<0.001*

BIS -11: Barratt Impulsivity Scale Short Form-11; PANSS; Positive and Negative Syndrome Scale

Correlation of the different parameters of the participants

	Uric acid	BIS 11-motor	BIS 11-carelessness	BIS 11-unplanned	BIS 11-total	PANSS-positive	PANSS-negative	PANSS-general
BIS 11-motor	r -.067 p.582							
BIS 11-carelessness	r -.097 p.426	.509 .000						
BIS 11-unplanned	r.129 p.287	.581 .000	.544 .000					
BIS 11-total	r.017 p.887	.829 .000	.753 .000	.900 .000				
PANSS-positive	r.053 p.666	.402 .001	.383 .001	.537 .000	.544 .000			
PANSS-negative	r.189 p.116	.358 .002	.212 .078	.466 .000	.439 .000	.348 .003		
PANSS-general	r.193 p.109	.500 .000	.426 .000	.716 .000	.681 .000	.576 .000	.623 .000	
PANSS-total	r.188 p.118	.518 .000	.425 .000	.718 .000	.690 .000	.721 .000	.771 .000	.948 .000

BIS -11: Barratt Impulsivity Scale Short Form-11; PANSS; Positive and Negative Syndrome Scale

[Abstract:0953]

### 0953 - Evaluation of the macrophage migration inhibitory factor (mif) -173 g/c polymorphism in bipolar disorder and its relationship with clinical parameters and scale scores

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#### ABSTRACT

**BACKGROUND AND AIM:**We aimed to study the genetic variant in the MIF -173 G/C in bipolar disorder (BD) by comparing genotype distributions of the MIF -173 G/C variant between patients and healthy controls considering clinical parameters.

**METHODS:** A sample of 104 patients with BD and 100 healthy volunteers were included in the study. The participants were evaluated using the Clinical Interview for DSM-IV Axis-I Disorders (SCID-I), then sociodemographic and clinical data forms were administered. The Young Mania Rating Scale (YMRS), the Hamilton Depression Rating Scale (HAM-D), and The Clinical Global Impression Scale (CGI) were administered to patients with BD. Blood samples were obtained from participants to isolate their deoxyribonucleic acid (DNA) material. Polymerase chain reaction and restriction fragment length polymorphism (PCR-RFLP) were used to determine the MIF -173 G/C variant.

**RESULTS:** The genotype distribution (GG, GC, CC) and allele frequencies (G, C) of the BD group were significantly different from the control group. The percentages of the GG genotype ( $p=.040$ ) and G allele ( $p=.049$ ) were found to be significantly higher in the BD group compared to the control group. Comparing scale scores and clinical parameters (number of manic episodes, depressive episodes, total episodes, duration of disease, age of onset and number of hospitalizations) in reference to MIF genotype distributions in patients with BD, CGI-I score was significantly different between the groups of MIF genotype (GG, GC/CC). The CGI-I score of the group containing GG genotype was significantly higher than the GC/CC group ( $p=.029$ ).

**CONCLUSIONS:** It was found that the MIF -173 G/C variant might be related to BD and treatment response and having the GG genotype and G allele may be disadvantageous both in terms of an occurrence of a BD diagnosis as well as the treatment response of BD in the Turkish population.

**Keywords:** Bipolar disorder, treatment response, macrophage migration inhibitory factor, MIF, single-nucleotide polymorphism

[Abstract:0957]

### 0957 - Psychiatric disorders and psychotropic drugs used in the pediatric solid organ transplantation process

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#### ABSTRACT

**BACKGROUND AND AIM:** Child and adolescent transplant patients or transplant candidates are subject to limitations in physical activity and social life, long hospital stays, and many invasive and non-invasive procedures, in addition to the difficulties associated with the disease itself. Therefore, the struggle against chronic diseases and the process of organ transplantation are important stressors in the child's life and cause various psychiatric problems. We tried to describe the mental illness profiles of patients referred for psychiatric evaluation before and after transplantation and the drugs they used in their treatment.

**METHODS:** In this retrospective study, we evaluated the demographic and psychiatric aspects of 131 patients who were consulted with Child and Adolescent Psychiatry before and after solid organ transplantation at Başkent University Medical Faculty Hospital between July 2017 and July 2021.

**RESULTS:** Of 131 patients, 65 (49.6%) were female and 66 (50.4%) were male, with a mean age of  $9.59 \pm 5.53$  years. 43.5% of the patients were liver, 42.0% kidney, 13% hearts, 1.5% both liver and kidney transplant patients or transplant candidates. The most common reason for consultation (66.5%) was psychiatric evaluation before transplantation. 40.5% of the patients were additionally diagnosed with at least one mental disorder according to DSM-5. The most common diagnosis both before and after transplantation was adjustment disorder (34%), followed by Global Developmental Disorder (18.9%), Intellectual Disability (15.1%), depression (11.3%), and delirium (11.3%). Medical treatment, primarily sertraline and haloperidol, were used in 19% of the patients.

**CONCLUSIONS:** Psychiatric disorders are common in children during solid organ transplantation. Thus, these patients should be followed up regularly by psychiatrists for psychiatric evaluation before and after transplantation and should be provided adequate psychiatric support and treatment.

**Keywords:** transplantation, child, psychiatric disorders, drugs

**Table 1.** Psychiatric disorders diagnosed in the study population according to DSM-5

Psychiatric Disorder	pre-transplant n (%)	post-transplant n (%)	total n (%)
Adjustment Disorder	10 (18.9)	8 (15.1)	18 (34)
with anxiety	4 (7.5)	3 (5.7)	7 (13.2)
with conduct disturbance	1 (1.9)	4 (7.5)	5 (9.4)
with mixed disturbance of emotions and conduct	3 (5.7)	1 (1.9)	4 (7.5)
with mixed anxiety and depressed mood	2 (3.8)	-	2 (3.8)
Global Developmental Delay (GDD)	9 (17)	1 (1.9)	10 (18.9)
Intellectual Disability (7 mild + 2 moderate)	8 (15.1)	-	8 (15.1)

Major Depression	2 (3.8)	4 (7.5)	6 (11.3)
Delirium	2 (3.8)	4 (7.5)	6 (11.3)
Generalized Anxiety Disorder	2 (3.8)	1 (1.9)	3 (5.7)
Trichotillomania	-	2 (3.8)	2 (3.8)
Learning Disability	1 (1.9)	-	1 (1.9)
Posttraumatic Stress Disorder	1 (1.9)	-	1 (1.9)
Attention Deficit Hyperactivity Disorder	-	1 (1.9)	1 (1.9)
Obsessive Compulsive Disorder	-	1 (1.9)	1 (1.9)

[Abstract:0958]

### 0958 - Retrospective evaluation of drug treatments of patients followed up with diagnosis of schizophrenia in Aksaray community mental health center

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#### ABSTRACT

**BACKGROUND AND AIM:**Community Mental health centers are community-based institutions where psychiatric disorders such as schizophrenia and bipolar disorder are followed. Although the use of multiple antipsychotics is not recommended in the treatment guidelines, it is observed that clinicians apply frequently. The aim of our study is to evaluate the drug use profiles of patients followed up with diagnosis of schizophrenia in the Aksaray community mental health center.

**METHODS:**233 schizophrenia patients followed in the Aksaray community mental health center were included in the study. Current treatments of the patients were reviewed retrospectively in their files.

**RESULTS:**The patients included in the study were using an average of 1.5 oral antipsychotics, 14.2% of them were using oral typical antipsychotics. 47% of the patients were using depot antipsychotics. Of the depot antipsychotics used, 8.2% were typical and 39.2% atypical depot antipsychotics. 22.8% of the patients were using clozapine, 22.4% were using antidepressants and 9.5% were using mood stabilizers.

**CONCLUSIONS:**As a result, the use of multiple antipsychotics was common in our center. The use of clozapine was slightly lower than the rate of treatment-resistant patients. This was consistent with clinical studies. Revealing this situation is important for the prevention of polypharmacy.

**Keywords:** schizophrenia, antipsychotic, polypharmacy

[Abstract:0961]

### 0961 - Effects of selective serotonin reuptake inhibitors treatment on oxidative stress in patients with obsessive compulsive disorder

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#### ABSTRACT

**BACKGROUND AND AIM:**This study aimed to evaluate serum 8-hydroxydeoxyguanosine (8-OHdG), total antioxidant status (TAS), total oxidant status (TOS) and oxidative stress index (OSI) in patients with obsessive compulsive disorder (OCD) and the effect of antidepressants on 8-OHdG, TAS, TOS and OSI.

**METHODS:**Forty one patients with OCD and 40 healthy controls were enrolled in the study. In a 8-week parallel group, open label randomized controlled study of sertraline (n:15) and fluoksetin (n:12); levels of serum 8-OHdG, TAS, TOS and OSI calculation were conducted in healthy controls and patients with OCD at the baseline and after week 8. The treatment course was evaluated using the Yale Brown Obsession Compulsion Rating Scale in all patients.

**RESULTS:**There were no significant differences in the serum 8-OHdG, TAS, TOS and OSI levels between the patients and control groups at the pre-treatment stage. After 8 weeks of antidepressant treatment, 8-OHdG levels were decreased compared with the pre-treatment values (p:0,004). Nevertheless; TAS, TOS and OSI showed no significant changes after antidepressant treatment. Furthermore, there was a significant positive correlation between the patients' 8-OHdG levels before treatment and YBOC-S compulsion subscale change rate (r:0,46 p:0,014). Also a



negative correlation was found between the patients' 8-OHdG levels after treatment and YBOC-S total and obsession subscale change rates ( $r = -0,38$ ;  $p = 0,049$ ).

**CONCLUSIONS:** This is the first study on the effect of SSRIs on the oxidative DNA damage and oxidative status in OCD. Based on the results; antidepressant treatment decrease the levels of oxidative DNA damage in OCD. Also the response to antidepressant treatment in OCD patients might be predicted by measuring 8-OHdG.

**Keywords:** obsessive compulsive disorder, oxidative stress, selective serotonin reuptake inhibitors

Comparison of Pre- and Post-treatment YBOC-S Scores and TAS, TOS, OSI, 8-OHdG Values of The Patient Group

mean $\pm$ ss	Pre-treatment Scores	Post-treatment Scores	p value
TAS (mmol Trolox Eqv/L)	1,48 $\pm$ 0,18	1,5 $\pm$ 0,17	0,49
TOS (umol H2O2 Eqv/L)	9,17 $\pm$ 4,7	8,22 $\pm$ 6	0,25
OSI (au)	0,62 $\pm$ 0,33	0,53 $\pm$ 0,36	0,26
8-OHdG (ng/ mL)	8,38 $\pm$ 7,24	5,86 $\pm$ 7,29	0,004*
YBOC-S total scores	27,03 $\pm$ 5,51	16,78 $\pm$ 6,84	<0,001*

TAS: Total Antioxidant Status, TOS: Total Oxidant Status, OSI: Oxidative Stress Index, 8-OHdG: 8-hydroxydeoxyguanosine, YBOC-S: Yale Brown Obsession Compulsion Rating Scale. Wilcoxon Test and Student T test were applied. \* $p < 0,005$

[Abstract:0962]

### 0962 - Correlates of psychotic like experiences (ple) during pandemic: do sars-cov-2 infection increase the vulnerability for ple among adolescents?

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#### ABSTRACT

**BACKGROUND AND AIM:** To investigate whether the SARS-CoV-2 infection increased the risk of psychotic-like experiences (PLE) among adolescents. Secondly, we aimed to examine which variables (SARS-CoV-2 infection, depression, anxiety, sleep problems, cigarette, alcohol, drug usage) contribute to PLE during pandemic among adolescents.

**METHODS:** Altogether, 684 adolescents aged 12-18 (SARS-CoV-2 group:  $n=361$ , mean age= $15.4 \pm 1.9$ , 54.8% girls, control group (CG):  $n=323$ , mean age:  $15.7 \pm 1.2$ , 47.4% girls) were recruited. The SARS-CoV-2 infection was confirmed by polymerase chain reaction test. The positive dimension of the Community Assessment of Psychic Experiences-42 (CAPE-42-Pos), Patient Health Questionnaire (PHQ), Generalized Anxiety Disorder-7 (GAD-7), and Pittsburg Sleep Quality Index (PSQI) were completed by all volunteers using an online survey. For the SARS-CoV-2 group, C-reactive Protein and hemogram values, and SARS-CoV-2-related symptoms during the acute infection period were noted.

**RESULTS:** CAPE-Pos-frequency and CAPE-Pos-Stress scores were significantly higher, whereas GAD-Total and PSQI-Total scores were significantly lower in the SARS-CoV-2 group than the CG. Among the SARS-CoV-2 group, monocyte count and the number of SARS-CoV-2-related symptoms were significantly positively correlated with CAPE-Pos-frequency and CAPE-Pos-Stress scores. Among whole participants, SARS-CoV-2 infection, cigarette usage, GAD-7, and PHQ-9 scores significantly contributed to PLE in often or nearly always frequency.

**CONCLUSIONS:** This study is the first to show a relationship between SARS-CoV-2 infection and PLE among adolescents. Furthermore, monocyte count and the number of SARS-CoV-2 symptoms during acute infection period, which can show the severity of the illness, were associated with PLE frequency. Among the whole group, besides SARS-CoV-2 infection, depression, anxiety, and cigarette usage contributed to PLE during pandemic.

**Keywords:** Covid19, Pandemic, Psychotic, PLE, Adolescents



[Abstract:0963]

### 0963 - Evaluation of the effect of transcranial direct current stimulation on cognitive functions in adults with attention deficit hyperactivity disorder

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#### ABSTRACT

**BACKGROUND AND AIM:** Attention deficit hyperactivity disorder (ADHD) is a common neurodevelopmental disorder that affects up to 2.8% of the adult populations. While pharmacological and behavioral therapies mitigate some core symptoms of ADHD, cognitive deficits which significantly disrupt functionality may remain unaffected. Executive dysfunction has been considered to have a principal role in ADHD and has previously been linked to activity alterations in the prefrontal cortex. Transcranial direct current stimulation (tDCS) is a noninvasive therapeutic intervention that modulates prefrontal cortex activity and induces neuroplasticity, with promising results in childhood ADHD. The aim of the present study is to assess the efficacy of repeated tDCS on cognitive functions in adults with ADHD.

**METHODS:** In this randomized double-blind sham-controlled study, 22 adults with ADHD were recruited from the Psychiatry Outpatient Clinic of İstanbul Medical Faculty. Participants were randomized into active and sham groups and were administered five consecutive sessions of active/sham tDCS over the dorsolateral prefrontal cortex (right anodal/left cathodal). A wide neuropsychological test battery was administered before the first session and immediately after the last session. Comparison between the results of two stimulation groups was performed via repeated measures analysis of variance tests.

**RESULTS:** The total number of moves in the Tower of London Test decreased in the active group, reflecting better planning ability. The maximum number of digits and the total number of correct trials in the Digit Span Backward test increased in the active group. A trend towards decrement was observed in the number of errors in the Stroop Test.

**CONCLUSIONS:** The present study indicates the ameliorating effects of tDCS on planning, working memory and response inhibition in adults with ADHD. Pro-cognitive effects conform with some reports in adults with ADHD, reinforcing the therapeutic utility of tDCS in adults with ADHD.

**Keywords:** Attention deficit hyperactivity disorder, brain stimulation, cognitive functions, neuropsychological evaluation, transcranial direct current stimulation.

[Abstract:0964]

### 0964 - Meta-analysis of population-based psychiatric comorbidity rates in children and adolescents with autism spectrum disorders

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#### ABSTRACT

**BACKGROUND AND AIM:** Psychiatric comorbidity in Autism Spectrum Disorder (ASD) affects the quality of life, prognosis, and functional outcomes. In the literature, the comorbidity rates vary considerably according to variables such as setting, sample characteristics, the diagnostic method used, and country of origin. Most studies comprise clinical or referral samples, those in treatment in tertiary care or rehabilitation centers. Such samples carry a potential for overestimation of both the frequency and severity of psychiatric comorbidity. We aimed to analyze the prevalence rates in studies with population samples only.

**METHODS:** A systematic literature search was performed using PubMed and Scopus databases for population-based articles between May 1, 2015, and May 31, 2020. A comprehensive keyword list was generated to investigate a wide range of DSM-5 based disorders. The review was registered on PROSPERO (CRD42021234464). Comprehensive Meta Analysis software was used for statistical analyses.

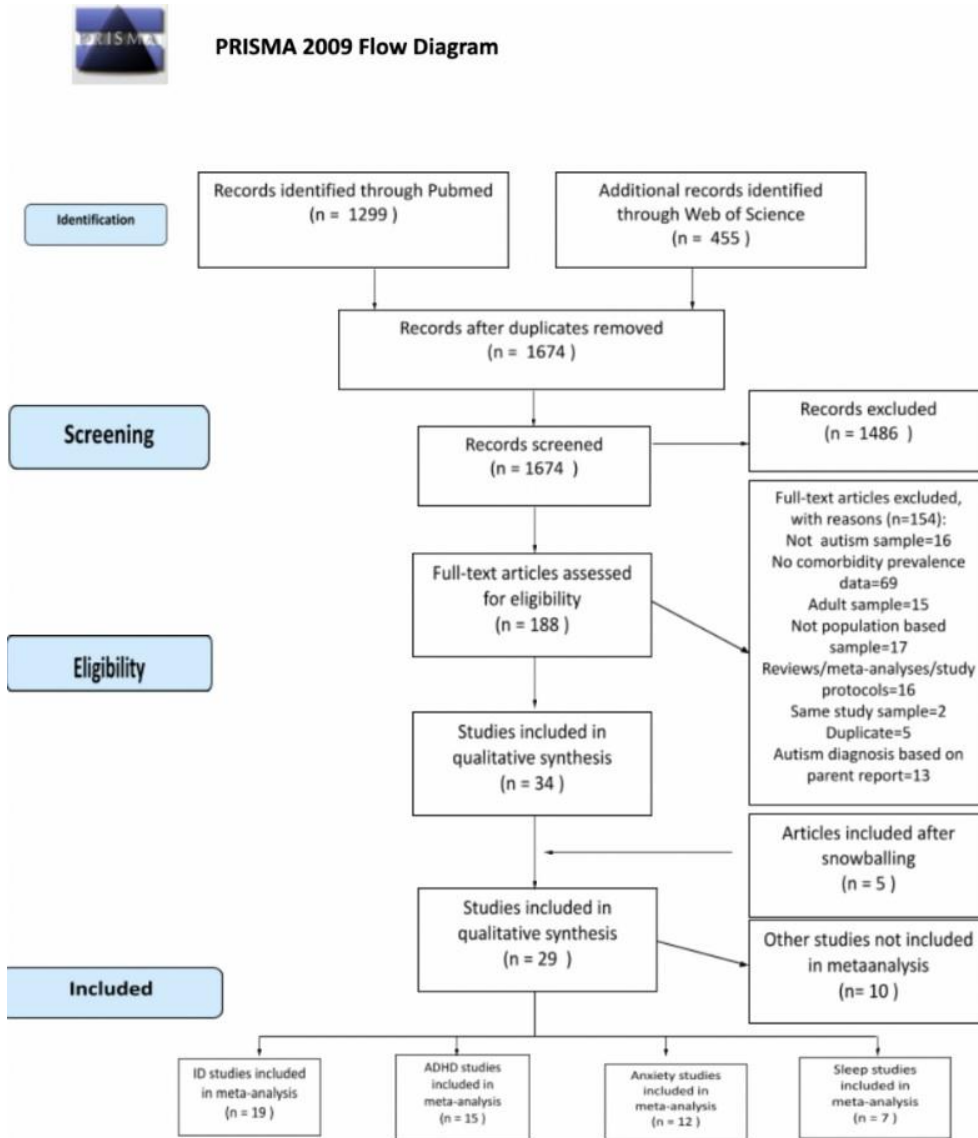
**RESULTS:** The initial search has revealed a total of 1674 articles after the removal of duplicates and studies using shared samples. Two independent researchers have conducted a parallel-blinded screening process to identify the eligible studies based on titles, abstracts. After the review of 188 full-texts, 39 studies were analyzed and the main findings show prevalence estimates of 22.9% (95% CI: 17.7- 29.2) for intellectual disability; 26.2% (22-31) for attention-deficit hyperactivity disorder; 11.1% (8.6-14.1) for anxiety disorders; 19.7% (11.9-30.7) for sleep disorders;

7% (5.2- 9.3) for disruptive disorders; 2% (1.3- 3.1) for bipolar disorders; 2.7% (1.8- 4.2) for depression; 1.8% (0.4–8.7) for obsessive-compulsive disorder; and 0.6% (0.3–1.1) for psychosis.

**CONCLUSIONS:** Psychiatric comorbidity is common in the autism spectrum disorder population. Additionally, comorbidity prevalences in ASD are actually lower than what clinical sample-based studies show. As a result, careful assessment of these problems is an essential component of care for children and adolescents with autism spectrum disorders and should be integrated into clinical practice.

**Keywords:** autism, comorbidity, epidemiology, prevalence, child, adolescent

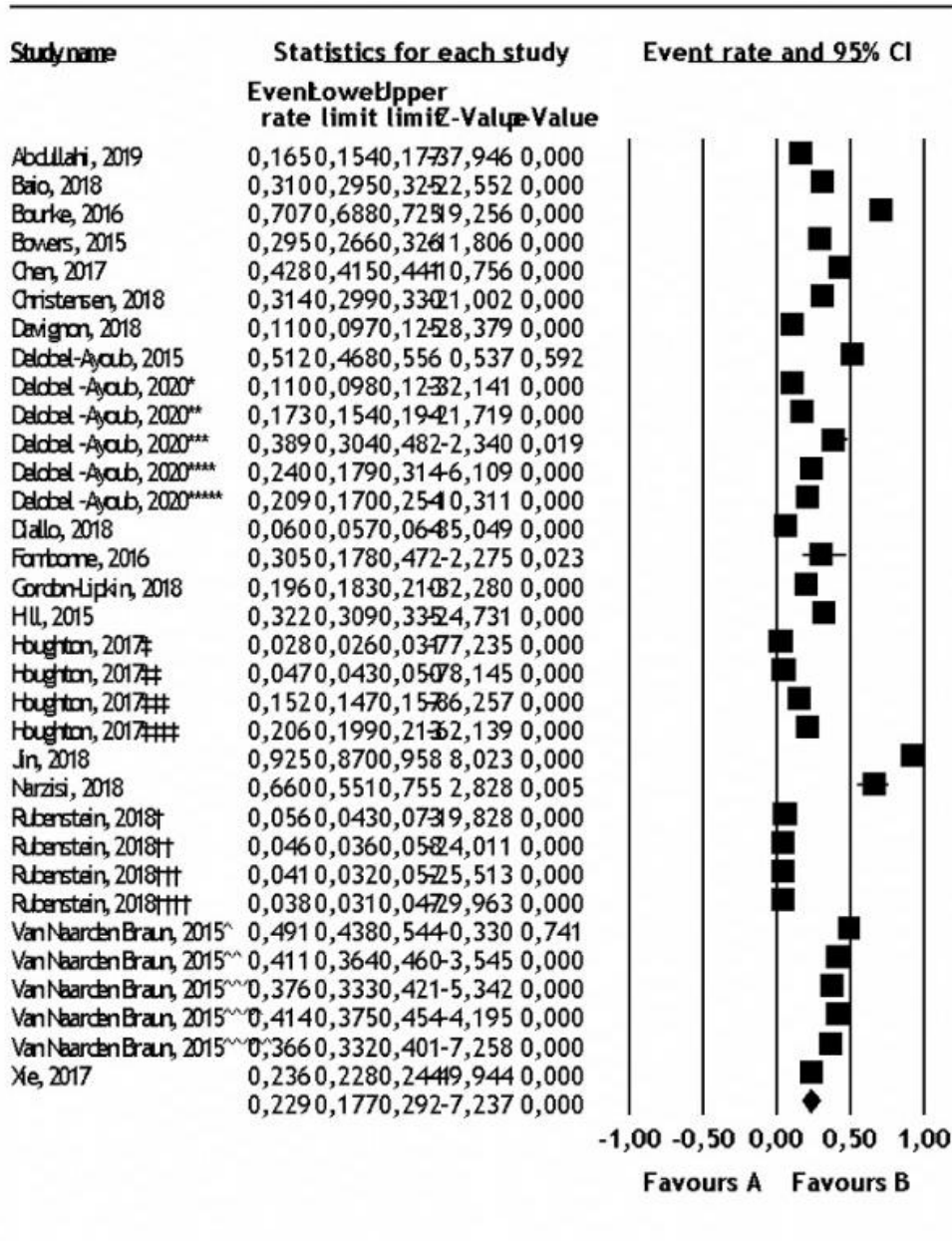
Figure 1 Flowchart of included studies



From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed.1000097

For more information, visit [www.prisma-statement.org](http://www.prisma-statement.org).

Figure 2 Intellectual disability comorbidity in autism spectrum disorder.



### Meta Analysis

Table 1. Population-based Psychiatric Comorbidity Studies in Children and Adolescents with Autism Spectrum Disorders

Comorbidity	Study Population	Number of study groups	Total number of patients	Prevalence (95 % CI)	Heterogeneity I2	Cochran Q, p value
Intellectual disability	Children	22	58849	21.4 (15.2- 29.2)	99.57	4886, <0.001
	Adolescents	4	35540	15.6 (5.8- 35.8)	99.91	3502, <0.001
ADHD	Children	10	49617	18.4 (12.3- 26.6)	99.76	3716, <0.001
	Adolescents	3	32163	35.4 (21.9-51.7)	99.86	1477, <0.001
Anxiety disorders	Children	11	51688	7.8 (5.3- 11.3)	99.4	1667, <0.001
	Adolescents	5	38746	21.5 (14-31.6)	99.73	1468, <0.001
Sleep Disorders	Children	9	99849	26.5 (15.4 -41.6)	99.91	8942, <0.001
	Adolescents	3	32163	6.6 (4.5-9.5)	98.67	152, <0.001
Disruptive Behaviors	Children	16	48770	6.1 (3.9-9.2)	99.36	1421, <0.001
	Adolescents	4	37781	9.8 (5.3- 17.5)	99.77	1292, <0.001
Bipolar Disorder	Children	7	44209	1 (0.5- 1.8)	98	300, <0.001
	Adolescents	5	46843	4.8 (2.9- 7.7)	99.37	642.5, <0.001

<b>Depression</b>	Children	8	48120	1 (0.5- 1.7)	98.11	371.16, <0.001
	Adolescents	4	37781	12.7 (11-14.7)	96.46	84.85, <0.001
<b>Obsessive Compulsive Disorder</b>	Children	7	7791	1.7 (0.2- 11.2)	98.98	587.5, <0.001
	Adolescents	-	-	-	-	-
<b>Psychosis</b>	Children	3	37830	0.2 (0.1-0.4)	84.75	13, <0.001
	Adolescents	4	41225	1.1 (0.6- 1.8)	96.31	81.29, <0.001

[Abstract:0965]

**0965 - Infectious disease rates in hospitalized patients with substance use disorder**

Bahadır Demir

*Faculty of Medicine, Department of Psychiatry, Gaziantep University, Gaziantep, Turkey***ABSTRACT**

**BACKGROUND AND AIM:** Hepatitis B virus (HBV), hepatitis C virus (HCV) and human immune deficiency virus (HIV) can be transmitted by blood transfusion, therapeutic injections and other medical interventions, the most common cause of transmission, especially in developed countries, is illegal substance injection.

In this study, we aimed to present laboratory parameters in terms of infectious diseases such as HBV, HCV and HIV of patients hospitalized and treated in an AMATEM clinic serving in the Southeastern Anatolia region due to substance use disorder.

**METHODS:** In this study, 695 patients who were hospitalized in Gaziantep 25 December State Hospital AMATEM clinic between 01.01.2019-01.01.2020 were included. Analyzes were carried out with the help of SPSS 22.0 program.

**RESULTS:** When the general characteristics of the participants were examined; While 24 people (3.5 %) were women, 671 people (96.5%) were men. The average age of the participants was 28.37±8.75 years. When the laboratory parameters of the patients were examined, the data of 72 patients could not be reached. The data of Elisa tests were reached in 623 patients. Anti-HBS test results were positive in 362 (58.1%), HBs-Ag in 14 (2.2%), Anti-HCV in 86 (13.8%) and Anti-HIV test results in 4 (0.6%).

**CONCLUSIONS:** In our study, the rates of infectious diseases such as HBV, HCV and HIV were evaluated in patients hospitalized for substance use disorder (SUD). People with SUD are at high risk for HBV, HCV and HIV. The fact that these people are mostly at a young age causes an increase in the frequency of risky behaviors.

Our study is important in terms of presenting the rates of HBV, HCV and HIV infection in hospitalized patients with SUD. It is recommended that people with injecting drug use be screened for infectious diseases, and prevention strategies for this group need to be developed.

**Keywords:** substance use disorder, infectious disease, injections

[Abstract:0968]

**0968 - Evaluation of the frequency of post-traumatic stress disorder and associated factors in patients undergoing inpatient treatment with the diagnosis of covid-19; prospective study**İbrahim Taş<sup>1</sup>, İkbâl İnanlı<sup>2</sup>*<sup>1</sup>University of Healthy Science, Konya City Hospital, Department of Psychiatry, <sup>2</sup>Konya Beyhekim Training and Research Hospital, Department of Psychiatry***ABSTRACT**

**BACKGROUND AND AIM:** The aim of this study is to investigate the frequency of Post Traumatic Stress Disorder (PTSD) and related factors as a result of 3 evaluations made in hospitalized patients with the diagnosis of COVID-19, and then in the first and third months of the discharged patients.

**METHODS:** 120 patients who were followed up with the diagnosis of COVID-19 were included in the study while they were being treated in the hospital. The patients also re-evaluated at the 1st and 3rd months after discharge.

A data scale containing sociodemographic and clinical and laboratory data related to COVID-19 prepared by the investigators in the first interview, Post Traumatic Stress Disorder Checklist for DSM-5 (PCL-5), Coping Styles Scale Brief Form (CSS-BF), Multidimensional Scale of Perceived Social Support (MSPSS), Beck's Depression Inventory (BDI), Beck's Anxiety Inventory (BAI), Beck Hopelessness Scale (BHS) and Insomnia

Severity Index (ISI) were applied. PCL-5, BDI, BAI, BHS and ISI were re-administered to the patients at 1 and 3 months.

**RESULTS:**In the first interview, 33 patients (27.5%) met the ASB criteria. Only 2 patients (1.7%) met the PTSD criteria in the first month interview. At the 3rd month interview there was nobody above the cut-off score.

Sociodemographic data, economic problems due to the pandemic and laboratory values were observed to affect PCL-5 scores. Knowing the cause of transmission mode, stigmatization, economic loss due to the pandemic, and economic anxiety were associated with higher PCL-5 scores. PCL-5 scores decreased more slowly in female patients. Creatinine, CRP and ferritin values measured on admission were inversely correlated with PCL-5 scores.

**CONCLUSIONS:**The results of this study shows that during the COVID-19 pandemic, a holistic approach to patients in terms of psychological, biological, economic and social aspects is required. Especially early psychiatric evaluation and treatment can minimize the traumatic stress caused by both infection and pandemic.

**Keywords:** COVID-19, PTSD, ferritin, insomnia, depression, stigma

[Abstract:0969]

## 0969 - Evaluation of sleep habits in the children of health workers during the covid-19 pandemic

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### ABSTRACT

**BACKGROUND AND AIM:**After COVID-19, Social-emotional, psychosomatic, cognitive, and behavioral reactions have begun to be seen in people. Since the pandemic started, the long working hours of healthcare professionals, worsening working conditions, the increase in the expectations and concerns of the society, as well as the risk of getting sick, have caused them and their families to be the most affected segment of the population. This study aimed to evaluate the sleep habits in the children of health workers during the pandemic period and compare them with other children. When the literature was examined, no other study was found that examined the sleep habits of the children of healthcare workers. This increases the importance of our work.

**METHODS:**Sociodemographic data forms and Child Sleep Habits Questionnaire were filled face-to-face to 138 healthcare professionals working at Düzce University Medical Faculty Hospital. They were compared with the questionnaires of the parents of 138 children matched in terms of number and age.

**RESULTS:**Disruption in sleep habits was detected in 97% of the children of healthcare workers and 62% in the control group ( $p < 0.01$ ). Bedtime resistance, delay in falling asleep, sleep duration, sleep anxiety, night awakening, parasomnias, sleep breathing disorders, and daytime sleepiness subscales were all found to be statistically significantly higher in healthcare worker children ( $p < 0.01$ ). It was observed that sleep habits were less disturbed in extended families and families with many children, and the frequency of parasomnias and daytime sleepiness was higher in boys ( $p < 0.01$ ). In addition, children's age and sleep resistance, sleep anxiety, and night waking complaints showed a statistically significant correlation.

**CONCLUSIONS:**The Covid-19 pandemic, together with the whole people, has negatively affected children and their sleep habits, and the sleep habits of the children of healthcare workers have been impacted significantly more than the control group.

**Keywords:** COVID-19 pandemic, healthcare workers, sleep habits

[Abstract:0970]

## 0970 - Sociodemographic and clinical characteristics of patients requesting magnetic resonance imaging in the psychiatry service

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### ABSTRACT

**BACKGROUND AND AIM:**Magnetic resonance imaging (MRI) has an important place in better understanding the etiology of psychiatric diseases and in the development of diagnostic approaches. In this study, it was aimed to determine the sociodemographic and clinical characteristics of patients who were hospitalized in a psychiatry service and requested MRI.

**METHODS:**The files of 100 patients who were hospitalized and requested MRI at Akdeniz University Hospital Psychiatry Service between January 1, 2020 and January 1, 2021 were retrospectively scanned.



**RESULTS:**The mean age of the patients was  $39.53 \pm 18.19$  years (min: 18, max 81) and 45% of them were women (n = 45). 61% (n = 61) of the patients were single and 39% (n = 39) were married. 35% (n = 35) had children and 82% (n = 82) were unemployed. MRI was requested due to 75% (n = 75) first-attack disease etiology, 19% (n = 19) forgetfulness, 3% (n = 3) epileptic seizures and 3% (n = 3) intense agitation. MRI results; 68% (n = 68) normal. MRI was requested for first-attack etiology in 89.6% (n = 60) of psychotic disorder patients and 80.6% (n = 54) were found to be normal.

**CONCLUSIONS:**In our study, it was found that MRI was requested to determine the etiology of first-attack disease in young and psychotic disorder patients. The prevalence of radiological findings in first-episode psychosis patients ranges from 5% to 17%. However, most of the findings do not require intervention. In our study, in accordance with the literature, MRI was found to be normal in 80.6% of psychosis patients and the findings found in MRI did not require any intervention. In patients receiving inpatient treatment in the psychiatry service, the most common reason for MRI is the first episode of psychosis and MRI is mostly normal or there are findings that do not require intervention.

**Keywords:** psychiatric disorders, imaging, etiology

[Abstract:0971]

### 0971 - The relationship between coping strategies and depression, anxiety, stress, as well as burnout levels of parents with children with autism spectrum disorder during covid-19 pandemic: a case-control study

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#### ABSTRACT

**BACKGROUND AND AIM:**In this study, we aimed to evaluate the coping strategies of parents with a child with ASD during the COVID-19 pandemic, along with investigating the association of coping strategies with the levels of burnout, anxiety, and depression by comparing with controls.

**METHODS:**The study was conducted with an online survey method by comparing the control (n=84) and study groups (n=79) which consisted of parents with children (2-18 years of age), who were followed up with ASD in Başkent University. The control group consisted of the parents with a child without any chronic medical or mental illness. All parents were administered the scales such as Maslach Burnout Inventory, Depression-Anxiety-Stress Scale (DASS-21), Brief Cope Inventory, Autism Behavior Checklist (ABC), Aberrant Behavior Checklist (AbBC), as well as Sociodemographic Form.

**RESULTS:**The burnout levels of the study group were significantly higher in all sub-dimensions than the controls ( $p < 0.05$ ), however, there was no statistically significant difference between the groups in terms of DASS-21 scores. The most common symptomatic aggravation in children were detected as follows aggression (51.9%), hyperactivity (49.4%), and attention-deficit (45.6%), according to the reports of parents when comparing their children in themselves to pre-pandemic. Finally, according to the findings of the linear regression analysis; the problematic behavior scores reported for the children with ASD by their parents, along with the maladaptive coping strategies of parents were positively predicting all other dependent variables, excepting the personal achievement sub-dimension of burnout scale, whereas the adaptive coping strategies were negatively predicting all dependent variables (burnout, depression, anxiety, stress) as demonstrated on Table.

**CONCLUSIONS:**Ensuring the continuity of education and rehabilitation of the children with ASD, even in extraordinary conditions such as the pandemic, as well as educating parents in terms of acquiring adaptive coping strategies are all crucial for the mental well-being of parents with children with ASD.

**Keywords:** autism, parent, burnout, depression, anxiety, coping strategies

**Table:** Linear regression analysis of the parameters associated with parent mental health

Dependent variable	Predictors	$\beta$	t	p
Maslach-Emotional Exhaustion	AbBC	0.12	4.04	<0.001
	ABC	-0.03	-0.99	0.327
	Adaptive cope	-0.25	-3.05	0.003
	Maladaptive cope	0.71	4.47	<0.001
Maslach-Depersonalization	AbBC	0.06	5.06	<0.001
	ABC	-0.03	-2.43	0.017
	Adaptive cope	-0.10	-3.16	0.002

	Maladaptive cope	0.27	4.19	<0.001
<b>Maslach-Personal Accomplishment</b>	AbBC	-0.03	-0.91	0.365
	ABC	-0.03	-0.85	0.4
	Adaptive cope	0.36	4.35	<0.001
	Maladaptive cope	-0.11	-0.66	0.509
<b>Depression</b>	AbBC	0.05	2.30	0.024
	ABC	-0.001	-0.05	0.962
	Adaptive cope	-0.24	-4.02	<0.001
	Maladaptive cope	0.63	5.37	<0.001
<b>Anxiety</b>	AbBC	0.04	2.26	0.026
	ABC	0.009	0.49	0.627
	Adaptive cope	-0.13	-2.55	0.013
	Maladaptive cope	0.47	4.80	<0.001
<b>Stress</b>	AbBC	0.06	2.76	0.007
	ABC	-0.002	-0.12	0.908
	Adaptive cope	-0.18	-3.38	0.001
	Maladaptive cope	0.51	4.90	<0.001

AbBC: Aberrant Behavior Checklist ABC: Autism Behavior Checklist

[Abstract:0972]

### 0972 - Emotion regulation difficulty in patients with bipolar disorder and the relationship of circadian preferences with clinical features and functionality

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#### ABSTRACT

**BACKGROUND AND AIM:** Emotional dysregulation have been reported to be associated with mood swings and symptoms in individuals diagnosed with Bipolar Disorder-I (BD-I). Studies have shown that circadian rhythm disorders are important in the etiopathogenesis of bipolar disorder. In this study, we aimed to compare emotional dysregulation and circadian preferences in patients with BD-I with the control group. We also aimed to evaluate the relationship between emotion regulation difficulties and circadian preferences, clinical features and functionality of patients.

**METHODS:** 88 patients who were diagnosed with BD-I according to DSM-5 diagnostic criteria, who were euthymic for at least 6 months and 88 who did not have any psychiatric disease. Healthy volunteers were included. Participants; Hamilton Depression Rating Scale, Young Mania Rating Scale, Emotion Regulation Difficulties Scale (DERS), Morningness-Eveningness Scale were applied. In addition, the Bipolar Disorder Functioning Questionnaire Scale (BDFQ) was administered to the patients.

**RESULTS:** In our study, it was found that BD-I patients had more emotional dysregulation compared to healthy controls in areas of openness, impulse, goals, non-acceptance, and limited access to strategies ( $p < 0.001$ ). The limited access to strategies subscale was determined to be a predictive factor for BD-I ( $p = 0.047$ ). Patients with a diagnosis of BD-I had more eveningness than controls ( $p = 0.017$ ). Eveningness was determined as a predictor for BD-I diagnosis ( $p = 0.043$ ). A relationship was found between the impulse, goals, refusal, and limited access to strategies subscales and BDFQ subscales ( $p < 0.05$ ). No relationship was found between circadian preferences and functionality.

**CONCLUSIONS:** Our study showed that euthymic patients with BD-I have emotional regulation difficulties and are associated with impaired functionality. In addition, it was determined that having difficulties in accessing strategies is a predictor for BD. Adding education and appropriate therapeutic interventions for emotional regulation difficulties to the treatment of bipolar patients will contribute positively to the improvement of functionality and the course of the disease. Eveningness was determined as a predictor for bipolar disorder.

**Keywords:** Bipolar Disorder, Circadian Preferences, Emotional dysregulation



[Abstract:0973]

**0973 - Gender differences in technology addiction among adolescents: a preliminary investigation**

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*Department of Child and Adolescent Psychiatry, University of Health Sciences, Ankara***ABSTRACT**

**BACKGROUND AND AIM:** Adolescents are known to be vulnerable to behavioral addictions, particularly those who have psychopathology. This study aimed to evaluate the gender differences in technology addiction among adolescents.

**METHODS:** A total of 64 adolescents were recruited from the child and adolescent outpatient clinic. They were assessed about their using internet, online game, and smartphone. Their technology addictions were evaluated by the Internet Addiction Scale, Game Addiction Scale for Adolescents, Smartphone Addiction Scale-Short Version.

**RESULTS:** Technology addiction scores were compared between girls (n=41, %64.1) and boys (n=23, %35.9). This study found that girls had higher scores of smartphone addiction ( $p=0.002$ ), whereas boys had higher scores of online game addiction ( $p=0.034$ ). No gender differences were in internet addiction scores and internet usage times ( $p>0.05$ ). Moreover, there was no difference between the genders regarding the duration of internet use reported by the parents ( $p>0.05$ ). Age and family income were similar between the girls and boys ( $p>0.05$ ).

**CONCLUSIONS:** Our findings suggest that there were differences in internet usages between girls and boys. Screening internet gaming in boys and smartphone use in girls seems important in the psychiatric adolescent sample. Health screening strategies accounting for gender differences may prevent adolescents with risk factors from becoming addicted to technology.

**Keywords:** Addiction, adolescent, gender difference, Internet, smartphone

[Abstract:0975]

**0975 - Clinical characteristics of patients with recurrent hospitalization in the child and youth psychiatry inpatient service**

Ahmet Büber

*Department of Child and Adolescent Psychiatry, Pamukkale University, Denizli, Turkey***ABSTRACT**

**BACKGROUND AND AIM:** It aimed to investigate the essential characteristics and diagnostic information about the hospitalization of children and youth with recurrent hospitalizations in university's child and youth psychiatry inpatient service.

**METHODS:** Patients with recurrent hospitalizations in university's child and youth inpatient service, which provides 3rd level healthcare services, were examined. The primary clinical characteristics and information about the hospitalization of children and youth who had recurrent hospitalizations (at least two times) between February 2015 and July 2021, were reviewed retrospectively.

**RESULTS:** Between 2015-2021 June, 395 patients were admitted to the child and youth psychiatry inpatient service. It was found that 73 (18.4%) of 395 patients had multiple hospitalizations, and patients with multiple hospitalizations had hospitalizations varying between 2 and 20. Of these patients, 51 were female (69.9%), and 22 were male (30.1%). The duration between hospitalizations,  $8.8\pm 12.1$  months, age at first hospitalization  $13.9\pm 2.5$  years, first hospitalization duration  $20.2\pm 15.0$  days, last hospitalization duration  $20.8\pm 15.6$  days, and the number of hospitalizations was  $2.7\pm 2.3$ . There was a change in treatment in 80.8% of the patients during hospitalization. When patients with recurrent hospitalization were examined according to the diagnosis distribution, Depression-related disorders (35.6%), Attention deficit-hyperactivity disorder (34.2%), Psychotic disorders (28.8%), Disruptive, Impulse-control and Behavior disorders (24, 7%), and Anxiety-related disorders (13.7%) are more common than other diagnoses. There was no statistical difference in gender and age between patients with recurrent hospitalizations and patients with a single hospitalization.

**CONCLUSIONS:** Increasing information about children and youth with recurrent hospitalizations may help to understand the causes of recurrent hospitalizations and reduce them.

**Keywords:** children, psychiatry, recurrent hospitalization, youth

[Abstract:0984]

**0984 - Comparison of fragmented qrs between in patients with schizophrenia and healthy controls**Atilla Tekin<sup>1</sup>, Zülkif Tanrıverdi<sup>2</sup>, Yaşar Kapıcı<sup>1</sup>, Bulut Güc<sup>1</sup>, Kayıhan Oğuz Karamustafaloğlu<sup>3</sup><sup>1</sup>Department of Psychiatry, Adiyaman University Medical Faculty, Adiyaman, Turkey, <sup>2</sup>Department of Cardiology, Harran University Medical Faculty, Şanlıurfa, Turkey, <sup>3</sup>Institute of Forensic Medicine and Forensic Sciences, Istanbul University Cerrahpaşa, Istanbul, Turkey**ABSTRACT**

**BACKGROUND AND AIM:**It has been indicated that fragmented QRS (fQRS) is associated with cardiac abnormalities such as coronary artery disease, cardiomyopathies, and myocardial scar. Additionally, some current studies have claimed that fQRS may be a potential prognostic factor for cardiovascular abnormalities. It is known that cardiovascular abnormalities are common in patients with schizophrenia. The study aims to compare fQRS between patients with schizophrenia and healthy controls.

**METHODS:**106 patients with schizophrenia and 64 healthy controls were included in the study. Sociodemographic features, body mass index, and electrocardiogram-related parameters of the patients and healthy controls were compared. Positive and Negative Symptoms Syndrome Scale was administered to the patients with schizophrenia.

**RESULTS:**There were no significant differences in age and BMI between the patients with schizophrenia and healthy controls ( $p=0.209$  and  $p=0.330$ , respectively). 43.4% of the patients and 10.9% of the controls had fQRS in their ECG, and the frequency of fQRS was significantly higher in the patients with schizophrenia than healthy controls ( $p<0.001$ ). The average number of fQRS was significantly higher in the patients with schizophrenia ( $1.4\pm 1.8$ ) than healthy controls ( $0.36\pm 0.86$ ) ( $p<0.001$ ). Weak and positive correlations were found between the negative symptoms severity, duration of the disease, and fQRS number in patients with schizophrenia ( $r=.17$  and  $r=.12$ ), but these correlations were not statistically significant.

**CONCLUSIONS:**Our findings have shown that the frequency and number of fQRS are higher in patients with schizophrenia than in healthy controls. However, the study results have shown there is no significant relationship between symptoms severity and fQRS number in patients with schizophrenia. According to our knowledge, this is the first research to investigate fQRS in patients with schizophrenia. Further studies with larger samples can help understand the relationship of fQRS and clinical parameters in patients with schizophrenia.

**Keywords:** schizophrenia, fragmented qrs, cardiovascular abnormalities

[Abstract:0985]

**0985 - Evaluation of the effect of bariatric surgery on self-esteem and sexual lives in obese patients**Hazan Tomar Bozkurt<sup>1</sup>, Memduha Aydın<sup>2</sup>, Zeynep Çalış<sup>2</sup><sup>1</sup>Erzurum City Hospital, Psychiatry Clinic Erzurum, <sup>2</sup> University Of Selçuk, Department Of Psychiatry Konya**ABSTRACT**

**BACKGROUND AND AIM:**The aim of this study is; To evaluate the pre-operative self-esteem, sexual life and other psychopathologies of obese patients who are candidates for bariatric surgery, to compare them with healthy controls, and to investigate the changes in the 1st, 3rd and 6th months after surgery.

**METHODS:**44 obese patients who were consulted to evaluate the psychiatric suitability of bariatric surgery and 45 healthy controls were included in the study. Sociodemographic data form, Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), Rosenberg Self-Esteem Scale (RSES), Coping Strategies with Stress Inventory (COPE), Dutch Eating Behavior Questionnaire (DEBQ), Short Form of Barratt Impulsiveness (BIS-11), Short Form of Quality of Life Survey (SF-36), Golombok Rust Inventory of Sexual Satisfaction (GRISS), Arizona Sexual Experience Scale (ASES) were applied to the patients included in the study. BDI, BAI, RSES, DEBQ, SF-36, GRISS and ASES were applied to obese patients during postoperative follow-up.

**RESULTS:** BDI, BAI, RSES, DEBQ, BIS-11, GRISS and ASES scores were found to be significantly higher in the patient group. COPE problem-focused coping subgroup and SF-36 scores were found to be significantly lower in the patient group. In the postoperative follow-up of the patient group, a statistically significant decrease was found in the BDI, BAI, RSES, GRISS and ASES scores. In the postoperative follow-up of the patient group, a statistically significant decrease in BDE, BAI, RSES, GRISS, ASES scores and a significant increase in SF-36 scores were observed.

**CONCLUSIONS:**Obesity is a multisystem disorder with mental components. Weight loss in obese individuals positively affects the mental state by improving closely related parameters such as mood, self-esteem, quality of life and sexual life. Therefore, it is very important to evaluate the mental status of individuals who are candidates for bariatric surgery both before and after treatment.

**Keywords:** Bariatric Surgery, Obesity, Psychopathology, Self Esteem, Sexual Function

[Abstract:0992]

## 0992 - Investigation of the relationship between inflammatory markers and clinical features in adolescents with non suicidal self injury and suicide attempt

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### ABSTRACT

**BACKGROUND AND AIM:**Based on the hypothesis that inflammatory processes may play a role in the emergence of these disorders we aimed to examine the inflammatory markers in adolescents and their relationship with clinical features. The Beginning of Nonsuicidal self injury (NSSI) and Suicide Attempt (SA) behaviors are puberty. For this reason, it is important that studies investigating pathogenesis especially examine this age period.

**METHODS:**38 adolescents with a diagnosis of NSSI, 38 adolescents with SA and 48 healthy control adolescents were included and they were administered K-SADS-PL, Beck Depression Scale, Beck Anxiety Scale, Beck Hopelessness Scale, Barratt Impulsivity Scale, Trait Anger And Anger Expressions Scale, Adverse Childhood Experience Scale, NSSI Evaluation Scale, Columbia Suicide Severity Rating Scale, Emotion Regulation Scale. In addition, hemogram, hsCRP, IL-6, TNF- $\alpha$  parameters were measured from blood samples of all adolescents.

**RESULTS:**The NSSI, SA and control groups were similar in terms of age, gender, smoking, BMI, and family sociodemographic characteristics, psychiatric diagnosis. When the groups were compared according to the inflammatory parameters, NLR and TNF- $\alpha$  were significantly higher in the NSSI and SA group than in the control group, whereas IL-6 were significantly higher in the NSSI and control group. When the relationship between clinical features and inflammatory parameters, it was found that NLR and IL-6 correlated with sexual abuse and depression scores, while TNF- $\alpha$  correlated with anxiety, depression, hopelessness, impulsivity, anger and abuse scores.

**CONCLUSIONS:**The result that NLR is correlated with depression and sexual abuse scores in NSSI and SA suggests that NLR can have intermediary role in NSSI and SA increasing the effect of sexual abuse and depression; only SA group having increased IL-6 and being correlated with sexual abuse and depression scores similar to NLR suggest that IL-6 can play a role in a specific intermediary path for SA.

**Keywords:** NSSI, suicide, inflammation, clinic features

**Table 1.** Comparison of inflammatory markers by groups

	NSSI median(min-max)	SA Median(min-max)	Control Median(min-max)	p*
NLR	1,7(0,8-4,8)	1,8(0,7-6,3)	1,4(0,7-5,5)	0,023
MLR	0,2(0,1-0,5)	0,2(0,1-20,5)	0,2(0,1-0,4)	0,625
PLR	130(68-236)	116(62-288)	120(68-207)	0,791
IL-6(pg/ml)	1,50(0-10)	2,50(1-15)	1,50(1-7)	0,001
TNF- $\alpha$ (pg/ml)	55,61(7,8-357,2)	43,1(0,7-1001)	6,02(0,2(0,2-156)	0,001
hsCRP(mg/l)	0,30(0,2-1,2)	0,2(0,2-5,5)	0,2(0,2-12,1)	0,721

\*: Kruskal Wallis H NSSI: Non Suicidal Self Injury SA: Suicide Attempt min:minimum max:maksimum NLR: Neutrophil lymphocyte ratio MLR: monocyte lymphocyte ratio PLR: platelet lymphocyte ratio IL-6: interleukin 6 TNF- $\alpha$ : tumor necrosis factor alpha hsCRP: high sensitivity C-reactive protein pg / ml: picogram / milliliter mg / ml: milligram / milliliter

**Table 2.** Correlations of inflammatory parameters with clinical features

	r	p
NLR-BDS	+0,242	0,007
NLR-ACES-sexual abuse	+0,234	0,009
IL-6-BDS	+0,196	0,001
IL-6- ACES-sexual abuse	+0,291	0,029
TNF- $\alpha$ - BAS	+0,387	0,001
TNF- $\alpha$ - BDS	+0,345	0,001
TNF- $\alpha$ - BIS	+0,231	0,010

TNF- $\alpha$ -BHS	+0,220	0,016
TNF- $\alpha$ - ACES-sexual abuse	+0,237	0,008
TNF- $\alpha$ - ACES-physical abuse	+0,185	0,040
TNF- $\alpha$ - ACES-emotional abuse	+0,291	0,001
TNF- $\alpha$ -SÖTÖ-trait anger	+0,238	0,008
TNF- $\alpha$ -SÖTÖ-trait expression	+0,247	0,006

r: correlation coefficient p: significance value NLR: Neutrophil lymphocyte ratio IL-6: interleukin 6 TNF- $\alpha$ : tumor necrosis factor alpha

[Abstract:0993]

### 0993 - Factors effecting quality of life in family caregivers of patients with opioid use disorders

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#### ABSTRACT

**BACKGROUND AND AIM:** To determine the factors that effect quality of life (QoL) in family caregivers of male patients with opiate use disorders, specifically with heroin use.

**METHODS:** A total of 100 patients with opiate use disorders and their primary caregivers (n = 100) were included in the study. Both patients and caregivers completed sociodemographic data collection forms. The Addiction Severity Index (ASI) was applied to the patients and the Short-Form 36 (SF-36), Hamilton Anxiety Rating Scale (HARS), and Hamilton Depression Rating Scale (HDRS) were applied to the caregivers. Patients and their caregivers were divided into groups according to sociodemographic and clinical characteristics and then the caregivers' SF-36 scores were compared.

**RESULTS:** According to the results, patient age, marital status, employment status, levels of education, forensic and prison history, number and duration of imprisonments, suicide history, self-harm or injury history, age of first heroin use, and additional illegal substance use had no statistically significant impact on caregiver QoL (p > 0.005). Factors that decreased the caregiver QoL were the presence of verbal and physical violence between patients and other family members, and moderate or severe dependence, according to DSM-5 (p < 0.005). Caregiver age, marital status, education level, place of residence (rural or urban), employment status and income, history of medical or psychiatric disease, and lack of support in caregiving were found to have no effect on caregiver QoL (p > 0.005). However, proximity to patient (being mother) and caregiver gender ( being woman ) did decrease the caregiver QoL (p < 0.005).

**CONCLUSIONS:** Developing patients' and caregivers' family-social relationships and thereby reducing domestic violence may thus contribute to improve the QoL of caregivers of patients with opiate use disorders. Women and maternal caregivers should be followed more closely in terms of mental illnesses.

**Keywords:** Heroin, Substance abuse, Caregiver, Quality of life, Domestic violence

[Abstract:0994]

### 0994 - Effects of attachment characteristics on eating attitudes in university students: the mediating role of alexithymia

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#### ABSTRACT

**BACKGROUND AND AIM:** The aim of this study was to examine the relationship between attachment characteristics, alexithymia and eating attitudes in university students. Another aim of the study was to determine whether alexithymia has a mediating role in the relationship between attachment and eating attitude.

**METHODS:** This was a cross-sectional study conducted with 339 students at Istanbul Gelisim University in 2021. Simple random sampling method was used in sample selection. Participants were evaluated by Demographic Information Form, Inventory of Experiences in Close Relationships (ECR), Toronto Alexithymia Scale (TAS) and Eating Attitude Test (EAT).

**RESULTS:** In correlation analysis, there was a significant relationship between both anxiety and avoidance sub-dimensions of ECR and all sub-dimensions of TAS and all sub-dimensions of EAT (p<0.05). Hierarchical regression analysis was performed to test whether alexithymia had a mediating role in the effect of attachment characteristics on eating attitude. In the effect of ECR avoidance on EAT score; the  $\beta$  value decreased from.73 to.20 by adding the TAS total score to the analysis, to.58 by adding the TAS difficulty recognizing emotions, to.61 by adding the TAS

difficulty in expressing emotions and to.28 by adding the TAS extroverted thinking ( $p < 0.05$ ). In the effect of ECR anxiety on EAT score; the  $\beta$  value decreased from.70 to.25 by adding the TAS total score to the analysis, to.54 by adding the TAS difficulty recognizing emotions, to.56 by adding the TAS difficulty in expressing emotions, and to.22 by adding the TAS extroverted thinking ( $p < 0.05$ ).

**CONCLUSIONS:** Alexithymia had partial mediator effects on the relationship of both anxiety and avoidance sub-dimensions of attachment with eating attitudes. When evaluating eating attitudes in university students, it is important to consider the evaluation of attachment characteristics and alexithymic features.

**Keywords:** alexithymia, attachment anxiety, attachment avoidance, eating attitudes, university students

[Abstract:1003]

### 1003 - A retrospective evaluation of children diagnosed with eating disorder hospitalised for treatment in the pediatric and adolescent psychiatry department

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#### ABSTRACT

**BACKGROUND AND AIM:** The aim of this study was to investigate children hospitalised with a diagnosis of eating disorder, in respect of accompanying mental health disorders, length of stay in hospital, medical treatments, and family history.

**METHODS:** Information was retrospectively retrieved from the files of children and adolescents hospitalised with a diagnosis of eating disorder in the Paediatric and Adolescent Psychiatry Department between 2016 and 2021.

**RESULTS:** Of the 22 patients followed up with a diagnosis of eating disorder, 90.9% were female with a mean age of  $14.5 \pm 1.99$  years. Anorexia nervosa (AN) was diagnosed in 81.8% of cases and bulimia nervosa (BN) in 18.2%. Diagnoses on discharge were depressive disorder in 40.9%, anxiety disorder in 13.6%, trichotillomania in 4.5%, and self-harm in 13.6%. The length of stay in hospital was  $28.0 \pm 14.89$  days. Fluoxetine and olanzapine were being used by 31.8%, fluoxetine-aripiprazole by 13.6%, fluoxetine-aripiprazole-quetiapine by 9%, fluoxetine-quetiapine by 9%, sertraline-aripiprazole-carbamazepine by 9%, sertraline-aripiprazole-risperidone by 9%, sertraline-aripiprazole-risperidone-topiramate by 4.5%, sertraline-aripiprazole by 4.5%, and sertraline-olanzapine by 4.5%. Benzodiazepine was taken in addition by 50% of those using sertraline-aripiprazole combinations. The mean doses were; sertraline  $125.0 \pm 70.7$ , fluoxetine  $30.0 \pm 13.66$ , olanzapine  $4.06 \pm 1.29$ , aripiprazole  $8.55 \pm 6.84$ , quetiapine  $33.33 \pm 14.43$ , and risperidone  $1.5 \pm 0.70$ . There was a family history of depressive disorder in 18.2% of cases, anxiety disorder in 9%, and alcohol abuse in 4.5%.

**CONCLUSIONS:** Eating disorders are mental health disorders which cause morbidity and even mortality so a multidisciplinary approach and frequent hospitalisations are required in the long-term treatment of young people with exacerbations from time to time. In Turkey, the number of paediatric and adolescent psychiatry beds is limited. Therefore, it is thought that this study will contribute to literature.

**Keywords:** eating disorder, anorexia nervosa, bulimia nervosa, child

[Abstract:1004]

### 1004 - Metabolic changes in psychotic and bipolar spectrum disorders in a community mental health center during the pandemic

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#### ABSTRACT

**BACKGROUND AND AIM:** Atypical antipsychotics are known to be associated with metabolic syndrome(1). In patients using atypical antipsychotics, it has been observed that not only mortality is increased due to metabolic disorders, but also treatment compliance and functionality are impaired(2). Due to the pandemic precautions, restrictions were made in the services of Community Mental Health Centers (CMHC) such as rehabilitation, occupational therapy and group therapy according to the circular of Turkish Health Ministry dated 01.04.2020. In

our study, it was aimed to investigate whether metabolic parameters, which are routinely followed up in January 2020- June 2021 in CMHC, are affected by the restrictions.

**METHODS:**Between January 2020-June 2021, the data of patients who had to interrupt group activities due to restrictions and continued only individual services were examined. Metabolic parameters consisting of fasting blood glucose (FBG), weight, body mass index (BMI), waistline, HDL, LDL, triglyceride, arterial blood pressure which are followed up every six months in CMHC before and after the restrictions were compared.

**RESULTS:**Data of 80 patients were included. The mean age is  $39.35 \pm 9.48$  years. 57.5% male and 42.5% female. Metabolic parameters measured before and after the pandemic restrictions were compared, statistically significant difference was found in terms of FBG( $p=0.004$ ), LDL ( $p=0.007$ ) waistline ( $p<0.001$ ) and BMI( $p=0.003$ ).

**CONCLUSIONS:**It was thought that the inability to perform daily group activities in CMHC after the pandemic restrictions caused physical inactivity and weight gain. As a result, lipid profile and FBG were also negatively affected. In severe mental disorders, weight gain was found to be positively associated with low quality of life, and being overweight could lead to problems related to stigmatization and nonadherence to treatment(3). The results show that the pandemic restrictions may have negative effects on CMHC patients and CMH services may help to decreasing this effect.

**Keywords:** Covid-19 pandemic, Community Mental Health Centers, metabolic side effects of antipsychotics, metabolic syndrome

[Abstract:1009]

### 1009 - Evaluation of serum 8-ohdg, s100b, total oxidant and total antioxidant parameters in patients diagnosed with generalized anxiety disorder

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#### ABSTRACT

**BACKGROUND AND AIM:**In our study, we aimed to compare 8-OHdG, S100B, Total Oxidant and TotalAntioxidant Status (TOS and TAS) in patients diagnosed with Generalized Anxiety Disorder (GAD) and to determine whether the semarkers will be a biological marker in GAD.

**METHODS:**This study included 44 patients (diagnosed with GAD according to DSM-5 diagnostic criteria) and 44 healthy control groups aged between 18-65 years who were admitted to our outpatient center between October 2018 and April 2019. Sociodemographic data form, Structured Clinical Interview for DSM-IV Axis-I Disorders (SCID-I) form and Beck Anxiety Scale were validated for GAD patients. Sociodemographic data form was filled in the control group. Venous blood samples of both case and control groups were gained once after 8 hours of fasting and after centrifugation at 3000 rpm for 5 minutes, serum of blood samples were separated and stored in a -80 ° C freezer until working time. Serum levels of 8-OHdG, S100B, TOS and TAS were measured.

**RESULTS:**In terms of sociodemographic data, only marital status ( $p = 0.031$ ) and educational level ( $p < 0.01$ ) were statistically significant between patient and control groups. S100B, TAS, TOS and OSI values of the patient group and control group were compared and no significant difference was found between the two groups. The 8-OHdG levels of the patients were significantly higher than the control group (62 vs. 54  $p=0.028$ ).

**CONCLUSIONS:**According to our results, 8-OHdG which is an indicator of DNA damage, may be a candidate such as a biological marker in GAD. Further studies are needed to confirm our findings about this subject.

**Keywords:** Generalized Anxiety Disorder, Oxidative Stress, DNA Damage

[Abstract:1010]

### 1010 - Comparison of treatment adherence and clinical features in schizophrenic patients using long-acting paliperidone and aripiprazole in the covid 19 pandemic

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#### ABSTRACT

**BACKGROUND AND AIM:**It is a known fact that compliance with treatment in schizophrenia patients is more important than ever during the pandemic period. In addition, carefully evaluation of the predictors of treatment adherence will both enable mental health professionals to use



their time efficiently and increase the quality of life of patients. In our study, it was aimed to retrospectively and cross-sectionally compare the clinical features, drug side effects and adherence to treatment in patients with schizophrenia using monthly long-acting paliperidone palmitate and monthly aripiprazole maintenance.

**METHODS:**The study included 79 patients monitored for schizophrenia diagnosis according to DSM-IV in Yenimahalle Education-Research Hospital Public and Mental Health Center and admitted to the psychiatry outpatient clinic. Patients completed a sociodemographic and clinical data form, Scale for Assessment of Positive Symptoms (SAPS), Scale for Assessment of Negative Symptoms (SANS), UKU side effects rating scale and Morisky medication adherence scale

**RESULTS:**39 of the patients were using monthly long-acting paliperidone palmitate and 40 were using monthly aripiprazole maintenance. Patients were identified to have SANS and SAPS scores. Treatment adherence assessed with the Morisky medication adherence scale identified that treatment adherence was good at significant levels after monthly paliperidone palmitate and aripiprazole maintenance injection, including for oral treatments ( $p=.000$ ). It was determined that there was no significant difference between the two drugs in terms of adherence to treatment ( $p=.218$ )

**CONCLUSIONS:**Considering that situations such as pandemics, natural disasters, war etc. affect the treatment and care of patients with mental disorders who require special attention and care negatively, it is seen how important treatment options are that facilitate compliance in treatment. Our study draws attention to the fact that long-acting treatment options may be an advantage in the pandemic, and that there is no difference between long-acting treatment options in terms of compliance with treatment.

**Keywords:** covid 19 pandemic, treatment adherence, paliperidone, aripiprazole, schizophrenia

[Abstract:1011]

### 1011 - Non suicidal self injury in attention deficit hyperactivity disorder and the effect of treatment compliance

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#### ABSTRACT

**BACKGROUND AND AIM:** NSSI (Non Suicidal Self Injury) is an important mental health problem and it is increasingly attracting attention in ADHD (Attention Deficit Hyperactivity Disorder) patients who make up the majority of applications to child and adolescent psychiatry clinics. In this study, it was planned to investigate the NSSI relationship in ADHD cases; it was aimed to examine this association in terms of treatment compliance.

**METHODS:**144 adolescents aged 12-18 years who were diagnosed with ADHD were included in the study. The Schedule for Affective Disorders and Schizophrenia for School-Age Children-Present and Lifetime Version (K-SADS-PL) to the study group, a sociodemographic data form including questions about NSSI and treatment compliance with information from parents and adolescents was applied by the researcher. Psychiatric comorbidity were excluded from the study except for oppositional defiant disorder, conduct disorder, enuresis, encopresis, tic disorder and patients with mental retardation ( $IQ<70$ ).

**RESULTS:**It was determined that 24 individuals in the ADHD group had a history of NSSI. There was no significant difference between the male and female groups in terms of mean age and NSSI. When the groups were examined according to the status of receiving regular ADHD treatment; It was observed that 104 people received regular treatment for an average of 5.1 years without medication vacation and 40 people did not receive regular treatment for an average of 22 months. The history of NSSI was found to be significantly higher in the group that did not receive regular treatment ( $p=0.012$ ).

**CONCLUSIONS:**This study shows that NSSI is significantly higher in adolescents with ADHD without accompanying comorbid psychiatric diseases which are frequently associated with NSSI in the literature. The protective effect of regular ADHD treatment on NSSI has been supported in accordance with the literature.

**Keywords:** Attention Deficit Hyperactivity Disorder, Non Suicidal Self Injury, treatment compliance



[Abstract:1015]

**1015 - Comparison of distress tolerance level and eating behaviors according to body mass index and gender**Sevilay Umut Kilinc<sup>1</sup>, Ayşegül Kart<sup>1</sup>, Seher Olga Güriz<sup>2</sup>, Eylem Şahin Cankurtaran<sup>3</sup><sup>1</sup>Bakırköy Prof. Dr. Mazhar Osman Mental Health and Neurological Diseases Training and Research Hospital, Istanbul, Turkey, <sup>2</sup>Ankara Dışkapı Yıldırım Beyazıt Training and Research Hospital, Ankara, Turkey, <sup>3</sup>Güven Hospital, Ankara, Turkey**ABSTRACT**

**BACKGROUND AND AIM:** Distress tolerance is defined as the capacity to experience and withstand negative psychological states. The number of studies on eating behavior, one of the behaviors that occur in response to negative emotional situations, and its effect on body mass index (BMI) in individuals with a low distress tolerance level is very limited. This study aims to compare the distress tolerance level and eating behaviors according to BMI and gender.

**METHODS:** 174 persons who applied to the general polyclinics were contacted by written announcements, meet the inclusion and exclusion criteria, and were with no psychiatric disorder detected by the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I) were included in the study. The Distress Tolerance Scale (DTS) and Dutch Eating Behavior Questionnaire (DEBQ) were applied to the participants.

**RESULTS:** Participants were grouped as normal weight, overweight, and obese according to their BMI. While DTS-Tolerance subscale mean scores of the obese group were statistically significantly lower than those of the overweight group ( $p=0.026$ ), DEBQ-Emotional Eating Behavior subscale mean scores higher than those of both normal weight and overweight groups ( $p=0.002$ ). Females appeared to have statistically significantly higher mean scores of the DEBQ-Emotional Eating Behavior subscale than males ( $p < 0.01$ ). A statistically significant positive correlation was found between the DEBQ-Emotional Eating Behavior subscale and BMI ( $r=0.222$ ,  $p < 0.01$ ). In contrast, a statistically significant negative correlation existed between DTS-Tolerance and DEBQ-Emotional Eating Behavior subscales ( $r=0.285$ ,  $p < 0.01$ ).

**CONCLUSIONS:** In our study, it was found that obese individuals and the female gender had emotional eating behavior more commonly; more importantly, they also tended to have a lower distress tolerance level than males and normal weight or overweight individuals. Based on our study results, we consider that these findings may help predict barriers to obesity treatment and guide psychotherapy practices. Also, further studies are needed in this area.

**Keywords:** Obesity, eating behavior, gender

[Abstract:1018]

**1018 - Domestic violence against women, somatization and suicide probability in psychiatric outpatients**

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**ABSTRACT**

**BACKGROUND AND AIM:** The current study aims to evaluate the relationship between domestic violence against women and the possibility of suicide and somatization among women admitted to the psychiatry outpatient clinic. The point to be emphasized with this study is to increase the sensitivity of clinicians to somatic complaints and to ensure that measures are taken against violent cases that may be overlooked.

**METHODS:** 100 female patients who applied to the Afyonkarahisar Health Sciences University psychiatry outpatient clinic between 12.04.2021 and 12.06.2021 and voluntarily agreed to participate in the study were included in the study. Together with the sociodemographic data form, the Domestic Violence Against Women Form, the SCL-somatization subscale, Suicide Probability Scale, Hamilton Anxiety Scale, and Hamilton Depression Scale (HDS) were administered to the participants.

**RESULTS:** Domestic violence total score and negative self-evaluation ( $r=0.506$   $p=0.034$ ), hopelessness ( $r=0.248$   $p=0.013$ ), hostility ( $r=0.248$   $p=0.013$ ), somatization ( $r=0.223$   $p=0.026$ ) and HDS score ( $r=0.314$   $p=0.001$ ) showed a positive correlation. In addition, a significant inverse correlation was found between the duration of marriage and economic violence ( $r=-0.212$   $p=0.034$ ), and between the duration of dating and sexual violence ( $r=-0.198$   $p=0.048$ ).

**CONCLUSIONS:** It is essential to ask about the history of domestic violence in patients with pronounced somatization and depression symptoms. It has been determined that self-evaluation is negatively affected in women with high domestic violence scores, and there is an increase in feelings of hopelessness and hostility. However, it was found the total violence score did not affect that suicidal ideation. In the present study, it was observed that the incidence of sexual violence decreased as the duration of dating before marriage increased, and the incidence of economic violence decreased as the duration of marriage increased.

**Keywords:** Domestic violence, suicidal ideation, psychosomatic disorders

Correlations Between Domestic Violence Against Women Form, SCL-somatization subscale, Suicide Probability Scale, Hamilton Anxiety Scale, and Hamilton Depression Scale

Pearson Correlation		Total Violence Score	Somatization	Negative Self-Evaluation	Hostility	Hopelessness	Suicidal Ideation	Hamilton Anxiety Scale	Hamilton Depression Scale
Total Violence score	r	1							
	p								
Somatization	r	.223*	1						
	p	.026							
Negative Self-Evaluation	r	.506**	.263**	1					
	p	<0.001	.008						
Hostility	r	.248*	.252*	.648**	1				
	p	.013	.011	<0.001					
Hopelessness	r	.400**	.307**	.773**	.573**	1			
	p	<0.001	.002	<0.001	<0.001				
Suicidal Ideation	r	.194	.064	.479**	.354**	.301**	1		
	p	.053	.524	<0.001	<0.001	.002			
Hamilton Anxiety Scale	r	.098	.323**	.002	-.095	.107	.021	1	
	p	.332	.001	.982	.346	.288	.833		
Hamilton Depression Scale	r	.314**	.587**	.444**	.335**	.414**	.372**	.161	1
	p	.001	<0.001	<0.001	.001	<0.001	<0.001	.110	

\*. Correlation is significant at the 0.05 level (2-tailed). \*\*. Correlation is significant at the 0.01 level (2-tailed).

[Abstract:1027]

## 1027 - Evaluation of bdnf-related blood mirna levels of patients with major depressive disorder: a comparative study

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### ABSTRACT

**BACKGROUND AND AIM:** MiRNAs play a critical role in the initiation and progression of mood disorders, and in the regulation of genes associated with MDD, at many points that are impaired such as synaptic plasticity and neurogenesis. Many studies have shown that BDNF expression is directly or indirectly regulated by miRNAs. We aimed to compare the levels of let-7a-3p, miR-206, miR-155-5p, miR-134-5p in serum of patients with MDD and healthy individuals and to investigate whether serum levels of these miRNAs can be biomarkers in MDD. We also aimed to evaluate the relationship of these biomarker candidates with clinical features and childhood trauma.

**METHODS:** Our study included 48 patients diagnosed with MDD according to DSM-5 criteria and 48 healthy controls matched for age, gender, and education level. The Hamilton Depression Rating Scale(HAM-D), Childhood Trauma Questionnaire (CTQ), Suicide Probability Scale(SPS), Coping Attitudes Assessment Scale(COPE), and Montreal Cognitive Assessment Scale(MoCA) were administered to the patient and control group. Serum miRNA levels were measured by the Real Time PCR method.

**RESULTS:**As a result of the comparisons made between depression and control groups; MiR-134-5p level was found to be lower ( $p<0.001$ ) and miR-206 level higher in patients with MDD than controls ( $p=0.002$ ). The patients' miR-134-5p level was positive between the duration of depressive symptoms ( $r=0.030$   $p=0.034$ ); A negative correlation was found between MoCA score ( $r=-0.308$   $p=0.033$ ) and COPE dysfunctional coping score ( $r=-0.289$   $p=0.046$ ). As a result of the created model; MoCA, CTQ physical abuse and COPE dysfunctional scale scores; were determined as the variables predicting miR-134-5p levels (respectively;  $p=0.049$ ,  $p=0.024$  and  $p=0.049$ ).

**CONCLUSIONS:**We found that miR-134-5p levels are low and miR-206 levels are high in patients with MDD, and miR-134-5p and miR-206 levels may be biomarkers for the diagnosis of MDD. This finding is important information in terms of elucidating the place of miRNAs in the etiopathogenesis of MDD.

**Keywords:** depression, let-7a-3p, miR-206, miR-155-5p, miR-134-5p

[Abstract:1028]

### 1028 - Maternal prenatal stress and depression-like behavior associated with hippocampal and cortical neuroinflammation in the offspring: an experimental study

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#### ABSTRACT

**BACKGROUND AND AIM:**Prenatal stress can negatively impact neonatal health, growth, and bonding with the mother. Although intrauterine exposure to stress may induce long-term cognitive, emotional, behavioral, psychological, and immunological abnormalities, data on molecular basis of these changes are limited. The aim of this experimental study was to test the hypothesis that intrauterine stress exposure as an environmental factor may contribute to subsequent depression-like comorbidities associated with neuroinflammation, particularly in the hippocampus and the cortex.

**METHODS:**Wistar Albino nulliparous female rats were divided into two groups (n=6, each): (1) controls, and (2) pregnancy stress, which were subjected to chronic unpredictable stressors throughout gestation (days one through 21). Two live rat pups (one female and one male) from each term delivery were randomly selected, and depression-like behavior tests were performed on postpartum days 30-34, followed by euthanasia on day 35. NLRP3 (NOD-, LRR- and pyrin domain-containing protein 3) pathway gene expressions in the hippocampus and immunohistochemical caspase 3 (cas-3), MTor (mechanistic target of rapamycin), and TRPM (transient receptor potential melastatin) staining in the temporal and prefrontal cortices were evaluated.

**RESULTS:**Compared to controls, exposure to prenatal stress was associated with increased depression and anxiety-like behavior, hippocampal NLRP3 inflammasome activation (p=0.022 and p=0.035 for female and male pups, respectively), neuronal degeneration and increased cas-3, MTor, and TRPM immunostaining in the prefrontal and temporal cortex of both female and male offspring (p<0.05 for all comparisons except p<0.01 for cas-3 in the male cortex and female temporal cortex). Male pups seemed to be more susceptible to these changes.

**CONCLUSIONS:**Exposure to antenatal stress can lead to depression-like behavior in the infant, mainly driven by hippocampal NLRP3 inflammasome activation, and cortical neuroinflammation and neurodegeneration. Future perspectives include NLRP3-targeted therapies with anti-inflammatory and anti-apoptotic effects against adverse prenatal effects of maternal stress.

**Keywords:** prenatal stress, neuroinflammation, NLRP3, depression, inflammasome

[Abstract:1031]

### 1031 – Investigation of cox-2-765g→c and cox-2-1195a→g genes in autism spectrum disorder İlyas Kaya

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#### ABSTRACT

**BACKGROUND AND AIM:**Autism spectrum disorder (ASD) is a neurodevelopment disorder and although the underlying etiology of ASD is still unknown, the importance of genetic and environmental factors is emphasized. Arachidonic acid (AA) is released from cell membranes through the activity of phospholipase A2 (PLA2) in the healthy brain and Cyclooxygenase-2 (COX-2) enzymes convert AA to Prostaglandin E2 (PGE2) and other prostanoid metabolites. PGE2 is the predominant metabolite of COX enzymatic activity and is the major lipid mediator molecule in the nervous system and according to the recent literature there are considerable evidence of abnormal COX2/PGE2 signaling on the developing brain of children with ASD. Our aim in this study is to examine COX-2-765 and COX-2-1195 genes polymorphisms in ASD.

**METHODS:**Participants were children and adolescents aged 2-18 years old who have diagnosis of ASD. Blood sample of affected child and biological parent trios were taken to sterile EDTA test tube for DNA isolation. Polymerase chain reaction (PCR), restriction fragment length polymorphism (RFLP) and agarose gel electrophoresis are used to assess COX-2-765 and COX-2-1195 genes polymorphism in DNA samples. The standard transmission disequilibrium test (TDT) method in Haploview was used to test the family-based association for each individual polymorphism and haplotype. The relative risk of the candidate gene in ASD was calculated using the Haplotype Relative Risk (HRR) tables.

**RESULTS:** A total of 303, 101 participants (16 girls, 15,8%; 85 boys, 84,4%) with diagnosis of ASD and their biological parents were included in the study. We found significant association between COX2-1195 gene and ASD (p: 0,0262) but there is no significant association between COX-2-765 gene and ASD (p:0,2248).

**CONCLUSIONS:**According the findings of this study may suggest that COX-2-1195 might appears to be a possible candidate gene for the pathogenesis of ASD and have a role of ASD phenotype.

**Keywords:** autism, COX-2 gene, cyclooxygenase, polymorphism

[Abstract:1033]

### 1033 - Comparison of executive functions with borderline intellectual functioning, attention deficit hyperactivity disorder and healthy groups using the event-related potentials method

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#### ABSTRACT

**BACKGROUND AND AIM:**In this study, it was aimed to compare executive functions of individuals diagnosed with Attention Deficit Hyperactivity Disorder(ADHD), individuals diagnosed with Borderline Intellectual Functioning(BIF) and healthy individuals through Event-Related Potentials

**METHODS:**Between the ages of 10-18, who applied to the Outpatient Clinic of Atatürk University Faculty of Medicine Department of Child and Adolescent Psychiatry and Diseases, 20 individuals diagnosed with ADHD, 20 individuals diagnosed with BIF, and 20 age-matched healthy individuals with the study group were included in the study. In the study, sociodemographic data form and Developmental and Mental Health Assessment(DAWBA) were applied, and DSM-V based clinical interviews were conducted.ADHD was diagnosed with DAWBA.In the study, only individuals with no loss of intellectual functioning who were diagnosed with Oppositional Defiance disorder were included in the diagnosis of ADHD as a comorbid.The group diagnosed with BIF; It consisted of individuals who had an IQ between 70-85 as a result of the WISC-R Intelligence Test who did not have any psychopathology.In order to evaluate executive functions, Stroop task was applied, and electrical activity in the brain was recorded through Event-Related Potentials during the test process

**RESULTS:**Correct reaction times on the Stroop task were found to be statistically significantly longer in individuals with a diagnosis of BIF.In individuals diagnosed with ADHD, the number of commission was found to be statistically significantly higher.In individuals diagnosed with BIF, a statistically significant difference was found between the number of correct, wrong numbers and omission in the Stroop task compared to the control group

**CONCLUSIONS:**In the Stroop task, individuals with ADHD were found to have significant performance impairment compared to the other two groups in behavioral data related to possible inattention and impulsivity symptoms.In the Stroop task, performance impairment was found in behavioral data thought to be related to the cognitive capacities of individuals diagnosed with BIF

**Keywords:** ADHD, BIF, event-related potentials, executive functions

[Abstract:1036]

### 1036 - Internet usage properties and impulsivity in the parents of children diagnosed with attention deficit hyperactivity disorder

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#### ABSTRACT

**BACKGROUND AND AIM:** Attention Deficit Hyperactivity Disorder (ADHD) is one of the most common neuropsychiatric disorders in childhood. Although many studies investigate various psychiatric disorders in parents of children with ADHD, studies investigating impulsive behaviors and internet usage features are rare. This study aimed to investigate the impulsivity, internet usage features, and the relationship between them among parents of children diagnosed with ADHD.

**METHODS:** We included 65 parents of children diagnosed with ADHD and 64 volunteer parents who are compatible with these individuals in terms of age, gender, and educational background and whose children are not diagnosed with ADHD. Wender Utah Rating Scale, UPPS Impulsive Behaviour Scale, Barrat Impulsivity Scale, Young's Internet Addiction Test Short Form, Smartphone Addiction Scale Short Form, Internet Gaming Disorder Scale (IGDS), and Compulsive Online Shopping Scale (COSS) were applied to the participants.

**RESULTS:** There was a statistically significant difference between the parents of children with ADHD group and the control group for mood modification, conflict, relapse, withdrawal subgroups and the total scores of IGDS (for each  $p < 0.05$ ). There was a statistically significant difference between the groups concerning the COSS score ( $p = 0.03$ ). We separated the parents of children with ADHD into subgroups as with and without mental disorders, we revealed that COSS, IGDS total, salience, withdrawal, relapse, mood modification, conflict subgroups were significantly higher among parents with mental disorders compared to those without (for each  $p < 0.05$ ). UPPS impulsive behavior scale-perseverance subgroup score was higher for parents of children with ADHD than for the control group ( $p = 0.03$ ).

**CONCLUSIONS:** Our study determined that the rates of playing games on the internet were higher in families of children with ADHD. However, there was no significant difference in impulsivity, which was predicted to be higher than the control group. Follow-up studies with a large sample are needed to confirm our results.

**Keywords:** attention deficit hyperactivity disorder, internet usage, impulsivity, parent

[Abstract:1038]

### 1038 - The relationship between the mental health of the mothers of children with attention-deficit/hyperactivity disorder (adhd) and the child's symptoms and medication adherence during the covid-19 pandemic

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#### ABSTRACT

**BACKGROUND AND AIM:** The aim of this study is to determine the depression, anxiety, stress, and burnout levels in mothers of children diagnosed with ADHD and to evaluate the relationship of the mother's mental state with coping strategies, perceived social support, and the child's ADHD symptoms and medication adherence during the Covid-19 pandemic.

**METHODS:** 73 children aged between 6-17 ( $M = 11.36$   $SD = 3.11$ ), 54 boys 19 girls, who applied to Başkent University Faculty of Medicine Child Adolescent Psychiatry Outpatient Clinic between March 15- June 31, 2021, and were diagnosed with ADHD before the pandemic, and their mothers were recruited for the study. Mothers filled the Sociodemographic Data Form, The global rating of change scale (GRC), Depression, Anxiety and Stress Scale-21 (DASS-21), Maslach Burnout Scale, Brief Cope Inventory (BCI), Turgay DSM-IV Based Child and Adolescent Behavior Disorders Screening and Rating Scale (T-DSM-IV-S), Multidimensional Scale of Perceived Social Support (MSPSS) and Medication Adherence Report Scale (MARS) and the case report form was also filled in by the clinician who followed.

**RESULTS:** According to the GRC, 65.3% of mothers stated that they were adversely affected by the pandemic. The most frequently reported reasons for this were the problems experienced with their child with ADHD (52.0%). Then, restriction of social activities (46.0%), Covid-19 anxiety (41.3%), economic difficulties (22.7%) and other reasons were reported by 7.3%, respectively. Inter-scale correlations are given in Table 1. According to regression analyzes, the strongest predictor of emotional burnout, depersonalization, DASS levels was maladaptive coping (Table 2). The strongest predictor of GRC was found to be inattention subscale of T-DSM-IV-S.

**CONCLUSIONS:** Effective treatment of the symptoms of the child with ADHD and training of the mother to develop coping skills are necessary for the mental well-being of the mother of the child with ADHD during the Covid-19 pandemic.

**Keywords:** ADHD, Covid-19, parent, burnout, depression, anxiety

**Table 1.** Interscale correlations (Spearman  $\rho$ )

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.
Emotional exhaustion (MBI)	-																
Depersonalization (MBI)	.642*	-															
Professional accomplishment (MBI)	.620	-.562*	-														
Depression (DASS)	.571*	.538*	-.419*	-													
Anxiety (DASS)	.461*	.427*	-.284*	.800*	-												
Stress (DASS)	.591*	.587*	-.387*	.864*	.770*	-											
GRC	-.416*	-.559*	.342*	-.625*	-.516*	-.538*	-										
Adaptive coping (BCI)	.113	-.050	.064	-.111	-.028	.008	.042	-									
Maladaptive coping (BCI)	.370*	.359*	-.211	.454*	.528*	.541*	-.330*	.410*	-								
Family support (MPSS)	-.199	-.216	.153	-.297*	-.256*	-.281*	.170	.095	-.176	-							
Friends support (MPSS)	-.112	-.173	.150	-.214	-.209	-.168	-.008	.364*	-.026	.467*	-						
Significant others support (MPSS)	-.108	-.205	.120	-.193	-.084	-.088	.053	.214	.057	.460*	.727*	-					
Inattention (T-DSM-IV-S)	.501*	.445*	-.381*	.275*	.227	.318*	-.411*	.106	.300*	-.178	-.020	-.042	-				
Hyperactivity/impulsivity (T-DSM-IV-S)	.399*	.234*	-.268*	.069	.072	.033	-.085	-.048	.093	-.190	-.073	-.127	.584*	-			
Oppositional defiant disorder (T-DSM-IV-S)	.440*	.371*	-.365*	.261*	.132	.303*	-.243*	-.017	.201	-.233*	-.268*	.359*	.562*	.570*	-		
Conduct disorder (T-DSM-IV-S)	.237*	.299*	-.156	.038	-.016	.066	-.189	-.030	-.033	-.112	-.119	-.223	.319*	.371*	.591*	-	
MARS	.004	-.103	-.012	-.143	-.126	-.079	.137	.074	-.202	.137	.140	.050	-.094	.024	-.073	.186	-

\* Correlation is significant at the 0.05 level \*\* Correlation is significant at the 0.01 level MBI: Maslach Burnout Scale DASS-21: Depression Anxiety Stress Scales-21 GRC: Global Rating of Change Scale BCI: Brief Cope Inventory MPSS: Multidimensional Scale of Perceived Social Support T-DSM-IV-S: Turgay DSM-IV-Based Child and Adolescent Behavior Disorders Screening and Rating Scale MARS: Medication Adherence Report Scale

**Table 2.** Regression analysis of maternal mental health-related measures (Table shows only the results of the significant predictors).

	Predictors	beta	t	p
Emotional exhaustion	Maladaptive coping	.29	2.32	.024
Depersonalization	Adaptive coping	-.27	-2.15	.036
	Maladaptive coping	.43	3.49	.001
	Inattention (T-DSM-IV-S)	.33	2.45	.017
	Conduct disorder (T-DSM-IV-S)	.26	2.10	.040
Depression	Adaptive coping	-.36	-3.02	.004
	Maladaptive coping	.59	5.06	<.001
	Inattention (T-DSM-IV-S)	.27	2.12	.038
Anxiety	Maladaptive coping	.66	5.87	<.001
	Friends support	-.31	-2.25	.028
Stress	Adaptive coping	-.29	-2.54	.014
	Maladaptive coping	.61	5.49	<.001
	Hyperactivity/impulsivity	-.30	-2.53	.014

	Oppositional defiant disorder	.29	2.06	.043
<b>GRC</b>	Adaptive coping	.29	2.20	.031
	Maladaptive coping	-.39	-3.01	.004
	Inattention (T-DSM-IV-S)	-.43	-3.02	.004

GRC: Global Rating of Change Scale T-DSM-IV-S: Turgay DSM-IV-Based Child and Adolescent Behavior Disorders Screening and Rating Scale

[Abstract:1039]

### 1039 - Investigation of the effects of olanzapine and l-carnitine on rat testicular tissue

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#### ABSTRACT

**BACKGROUND AND AIM:**It is known that olanzapine, a second generation antipsychotic, has negative effects on sexual dysfunction and reproductive system. There are a limited number of studies suggesting that it causes structural changes in the reproductive system in addition to sexual dysfunction. The aim of this study was to investigate the effects of olanzapine and L-carnitine on testicular tissue in histopathological, sperm parameters, hormonal and biochemical aspects.

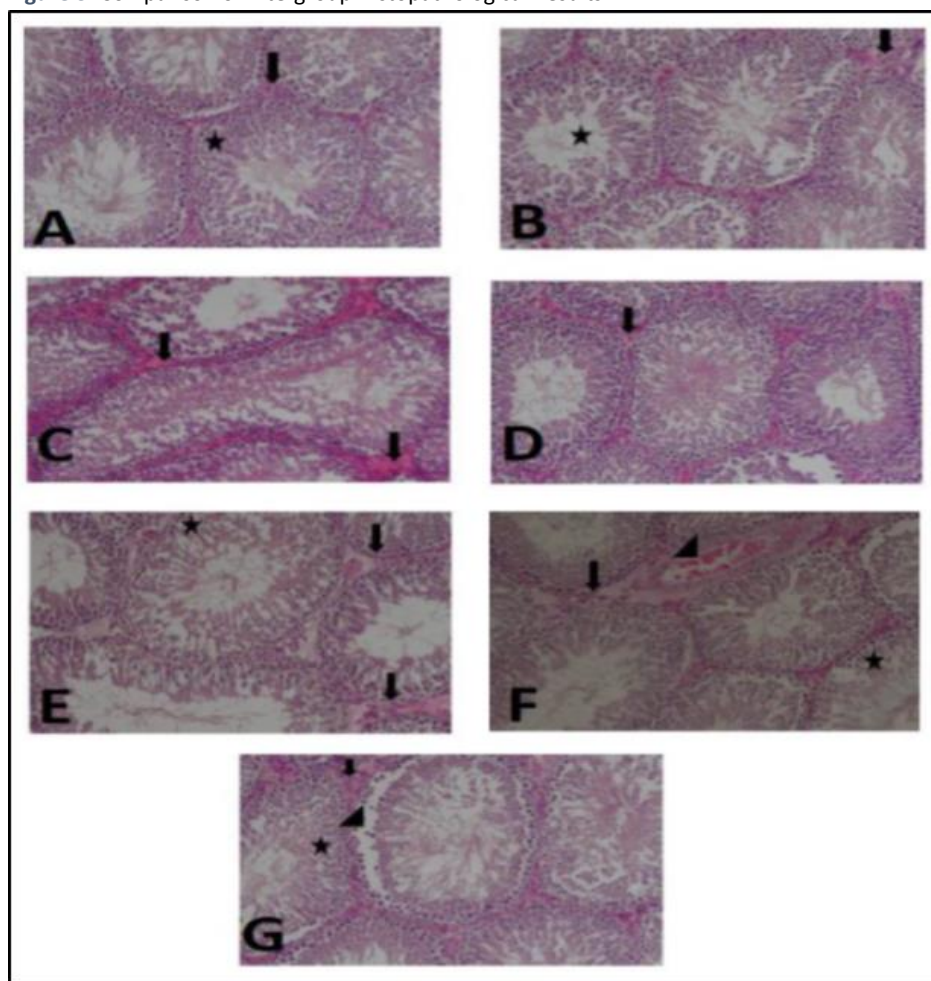
**METHODS:**total of 48 adult male Spraque-Dawley rats were used in this study. The rats were divided into 8 adult male rats in each group. Control, 200 mg / kg L-carnitine treated LK, 2 mg / kg olanzapine treated DDO, 2 mg / kg olanzapine and 200 mg / kg L-carnitine treated DDOL, 4 mg / kg olanzapine treated YDO, 4 mg / kg olanzapine + 200 mg / kg L-carnitine treated YDOL group 6 groups were formed. Left testicular tissues were used to determine testis MDA, IL-1B, IL-6, TAS, TOS levels according to the experimental procedure determined by the manufacturer of the respective kits. For histological evaluation, the preparations were stained with Hematoxylin-Eosin. Isolated epididymis were divided into two for evaluation of spermatozoa. Sperm samples were evaluated by vortexing.

**RESULTS:**In our study, only L-carnitine-treated group showed a decrease in body weight. There was a decrease in sperm count, increase in MDA, IL-1 $\beta$ , TOS values, histopathological changes in testicular tissue and increase in percentage of sperm with abnormal morphology in olanzapine groups. Histopathological changes were found to be lower in olanzapine and L-carnitine treated groups than in olanzapine-treated groups.

**CONCLUSIONS:**The abnormal sperm morphology and testicular degenerative histological findings observed in high dose olanzapine groups were concluded that olanzapine induced oxidative stress in testicular tissue. L carnitine was thought to be effective by regressing oxidative damage in sperm morphology and testicular degeneration.

**Keywords:** Olanzapine, L-carnitine, testis, sperm, oxidative stress



**Figure 3.** Comparison of Intergroup Histopathological Results

Control group Lower Interstitial area (Arrow), Germ Cell Series (Asterisk) (A). Seminiferous Tubule Lumen (Star), Interstitial area (Arrow) (B) belonging to LK Group. Interstitial area (Arrow) of DOZN Group (C). Interstitial area of DOZN+LK Group (Arrow) (D). Vacuolization (circle), Interstitial area (arrow), congestion and edema (Arrowhead) in cells belonging to the YOZN Group (E). Interstitial area (Arrow), vasculature (Arrowhead), Spermatogenic Series cells (Asterisk) belonging to YOZN Group (F). Interstitial area of YOZN+LK Group (Arrow), Spermatogenic Series cells (Asterisk), Separation in Seminiferous tubules (Arrowhead) (G), H&E (X200)

**Table 1.** MDA, IL-1B, IL-6, TAS, TOS, OSI Values of the Groups

	Kontrol (n=7)	LK (n=8)	DOZN (n=7)	DOZN+LK (n=8)	YOZN (n=8)	YOZN+LK (n=8)	P
MDA	0.909±0.158	1.107±0.114	1.122±0.113	1.225±0.161	1.006±0.283	1.137±0.133	0,031
IL-1B	1.388±0.189	1.268±0.481	1.664±0.174	1.629±0.124	1.415±0.241	1.379±0.196	0,012
IL-6	1.387±0.115	1.418±0.125	1.368±0.122	1.419±0.104	1.335±0.111	1.323±0.163	0,636
TAS	1,288±0,323	1,890±1,212	1,734 ±1,207	1,350± 0,861	0,983±1,163	1,550 ±1,073	0,533
TOS	26,386±4,292	25,320±6,311	33,590±12,076	22,531±3,30	31,999±8,579	22,106±2,136	0,006
OSI	2,157±0,623	1,751±0,888	2,496±1,519	2,069±2,150	4,160±5,584	2,340±1,735	0,643

[Abstract:1043]

**1043 - Investigation of the relationship between sarcopenia components and sleep quality in elderly patients**Esin Erdoğan<sup>1</sup>, Neslihan Eşkut<sup>2</sup>, Dursun Hakan Delibaş<sup>1</sup>, Birkan İlhan<sup>3</sup>, Dilek Top Kartı<sup>2</sup>, Özge Yılmaz Küsbeci<sup>4</sup>, Gülistan Bahat<sup>5</sup>

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**ABSTRACT**

**BACKGROUND AND AIM:** Sarcopenia is a syndrome that comprises declined skeletal muscle mass, strength and function with negative consequences in many health-related areas. We aimed to investigate the relationship between sarcopenia components and sleep quality in geriatric outpatients, considering the effects of potential confounding factors

**METHODS:** Outpatients aged  $\geq 60$  years at the Izmir Bozyaka Research and Training Hospital were included in the present study. We used Pittsburgh Sleep Quality Index, which is a self-administered questionnaire, to measure sleep disorder. Assessment of muscle strength was performed using handgrip strength (HGS) measured using hydraulic hand dynamometer and chair stand test (CSST). Physical performance was evaluated by usual gait speed (UGS), nutritional status and frailty were screened by mini-nutritional assessment questionnaire and FRAIL scale, respectively. Ethical permission was obtained from the local ethics committee for the research and informed consent was obtained from all participants.

**RESULTS:** A total of 148 geriatric outpatients with mean age of  $68.4 \pm 4.9$  years were enrolled. Participants with poor sleep quality were similar to participants with normal sleep quality in terms of age ( $p=0.540$ ), education ( $p=0.584$ ), frailty ( $p=0.710$ ), CSST duration ( $p=0.077$ ) and UGS scores ( $p=0.183$ ). The group with poor sleep quality had a higher proportion MNR than the group with normal sleep quality ( $p=0.013$ ). Regression analysis showed that poor nutritional status (MNR) was independently associated with sleep quality after adjustment for HGS in all models (OR 0.033, 95% CI: 0.006-0.061,  $p<.05$ ). HGS was not associated with sleep quality in regression analysis models (OR 0.008, 95% CI: -0.001-0.018,  $p>.05$ ).

**CONCLUSIONS:** We found a statistically significant association between MNR and sleep disorder in elderly. Therefore, older patients should be cautioned regarding nutrition status if they are diagnosed with sleep disorder. We postulate that maintaining a good nutrition status and identifying factors associated with sarcopenia delays the negative effects of aging in older adults.

**Keywords:** sarcopenia, sleep disorder, malnutrition, elderly patients, strength

[Abstract:1052]

## 1052 - The relationship between autistic traits and pathological internet use in 16-18 year old adolescents

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**ABSTRACT**

**BACKGROUND AND AIM:** Social interaction difficulties have been suggested as one of the causes of pathological internet use. The main aim of the present study was to investigate the relationship between autistic traits and pathological internet use among a community sample of adolescents aged 16-18 years. The relationship between social anxiety and pathological internet use was also investigated.

**METHODS:** 239 adolescents between the ages of 16-18 years who were studying at an Anatolian high school in the Yenışehir district of Mersin province during the 2016-2017 academic year were included in the study. Those with psychiatric or chronic medical illnesses were excluded. Autism-Spectrum Quotient (AQ), Young Internet Addiction Scale (YIAS) and Liebowitz Social Anxiety Scale (LSAS) were applied to the adolescents. For the statistical analysis, adolescents were divided into two groups according to YIAS scores as "average internet user" (YIAS score  $<50$ ) and "risky/pathological internet user" (YIAS score  $\geq 50$ ). Those with a AQ total score  $\geq 26$  were defined as having "above-threshold autistic traits".

**RESULTS:** The mean YIAS total score of the study sample was  $49.61 \pm 16.25$ . 132 (55.2%) of the adolescents were found as average internet users while 107 (44.8%) were risky/pathological internet users. The mean AQ total score was  $19.49 \pm 4.67$  and  $21.16 \pm 5.11$  for the groups with average and risky/pathological internet users, respectively. Risky/pathological internet users were found to have higher AQ total, social skills, attention shifting and communication subscale scores than average internet users. LSAS total score and all subscale scores were also higher in risky/pathological internet users. According to the multiple logistic regression analysis, AQ total ( $\geq 26$ ) and communication subscale scores were found as predictors of pathological internet use.

**CONCLUSIONS:** Our results show that autistic traits and social anxiety in adolescents are associated with pathological internet use. Adolescents with pathological internet use should be evaluated both for autistic traits and social anxiety symptoms.

**Keywords:** adolescent, autistic traits, pathological internet use, social anxiety

[Abstract:1056]

**1056 - The relationship of sociodemographic data and depression in patients with panic disorder**Sevler Yıldız<sup>1</sup>, Meltem Hazel Şimşek<sup>1</sup>, Mustafa Akkuş<sup>1</sup>, Mehmet Celal Kefeli<sup>2</sup><sup>1</sup>Binali Yıldırım University Faculty of Medicine, Department of Psychiatry, Erzincan, <sup>2</sup>Private practice, psychiatry, Erzincan**ABSTRACT**

**BACKGROUND AND AIM:** One of the common comorbidities in panic disorder patients is depression. This association reduces treatment responses and complicates treatment compliance. In this study, we aimed to determine which sociodemographic characteristics are more associated with depression in panic disorder.

**METHODS:** 110 patients who diagnosed panic disorder who applied to the psychiatry outpatient our clinic were included in our study. A consent form was obtained from the panic disorder patients included in the study, indicating that they wanted to participate in the study, and the sociodemographic data form was filled, and then the Hamilton Depression Rating Scale (HAM-D) was applied. The p value of less than 0.05 was considered as statistically significant.

**RESULTS:** In this study, according to the independent groups t test results; In patients with panic disorder, no significant difference was found between depression scores and factors such as gender, history of psychiatric illness in first or second degree relatives, continuous treatment comorbidities, loss of parents in childhood, living in a rural area, history of psychiatric illness ( $p>0.05$ ). No statistically significant correlation was found between age and depression scores ( $p>0.05$ ). In addition, it was concluded that financial status, marital status, education level, mother's education level, father's education level, current medical and psychiatric treatment and past psychiatric treatment did not have a significant effect on the depression level of individuals with panic disorder ( $p>0.05$ ). It was determined that the difference between occupational groups was statistically significant. HAM-D also revealed that the depression level of workers was significantly lower than that of the unemployed and housewives ( $p<0.05$ ).

**CONCLUSIONS:** With this study, it was concluded that the relationship between depression level and sociodemographic data in panic disorder patients was minimal, and being in different occupational groups could be effective in the level of depression. More work needs to be done in this regard in the future.

**Keywords:** anxiety, depression, panic disorder

[Abstract:1059]

**1059 - An international bibliometric study of scientific articles on obsessive compulsive disorder**

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**ABSTRACT**

**BACKGROUND AND AIM:** Obsessive-compulsive disorder (OCD) is a debilitating disorder with a lifetime prevalence that is surprisingly common (2.5%-3%) in the general population. However, there is no bibliometric research on this subject in the literature. We conducted a bibliometric analysis of the published literature between 1980 and 2020 on the OCD studies using Web of Science (WoS) database.

**METHODS:** "Obsessive compulsive disorder", "obsessive compulsive disorders", and "OCD" keywords were used for literature review. The creation of network visualization maps, bibliometric and citation analyses were performed with the VOS viewer (Version 1.6.17) software. Correlation analyses were evaluated with Spearman correlation coefficient in accordance with the data normal distribution. Regression analysis was used to estimate the number of publications in the coming years.

**RESULTS:** A total of 11113 publications were found. Of these publications, 6545 (58.9%) were articles. Bibliometric analyses were performed with 6545 publications in the article category. The top five countries that produced the most articles were USA (2583, 39.5%), UK (617, 9.3%) and Germany (593, 9.1%). The authors with highest number of publications was Storch EA. (160; 2.4%), Stein DJ. (131; 2%), and Miguel EC. (125, 1.9%). The top 3 journals with the most publications were Psychiatry Research (259, 3.9%), Journal of Obsessive Compulsive and Related Disorders (207, 3.2%) and Journal of Clinical Psychiatry (180, 2.7%). The most active institution was the Harvard University (266, 4.1%). The most cited article was the "The epidemiology of obsessive-compulsive disorder in the National Comorbidity Survey Replication" published by AM. Ruscio et al. (2010) in the Molecular Psychiatry.

**CONCLUSIONS:** In this study, statistical analysis results of 6545 articles on OCD were presented. Findings about OCD can provide important information for clinicians and scientists.

**Keywords:** Obsessive compulsive disorder OCD bibliometric analysis citation analysis

[Abstract:1060]

### 1060 - Correlation between neurological soft signs, executive functions and brain derived neurotrophic factor in male children with attention-deficit hyperactivity disorder

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#### ABSTRACT

**BACKGROUND AND AIM:**Neurological soft signs (NSS), which are claimed to be central nervous system maturation delay, are quite common in attention-deficit hyperactivity disorder (ADHD). The aim of our study is to examine the relationship between NSS in ADHD and executive functions and Brain Derived Neurotrophic Factor (BDNF).

**METHODS:**Schedule for Affective Disorders and Schizophrenia for School-Age Children-Present and Lifetime Version, DSM-5 November 2016-Turkish Adaptation was applied and 87 boys diagnosed with ADHD were included in the study. The sociodemographic data form was completed and a tube of blood was collected. Then, Stroop Test TBAG Form and Judgement of Line Orientation Test (JLOT) and revised Physical and Neurological Examination of Subtle Signs (PANESS) were applied to the cases.

**RESULTS:** A negative correlation was found between the ages of the cases and dysrhythmia, total time and total overflow in timed movements, Stroop 5th task time scores and serum BDNF levels. In cases with low socioeconomic status, JLOT score was lower and total time in timed movements was higher. The score of JLOT was significantly lower in the cases receiving the neonatal intensive care. A negative correlation was found between total gait and station, total time and total overflow in timed movements with JLOT. A negative correlation was found between Stroop 5th task time score and total gait and station score, total time and total overflow score in timed movements. A positive correlation was found between BDNF and dysrhythmia score.

**CONCLUSIONS:**The relationship of the NSS with JLOT suggests that the NSS may be more related to the non-dominant cerebral hemisphere and cerebellum. Neuroimaging studies are required to clarify the relationship between NSS and executive functions and BDNF in patients with ADHD and to evaluate the maturation difference of both cerebral hemispheres.

**Keywords:** ADHD, neurological soft signs, PANESS, executive functions, BDNF

[Abstract:1063]

### 1063 - The relationship between sleep quality and occupational balance in people diagnosed with schizophrenia

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#### ABSTRACT

**BACKGROUND AND AIM:**People with schizophrenia often suffer from severe and persistent sleep disturbances. Studies have shown that poor sleep played a role in individuals' poor quality of life in schizophrenia [1]. Sleep deprivation in people with schizophrenia make it difficult to participate in activities, because it is known that they prefer to be awake during the night and to sleep during the day [2]. Sleep disturbances were linked to a reduced ability or opportunity to participate in valued activities [3]. In addition, excessive or insufficient sleep or daytime activities affect the occupational balance [4]. To our knowledge, there is no study that examined the relationship between sleep quality and occupational balance in individuals diagnosed with schizophrenia. The aim of this study was to investigate the relationship between sleep quality and occupational balance in individuals diagnosed with schizophrenia.

**METHODS:**42 individuals with schizophrenia followed up at Dışkapı Training and Research Hospital Community Mental Health Center were included in our study. Sociodemographic Data Form, Pittsburgh Sleep Quality Index (PSQI) and Occupational Balance Questionnaire (OBQ-11) were administered to all participants.

**RESULTS:**The mean age of the participants was  $38.69 \pm 5.55$  years. The mean PSQI score was determined to be  $6.78 \pm 3.02$ . The sub-dimensions that the participants scored the most were sleep latency and subjective sleep quality. The OBQ-11 total mean score was  $18.12 \pm 4.25$ . No correlation was found between occupational balance and sleep quality total score and sleep quality subscales ( $p > 0.01$ ).

**CONCLUSIONS:**Our findings showed that people with schizophrenia have poor sleep quality and occupational balance. However, it is not clear whether sleep quality and occupational balance are closely related based on the current findings. More work is needed in future. On the other hand, current findings showed the necessity of the implementation of the regulation of sleep patterns and activity programs in people with schizophrenia.

**Keywords:** occupational balance, schizophrenia, sleep quality

[Abstract:1067]

## 1067 - Increased plateletcrit and platelet distribution width in patients with panic disorder and generalized anxiety disorder

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### ABSTRACT

**BACKGROUND AND AIM:**Panic disorder (PD) and generalized anxiety disorder (GAD) are among the most common mental disorders. Platelet volume indices (PVI) are hematological biomarkers that show platelet activity. Peripheral platelets are widely used as indicators of central serotonin metabolism because they reflect central serotonergic function. Platelet overactivity increases the tendency of coagulation. The aim of this study is to evaluate and compare PVI in patients with PD and GAD.

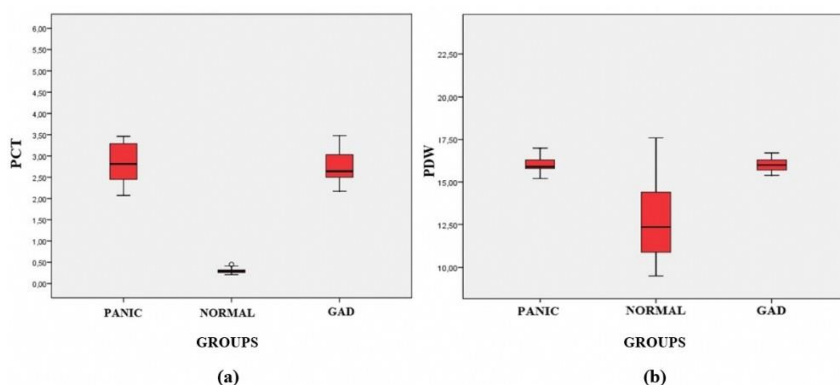
**METHODS:**The data of 49 patients with PD, 47 patients with GAD and 50 healthy controls were retrospectively analyzed. The following PVI were evaluated in complete blood count (CBC); PLT (Platelet count), MPV (Mean Platelet Volume), P-LCR (Platelet - Large Cell Ratio), PCT (Plateletcrit), PDW (Platelet Distribution Width) and P-LCC (Platelet Large Cell Count). Sociodemographic data form for all participants, Panic and Agoraphobia Scale (PAS) and Hamilton Anxiety Rating Scale (HAM-A) for PD patients, State-Trait Anxiety Inventory and HAM-A for GAD patients were evaluated and compared with platelet parameters.

**RESULTS:**PCT and PDW levels of PD and GAD patients were found to be significantly higher than the control group (Table I, Figure 1). PCT values and PAS scores of PD patients were positively correlated (Table II). A positive correlation was also found between HAM-A score and PDW in GAD patients (Table II). ROC analysis showed that  $PCT > 2.58$  had 73.5% sensitivity and 68% specificity for PD.  $PCT > 2.53$  had a sensitivity of 70.2% and a specificity of 63.6% for GAD (Figure 2a and 2b).

**CONCLUSIONS:**Elevated PCT and PDW levels are correlated with PD and GAD positively. PD and GAD patients who have high PCT and PDW levels can easily be identified during routine complete blood count (CBC) analysis and could possibly benefit from preventive antithrombotic treatment.

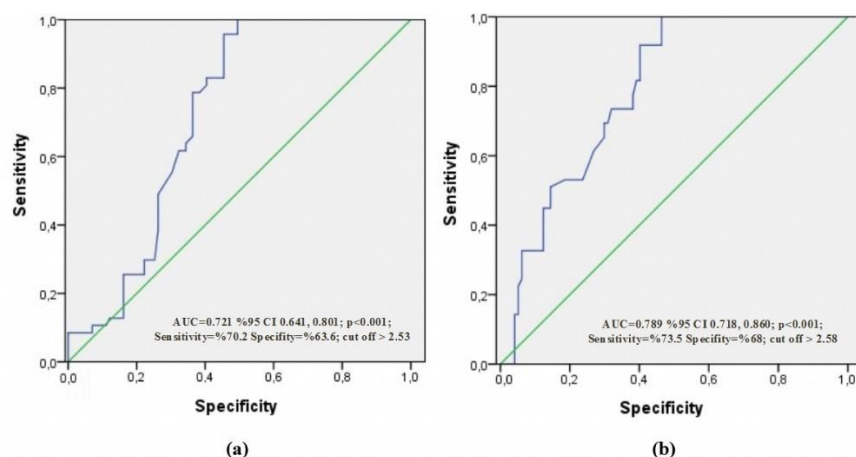
**Keywords:** Panic disorder, plateletcrit, generalized anxiety disorder, platelet distribution width

**Figure 1:** Comparison of PCT and PDW between the panic disorder, GAD and the normals





**Figure 2a and 2b:** ROC analysis for PCT cut off for predicting panic disorder and generalized anxiety disorder. AUC: Area under the curve; CI: Confidence interval; ROC: Receiver operating characteristics.



**Table 1.** Comparison of laboratory data

	Panic disorder (N=49)	Generalized anxiety disorder (N= 47)	The Normals (N=50)	P values
PLT(103/mm3)	266,32±53,18	274,10±89,59	249,52±36,85	NS
MPV (fL)	10,33±1,16	10,40±1,06	10,68±0,97	NS
PDW(fL)	15,98±0,42	15,98±0,39	12,85±2,51	P<0.0001a,p<0.0001b, NSc
PLC-R (%)	29,99±7,19	29,92±7,51	32,13±8,14	NS
PLCC (103/mm3)	78,64±20,13	78,71±19,24	78,85±18,25	NS
PCT( Plateletcrit) (%)	2,83±0,44	2,80±0,73	0,29±0,04	P<0.0001a,p<0.0001b, NSc

a: Panic disorder versus normal group b: Generalized anxiety disorder versus normal group, c: Generalized anxiety disorder versus panic disorder. PLT: Platelet, PDW: Platelet distribution width, PLC-R: Platelet Large Cell-Ratio, PLCC: Platelet Large Cell Count, MPV: Mean Platelet Volume, PCT: Plateletcrit

**Table 2.** Pearson correlation analysis between Panic disorder, Generalized anxiety disorder(GAD) and then normals

	PCT	PDW
	r p	r p
PAS (panic disorder)	0.384 0.006	0.005 0.973
HAMA (panic disorder)	0.056 0.702	0.115 0.433
HAMA (GAD)	0.344 0.180	0.452 0.001
STAI-I (GAD)	-0,038 0,799	0,082 0,585
STAI-II (GAD)	0,045 0,764	0,272 0,065

[Abstract:1068]

## 1068 - Comparison of sleeping habits and quality of life between children with adhd and control group during the covid-19 pandemic

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### ABSTRACT

**BACKGROUND AND AIM:** This study aimed to compare the quality of life and sleep habits of children with Attention Deficit Hyperactivity Disorder (ADHD) with healthy children during the COVID-19 pandemic.

**METHODS:** The study included 94 patients aged 7-14 years who were diagnosed with ADHD, who applied to the child psychiatry outpatient clinic in two different centers, and 94 gender-matched healthy children. Sociodemographic form, Coronavirus Anxiety Scale (CAS), Pediatric Quality of

Life Inventory (PedsQL), and Pittsburgh Sleep Quality Index (PSQI) scales were completed by the entire study group. **RESULTS:**The study was completed with 188 people, 38 women and 56 men with ADHD and gender-matched healthy children. While there was no difference between the rates of reporting sleep problems before the pandemic between the ADHD and control groups, sleep problems were reported more frequently in the ADHD group during the pandemic period. When compared to the control group, ADHD group had significantly higher scores on CAS, PedsQL and subscales, PSQI and subscales. Only the control group had higher scores in Sleep Duration and Use of Sleep Medication, which are subscales of PSQI, and the difference was found to be significant (Table 1). The correlation between PSQI and PedsQL scale scores, and CAS in the ADHD group is shown in Table 2.

**CONCLUSIONS:**It has been reported that with the COVID-19 pandemic, children with ADHD do less physical activity, spend less time outside, have worse quality of life, changes in sleep habits. In our research, it was observed that children with ADHD had worse sleep quality compared to the control group. The subjects went to bed later, reduced their sleep duration, and experienced more sleep disorders. It has been observed that our findings are consistent with the literature reporting that children with ADHD are more vulnerable to the adverse effects of the pandemic compared to the normal population.

**Keywords:** ADHD, COVID-19, pandemic, sleep, quality of life

#### Examination of CAS, PedsQL and PSQI scores in ADHD and control groups

	ADHD	Control		
	Mean (SD)	Mean(SD)	Z	p
CAS	2,3(3,32)	1,08(2,2)	-3,292	,001
PedsQL	72,5(14,5)	82,5(12,3)	-5,018	<0,001
Physical Health	74,2(15,8)	79,7(15,6)	-2,676	,007
Psychosocial Health	71,4(17,1)	84,8(12,2)	-5,820	,000
PSQI	4,9(3,2)	3,5(2,1)	-2,833	,006
Subjective Sleep Quality	1,0(0,8)	0,5(0,7)	-3,597	,000
Sleep Latency	1,2(0,1)	0,8(0,7)	-2,762	,000
Sleep Duration	0,4(0,7)	0,8(0,8)	-4,033	,000
Habitual Sleep Efficiency	0,5(0,9)	0,1(0,3)	-4,104	,000
Sleep Disturbances	1,4(1,0)	0,4(0,7)	-8,283	,000
Use of Sleep Medication	0,06(0,3)	0,9(0,6)	-9,945	,000
Daytime Drowsiness	0,6(0,8)	0,04(0,2)	-6,108	,000
PSQI- good sleep	49(%52.1)	67(%71,3)	7,293*	,000
PSQI-poor sleep	45(%47,9)	27(%28,7)	7,293*	,007*

Mann Whitney U test, SD: Standard Deviation, ADHD: Attention Deficit Hyperactivity Disorder, CAS: Coronavirus Anxiety Scale, PSQI: Pittsburgh Sleep Quality Index, PedsQL: Measurement model for the Pediatric Quality of Life Inventory. \*: PearsonChi-Square

#### Examination of correlations of CAS, PedsQL and PSQI scales in ADHD group

	CAS	PedsQL	Physical Health	Psychosocial Health
PSQI	,435**	-,563**	-,503**	-,565**
Subjective Sleep Quality	,335**	-,505**	-,392**	-,457**
Sleep Latency	,278**	-,493**	-,402**	-,442**
Sleep Duration	,375**	-,138	-,092	-,164
Habitual Sleep Efficiency	,245*	-,154	-,182	-,140
Sleep Disturbances	,239*	-,345**	-,215*	-,385**
Use of Sleep Medication	,037	,078	,033	,074
Daytime Drowsiness	,239*	-,402**	-,240*	-,455**
Sleep quality (based on cut-off score)	,433**	-,508**	-,379**	-,497**

Spearman's correlation analysis; \*:  $p < 0,05$ , \*\*:  $p < 0,01$  ADHD: Attention Deficit Hyperactivity Disorder, CAS: Coronavirus Anxiety Scale, PSQI: Pittsburgh Sleep Quality Index, PedsQL: Measurement model for the Pediatric Quality of Life Inventory



[Abstract:1071]

**1071 - Determining the relationships between gaming disorder and personality functioning in adolescents**

Sefa Coşğun

*Madalyon Psychiatric Center Istanbul, Turkey***ABSTRACT**

**BACKGROUND AND AIM:**Recent studies have begun to define gaming disorder as a form of behavioral addiction. Although many factors associated with gaming disorder have been extensively studied, personality functioning has received little attention. Therefore, the aim of this study is to investigate the relationship between gaming disorder and psychopathology, as well as investigating the relationship between personality functioning areas.

**METHODS:** A total of 281 adolescents filled out the online self-report questionnaires, consisting of the Levels of Personality Functioning Questionnaire 12-18, the Gaming Disorder Test, and the Strengths and Difficulties Questionnaire. Sample ranged from 12 to 18 years old (mean = 13.3, SD = 3.3). Of the participants in the sample 45.2% (n=127) were male, 73.3% (n=206) secondary school students and 26% (n=73) high school students.

**RESULTS:**The results showed that there is a positive relationship between the score of Gaming Disorder Test and the total score of Strengths and Difficulties Questionnaire. In addition, a negative relationship was found between the total score of Gaming Disorder Test and score of Levels of Personality Functioning. The results also showed that the personality functioning sub-dimension of self-direction ( $\beta=0.223$ ,  $p=0.028$ ) have a significant mediating effect (indirect effect) in the relationship between gaming disorder and psychopathology. The effect did not change when gender was considered as a confounding factor.

**CONCLUSIONS:**In this study, the mediating role of personality functioning in the relationship between gaming disorder and psychopathology was examined. It has been found that self-direction function is a significant variable in gaming disorder. Understanding these relationships can open new areas for treatment protocols.

**Keywords:** gaming disorder, psychopathology, personality functioning, behavioral addiction, self-direction.

[Abstract:1072]

**1072 - Speech, language and communication screening of adolescents admitted to linn dara approved centre during the covid-19 pandemic**

Niamh Quinlivan

*HSE Linn Dara Child & Adolescent Mental Health Service (CAMHS), CHO7 Dublin South, Kildare and West Wicklow, Ireland.***ABSTRACT**

**BACKGROUND AND AIM:**Young people admitted to a 22 bed CAMHS in-patient setting were screened for communication strengths and needs. Increased SLT resource allowed for the screening programme to be implemented across both units of the 22 bed CAMHS in-patient setting. Prior to the provision of additional staffing resource young people were seen on referrals only basis (approx 40% of admissions). The aim was to provide effective screening of young people's social communication, speech and language.

**METHODS:**Thirty-nine new and existing admissions to the approved centre (AC) between April and July 2020 were screened. A clinical interview with the young person was carried out, followed by a detailed developmental history with parents. The young person's participation was observed via the therapeutic group programme, with formal language assessment completed where possible.

**RESULTS:**Results showed that 95% of the young people admitted to the approved centre during this time presented with communication difficulties. Only 10% of these young people had previous contact with SLT services prior to their admission. A high incidence of communication difficulties was identified in young people with communication difficulties admitted to the AC. Communication needs were not identified prior to admission. 90% reported they had not previously attended speech and language therapy services.

**CONCLUSIONS:** SLT engagement with parents of the AC service users helped develop their understanding of their child's communication strengths and needs, the impact of these issues on their mental health and how communication in the home can be supported. The communication screening programme became fully established within the Linn Dara Approved Centre leading to an increase in referrals to SLT within the AC. An SLT therapeutic group programme was developed within the AC and the learning has been shared with community CAMHS colleagues.

**Keywords:** Speech and language therapy, therapeutic group programme, social communication, approved centre, formal language assessment

[Abstract:1078]

### 1078 - Melanopsin gene polymorphism in seasonal depression and bipolar disorder

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#### ABSTRACT

**BACKGROUND AND AIM:** SAD is defined as “seasonal pattern specifier” that can be applied to major depressive disorder or to bipolar disorder. Seasonal affective disorder (SAD) mostly refers to recurrent major depressive disorder with seasonal pattern. BD and Major depressive disorder with seasonal pattern (MDD SP) involve irregularities in daily or circadian rhythms, such as changes in the timing of sleep, melatonin release, and body temperature (1-3). This study investigates genetic polymorphism of melanopsin gene (RS2675703) in bipolar disorder and seasonal depression.

**METHODS:** Study group consists of 39 patients with bipolar disorder, 14 patients with SAD, 32 healthy controls (HC). Single nucleotide polymorphism (SNP) of RS2675703 (melanopsin gene) is investigated.

**RESULTS:** The distribution of all three genotypes (C/C, C/T, and T/T) of melanopsin gene between MDD SP and bipolar disorder did not differ ( $p=0.402$ ). None of the patients with MDD SP ( $p<0.0001$ ) and bipolar disorder ( $p<0.0001$ ) have homozygous C/C genotype when compared with healthy controls (HC). None of the HC have T/T genotype (Table 1).

**CONCLUSIONS:** These results suggest that C/T and C/C melanopsin gene variants seem to increase the risk for recurrent affective disorders. MDD SP participants had a higher frequency of the homozygous minor genotype (T/T) for the missense variant rs2675703 (P10L) than controls (4) RS2675703 is a missense variant of melanopsin gene (OPN4). There is no literature published on RS2675703 relation with bipolar disorder. Unlike literature, findings of the study support that MDD SP may be branch in the bipolar spectrum and melanopsin may predispose to bipolar disorder.

**Keywords:** Major depression with seasonal pattern, bipolar disorder, seasonal affective disorder, melanopsin gene

Table 1: The distribution of all three genotypes among patients and controls

	Bipolar disorder		MDD SP		HC		Statistical analysis		
	N	%	N	%	N	%	F	df	p
C/C	0		0		17	53.1	43.83	4	<0.0001
C/T	20	51.3	9	64.3	15	46.9			
T/T	19	48.7	5	35.7	0				

[Abstract:1079]

### 1079 - The relationship of mind wandering and maladaptive daydreaming with executive functions in individuals with ADHD: preliminary findings

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#### ABSTRACT

**BACKGROUND AND AIM:** Attention Deficit Hyperactivity Disorder (ADHD) is a childhood-onset neurodevelopmental disorder characterized by attention deficit, hyperactivity, and impulsivity. There is increasing evidence that individuals with ADHD may have characteristic features in mental activities (E.g.; mind-wandering). Our aim in this study is to examine the relationship between ADHD symptoms, mind wandering, and maladaptive daydreaming symptoms with executive functions in individuals with ADHD.

**METHODS:** Twenty-six drug-naïve individuals with ADHD were included in the study. Participants completed a questionnaire consisting of a sociodemographic data form, the Adult ADHD Self-Report Scale (ASRS), Mind Excessively Wandering Scale (MEWS), and Maladaptive

Daydreaming Scale (MDS). Additionally, The Stroop Color and Word Test and Serial Digit Learning Test were applied to the participants for test the executive function such as selective attention, inhibition control, and working memory.

**RESULTS:**Participants' ages ranged from 18 to 27 (mean of 21.65±2.76), and 46.2% (n=12) reported that they smoked, and 38.5% (n=10) used alcohol, and 76,9% (n=20) of them had comorbid psychiatric disorders. Our findings revealed a positive correlation between ADHD symptoms with MEWS ( $r= 0,64$ ;  $p= 0,001$ ), and MDS ( $r= 0,44$ ;  $p= 0,04$ ) scores in individuals with ADHD. Additionally, there was no correlation between maladaptive daydreaming and mind-wandering scores with executive functions.

**CONCLUSIONS:**Mentation processes such as mind-wandering and daydreaming may contribute to ADHD symptoms in individuals with ADHD. Longitudinal clinical studies with more participants are needed to examine the relationship of these mental activities with executive functions.

**Keywords:** ADHD, executive function, daydreaming, mind-wandering

[Abstract:1080]

## 1080 - Evaluation of monocyte to high-density lipoprotein cholesterol ratio in the manic state of bipolar disorder

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### ABSTRACT

**BACKGROUND AND AIM:**Bipolar disorder has been linked to abnormalities in the immune/inflammatory functions. Monocyte to high-density lipoprotein (HDL) cholesterol ratio (MHR) is used as chronic inflammation markers. The aim of this retrospective study was to investigate the MHR levels in manic patients with bipolar disorder.

**METHODS:**The study included 100 male patients, 49 of whom were in the first episode and 51 of whom had multiple episodes, hospitalized with a diagnosis of bipolar disorder manic state and 50 healthy individuals with characteristics comparable to the patient group in terms of gender and age. MHR values were calculated on the basis of the obtained hemograms, and the results of the biochemistry blood tests and lipid panel analyses and recorded. Kruskal Wallis test was used to compare the MHR values among the first episode, multiple episodes, and healthy control groups.

**RESULTS:**There was no statistically significant difference between the patients and controls in terms of age, whereas the mean age of the patients who had multiple episodes was significantly higher than the first episode. MHR values were found to be statistically significantly higher in the first episode and multiple episodes group than healthy controls. There was no statistically significant difference between the MHR levels of the patients, who were in the first episode, and of the patients who had multiple episodes.

**CONCLUSIONS:**This study is consistent with the results of studies reporting inflammation in the manic episode of bipolar disorder and therefore may indicate the presence of inflammation in the manic episode

**Keywords:** Bipolar disorder, HDL cholesterol, inflammation, monocyte, mania

[Abstract:1081]

## 1081 - The impact of exposure to information about covid-19 via media on children and adolescents

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### ABSTRACT

**BACKGROUND AND AIM:**Covid-19 disease has been the leading agenda item in many countries since its first appearance. There is a lot of information about Covid-19 in many media tools. The aim of this study is to investigate the effects of exposure to news about covid 19 in the media and family conversations on children.

**METHODS:**This study was carried out with 1098 parents of children between 6-17 years. Participants answered the demographic data form, DSM-5 Level-2 Anxiety Scale for Parent/Guardian of Child (DSM-5-AS-P), DSM-5 Level 2 Depression Scale for Parent/Guardian of Child (DSM-5-DS-P), and DSM-5 Level 2 Sleep Disturbance Scale for Parent/Guardian of Child (DSM-5-SDS-P).

**RESULTS:**The study was completed with 572(52.1%) boys and 526(47.9%) girls. The mean age of participants was 10.54±3.29 years. It was found that female gender, frequency of exposure to information about COVID-19 via TV, social media platform, family conversations, and presence of COVID-19 in family or environment had a potential predictive effect on DSM-5-AS-P mean T-score. In addition, it was determined that female gender, frequency of exposure to information about COVID-19 via TV, social media platform, family conversations had a potential predictive effect on DSM-5-DS-P mean T-score. It was also determined that female gender and exposure to information flow on social media platform about COVID-19 had a potential predictive effect on DSM-5-SDS-P mean T-score.

**CONCLUSIONS:**Previous studies have found that during the Covid-19 outbreak, children and adolescents have developed higher anxiety and depression symptoms and sleep disturbances such as decreased sleep quality, increased sleep times, and later bedtime. This study showed that frequent exposure to information about Covid-19 via media tools and being girl had potential predictive effects on anxiety, depression and sleep disorders. These results showed that paying attention to children's exposure to information about covid 19 is important for the development of anxiety, depression and sleep disorders.

**Keywords:** COVID-19, Depressive-Anxiety symptoms, Media tools, Sleep problems

[Abstract:1087]

### 1087 - The effect of attachment styles on automatic thoughts and dysfunctional attitudes in young adult men

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#### ABSTRACT

**BACKGROUND AND AIM:**The individual's relationship with the mother/caregiver during infancy and childhood forms the basis of attachment styles in interpersonal relationships in adulthood. Early maladaptive schemas and cognitive schemas in this period may affect people's automatic thoughts (AT) and dysfunctional attitudes (DA). In this study, it was aimed to investigate the relationship between the attachment styles of young adult male individuals and AT and DA and how they affect it.

**METHODS:**The study included 566 male individuals aged 20-29 who were evaluated as "healthy" after the psychiatric examination, who applied to the Health Sciences University Sultan 2.Abdülhamid Han Training and Research Hospital Psychiatry Outpatient Clinic. Written informed consent was obtained from the participants, and a sociodemographic data form questioning their age, education, marital, occupational, and economic status was filled. The Relationship Questionnaire, ATs (negative thoughts towards oneself-NTTO, confusion/escape fantasie-CEF, personal maladjustment and desires for change-PMDC, Loneliness/isolation-LI, hopelessness-H), and DAs (perfectionism-P, need for approval-NA, Autonomous/attitude-AA, Tentativeness-T) scales were administered to the participants. Ethics committee approval of the study was obtained from Haydarpaşa Training and Research Hospital Ethics Committee with the date of 12.06.2017 and number 469.

**RESULTS:**It shows that young adult males with secure attachment have significantly lower levels of NTTO, PMDC, T while those with fearful attachment have significantly higher LI, P and NA. NTTO, CEF, PMDC, LI, P, and NA were found to be significantly higher in the dismissive and preoccupied, while the AA of the dismissive and H levels of the preoccupied attached were also higher.

**CONCLUSIONS:**This study revealed the relationship between automatic thoughts and dysfunctional attitudes and secure and insecure attachment styles in young adult males. It was observed that the automatic thoughts and dysfunctional attitudes were less in young adult males with secure attachment and more in those with insecure (dismissive, fearful and preoccupied) attachments.

**Keywords:** Young adult, automatic thoughts, dysfunctional attitudes, secure attachment, insecure attachment.

[Abstract:1088]

### 1088 - Investigation of misophonia and related personality traits

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#### ABSTRACT

**BACKGROUND AND AIM:**Misophonia is a phenomenon characterized by avoidance or impulsive responses intertwined with feelings of restlessness, anger, and disgust when confronted with certain sounds. Although there are studies that emphasize misophonia as a separate

clinical condition, it is still not included in any psychiatric classification. In addition, personality traits accompanying misophonia have been less studied. The aim of this study is to investigate whether there are specific personality traits accompanying misophonia.

**METHODS:**This study, which was carried out on a population sample, was carried out with an online questionnaire. The sociodemographic data form, the Amsterdam Misophonia Scale-Revised Form and the Quick Big Five Personality Scale were prepared by uploading to Soscisurvey and shared on various social media platforms. The data obtained within the scope of the research were analyzed using the SPSS 24.0 (Statistical Package of Social Science) program.

**RESULTS:**A total of 374 people, 154 (41.2%) women and 220 (58.8%) men, aged between 15-45 ( $27.28 \pm 8.631$ ) participated in the present study. When the difference in the total score of the scale according to the variables of gender, education status and economic income was analyzed and it was seen that there was no significant difference ( $p>0.05$ ). In addition, the relationship between total score of the scale and age was evaluated with Pearson's correlation analysis and no significant results were obtained ( $p>0.05$ ). In addition, the relationships between the scales and sub-dimension scores were examined with Pearson's correlation analysis and it was found that there was a significant relationship only with the emotional balance (neuroticism) sub-dimension.

**CONCLUSIONS:**There are data that misophonia is more common in perfectionist and neurotic individuals. In our study, when the relationship between the scale score and personality traits was examined, it was observed that there was a relationship only in the neuroticism sub-dimension.

**Keywords:** Misophonia, personality traits, neuroticism

[Abstract:1090]

### 1090 - The predictive role of mother's sociodemographic and psychopathological characteristics in the psychopathological symptoms seen in children of 0-7 years of age

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#### ABSTRACT

**BACKGROUND AND AIM:**Factors such as being raised in an at-risk family, temperamental child traits or maternal traits can potentially influence a child's later behaviour [1,2]. Studies on the relationship between child-parent psychopathology have generally evaluated parents' psychopathology for one specific symptom such as depression [3], anxiety [4]. This study aims to examine the relationship between parental psychopathology and early childhood psychopathology.

**METHODS:**Mothers of 184 children aged 0-7 years were included in the study. Brief Symptom Inventory (BSI), Child Depressive Symptoms Scale and demographic form were used to evaluate psychopathological relationship between mother and the child. Mother's age, education, income, work and marital status were included in the demographic form. Regression analysis were applied to investigate the causal effect of mother psychopathology and demographic features on psychopathological symptoms in children.

**RESULTS:**Mother's hostility score and her age predict destructive and aggressive behaviours in children  $F(176, 2) = 9.70$ ;  $p<0.001$  and explain 9% of the variance. Mother's obsessive-compulsive thoughts predict impulsivity and hyperactivity in children  $F(181, 1) = 16.97$ ;  $p<0.001$  and explain 8% of the variance. Mother's age, paranoid thoughts and somatic symptoms predict children's somatization  $F(175, 3) = 14.40$ ;  $p<0.001$  and explain 18% of the variance. Mother's income and psychotic thoughts predict deterioration in cognitive processes in children  $F(175, 3) = 18.62$ ;  $p<0.001$  and explain 23% of the variance. Mother's paranoid thoughts, income and education predict psychotic thoughts in children  $F(179, 3) = 15.21$ ;  $p<0.001$  and predict 19% of variance. Mother's somatization predict archaic thoughts also known as persecutive anxiety  $F(181, 1) = 26.84$ ;  $p<0.001$  and explain 12% of variance.

**CONCLUSIONS:**The association between preschool-aged psychopathological symptoms and mothers' psychopathological symptoms suggests the potential utility of early detection of, and treatment for, particularly for young children at increased familial risk for developing internalizing disorders.

**Keywords:** mother, child, risk factor, sociodemographic, psychopathology

## THE PREDICTIVE ROLE OF MOTHERS' SOCIODEMOGRAPHIC AND PSYCHOPATHOLOGICAL CHARACTERISTICS IN THE PSYCHOPATHOLOGICAL SYMPTOMS SEEN IN CHILDREN

Dependent Variable	Independent Variable(s)	$\beta$	t	p	F	p	R <sup>2</sup>
CDSS Destructiveness - Aggression	Mother's Age	0,19	2,63	0,01	9,70	0,00	0,09
	SI Hostility	0,27	3,79	0,00			
CDSS Impulsivity - Hyperactivity	Constant	13,94	20,80	0,00	16,97	0,00	0,08
	BSI Obsessive - Compulsive Thoughts	0,29	4,12	0,00			
CDSS Somatization	Mother's Age	0,21	3,04	0,00	14,41	0,00	0,18
	BSI Somatization	0,22	2,50	0,01			
	BSI Paranoid Thoughts	0,22	2,49	0,01			
CDSS Deterioration in Cognitive Processes	Constant	15,24	9,24	0,00	15,21	0,00	0,20
	Mother's Educaiton	0,23	3,11	0,00			
	Mother's Income	-0,35	-4,79	0,00			
	BSI Paranoid Thoughts	0,29	4,17	0,00			
CDSS Maladjustment to Objective Reality	Constant	15,24	9,24	0,00	15,21	0,00	0,20
	Mother's Educaiton	0,23	3,11	0,00			
	Mother's Income	-0,35	-4,79	0,00			
	BSI Paranoid Thoughts	0,29	4,17	0,00			
CDSS Early (Archaic) Anxieties	Constant	5,40	24,44	0,00	26,84	0,00	0,12
	BSI Somatization	0,36	5,18	0,00			

[Abstract:1091]

**1091 - An investigation of the relationship between childhood traumas and separation anxiety disorder for medical college students**Safiye Bahar Ölmez<sup>1</sup>, Enes Sarigedik<sup>2</sup><sup>1</sup>Department of Psychiatry, Kanuni Sultan Suleyman Training and Research Hospital, Istanbul, Turkey, <sup>2</sup>Department of Child and Adolescent Psychiatry, Duzce State Hospital, Duzce, Turkey**ABSTRACT**

**BACKGROUND AND AIM:**The separation anxiety disorder (SEPAD) was included in the section of anxiety disorders section of DSM-5. The aim of the present article is to investigate the prevalence of the SEPAD in students at a medical school. In addition, we aimed at investigating the relationships between SEPAD diagnosis and childhood trauma life experiences (CTLE) in the present population.

**METHODS:**The sample of this study consisted of 369 medical school students who are in first three years in a medical school in Turkey. The Structured Clinical Interview for Separation Anxiety Symptoms (SCI-SAS) was applied for all participants by researchers. After this interview, participants were asked to fill in the socio-demographic form, Separation Anxiety Symptoms Inventory, Adult Separation Anxiety Questionnaire, and Childhood Trauma Questionnaire (CTQ).The study has been approved by the Institutional Review Board (IRB) of Duzce University.

**RESULTS:**Regarding SEPAD based on SCI-SAS, the rate of those with significant childhood SEPAD is 14.9% (n: 55), the rate of those with adult SEPAD is 20.1% (n: 74) in the present study. A statistically significant difference was found in emotional abuse and sexual abuse sub-scores between participants who met childhood SEPAD criteria of SCI-SAS (n:55 14.9%) and those who did not (n:314 85.1%) (Z=-2.810, p=0.005, respectively; Z=-2.080), p=0.038). A statistically significant difference was found in physical abuse and sexual abuse sub-scores between participants who met adult SEPAD criteria of SCI-SAS (n:74 20.1%) and those who did not (n:314 85.1%) (Z=-2.524, p=0.012, respectively; Z=-2.068), p=0.039)

**CONCLUSIONS:**These data may contribute to the current debate whether CTLE may have a key role on progress of SEPAD. In addition, assessment of CTLE characteristics of individuals with SEPAD may have important therapeutical implications for them.

**Keywords:** childhood trauma, medical school, separation anxiety disorder, separation anxiety, traumatic life experiences



[Abstract:1095]

**1095 - Social cognition in patients with opioid use disorder**Nalan Varsak<sup>1</sup>, Mehmet Er<sup>2</sup>, Başak Demirel<sup>3</sup>, Mahmut Selçuk<sup>4</sup>, Hilal Uygur<sup>5</sup>, İbrahim Eren<sup>6</sup><sup>1</sup>Private Gebze Yüzyıl Hospital, Kocaeli, Turkey, <sup>2</sup>Private physician, İstanbul, Turkey, <sup>3</sup>Beyhekim State Hospital, Konya, Turkey<sup>4</sup>Balıkesir State Hospital, Balıkesir, Turkey, <sup>5</sup>Dr Ersin Arslan Education and Reseach Hospital, Gaziantep, Turkey, <sup>6</sup>Department of Psychiatry, Süleyman Demirel University, Isparta, Turkey**ABSTRACT****BACKGROUND AND AIM:**The aim of this study is to investigate whether there is impairment in basic aspects of social cognition such as facial emotion recognition and Theory of mind in patients with opioid use disorder compared to healthy individuals and to address this gap in the literature.**METHODS:**Ninety-three male patients between the ages of 18-45 who were diagnosed with opioid use disorder (OUD) according to DSM-V diagnostic criteria and forty age- and gender-matched participants as the control group participated in the study. Hamilton Depression Rating Scale, Hamilton Anxiety Rating Scale, The Facial Emotion Recognition Test and Reading the Mind in the Eyes Test were conducted.**RESULTS:**The total number of correct responses in the facial emotion recognition test was found to be  $34.24 \pm 4.47$  (21-43) in the OUD group and  $38.15 \pm 4.69$  (28-49) in the healthy group. When the groups were compared in terms of the total number of correct answers, a significant difference was found between them ( $t = -4.520$   $p < 0.001$ ). When the number of correct responses to facial expressions was compared, a significant difference was found between the groups in recognizing sadness, fear and anger ( $t = -3.638$   $p < 0.001$ ,  $t = -3.123$   $p = 0.002$ ,  $t = -3.621$   $p < 0.001$ ). Total number of correct answers in the Reading the Mind in the Eyes Test was found to be  $19.11 \pm 4.25$  (9-28) in the OUD group and  $22.35 \pm 3.45$  (17-31) in the healthy group. When the groups were compared in terms of total number of correct answers, there was a significant difference between the groups ( $t = -4.24$   $p < 0.001$ ).**CONCLUSIONS:**It appears that making arrangements to improve social cognition impairment in the treatment and rehabilitation programs of OUD is necessary for a better treatment success.**Keywords:** Facial Recognition, Theory of Mind, Opioid Use Disorder, Social Cognition**Table 1:** sociodemographic characteristics

	<b>OUD patients group(n=93)</b> mean±SD (range),n(%)	<b>Control group(n=40)</b> mean±SD (range),n(%)	
<b>Age</b>	24.32 ± 4.30 (18-42)	23.92±3.95 (18-31)	t= 0.501 p= 0.617
<b>Years of education</b>	9.27 ±2.44(5-14)	10.07±2.26 (5-14)	t =-1.75 p=0.081
<b>Marital status</b>	70(%75.3)	25(%62.5)	$\chi^2 = 8.5$ p= 0.035
<b>single</b>	16 (%17.2)	15(%37.5)	
<b>married</b>	5 (%5.4)	0(%0)	
<b>divorced</b>	2 (%2.2)	0(%0)	
<b>separate</b>			
<b>Employment status</b>	64(%68.8)	37(%92.5)	$\chi^2 = 12.5$ p=0.013
<b>Working regularly</b>	9(%9.7)	0(%0)	
<b>Working nonregular</b>	3(%3.2)	0(%0)	
<b>Not working for 6 months</b>	12(12.9)	0(%0)	
<b>Not working for 1 year</b>	5(%5.4)	3(%7.5)	
<b>student</b>			
<b>Age at onset of substance use</b>	17.20±3.33 (10-30)		
<b>Age at onset of opiate</b>	19.84±3.85 (13-32)		
<b>Length of opiate abuse(years)</b>	3.94±2.36(1-15)		
<b>Opioid maintenance treatment buprenorphine / naloxone dose(mg/day)</b>	3.92±1.46(0-6)		

\* p &lt;0.05 statistical significance level



**Table 2** Comparative statistical data of FERT correct answer numbers between groups

	<b>OOD patients group(n=93)</b> mean±SD (range),n(%)	<b>Control group(n=40)</b> mean±SD (range),n(%)	<b>p</b>
<b>Happy</b>	6,87±0.39	6.90±0.30	0.680
<b>Sad</b>	3.82±2.03	5.22±2.01	< 0.001*
<b>Fear</b>	1.80±1.59	2.87±2.23	0.002
<b>Anger</b>	4.38±1.82	5.55±1.35	<0.001*
<b>Surprised</b>	6.21±1.14	6.47±0.98	0.212
<b>Disgust</b>	5.40±1.78	4.80±2.13	0.092
<b>Nötr</b>	6.03±1.67	6.42±0.87	0.164

\*  $p < 0.05$  statistical significance level

**Table 3.** The comparison of the RMET total number of correct answers

	<b>OOD patients group(n=93)</b> mean±SD (range),n(%)	<b>Control group(n=40)</b> mean±SD (range),n(%)	<b>p</b>
<b>RMET total score</b>	19,11 ± 4.25 (9-28)	22.35±3.45(17-31)	$p < 0.001^*$

\*  $p < 0.05$  statistical significance level

**Table 4.** Determinative Variables in the Generalized Linear Regression Model, where the Facial Emotion Recognition Test and the Mind Reading Test from the Eyes are taken as Dependent Variables

		<b>FERT total score</b>	<b>RMET total score</b>
<b>OOD patients group</b>	B	-3.988	-2.828 0.001
	p	<0.001	
<b>Years of education</b>	B	0.181	0.395 0.005
	p	0.311	
<b>HDRS</b>	B	0.269	-0.128 0.507
	p	0.222	
<b>HAM-A</b>	B	-0.180	0.089 0.659
	p	0.438	

[Abstract:1100]

## 1100 - The relationship between chronic pain, catastrophizing, and intolerance of uncertainty

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### ABSTRACT

**BACKGROUND AND AIM:** The significant co-occurrence of clinical pain and anxiety symptoms suggests that these conditions may be related to each other. Understanding the psychological factors associated with chronic pain will be helpful in providing a multidisciplinary approach to this patient group. For this purpose, our hypothesis is that there will be a positive relationship between chronic pain severity, pain catastrophe and intolerance to uncertainty.

**METHODS:** Patients who applied to the Physical Therapy and Rehabilitation Clinic as an outpatient and had pain lasting more than 3 months were included in the study. All participants were given a sociodemographic data form, visual analog scale (VAS), pain catastrophizing index (PCI), and intolerance of uncertainty scale (IUS).

**RESULTS:** A significant positive correlation was found between VAS and PCI ( $r=.425$ ,  $p<.001$ ). In addition, we found significant correlations between PCI and P-IU ( $r=.379$ ,  $p<.001$ ) and I-IU ( $r=.407$ ,  $p<.001$ ) Finally, simple linear regression analysis was applied to evaluate the predictive factors of VAS. According to the analysis results, it was determined that PCI predicted VAS ( $\beta=.465$ ).

**CONCLUSIONS:** In the light of our findings, we think that psychological factors may be important in the patient group with chronic pain. It will be beneficial to apply a multidisciplinary approach in the treatment process of this patient group.

**Keywords:** anxiety, catastrophization, chronic pain, cognition, uncertainty

**Table-1:** Demographic Data and Scale Scores

<b>Gender N (%)</b>	<b>Female</b>	<b>75 (79.8%)</b>
	<b>Male</b>	<b>19 (20.2%)</b>
<b>Age (mean ± SD)</b>		45.34 (± 12.74)
<b>BMI (mean ± SD)</b>		27.70 (± 4.09)
<b>Education year (mean ± SD)</b>		7.94 (± 3.85)
<b>Duration of pain (mean ± SD)</b>		15.61 (± 23.25)
<b>VAS (mean ± SD)</b>		6.56 (± 1.36)
<b>PCI (mean ± SD)</b>		23.02 (± 10.74)
<b>P-IU (mean ± SD)</b>		22.21 (± 6.33)
<b>I-IU (mean ± SD)</b>		10.46 (± 5.22)

BMI: Body Mass Index, VAS: Visual Analog Scale, BMI: Body Mass Index, P-IU: Prospective Intolerance of Uncertainty, I-IU: Inhibitory Intolerance of Uncertainty

**Table-2:** Pearson correlation to assess correlation between scales

		VAS	PCI	P-IU	I-IU
VAS	r	1	.425**	.191	.146
PCI	r	.425**	1	.379**	.407**
P-IU	r	.191	.379**	1	.536**
I-IU	r	.146	.407**	.536**	1

VAS: Visual Analog Scale, BMI: Body Mass Index, P-IU: Prospective Intolerance of Uncertainty, I-IU: Inhibitory Intolerance of Uncertainty

**Table-3:** Simple linear regression analysis to identify predictors of VAS

VAS	Adj R2	B	SE	B (Beta)	t	p
	.153					
<b>(Constant)</b>		6.066	1.103		5.497	.000*
<b>Gender</b>		-.461	.343	-.137	-1.345	.182
<b>Age</b>		-.009	.011	-.088	-.821	.414
<b>BMI</b>		-.006	.035	-.019	-.186	.853
<b>PCI</b>		.059	.014	.465	4.085	.000*
<b>P-IU</b>		.008	.025	.040	.337	.737
<b>I-IU</b>		-.033	.033	-.127	-1.010	.315

Adj R2: Adjusted R Square, VAS: Visual Analog Scale, BMI: Body Mass Index, P-IU: Prospective Intolerance of Uncertainty, I-IU: Inhibitory Intolerance of Uncertainty

[Abstract:1107]

## 1107 - Comparison of childhood trauma in obsessive compulsive disorder patients with and without contamination obsessions

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### ABSTRACT

**BACKGROUND AND AIM:** Obsessive Compulsive Disorder (OCD) is a mental disorder characterized by obsessions and compulsions. The effect of the differences in obsession on the development, treatment and follow-up of OCD is still unclear. There are studies suggesting that childhood traumas (CDT) play a role in the etiology of OCD. In the literature, there is no study investigating CDT in OCD patients with contamination obsessions, which is a common type of obsession. The aim of this study is to compare the CDT of OCD patients with and without contamination obsessions.

**METHODS:** The sample of this study consists of consecutive OCD patients admitted to our hospital for outpatient or inpatient treatment. Socio-demographic data form and Yale-Brown Obsession Compulsion Scale (Y-BOCS) were applied to the volunteer participants who met the criteria for participation in the study. Afterwards, they were asked to complete the Childhood Trauma Questionnaire (CTQ)

**RESULTS:** The mean age of the OCD patients included in the study was 31.31±10.56 years and 43.5% were women. Statistically significant difference was found between the genders in comparison of the two groups with and without contamination obsession ( $p < 0.05$ ). In addition, a

statistically significant difference was found between Y-BOCS total, obsession and compulsion scores in the comparison of the two groups ( $P<0.05$ ). According to the hypothesis of the study, only the sexual abuse score was statistically different in the comparison of the CTQ scores of the two groups ( $p=0.007$ ). However, there was no statistically significant difference between emotional abuse, emotional neglect, physical neglect, physical abuse and total scores ( $p>0.05$ ).

**CONCLUSIONS:** In our study, it was found that OCD patients with contamination obsession had higher sexual abuse scores in OCD patients without contamination obsession. We believe that the results of the study can be a guide for the elucidation, follow-up and treatment of OCD patients.

**Keywords:** Childhood trauma, contamination, obsession, obsessive-compulsive disorder (OCD), sexual trauma.

**Table 1:** Comparison of socio-demographic and clinical parameters between obsessive compulsive disorder with and without contamination obsession

Variable	OCD with contamination obsession n:71	OCD without contamination obsession n:136	X <sup>2</sup> /t value	p value
Age (years) (mean±SD)	31.85 ± 10.54	31.03 ± 10.63	0.526	0.599
Gender(n(%))			25.599	<0.001
Female	48 (67.6)	42 (30.9)		
Male	23 (32.4)	94 (69.1)		
Marital Status (n(%))			3.093	0.079
Single/divorced	37 (52.1)	88 (64.7)		
Married/relationship	34 (47.9)	48 (35.3)		
Occupation (n(%))			0.008	0.930
Unemployed	37 (52.1)	70 (51.6)		
Employed	34 (47.9)	66 (48.5)		
Y-BOCS (mean±SD)				
Total Score	25.73±5.22	20.38±7.30	6.201	<0.001
Obsession Subscale Score	12.66±3.35	11.25±4.87	2.449	0.015
Compulsion Subscale Score	13.04±3.07	9.00±4.81	7.342	<0.001
CTQ (mean±SD)				
Emotional Abuse	8.25±3.78	7.56±3.08	1.334	0.185
Emotional Neglect	11.56±4.57	11.35±4.66	0.312	0.756
Physical Abuse	5.39±1.15	5.71±1.33	1.747	0.083
Physical Neglect	6.82±1.62	7.34±2.22	1.921	0.056
Sexual Abuse	5.39±1.24	6.06±2.23	2.742	0.007
Total	37.42±9.70	38.01±9.04	0.427	0.670

CTQ:Childhood Trauma Questionnaire; OCD: Obsessive compulsive disorder; Y-BOCS:Yale-Brown obsessive compulsive scale.

[Abstract:1108]

## 1108 - Relationship between family accommodation, dissociation and anxiety sensitivity in obsessive-compulsive disorder

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### ABSTRACT

**BACKGROUND AND AIM:** This study was conducted to reveal the relationship between family accommodation, dissociation, and anxiety sensitivity in patients diagnosed with OCD.

**METHODS:** The sample of the study was consisted of patients with Obsessive-Compulsive Disorder according to the DSM-5 diagnostic criteria and admitted to the Psychiatric Outpatient Clinic of a Training and Research Hospital between January and June 2021. The study was completed with 105 individuals, including 62 patients and 43 individuals in the control group, without any sample selection. The Socio-Demographic Questionnaire developed by the researchers, Yale-Brown Obsessive-Compulsive Scale (Y-BOCS), Family Accommodation Scale (FAS), Anxiety Sensitivity Index-3 (ASI-3), and the Van Obsessional Dissociation Questionnaire (VOD-Q) were used for data collection.

**RESULTS:** It was found that both ASI-3 and VOD-Q total and sub-scale scores of the patients participating in the study were high compared to healthy controls with a statistically significant difference ( $p<0.05$ ). A low-level relationship was found between Y-BOCS and ASI-3, and a

moderately significant and positive relationship was found between the FAS total score and COD-Q total and sub-scale scores.

**CONCLUSIONS:** Studies have shown that both family accommodation and anxiety sensitivity are high in patients diagnosed with OCD, and this negatively affects the course of OCD and the severity of symptoms. Similarly, in the literature, it has been emphasized that the level of dissociation of patients with high severity of obsessive-compulsive symptoms is also high. Looking at the literature, there was no study that investigates the relationship between family accommodation, dissociation, and anxiety sensitivity in OCD. In our study, it was found that there was a significant relationship between obsessive-compulsive symptom levels and anxiety sensitivity, family accommodation, and obsessive-dissociation levels in the patient group. It is believed that this study will contribute to the literature in terms of better understanding and treatment of OCD.

**Keywords:** Obsessive-Compulsive Disorder, Family Accommodation, Dissociation, Anxiety Sensitivity,

[Abstract:1111]

### 1111 - Sociodemographic characteristics, anxiety, depression levels and emotional and behavioral problems in hospitalized covid-19 (+) children and adolescents

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#### ABSTRACT

**BACKGROUND AND AIM:** This study aimed to investigate the sociodemographic characteristics, anxiety and depression levels, and emotional and behavioral problems of children who were treated in COVID Pediatrics service.

**METHODS:** In study, 50 COVID-19(+) children who were hospitalized in COVID-19 Pediatrics Service were included in the patient group and 50 healthy children were included in the control group. The Sociodemographic Data Form, RCADS and SDQ was applied to all participants and their parents.

**RESULTS:** The rate of pre-pandemic psychiatric admissions in the patient group ( $p < 0.05$ ) were significantly higher than in the control group. There was no significant difference between the patient and control groups in terms of anxiety and depression levels ( $p > 0.05$ ). Although the level of behavioral problems of the patient group was significantly lower than the control group ( $p < 0.05$ ), there was no significant difference between the groups in emotional problems, attention deficits, hyperactivity, and peer problems ( $p > 0.05$ ). When the patient group was classified according to age, the percentage of those who had a companion was higher in the age group of 7-11-years ( $p < 0.05$ ). In the patient group, the separation anxiety level was found to be significantly higher in the 7-11-year-old group than in the 12-18-year-old group ( $p < 0.05$ ). Although the separation anxiety score was significantly higher in patients with a companion than in those without a companion ( $p < 0.05$ ), no significant difference was found between the mother and other companions in terms of scale scores ( $p > 0.05$ ).

**CONCLUSIONS:** In our study, although no significant difference was found between the patient and control groups in anxiety, depression levels and emotional problems, it was shown that hospitalization with a diagnosis of COVID-19 may have effects in different areas depending on the age group. During follow-up, special attention should be paid to the fact that the period before adolescence may increase separation anxiety, that the need for a companion may be greater during this period, and that the risk of depressive disorder may increase with the period of adolescence.

**Keywords:** COVID-19, hospitalized children, anxiety, depression, sociodemographic characteristics

[Abstract:1121]

### 1121 - Evaluating compliance to stimulants in adults with attention deficit and hyperactivity disorder

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#### ABSTRACT

**BACKGROUND AND AIM:** Attention deficit hyperactivity disorder (ADHD) has several negative psychosocial outcomes including poor work performance, academic failure, problems in social relationships, and criminality. However, it is among the most treatable mental disorders given the safety and efficacy of stimulants. We aimed to explore compliance levels to methylphenidate and associated sociodemographic factors in adults with ADHD.

**METHODS:**Patients with ADHD who have been following up in a single-center outpatient psychiatry clinic of a university hospital were included in the study. Diagnoses were established according to the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5) during a face-to-face clinical interview. Sociodemographic data form and Morisky medication adherence scale were utilized.

**RESULTS:**Among 64 patients (36 males, 28 females) (mean age  $\pm$  SD = 25.2  $\pm$  6.8) with ADHD, 19 (29.7 %) and 29 (45.3%) patients showed high and medium adherence to methylphenidate respectively. However, 16 (25 %) had low adherence. Men and women did not significantly differ in compliance levels to stimulants ( $X^2(2) = 1.639$ ,  $p = 0.441$ ). Compliance was not found to be related to education, marital and economic status, living conditions, smoking. The number of patients who consume alcohol tends to be higher in the low adherent group although not reaching statistical significance.

**CONCLUSIONS:**One-fourth of adult patients with ADHD had low adherence to methylphenidate. Men and women did not differ in adherence levels. No significant difference has been observed in the mean ages between the three adherence groups. Our results were in line with some earlier studies on treatment adherence in ADHD but not with others that showed adherence was higher in females and younger patients. The reason for these discrepancies could be that the studies with contrary results have recruited both children and adolescents. Longitudinal multicenter studies are needed to draw conclusions on the factors affecting compliance in ADHD.

**Keywords:** attention deficit and hyperactivity disorder, drugs/medication, pharmacology, treatment compliance, treatment adherence, demographic

[Abstract:1122]

### 1122 - Sodium-glucose co-transporter inhibitor dapagliflozin enhanced cognitive deficits in diabetes mellitus-induced alzheimer's disease rat model

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#### ABSTRACT

**BACKGROUND AND AIM:**There is a rising interest in clarifying the role of insulin resistance, hyperinsulinemia and diabetes mellitus (DM) in the cognitive impairment, neuronal cytoskeletal lesions and amyloid-beta ( $A\beta$ ) accumulation in the brain associated with Alzheimer's disease (AD) [1,2]. AD and DM are very similar pathologies, and various drugs from both groups may be effective in another [3,4]. The effects of sodium-glucose co-transporter (SGLT)2 inhibitors are unknown on AD treatment. Studies with dapagliflozin have shown that these drug improve cognitive function [5]. However, it was reported that dapagliflozin may act as a potent dual inhibitor of SGLT2 and acetylcholinesterase. In this project, we intended that effects of dapagliflozin was investigated and compared with non-selective SGLT inhibitor phlorizin and FDA-approved Alzheimer drug rivastigmine in the DM-induced AD model.

**METHODS:**All animal experiments were carried out with the approval of Marmara University Animal Experiments Local Ethics Committee (permission number: 86.2017.mar). Sprague-Dawley rats (300-350 g) were divided into 5 groups: Vehicle-control, Alzheimer, Dapagliflozin, Phlorizin, and Rivastigmine groups. During the experiment, locomotor activities were assessed by open field test (OFT); cognitive deficits were assessed by the new object recognition (NORT) and Morris's water maze (MWM) tests. Biochemical analyzes were measured in cerebral cortex by ELISA. Results were analyzed by one-way and two-way ANOVA followed by the Bonferroni method. This study was supported by Marmara University Scientific Research Projects Committee (project number: SAG-C-DRP-110718-0445).

**RESULTS:**In OFT, there was no differences on number of squares passed, rearing and grooming of rats. In NORT and MWM, dapagliflozin have been shown to significantly improve deficits compared to the Alzheimer's group. In ELISA tests, dapagliflozin enhanced level of  $A\beta$  1-42, SGLT-2, phospho-tau, and glycogen synthase kinase-3 $\beta$  in cortex.

**CONCLUSIONS:**We have found that dapagliflozin improved cognitive functions and biochemical parameters in diabetes induced AD rats.

**Keywords:** Alzheimer's disease, Dapagliflozin, Phlorizin, Rivastigmin, Diabetes mellitus.

[Abstract:1123]

### 1123 - Investigation of the relationship between post-traumatic growth and psychological resilience and early maladaptive schemas in breast cancer patients

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#### ABSTRACT

**BACKGROUND AND AIM:**Breast cancer is the most common type of cancer diagnosed in women. Literature shows depression, anxiety and post-traumatic stress disorder (PTSD) symptoms are the most common psychiatric symptoms on breast cancer patients. In recent years, the post-traumatic growth process in cancer patients has been increasingly investigated. One of the concepts that predicts how a person will cope with stressful situations is psychological resilience/resilience. The aim of this study is to examine the relationship between early maladaptive schemas and psychopathology, post-traumatic growth and psychological resilience in patients with breast cancer.

**METHODS:**74 female patients with breast cancer who applied to the Diskapi Yildirim Beyazit Training and Research Hospital, between May and July 2021 were evaluated. In the study, sociodemographic data form, the post-traumatic growth inventory, the Connor-Davidson resilience scale, the Hospital anxiety and depression scale, the Young schema scale-Short Form-3 and the PTSD Checklist for DSM-5 were used. Independent groups t test and the Pearson correlation test were used for statistical analysis. A p value of <0.05 was considered statistically significant.

**RESULTS:**Positive correlations were found between psychopathology and all schema areas, except the impaired limits domain. It was found that there is a significant negative correlation between psychological resilience and emotional deprivation, negativity/pessimism, emotional inhibition, dependence/incompetence, abandonment, vulnerability to harm schemas and impaired autonomy&performance, and disconnection&rejection schema domains. In addition, a significant negative correlation was found between post-traumatic growth and emotional deprivation and disconnection&rejection schema domain. As expected, a positive significant correlation was found between psychological resilience and post-traumatic growth ( $p<0.05$ ).

**CONCLUSIONS:**Our study revealed the relationship between psychological resilience and post-traumatic growth in breast cancer patients. In addition, the findings of this study will shed light on the relationship between early maladaptive schemas and psychological resilience and post-traumatic growth.

**Keywords:** breast cancer, posttraumatic growth, resilience, schema therapy,

[Abstract:1124]

### 1124 - Relationship between dissociation and self-injury in adolescents with sexual abuse history

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#### ABSTRACT

**BACKGROUND AND AIM:**Dissociative symptoms, characteristics of perpetrator and characteristics of sexual abuse can be seen as factors which must be considered when determining risky situations in terms of suicide and non-suicidal self injury (NSSI). However, the findings based on studies examining adolescents with a history of childhood sexual abuse need to be investigated further. Therefore, in this study, it is planned to investigate suicidality and NSSI in adolescent girls who had sexually abused in relation with dissociative symptoms, properties of event and perpetrator.

**METHODS:**Detailed psychiatric interviews with the participants were conducted by a child psychiatrist experienced in forensic psychiatric cases. Data about trauma and perpetrator were collected. History of suicide attempts and self injury were evaluated. Dissociative symptoms were measured by Adolescent Dissociative Experiences Scale and Child Dissociative Checklist.

**RESULTS:**While no correlation was found between CDC ( $p:0.068$ ) and A-DES ( $p:0.060$ ) total scores and suicide attempt, CDC ( $p<0.001$ ) and A-DES ( $p:0.001$ ) total scores were higher in those with NSSI. Suicide attempt and NSSI were more frequent in those with genital touching (respectively  $p:0.003$ ;  $p:0.048$ ). It was determined that presence of psychiatric treatment (OR: 9,092 95%CL: 1,523-54.290) and NSSI (OR: 8,177 95%CL: 2,012-33.233) increased the risk for presence of suicide attempt. It was determined that CDC total scores (OR:1,276%95CL: 1,066-1,528) and presence of suicide attempt (OR: 8,097 %95CL: 1,962-33,422) increased the risk for presence of NSSI.



**CONCLUSIONS:** Dissociative symptoms were found as predictive factor for NSSI, but not significantly associated with suicidality in sexually abused adolescents. Suicide attempt and NSSI were found to be predictive of each other and self harm behaviors can be considered to be repetitive. Also, except for genital touching, it was determined that the characteristics of the perpetrator and the event were not related to suicide or NSSI.

**Keywords:** child, adolescent, sexual abuse, dissociation, suicide, self injury

Distribution of CDC and A-DES total scores according to the presence of suicide attempt and NSSI in the study group

	Suicidal Attempt: Yes	Suicidal Attempt: Yes	Suicidal Attempt: Yes	Suicidal Attempt: No	Suicidal Attempt: No	Suicidal Attempt: No		NSSI: Yes	NSSI: Yes	NSSI: Yes	NSSI: No	NSSI: No	NSSI: No	
	Median	IQR 25	IQR 75	Median	IQR 25	IQR 75	p	Median	IQR 25	IQR 75	Median	IQR 25	IQR 75	p
<b>CDC total</b>	9	6	13	5	2.00	11	0.07	9	8	13.00	4	2	9	<0,001
<b>A-DES total</b>	66	27	115	53	16	69	0.06	69	53	115	26	10	69	0,001

A-DES: Adolescent Dissociative Experiences Scale, CDC: Child Dissociative Checklist, NSSI: Non-suicidal self-injury, IQR: Inter Quantile Range

Variables affecting the presence of NSSI in logistic regression analysis

	B	S.E.	p	OR	%95 CI
<b>History of psychiatric treatment (ref:no)</b>	-1,154	,858	,178	3,171	0,591-17,030
<b>CDC total</b>	-,244	,092	,008	1,276	1,066-1,528
<b>A-DES total</b>	-,002	,008	,837	,998	0,983-1,014
<b>Genital touching (ref:no)</b>	-,565	,739	,444	1,790	0,413-7,497
<b>Suicide attempt (ref:no)</b>	2,092	,723	,004	8,097	1,962-33,422

CI, confidence interval; OR, odd's ratio; SE, standard error. Model dependent variable: NSSI, Model content: History of psychiatric treatment, CDC total score, A-DES total score, Genital touching, Suicide attempt. A-DES: Adolescent Dissociative Experiences Scale, CDC: Child Dissociative Checklist, NSSI: Non-suicidal self-injury

Variables affecting the presence of suicide attempt in logistic regression analysis

	B	S.E.	p	OR	%95 CI
<b>History of psychiatric treatment (ref:no)</b>	2,207	,912	,015	9,092	1,523-54,290
<b>CDC total</b>	,073	,095	,439	,929	0,772-1,119
<b>A-DES total</b>	-,004	,008	,645	1,004	0,988-1,020
<b>Genital touching (ref:no)</b>	-,469	,713	,511	1,598	0,395-6,464
<b>NSSI (ref:no)</b>	2,101	,715	,003	8,177	2,012-33,233

CI, confidence interval; OR, odd's ratio; SE, standard error. Model dependent variable: suicide attempt, Model content: History of psychiatric treatment, CDC total score, A-DES total score, Genital touching, NSSI. A-DES: Adolescent Dissociative Experiences Scale, CDC: Child Dissociative Checklist, NSSI: Non-suicidal self-injury

[Abstract:1125]

## 1125 - Initial findings of a study conducted with a group of children with special needs who received distance education

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### ABSTRACT

**BACKGROUND AND AIM:** Although the amount of struggle varies, children with special needs usually have serious difficulties with communication, talking, explaining their thoughts, planning, response and transference. These struggles that children with special needs go through also make online education harder. In this study, we aimed to evaluate the suitability of children with special needs for online education. **METHODS:** Between the end of March 2020 and June 2020 when rehabilitation centers were closed, the results of the personal distanced (online) education conducted in a special education facility were analyzed with questionnaire prepared by the study team. **RESULTS:** The study was conducted with 11 educators, 7 of which are men and 4 women. 3 of these teachers have a bachelor's and 8 of them have a master's degree. Only 5 have experience with distanced (online) education. Of the 70 students in total, only 5 continued with online education. Before the online education the age of the students was between 3 and 18, 53% of which being between 12 and 17. The students



who continued their education online were mostly between 12 and 17 years old. The diagnoses of the children were as follows: Autism, developmental delay, mild mental retardation, ADHD, idiosyncratic learning difficulties and talking abnormalities. When Autistic children had the most difficulty switching to online education, children with idiosyncratic learning difficulties had the least. Of the children that decided to continue with online education, 56% scheduled for twice a week, 33% for once a week and the rest for once a month. For the most sufficient place of education 45% thought the drawing room, 36% childrens' room and 19% the living room. Teachers' views on the reasons for continuing and not continuing education were evaluated.

**CONCLUSIONS:** Education of children with special needs can be continued by taking individual precautions specific to the child and arranging the conditions.

**Keywords:** special education, online education, disability

[Abstract:1126]

### 1126 - Prevalence of maras powder use and relationship with sociodemographic characteristics and psychiatric diseases in a child and adolescent psychiatry outpatient clinic

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#### ABSTRACT

**BACKGROUND AND AIM:** The current study aimed to evaluate the frequency of Maras powder use, sociodemographic characteristics and comorbid psychiatric diagnoses in adolescents who applied to an outpatient clinic.

**METHODS:** This study included 152 males and 148 females adolescents aged 11-18 years, who were applied to child and adolescent psychiatry outpatient clinic. In our study group, KSADS-PL was performed and were asked to fill in The Maras Powder Questionnaire to evaluate their Maras powder usage status. Parents of the participants filled the Sociodemographic Information Form.

**RESULTS:** In our study, the frequency of Maras powder use was found to be 23.3%. The rate of Maras powder use in males was significantly higher than in females ( $p < 0.001$ ). The use of more than one substance ( $p < 0.001$ ) and the rate of Maras powder use in the family and in close friends ( $p < 0.001$ ) was found to be significantly higher in Maras powder users than the others. We found the rate of Maras powder use higher than previous population-based studies. The most common psychiatric disorders were ADHD, depression, conduct disorder and anxiety disorder, respectively. The rate of multiple psychiatric diseases in patients using Maras powder was significantly higher than the others ( $p < 0.001$ ).

**CONCLUSIONS:** The rates of Maras powder use in adolescents were evaluated according to psychiatric diagnoses in addition to sociodemographic characteristics. Unfortunately, there is no available data in the literature about Maras powder use and mental health status. Although the relationship between the use of Maras powder and sociodemographic characteristics has been defined by a few population-based studies, this is the first study to evaluate the psychopathology in Maras powder use. Questioning the use of Maras powder in psychiatry applications may be overlooked and may affect the results of psychiatric treatment. It is thought that our study may be beneficial in terms of questioning the use of Maras powder and determining the risk factors.

**Keywords:** Adolescent, Maras Powder, Smokeless Tobacco, Psychiatric Disorder, Sociodemographic Characteristics

[Abstract:1127]

### 1127 - Factors related to communicative and emotional problems in toddlers at risk for autism

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#### ABSTRACT

**BACKGROUND AND AIM:** Identifying environmental factors associated with neuro-developmental disorders is an important research area. The primary goal of this study is to examine pre- and postnatal risk factors and screen exposure associated with social emotional problems in toddlers.

**METHODS:** 46 children with autism, 60 with typical development, and 62 with developmental delay were evaluated. Socio-demographic form was filled and CARS (Childhood Autism Rating Scale) was rated by the clinician. BITSEA (Brief Infant Toddler Social Emotional Assessment) was filled by the mothers.

**RESULTS:** Mean age was 27,86±6,56 months. 47 (%28) of the children were girls and 121 (%72) of the were boys. Mean screen exposure (TV-phone-tablet) time was 4,89±3,70 hours. Screen exposure time was significantly correlated with CARS scores ( $p<0,001$ ). Birth weight and BITSEA competence score was significantly lower in children with autism ( $p=0,008$  and  $p=0,012$ , respectively). Screen Exposure time and BITSEA problem score was significantly higher in children with autism ( $p=0,001$  and  $p<0,0001$ , respectively).

**CONCLUSIONS:** When evaluating preschoolers with emotional and communicative problems, environmental factors such as screen exposure evaluation should be included.

**Keywords:** Preschooler, Autism, Screen Exposure, Emotional Problems

[Abstract:1129]

### 1129 - "Management of psychiatric treatments of individuals with bipolar disorder in the covid-19: a one-year evaluation in the pandemic"

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#### ABSTRACT

**BACKGROUND AND AIM:** In the pandemic, local and international associations have tried to create a consensus on approaches to individuals with mental disorders and suggestions have been made. Bipolar Disorder (BD) has far-reaching consequences that can affect individuals, their immediate environment, and society. For this reason, it is of great importance to evaluate how patients diagnosed with BD continue their treatment, which factors have negative effects on the course of the disease. In our study, it was aimed to determine how individuals with a diagnosis of BD meet their daily needs, continue their psychiatric follow-up in the first year of pandemic.

**METHODS:** Patients who were followed up the diagnoses of BD in Ankara City Hospital were included in the study. A 30-minute phone call was made by two experienced psychiatrists, and a sociodemographic data form questions prepared previously was asked between March 2021 – June 2021. A total of 267 patients diagnosed with BD were included.

**RESULTS:** 27.0% of the patients had a mood episode, 21.0% had a manic and 6.0% had a depressive episode during the one-year period of the pandemic. Those who used their psychiatric drugs regularly ( $p<0.001$ ) and those who went to regular outpatient clinic controls ( $p:0.021$ ) had a higher rate of episodes. The use of depot antipsychotics was not superior to non-use in terms of having a mood episode ( $p:0.947$ ). The use of multiple antipsychotics had no superiority over the use of a single antipsychotic ( $p:0.170$ ).

91.4% of the patients continued to use their medicines regularly, and 54.7% of them could take their medicines directly from the pharmacy. Only 7.9% of the patients were called for an online interview by the center where they were followed, and 74.5% wanted to continue their follow-up online with their psychiatrists.

**CONCLUSIONS:** Facilitating regulation of health services by government policies during the pandemic seems especially important in continuing drug treatment. It is recommended to include online interviews, which are highly demanded by patients, into this system.

**Keywords:** bipolar disorder, COVID-19, pandemic, treatment compliance

[Abstract:1131]

### 1131 - Evaluating formal thought disorders within children and adolescent inpatients using thought and language disorder scale: a preliminary report

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#### ABSTRACT

**BACKGROUND AND AIM:** Formal thought disorder (FTD) is defined as disruptions in thought, language and communications. The aim of this study is to evaluate psychometric properties of scales measuring FTD within child and adolescent inpatients.

**METHODS:** 56 inpatients (16.6±1.1, 50.0% female) with a psychotic (n = 28), depressive (n = 17), and manic (n = 11) episode were interviewed using the 30-item Thought and Language Disorder (TALD) scale, together with the Scale for the Assessment of Negative Symptoms (SANS), the Scale for the Assessment of Positive Symptoms (SAPS), the Young Mania Rating Scale (YMRS) and the Children's Depression Rating Scale (CDRS).

**RESULTS:** The TALD total score was correlated with the SAPS-FTD subscale score and YMRS total score ( $r=0.632$   $p<0.001$ ;  $r=0.585$   $p<0.001$ , respectively). Also, objective positive symptom subscale of TALD scores were correlated with the SAPS-FTD subscale score and the YMRS total score ( $r=0.773$   $p<0.001$ ;  $r=0.627$   $p<0.001$ , respectively). In addition, YMRS-item 6 (speech), YMRS-item 7 (thought and language) and the sum of item 6+item 7 also showed a high correlation with the SAPS FTD total score ( $r=0.73$  to  $0.82$ , all  $p$  values  $<0.001$ ). The sum of item 6 + item 7 was negatively correlated with the SANS-FTD total score ( $r = -0.28$ ,  $p=0.039$ ).

**CONCLUSIONS:** Results indicated a high convergence between TALD and SAPS for the assessment of FTD in youth. Specific items of YMRS also could be useful to detect FTD in children and adolescents.

**Keywords:** Psychosis; Thought disorder; mania, psychosis, children, adolescents.

[Abstract:1135]

### 1135 - Chronotype, epileptic seizures, psychopathology and the mother-child quality of life relationship in children with epilepsy

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#### ABSTRACT

**BACKGROUND AND AIM:** The aim of this study was to investigate the effects of chronotype on epileptic seizures, comorbid psychopathology and quality of life in both children with epilepsy and their mothers.

**METHODS:** The study was designed as a cross-sectional, non-drug clinical trial evaluating possible associations between psychometric rating scales and epilepsy and chronotypic variables. A total of 61 children between the ages of 7 and 12, who were followed up in the Pediatric Neurology Outpatient Clinic with the diagnosis of epilepsy for at least six months and were not diagnosed with any neurological metabolic, allergic, inflammatory and autoimmune diseases other than epilepsy, and their mothers 30 healthy children of similar age and gender, without any psychiatric diagnosis or complaint, and their mothers were included in the study.

**RESULTS:** Children with epilepsy had a higher total chronotype score than healthy controls ( $p = 0.039$ ). When the chronotypes were compared, no difference was found between the epilepsy-control group and generalized-partial epilepsy group. Clinical characteristics of epilepsy did not differ according to chronotypes. We found that evening type children with epilepsy had a higher rate of sleep disturbance ( $p = 0.001$ ) and their mothers had higher Beck Anxiety Inventory (BAI) ( $p = 0.021$ ) and Beck Depression Inventory (BDI) ( $p = 0.014$ ) scores. Chronotypic features could not be shown to a significant effect on the quality of life of children with epilepsy and their mothers.

**CONCLUSIONS:** In our study, the relationship between chronotype and epilepsy was emphasized. It was found that children with epilepsy tend to be more eveningness. Evening chronotype was found to be associated with sleep disturbance and increased mother's depression and anxiety symptom severity in children with epilepsy. Therefore, chronotypes should be determined when evaluating children with epilepsy. Light therapy, melatonin therapy and sleep hygiene should be included in the treatment plan for the evening type.

**Keywords:** Chronotype, Epilepsy, Quality of Life, Sleep Disorder

[Abstract:1137]

### 1137 - Food addiction and eating attitudes in adolescents seeking treatment for obesity: emphasis on gender differences

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#### ABSTRACT

**BACKGROUND AND AIM:** Obesity is an important public health issue both for adolescents and adults. In recent years, multidisciplinary approaches, including psychiatric support, have come to the fore in the treatment of obesity. In addition, food addiction and disordered eating

behaviours are the major psychiatric problems that have important effects on both the clinical manifestation and the response to treatment in individuals with obesity. This study aimed to investigate food addiction symptoms and eating attitudes among adolescents who are seeking treatment for obesity.

**METHODS:**This study included 126 adolescents between 11-18 years of age, 48 patients seeking treatment for obesity (BMI for age greater than 95 th percentile) and 78 adolescents (BMI for age under 85 th percentile). For all participants food addiction was assessed by using Yale Food Addiction Scale (YFAS), while disordered eating behaviours were evaluated with Eating Attitude Test-40 (EAT-40).

**RESULTS:**23 (47.9%) of the adolescents in obesity group met food addiction diagnosis according to diagnostic evaluation of YFAS; which was significantly higher than 4 (5.1%) of the adolescents in control group. Anxiety gaining weight was correlated with the withdrawal and impairment criteria of food addiction for obesity-boys, but there was not such a relationship for the obesity-girls. Dieting was correlated with continuous food consumption despite knowing negative consequences for obesity-girls; while it was correlated with giving-up important activities and hobbies for obesity-boys. For the girls social pressure was related with consumption of food in larger amount and for longer period than intended.

**CONCLUSIONS:**Comparing to control group, our findings has shown that the frequency of food addiction is significantly higher in adolescents who are seeking treatment for obesity. Gender differences in the correlates of food addiction symptoms and eating attitudes imply that different approaches might be needed for girls and boys in terms of psychological interventions among adolescents with obesity.

**Keywords:** adolescent, food addiction, gender, obesity

[Abstract:1138]

### 1138 - Impact of media violence elements on the mental health of university youth

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#### ABSTRACT

**BACKGROUND AND AIM:**When the media is handled with a broad sense, it contains intense violent elements in the publications such as television, computer / internet, newspaper, cinema, video.

In this study, we aimed to investigate the effects of violent news and programs, especially on television, on the incidents of violence in young people and how they affect the mental health of the individuals and discuss the measures that can be taken in order to prevent violence

**METHODS:**Face-to-face survey method was used as data collection technique. The questionnaires were applied to 200 healthy university students, randomly selected in the Harran University Campus. Participants' questionnaires were interpreted by calculating frequency and percentages in SPSS program. Then, the Chi-square test was used to test the relationships between gender and visual media behaviors. Thus, a scientific article was created with the test results obtained

**RESULTS:**When we assess the answers given by the participants in the question "Do you think that programs containing violent elements broadcast on TV are especially preferred?" 74.5% yes, and 25.5% no, have emerged. And when we assess the answers of the question "Do you think that the violence elements on TV broadcasts affect the behavior?" 92.5% answered yes, 7.5% no, have emerged.

**CONCLUSIONS:**Although various legal regulations are enforced, it seems that these are not deterring to publishers, and the same danger is growing. Therefore, it has become compulsory for Radio and Television Supreme Council to take more serious sanctions. Everyone, should be taught widely and effectively to understand the nature of the media while following the media. Especially when watching TV and internet, instead of accepting everything presented passively, it should be given the ability to act selectively, to have a critical eye, and to acquire the knowledge that many things presented in the media have a fictional quality.

**Keywords:** Media, Violence, Youth, Mental Health

[Abstract:1143]

**1143 - Investigation of the relationship between irritability levels and screen time of adolescents aged 11-15 in the covid-19 pandemic**

Uğur Tekin

*Bakirkoy Dr. Sadi Konuk Training & Research Hospital Istanbul***ABSTRACT**

**BACKGROUND AND AIM:**The precautions taken during the COVID-19 epidemic, such as quarantines, and the closure of schools, and online education, caused children and adolescents to spend more time in front of the screens. In this process, it is reported that children who have excessive access to screens, internet and social media for entertainment purposes may be at high risk for some harmful psychosocial consequences.

In this study, we aimed to examine the changes in the time spent in front of the screen for entertainment purposes and in the levels of irritability of young people during the pandemic process.

**METHODS:**91 healthy children were included in the study. Data were collected from the families of the children about the time they spent in front of the screen before and after the pandemic. Irritability levels were evaluated before and after the pandemic with the Parent report Ari-p scale.

**RESULTS:**Mobile device, TV and total screen usage averages during the pandemic were 3.34 ( $\pm 1.6$ ), 1.63 ( $\pm 1$ ) and 4.97 ( $\pm 2$ ) hours, respectively. There was a statistically significant difference in irritability levels before (mean= 2.05) and after (mean= 3.77) pandemic ( $p < .000$ ). When the relationship between the increase in mobile device use during the pandemic period and irritability levels was examined, a weak positive correlation was found that could be statistically significant ( $p = 0.054$ ,  $\rho = 0.203$ ).

**CONCLUSIONS:**Excessive screen and digital media use by children and adolescents during pandemic appears as a risk factor in terms of irritability. Digital devices may have some benefits, however it can also have some harmful consequences. Excessive screen time can reduce activities. Also it is shown that excessive screen time can contribute to obesity, attention problems, sleep disturbances, and school problems. Our results show that screen time and irritability are increased during pandemic.

**Keywords:** screen time, adolescent, pandemic, irritability

[Abstract:0423]

**0423 - Evaluation of the staging in bipolar disorder before and after follow up**

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*Department of Psychiatry, Selcuk University, Konya, Turkey***ABSTRACT**

**BACKGROUND AND AIM :**Bipolar disorder (BD) is a progressive mood disorder with recurrent mania and depression episodes. Staging models were proposed for BD to understand the onset, progression and outcome of the illness. In this study, we aimed to evaluate the progression of BD according to staging models for at least one year follow up period in our mood clinic.

**METHODS:**Medical records of 48 patients with BD followed in Mazhar Osman Mood Clinic (MOMC) of Selcuk University Medical Faculty for at least one year. Clinical and demographic features of the patients and stage of the disease were evaluated. Descriptive statistical evaluation was performed with SPSS.

**RESULTS:**Nearly half of the patients were male (n:25, 52%) and married (n:26, 54.2%). Majority of the patients were BD type-I (87.5%, n:42). The mean age was  $36.8 \pm 12.4$  years, age of the first onset of the illness was  $23.9 \pm 10.3$  years and disease duration was  $12.6 (\pm 8.5)$  years. Most of the patients was at the stage 3B at the time of admission to MOMC (%81.3, n:39). The mean follow-up period was 72 weeks in the mood clinic and after at least one year follow-up, significant proportion of the patients (%77 n:37) were at stage 3B while 6 patients had progressed to stage 3C.

**CONCLUSIONS:**In a study included 99 patients 5 years after onset of BD, 72% of patients progressed to stage 3, %21 progressed to stage 4. We usually follow advanced stage patients in the mood clinic and due to the progressive nature of the disease, it is seen that the stages of the patients progress.

**Keywords:** Bipolar, stage, progression

## Poster Research Presentations

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12<sup>th</sup> International Congress on Psychopharmacology &  
8<sup>th</sup> International Symposium on Child and Adolescent Psychopharmacology

[Abstract:0053]

**0053 - A retrospective assessment of the prevalence of anti-hiv positivity among substance users on probation programme**Selin Tanyeri, Ayşe Ender Altıntoprak*Department of Psychiatry, Ege University School of Medicine, İzmir, Turkey***ABSTRACT**

**BACKGROUND AND AIM:** Substance abuse and comorbid infectious diseases are important causes of morbidity and mortality. In areas where high prevalences of substance abuse are detected, the prevalences of viral infections such as HIV infection are increased. In Turkey, epidemiologic studies on substance abuse and infectious diseases are scarce. Probation programme is applied for the community based treatment of substance users. In this retrospective study it was primarily aimed to assess the prevalence of anti-HIV positivity among the population of substance users who were directed to the university clinic of addictology within probation programme. Secondly, it was aimed to assess whether there is a difference between intravenous and non-intravenous substance users.

**METHODS:** All of the substance abuse cases who were directed to the addictology clinic of the university hospital within probation programme between 2013-2017 were included in the study. The records of psychiatric interviews and routine test results of viral parameters on anti-HIV antibodies were assessed retrospectively. IBM SPSS Version 20.0 was used for the statistical analysis.

**RESULTS:** There were 4464 cases included in the study. 10 cases were detected positive for anti-HIV (0.2%). 17 out of 4464 cases were recorded as intravenous substance users and among those, one case was detected positive for anti-HIV (5.8%).

**CONCLUSIONS:** HIV prevalence among intravenous substance users is increased compared to the general population while among non-intravenous substance users the prevalence remained similar. Substance users, especially intravenous substance users should be monitored carefully and national data about different rates in different areas should be collected in purpose of developing preventive programmes.

**Keywords:** Substance Abuse, Probation Programme, HIV Infection

[Abstract:0058]

**0058 - The relationship between treatment adherence and sociodemographic characteristics of patients with opioid use disorder: a retrospective study**Ecem Erbatu, Ayşe Ender Altıntoprak*Department of Psychiatry, Ege University Faculty of Medicine, İzmir, Turkey***ABSTRACT**

**BACKGROUND AND AIM:** Illicit opioid use increases the risk of emergency department visits, substance overdoses, illegal activities and labor loss. It has negative medical and psychiatric consequences. In recent years, opioid use disorder rates have been increasing in our country. In this study, we examined the relationship between sociodemographic, clinical characteristics and treatment adherence of patients who were diagnosed with Opioid Use Disorder in Addiction Outpatient Center of Ege University Hospital.

**METHODS:** We have collected the data of 47 patients diagnosed with Opioid Use Disorder. Patient files were examined; data on sociodemographic characteristics, age of first substance use, age of opioid use, method of opioid use, comorbidities, family characteristics, urine toxicology results, treatments and treatment compliance were recorded. Continuous variables were compared with independent sample t-test and categorical variables were compared with chi-square test. P value was accepted as 0.05.

**RESULTS:** The mean age of the sample was 29.6. 85.1% of the sample was male. The mean age of first substance use was 16.7, first opioid use was 21.5, first admission to treatment was 24.9. 36.1% was married, 23.4% with children. 31.9% was unemployed. 51.1% did not comply with the treatment. 36.1% was intravenous users. A significant relationship was found between the duration of education, age of first substance use and treatment compliance. It was shown that treatment compliance increased as the duration of education increased and compliance with treatment decreased as the age of onset of substance decreased. There was no significant relationship between variables such as gender, marital status, opioid use method, comorbid diseases and treatment compliance.

**CONCLUSIONS:** The results are consistent with the data of studies examining the factors that led to discontinuation during oral maintenance therapy. Our study has shown that age and education duration of drug use affect treatment compliance. Unlike these studies, male gender and unemployment were not associated with non-compliance. Main problem in opioid use is the high relapse rates after abstinence. It may be possible to reduce these rates and prevent the negative consequences by understanding the features that may adversely affect the course of treatment.

**Keywords:** compliance, opioid, treatment



[Abstract:0214]

**0214 - The effect of early life stress on neurodevelopment in rats: involvement of microglial nlrp3 inflammasome pathway activation in prefrontal cortex**

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**ABSTRACT**

**BACKGROUND AND AIM:** Maternal separation (MS), an early-life stressful event, has been demonstrated to trigger neuropsychiatric disorders later in life, in particular depression and attention deficit hyperactivity disorder (ADHD). Recent work was designed to investigate involvement of neuroinflammation and inflammasome, an inducer of innate immune reaction, during neurodevelopment in MS model.

**METHODS:** Rats were divided into 3 groups as control, MS and MS+Imipramine (IMI). MS induced by separating the offspring from their mothers for 20 days/4 hours per day from the 2nd day after birth followed by social isolation period until postnatal day-23. Then behavioral tests such as forced swim test (FST), elevated plus maze (EPM) and open field tests (OFT) were performed. Prefrontal brain samples were collected for mRNA analysis of IL-1 $\beta$ , IL-6, TNF- $\alpha$ , nod-like receptor protein 3 (NLRP3) inflammasome and its components (ASC and caspase-1). Data were analyzed by ANOVA and Tukey's multiple comparison tests. Differences with  $p < 0.05$  were considered statistically significant.

**RESULTS:** Rats showed depressive-like symptoms in FST and EPM besides anxiety-/ADHD-like behaviour in EPM and OFT. Moreover, in MS model significantly higher protein levels of IL-1 $\beta$ , IL-6, TNF- $\alpha$  which were accompanied by higher NLRP3, ASC and caspase-1 mRNA levels compared to those of control group in prefrontal cortex. Although IMI treatment was effective on depressive-like and anxiety-/ADHD-like behaviours, and lowered levels of IL-1 $\beta$ , IL-6, TNF- $\alpha$ , it has no effect on expression of NLRP3 and its components.

**CONCLUSIONS:** MS is a neurodevelopmental model which is associated with depressive-like, anxiety-/ADHD-like state in rats. Preliminary findings of the study suggest that chronic early-life stress induced behavioral changes are related with NLRP3 inflammasome-mediated neuroinflammatory changes. Tricyclic antidepressants such as IMI has a limited therapeutic effect on this process which at least a part may explain resistance to treatment in clinic.

**Keywords:** Maternal separation, inflammation, nod-like receptor protein 3, rats

[Abstract:0297]

**0297 - Investigation of adora2a expression profile in patients with autism spectrum disorder**Hilal Akköprü<sup>1</sup>, Alper Alnak<sup>2</sup>, Mustafa Özçetin<sup>3</sup>, Ahmet Okay Çağlayan<sup>4</sup>, Murat Coşkun<sup>5</sup>

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**ABSTRACT**

**BACKGROUND AND AIM:** To evaluate the peripheral expression of *ADORA2A* in young subjects with ASD in comparison with healthy controls, and its relationship with clinical characteristics.

**METHODS:** This study included 93 children and adolescents with the diagnosis of ASD as the study group and 105 healthy age and gender matched controls. Blood samples were obtained from all participants and a Real-Time Quantitative PCR analysis was performed. Parent and clinician rated assessment instruments were used in order to assess and rate the severity of ASD and other emotional/behavioral problems.

**RESULTS:** The mean age of the study group was  $9.06 \pm 3.57$  and 86% were male ( $n=83$ ); whereas mean age of the control group was  $9.22 \pm 3.86$  and 86.7% were male ( $n=91$ ). No significant difference was found between the study groups in terms of age ( $p=0.763$ ) or gender ( $p=0.895$ ). We have found a higher level of peripheral expression of *ADORA2A* in children and adolescents with ASD when compared with healthy controls (fold change=1.33,  $p=0.001$ ). We also found a positive correlation with ASD severity ( $r=-0.216$ ;  $p=0.038$ ) and symptoms of stereotypic behavior ( $r=-0.207$ ,  $p=0.046$ ).

**CONCLUSIONS:** We have found a higher level of peripheral expression of *ADORA2A* in children and adolescents with ASD when compared with healthy controls. We also found a positive correlation with ASD severity and increased symptoms of stereotypic behavior. As the first case-control study of *ADORA2A* gene expression in children and adolescents with ASD, our study may provide a basis for future studies in this area.

**Keywords:** adenosine, ADORA2A, autism, expression, gene

[Abstract:0384]

**0384 - Effect of reboxetine treatment on the neuroanatomical and immunohistochemical changes in diabetes at spinal level**Nazlı Turan Yücel<sup>1</sup>, Umut İrfan Üçel<sup>2</sup>, Özgür Devrim Can<sup>1</sup>, Ümide Demir Özkay<sup>1</sup>, Emel Ulupınar<sup>3</sup><sup>1</sup>Department of Pharmacology, Anadolu University School of Pharmacy, Eskişehir, Turkey, <sup>2</sup>Vocational School of Health Services, Bayburt University, Bayburt, Turkey, <sup>3</sup>Department of Anatomy, Osmangazi University School of Medicine, Eskişehir, Turkey**ABSTRACT****BACKGROUND AND AIM:**Based on the beneficial effects of reboxetine on diabetes-induced neuropathic pain, possible effects of this drug on the soma areas of the DRG neurons and BDNF densities in the spinal dorsal horn of diabetic rats were investigated, in this study.**METHODS:**Male Sprague-Dawley rats (300-350 g) were used for the experiments. Diabetes was induced by a single dose of streptozotocin (50 mg/kg, *i.v.*). 4 weeks after, diabetic rats were treated with reboxetine (8 mg/kg/day, *p.o.*) for 14 days. Following the treatment, rats were perfused, and sections from DRGs and spinal cords of the animals at lumbar level were obtained. The cross-sections were examined under light microscopy. BDNF immunoreactivities, measured by the optical densities of the photomicrographs in the dorsal horn, and the soma areas of the toluidine-blue stained-DRG neurons were calculated by using ImageJ image processing and analysis program. The experimental protocol of this study was approved by the Eskişehir Osmangazi University Animal Experiments Local Ethics Committee.**RESULTS:**Histogram of DRG neuronal size distributions showed a shift toward smaller sizes in diabetic rats compared with non-diabetics; however, reboxetine treatment did not result in a significant change. Furthermore, BDNF densities increased in the diabetic rats and drug treatment seems to ameliorate these rises.**CONCLUSIONS:**Morphometric analyses in the DRGs indicate a development of neuronal/ganglionic atrophy in the diabetic rats. On the other hand, inefficiency of reboxetine may be due to the length of the administration period. Moreover, observed decrease in the BDNF densities with drug treatment in diabetic rats suggests that reboxetine ameliorates neuropathic pain through modulation of synaptic transmission in the spinal dorsal horn. Potential effects of reboxetine on BDNF-related further processes should be clarified with detailed studies.**Keywords:** BDNF, Diabetes, Dorsal root ganglion, Spinal dorsal horn, Reboxetine

[Abstract:0387]

**0387 - Autism awareness of trainee teachers**İlker Güneysu<sup>1</sup>, Seda Güneysu<sup>2</sup>, Sedat Batmaz<sup>1</sup>, Esmâ Akpınar Aslan<sup>1</sup><sup>1</sup>Department of Psychiatry, School of Medicine, Tokat Gaziosmanpaşa University, Tokat, Turkey, <sup>2</sup>Department of Child and Adolescent Psychiatry, Istanbul University Cerrahpaşa Department Medical Faculty, Istanbul, Turkey**ABSTRACT****BACKGROUND AND AIM:**Autism spectrum disorder (ASD) is a developmental disorder that manifests itself with difficulties in communication and speech at an early age and it affects all areas of life. Previous studies demonstrated that despite the parents' concerns about their children, there were significant delays in the diagnosis of ASD. The aim of this study was to investigate the level of awareness of trainee teachers about ASD.**METHODS:**In this study, the sample consisted of 176 trainee teachers in at the primary school teaching, preschool teaching and psychological counseling and guidance departments of Education Faculty of Gaziosmanpaşa University. Participants completed the Modified Checklist for Autism in Toddlers (M-CHAT) and a questionnaire about the general knowledge level about autism. We used the score of M-CHAT (total and critical items) and the level of general knowledge in our analyses.**RESULTS:**The mean age of the sample was 21.61 (1.68) years and included 121 women (68%). Over 80% of the participants reported that there were no individuals with an ASD diagnosis around them. The groups did not differ from each other on any of the scales. Over 70% of all participants successfully identified at-risk children according to the critical items of the M-CHAT. Female participants were scored slightly higher on the M-CHAT ( $p=0.01$ ). Interestingly, not being close to a child with ASD increased the successful identification of at-risk children according to the critical items of M-CHAT ( $p<0.05$ ). General knowledge about autism was weakly correlated with the M-CHAT scores ( $r=0.168$ ,  $p<0.05$ ). Only no contact with ASD individuals was associated with a better success rate of correct identification ( $OR=2.704$ ,  $p=0.034$ ).**CONCLUSIONS:**For early diagnosis and intervention of autism, it may be important to inform trainee teachers more about the clinical characteristics of the autism spectrum**Keywords:** Trainee teacher, autism spectrum disorder, early diagnosis, awareness

[Abstract:0402]

**0402 - Catecholaminergic and opioidergic systems mediate the acute antinociceptive effect of tofisopam in mice**Umur İrfan Üçel<sup>1</sup>, Nazlı Turan Yücel<sup>2</sup>, Ümide Demir Özkay<sup>2</sup>, Özgür Devrim Can<sup>2</sup><sup>1</sup>Vocational School of Health Services, Bayburt University, Bayburt, Turkey, <sup>2</sup>Department of Pharmacology, Anadolu University, Eskişehir, Turkey**ABSTRACT**

**BACKGROUND AND AIM:**Tofisopam is an anxiolytic drug, which does not cause sedative, amnesic, anticonvulsant or skeletal muscle relaxant effects, unlike classical 1,4-benzodiazepines. Therapeutic potential of this drug against pain has been investigated by our research group previously and antinociceptive activities induced by 50 and 100 mg/kg doses of tofisopam have been reported recently. In this present study we aimed to clarify the mode of action by examining the possible roles of opioidergic, catecholaminergic and serotonergic systems in the antinociceptive activity.

**METHODS:**Adult male Balb/c mice (30-35 g) were used for the studies. Antinociceptive activity was evaluated by hot-plate and tail-clip tests, which are known to be associated with central nociceptive transmission. Participations of opioidergic, catecholaminergic and serotonergic systems to the antinociceptive effect of tofisopam were examined by the pre-treatments of naloxone (a non-selective opioid receptor antagonist),  $\alpha$ -methyl-para-tyrosine methyl ester (an inhibitor of catecholamine synthesis) and *p*-chlorophenylalanine methyl ester (an inhibitor of serotonin synthesis), respectively. The experimental protocol of this study was approved by the Anadolu University Animal Experiments Local Ethics Committee.

**RESULTS:**In the tail-clip and hot-plate tests, 50 mg/kg tofisopam significantly increased the maximum possible effect percentage values, as expected. These antinociceptive effects were abolished by naloxone and AMPT pre-treatments, whereas PCPA administrations were ineffective.

**CONCLUSIONS:**Obtained results indicated that opioidergic and catecholaminergic systems participate in the centrally-mediated antinociceptive activities of tofisopam, administered at 50 mg/kg dose. However, this antinociceptive activity does not seem to be mediated by the serotonergic system. Although these findings provide some key information related to the mode of action, probable roles of opioidergic and catecholaminergic receptor subtypes in this antinociceptive action should also be clarified with further studies.

**Keywords:** Catecholaminergic system, hot-plate, opioidergic system, tail-clip, tofisopam

[Abstract:0407]

**0407 - Serotonergic system-mediated anxiolytic-like effects of myricetin**Betül Beste Topkara<sup>1</sup>, Nazlı Turan Yücel<sup>2</sup>, Ümmühan Kandemir<sup>1</sup>, Özgür Devrim Can<sup>2</sup>, Ümide Demir Özkay<sup>2</sup><sup>1</sup>Institute of Health Sciences, Anadolu University, Eskişehir, Turkey, <sup>2</sup>Department of Pharmacology, Anadolu University, Eskişehir, Turkey**ABSTRACT**

**BACKGROUND AND AIM:**Myricetin is a dietary flavonoid, which is abundant in vegetables, berries, tea, fruits, and wines. Based on the potential of myricetin on the central nervous system, we aimed to examine the promising anxiolytic-like effect of this flavonoid with possible underlying pharmacological mechanisms.

**METHODS:**Male Balb/c mice of the same age were used for the experiments. Anxiolytic-like activity potential of myricetin (15 and 30 mg/kg) was evaluated in mice using hole-board and plus-maze tests.  $\alpha$ -Methyl-para-tyrosine methyl ester (AMPT, an inhibitor of catecholamine synthesis; 100 mg/kg *i.p.*) and *p*-chlorophenylalanine methyl ester (PCPA, an inhibitor of serotonin synthesis; 100 mg/kg *i.p.* administered for 4-consecutive days) were used for the mechanistic studies. The motor coordination of mice were monitored using a Rota-rod apparatus. The experimental protocol of this study was approved by the Anadolu University Animal Experiments Local Ethics Committee.

**RESULTS:**In the hole-board tests, myricetin significantly decreased the latency to first head dipping. It also increased total number of the head-dipping behavior and number of the holes explored. In the plus-maze tests, myricetin prolonged the time spent in the open arms as well as increased the number of entries into these arms. Reference drug diazepam (1 mg/kg, *i.p.*) also showed its anxiolytic activity in both of the tests, as expected. Unlike AMPT, PCPA pre-treatments achieved to abolish the anxiolytic-like effects of myricetin (30 mg/kg) in both of the tests. Moreover, myricetin administrations did not alter the motor coordinations of animals in the Rota-rod tests.

**CONCLUSIONS:**The findings of this study indicated that myricetin has a serotonergic system-mediated anxiolytic-like effect in mice. Although these findings create a vision about the mode of action, the possible roles of the serotonergic receptor subtypes in this activity should be clarified with further studies.

**Keywords:** Anxiety, Hole-board, Myricetin, Plus maze, Rota-Rod

[Abstract:0413]

### 0413 - Evaluating the effect of tangeretin on scopolamine-induced cognitive deficits

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#### ABSTRACT

**BACKGROUND AND AIM:**Tangeretin is a citrus flavonoid derived from the peel and other parts of *Citrus* L. genus. Based on the reports related to the effects of tangeretin on the central nervous system, we aimed to investigate the anti-amnesic effect of tangeretin, in this study.

**METHODS:**Male Sprague-Dawley rats of the same age were used for the experiments. Experimental model of amnesia was induced by scopolamine (0.5 mg/kg, *i.p.*). Rats were treated with tangeretin (50 and 100 mg/kg) and piracetam (200 mg/kg) for 7 days. Morris water maze and passive avoidance tests were performed to evaluate cognitive performance of rats. Motor activity of the animals were assessed by activity cage tests. The experimental protocol of this study was approved by the Anadolu University Animal Experiments Local Ethics Committee.

**RESULTS:**In the Morris water maze tests, amnesic rats had significantly higher escape latency values than those values of the control group, while the time spent in the target quadrant was significantly lower. Tangeretin administrations significantly decreased the prolonged escape latency and increased the shortened target quadrant time values of amnesic animals. In the passive avoidance test, first transition latency values of the animals did not change between the groups. On the other hand, shortened second transition latency values of the amnesic rats were enhanced by the tangeretin treatments. Piracetam induced its anti-amnesic effects in both of the tests, as expected. Moreover, tangeretin administrations did not induce any alteration in the spontaneous locomotor activities of animals.

**CONCLUSIONS:**The findings of this study indicated that tangeretin at both of the 50 and 100 mg/kg doses significantly reversed the impaired learning and memory parameters of amnesic rats without affecting their motor activities. Investigations on the possible pharmacological mechanisms underlying this anti-amnesic activity are ongoing in our laboratory.

**Keywords:** Tangeretin, Morris water maze test, Passive avoidance test, Activity cage test, Scopolamine

[Abstract:0425]

### 0425 - The effects of atomoxetine on emotional cognition parameters and on hippocampal brain-derived neurotrophic factor (bdnf) levels in the amnesic rats

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#### ABSTRACT

**BACKGROUND AND AIM:**We have previously reported the beneficial effects of atomoxetine, a selective noradrenalin reuptake inhibitory drug, on spatial learning and memory capacities of scopolamine-induced amnesic rats. In the present study, we investigated the potential effects of this drug on emotional learning/memory impairments of amnesic rats together with the concomitant alterations in the hippocampal brain-derived neurotrophic factor (BDNF) levels.

**METHODS:**Male Sprague-Dawley rats (250–300 g) were used for the experiments. Amnesia model was induced by scopolamine injections (0.5 mg/kg, *i.p.*). Following the atomoxetine treatment (3 and 6 mg/kg/day, 14 days), emotional cognition parameters of the rats were assessed by the Passive avoidance tests. After anesthesia, rats were transcardially perfused with PBS and PBS-4% paraformaldehyde solution. Brain hemispheres including the dorsal hippocampus were embedded in paraffin, sectioned at 3 µm thickness and stained immunohistochemically for further quantitative analysis. Photomicrographs were taken under light microscope by integrated camera. BDNF immunoreactivity per unit area was calculated by using Image J analysis program. The experimental protocol of this study was approved by the Anadolu University Animal Experiments Local Ethics Committee.

**RESULTS:**In the passive avoidance tests, first transition latency values of the animals did not alter between the groups. However, second transition latency values of the amnesic rats were significantly shortened with respect to the control animals. Atomoxetine treatments prolonged these shortened values significantly. Moreover, decreased BDNF levels in the hippocampal CA1, CA2 and DG regions of the amnesic rats were also enhanced by the administrations of atomoxetine.

**CONCLUSIONS:**Obtained findings indicated that atomoxetine treatments significantly improved the scopolamine-induced impairments in the emotional cognition performances of rats. Moreover, increase in the hippocampal BDNF levels seems to play roles in the presented anti-amnesic effects of atomoxetine. Nevertheless, further molecular studies are needed to clarify mode of the anti-amnesic action of this drug.

**Keywords:** Amnesia, Atomoxetine, BDNF, Hippocampus, Passive avoidance

[Abstract:0474]

#### 0474 - Relationship between self-esteem, dissociation, and cognitive beliefs in juveniles with ocd: a case-controlled study

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##### ABSTRACT

**BACKGROUND AND AIM:**To compare juveniles with OCD and healthy control group in terms of self-esteem, dissociative experiences and obsessive beliefs.

**METHODS:**11-17 years old adolescents including 51 healthy control groups and 41 juveniles with OCD participated in the study. DSM-5 diagnosed patients with OCD were further applied K-SADS-P-DSM-5. The clinician also administered the CY-BOCS to evaluate symptom severity and checklist. RCADS, OBQ-CV, ADES, CSEI were applied to all participants.

**RESULTS:**The general self-esteem of OCD patients was significantly and significantly lower in children and adolescents than in the control group ( $p = 0.002$ ). Maternal psychopathology was found to be an important risk factor for OCD (OR = 53.267, 95% CI = 1.387-2045.790,  $p = 0.033$ ). Low general self-esteem was a significant predictor of OCD (risk ratio = 0.847, 95% CI = 0.740-0.970). In addition, the high level of dissociative experiences explained the high severity of obsessions ( $F(1, 39) = 11.140$ ,  $p = 0.002$ ) and compulsions ( $F(1, 39) = 10.876$ ,  $p = 0.002$ ). There was a negative and significant relationship with the overall self-esteem scores and the total severity score of OCD ( $r = -0.370$ ,  $p = 0.17$ ), the total score of obsessive beliefs scores ( $r = -0.512$ ,  $p = 0.000$ ) and the total scores of the dissociative experiences ( $r = -0.588$ ,  $p = 0.000$ ). A significant positive correlation was also found between the ADES scores and OBQ-CV scores ( $r = 0.374$ ,  $p = 0.000$ ). and general self-esteem ( $r = -0.588$ ,  $p = 0.000$ ).

**CONCLUSIONS:**This study is the first to investigate the relationship between self-esteem, dissociative experiences and obsessive beliefs in children and adolescents with OCD. The study demonstrates the importance of self-esteem and dissociative experiences for OCD and provides evidence supporting the cognitive theory of OCD in particular.

**Keywords:** cognitive theory, dissociation, juvenile OCD, obsessive beliefs, self-esteem

[Abstract:0546]

#### 0546 - The brain areas associated with the resilience to depression in high-risk young women

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##### ABSTRACT

**BACKGROUND AND AIM:**Previous structural brain imaging studies in the first degree-relatives of depressed patients showed alterations that are generally accepted as vulnerability markers for depression. However, only half of the relatives had depression at follow-up, while the other half did not. The aim of this study was to identify the brain areas associated with resilience to depression in high-risk subjects with familial depression who did not convert to depression for at least 5 years during follow-up.

**METHODS:**We recruited 47 young women with a history of depressed mothers. Twenty-four of them (high-risk group [HRG]) had no depression history, while 23 (depressive group) had at least one depressive episode in adolescence. Women in the HRG were followed-up for at least 5 years after obtaining MRI scans. The brain structures of the groups were compared through voxel-based morphometry and analysis of cortical thickness. Individual amygdala nuclei and hippocampal subfield volumes were measured.

**RESULTS:**The analysis showed larger amygdala volume and thicker subcallosal cortex in the women in the HRG compared with those in the depressive group. In addition, we detected more gray matter in the left temporal pole and bilateral insula of the HRG.  
**CONCLUSIONS:**The larger gray matter volume and increased cortical thickness in the key hub regions of the salience network (amygdala and insula) and structurally connected regions in the limbic network (subcallosal area and temporal pole) might prevent women in the HRG from converting to depression.

**Keywords:** depression, high-risk, cortical thickness, amygdala nuclei, hippocampal subfields

[Abstract:0643]

### 0643 - Comparison of non-verbal communication skills between schizophrenia and control group

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#### ABSTRACT

**BACKGROUND AND AIM:**It is known that patients with schizophrenia experience verbal and non-verbal communication difficulties that disrupt their social life. there is no study investigating the relationship between verbal and nonverbal communication skills in this patient group. In this study, it was aimed to compare patients with schizophrenia with healthy individual with respect to nonverbal communication sensitivities and to investigate the relationship between verbal communication difficulties and nonverbal communication difficulties in patient group.  
**METHODS:**35 patients diagnosed with schizophrenia and 40 healthy controls were included in this study. Communication Disturbance Index (CDI) was applied to measure verbal communication skills in the patient group. 10 minutes free speech samples of patients were evaluated by a linguist to obtain CDI scores. Mini Profile of Nonverbal Sensitivity Test(mini PONS test) was used to determine non-verbal communication skills in both group.

**RESULTS:**71.4% of the participants in the schizophrenia group are male and 26.6% are female; 72.5% of the participants in the control group were male and 27.5% were female. There was no statistically significant difference between the groups ( $p = 0.918$ ). There was no statistically significant difference in terms of education level and marital status in both groups ( $p > 0.05$ ). PONS test performance compared to the control group ( $45.73 \pm 4.31$ ) in participants in the schizophrenia group ( $39.57 \pm 5.09$ ). it was lower ( $p < 0.001$ ). There was no significant relationship between PANNS total score and subscales and PONS test in the schizophrenia group ( $p > 0.05$ ).

**CONCLUSIONS:**As a result of our study, it was revealed that non-verbal communication sensitivity was impaired in patients with schizophrenia. This finding is compatible with similar studies in the literature. There was no correlation between CDI scores and Mini-PONS test performance in patient group. It suggests that verbal skills and non-verbal communication skills are likely to be two distinct entities in schizophrenia.

**Keywords:** schizophrenia, non-verbal communication, verbal Communication

[Abstract:0906]

### 0906 - Association between heroin dependence and anemia

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#### ABSTRACT

**BACKGROUND AND AIM:**Substance use and addiction is an increasing problem all over the world. Among these substances, opioids have an important place with their addictive potential, physical and mental disorders and social effects. Anemia is defined as a decrease in haemoglobin or hematocrit concentration below a certain "normal" value. We aimed to examine hemoglobin (HGB), hematocrit (HCT), mean corpuscular volume (MCV), mean cell hemoglobin concentration (MCHC), red blood cell count (RBC), platelet count (PLT), ferritin, vitamin B12 and folic acid levels in heroin addicts by comparing them with healthy controls.

**METHODS:**Patients who were hospitalized in Gaziantep 25 Aralık State Hospital Alcohol Substance Treatment and Training Center (AMATEM) clinic between January 2019 and December 2019 with the diagnosis of 'opioid use disorder' were included in the study. This study included a total of 325 patients with only heroin use; and 163 healthy individuals.

**RESULTS:**The patient group comprised of 318 males and 7 females with the mean age of  $26.39 \pm 6.18$  years. There was no significant difference between patient and control group in terms of age, sex, BMI and alcohol consumption. HGB, HCT, folic acid levels and RBC were lower in the patient group than control.



**CONCLUSIONS:**The effects of heroin on the hematological parameter should be considered. Heroin effects on HGB, HTC, RBC and folic acid may tend to decrease. Prospective, longitudinal studies and studies involving intoxication-remission periods are needed.

**Keywords:** Heroin, anemia, hemoglobin, hematocrit, red blood cells, substance dependence

[Abstract:0988]

### 0988 - Comparison of frontline and secondline healthcare workers in terms of depression, anxiety, distress, obsessive-compulsive symptoms, sleep quality and quality of life

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#### ABSTRACT

**BACKGROUND AND AIM:**In our study, we compared the healthcare professionals working in areas with high risk of transmission with SARS-CoV2 virus and working in less risky areas in terms of depression, anxiety and stress symptoms, sleep quality, obsessive-compulsive symptoms and quality of life.

**METHODS:**In our study, healthcare professionals working in the emergency department, intensive care unit, internal medicine, infection disease service and outpatient clinic and isolation service were grouped as frontline and others as secondline. All of people who accepted the study, Beck Depression Inventory, Beck Anxiety Inventory, Pittsburgh Sleep Quality Index, Maudsley Obsessive Compulsive Inventory, PCL-5, WHOQOL-BF were asked to fill in.

**RESULTS:**The mean age of the frontline group (n=24) was 33.1± 2.5, and the secondline group (n=29) was 36.6± 1.9. While there was no difference between the two groups in terms of months worked with COVID-19 patients in total (Z:.62, p:0.54), frontline group worked more days per a week (Z:2.68, p:0.007) and had more shifts per month (Z: 3.26, p: 0.001). The number of people needed psychiatric support was higher in the frontline group. While there was no difference between the two groups in terms of BDI, PSQI, PTSD-CL; BAI and Maudsley OCD-SL scores of the frontline group were significantly higher and their WHOQOL-BF scores were lower. In healthcare workers, positive correlation was found between the number of days worked with COVID-19 patients and BAI; the number of days the cohabitant worked with COVID-19 patients were positively correlated the score of BDI, BAI, PSQI, PTSD-SL, and WHOQOL-BF was negatively; there is a positive correlation between those who need mental support and the score of BAI; a negative correlation was found between BDI, BAI, PSQI, PTSD-SL and Maudsley-KL total scores and WHOQOL-BF scores.

**CONCLUSIONS:**The risk of developing psychopathology increases in all healthcare professionals, especially frontline group during the pandemic period.

**Keywords:** anxiety, covid-19, depression, healthcare professionals, sleep quality, quality of life

[Abstract:1097]

### 1097 - Patients evaluated with schizophrenia spectrum and other psychotic disorders in the pediatric psychiatry outpatient clinic: analysis of 14 years in a university hospital

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#### ABSTRACT

**BACKGROUND AND AIM:**Child-onset schizophrenia is a rare, severe, and chronic form of schizophrenia. Schizophrenia spectrum and other psychotic disorders has been associated with premorbid developmental abnormalities, poor response to neuroleptic therapy, higher admission rates, and poor prognosis. In this study, we aimed to examine changes over time age at first diagnosis and gender distribution in a university hospital.

**METHODS:**We evaluated patients diagnosed with schizophrenia spectrum and other psychotic disorders in Ondokuz Mayıs University Child and Adolescent Psychiatry Clinic between 2006-2019 years. The patient records obtained from Nucleus automation system. Patient's date of evaluation, number of admission, age, gender, city and evaluation. The data were loaded into the SPSS v22 environment and descriptive statistics were presented. The study has been approved by the Institutional Review Board of Ondokuz Mayıs University number 2020/655.



**RESULTS:**In our study, the data of 501 applications and 118 single patients in total were examined. The minimum number of admissions of the patients was 1 (50 patients, 42.4%), the maximum admission was 42 (1 patient). The median number of applications was 2. It was observed that the median age of the patients at first admission was 15 (min 7-max 18) and there were 15 (12.7%) patients under the age of 13. It was observed that 55.9% (n:66) of the patients were male and 44.1% (n:52) were female. 39.8% of them came from out of town.

**CONCLUSIONS:**This retrospective study showed us that the diagnosis of psychosis affects boys more than girls, and also the increase in the frequency of admission in the last 11 years. In addition, it is seen that the age at first diagnosis has decreased over the years examined. In future studies, the factors affecting the age at diagnosis can be examined from various perspectives and it is thought that it can be a guide for necessary social approaches.

**Keywords:** early onset, psychosis, schizophrenia, first admission

[Abstract:1101]

### 1101 - Digital video analysis of emotional facial movements of the children with attention deficit hyperactivity disorder

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#### ABSTRACT

**BACKGROUND AND AIM:**It is aimed to investigate emotion recognition abilities and to assess the emotional expressions of faces with digital face analysis in the children diagnosed with Attention Deficit Hyperactivity Disorder (ADHD).

**METHODS:**The 6-12 years-old children with ADHD (n=56) who did not prescribed any psychiatric drug for at least the last three months, and health control subjects (n=45) who had an intelligence score of at least 80 were included into the study. To measure emotion recognition skills, the Diagnostic Analysis of Nonverbal Accuracy-2 (DANVA2) tests were administered. A group of participants watched three, 7-minute scenes from cartoon videos and facial expressions were video recorded. Openface Software was used for video analysis.

**RESULTS:**When the ADHD group was subtyped according to the clinical appearance, compared to the other groups, the children in the attention deficit predominant group had worse performance in DANVA child faces and total scores. As we divide the ADHD group according to the comorbidity, the Learning Disorder (LD) comorbid group had more mistake on emotion recognition from the posture and total scores of DANVA. According to the digital face analysis, among Machine Learning algorithms, the Deep Learning had the best differentiation capacity using only Facial Action Units (AU's). On the other hand, Video 1, which included predominantly the sad emotions was found to be the best differentiator between ADHD and control groups. In Video 1, AU12 (lip corner puller), AU07 (lid tightener), AU09 (nose wrinkler), AU45 (eye blink), and AU06 (cheek raiser) were the most discriminators.

**CONCLUSIONS:**The emotion recognition levels of children in the ADHD group showed significant differences, in terms of clinical subtype and comorbid disorder. The results suggest that the Machine Learning methods has a promising capacity for the differentiation of ADHD diagnosis, which is one of the most common neurodevelopmental disorder.

**Keywords:** attention deficit hyperactivity disorder, emotion recognition, face recognition, facial expression, posture recognition, Openface

[Abstract:1141]

### 1141 - Metacognitive model of obsessive compulsive disorder

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#### ABSTRACT

**BACKGROUND AND AIM:**Wells' metacognitive model provides an evidence based and comprehensive explanation of obsessive compulsive symptoms. In the metacognitive model of OCD presented by Wells, three main areas of metacognitive belief that lead to obsessive symptoms are thought fusion beliefs, beliefs about rituals, and beliefs about stop signals. Specific scales developed to evaluate these three beliefs are few in the literature. This study aimed to investigate the role of metacognition on OC complaints in the Turkish sample.

**METHODS:**Obsessive compulsive disorder patient (n:106) and control group (n:200) were included in the study. The effects of cognitive and metacognitive domains on obsessive compulsive symptoms were evaluated using correlation and hierarchical regression model.

**RESULTS:**Three metacognitions were found a significant positive correlation with OCD symptoms in both OCD sample and the control sample.

Worry, OC cognitions (threat, perfectionism / certainty, and responsibility) and the effect of three OC metacognitive domains on predicting OC symptoms were analyzed using the regression model in which OCI-R is a dependent variable. In addition to the three metacognitive domains, worry and perfectionism-certainty find a statistically significant relationship with OC symptoms. Responsibility and threat were not statistically significant. When worry, TFI, BARI and SSQ entered the hierarchical regression model as planned, all three metacognitive domains continued to explain statistically significant additional variance. OC symptoms based on the opinion of the clinician were partially explained by the metacognitive model (beliefs about rituals only)

**CONCLUSIONS:**The results of this study provide evidence supporting the metacognitive model of OCD. The results obtained indicate areas of metacognitive intervention that can assist the clinician in clinical practice.

**Keywords:** metacognition, obsessive beliefs, rituals, stop signals, thought fusion

[Abstract:1150]

### 1150 - Contamination related obsessions and compulsions among students of health related colleges as compared to students in non-health related fields

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#### ABSTRACT

**BACKGROUND AND AIM:**Contamination anxiety is the most common manifestation of Obsessive Compulsive Disorder (OCD). In the current study, the differences of the contamination OCD between students studying in health-related departments and those studying outside of this field, related to sociodemographic factors were examined.

**METHODS:**The 10-item Contamination Obsessions and Cleaning Compulsions Subscale of the 39-item self-report Padua Inventory - Washington State University Revision (PE-WEUR) was used. PE-WEUR, is a five-point Likert rating scale developed by (Sanavio, 1988) and revised by Burns et al. (1996) and the latter version was validated into Turkish by Yorulmaz et al (2007).

**RESULTS:**A total of 305 participants ((211 female (69.2%) and 94 male (30.8 %)) with mean age of 18.91 ( $\pm$  2.07) were included via an online survey. The sample consisted of 91 students in health related departments (medicine, dentistry, pharmacy, and vocational school of health services -VSHS) and 214 students in non-health related schools or high school. A total of 87 (28.5 %) were under and 218 (71.5 %) were above 18 years of age. The total PADUA score showed no significant difference related to age, gender, presence of psychiatric or medical disorders or the health or non-health related education. When the scoring of each item was regrouped into absent (item score 0) or present (item score 1-4); participants studying in the health related colleges or universities were significantly more likely to feel their hands were dirty after touching money (item1,  $p=$  0.016), to avoid using public toilets due to fear of disease and contamination ( $p=$  0.016), to wash hands more often and longer than necessary ( $p=$  0.016), to feel that they have to wash or clean simply because thinking they might be dirty or "contaminated" ( $p <$  0.001), and to feel dirty and immediately have to wash themselves or change clothing if an animal touches them ( $p=$ 0.027).

**CONCLUSIONS:**Despite major methodological limitations of the study, findings reported here could tentatively suggest that students of the health related colleges could be more susceptible to contamination OCD, which may warrant further investigation.

**Keywords:** OCD, Contamination, Students

## Case Report Presentations

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12<sup>th</sup> International Congress on Psychopharmacology &  
8th International Symposium on Child and Adolescent Psychopharmacology

[Abstract:0015]

**0015 - Alopecia induced by modified release capsules of methylphenidate in treatment of adhd**

Duygu Kaba

*Department of Child and Adolescent Psychiatry, Zonguldak Gynecology-Obstetrics and Pediatrics Hospital, Zonguldak, Turkey***ABSTRACT**

**INTRODUCTION:** Alopecia is one of the rare side effects of methylphenidate and there are limited number of cases in the literature. To my knowledge, the case of alopecia due to modified-release capsules of methylphenidate (MRC) has not been reported in the literature. In this article, I present an 8-year-old girl who developed alopecia areata after increasing the dose of MRC.

**CASE PRESENTATION:** An 8-year-old girl was brought to our outpatient clinic with excessive talking, excessive physical movement, having a short attention span and being easily distracted. It was also learned that the child had previously used atomoxetine 25 mg. Atomoxetine was not effective on ADHD symptoms. She had no other medical illness and her physical examination was normal. MRC 10 mg was administered to the child who had been diagnosed with ADHD according to DSM-5 diagnostic criteria. ADHD symptoms decreased significantly after treatment. MRC dose was increased to 20 mg after one year. Three months after the dose was increased, her mother noticed hair loss. On examination, localized, scarless, hair loss was observed in the temporal and occipital areas. There was no shedding on the eyebrows and eyelashes. There was no hair picking to suggest trichotillomania. Complete blood counts, biochemical analysis, thyroid function test, vitamin B12, folic acid, serum iron and zinc parameters were normal. She wasn't taking any other medication. MRC was discontinued and immediate release methylphenidate was started at 10 mg/day and slowly increased to 15 mg. It was observed that hair follicles regrowth 1 month after switching from MRC to immediate release methylphenidate.

**CONCLUSION:** Alopecia related with frequently prescribed stimulant and non-stimulant medications in ADHD treatment, is not common, but it is an important side effect that may cause non-compliance. Clinicians should keep in mind that alopecia may have side effects during ADHD treatment and should be careful about it.

**Keywords:** alopecia, child, methylphenidate

[Abstract:0075]

**0075 - The psychodynamic view of psychosis**Gencay Koç<sup>1</sup>, Bedriye Öncü Çetinkaya<sup>2</sup>

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**ABSTRACT**

**INTRODUCTION:** Many psychopathologies starting in childhood can change shape during adolescence and present to the clinic with different symptoms. Cross-sectional evaluation and treatment of the cases, while ignoring the past history and psychodynamic factors may result in the failure to achieve the desired response to treatment. In this case, a psychodynamically oriented approach started after referral of a 19-year-old young woman who was followed with psychotic symptoms for 5 years. The recovery process was presented to draw attention to the importance of psychodynamic approach.

**CASE PRESENTATION:** M, 19-years-old female patient. She was admitted for attention deficiency. M began to think that she was being watched for the first time at age 5 and started to think that her mind was read later. She was admitted to clinic 5 years ago with complaints of thinking that she was "the chosen one", imagined insults from her mother and skepticism. 5-mg/day olanzapine treatment was applied for last 5 years. Interview with her family revealed M was hyperactive since childhood and her mother and elder sister were constantly keeping eye on M due to frequent falls and related injuries. Later, she was subjected to emotional and physical abuse by parents due to decline of her academic success. Self-harm behavior and suicidal thoughts were seen possibly due to insufficient self-defense of the patient in coping with stress. Psychodynamic interviews were planned for her. M's family was intervened for their behavior. Parental pressure was reduced. During weekly interviews for 6 months; emotion expression and development of functional defense were practiced. Interviews are ongoing and the patient is in remission and does not show any psychotic symptoms anymore. The patient didn't benefit from methylphenidate treatment for ADHD and is receiving imipramine 50 mg/day.

**CONCLUSION:** Psychodynamic evaluation of the patients vital for accurately defining the diagnosis and choosing right treatment.

**Keywords:** adolescent, psychodynamic therapy, psychosis

[Abstract:0082]

### 0082 - A case of selective mutism with a family history of selective mutism and social phobia

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#### ABSTRACT

**INTRODUCTION:** Selective mutism (SM) is characterized by an individual's consistent failure to speak in situations in which there is an expectation to speak, despite speaking in other situations. In this case report, we present a case of selective mutism with a family history of SM and social phobia.

**CASE PRESENTATION:** Our case is a 10 year-old-girl who didn't speak to the teacher, relatives and foreigners. She was afraid of being embarrassed while eating or doing an activity and taking 75 mg/day Sertraline and 0.5 mg/day Risperidone with the diagnosis of SM and social anxiety disorder. When the patient was 3.5 years old, she had stopped talking to strangers. Her developmental milestones were in time and intelligence seemed normal. After her follow up for 7 months with play therapy, she started to participate actively in activities nonverbally in class. During therapies, she cooperated with the therapist in non-verbal games, had social reciprocity and smile. Sertraline was reduced to 25/day mg and Risperidone was stopped. In her family, her older brother had received play therapy due to diagnosis of SM during early childhood too. Her sister and mother were shy and had inhibited temperament in their childhood. Currently, she started talking with some of her relatives and eating at school. She still doesn't speak to his teacher, therapist or strangers.

**CONCLUSION:** Selective mutism is one of the anxiety disorders and family characteristics of other anxiety disorders are also valid for SM etiology. Social anxiety, inhibited temperament and although rare, SM itself can be seen in a family of SM. So to prevent future social and academic difficulties and other psychiatric disorders, social communication skills should be evaluated throughout the family.

**Keywords:** anxiety disorders, genetic, selective mutism, social anxiety disorder

[Abstract:0083]

### 0083 - The importance of internet use and game addiction through a case report in addiction unit

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#### ABSTRACT

**INTRODUCTION:** The size of the game industry in the world has reached approximately 100 billion dollars as of 2016. In our age, from each age group, one out of every six people plays digital games, the number of people playing digital games in Turkey has reached 30 million. Digital games have negative biological and psychological effects. Particularly, the sharing of children with their peers and their interactions with the adults they take role models and their internet-related sharing are thought to cause curiosity on children.

**CASE PRESENTATION:** This case report describes a 26 yearold male patient diagnosed with game addiction on the Internet. The patient had moderate depression and severe family conflict. Game craving and withdrawal were evident. But also him coping skills were pretty good. The patient complied with clinic rules and completed the treatments by living 90 days.

Alcohol and substance addiction treatment center (amatem) aims to summarize what is known about the risk factors, course, effects and solution of game addiction through this underlying phenomenon.

**CONCLUSION:** Digital game addiction is very similar to other substance addictions due to its clinical appearance, social familial destruction, enhancement of tolerance and abstinence. Internet game addiction and other behavioral addictions are close to being a valid diagnostic category. In this case, he has undergone medical treatment, psychotherapy and psychoeducation processes like other dependent patients in an addiction clinic and still managed to remain in remission. It is possible that we will see more behavioral addiction patients in addiction clinics in the future. It is necessary to develop medical and psychotherapeutic interventions for this diagnostic group.

**KEYWORDS:** Game addiction, internet usage rates, TURKSTAT

[Abstract:0091]

**0091 - Empty sella and psychiatric symptoms**Doğancan Sönmez, Çiçek Hocaoglu*Department of Psychiatry, Recep Tayyip Erdogan University, Rize, Turkey***ABSTRACT**

**INTRODUCTION:**An empty sella refers to a condition in which an arachnoid diverticulum extends into the sella, often causing reshaping and flattening of the pituitary gland and stalk. This entity is frequently characterized as either a primary or secondary empty sella syndrome, depending on the etiology and associated conditions. Suggested causes of primary empty sella include numerous congenital and developmental syndromes, congenital defects in the diaphragma sella, and chronic elevations in intracranial pressure. Secondary empty sella syndrome occurs in association with or following treatment for other conditions, including pituitary adenomas, apoplexy, infections, autoimmune disease, trauma, prior surgery and prior radiation. An empty sella is diagnosed more frequently in women than in men. The mean age at diagnosis 43-52 years. Increased intracranial pressure is manifested by pituitary disturbances and visual disturbances. Mental changes may be observed initially. Various disturbances can be observed; somnolence, polyuria, obesity, amnesic conditions, personality disorders, epilepsy, apathy, mental retardation. Irritability and anger attacks may be observed. The aim of this study is to present the psychiatric symptoms caused by empty sella in the light of literature and to draw the attention of researchers on this subject.

**CASE PRESENTATION:**We present a 42-year-old female patient who presented with complaints of headache, nausea, and visual disturbances for the last 2 months, including psychiatric symptoms such as irritability, leaving home, yelling, increased mobility, behavioral and personality changes. She did not have a history of psychiatric illness or treatment. A lesion compatible with empty sella was detected after neuroimaging performed during the patient's admission to the psychiatric ward.

**CONCLUSIONS:**Psychiatric symptoms are generally believed to occur when the tumor extends beyond the back of the sella tursica. Although the underlying mechanisms are not well understood, rarely manic episodes and other mood disorders may cause brain lesions secondary.

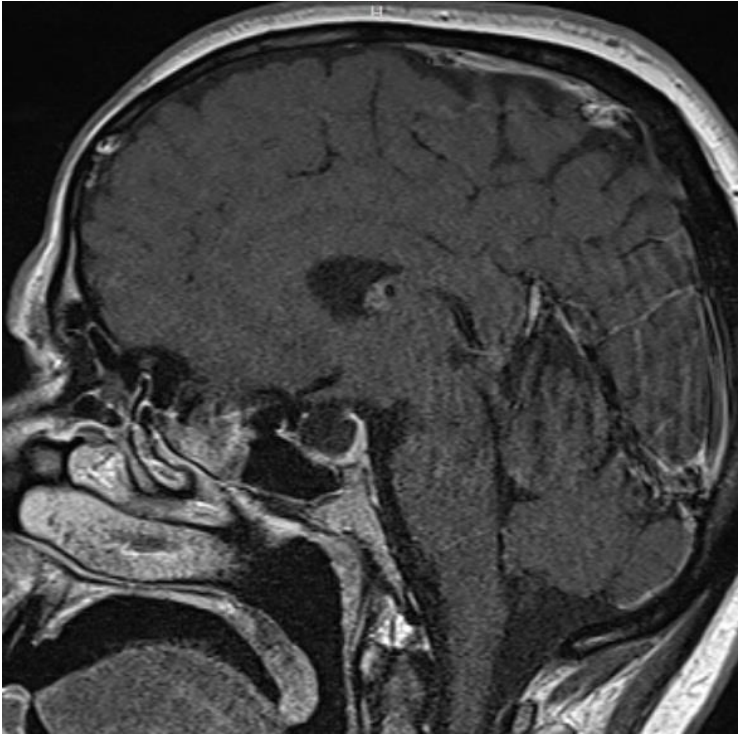
**Keywords:** Empty sella, Psychiatry, Symptoms, Treatment

## Empty Sella



*T2 sequence empty sella*

## Empty Sella



*T1 sequence empty sella*

[Abstract:0095]

### 0095 - Repetitive transcranial magnetic stimulation treatment in gambling disorder

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#### ABSTRACT

**INTRODUCTION:** Gambling disorder (GD) is one of common and disabling addictive disorder. In patients with substance use disorders, the application of repetitive transcranial magnetic stimulation (rTMS) over the dorsolateral prefrontal cortex (DLPFC) offers promise to alleviate craving. In our case report we examined the effects of rTMS on a patient diagnosed with gambling disorder comorbid with major depression.

**CASE PRESENTATION:** The 44-year-old male patient, who was working as a lawyer, had trouble with horse racing and online sports betting, which started at the age of 18 and had negative impact on his functionality at work over the last times. The depressive disorder protocol was applied to the patient who presented to our outpatient clinic with anhedonia, depressive mood due to impaired functionality. As an acute treatment plan, 30 sessions of rTMS were administered 5 times a week, once a day for 6 weeks. Following acute treatment protocol, rTMS was applied for 3 sessions for 1 week, 2 sessions for 1 week, 1 session for 1 week and then 1 session per week for 1 month for maintenance treatment. We applied South Oak Gambling Screening Test before starting the treatment protocol followed by The Five-Factor Gambling Motives Scale (GMS) and Barrat Impulsivity Scale (BIS) weekly; Hamilton Depression Scale (HDRS) every two weeks.

**CONCLUSIONS:** Before the treatment, the patient gambled for 5-6 hours a day and spent a total of 250-500 tl. At the end of the treatment and in the following months gambling was reduced to 1-2 hours and 100-200 tl a day with lowered cravings compared to initial levels. HDRS scores were decreased by 25%. The GMS were reduced by 50%, especially for amusement/excitement. In the BIS, there was a 15% decrease in impulsivity and inability to plan.

**Keywords:** craving, gambling disorder, repetitive transcranial magnetic stimulation



[Abstract:0097]

**0097 - Manic episode developing on the basis of vascular parkinsonism**Kerim Uğur<sup>1</sup>, Ayşe Merve Benk Avcı<sup>2</sup>, Sevler Yıldız<sup>3</sup>

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**ABSTRACT**

**INTRODUCTION:** Vascular parkinsonism (VP) is a form of parkinsonism secondary to cerebrovascular disease. It is known that 3% to 6% of cases of Parkinsonism are of vascular origin. VP is usually the result of conventional vascular risk factors, particularly hypertension. On the other hand, dementia that develops on the basis of vascular parkinsonism may cause cognitive changes and may cause affective changes in psychiatric conditions.

**CASE PRESENTATION:** In the following, a patient who presented to the emergency department with a manic episode with a loud picture such as speech, mobility, spending a lot of money, strange behaviors, insomnia, and the process of making the diagnosis of vascular parkinsonism after detailed examination is discussed. After a psychiatric examination, the patient was diagnosed with a manic episode. Organic etiology was considered due to the absence of a history of manic episodes and a late onset of the disease. Consultation was requested after outpatient application. The minimental test score was sixteen. Neurological examination of the patient revealed signs of gear wheel, rigidity, bradykinesia, bradymimia. Cranial MR imaging was requested after consultation. As a result of cranial mr, common ischemic gliotic areas were reported. As a result of the neurology consultation, a diagnosis of vascular parkinsonism was made.

**CONCLUSIONS:** It has been reported that it can predict psychiatric illness in patients with Parkinson's Disease. Vascular induced parkinsonism usually occurs on the ischemic cerebrovascular floor. Diagnosis may be difficult due to clinical presentation. Such as organic etiologies can be observed in elderly patients. Therefore, multidisciplinary approaches are important in case of vascular parkinsonism.

**Keywords:** Vascular parkinsonism, manic episode, vascular dementia

[Abstract:0098]

**0098 - Atypical symptom in a girl adolescent diagnosed with eating disorder: listening to eating sound**Muratberk Ada, Burcu Ersöz Alan

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**ABSTRACT**

**INTRODUCTION:** Anorexia nervosa (AN), which is a serious disorder, can present with comorbid diagnoses as well as interesting clinical symptoms, particularly those connected with eating habits. Here, the case of an adolescent who listens to eating sound will be presented.

**CASE PRESENTATION:** A 12-year-old girl with depressive symptoms, who complained of restriction of eating and vomiting after binge eating attacks for two months because of finding herself overweight, lost 18 kilograms in ten months. Moreover, she was listening to eating sounds 3-4 times a week in the last month at home or in the car. In her psychiatric examination, she was shy and reluctant to communicate, avoided eye contact and gave one-word answers to the questions. Her mood was depressive and her affect was defensive. Memory, perception, judgment and formal thought disorder was not observed. The patient stated that she has been listening to eating sounds just for relaxation. Fluoxetine 20 mg/day was started with the diagnosis of AN binge eating/purging type, and depression and weekly interviews performed. During the therapies, the expression of emotions and communication increased, while listening to eating sounds decreased significantly.

**CONCLUSIONS:** Although there is no FDA approved pharmacological treatment for AN, fluoxetine may be effective because of comorbidities like major depressive disorder and obsessive compulsive disorder. Analyzing the patient's mental conflicts is important for AN treatment, as the symptoms may provide clues about her mental/physical needs. In this case, eating sound may emerge in a compulsive-like manner to cope with disturbing eating thought/impulse and symbolically satisfy these needs. The resolution of the symptoms with fluoxetine also support this idea.

**Keywords:** Anorexia nervosa, atypical symptom, eating sound

[Abstract:0103]

**0103 - Skin picking disorder in elderly**Doğancan Sönmez, Çiçek Hocaoğlu*Department of Psychiatry, Recep Tayyip Erdogan University, Rize, Turkey***ABSTRACT**

**INTRODUCTION:** Skin picking disorder is characterized by excessive and repetitive removal of the skin, which causes skin tissue damage without a dermatological problem. Unlike normal picking behavior, it is repetitive and can cause serious skin damage and even life-threatening consequences. Uncontrolled picking behavior in neurotic patients was first described by Erasmus Wilson in 1875 under the name "neurotic excoriation". The high rate of obsessive-compulsive disorder (OCD) comorbidity, the high rate of skin picking disorder in first-degree relatives of OCD patients, the difficulty in controlling both the compulsions in OCD and the urge impulse and a temporary relief after the action support this assumption. Therefore, skin picking disorder, which has not been included as a separate diagnostic category in classification systems, has been included as an independent diagnosis in the Obsessive Compulsive Disorder and Associated Disorders category in DSM-5 published in 2013. In this study, we aimed to present a case that we followed with the diagnosis of skin picking disorder in advanced age in the light of literature information.

**CASE PRESENTATION:** A 69-year-old male patient was referred to our clinic because of scalp lesions. The wounds on the patient's head have been present for 10-15 months. The patient was relieved by scratching the scalp and crushing it. The patient was also relieved when water came out of his wounds. The patient lost his son due to death 20 years ago. After the patient's son died, he had complaints such as being withdrawn, not enjoying life and unhappiness. There was no family history of psychiatric illness.

**CONCLUSIONS:** Unlike the patients with skin picking disorder in the literature, skin picking behavior started at a late age. We believe that our case report will contribute to the literature and attract the attention of researchers.

**Keywords:** Elderly, Skin Picking Disorder, Treatment

**Skin Picking Disorder In Elderly Resim 1**

*Skin Picking Disorder In Elderly (Scalp)*

## Skin Picking Disorder In Elderly Resim 2



*Skin Picking Disorder In Elderly (Scalp)*

[Abstract:0108]

### 0108 - Blurred vision associated with methylphenidate

Zehra İşleyen, Özge Gizli Çoban, Arif Önder, Aslı Sürer Adanır, Serhat Nasıroğlu, Esin Özatalay

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#### ABSTRACT

**INTRODUCTION:** Psychostimulants, including methylphenidate (MPH) and amphetamines, are the first line pharmacotherapies for the treatment of attention-deficit/hyperactivity disorder (ADHD), which is one of the most common psychiatric disorders in children. Both MPH and amphetamines act by inhibiting dopamine and norepinephrine reuptake, increasing their levels in the synaptic cleft, thereby improving executive and attentional functions. Although blurred vision and difficulties in visual accommodation are mentioned in the prospectus of MPH forms, there's only one case reporting blurred vision associated with MPH. To the best of our knowledge, this is the second case of MPH associated blurred vision and visual impairment.

**CASE PRESENTATION:** A 9-year-old boy was admitted to our outpatient clinic with attention problems and hyperactivity. As a result of clinical evaluation and applied scales, ADHD was diagnosed and MPH treatment was started with 10 mg/day and increased to 20 mg/day. His ADHD symptoms were ameliorated significantly but he reported blurred vision and visual impairment at the 6th month of the treatment. The patient's visual examination was normal except myopia -0.5 on the right and -0.25 on the left. As his complaints were thought to be associated with MPH, it was stopped and blurred vision remitted after the cessation of the drug. The patient was followed up for one month without any medication and visual complaints regressed. For his re-occurring ADHD symptoms, another form of MPH was prescribed. The patient did not describe any side effects with it.

**CONCLUSIONS:** Common side effects of MPH include appetite loss, irritability, restlessness, headache, insomnia, abdominal pain, and nausea. Blurred vision is a rare side effect of MPH. There is only one case report about MPH-induced blurred vision, cataract and glaucoma. The mechanism remains unclear. Clinicians should be aware of the possible ocular side effects of methylphenidate.

**Keywords:** attention deficit and hyperactivity disorder, methylphenidate, side effects

[Abstract:0111]

**0111 - Asymmetric tremor due to possible valproic acid-aripiprazole interaction in a child with severe intellectual disability**Enes Sarıgedik<sup>1</sup>, Neslihan Kara<sup>2</sup>, Çiğdem Yektaş<sup>1</sup><sup>1</sup>Düzce University Faculty of Medicine, Department of Child and Adolescent Psychiatry,<sup>2</sup>Düzce University Faculty of Medicine, Department of Psychiatry**ABSTRACT**

**INTRODUCTION:** Intellectual disability is a neurodevelopmental disorder common. Treatment of behavioral problems in this group; antipsychotic drugs, mood stabilizers drugs are often used. In this case report is that asymmetric tremor, which occurs after valproic acid is added to treatment while using aripiprazole, and the disappearance of asymmetric tremor after reducing the dose of aripiprazole.

**CASE PRESENTATION:** Evaluation of a 15-year-old girl who was brought to by the family with complaints of inability to perform self-care skills, inability to speak, and self-harm was done. Orientation and cooperation could not be established in polyclinic evaluation. The patient showed an aggressive attitude, was violent towards her family. The patient was diagnosed 'severe intellectual disability'. The patient who was evaluated at an external center before her application to us had been using risperidone and methylphenidate for about a year. Risperidone and methylphenidate was discontinued, replaced by aripiprazole 20 mg/day. the patient's sleep-related problems were reduced, aggression was decreased but she started to take off her clothes in public and her sexual behaviors were increased, thereupon valproic acid treatment was started with 1000 mg/day. two later week in the polyclinic evaluation, she made an eye contact with us, understood what was said and interacted with her mother verbally. However, the patient developed a unilateral resting tremor in the upper right arm and no other findings were observed in the extrapyramidal system examination. Aripiprazole dose was reduced to 10 mg/day by considering drug-drug interaction because the patient had significant benefit from valproic acid treatment. treatment for 2 weeks was aripiprazole 10 mg/day, valproic acid 1000 mg/day, no resting tremor was observed.

**CONCLUSIONS:** When dealing with the children and adolescents with intellectual disability, it should be kept in mind that this group is more sensitive and multidrug usage should be avoided as much as possible.

**Keywords:** Aripiprazole, Asymmetric, Tremor, Valproic acid,

[Abstract:0112]

**0112 - Escitalopram induced acneiform eruption**Yalçın Kahya<sup>1</sup>, Özge Gizli Çoban<sup>2</sup>, Arif Önder<sup>2</sup>, Aslı Sürer Adanır<sup>2</sup>, Serhat Nasıroğlu<sup>2</sup>, Esin Özatalay<sup>2</sup><sup>1</sup>Department of Psychiatry, Akdeniz University School of Medicine, Antalya, Turkey, <sup>2</sup>Department of Child and Adolescent Psychiatry, Akdeniz University School of Medicine, Antalya, Turkey**ABSTRACT**

**INTRODUCTION:** Escitalopram is a selective serotonin reuptake inhibitor (SSRI) that is used for obsessive-compulsive disorder in the pediatric age group. Common side effects of SSRIs include headache and gastrointestinal system symptoms, including nausea, vomiting and anorexia. Besides, it is uncommonly associated with the adverse cutaneous drug reactions such as rash, pruritus, dermatitis, purpura, urticaria, and more rarely Steven-Johnson syndrome. Here we report a case of a 15-year-old boy who manifested acneiform eruption highly-likely due to use of escitalopram.

**CASE PRESENTATION:** A 15-year-old male patient was admitted to our outpatient clinic with the complaints of difficulty in decision making, uncertainty and continuous repetitive behaviors including control. His controlling behavior took more than an hour a day and prevented him from doing his daily work. In the mental state examination, the patient with uncertainty obsessions and control compulsions was considered to have obsessive compulsive disorder (OCD) in the foreground. Escitalopram was planned for the treatment of OCD. Escitalopram was started at 5 mg and increased to 10 mg a week later. Obsessions and compulsions were decreased. During the follow-up, it was learned that the patient first decreased the dose and then discontinued the drug himself, because of papular and pustular acne on face. The skin lesions showed recovery after the cessation of the drug. Acne was thought to be due to the escitalopram use.

**CONCLUSIONS:** In the literature, it was emphasized that acneiform eruption due to drugs may be associated with an increased serotonergic system activity at the dermal and dermoepidermal junction. Serotonin has been reported to regulate inflammatory processes, and immune reactions including serotonin receptors may elicit an inflammatory response in the form of acneiform eruption by stimulating cytokine release

from keratinocytes. Therefore, we propose this mechanism as the possible cause of the acneiform eruption seen in our patient.

**Keywords:** Acne, Escitalopram, Obsessive compulsive disorder

[Abstract:0124]

### 0124 - Evaluation of 6 cases with Pathological lying disorder

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#### ABSTRACT

**INTRODUCTION:** Pathological lie disease (mythomania) is still an interesting disease that is not complete consensus, whose etiology and treatment are not fully known. In this study, we wanted to investigate the relationship between the causes of lying in pathological liar and early adaptive schemas and to examine the effect of pharmacological treatments. We know that these patients unlike healthy people lie involuntarily and disproportionately in order to eliminate low self-esteem. If the mechanism of the lies told impulsively is understood, familial, social and judicial problems will be illuminated.

**CASE PRESENTATION:** Four patients diagnosed with pathological lying disorder were evaluated in terms of demographic data, clinical features and response to treatment. In the interview, the diagnosis was made based on clinical features such as frequent and disproportionate lies, the impulsive nature of the lies, and the belief in the lies they say. The patients were followed for eight months. All four patients are women. The mean age of the patients was 34. The duration of symptoms ranged from 7 years to 21 years, with an average of 17.5 years. Young schema scale was applied to the patients. Paliperidone and risperidone were used as an antipsychotic drug. As an antidepressant drug, fluoxetine and venlafaxine were used for treatment. The patient treated with paliperidone was in partial remission, the second patient using risperidone and venlafaxine was in partial remission. The third patient, using risperidone and fluoxetine, was in complete remission after 8 months, the other patient refused treatment, her impulsive lies continued.

**CONCLUSIONS:** Risperidone and paliperidone can be used as second generation antipsychotics for patients with mitomania. Our case, who benefited from fluoxetine as SSRI, seems to be compatible with current research. This study shows that especially risperidone can be a successful treatment option for pathological lying, but more studies are needed on this subject.

**Keywords:** pathological liar, mythomania, schema

[Abstract:0133]

### 0133 - Successful treatment of a child with separation anxiety and school refusal behavior with escitalopram

Sümeyra Elif Kaplan Karakaya, Enes Sarıgedik, Çiğdem Yektaş

*Düzce University Faculty of Medicine, Department of Child and Adolescent Psychiatry*

#### ABSTRACT

**INTRODUCTION:** School refusal behavior is generally an emotional problem that accompanies psychiatric disorders like anxiety and depression. The prevalence of school refusal and of separation anxiety disorder is 1% to 4.7% in children aged 7 to 11 years. Cognitive behavioral therapy, selective serotonin inhibitors, tricyclic antidepressants and benzodiazepines are often used in the treatment of school refusal behavior. In this case, we're explaining the successful treatment with escitalopram of a resistant school refusal behavior.

**CASE PRESENTATION:** The patient, a 7-year-old elementary school sophomore brought by the family, was assessed at our polyclinic with complaints of not going to school, not leaving the mother. Once outer center evaluated, fluoxetine was gradually increased from 10 mg to 40 mg, he used it 2 months but after no effect, he started to take sertraline 50 mg, but due to the side effects, he didn't use it and finally, he started to take alprazolam 0.5 mg and the patient who received partial benefit from the drug was evaluated by us. After the evaluation, the patient was diagnosed with separation anxiety disorder and school refusal behavior. The patient's alprazolam was discontinued, escitalopram treatment was started with 5 mg and increased to 10 mg in one week, and behavioral changes were recommended to the patient. 4 weeks after the dose was raised, a significant decrease was observed in the anxiety of the patient. He was gradually initiated into school and then he began to attend to the classes 3 days a week. There was no side effects reported by the family. In the second month of the patient's control, his concerns were seen to be eliminated and he had started to go to school completely.

**CONCLUSION:**School refusal behavior is a problem that occurs in all countries where there is compulsory education, and it needs a multidisciplinary approach.

**Keywords:** escitalopram, school refusal, separation anxiety

[Abstract:0157]

### 0157 - Importance of maintenance ect: evaluation of the response to the maintenance of the resistant depression case

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#### ABSTRACT

**INTRODUCTION:**Depression is a health problem that leads to serious health problems and serious loss of function all over the world. Maintenance / maintenance ect therapy for the treatment of such resistant depression cases has been compared with drugs in most clinical trials and has been found to be superior to drugs in many studies. Considering all these studies, we will observe that ECT treatment which is applied as a maintenance treatment in a patient who has been tried for several years with resistant mood depression and various mood stabilizers and antidepressant therapies but has not benefited, contributes to the recovery of depression in the patient.

**CASE PRESENTATION:**A 52-year-old female patient. The patient was being followed up in the mood outpatient clinic with the diagnosis of resistant depressive disorder. The patient was accompanied by his wife when he applied to the mood clinic. During the interview he was reluctant and abstained. It seemed to be depressed and exhausted. It was considered appropriate to plan maintenance ect after the first 8 sessions of ect as indicated in various maintenance ECT guidelines. The patient was initially planned for maintenance ect sessions for 2 weeks as 3 sessions per week, then 2 weeks as 2 sessions per week, and then 1 session per week. The patient's complaints regressed, her functionality improved and her cognitive complaints regressed. The patient scored 26 on the Hamilton Depression Rating Scale and 20 on the Minimal Test Evaluation; It was observed that the score of the Hamilton Depression Rating Scale was 5 and the minimal test score was 25.

**CONCLUSIONS:**ECT treatment also shows that the application of ECT treatment to patients with benefit-loss ratio significantly improves the functionality of the patient. We would like to emphasize that ECT should be considered as a treatment option in resistant depressive disorders.

**Keywords:** maintenance, ECT, treatment, resistance, depression

[Abstract:0162]

### 0162 - Aspiration pneumonia due to low-dose clozapine: a case report

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#### ABSTRACT

**INTRODUCTION:**Clozapine is used in treatment-resistant schizophrenia. However, severe side effects such as agranulocytosis, myocarditis, ileus, pulmonary embolism and aspiration pneumonia(AP) may occur. In this report, a case of AP triggered by clozapine will be presented.

**CASE PRESENTATION:**60 years old A.K., widow, has been followed for 20 years with suspicion of people, aggression, self-talk, disorganized behavior and schizophrenia. While using valproic acid(VA) 1000mg/day, paliperidone 9mg/day, quetiapine 300mg/day, upon bilateral resting tremor in her hands and involuntary swallowing movements occurred, paliperidone was stopped and she was hospitalized. Her psychiatric evaluation showed decreased self-care and tremor in hands and oral dyskinesia. His mood and affect were blunt. The thought content contained paranoid delusions and thought process slowed down. There were auditory and visual hallucinations. On the first day of hospitalization, VA 1000mg/day and clozapine 25mg/day were started and increased to 75mg/day within 1 week. After 2 days, the patient began to fall asleep, general condition disorder(GCD), wheezing and hyperthermia were observed. When no response to antibiotic treatment and GCD persisted, she was transferred to chest diseases and diagnosed as AP.

**CONCLUSION:**Antipsychotic drugs increase the risk of pneumonia, while second generation antipsychotics are more at risk. AP is associated with hypersalivation, the mechanisms are muscarinic M4 agonism, adrenergic  $\alpha_2$  antagonism and inhibition of swallowing reflex. In the literature, the duration of treatment varies between 1-5 weeks and 75-600mg/day in AP cases associated with clozapine treatment. In our case, she had AP while she was taking 75mg/day 9 days after clozapine was started. It was shown that VA can increase serum clozapine levels



through enzyme inhibition and cause sedation and sialorrhea. The study is presented due to the formation of AP in a shorter time and at a lower dose compared to the cases presented in the literature and to emphasize the importance of drug interactions.

**Keywords:** Aspiration Pneumonia, Clozapine, Drug Interaction

[Abstract:0166]

### 0166 - Ocular tic development with fluoxetine in 13 years old adolescent

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#### ABSTRACT

**INTRODUCTION:**Fluoxetine is a serotonin reuptake inhibitor that has been studied extensively. Its antidepressant activity is approved by FDA in adults and also in pediatric group. Even though fluoxetine is a specific serotonin reuptake inhibitor some patients report dopaminergic system related side effects.

**CASE PRESENTATION:**In this case report we examine 13 years old adolescent who referred to our polyclinic with anhedonia, attention problems at school, psychomotor retardation and sleep problems. His CDI Score was 22. With anamnesis, we diagnosed patient with depressive disorder and prescribed with fluoxetine 20 mg/Daily (first two weeks 10 mg/Daily). The patient had not been exposed to any other pharmacologic agents prior to this treatment. Following month of fluoxetine therapy the patient had developed ocular tics; eye twitches, excessive blinking and down drifting gaze. The movements diminished two weeks after discontinuation of fluoxetine. Patient's current treatment is sertraline 50 mg/daily for 4 months and no extrapyramidal side effects were observed. His CDI scores decreased dramatically.

**CONCLUSION:**Tics are one of the lesser seen side effects of fluoxetine. In the light of current literature we know that in some cases tics can emerge in early stages of treatment, in other cases it can emerge lately as tardive dyskinesia. We should always keep in mind that fluoxetine may be associated with other severe extrapyramidal adverse reactions and question such side effects during visits.

**Keywords:** Dopaminergic, Fluoxetine, Tic

[Abstract:0173]

### 0173 - Avoidance of iatrogenic damage; a case of psychogenic movement disorder

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#### ABSTRACT

**INTRODUCTION:**Diagnosis and treatment of psychogenic movement disorders are challenging for both neurologists and psychiatrists. Symptoms can mimic the full range of organic abnormal involuntary movements, affect gait and speech, or present as unusual undifferentiated movements. Avoidance of iatrogenic damage by unnecessary invasive treatment or inappropriate medication, as well as use of appropriate psychiatric treatments in the management of these disorders.

The author's goal was to inform and improve clinical management by increasing physician awareness and assessment of psychogenic movement disorders (PMD) for avoidance unnecessary treatment.

**CASE PRESENTATION:**A 52 year old woman admitted to outpatient clinic of our faculty with speech disturbance and involuntary movements in her lower, upper limbs, and neck. In first admission to another hospital her symptoms limited with neck and she evaluated with pre-diagnosis of Torticollis, botox injection performed many times but her symptoms proceeded, after she was hospitalized with misdiagnosis of Parkinson disease, therapy had been initiated and this management did not improve her symptoms as well.

She had normal neuro-imaging, and laboratory investigation, and her symptoms were compatible with PMD including bizarre speech and involuntary, arrhythmic, irregular movements with high amplitude, she was diagnosed as PMD. A placebo treatment 10 mg haloperidol + 5 mg biperiden was administered intramuscularly, and her speech began to normalize abruptly within approximately 10 minutes, and a full recovery was seen in the patient with in 24 hours.

**CONCLUSION:**Although PMD is not a rare condition, it is still under-recognized and under-treated. In patients with PMD, phasic or tonic muscular spasms resembling dystonia can be seen. A prompt diagnosis based on positive clinical signs will prevent unnecessary investigations and lessen the morbidity.



**Keywords:** iatrogenic treatment, mimic, Psychogenic movement disorders

[Abstract:0177]

### 0177 - Virchow-robin spaces and psychiatric symptoms: two case reports

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#### ABSTRACT

**INTRODUCTION:**Virchow-Robin Spaces(VRS) are pia-coated interstitial fluid-filled cavities surrounding arteries and arterioles that penetrate the brain parenchyma. VRSs, named after the researchers Rudolf Virchow and Charles Phillippe Robin, can be seen by chance in magnetic resonance imaging(MRI) scans of normal people. Although the pathophysiology is not clear, causes such as age, Cerebrospinal Fluid(CSF) pulsation and vascular ectasia have been identified. These gaps may widen and cause specific clinical findings depending on the localization and degree of tissue they compress. Rarely, patients may present with dementia or parkinsonism. In this study, we aimed to present a 50-year-old-woman and 45-year-old-female patient with the diagnosis of major depressive disorder(MDD).

**CASE PRESENTATION:**Case-1: A 50-year-old-female patient was admitted to the inpatient clinic for further examination and treatment after she presented to the outpatient clinic with complaints of reluctance, anhedonia, introversion, headache, amnesia and suicidal thoughts. It was reported that his first complaints started 10 years ago similarly. At the same time, he had attempted suicide with medication. Sertraline 100 mg/day and trazodone 50 mg/day treatment was reported.

Case-2: A 45-year-old-female patient presented to the psychiatry outpatient clinic with her husband because of complaints of reluctance, anxiety, difficulty in falling a sleep and 'sudden memory loss'. It was reported that her first complaints started 6 years ago with similar complaints. Fluoxetine 60 mg/day and mirtazapine 30 mg/day treatment was reported.

**CONCLUSION:**The incidental detection of VRSs in MRI scans of normal people obscures the clinical significance of VRSs. Because of the brain's neuronal networks, a lesion in one region may cause different symptoms depending on the function of the underlying neuronal foci. Consequently, VRBs can often be accompanied by non-specific neurological symptoms (eg fainting, headache, dizziness, decreased concentration, memory abnormalities, balance disorders, headache or visual changes). Disconnecting the etiologic relationship between lesion localization and psychopathology will require the use of more complex neuroimaging techniques than CT or MRI.

**Keywords:** Diagnosis, treatment, Virchow-Robin Spaces

[Abstract:0183]

### 0183 - Relationship between psychotic findings, depression and suicidal tendency in an adolescent with high functional autism

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#### ABSTRACT

**INTRODUCTION:**Autism Spectrum Disorders (ASD) and schizophrenia both have similar characteristics like atypical neurodevelopment of language, and having social interaction and communication difficulties. There is increasing evidence that symptomatic overlap and a clinically significant association between ASD and psychotic disorders such as schizophrenia. Schizophrenia spectrum disorders(SSD) have a typical onset with significant psychotic symptoms, while ASD is characterized by deficiencies in social interaction, communication and behavior starting in the first few years of life.

**CASE PRESENTATION:**In this case report, we will discuss a patient with high functional ASD. 18 years old male patient, brought to our clinic by his parents with suicide attempt. Clinical examination revealed for last three years there has been grandiose delusions such as; identifying himself as Hitler and saying things like " I will kill everyone", social withdrawal, low self hygiene, decreased speech. He never had any close friend or romantic relationship, had obsession to Hitler and movies involving psychiatric components. He excessively consume Thailand food. Always

wears same outfits, shoes. When we question childhood history, parents said he didn't have proper eye contact, had social problems at school and always plays with same toys.

**CONCLUSION:** Disorders in social functioning, common in both disorders, can be explained by the Theory of Mind (ToM) mechanism, which is not defined in current diagnostic criteria. Theory of Mind is a subcategory of social cognition that expresses the ability to extract mental states (eg beliefs, desires, intentions, imagination, emotions) that cause actions. Despite apparent differences, SSD and ASD share multiple phenotypic similarities and risk factors. Both are neurodevelopmentally conceptualized rather than neurodegenerative disorders, and have been reported to coexist at high rates. While symptoms of ASD more overlap with the negative symptoms of schizophrenia, positive symptoms such as hallucinations and delusions describe the characteristics of schizophrenia, typically not symptoms of ASD.

**Keywords:** autism, psychosis, theory of mind

[Abstract:0195]

### 0195 - The importance of long-term follow-up for the diagnosis of dissociative identity disorder

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#### ABSTRACT

**INTRODUCTION:** Dissociative Identity Disorder (DID), which is thought to be polysymptomatic and chronic, may present with conversion symptoms or acute dissociative complaints. We aimed to present a case to emphasize the importance of long-term observation for DID diagnosis.

**CASE PRESENTATION:** A 25-year-old single female patient, working in a call center, was admitted to the psychiatry department with complaints of distress, heart palpitations, restlessness, low mood, which started after separation from her boyfriend in 2017. The patient was diagnosed with adjustment disorder, escitalopram 10 mg/day was recommended. Approximately 2-3 days after the treatment, behavioral changes, different tone and large amount of speech, increased mobility complaints began. The patient was thought to have manic shift with antidepressant although there was not enough diagnostic criteria for manic episode. Escitalopram was stopped and olanzapine 10 mg/day was started. Although she regularly used medication, suddenly started to talk overly polite and too much. On next admission, she quickly entered the room, exhibiting more gestures and facial expressions than would normally be expected, displaying fast over-polite speaking style and laughing occasionally with laughter. She seemed quite different from her usual identity. While the examination was in progress, the patient received a phone call. After the call, sudden change in her affect, speech and speed, gestures and facial expressions occurred and the patient returned to her condition when she had no complaints. When asked what happened, she could not remember before the phone call. Cognitive impairment or malingering was ruled out through a full psychological battery and no other psychiatric comorbidities were found. Physical examination and MRI were normal, SCID-D was performed, other diagnoses were excluded and after a follow-up of more than 6 months DID was considered.

**CONCLUSION:** It is useful to think the disorder may present with broad symptom profile and in some cases the correct diagnosis can only be reached after long-term follow-up.

**Keywords:** conversion, dissociative identity disorder, personality

[Abstract:0201]

### 0201 - Methylphenidate-related loss of eyebrows (madarosis) and hair: a case series

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#### ABSTRACT

**INTRODUCTION:** Attention deficit-hyperactivity disorder (ADHD) is the most common neurodevelopmental disorder. Methylphenidate (MPH) is the most commonly used ADHD medication. The most common side effects of methylphenidate are sleep problems, loss of appetite, headaches, stomach pain. In this report, we present an alopecia and a madarosis case, which developed after the onset of methylphenidate treatment and discontinued after stopped the drug.

**CASE PRESENTATION:** Case 1: A 13-year-old girl was referred to our outpatient clinic with complaints of distractibility, attention, hyperactivity. According to the clinical evaluations, she was diagnosed with ADHD, and started on 18 mg/day osmotic release oral system (OROS)-MPH. 2

weeks after starting methylphenidate, her mother noticed that she was experiencing loss of eyebrows that increased in severity over a 1-month period. She was referred to a dermatology clinic. There was no abnormality in the blood tests. All other reasons excluded. After MPH was stopped; she noticed that eyebrows loss stopped.

Case2: A 8 year-old girl was referred to our outpatient clinic with complains of irritability, distractibility attention. She was diagnosed with ADHD. Extended-release MPH (Medikinet retard) 10 mg /day was started. A week after the start of methylphenidate, her mother noticed that a mild degree hair loss. While continuing treatment she noticed increased hair loss. She was referred to the dermatology clinic. There was no abnormality in the blood tests. After MPH was stopped; she and her mother noticed that hair loss completely stopped.

**CONCLUSION:** Drug-induced hair loss and madurosis are difficult to diagnose because there is no special measurement method. Other conditions that can cause should be excluded. Hair loss and madarosis are an uncommon side effect of Methylphenidate. Studies of methylphenidate relationship alopecia and madarosis are limited. Our case report aims to contribute to the literature on methylphenidate side effects.

**Keywords:** eyebrows loss, hair loss, methylphenidate,

[Abstract:0202]

## 0202 - Corticosteroid associated manic episode: a case report

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### ABSTRACT

**INTRODUCTION:** Corticosteroids are effectively used in the treatment of many diseases, particularly autoimmune diseases. It is estimated that neuropsychiatric side effects 153ite in 2–60% of patients using corticosteroids and mania might 153ite by chance association during drug treatment. A case of Bipolar Disorder due to Corticosteroid use will be presented.

**CASE PRESENTATION:** A 44-years old female patient who admitted with complaints of increased amount of speech, decreased need of sleep, hyperactivity and restlessness, aggressiveness, irritability and refusal of the treatment for a week was hospitalized. She hadn't had any psychiatric complaints until a month ago she was diagnosed Romatoid Arthritis and advised to use corticosteroid. In her psychiatric examination loud, rapid and increased amount of speech, flight of thoughts, irritable affect, persecutory delusion and auditory hallucinations were detected. MRI and Diffusion MRI scan showed no acute pathologies. According to DSM-5 she was diagnosed as Bipolar Disorder. The treatment was started as haloperidol 20 mg/day, biperiden 10 mg/day, quetiapine 100 mg/day due to risk of refusal of treatment and changed to risperidone 6 mg/d. The patient started to take valproic acid + sodium valproate 500 mg/day as a mood stabilizer and then 7 days later the patient's blood valproic acid level was 71.8 mcg/ L. The patient was discharged with a remission at the 18th day of the admission with improvements of the symptoms.

**CONCLUSIONS:** Increased awareness might be essential to identify that corticosteroid use might precipitate manic episodes.

**Keywords:** Bipolar Disorder, Corticosteroids, Manic Episode

[Abstract:0203]

## 0203 - Case of neuroacanthocytosis starting with prodrom psychiatric symptoms

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### ABSTRACT

**INTRODUCTION:** Neuroacanthocytosis is a disease in which orofacial dyskinesia, choreiform movements of the extremities, dysarthria, dysphagia, muscle atrophy, epilepsy. Acanthocyte is a term used 153iterat appearance of thorny in erythrocytes.

It is also known that different psychiatric symptoms may be seen during the onset of the disease or during the course of the disease

**CASE PRESENTATION:** A 40-year-old married male patient. He didn't have any psychiatric disorder until six years ago. Paroxetine 40 mg was started in 2014 due to familial problems and impulse control disorder. Later in 2015, he was diagnosed with epilepsy and used levetiresetam and carbamazepine.

Three years ago, he had a slight imbalance in walking. Then he started to involuntarily bite his mouth and tongue. His speech was ataxic. The patient was diagnosed as neuroacanthosis due to his cerebellar incompetence on neurological examination. His laboratory investigations revealed increased number of acanthocytes in peripheral blood smear (% 10), elevated CK (768 U/L) levels, his cranial Magnetic resonance imaging showed atrophy in the caudate nucleus. Intraoral apparatus was installed to prevent him from biting his mouth and tongue. He had impulse control disorder was started haloperidol solution 2 mg/day. Involuntary mouth bites were partially reduced. Levodopa / benserazide 100/25 combination was added because of parkinsonism symptoms. His complaints were partially reduced and he was discharged.

**CONCLUSIONS:** It is reported in the literature, many psychiatric symptoms such as unidentified personality and behavioral changes, obsessive-compulsive symptoms, impulse control problems, depression, anxiety, emotional lability, psychosis, cognitive disorders, and self-speech, social withdrawal, and sleep disturbances can be seen in many patients with neurological symptoms.

In symptomatic treatment of these symptoms, antipsychotics, benzodiazepines, anticholinergics, botulinum toxin, and oral devices are recommended.

In patients presenting with psychiatric symptoms, additional neurological syndromes should be kept in mind. Patients should be consulted if necessary.

**Keywords:** Acanthocyte, orofacial dyskinesia, caudate nuclei, personality changes

[Abstract:0208]

### 0208 - Corticosteroid induced psychosis in a seven years old asthmatic child: case report

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#### ABSTRACT

**INTRODUCTION:** Corticosteroids are used in the treatment of autoimmune diseases, allergic reactions, dermatological diseases. Some of the well known neuropsychiatric side effects include cognitive impairment, affective instability, psychosis. Corticosteroid related side effects begin within the first two weeks of treatment. In this case report, a seven years old girl who presented to the outpatient clinic with psychotic symptoms after corticosteroid treatment will be discussed.

**CASE PRESENTATION:** In her medical history; she had the diagnosis of asthma and received irregular inhaled corticosteroid treatment for two years. The patient doesn't have the history of psychosis both for herself and her family. She has been prescribed methylphenidate 5mg/day for a month due to ADHD. The patient was admitted to the emergency department with asthma attack and was given 50 mg IV prednisolone. One day later, she described to her mother that she heard voices, felt restlessness. The voices were characterized with making comment about her family such as 'This family is not your family', 'Your father is not your father'. Two days later, she was examined at the outpatient clinic and hallucinations persisted. Risperidone solution 0,125 mg/day was started as a treatment. One week after treatment, the symptoms of auditory hallucinations were disappeared. The main risk factors for psychosis due to corticosteroid use are: Female gender, presence of psychosis in psychiatric history, family history of psychosis, long-term use of corticosteroids and more than 40 mg/day prednisolone dosage. Our patient carried three of these risk factors.

**CONCLUSIONS:** Steroid-induced psychosis is a rare but serious adverse effect of glucocorticoids in the child and adolescent population. There is likely under-reporting of this complication in the literature due to the difficult nature of diagnosing psychosis in children. However, treating physicians must be aware of this potential complication and should warn the families appropriately for the unwanted effects of drug treatment.

**Keywords:** corticosteroids, psychosis, child

[Abstract:0215]

**0215 - Olanzapine-induced acute pancreatitis: a case report**Didem Aykaç, Rümeysa Taşdelen*Department of Psychiatry, Marmara University, Istanbul, Turkey***ABSTRACT**

**INTRODUCTION:**The pharmacokinetics and pharmacodynamics of many drugs vary considerably in elderly. Since polypharmacy is usually required for concomitant diseases, an increased likelihood of problems due to drug interactions and a higher rate of adverse drug events is observed. Drug associated acute pancreatitis is infrequent (0,2%-0,3%). 160 cases of pancreatitis related to SSRIs and 13 cases related to olanzapine are reported. We report the case of a patient hospitalized for acute pancreatitis related to olanzapine usage.

**CASE PRESENTATION:**64-year-old woman, with a history of unipolar depression for 3 years and DM presented to our clinic with the complaints of refusal of walking and eating, jaluzic and nihilistic delusions, and anhedonia. When interrogated, her husband described nausea, vomiting and intermittent diarrhea but no abdominal pain for 2 days. Her current treatment was metformin 500mg/day for 10 years, venlafaxine 225mg/day for 18 months and olanzapine 10mg/day, which was added 2 months ago. There was no history of pancreatitis, hyperlipidemia or alcohol consumption before. On blood tests, amylase was found 1081U/L with normotriglyceridemia and the abdominal ultrasound revealed peripancreatic fluid collection but no gallstones. The patient was transferred to Gastroenterology inpatient clinic with the diagnosis of acute pancreatitis. Adverse Drug Reactions Probability Scale score was 5. Olanzapine associated pancreatitis was considered and she was advised not to resume this medication. After the symptomatic treatment of the pancreatitis, she underwent 8 sessions of ECT and her complaints completely regressed. Amisulpride was preferred as maintenance antipsychotic.

**CONCLUSION:**Appropriate prescribing for older adults presents unique challenges to the clinicians. Adverse drug events are common, causing significant morbidity and mortality. Although acute pancreatitis is infrequent and less known adverse drug effect of olanzapine, may cause severe and potentially fatal complications, including ARDS and sudden death. Practitioners should keep drugs on the differential diagnosis as a potential etiology of pancreatitis especially in elderly.

**Keywords:** antipsychotics, elderly, olanzapine, pancreatitis

[Abstract:0218]

**0218 - Treatment with clonidine and haloperidol in a case with adhd and tic disorder**Ümran Gül Ayvalık<sup>1</sup>, Ayçin Sümer Darıcı<sup>2</sup>, Gülser Şenses Dinç<sup>1</sup>, Esra Çöp<sup>1</sup>, Özden Şükran Üneri<sup>1</sup>*<sup>1</sup>Ankara City Hospital, Department of Child and Adolescent Psychiatry Ankara, Turkey, <sup>2</sup>Düzce Atatürk State Hospital, Department of Child and Adolescent Psychiatry Düzce, Turkey***ABSTRACT**

**INTRODUCTION:**Attention Deficit Hyperactivity Disorder (ADHD) is the most prevalent comorbid psychiatric disorder that complicate tic disorders. Alpha-2 agonists are effective in treating ADHD symptoms in children with comorbid tics. One of the most effective neuroleptics in the treatment of tic disorders is haloperidol.

This is the first case study reporting combination treatment of clonidine and haloperidol in tic disorder and ADHD comorbidity in the literature as far as we know.

**CASE PRESENTATION:**A 13-year-old male adolescent with tics and ADHD using clonidine 0.4mg/day and haloperidol 1mg/day is presented. He was diagnosed with ADHD at the age of 8 years and methylphenidate treatment was initiated at an outpatient clinic. Upon the development of eye blinking tic, he was switched from methylphenidate to atomoxetine treatment and risperidone was added. Because tics continued to cause disability, atomoxetine and risperidone was stopped and haloperidol was started.

He was admitted to our child psychiatry outpatient clinic when he was 10 years old. With 1 mg/day of haloperidol, tics had decreased considerably. During 2 years of follow-up, motor tics such as nodding, knocking her arms around her body were added and ADHD symptoms caused impairment. Effective doses of methylphenidate, aripiprazole, pimozone, and atomoxetine were given alone or in combinations of ADHD treatment plus antipsychotic, but there was no response to treatments. When he was 12 years old, clonidine alone was started and gradually increased to 0.4 mg/day. No side effects were observed. One month later, ADHD symptoms and tics decreased significantly. As the tics severity increased over time, haloperidol 0.6mg/day was added and increased to 1mg/day. The severity of tics and ADHD symptoms decreased and didn't cause impairment in the last 6 months.

**CONCLUSION:**Combination of clonidine and haloperidol may be a safe treatment in the treatment resistant comorbid tic disorder and ADHD.

**Keywords:** ADHD,clonidine,haloperidol,tic disorders,treatment

[Abstract:0220]

## 0220 - Clozapine induced seizure in early onset treatment resistant schizophrenia case

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### ABSTRACT

**INTRODUCTION:**Schizophrenia is known as a chronic disabling disease, which effects the functionality of a patient. Treatment for psychosis in the group of under the age of 18 is usually similar with adult guidelines.Terminology for treatment resistance changes depending on researcher and guidelines. If the patient fails to respond to two consecutive adequate trials with proper dose and time(at least one of which is an SGAM), then clozapine needs to be considered.We discussed the advantage of clozapine administration in a resistant case and it's side effect profile management, which was epilepsy for this case.

**CASE PRESENTATION:**The complaints of a 13-year-old male patient during his first visit to the clinic were irritability, involuntary thoughts of swearing to religion, and opposing energy within him. In the following appointment, there were grandiose and persecutory delusions. Given the diagnosis of psychotic disorder, olanzapine was increased to 30 mg/day for 8 weeks. Due to failure in treating psychotic symptoms and decrease in functionality; risperidon 6mg/day and haloperidol 15mg/day treatments have administered for 8 weeks respectively. Transition to clozapine was planned after failure of these three therapies. His symptoms improved when clozapine dose was 400 mg/day. There were still reference delusion, auditory hallucinations and blunt affect. Due to ongoing delusions, clozapine dose was increased to 650 mg/day. There was an increase in general functionality; however, complaint of leg and hand movements which suggested possible atonic seizures was present. In the follow-up session,due to EEG findings, valproic acid was gradually increased to 750 mg/day. Complaints satisfactorily resolved. His appointments are still going on.

**CONCLUSION:**Clozapine was beneficial in our three antipsychotic resistant case. Side effect profile such as epilepsy is important in clozapine treatment. Valproic asid was effective in managing epilepsy as a side effect in our case. Routine prophylaxis is not recommended in pediatric group.

**KEYWORDS:** adolescent,clozapine,resistant,schizophrenia,seizure,valproat

[Abstract:0224]

## 0224 - Psychosis after traumatic brain injury

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### ABSTRACT

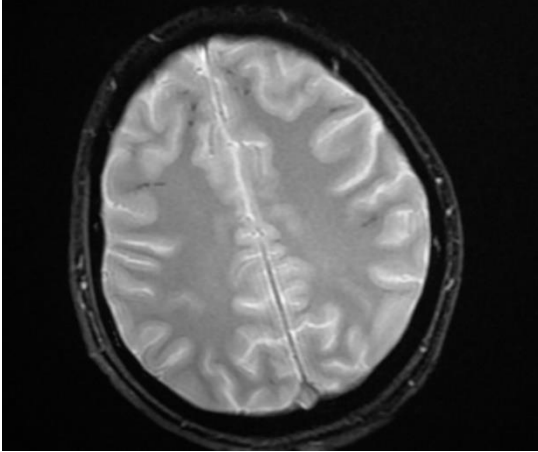
**INTRODUCTION:**Traumatic brain injury (TBI) is defined as "Ilmiş acquired brain injury caused by an external physical force ". The prevalence of psychotic disorder associated with head trauma was 0.7%.It is frequently seen in the 25-75 age range.However, we shared this case because psychosis developed after trauma at a young age.

**CASE PRESENTATION:**A 17-year-old male patient was completely healthy in his medical history and was hit by a motorcycle about 1.5 months ago.Delirium was considered and treated during hospitalization.The patient presented to the pediatric neurology outpatient clinic with complaints of inability to speak, aggression, and inability to sleep 1 week after discharge.Levitiracetam 2x500mg and Diazepam 1x5mg were started for prophylactic epilepsy.Cerebral MRI and EEG were asked for organism. left thalamus, bilateral frontal lobe cortical - subcortical area left parietal lobe subcortical white matter was found to be compatible with hemorrhagic sequelae.The patient was treated with haloperidone 2x15 drops, Biperidene 2 mg 4x1 tablets, diazepam 1x5 mg, valproic acid 2x200cc. Diazepam was reduced and discontinued during outpatient follow-up.Sertraline 50 mg treatment was administered to the patient because of withdrawal symptoms, avoidance symptoms and malaise.Haloperidol and biperiden were discontinued during follow-up.The patient was followed up with sertraline and valproate treatment.

**CONCLUSION:**Psychiatric disorders are common after traumatic brain injury.Although it is most commonly seen in the 25-75 age range, it was found in the pediatric case.TBI is the most common persecution delusion.As seen frequently in our case, persecution delusion was observed. Psychotic symptoms are often associated with post-TBI disorders such as post-traumatic epilepsy.In our case, antiepileptic treatment was started for prophylaxis. Abnormalities were detected in the EEG of the patient.In fact, there is not enough evidence and studies about pharmacotherapy in cases of aggression and irritability after head trauma.

**Keywords:** Traumatic Brain Injury, Psychosis,Children

Cerebral MR



[Abstract:0228]

## 0228 - Opiate use disorder in dizygotic twins

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### ABSTRACT

**INTRODUCTION:**Opiate use disorder is a medical disorder with addiction, tolerance and craving. In family studies, it is reported that the risk of addiction is increased in children of parents with alcohol and substance addiction or in individuals with addiction in a member of the family. Both genetic and environmental risk factors have been shown to be effective in this increase. In this article, we present twin siblings who live in separate places, who are unaware of opiate use and aimed to discuss the genetic and environmental risk factors of opiate use.

**CASE PRESENTATION:**26-year-old male dizygotic twin siblings; G. D. Married and have 4 brothers, lived with his mother. At the age of 20, he started using heroin for the first time and used heroin with foil. He also had been using cannabis, cocaine and methamphetamine for about 3 years. A.T was separated from his brothers and aunt was adopted and lived with his aunt. He has no half-brother. He started his first heroin when he was 17. It was learned from the histories that both patients started to use opiate in different places and different times without contact with each other. Opiate was positive in both patients' urine toxicology. Both patients were diagnosed with opiate use disorder. Buprenorphine /naloxone 4 mg/day was started in both patients who were followed up in the outpatient clinic. Advances in neurobiology and genetic epidemiology emphasize the role of genetics in opiate use disorder. Genes related to addiction are shared 100% between monozygous twins and 50% between dizygotes. It was reported that the same or different environment in which the twins live was effective.

**CONCLUSIONS:**The fact that our cases were dizygotic twin siblings who were living in separate environments and diagnosed as opiate use disorder unaware of each other supports the genetic role of addiction.

**Keywords:** opioid use disorder, twin, genetic



[Abstract:0230]

**0230 - Acute dystonia with risperidone following the discontinuation of methylphenidate in a child: a case report**Hilal Akköprü<sup>1</sup>, Songül Derin<sup>2</sup>*<sup>1</sup>Department of Child and Adolescent Psychiatry, Gynecology and Pediatric Hospital, Bingöl, Turkey,<sup>2</sup>Department of Child and Adolescent Psychiatry, Bezmialem University Medical Faculty, İstanbul, Turkey***ABSTRACT**

**INTRODUCTION:**The use of atypical antipsychotics with stimulants is frequently used today for the treatment of attention deficit hyperactivity disorder (ADHD) and comorbid conditions. However, removal of the psychostimulant from a treatment regimen containing an atypical antipsychotic agent may occasionally cause an acute dystonic reaction. Acute dystonia due to atypical antipsychotics such as risperidone and arpipyrazole have been reported in the literature after the remove of stimulants from treatment regimen.

**CASE PRESENTATION:**Here, we discussed the acute dystonia emerged in the tongue and extremities after a sudden discontinuation of methylphenidate in a 10-year-old boy who received risperidone and methylphenidate treatment. The case is followed in our outpatient clinic with the diagnosis of moderate intellectual disability, ADHD and conduct disorder(CD). It has been learned that OROS methylphenidate 27 mg 1 \* 1 and risperdal 1 mg 2 \* 1 have been used for about 5 months and benefit from this treatment. In the routine outpatient examination of the patient, abrupt thickening of the tongue, extension of the tongue outward and to the right, and difficulty in walking were observed. Involuntary contractions of the left arm, hands and fingers were also observed during the examination. The mother stated that she did not give methylphenidate for that day and that contractions started about 4 hours after received risperidone. The patient was referred to the emergency department and these symptoms improved soon after 2.5 mg im biperiden administration.

**CONCLUSIONS:**Drug combination therapies and drug-drug interactions are becoming more common due to the frequent comorbid conditions such as tic disorders, CD in ADHD. The present case report describes emergent an acute dystonic reaction following a sudden discontinuation of methylphenidate from a drug regimen involving risperidone and methylphenidate. Clinicians should be alert about the interaction between dopamine blockers and agonists a medication change in during treatment.

**Keywords:** Antipsychotic agents, Dystonia, Methylphenidate, Risperidone

[Abstract:0231]

**0231 - Treatment with buprenorphine/naloxone in an opiate dependent pregnant patient**

Başak Özge, Ali Erdoğan

*Department of Psychiatry, Akdeniz University Faculty of Medicine, Antalya, Turkey***ABSTRACT**

**INTRODUCTION:**The number of women using drugs during pregnancy is quite high. The use of opiates from illegal substances can lead to many complications in the mother and fetus. Therefore, methadone and buprenorphine are used in the treatment of opiate dependence during pregnancy. In this case report, we present a patient who received buprenorphine/naloxone treatment in both pregnancies.

**CASE PRESENTATION:**A 21-year-old married female patient lives with her husband. He started his first heroin when he was 14. The patient, who was admitted to our clinic for the first time at the age of 15, was diagnosed with opiate use disorder and 8 mg/day buprenorphine/naloxone treatment was initiated. The patient who became pregnant during the treatment was continued with 1-2 mg/day buprenorphine/naloxone. The patient delivered by cesarean at 35 weeks. 2400 grams of baby boy remained in the incubator for 6 days due to respiratory depression. After the abstinence, the treatment was continued with 8mg/day and the patient did not breastfeed. Three years after her first pregnancy, she was treated with 2mg/day buprenorphine/naloxone and became pregnant for the second time. She delivered by cesarean at 35 weeks. 2600 grams, no complications were observed in healthy girls. The patient had not used any substance in the last 2 years and continued to breastfeed with 2 mg/day buprenorphine/naloxone. In our case, postnatal abstinence syndrome was seen in the first baby, but no complications were detected in both babies. The absence of withdrawal syndrome in the second baby is related to the continuation of buprenorphine treatment during breastfeeding.

**CONCLUSIONS:**The guidelines recommend only buprenorphine instead of buprenorphine naloxane during pregnancy, but since this form is not available in our country, treatment was continued with buprenorphine/naloxone. The British Columbia Health Department's latest guidelines recommend that buprenorphine/naloxone is as safe and effective as buprenorphine monotherapy during pregnancy.

**Keywords:** buprenorphin/naloxon, pregnancy, breastfeed, opioid

[Abstract:0242]

## 0242 - Association of polyomyelitis and schizophrenia in the context of anti-vaccine: two case report

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### ABSTRACT

**INTRODUCTION:**Recently, it is important to remember the vaccine-reduced diseases because widespread use of vaccine contrast. Poliovirus infection is 95% asymptomatic and 5% is symptomatic also total polyomyelitis content is around 1%. In cohort studies, exposure to infectious agents during pregnancy was related to an elevated risk of schizophrenia.

**CASE PRESENTATION:**Case 1: A 46 year-old male patient has been diagnosed as schizophrenia almost 25 years ago. He had polyomyelitis when he was 2 years old. His physical examination revealed atrophy of his right lower limb muscles. He presented with complaints of irritability, auditory and visual hallucinations.

He was hospitalized many times and he used lots of drugs like antipsychotic and antidepressants. Current treatment is clozapine 400 mg/day. Clozapine gradually increased to 500 mg/day. The patient's complaints regressed and he was discharged from hospital. Case 2: 48 year- old male patient has been diagnosed as schizophrenia almost 25 years ago. He had polyomyelitis when he was 3 years old. His physical examination revealed atrophy of his left lower limb muscles. The patient was admitted with suspiciousness, non-compliance, strange behavior and hoarding. Aripiprazole 5 mg/day and sertraline 25 mg/day was ordered. Aripiprazole dose potentiated to 20 mg/day and sertraline doses potentiated to 50 mg/day. The patient's complaints regressed and he was discharged from hospital.

**CONCLUSION:**Previous investigations have reported associations between schizophrenia and second trimester influenza, rubella, respiratory infection, polio, measles, and varicella-zoster.

The Syrian vaccination rate is 91% in 2010, while the vaccination rate is estimated to decrease to 68% in 2012 due to the war. The importance of vaccination has increased with the migration to our country. However, we are worried that polio outbreaks and concomitant diseases will increase in our country due to the increase in vaccine contrast. It should be remembered that one of these diseases may be schizophrenia.

**Keywords:** polyomyelitis and schizophrenia, anti-vaccine, migration, prenatal infection, concomitant diseases

[Abstract:0246]

## 0246 - Attention deficit hyperactivity disorder treatment in a case with right kidney agenesis

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### ABSTRACT

**INTRODUCTION:**VACTERL association is a multisystem congenital anomaly. The potential findings include vertebral, anorectal, and cardiac anomalies; tracheoesophageal fistula/esophageal atresia; and renal and limb anomalies 1. People diagnosed with VACTERL association typically have at least three of these characteristic features. VACTERL association occurs in 1 in 10.000-40.000 newborns 2. Here we report the Attention deficit-hyperactivity disorder(ADHD) treatment of a case with VACTERL association and right kidney agenesis.

**CASE PRESENTATION:**E.G.G was a 11-year-old girl; admitted to our outpatient clinic with complaints of academic failure, lack of attention and hyperactivity. She had multiple congenital anomalies, including coanal atresia at birth, right kidney agenesis, vertebral anomaly, extremity anomaly, right side hemihypertrophy, uterine and ovarian agenesis, and vaginal hypoplasia; and had previously been diagnosed as VACTERL association. She was diagnosed as ADHD and Learning Disorder after the interview with the family and clinical evaluation. Short-term methylphenidate treatment was started with 10 mg after pediatric cardiology and pediatric nephrology consultation. During the follow-up, ADHD complaints decreased and her school success and functionality in daily life increased. Subsequent examinations revealed an increase in treatment efficacy and no side effects. Regular follow-up continues.

**CONCLUSIONS:**We present a case of a patient with VACTERL association and ADHD, who was safely treated with methylphenidate. To the best of our knowledge, this is the first report on the treatment of ADHD specific to VACTERL association. In this case, short-acting methylphenidate was used and the patient who has a VACTERL association and right kidney agenesis showed significant benefit in the treatment of ADHD.

**KEYWORDS:** Attention Deficit Hyperactivity Disorder, kidney agenesis, methylphenidate, VACTERL Association

[Abstract:0253]

### 0253 – Topiramate in the treatment of pyromania: a case report

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#### ABSTRACT

**INTRODUCTION:**Pyromania is a disorder in which an individual has multiple episodes of deliberately and purposely setting fires. Individuals with this disorder experience tension or emotional arousal before setting a fire. Individuals with pyromania experience relief, gratification or pleasure when setting a fire. The fire setting is not done for monetary gain, to express anger or enact revenge, to cover up criminal activity or in a response to a hallucination or delusion. The fire setting does not result from impaired judgment, for example intellectual disability. A diagnosis of pyromania will also not be made if the fire setting is better explained by conduct disorder, a manic episode, or antisocial personality disorder.

**CASE PRESENTATION:**A 47-year-old male with a history of depressive symptoms and inevitable willing of setting fire came to Adnan Menderes University Hospital Psychiatric outpatient clinic. He was on quetiapine 300 mg/d, aripiprazole 10 mg/d, essitalopram 20 mg/d, risperidone 1 mg/d treatment without any improvement. He was admitted inpatient clinic with provisional diagnosis of pyromania and major depressive disorder. Cranial MRI and EEG was normal. Setraline 75mg/d started for depressive symptoms and Topiramate 25mg/d was started then increased gradually to 100mg/d. After 1 month, patient totally stopped fire setting behaviour with topiramate treatment.

**CONCLUSION:**It is hypothesized that pyromania may share a pathophysiological basis with other urge-driven behaviors. The neurobiological underpinnings of pyromania, however, are poorly understood. Topiramate has multiple mechanisms of action, including blockage of voltage-dependent sodium channels and L-type calcium channels, enhancement of GABAergic neurotransmission, inhibition of glutamatergic transmission. Topiramate also have favorable effects in the treatment of other impulse control disorders. Topiramate as an anti-epileptic medication shows promise for psychiatric uses.

**Keywords:** pyromania, topiramate, setting fire, anticonvulsant, impulse control disorder

[Abstract:0255]

### 0255 - The use of vanoxerin consta in the treatment of cocaine addiction

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#### ABSTRACT

**INTRODUCTION:**Vanoxerin (GBR-12909) is a benzotropin derivative high affinity dopamine reuptake inhibitor. It has been reported in the literature that vanoxerine can be used in the treatment of rhythm disorders such as atrial fibrillation due to its effect on cardiac ion channels. Today, vanoxerin is being investigated as a possible drug for the treatment of cocaine addiction and clinical trials are being conducted. In the following, the response to vanoxerine treatment in a patient with cocaine abuse will be discussed.

**CASE PRESENTATION:** A 33 years old woman, divorced, university graduate. In 2007, she started using marijuana. Between 2014-2016, there is a daily history of alcohol use and since 2016 she has been using cocaine. In November 2017, she was admitted to our outpatient clinic with complaints of unhappiness, insomnia, irritability, headache, sweating and palpitations. Bupropion 300 mg/ day and quetiapine 200 mg / day was started. The patient partially benefited from this treatment and had not used cocaine for 4 months. Vanoxerin consta 346 mg 3-month injection treatment was initiated because of the patient's unhappiness, reluctance, irritability and desire to take cocaine. The patient did not describe any side effects other than neck pain after treatment. Control blood and ECG examinations of the patient were evaluated as normal.

**CONCLUSIONS:**The effects of vanoxerine on the etiology and treatment of many psychiatric disorders have been investigated in recent years. Although animal studies are promising, studies on humans have been limited due to cardiac side effects. In particular, clinicians should be careful about side effects such as QT prolongation and torsade de pointes. There are case reports in the literature that provide positive results for the treatment of cocaine addiction. There is a need for clinical research on the effects and side effects of vanoxerine in the treatment of cocaine dependence.

**Keywords:** addiction, cocaine, vanoxerine

[Abstract:0261]

### 0261 - A delayed diagnosed asd case with deletion in 12q13.13q13.13 and 13q13.1 regions

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#### ABSTRACT

**INTRODUCTION:**We aim to contribute to the literature with a 5 years old and 7 months male case which has a delayed OSD diagnosis and deletions detected in 12q13.13q13.13 and 13q13.1 regions.

**CASE PRESENTATION:**He was brought to our clinic with complaints of self-harm and aggression against his environment. In the psychiatric evaluation of the case, it was observed that his motor-mental development was delayed; he was able to say only 4-5 words, his physical appearance was small for his age, his eye contact was limited, he had no common attention, his language and speech skills were behind his peers, he did not receive simple verbal commands, he could not play scripted games yet and he had stereotypical behaviors such as nodding his head. It was learned that he did not participate in activities at school, did not play games with his peers, often wandered around the classroom and had trouble following the rules. The case was diagnosed with "Autism Spectrum Disorder (ASD)" and "moderate developmental retardation" according to the DSM-5 diagnostic criteria. Genetic tests of the patient showed that chromosome and FOXP2 analyses were normal, a loss of approximately 2.4 MB was found in the 12q13.13q13.13 region and there are 25 genes identified in this region in OMIM. In addition, a loss of about 0.4 MB was found in the 13q13.1 region and there are two genes identified in this region.

**CONCLUSION:**When OMIM, DECIPHER and ISCA data bases were evaluated, no identified disorders at 12q13.13q13.13 and 13q13.1 losses were found and the cases that's accompanied with intellectual disabilities have been reported. It was also determined that there were also no cases of ASD. It is thought that our late-diagnosed case with ASD, which is accompanied by moderate developmental retardation, is important in this respect.

**KEYWORDS:** ASD,genetics, intellectual disabilities,

[Abstract:0274]

### 0274 - Fluoxetine treatment in misophonia: a case series presentation

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#### ABSTRACT

**INTRODUCTION:**Misophonia is a potentially disruptive condition characterized by increased sensitivity, emotional reactions (i.e. anger, anxiety, or disgust) and avoidance behavior to specific sounds such as eating foods, chewing gum, breathing, smelling or blowing. The nature, clinical phenomenology, etiology and treatment of misophonia remain unclear. Nevertheless, some authors have recently proposed a theoretical model based on the central role of anxiety and distress to investigate potentially helpful treatment interventions on the phenomenological similarity between misophonia and obsessive-compulsive spectrum disorders.

**CASE PRESENTATION:**We present 3 pediatric misophonia cases in the context of accompanying subthreshold obsessive compulsive disorder symptoms. Case 1 was a 10-year-old girl who was disturbed by repeated voices, smacking, and whisking sounds triggered by her mother, teacher, and grandfather during the past year, and therefore referred to our clinic for complaints of crying, irritability, and loss of concentration. As a result of the clinical interviews and evaluations, sub-threshold violence obsessions, separation anxiety, excessive responsibility and perfectionism personality trait characteristics were noticed. Case 2 was a 5-year-old girl who presented with the complaint of not being able to stay apart from her parents or grandmother, not sleeping alone, refusing to go to school for the last 3 months. In addition, it was learned that these triggers included swallowing and breathing sounds of their parents in the psychiatric interview, where they had obsession-compulsions and anger bursts. Case 3 was a 16-year-old girl, especially at home, who was disturbed by the noises of slurping others' mouths, breathing, and chewing gums, and had contamination obsessions with cleaning compulsions. Fluoxetine treatment led to a reduction in sub-threshold anxiety, obsessive-compulsive, and misophonia complaints in all three cases.

**CONCLUSION:**In patients with symptoms of obsessive-compulsive disorder spectrum, the improvement in misophonia with fluoxetine treatment may suggest that these disorders may share a similar underlying pathophysiology, especially through serotonergic and dopaminergic systems.

**Keywords:** fluoxetine, misophonia, obsessive-compulsive disorder

[Abstract:0279]

### 0279 - Lowe syndrome associated with autism spectrum disorder

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#### ABSTRACT

**INTRODUCTION:** The oculocerebrorenal syndrome of Lowe (OCRL) is an X-linked disease characterized by the triad of congenital cataracts, intellectual disability, and proximal renal tubular dysfunction. Infantile hypotonia, bone, muscle, skin and connective tissue disorders may also be seen in this syndrome. The estimated prevalence is approximately 1 in 500,000 in the general population. OCRL is caused by a mutation in the gene encoding the oculocerebrorenal-Lowe protein (OCRL1), localized at Xq26.1. Maladaptive behaviors, including tantrums, stubbornness, and stereotypy, are often present. Whether these behaviors reflect the multiple disabilities found in some developmentally impaired individuals with or without OCRL, or a specific genetically-determined behavioral phenotype of OCRL, is unknown. We present a 6-year and 1-month-old boy with OCRL who had diagnosed with ASD accompanied by intellectual deficiency.

**CASE PRESENTATION:** A 6-year and 1-month-old boy applied to the medical board for disability report with the diagnosis of OCRL. He had limited non-verbal communication with poor eye contact. He had stereotyped and compulsive behaviors. He showed retardation in all evaluated areas of development (Ankara Developmental Screening Inventory; T score < 30). The Autism Behavioural Checklist, the Social Communication Questionnaire, the Aberrant Behavior Checklist, and the Repetitive Behavior Scale-Revised Turkish Version were applied. The total scores of these scales were 65, 22, 56, and 42, respectively. Eventually, he diagnosed with ASD accompanied by intellectual deficiency (ID).

**CONCLUSION:** Although stereotypy and behavioral problems are common in autism and also OCRL, it has been previously suggested that OCRL individuals did not demonstrate the communication dysfunction seen in autism. In one case report, duplication of OCRL and adjacent genes were reported in a boy who had nonsyndromic autism with ID. Contrary to these findings, in the present case, we showed the comorbidity of OCRL with ASD. Whether the autism should be attributed to the mutation on OCRL1 or not should be investigated in a more significant number of cases.

**Keywords:** Autism, Lowe Syndrome, Child

[Abstract:0280]

### 0280 - Transcranial direct current stimulation in a schizophrenia patient with treatment-resistant auditory hallucinations: case report of an experimental treatment method

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<sup>1</sup>*Department of Psychiatry, Istanbul University, Istanbul, Turkey*, <sup>2</sup>*Department of Physiology, Istanbul University, Istanbul, Turkey*

#### ABSTRACT

**INTRODUCTION:** Treatment-resistant schizophrenia is defined as treatment failure despite of the usage of 2 antipsychotic drugs of different chemical classes for  $\geq 4$  or  $\geq 6$  weeks. Treatment resistance causes patients to be at high risk for multiple adverse outcomes, such as high mortality rates.

In this report, we aimed to share the results of a trial of Transcranial Direct Current Stimulation (TDCS) in a schizophrenia patient with treatment-resistant auditory hallucinations.

**CASE PRESENTATION:** A 25-year-old male patient whose auditory hallucinations and persecution delusions started 10 years ago, was followed up with the diagnosis of schizophrenia. Several treatment modalities including ECT and clozapine were tried. Since the auditory hallucinations didn't improve, TDCS was planned. It was aimed to reduce auditory hallucinations by inhibiting the left temporoparietal region, and to improve cognitive functions by activating the left dorsolateral prefrontal cortex. A total of 20 days of TDCS treatment was performed. Symptom severity and clinical course of the patient were followed up with various scales. After TDCS, Auditory Hallucinations Rating Scale score decreased from 39 to 30, Scale for the Assessment of Positive Symptoms score decreased from 28 to 22, The Scale for the Assessment of Negative Symptoms score decreased from 88 to 79, and Brief Psychiatric Rating Scale score decreased from 53 to 43. It is recorded that the patient's auditory hallucinations decreased and he felt more comfortable in dealing with these sounds when present.

**CONCLUSION:**In this case, routine schizophrenia treatment algorithms were applied and when patient's auditory hallucinations continued intensively, TDCS treatment was tried in addition to existing treatments. TDCS is a safe and noninvasive neuromodulation technique that can directly affect cortical excitability through the application of very low electrical currents. The results obtained from this case indicate that this technique may be useful in the treatment of schizophrenia, and further studies are needed.

**Keywords:** auditory hallucinations,transcranial direct current stimulation, treatment resistant schizophrenia,

[Abstract:0285]

### 0285 - Trazodone associated periorbital and pretibial edema: a case report

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#### ABSTRACT

**INTRODUCTION:**Trazodone, has mechanism of action of 5-HT<sub>2A</sub> and 5-HT<sub>2C</sub> receptor antagonism and moderate inhibition of serotonin reuptake, is an antidepressant that is frequently used in the treatment of depression, anxiety and insomnia in clinical practice. Although it is an effective and safe drug, it is known to cause some side effects such as headache dizziness, headache, sedation, and arrhythmias. However, there are limited reports in the literature showing the use of trazodone-related edema. We present a case of trazodone-induced periorbital and pretibial edema and the edema disappeared rapidly upon discontinuation.

**CASE PRESENTATION:**77-year-old women patient with hypertension and psoriasis, who used ACE inhibitor and topical steroid, admitted for anhedonia, insomnia and crying five years ago. She diagnosed with depressive disorder and had been maintained on escitalopram. No additional treatment was required for five years. The patient was admitted with the complaint of insomnia after emotional stressor. It was understood that the patient did not have depressive complaints but had insomnia complaints due to her ruminative thoughts about stressor. Trazodone 50 mg/day was begun for insomnia. The patient whose complaint of insomnia improved, presented to the emergency department with pretibial and periorbital edema four days later. After physical examination and medical analysis, in the absence of other apparent physical causes for edema. Trazodone was considered as the cause of edema and it was discontinued. Edema was rapidly decreased in a week.

**CONCLUSION:**Here, we present a patient suffering from periorbital and pretibial edema with trazodone treatment. The mechanism of trazodone-induced edema is not fully understood. Trazodone could be caused edema by decreasing cardiac contractility and output and also decreasing vascular resistance, forming vasodilation through 5-HT<sub>2</sub> and  $\alpha$ <sub>1</sub> blockage.

Clinicians should be aware of pretibial and periorbital edema as a side effect and should be careful in the use of trazodone in patients at risk.

**Keywords:** Pretibial edema, periorbital edema, side effect, trazodone

[Abstract:0292]

### 0292 - Pharmacological treatment in a patient with giant arachnoid cyst

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#### ABSTRACT

**INTRODUCTION:**Arachnoid cysts are benign, space-occupying lesions involving cerebrospinal fluid. Clinical manifestations vary according to the size of the cyst and its interaction with adjacent neural structures. Mental disorders are rarely seen in clinical presentation, and most cases are asymptomatic and are usually diagnosed incidentally during radiological examinations. In this report, we present a case with a giant left frontotemporoparietal arachnoid cyst with and a dramatic response to lithium treatment.

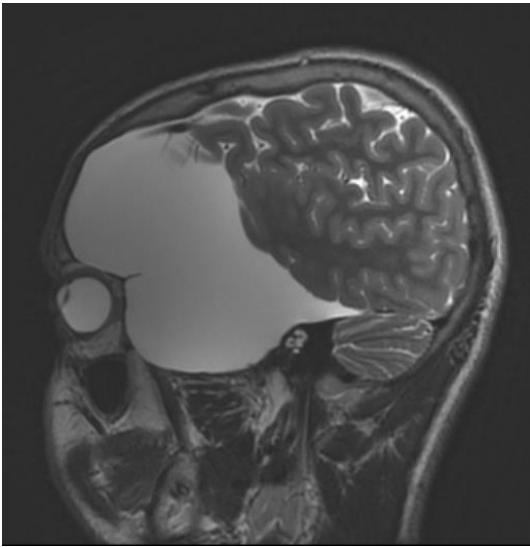
**CASE PRESENTATION:**A 15-year-old male patient presented to our clinic with school refusal and anxiety symptom. He didn't leave the house because of his referential delusions, social withdrawal, insomnia, depersonalization, derealization symptoms were present. Anhedonia, over-valued ideas and obsessive features were detected in the patient. According to physical examination and family history patient diagnosed with affective disorder. During the follow-up neurological examination; arachnoid cyst, compression of the left frontotemporal lobe was detected.



PET MRI showed hypometabolism in the left prefrontal and temporal areas, and neuropsychiatric testing revealed frontal-type behavioral findings that had evolved over the last few years. Other neurologic investigations such as EEG was normal. The patient was consulted with neurosurgery. Due to the risks of surgical treatment, pharmacological treatment was recommended. Patient prescribed with lithium due to the affective fluctuations. He had dramatic response and improvement in his cognitive functions and daily functionality were observed. **CONCLUSION:** Literature shows that the risk of cognitive impairment increases in individuals with arachnoid cyst and a significant portion of them may be reversible after surgical treatment. However, it should be remembered that the results are based on case reports and that surgical treatments may cause significant complications. In some cases it is reported that pharmacological treatment might be effective even if patient isn't operated. In this case, the symptoms of mood disorder in a patient with a giant arachnoid cyst improved with antidepressant and lithium therapy.

**Keywords:** lithium, arachnoid cyst, mood disorder, affective disorder

Arachnoid cyst mri



Arachnoid cyst mri



*A giant arachnoid cyst with a size of 121x184x95 mm was found in the left hemisphere of the patient.*



[Abstract:0303]

**0303 - A case of type 1 allergic reaction due to paliperidone palmitate injection**Yağmur Darben, Rabia Nazik Yüksel, Erol Göka*Department of Psychiatry, University of Health Sciences, Ankara, Turkey***ABSTRACT**

**INTRODUCTION:** Paliperidone palmitate is a long-acting injectable form of paliperidone, which contains adjuvants in it. Although reported to be effective and safe, hyperprolactinemia, dyspepsia, weight gain, nasopharyngitis, prolongation of QT interval, extrapyramidal side effects and rarely allergic reactions have been reported. In this case, we wanted to report a type 1 allergic reaction which is a rare side effect of paliperidone palmitate.

**CASE PRESENTATION:** The patient was a 34-year-old woman who had somatic symptoms like dizziness, headache, fatigue in the bathroom and also auditory hallucinations. Her self-care was decreased. She was diagnosed with psychotic disorder. Paliperidone 6 mg treatment was started for her and increased to 9 mg on the fourth day of treatment. On the 9th day of treatment, the first dose of paliperidone palmitate 150 mg IM injection was applied to the patient. Within 30 seconds of the first paliperidone injection, the patient developed flushing of the face, neck, and head, her blood pressure and saturation dropped, also she had difficulty while breathing. She was treated with antihistamine and prednisolone and paliperidone stopped. Her complaints regressed within ten minutes.

**CONCLUSION:** Although the cause of the allergic reaction due to paliperidone is not fully understood, it is thought that this may be caused by non-therapeutic components in the paliperidone palmitate compound. This case report was written to emphasize the vital severity of allergic reactions and to emphasize that these allergic reactions may also occur in commonly used applications such as paliperidone palmitate. The application of paliperidone injections in emergency response units may be useful for the treatment of these side effects.

**Keywords:** Paliperidone palmitate, Allergic Reaction, Psychosis

[Abstract:0308]

**0308 - Epileptic seizures after lithium poisoning**Rahime Güven, Şenay Yıldız Bozdoğan, İbrahim Taş, Berrin Ünal, İklîma Zeynep Bayraktar, İbrahim Eren*Department of Psychiatry, University of Health Sciences Konya Training and Research Hospital, Konya, Turkey***ABSTRACT**

**INTRODUCTION:** Lithium is widely used in the treatment of mood disorders. Acute poisoning may occur by accidental or suicidal intake of lithium. In acute poisoning, 95% of the patients have symptoms related to the nervous system. In severe lithium poisoning, neurological side effects such as stupor, epileptic seizure, coma are seen. We will talk about a patient who developed epileptic seizures after lithium poisoning.

**CASE PRESENTATION:** 30-year-old single female patient with 10-year history of bipolar disorder. She had taken 20 lithium pills for suicide. (20x300 mg) The patient was taken to intensive care. After the blood lithium level reached normal limits, she was admitted to the psychiatric ward. During the first 3 days of hospitalization, the patient developed several generalized tonic seizures. After, she had atonic epileptic seizures, which were 3-4 times a day for 1 month. Then EEG was taken, it was normal. There was no abnormality in complete urine analysis, hemogram and biochemical parameters. Fever, blood pressure and pulse were within normal limits. Blood lithium level was 0.11 mmol/L. After 1 week, the blood lithium was 0.04 mmol/L. Physical and neurological examination were normal. The patient had no known seizure history. There was no pathological finding to explain the seizures. Seizures disappeared after 1 month.

**CONCLUSION:** In lithium intoxication cases, serum lithium levels do not always coincide with clinical findings. Side effects associated with the nervous system are difficult to recognize. In our case, the patient had epileptic seizures that started after intoxication while she had no known epilepsy. The fact that the neurological symptoms due to intoxication may appear in the late period, the absence of any other pathology to explain the patient's current condition and the disappearance of the epileptic seizure complaint at the end of one month suggested that the seizures were due to lithium poisoning.

**Keywords:** lithium, poisoning, seizures

[Abstract:0311]

**0311 - A case of schizophrenia with a agenesis of the corpus callosum**İşılay Manzak Saka, Filiz Civil Arslan, Demet Sağlam Aykut, Evrim Özkorumak Karagüzel, Aykut Karahan*Department of Psychiatry, Karadeniz Technical University, Trabzon, Turkey***ABSTRACT**

**INTRODUCTION:**The agenesis of corpus callosum (agCC) is defined as the absence, at birth, of parts or of the entire structure. Schizophrenia is the most common psychiatric disorder reported among corpus callosum agenesis. In this case report, we aimed to draw attention to the association of schizophrenia and corpus callosum agenesis.

**CASE PRESENTATION:**A 19 year old female, single student in highschool was brought by her parents with a 1 year history of suspiciousness towards her family auditory and visual hallucinations, erotic delusions, sleepless. General physical and systemic examination was normal. There was no past or family history of any chronic physical illness, psychiatric disorder or drug abuse. Routine blood investigations is normal. MRI brain showed agenesis of corpus callosum.

Mental status examination revealed poor eye contact, normal psychomotor activity and speech. Her affect was irritable. There were auditory and visual hallucinations and delusions of persecution and erotic.

Medication with olanzapine up to 30 mg after 6 week in medication there was minimal response. Because suboptimal response to medication, ECT was apply. After 8 sessions of ECT provided little benefit. There was improvement in her aggressive behaviour auditory and visual hallucinations subsided but erotic delusions continued. After the 9 week in medication apply risperidone 50 mg IM/ per 2 week. In 12 week of medication her psychiatric symptoms reduced and discharged.

**CONCLUSIONS:**AgCC associated neuropsychiatric abnormalities reported are epilepsy, Asperger's syndrome, learning problems, depression, schizophrenia, conduct disorder and conversion symptoms. In these case report we aimed to draw attention importance of organic etiology research in first episode schizophrenia and the role of corpus callosum agenesis in the pathogenesis of schizophrenia.

**Keywords:** corpus callosum agenesis, first episode schizophrenia, schizophrenia

[Abstract:0312]

**0312 - Olanzapine induced leukopenia: a case report**Rahime Güven, Şenay Yıldız Bozdoğan, Yasemin Gökçenoğlu, Mustafa Çağrı Yıldız, İbrahim Taş, İbrahim Eren*Department Of Psychiatry, University Of Healthy Sciences Konya Training And Research Hospital, Konya, Turkey***ABSTRACT**

**INTRODUCTION:**Leukopenia is the white blood cell (WBC) values fall below  $3 \times 10^9/L$ . It can be developed with atypical and typical antipsychotic uses. Although most seen with clozapine; there are case reports of quetiapine, olanzapine and risperidone. In our case, dose-dependent leukopenia during olanzapine use was mentioned

**CASE PRESENTATION:**S. 56-year-old female patient was followed up with schizophrenia, for 4 years. The patient who has been using aripipazole 15 mg/day and quetiapine 100 mg/day for 1 year has been admitted to us with severe extrapyramidal symptoms (EPS) and auditory hallucination complaints. Aripiprazol and quetiapine were discontinued and treated for extrapyramidal side effects. After, she was treated with olanzapine up to 10mg/day for auditory hallucination. Her baseline leukocytes counts (WBC) of  $4.5 \times 10^9$  cell/l. After 10 days of treatment, her WBC count fell to  $3.7 \times 10^9$  cell/l. Olanzapine dose was reduced to 5mg / day, after 3 days leukocyte count rose to  $4,5 \times 10^9$  cell / l. Olanzapine dose increased to 7.5 mg / day, leukocyte count decreased to  $3.9 \times 10^9$  after 1 week. Reducing again to 5 mg / day, the leukocyte count was  $5 \times 10^9$  cell / l. Finally olanzapine was discontinued. It was decided to treat the patient with clozapine and the dose was increased to 100 mg / day. No hematological side effects were observed during the 6-week observation period. Patient was discharged to continue outpatient treatment.

**CONCLUSIONS:**There are a limited number of case reports related to olanzapine-induced leukopenia in the literature. Pathophysiology is still not clear. In the case we presented, the patient's basal wbc levels were normal, and the number of leukocytes decreased after the use of olanzapine and the return to normal values after the discontinuation of olanzapine suggested that leukopenia may be due to the use of olanzapine. In patients who have started antipsychotic treatment, we should ask for a blood count at regular intervals.

**Keywords:** leukopenia, olanzapine, schizophrenia

[Abstract:0315]

**0315 - Neurosyphilis presenting with psychiatric symptoms: a case report**

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**INTRODUCTION:** Syphilis is a chronic, reactivated, multi-systemic disease caused by *Treponema pallidum*. Primary syphilis is characterized by a syphilitic ulcer that heals in 2-3 weeks at the inoculation site. 25% of untreated patients have tertiary syphilis. Tertiary syphilis occurs 1-30 years after primary infection. Tertiary neurosyphilis may present with neuropsychiatric symptoms or disorders such as dementia, psychosis, mania, delirium and depression. In this article, we present a case of neurosyphilis (tertiary neurosyphilis), whose primary and secondary stages could not be determined and presented with neuropsychological symptoms.

**CASE PRESENTATION:** 49-year-old-female patient was admitted to the inpatient clinic for further examination and treatment after her admission to the outpatient clinic because of complaints of harm to herself and her relatives, increased speech volume and movement, grandiosity, shortening of sleep and amnesia. Her first psychiatric symptoms started in the form of talking with television, being watched by radio buttons and visual hallucinations a year ago. In retrospective hospital screenings, it was found that the patient had neurology outpatient entrance for the last 4 years. She was diagnosed with headache, anxiety disorder, somatization disorder and prescribed various antidepressants. During the clinical course, the patient underwent a mini-mental test because she was confused losing her belongings because of close memory abnormalities. Dementia markers were requested. TPHA and RPR were positive. Leukocyte and protein elevations were detected in CSF examinations.

**CONCLUSIONS:** Central nervous system involvement in neurosyphilis occurs in secondary and tertiary stages. Its insidious onset may mimic many neurological and psychiatric disorders. In a study conducted in 2004, it was reported that approximately 51% of 161 neurosyphilis cases had neuropsychiatric symptoms and in another study with 92 cases, 36% had neurological symptoms and 12% had psychiatric symptoms. It is remarkable that our patient had been admitted to the neurology outpatient clinic for the last 4 years due to neuropsychiatric symptoms. It is especially important to evaluate neurosyphilis or possible detectable organic conditions in the differential diagnosis of atypical psychiatric conditions, which are not typical at age of onset.

**Keywords:** neurosyphilis, diagnosis, treatment

[Abstract:0316]

**0316 - Psychogenic polydipsia in schizophrenia and its treatment with clozapine**Ece Büyüksandalyacı Tunç<sup>1</sup>, Urun Özer<sup>2</sup>, Serhat Tunç<sup>3</sup>

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**ABSTRACT**

**INTRODUCTION:** Psychogenic polydipsia, consumption of large amounts of liquids, may be a symptom in psychiatric disorders, especially in schizophrenia. It is quite familiar with a prevalence of 6% to 20% in psychiatric patients and a risk factor for morbidity and mortality. Therefore, management and effective treatment are crucial to prevent potential adverse outcomes. Herein, a schizophrenic case with psychogenic polydipsia is presented to emphasize the benefits of clozapine treatment.

**CASE PRESENTATION:** Male patient, 32 years old, with a history of schizophrenia for 15 years, was hospitalized due to aggressive behavior, noncompliance to treatment, and excessive intake of water. Psychiatric examination revealed disorganized speech and behavior with persecutory delusions and poor thought content. Severe hyponatremia and electrolyte imbalance was found in laboratory tests and grade IV ectasia in pelvic calyceal structures of both kidneys in the ultrasonographic examination. While his initial treatment was haloperidol, biperiden, and quetiapine, due to the persistence of symptoms and even the occurrence of an epileptic seizure, it was switched to clozapine. Clozapine is started with 50 mg/day and gradually increased up to 300 mg/day. Response to treatment was seen in two weeks and significant improvement obtained in a month.

**CONCLUSIONS:** Psychogenic polydipsia is reported to be underdiagnosed in psychiatric patients, and difficulties in its management are often mentioned. Due to its complications such as water intoxication and its association with poor prognosis in schizophrenia, it deserves attention. Clozapine should be considered as an effective treatment option in the treatment of psychogenic polydipsia in schizophrenic patients.

**Keywords:** Clozapine, Polydipsia, Psychogenic, Schizophrenia, Treatment

[Abstract:0318]

### 0318 - Electroconvulsive therapy in a patient with treatment-resistant schizophrenia and comorbid epilepsy

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#### ABSTRACT

**INTRODUCTION:** Approximately 7% of epilepsy patients experience varying degrees of psychosis[1]. Because of the proconvulsant effects of the antipsychotics used, treatment choice is difficult in this group[2]. Although electroconvulsive therapy (ECT) is not the first choice in the treatment of schizophrenia, it is reported to be effective and may be an alternative to medical treatment[3], although NICE does not routinely recommend ECT use in schizophrenia due to lack of available evidence and is rarely used as maintenance treatment after the acute phase[4]. Therefore, ECT use is rare in epilepsy patients[5].

**CASE PRESENTATION:**CASE: A 22-year-old female patient was followed for 3 years with the diagnosis of schizophrenia. She had visual, auditory, gustatory and olfactory hallucinations. In addition to the diagnosis of schizophrenia, she had been diagnosed with mental retardation and epilepsy since childhood and was taking valproate. He had been using olanzapine 30 mg and risperidone 4 mg, aripiprazole 20 mg, quetiapine 400 mg and many other medications for a long time for the treatment of schizophrenia. However, despite high doses, the patient's symptoms had never completely improved. After the patient was admitted to the inpatient service, many interventions such as increasing the dose of aripiprazole, adding haloperidol injection to aripiprazole, switching from aripiprazole to paliperidone in addition to haloperidol injection, and switching from paliperidone to olanzapine, but the patient gave insufficient response (22% decrease in PANSS). ECT was planned and initiated after all antipsychotics were stopped. After 7 sessions of ECT, the patient's PANSS decreased more than 50%. The patient who responded to ECT was maintained with paliperidone and discharged.

**CONCLUSION:**CONCLUSION: Use of ECT is reported in schizophrenia patients with epilepsy in few studies [5, 6]. Our case showed that ECT may be effective and safe in patients with epilepsy and comorbid treatment-resistant schizophrenia.

**Keywords:** Epilepsy, Electroconvulsive Therapy, ECT, schizophrenia

[Abstract:0327]

### 0327 - Late onset psychosis: a 78 age case

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#### ABSTRACT

**INTRODUCTION:**Late-onset schizophrenia is a disorder that begins at the age of 45 years and has both clinical and neurobiological shifts. When it starts over 65 years of age, it is called a very late onset schizophrenia-like psychosis. The incidence was found to be 0.2% over 65 years of age. In this case report, we aimed to present a 78 year old psychosis case.

**CASE PRESENTATION:**78 years old male patient who had no previous illness, had complaints of forgetfulness, skepticism, thinking that he would be harmed for about a week. The patient was admitted to the neurology clinic. The patient's brainMR, carotis vertebral artery dopplerulsg examinations reported as normal. Neurological pathology not considered but acetylsalicylic acid 100mg/day was started. After a day, he had persecutory delusion about his relatives. The patient's mental status examination revealed that he was conscious, his orientation was complete, and his persecution and reference delusions were remarkable. The memory examination was consistent with his age. No organic pathology was found to explain this condition in the history taken from the relatives of the patient. There were no findings that could explain this condition in the imaging and blood tests. When all the examinations were normal, the patient was considered to be very late onset psychosis and olanzapine was started at 2.5mg/day.

**CONCLUSION:**Late-onset schizophrenia; psychosis should start above 40 years of age, should not differ from the basic symptomatology of schizophrenia and shouldn't have physical symptoms such as amnesic syndrome or symptoms related to a central nervous system disease. The clinical subtype is mostly paranoid, with skepticism and auditory hallucinations. In our case, the symptoms started with skepticism and

paranoid delusions. In our case we didn't find secondary cause of psychosis. Finally secondary causes should be investigated in late onset psychosis. It should be kept in mind that it may be seen, though rare

**Keywords:** late-onset, olanzapine, psychosis

[Abstract:0328]

### 0328 - Mania case triggered by the use of ginseng

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#### ABSTRACT

**INTRODUCTION:**Herbal preparations have different uses in different cultures. In psychiatry, it is especially used in the treatment of anxiety, insomnia, depression and sexual dysfunctions. Both the mechanisms of action and side effects of these agents have different results. There are many cases of psychiatric illness triggered by the use of herbal products in the literature. Plants that cause manic episodes in patients with mood disorders previously; ginseng, hypericum perforatum celery root, garcinia cambogia, ma-huanh, golden berries. In this report, we present a patient with bipolar affective disorder who experienced a manic episode with ginseng use.

**CASE PRESENTATION:**67 years old female patient. She has been diagnosed with bipolar affective disorder since 1985. The patient had been using haloperidol 2.5 mg / day for about 10 years. The patient had no history of mood episodes for 9 years. Three months ago, she started taking ginseng and discontinued her medication for haloperidol and hypertension. The patient was admitted to the outpatient clinic with irritability, excessive speaking, making sudden and important decisions, thinking that she had been enchanted by her husband. The patient's complaints started 1 month ago. The patient was treated with haloperidol 10 mg / day and lorazepam 2 mg / day. During clinical follow-up, the patient's symptoms disappeared completely.

**CONCLUSION:**In this case report, we aimed to raise awareness on the possible psychiatric consequences of herbal medicines. Random use of herbal preparations poses a risk for many diseases. With the discontinuation of herbal remedies and restart of haloperidol treatment, we observed that the manic symptoms disappeared rapidly. Although our patient has not used any psychotropic drugs in the last 3 months, it should be considered that ginseng may play a role in triggering the manic episode considering the low haloperidol dose.

**Keywords:** bipolar disorder, herbal medicine, manic episode

[Abstract:0331]

### 0331 - Decrease in symptoms with tms in a case of treatment-resistant anxiety

Yasemin Gökçenoğlu, İsmet Esra Çiçek, Mustafa Çağrı Yıldız, Ali Metehan Çalışkan, Nafiye Yağlı, Rahime Güven, İbrahim Eren

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#### ABSTRACT

**INTRODUCTION:**Generalized anxiety disorder (GAD) is one of the most common anxiety disorders and consists of unrealistic and persistent worry about everyday things. TMS is a neurostimulation technique based on the principle of electro-magnetic induction of an electric field in the brain allowing focal, non-invasive stimulation of the human cortex. We present a patient with significant reduction in anxiety symptoms with the use of TMS.

**CASE PRESENTATION:**A 32 years old male patient; his first complaints have been started at he was 9 years old that were changing his clothes 3 times a day, frequent hand washing, not being able to go to school lonely, necrophobia, intense anxiety, palpitations. He had been hospitalized 20 times with these complaints in our hospital within 8 years. He used treatments such as paroxetine, fluoxetine, fluvoxamine, mirtazapine, clomipramine, aripiprazole, olanzapine, risperidone, buspirone. His symptoms were not regressed via ECT. The patient has never fully healed, and the severity of his complaints increased over the years. At the last hospitalization of the patient, clomipramine 225mg/ day, olanzapine 10mg/day, buspirone 15mg / day was ordered. 10 Hz TMS applied to left DLPFC region and 20 sessions of tms were administered. The patient's anxiety symptoms were regressed and he had been discharged from hospital

**CONCLUSION:**GAD causes considerable morbidity in patients especially in combination with depression. Although there are several effective psychotherapy and medication treatments, these treatments don't work for a significant percentage of patients. There are studies showing that use of TMS reduces symptoms in anxiety disorder. However, the lack of approval for the use of TMS in anxiety disorder limits its use. In our case,

the patient had not benefited although he had used many drugs before. TMS planned an at the end of the treatment, symptoms of the patient decreased and functionality improved. Finally, TMS may be considered in resistant cases

**Keywords:** anxiety, treatment-resistant, tms

[Abstract:0333]

### 0333 - A rare form of delusional disorder-somatic subtype: delusion of electrification

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#### ABSTRACT

**INTRODUCTION:** Delusional disorder is characterized by the presence of either bizarre or non-bizarre delusions which have persisted for at least one month. In somatic subtype of delusional disorder, central theme of the delusion involves body functions or sensations. Here we wanted to discuss a different phenomenological manifestation of somatic delusion.

**CASE PRESENTATION:** A 32 year-old male, admitted to our emergency service with sensation of electrification inside of his body. The patient had dilated cardiomyopathy and arrhythmia. He had ICD implantation in 2016. He felt that the electricity was spreading from device to his trachea, diaphragm through his leg. He thought there was a leakage in ICD cables. In emergency service, he was consulted to cardiology department and ICD was controlled by the manufacturer but nothing was wrong with ICD. The patient didn't want to discharge so he acted a suicide behavior by stabbing injectors to his chest. He told that he tried to open his chest for showing the electrical leakage to doctors. As we learned from his medical history; the patient applied to different emergency service for the last four weeks with the same complaints, and no problem was found that explain his sensations.

The patient admitted to the psychiatry service. His somatic preoccupation was evaluated as a somatic delusion according to DSM-V delusional disorder criteria's. Olanzapine treatment was started and daily dose was increased to 10 mg. During follow up his delusional thoughts declined and suicidal thoughts were gone.

**CONCLUSION:** Patients with ICD might receive shocks and can be disturbing. But our patient had delusional thought as "I am electrified" which was bizarre and not related with shocks. This is the first case report about this type of delusional disorder to our knowledge.

**Keywords:** Delusion, Electrification, ICD

[Abstract:0334]

### 0334 - From tv sets to psychiatry clinics: a case with erotomanic delusions due to cabergoline treatment

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#### ABSTRACT

**INTRODUCTION:** Erotomanic delusions (ED) appear as the product of an unrealistic belief system that a person is generally loved by a higher rank or well-known person. As a type of delusional disorder, ED are rarely encountered in the psychiatry clinic. A male patient with ED induced by pharmacological therapy was discussed.

**CASE PRESENTATION:** 47-years old male patient, married. He had an intracranial mass on brain imaging at another clinic where he was admitted for apnea about one year ago. The patient was diagnosed with prolactinoma by endocrinological evaluation (prolactin level: 1251 µg/L). Therefore, cabergoline treatment was initiated. It was learned that about four months after the treatment was started, he began to show an extreme interest for an actress he saw on TV, that he watched the series, in which the actress played a role, for more than twelve hours a day. He visited sets and venues where the series was shot, and had an argument with his wife over this excessive interest and attempted suicide. Olanzapine 5 mg/day was started for treatment. In the process, it was learned that in another clinic, olanzapine and cabergoline treatment was discontinued before surgery, and prolactinoma was removed surgically. Patient who had not been receiving psychiatric treatment for four months was admitted to our psychiatry clinic for treatment. Erotomanic delusions and occupations were still present and his prolactin level (460 µg/L) was high. Aripiprazole treatment was started at 2.5 mg/day and gradually increased to 15 mg/day. It was observed that the patient's ED disappeared, and prolactin level was within normal limits.



**CONCLUSION:** Persistent ED developing in a male patient due to cabergoline, are described for the first time in the literature. On the other hand, it is noteworthy that the symptoms were successfully treated with aripiprazole and high prolactin levels could be lowered without further treatment.

**Keywords:** Aripiprazole, cabergoline, erotomanic delusions, prolactin, treatment.

[Abstract:0339]

### 0339 - A case report of school phobia and suicidal attempt

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#### ABSTRACT

**INTRODUCTION:** Early recognition and intervention is important because the problem of attendance negatively affects the social, emotional and educational development of children. We will discuss a case of a girl who was brought to school for school refusal and had suicide attempts.

**CASE PRESENTATION:** A 10-year-old girl was brought to our outpatient clinic by her family because she did not want to go to school. In the anamnesis, the patient did not go to school for about 1 month, she swallowed 50 small stones not to go to school, she ate foreign objects such as eraser, tip and glue to not go to school and she licked the walls of toilets, she tried to throw herself off the stairs at school, suicidal attempt by taking the drug once. In the complete sentence test, he had thoughts of not wanting to go to school, fearing school, feeling distressed at school and killing himself. The patient was diagnosed with school phobia as a result of anamnesis and mental status examination. He was started on fluoxetine 20mg / day and alprazolam 0.25mg / day with cognitive behavioral therapy for school phobia. Fluoxetine was stopped at the sixth week because she did not respond and self-injurious behavior persisted. Escitalopram 15mg / day, risperidone 0.5mg / day and alprazolam 0.25mg / day were started. The patient was followed up regularly weekly and his suicidal thoughts, self-destructive behaviors and school phobia decreased after the tenth week.

**CONCLUSION:** In our case, it was important to have repeated self-harm and suicidal attempts after being pressured to go to school because school phobia could not only become simple somatic complaints and resistance to going to school but could reach a life-threatening dimension.

**Keywords:** okul reddi, suisidal girişim, okul fobisi

[Abstract:0347]

### 0347 - Restless leg like symptoms probably associated with long acting methylphenidate treatment

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#### ABSTRACT

**INTRODUCTION:** Restless legs are characterized by uncomfortable sensations in the legs and an urge to move them. To establish the causation for drug-induced restless legs; the following features are useful: no prior history of the disease prior to drug initiation and ruling out other secondary causes (low serum ferritin levels, renal failure, neuropathy, excessive caffeine/tobacco use).

Considering medications, long acting methylphenidate treatment has never been reported to cause restless leg symptoms. Here, we present a 9 year old boy with diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) who developed restless leg like symptoms after starting long acting methylphenidate treatment.

**CASE PRESENTATION:** A 9 year old boy was admitted for his attention deficit problems. He was diagnosed with ADHD. We started 10 mg/day long acting oral methylphenidate treatment for his ADHD symptoms. With methylphenidate treatment his ADHD symptoms showed improvement but he reported tremor, tingling, numbness, uncomfortable sensations in his legs and while he was under the medication effect. Then he was referred to pediatric neurology department. As a result of investigations no organic pathology detected. It was thought that the cause of this symptoms could be the long acting methylphenidate treatment and recommended to terminate the drug treatment. After discontinuation of the long acting methylphenidate treatment, restless leg like symptoms disappeared.

**CONCLUSIONS:** Emergence of restless leg like symptoms with the long acting methylphenidate and disappearance with medication discontinuation may suggest a causal link between the long acting methylphenidate and the restless leg like symptoms in this case. However,



despite this causal link, it is unclear through which pathophysiological mechanisms the long acting methylphenidate could cause this side effect. Whatever the pathophysiological mechanism could be, the clinicians should be familiar about the possibility of restless leg like symptoms in children treated with long acting methylphenidate. In such cases, clinicians may order a pediatric neurology consultation.

**Keywords:** ADHD, Methylphenidate, Restless Leg Like Symptoms

[Abstract:0348]

### 0348 - Emotional urinary incontinence: two case reports

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#### ABSTRACT

**INTRODUCTION:** In this article, we aimed to evaluate two cases of urinary incontinence which were not successful with long-term incontinence treatments within the scope of consultation and liaison psychiatry.

**CASE PRESENTATION:** A 30-year-old, married, housewife, female patient presented to the neurology clinic with the complaint of urinary incontinence after fainting during daytime, and wetting underneath 4-5 times every night and then waking up. The patient was admitted to our clinic with complaints of urinary incontinence, reluctance, inability to enjoy life, insomnia, anxiety and restlessness. She was hospitalized in our clinic for observation with the diagnosis of Mixed Anxiety Depressive Disorder and sertraline 50 mg / day was ordered. The patient did not report urine incontinence at the control visit in the following week. Four weeks later, her anxiety and depressive symptoms improved significantly. It was learned at the post-discharge interview that the patient had missed urine twice within a week.

45 years old, male patient, worker was admitted to our clinic with complaints of urinary incontinence 3 times per night. In addition, he mentions difficulty in falling asleep, unhappiness and irritability. Each time he wakes up with the bed completely wet. Tofranil 25 mg/day and sertraline 50 mg /day was prescribed in the patient who had high psychosocial stress. At the end of the fourth week, the patient's incontinence is completely stopped.

**CONCLUSIONS:** Urinary incontinence, which is medical and hygienic problems that affects quality of life and social functioning very badly, has been reported more frequently in patients with psychiatric problems compared to normal controls. There are also reports of rapid response to Selective Reuptake Inhibitors in the treatment of emotional incontinence. These two cases were written to emphasize the importance of mental status assessment in evaluating pathogenesis, risk factors and treatment options of insoluble urinary incontinence.

**Keywords:** Emotional, Incontinence, Urinary,

[Abstract:0356]

### 0356 - Coexistence of treatment-resistant schizophrenia and ankylosing spondylitis

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#### ABSTRACT

**INTRODUCTION:** Treatment-resistant schizophrenia has been defined as a failure to respond adequately to two antipsychotic treatments since 1996. In many algorithms, the failure to respond to the use of two antipsychotics was accepted as TRS. Ankylosing spondylitis (AS) is a disease that mostly affects young men, characterized by inflammatory low back pain and sacroiliitis. In this case report, we will discuss the coexistence of resistant schizophrenia and ankylosing spondylitis and its effects on the course and treatment of schizophrenia.

**CASE PRESENTATION:** 50 years old male patient. He has a 35-year history of AS and a 30-year history of schizophrenia. He was admitted to the outpatient clinic with insomnia, self-speech, auditory and visual hallucinations, persecution delusions. He attributed the limitation of movement and contractures due to ankylosing spondylitis to hallucinations and delusions. He had not benefited from long-acting paliperidone and risperidone. Then haloperidol depot treatment was started as 400 mg. ECT was planned to strengthen the treatment. Patient was consulted to physical therapy doctors. But they refused ECT because of the risk of fracture. Although haloperidol depot treatment was given to the patient for 2 months, his psychotic complaints persisted. Then clozapine treatment was started and increased to 700 mg / day. The patient's complaints were partially regressed.

**CONCLUSIONS:** Strengthening of clozapine with antipsychotics, antidepressants, mood stabilizers, and ECT may be considered as an alternative option in treatment-resistant schizophrenia. In some patients who have risk of osteoporosis and fracture, some studies have shown that proseal LMA can be used safely when an intubation is needed during ECT. In order to reduce the risk of fracture, it is important to choose complete paralysis rather than partial paralysis as muscle relaxant in patients at high risk due to osteoporosis. In our case, the patient's interpretation of AS symptoms is psychotic, this may impair compliance and increase treatment resistance.

**Keywords:** Treatment-resistant schizophrenia, Ankylosing spondylitis, ECT

[Abstract:0357]

### 0357 - Treatment resistant, fast progressive schizophrenia case

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#### ABSTRACT

**INTRODUCTION:** According to the National Institute for Health and Care Excellence criteria, "Patients who received two consecutive antipsychotic treatments for at least 4 weeks at a daily dose of 400-600mg equivalent of chlorpromazine, but continuing to show at least moderate persistent psychotic symptoms on one or more positive symptoms classified as treatment resistant schizophrenia and compliance with the drug should be documented (1). We aimed to present a case of progressive schizophrenia with rapid progressive destruction that did not respond to 500 mg + clozapine in 1.5 years.

**CASE PRESENTATION:** 31 years old, female, single, university graduate. Her father has psychotic disorder. Her first complaints started a year ago in the form of skepticism, self-talk, irritability, hostile attitude to the family. The PANNS scale value was 96. There was no abnormality in routine blood values and radiological imaging. The treatment was started with olanzapin and increased to 30mg. Oral haloperidol 30mg and biperidene 4mg were added to the treatment. 15 ECT were applied. Olanzapine and haloperidol was discontinued and risperidone was added. Clozapine added to the treatment of the patient whose delusions and scattered speech continued. Clozapine dose was increased to 500mg. 16th week, psychomotor agitation decreased but delusions and disorganized behavior continued. The patient was discharged with clozapine 500mg and olanzapine 30mg.

**CONCLUSION:** Treatment compliance, early response to antipsychotics, and duration of untreated psychosis are the most important factors associated with treatment predicting resistance. In our case, the non-treatment time was quite short and our patient did not respond to treatment with more than one drug (including clozapine) at the same time. Psychosis in the family history of the patient may also cause treatment resistance. With the help of advanced genetic studies and drug blood level monitoring in clinical practice, the chance of effective treatment of patients with refractory schizophrenia may increase.

**Keywords:** schizophrenia, progressive, resistant

[Abstract:0359]

### 0359 - Low-dose atypical antipsychotic-induced neuroleptic malignant syndrome: a case report

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#### ABSTRACT

**INTRODUCTION:** Neuroleptic malignant syndrome (NMS) is a rare but potentially fatal idiosyncratic reaction that manifest with hyperthermia, extrapyramidal symptoms, autonomic nervous system disturbances and altered levels of consciousness most often caused by an adverse reaction to antipsychotic drugs. Although typical and high potential antipsychotics are implicated in NMS, there are also NMS cases reported with atypical antipsychotics. The most common causes of death are arrhythmia, respiratory and renal failure and collapse of the cardiovascular system.

**CASE PRESENTATION:** A 68-year-old woman was brought to the Emergency Department with fever, unconsciousness, myoclonic contractions around mouth, palpitations, tremor, impaired oral intake, rigidity and hypotension. She was on paliperidone 3mg/d and sertraline 50 mg/d for the last 2 months. Her blood pressure was 105/71 mmHg, pulse was 110/min, fever was 38 C, laboratory results; CK: 517, WBC: 16700, Na: 154,

K: 3.53, Creatinine:1.42. The patient had confusion and was disoriented. There was no clonus and hyperreflexia. Cranial CT and lumbar puncture was normal. After performed all necessary tests for differential diagnosis, the patient was diagnosed as NMS. The patient was admitted to the intensive care unit and was started on bromocriptine 5mg/d. After bromocriptine treatment, fever and heart rate returned to normal and CK level and muscle stiffness decreased.

**CONCLUSION:**The current case was on paliperidone, drug included in the newer atypical antipsychotics and there was no any use of intramuscular or oral high-potency conventional antipsychotic medicines. This patient had previously used paliperidone for 3 years without any side effects. The case met the DSM-5 criteria for NMS although there was mild increase in temperature and a modest elevation in creatine phosphokinase. This may be either due to the atypical presentation of NMS described with atypical antipsychotics. It should be kept in mind that there might be a great variability of its clinical presentation.

**Keywords:** atypical antipsychotic, bromocriptine, neuroleptic malignant syndrome, paliperidone

[Abstract:0360]

### 0360 - Methylphenidate induced oromandibular dyskinesia

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#### ABSTRACT

**INTRODUCTION:**Methylphenidate (MPH) is a short-acting stimulant drug used for the management of Attention Deficit Hyperactivity Disorder, narcolepsy and persistent depressive disorder. The most common adverse effects of MPH include headache, sleep deprivation, weight loss, abdominal pain, anxiety, psychosis, irritability, tics, chorea, and tremors. Yet, rather than stopping MPH medication at once after observing any adverse effect dose adjustment would alleviate those effects.

**CASE PRESENTATION:**In this report we present the case of MPH induced Oromandibular dyskinesia. The patient is a 7-year-old, female with history of complaints such as attention deficits, clumsiness, oblivescence and poor school performance. She was prescribed MPH with 10 mg as daily dose. After 3 hours of the first administration of MPH she developed oromandibular dyskinesia accompanied with a panic attack episode, characterized with tachycardia, difficulty in breathing, terror and fear of death symptoms. The panic episode lasted about 30 minutes and her dyskinesia persisted about 9 hours with a gradual decrease to resolve. The MPH treatment was started again with 2.5 mg as daily dose and doubled after one week to 5 mg then fixed to 10 mg daily. After the first administration no recurrent dyskinesic movements were observed.

**CONCLUSIONS:**Drug-induced dyskinesias have been widely described in the literature in association with antipsychotic agents depending on their dopaminergic system blocking. Recently cases with MPH induced dyskinesias were also reported. Although the precise mechanism is not known, the alteration of norepinephrine and dopamine systems are considered as the most possible reason of dyskinesia after methylphenidate use.

Despite dyskinesia MPH treatment should not be undervalued in psychiatric disorders, especially in Attention Deficit Hyperactivity Disorder.

**Keywords:** methylphenidate, oromandibular dyskinesia, dyskinesia

[Abstract:0365]

### 0365 - Steroid induced hypomania in multiple sclerosis

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#### ABSTRACT

**INTRODUCTION:**Emotional disturbances are highly prevalent with an early onset in patients with multiple sclerosis (MS). The presence of psychiatric symptoms in MS was underlined and systematically described as early as in 1877 by Charcot. Depression is the most common psychiatric manifestation with a prevalence of 22–54%. We report a case of MS and hypomania related with pulse steroid treatment.

**CASE PRESENTATION:**A 58-year-old man, with no family and medication history related with bipolar disorder, was followed up since 2009 at the age of 48 for multiple sclerosis. Neurological examination revealed a left hemiparesis and left pyramidal syndrome. Cerebrospinal MRI showed multiple T2-weighted hyperintense lesions in periventricular white matter and in corpus callosum. He was diagnosed as multiple sclerosis radiologically and also VEP showed increased latencies. He applied to neurology polyclinic with some complaints like paresthesia and weakness of left side of the body. We planned to change treatment from fingolimod to ocrelizumab and offered him hospitalization. After we ordered pulse steroid treatment 1 gr/day (i.v.) but at the 5th day of the treatment he had some complaints like decreased need for sleep, higher than

normal energy levels, having increased sexual desire, being easily distracted, being extremely talkative after that we stopped pulse steroid medication and observed him. A few days later his complaints regressed and he had been discharged from hospital

**CONCLUSIONS:** Corticosteroids have been in use for over six decades to treat a wide variety of pathologies from asthma and allergies to autoimmune diseases and dermatologic conditions. Although the pathophysiological mechanism by which corticosteroids cause psychiatric side effects is unclear. Dosing plays a significant role in the development of neuropsychiatric symptoms, thus minimizing the dose is a primary preventive strategy with the goal of maintaining a 40 mg daily dose of prednisone or its equivalent.

**Keywords:** hypomania, multiple sclerosis, steroid

[Abstract:0366]

### 0366 - Situs inversus totalis in a 16 year old girl with attention deficit hyperactivity disorder

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#### ABSTRACT

**INTRODUCTION:** Situs inversus is an autosomal recessive disorder of lateralization. Situs inversus totalis (SIT) involves complete transposition of the thoracic and abdominal organs. Previous case descriptions have linked psychosis or schizophrenia with a related condition, Kartagener's syndrome that additionally involves primary ciliary dyskinesia (PCD). We describe here for the first time the concurrent presentation of Attention Deficit Hyperactivity Disorder (ADHD) and SIT in an otherwise healthy young girl.

**CASE PRESENTATION:** A 16 year old girl was admitted for her attention deficit problems. According to the psychiatric assessment, she was diagnosed with ADHD. We decided to start methylphenidate (MPH) treatment for her ADHD symptoms but her cardiac family history created a need for a child cardiology evaluation before starting the medical treatment. Cardiac examinations revealed that the girl had SIT without cardiac dysfunction so she could use MPH treatment. After the cardiological evaluation, the family was shocked because doctors had never said anything about SIT till that time.

**CONCLUSIONS:** We provide here the first description of ADHD with SIT in an otherwise healthy individual. Although this case may be the incidental co-occurrence of two disorders, it is also possible that it can provide an insight into the neurodevelopmental origin of ADHD. Neuroimaging studies of SIT have shown that there is discordance in brain development with reversed cerebral petalia asymmetry and an inconsistent inferior frontal gyri pattern. ADHD is thought to be the result of network abnormalities that occur and evolve during the process of brain development. The studies suggest that ADHD is simply a dysfunction in normal frontal maturation and associated with a prefrontal-striatal neural circuit dysfunction. This case warrants further research on circuits that seen in early stage of asymmetry and those that determine lateralized brain functions like attention.

**Keywords:** Situs Inversus Totalis, ADHD, Adolescent

[Abstract:0367]

### 0367 - Transcranial magnetic stimulation-induced switch into hypomania

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#### ABSTRACT

**INTRODUCTION:** Magnetic stimulation has several potential advantages over direct electric stimulation of the central nervous system, including greater safety, fewer side effects, and the ability to stimulate particular regions. Transcranial magnetic stimulation was administered five times a week for 4 weeks. The protocol includes 20 trains of 10 Hz, for a duration of 6 sec, with 30 sec between each train.

**CASE PRESENTATION:** A 41-year-old married man with a history of major depression was referred to inpatient clinic. He had some depressive complaints during one months like sleep disturbances, anhedonia, hopeless, decrease in appetite, somatic symptoms, fatigue, psychomotor retardation, diminished functioning. He had taken sertraline 50 mg/day for 1 month. Although regularly medication taking his complaints are not regressed. We offered him TMS and hospitalization. After the 9th session of TMS he was presented with irritability, decreased need for sleep, having increased sexual desire, elevated mood, singing loudly, mostly during the night. We ordered haloperidol 20 mg/day (oral) and biperiden

4 mg/day (oral). 5 days later his complaints regressed. He was assessed as switching to hypomania and TMS was continued. Totaly 20 session TMS was administered. Depressive symptoms was regressed and he had been discharged from hospital.

**CONCLUSION:** Transcranial magnetic stimulation is currently being widely studied in other applications, and its efficacies and potential side effects are being investigated. In this report, our patient with major depression, treated with TMS for their depression, developed a manic episode during or shortly after treatment with TMS. It is therefore likely that TMS caused an effect similar to that of previous administration of antidepressants. Further research is needed to understand the nature of the possible manic switch following TMS for depression. Most likely, it is a genuine complication of treatment with TMS, as is known to occur with other treatments of depression

**Keywords:** depression, hypomania, transcranial magnetic stimulation

[Abstract:0371]

### 0371 - Aripiprazole effect to fight side effects and improve treatment compliance: a case report

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#### ABSTRACT

**INTRODUCTION:** Schizophrenia (Sch) is one of the most disruptive conditions worldwide affecting 1% of the population (1). However, approximately one third of schizophrenia patients do not respond adequately despite the use of antipsychotic drugs at the recommended doses and duration (2,3).

**CASE PRESENTATION:** He was a 24-year-old male patient. He was followed for 6 years with the diagnosis of Sch. He was decided to be hospitalized and treated. In terms of organic pathologies, whole blood, biochemistry, hormone and vitamin levels and cranial MRI were normal. His mental status examination included persecutory-reference delusions, auditory hallucinations, anhedonia, avolition, and alogia. The patient was taking amisulpiride 1200 mg/day. Clozapine was added to the treatment and increased to 400 mg/day. Control WBC and neutrophil levels were within normal limits. Psychotic symptoms regressed at the target dose of clozapine and externed. Amisulpride was reduced and stopped. No side effects were observed. Subsequently, oral aripiprazole was added to 30 mg/day. One month after the addition of aripiprazole, the side effects were completely improved. The dose of clozapine was reduced to 100 mg/day during outpatient follow-up and there was no psychotic exacerbation. Treatment compliance and functionality were good. The control interval was changed every three months with clozapine 100mg/day and aripiprazole 30mg/day and it's still being followed up.

**CONCLUSIONS:** Clozapine has a relatively low affinity for the dopamine D1, D2, D3, serotonin 5-HT<sub>1A</sub>, 5-HT<sub>1D</sub> and  $\alpha$ <sub>2</sub> receptors, but D<sub>4</sub>,  $\alpha$ <sub>1</sub>, 5-HT<sub>2A</sub>, 5-HT<sub>2C</sub>, 5-HT<sub>3</sub> and 5-HT<sub>6</sub> receptors and antimuscarinic and anti-histaminic receptors show strong activity (6). Aripiprazole is an atypical antipsychotic with partial agonist activity in D<sub>2</sub>, 5-HT<sub>1A</sub> and 5-HT<sub>2C</sub> and antagonistic activity in 5-HT<sub>2A</sub> (7). With these properties, aripiprazole has been considered as an antagonizing agent of clozapine-induced side effects. In this case, we presented our experience in which addition of aripiprazole to clozapine treatment resulted in complete regression of side effects, better patient compliance, improved functionality and even prolonged remission of psychotic symptoms despite cessation of clozapine dosage.

**Keywords:** clozapine, aripiprazole, side effects

[Abstract:0375]

### 0375 - 10q Distal trisomy and intellectual disability: a rare combination

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#### ABSTRACT

**INTRODUCTION:** Intellectual disability (ID) is a neurodevelopmental disorder, with a prevalence of %1-3. Genetic factors contribute strongly to the etiology of ID. Although a significant progress has been made in terms of ID genetics over the past decades, the exact etiology of ID remains unknown in up to 60% of the cases.

**CASE PRESENTATION:** In this paper, we aimed to present two siblings with distinctive phenotypical features and neurodevelopmental disorders with an unbalanced translocation, [46,XX der(15) t(10;15)(q24.3;26.1)mat], resulting in trisomy of the long arm of chromosome 10 and

monosomy of the long arm of the chromosome 15. These cases are thought to be associated with distal trisomy 10q and monosomy 15q syndromes, respectively. Both of these syndromes are rare diseases with a well described clinical profile. Co-existence of these two genetic variations may be even rarer.

**CONCLUSIONS:** Further exploration of the genomic alterations within these chromosomal regions, along with the identification of genes contributing to the molecular mechanisms of ID may be helpful in terms of predicting the prognosis, as well as developing molecular targets of intervention. It may be concluded that balanced and unbalanced translocations have been instrumental in the identification of multiple genes that are involved in ID pathogenesis.

**Keywords:** genetic syndrome, translocation, intellectual disability

[Abstract:0379]

### 0379 - Early onset obsessive-compulsive disorder: a case report

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#### ABSTRACT

**INTRODUCTION:** Obsessive-compulsive disorder is a common, neuropsychiatric disorder, that frequently begins during childhood and adolescence, with an estimated lifetime prevalence of 2-3 % in the general population. It is reported that selective serotonin reuptake inhibitors are more effective than placebo in the treatment of pediatric OCD. This report a case of very early onset OCD that showed good response to pharmacotherapy.

**CASE PRESENTATION:** The present case is about 4 years old male child whom had not any past psychiatric illness. His symptoms were presenting 2 months ago with anxiety of running out. He started to not throwing away his used handkerchiefs. Then, he started to not throwing used toilet paper and deposite chocolate and food packages, consume very little water. If it wasn't happening, he was getting anxious, and after that he was crying, yelling and hitting around. Physical and neurological examinations were normal, and laboratory results were all within normal limits. The child did not have insight because of his age. Impairment due to OCD symptoms was evaluated through detailed clinical examination and based on history as well as repeated interviews and observations. Obsessions could not be healthily evaluated. The mother was administered only compulsion part of CY-BOCS. CY-BOCS Compulsion sub-total score on CY-BOCS was 16 points. Child was started on escitalopram 0.5 mg/day and the dose was increased to 1,5mg/day in a week's time. After one month of treatment, CY-BOCS was re-administered to mother. CY-BOCS Compulsion sub-total score on CY-BOCS was 1.

**CONCLUSION:** This case is very important for better understanding very early onset OCD. Because of being awareness of the clinicians in these symptoms for the diagnosis of illnesses, it may lead to a renewed emphasis on early detection and intervention strategies. Thus, if early detection and early effective treatment is possible, full recovery for OCD patients could become a reality.

**Keywords:** childhood, escitalopram, obsessive-compulsive disorder

[Abstract:0381]

### 0381 - A rare known topic 'fregoli syndrome': a case report

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#### ABSTRACT

**INTRODUCTION:** Fregoli syndrome belongs to the group of delusional misidentification syndromes(DMS) and was first described in 1927 by Courbonand Fail. It was named after the Italian actor Leopolda Fregoli, who was able to make very good imitations[1]. DMS is considered as rare psychopathological phenomenons encountered in psychiatric and neurological conditions. The stranger is believed to be psychologically identical to this known person(who is not present) even though the deluded person perceives the physical appearance of the stranger as being different from the known person's typical appearance[2]. We report the case of a patient with paranoid schizophrenia who developed Fregoli syndrome.

**CASE PRESENTATION:** Mrs. A is 43 years old, single and housewife. Her family had a history of schizophrenia and said that her strange behavior began in her twenties. However, she did not apply for any treatment. Upon the deterioration of her illness over time, she was hospitalized in 2019 with a family decision. Aripiprazole injection treatment was arranged monthly by the hospital to which applies.. The patient presented to



our outpatient clinic because of extrapyramidal symptoms. She was hospitalized and treated with lorazepam and biperiden treatment. She expressed delusions of religious, persecutory and reference content. Mrs. A thought that she had been raped by several different people with the same faces but with different bodies. There was no pathology on physical examination and central imaging. We diagnosed the patient with paranoid schizophrenia according to DSM 5 and started clozapine treatment. The patient is still under follow-up.

**CONCLUSIONS:**DMS is most commonly associated with psychiatric conditions such as schizophrenia, psychotic disorders and bipolar disorder, and organic pathologies such as dementia, stroke, cerebrovascular disease, epilepsy, traumatic brain injury, brain tumors and other organic brain injuries. It is also known that 60-75% of DMS is associated with psychiatric disorders and no underlying organicity is detected[3].

**Keywords:** fregoli, misidentification, schizophrenia

[Abstract:0382]

### 0382 - A case of the treatment of skin picking disorder of a patient with mental retardation

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#### ABSTRACT

**INTRODUCTION:**Skin picking disorder is a condition characterized by excessive picking behavior that is the recurrent excoriation of one's own skin, resulting in noticeable skin damage. Skin picking(SP) disorder did not appear as a separate diagnostic category in DSM-5 classification systems, but it was included as an independent diagnosis in the Obsessive-Compulsive and Related Disorders category in DSM-5. Selective serotonin reuptake inhibitors have been shown to be effective in the treatment of skin picking disorder in the case of reports, open-label studies and double-blind studies. In our study, the improvement in the findings with fluvoxamine treatment in a male patient with open wounds on both lower extremities was discussed (1)

**CASE PRESENTATION:**A 13-year-old male patient with mild mental retardation who lives with his family was admitted to our outpatient department of child psychiatry with complaints of inattention, hyperactivity, behavioral problems and excessive SP of the front-legs for a-long-time. Atomoxetine and aripiprazole treatment was started for attention-deficit and hyperactivity disorder and conduct disorder (CD). The doses were titrated respectively as follows; 60 mg/day, 25 mg/day. Therapy techniques could not be performed because of mild mental retardation and impulsivity problems. Although complaints related to ADHD and CD regressed with atomoxetine and aripiprazole treatment, complaints related to SP did not regress, and fluvoxamine treatment was started on the patient. The patient was started on fluvoxamine 50 mg/day and titrated to 100 mg/day one week later. A significant improvement was observed in the patient's complaints after two months. The Clinical Global Impressions(CGI) scale was performed, and Severity of illness: (CGI-S:6); Global Improvement (CGI-I:2 ); Efficacy index(none). (2-3)

**CONCLUSIONS:**Individuals with compulsive SP often have poor impulse control and results in important functional deterioration. They reported shame, along with the avoidance of social situations. Fluvoxamine should be kept in mind in the treatment of these patients.

**Keywords:** psychogenic skin excoriation,self-injurious behavior, skin picking disorder.

[Abstract:0383]

### 0383 - Fluoxetine may cause extrapyramidal symptoms

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#### ABSTRACT

**INTRODUCTION:**Extrapyramidal symptoms (EPS) are a rare adverse effect of Selective Serotonin Reuptake inhibitors (SSRIs). Among the SSRIs, Fluoxetine has been related to most case presentations of EPS. However, other SSRI, especially, Paroxetine and Sertraline, have also been shown in particular cases. Here, a case presentation of Fluoxetine-induced EPS is presented.

**CASE PRESENTATION:** A 27-year-old male patient admitted to the outpatient clinic with depressed mood, anhedonia, reduced sleep and appetite, invaluable and guilty thoughts. He was diagnosed as a Depressive episode and treated with fluoxetine capsule 20 mg/day with sufficient response. After one month, he demonstrated bradykinesia, cog-wheel rigidity of upper extremities, unable to swing arm during walking.



**CONCLUSIONS:** Fluoxetine induced EPS can be accepted as an undesired effect of serotonin in unwanted pathways and receptor subtypes. Recent studies have demonstrated just a moderate relation, and the advantage of Fluoxetine is superior to the somewhat an uncommon side effect in most of the depressive patients. However, clinicians should always keep in mind the sudden occurrence of EPS in patients treated with SSRIs.

**Keywords:** Akathisia, Extra-pyramidal symptoms, Fluoxetine

[Abstract:0388]

### 0388 - Genetic diagnosis in clinical psychiatry: a fragile x case report

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#### ABSTRACT

**INTRODUCTION:** Fragile X syndrome (FXS) is the most frequent cause of inherited mental retardation. Mutations in the FMR1 gene cause fragile X syndrome. FXS is a genetic condition that causes a range of developmental problems including learning disabilities and cognitive impairment. About one-third of individuals with FXS have features of autism spectrum disorder that affect communication and social interaction. Men with FXS often associated with autistic features, whereas women are typically less severely affected; about half have a normal or borderline intelligence quotient. Specific features of FXS are; a long and narrow face, large ears, a prominent jaw and forehead, unusually flexible fingers, flat feet, and in males, enlarged testicles (macroorchidism) after puberty. The aim of this study is to raise awareness for the differential diagnosis of autism-like syndromes in clinical evaluation.

**CASE PRESENTATION:** An 11-year-old boy was admitted to our pediatric psychiatry outpatient clinic with a family. The patient's academic and adaptive skills were evaluated as backward from his peers in the clinical examination and history taken. The patient had a history of developmental delay. He has diagnosed with mild mental retardation. It was also observed that the patient's eye contact was limited and social communication was low. When the other examination findings were evaluated in terms of autism, it was observed that he had stereotypic and repetitive movements, and meaningless sounds. Our patient had phenotypically large ears, long and narrow face, prominent forehead and jaw. Fingers were quite flexible. The patient with these features suspected us with regard to FXS and we requested genetic consultation. The result was consistent with full mutant FXS.

**CONCLUSIONS:** This case report highlights the importance of consideration of cytogenetic and molecular investigations in patients with autistic behaviors. It is important to compile the detailed family history and consider genetic investigations in order to establish a causative diagnosis.

**Keywords:** Autism, fragile X syndrome, inherited, male, mental retardation

[Abstract:0392]

### 0392 - Cognitive behavioural therapy for the treatment of post-traumatic stress disorder and suicidal ideation: a case report

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#### ABSTRACT

**INTRODUCTION:** There is an association between PTSD and suicidality. It is aimed to study treatment of Post Traumatic Stress Disorder (PTSD) and suicidal ideation with cognitive behavioural therapy (CBT).

**CASE PRESENTATION:** A 15-year-old girl applied to the pediatric neurology department with the complaints of frequent headaches, feeling of sickness and tremor in hands. She was referred to the department of child psychiatry. Two years ago, she had sexually abused at the market across her house. She had PTSD symptoms; distressing memories of the traumatic event, trouble sleeping and concentrating, avoiding the market, being easily startled. In the last 3 months, she had passive suicidal ideas. The problems were maintained traumatic memory, false referrals about the traumatic incident and its impact, avoidance behaviors and her safety behaviors. There were two protective factors. First, the motivation of the child and family towards the treatment is good and second, she had clinically normal intellectual level. Treatment plan included establishment of a therapeutic relationship, psychoeducation about effects of trauma and normal and pathological anxiety, teaching

of relaxation exercises, cognitive restructuring, decreasing avoidance and security behaviors to return to normal life routines before the trauma, imaginary reanimation, exposure to the place where trauma occurred and preparing a box of reasons for life. After four months of treatment, her problems had improved sufficiently.

**CONCLUSIONS:**In PTSD patients, physicians should pay attention to the suicidal ideation. There is evidence in literature that CBT is good for symptoms of PTSD. CBT is an effective recovery in our case with both PTSD and suicidal ideation and the findings of this case are needed to be evaluated in clinical trials as well.

**Keywords:** CBT, PTSD, suicide, adolescent, psychiatry

[Abstract:0394]

### 0394 - Genetic diagnosis in clinical psychiatry: a rett syndrome case report

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#### ABSTRACT

**INTRODUCTION:**Rett syndrome is a neurodevelopmental disorder seen in girls with normal neurological regression following normal developmental stages. It is a genetic disorder with loss of communication, autonomic dysfunction, and often seizures accompanied by cognitive, verbal, fine and gross motor skills. Most of the patients lose their ability to speak and perform hand movements after 12-18 months, stereotypic hand movements, posture abnormalities and epileptic seizures begin to appear. In the following period, stereotyped hand movements, hypersalivation, causal fevers, night crying, lack of interest in people and objects, decrease in motor capacity may be seen.

**CASE PRESENTATION:**A 2.5-year-old girl was admitted to our outpatient clinic because of speech retardation. In the anamnesis, it was learned that the patient started to speak at the age of 1,5, but his words and speech decreased after 2 years of age, his response to the name decreased compared to the past, and his acquired skills decreased. On examination, the patient had limited eye contact, startle sound sensitivity, limited imitation skills, and stereotypic movements in the form of shaking. Head circumference of the patient was measured as 47.5 cm and it was observed that it was compatible with 10-25 percentile. ADOS (autism diagnostic observation schedule) was applied to the patient with the findings of autistic behaviors and genetic consultation was requested. ADOS total score was 17. DNA sequence analysis resulted in -Rett syndrome: p.R152R (c.455C> G) Heterozygous-, mutations detected in MECP2.

**CONCLUSIONS:**Rett Syndrome was defined in pediatric psychiatry in DSM-IV, while it was removed in DSM-V and classified as neurological diseases. This may cause Rett Syndrome to be overlooked, especially by young child psychiatrists. If there is a history of loss of acquired skills in patients presenting with the autistic behaviors, Rett Syndrome should be considered and genetic consultation should be requested.

**Keywords:** Rett syndrome, autism, neurodevelopmental disorder, female, MECP2.

[Abstract:0405]

### 0405 - A short sleeper syndrome case

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#### ABSTRACT

**INTRODUCTION:**Getting enough sleep is important for good health and well-being. The amount of sleep you need changes as you age and sleep needs vary from person to person (1). Short sleeper syndrome (SSS) is a sleep condition characterized by sleeping for fewer than six hours each night. But people with SSS can function normally throughout the day despite less sleep. They don't need to take any nap (2). To make an accurate diagnosis, the Munich Chronotype Questionnaire, polysomnography and actigraphy can be used. Recent studies have shown that SSS was related to the DEC2 (BHLHE41) (3), ADRB1 (4) and NSRP1 (5) genes. Treatment for sleep problems often focuses on ways to help you regulate your sleeping and waking schedule.

**CASE PRESENTATION:**A 15-year-old patient with moderate mental retardation was admitted to the outpatient clinic. It was learned that she started to speak when he was 7 years old. Her father revealed that she had only been sleeping for 2 hours at night for nearly 10 years, the maximum time of this sleeping is 4 hours. However, it was learned that there was no deterioration in her functionality. She had no other

complaints such as irritability, increased energy or speech, depression, mania, and behavioral problems. Also, her symptoms of sleeping were not periodic.

**CONCLUSIONS:** It was thought that the chronic sleep problem that had been present in our patient for 10 years might be related to Short Sleeper Syndrome. We applied a chronotype scale to the patient and referred her to the genetic outpatient clinic for investigating DEC2, ADRB1, NSRP1 genes. Since the genetic results of the patient are not yet available, it is planned to share the results when the congress is due. In the treatment of this disease attention sleep hygiene, light therapy, and chronotherapy are important.

**Keywords:** Adolescent, Sleep Disorder, Short Sleeper Syndrome

[Abstract:0416]

#### 0416 - Venlafaxine-associated morbilliform drug reaction

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##### ABSTRACT

**INTRODUCTION:** Venlafaxine is classified as a dual receptor antidepressant because it blocks the presynaptic reuptake of both serotonin and norepinephrine. The extended-release (XR) formulation has a less severe side-effect profile over its immediate release (IR) predecessor. The treatment is generally well tolerated and serious adverse events are rarely reported.

**CASE PRESENTATION:** 49-year-old female patient, married, with 2 children, housewife. There was no known substance history including smoking. Her medical history included goiter, diabetes mellitus, hypertension, asthma. Venlafaxine was started at 37.5 mg / day for the first week to the patient who had previously used many drugs due to neuropathic pain. It was then increased to 75 mg / day. It has been effectively treated with venlafaxine for about 3 months. Rashes accompanied by itching of the forehead, cheek, nose and legs of the patient occurred. The patient has acne rosacea disease and dermatological controls indicated that these complaints were not related to this disease and that the cause could not be found and this was related to the drug. The patient was diagnosed with morbilliform drug reaction by dermatology. Venlafaxine was discontinued upon complaints of the patient. In the examination after 3 weeks, it was learned that the rashes on her face and body started to decrease within 1 week after the cessation of the drug and itchiness improved.

**CONCLUSIONS:** Venlafaxine is a recently released and widely used antidepressant to which adverse cutaneous reactions are uncommon. The most common mucocutaneous side-effect associated with venlafaxine is xerostomia. In our literature review, we found cases of Stevens-Johnson syndrome, psoriasiform palmoplantar keratoderma and subungual hyperkeratosis, eruptive telangiectasia, acute cutaneous reaction developed with venlafaxine use. We wanted to talk about the morbilliform drug reaction due to venlafaxine use in our case.

**Keywords:** Venlafaxine, morbilliform drug reaction, side effect

[Abstract:0419]

#### 0419 - Benefit of methylphenidate in sleepwalking accompanying to attention deficit and hyperactivity disorder

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##### ABSTRACT

**INTRODUCTION:** In this report, we aimed to describe the successful treatment process of sleepwalking with methylphenidate in a 12-year-old patient with comorbid attention deficit hyperactivity disorder (ADHD) and sleepwalking

**CASE PRESENTATION:** A 12-year-old girl was admitted to our outpatient clinic with complaints of hyperactivity, fidgetiness, excessive talking, hastiness, clumsiness, being unable to listen to lessons, difficulty in focusing, boredom, forgetfulness since early childhood and wandering around in her sleep at least 3 times per night every night for the last three months. Also it was pointed out that she has been intermittently sleepwalking since the age of 5, this problem became more frequent in the last 3 months. The patient was referred to pediatric neurology and no pathology was identified in her sleep EEG or neurological examination. The patient was diagnosed with ADHD and sleepwalking according to DSM 5 diagnostic criteria. Short-acting Methylphenidate (IR-MPH) 10 mg/day treatment was initiated. 15 days later, at the follow-up visit of the case; we were informed that sleep-walking complaints completely regressed from the first day of the medical treatment but ADHD symptoms

persisted partially. Dosage of IR-MPH was increased to 20 mg/day. The case who had her complaints regressed at the follow-up visits, is still in follow-up with outpatient clinic visits.

**CONCLUSIONS:** Even though sleep disorders accompanying to ADHD is common, the underlying pathophysiology is not clear and there is not enough data and consensus about the medical treatment. Pharmacological treatment is recommended for frequent and dangerous episodes. Although there is no controlled study on methylphenidate in sleepwalking treatment, there is a case report showing that it is effective in the treatment of non-specific parasomnia. Further studies are required to investigate the common etiological factors and the effectiveness of methylphenidate in sleep disorders. We believe our case might contribute to the literature on this subject.

**Keywords:** Sleepwalking, Attention Deficit and Hyperactivity Disorder, Short-acting Methylphenidate

[Abstract:0421]

#### 0421 - Denial and rezistance to use medication in autism

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##### ABSTRACT

**INTRODUCTION:** Autism spectrum disorder (ASD) is a neurodevelopmental disorder. First symptoms occur in early childhood, characterized by significant deficiencies in social-communication, restricted interests and repetitive behavior. Cases with an IQ < 70 are typically defined in the literature as having low functioning autism (LFA) and those with an IQ ≥ 70 are defined as having high functioning autism (HFA). In this presentation, our aim is discuss, the challenges of diagnosing-treatment process of a case in which our case diagnosed high functioning autism.

**CASE PRESENTATION:** 4-year-old male patient was admitted to our outpatient clinic by his family because of complaints of striking his head, developmental delay and anxiety disorder. According to his father, before applied our outpatient clinic, the patient had been examined by two other specialists. After this diagnosing process, they tried to take special education. Some of his symptoms showed regression. A psychiatric assessment in playroom revealed that he had limited eye contact, social communication deficits. Patient's anxiety was very high, he had head-banging behaviour as repetitive behaviour. The attitude of the family was defensive, it was thought that the family concealed some of the patient's symptoms which were demonstrative for autism. The patient was diagnosed with high-functioning autism. The treatment was started (Aripiprazole 0.5mg/day). One month later, it was reported that the patient's stereotypic movements were reduced.

**CONCLUSIONS:** Autism, especially HFA, is a difficult diagnosis to be accepted by families. Early diagnosis-treatment are very important in terms of bringing these children into society. Atypical Antipsychotics can be used to control symptoms such as aggression, irritability, hyperactivity and some stereotypic behaviour. Although there is little evidence regarding the use of aripiprazole in ASD, we obtained significantly reduced self-injurious behaviour and anxiety in our case. Early diagnosis-treatment are important. The family may not accept the diagnosis of ASD, may hide symptoms. Therefore, they hope different diagnosing from another next doctor. The reason of this confusion is denying the diagnose and declining in symptoms over time.

**Keywords:** Aripiprazole, autism, high functioning

[Abstract:0422]

#### 0422 - Cotard syndrome in a geriatric patient: a case report

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##### ABSTRACT

**INTRODUCTION:** Cotard Syndrome is characterized by nihilistic delusions, delusions of immortality, derealization, depersonalization, hallucinations, negativism and suicidal ideation. It has been most commonly seen in patients with severe depression.

**CASE PRESENTATION:** A 80 year old male patient with the complaints of "It's all over, everything's gone, I can't pay the bills, the stuff in the house is gone, my face looks like a wolf". The patient's first psychiatric admission was 4 years ago after a dental prosthesis, he said that his teeth looked like wolves. Despite the renewal of dental treatment, the complaint did not pass. Complaints such as malaise, unhappiness and unwillingness to leave the house started. Before attempting to apply to the polyclinic, he had suicidal thoughts and attempts. The patient was

diagnosed with psychotic depressive disorder and was treated with 37.5 mg venlafaxine, 5 mg olanzapine, gradual changes in dosages annually and achieved complete remission. 1 week ago the depressive symptoms and psychotic symptoms began. At the psychiatric examination; his mood was depressive and anxious. His attention and concentration were reduced, his thought flow and connotations were slowly. He had nihilistic and somatic delusions and depersonalization, derealization. The patient was diagnosed with psychotic major depressive disorder and Cotard syndrome and sertraline 75 mg/day, olanzapine 2,5 mg/day and quetiapine 25mg/day were gradually started. Electroconvulsive therapy(ECT) was started when the patient refused to eat and drink. The patient's symptoms were remitted with and externalized in 30 days.

**CONCLUSIONS:** It is important to emphasize that our case was absolutely compatible with the different descriptions available in the literature for Cotard syndrome, with features such as a depressed mood, nihilistic delusion, negativism and suicidal ideation. Treatment of Cotard syndrome should focus on the underlying condition. The combination of antipsychotics and antidepressants is often used, but if this shows no improvement, ECT is suggested.

**Keywords:** Cotard syndrome, geriatric patient, nihilistic delusion

[Abstract:0426]

### 0426 - A case of sodium valproate-induced thrombocytopenia

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#### ABSTRACT

**INTRODUCTION:** Sodium valproate is a commonly used medication in the management of the schizoaffective disorder and bipolar disorder with good response. Sodium valproate(SVP) has psychiatric, neurological, dermatological, immunological, metabolic, gastroenterological and hematological side effects. Thrombocytopenia is one of the hematological side effects of SVP. Although not life threatening, it is a side effect that reduces the quality of life. Here, we report the case of a male patient with thrombocytopenia associated with SVP.

**CASE PRESENTATION:** A, 52-years-old male patient who is diagnosed with bipolar disorder type 1 admitted to our psychiatric outpatient clinic with the complaints of increase in speech, irritability, decreased need for sleep. He was using SVP 1000 mg/day per oral (PO) and quetiapine 600 mg/day PO. The serum sodium valproate level was found to be 50.9 mg/L. SVP dose was titrated to 1500 mg / day because of manic episode. At two weeks follow-up, the patient's manic symptoms were partially improved, but extensive purpura developed on his body. The SVP level was 84 mg/L and the platelet count was 90000 mm<sup>3</sup>. Laboratory analysis gave normal results. After hematology consultation, thrombocytopenia was attributed to the SVP. SVP was discontinued by cross-titration and lithium was started. No similar side effects were reported during the follow-up of the patient. Psychiatric complaints decreased significantly.

**CONCLUSIONS:** This case report was evaluated as a case of thrombocytopenia due to SVP. Because there was a temporal relationship between them, the side effect began with the addition of the drug and completely cured after discontinuation of the drug. In addition, other examinations were normal. The physicians and relatives should be aware that sodium valproate may induce thrombocytopenia with a low quality of life and low compliance. Further systemic research should be conducted with respect to sodium valproate-associated thrombocytopenia to provide a greater understanding of both its prevalence and etiology.

**Keywords:** Sodium valproate, Thrombocytopenia

[Abstract:0431]

### 0431 - Improvement in masturbative behaviour after methylphenidate treatment: case report

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#### ABSTRACT

**INTRODUCTION:** Attention deficit and hyperactivity disorder (ADHD) is a disorder presented by symptoms of inattention, hyperactivity and impulsivity. Masturbation in childhood is observed as stimulation of genital areas. There are a few case reports about masturbative behaviours in children with ADHD. In this report, a 7-year-old girl with ADHD who referred to İstanbul University-Cerrahpaşa Child and Adolescent Psychiatry outpatient clinic will be presented whose ADHD symptoms and masturbative behaviour improved after methylphenidate treatment.

**CASE PRESENTATION:** According to clinical assessments, the patient had 6 out of 9 criteria in inattention subscale and 8 out of 9 criteria in

hyperactivity-impulsivity subscale of Turgay DSM-4 based Child and Adolescent Disruptive Behavioral Disorders Screening and Rating Scale [T-DSM-4-S]. With a diagnosis of ADHD, 18 mg/day methylphenidate treatment was initiated. The dose was increased to 27 mg/day. In follow-up, a total remission appeared in ADHD symptoms and masturbation. 4 points of decline was observed in Clinical Global Impression (CGI) severity scores. One month after the parents ceased medication because of stomach ache, symptoms started again. One month after re-initiation of 18 mg methylphenidate treatment, symptoms declined again. In follow-up the symptoms did not re-occur.

**CONCLUSIONS:** Clinical situations with impulse control problems as substance use disorder are commonly seen with ADHD. ADHD patients may have a reward deficit syndrome based on dopamine neurotransmission deficits and functional sensitivity of prefrontal cortex. When reward mechanisms collapse, the tendency of involving in impulsive, compulsive and addictive activities increase in these patients because these activities activate brain's dopaminergic reward system. It can be postulated that methylphenidate treats ADHD symptoms and masturbative behaviours by increasing dopaminergic neurotransmission and thereby activating reward systems. When two case reports in literature about excessive masturbation and hypersexual behaviours after methylphenidate treatment are considered, this case report may enrich the literature about this subject providing a different point of view.

**Keywords:** Adhd, children, masturbation, methylphenidate

[Abstract:0433]

### 0433 - Acute psychotic attack with isotretinoin and treatment process: a case report

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#### ABSTRACT

**INTRODUCTION:** Isotretinoin is often used as an effective agent in the treatment of severe or resistant acne. Although FDA approved, it was included in the black box warning for risk of psychiatric disorders. Psychotic disorder or psychotic symptoms account for 2.5% of the 17,829 psychiatric side effect cases reported by the FDA due to isotretinoin use. Results of a few retrospective studies on the association of isotretinoin and psychosis in the literature are conflicting. There is no consensus on the need to use psychotropic agents and the duration of psychotropic agent use in isotretinoin-induced psychosis. In this case report, we aimed to share the successful treatment process of isotretinoin-induced psychotic disorder with paliperidone.

**CASE PRESENTATION:** A 17-year-old male patient was admitted to our outpatient clinic with complaints of sensitiveness, skepticism, introversion, not wanting to leave the house, desire to be alone, avoiding entering crowded environments, not going to school, hiding his dirty clothes, and unrealistic thoughts and worries of having disability and self-harm for the last three months. It was learned that he had been using isotretinoin 20 mg/g for acne treatment for 5 months. He was consulted to dermatology and isotretinoin treatment was discontinued. Neurological examination were normal. The patient was diagnosed with drug-induced psychotic disorder and was started on risperidone 1-2 mg/g. After partial improvement of the patient was observed in the first week follow-up, risperidone dose was increased to 3 mg/day. At the first month follow-up, it was learned that the patient's complaints significantly improved; however, he experienced severe distress due to increased nasal congestion that started with dose increase. Treatment was switched to paliperidone 6 mg/g. At the third month of the treatment, it was observed that patient's symptoms were almost completely improved and there were no drug-related side effects.

**CONCLUSIONS:** Further studies are needed to clarify the relationship between isotretinoin and psychosis and to create treatment regimens in this subject.

**Keywords:** Acute Psychotic Attack, Adolescent, Child, Isotretinoin, Side Effects, Treatment

[Abstract:0445]

### 0445 - Effect of low-dose paroxetine in burning mouth syndrome: a case report

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#### ABSTRACT

**INTRODUCTION:** Burning Mouth Syndrome (BMS) is a chronic disease characterized by changes in taste and a burning sensation in the mouth, with the absence of any abnormal findings in the oral mucosa. (1) Here, we discussed the diagnostic and treatment processes of this rare condition in the light of a case with BMS.

**CASE PRESENTATION:** A 46-year-old female, married, primary school graduate patient was referred to the psychiatric outpatients clinic of the IMU Medical Faculty with the complaint of a burning sensation in her mouth for which no cause could be found. The patient's complaints started



ten years ago as a burning sensation in her gums which then spread to her tongue over time. The patient was seen by a dentist for these symptoms, and her two teeth were extracted. However, that did not cause any relief of her BMS symptoms. Dermatology and neurology consultations did not reveal any organic causes which could explain her complaints. then, the patient was diagnosed with the burning mouth syndrome and commenced on paroxetine 10 mg daily. A significant symptom relief has been reported on the day 7 and the patient described a 70% improvement in subjective VAS score at the first month of treatment.

**CONCLUSIONS:**Psychogenic factors should be considered after the elimination of organic causes, especially in women and elderly people with oral complaints.(2,3) In addition, the fact that our case was referred to the psychiatry after a long period of time, such as ten years and even after loss of two teeth highlights the importance of a multi-disciplinary approach.

**Keywords:** Burning Mouth Syndrome, depression, paroxetine

[Abstract:0446]

#### 0446 - Frontotemporal demantia initially diagnosed as schizophrenia: a case report

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#### ABSTRACT

**INTRODUCTION:** Frontotemporal dementia (FTD) is characterized by changes in personality, affect and social conduct in the initial stage. Schizophrenia is a chronic syndrome which is characterized by hallucinations and delusions. Many researchers have mentioned difficulties in the differential diagnosis of schizophrenia and FTD. We demonstrate a case of FTD initially diagnosed with schizophrenia.

**CASE PRESENTATION:**44-year-old female was admitted to outpatients clinic by the relatives. The symptoms started 2 years ago: inability to do housework and take care of her child, and tendency to sleep, consumption of 10 liters of water a day, reduced self-care and jealousy delusions were reported. One year ago, she was treated with paliperidone 6mg/g, quetiapine200 mg/g, biperidene1 mg/g, paliperidone150 mg/month with pre-diagnosis of schizophrenia. After 9 months medication, the symptoms partially improved. In first examination; self-care, amount of speech, attention and abstract thinking skills decreased, associations slowed down, affect was blunted. There was not impairment in orientation, memory and perception. There were also no delusions and other positive psychotic symptoms. Peroral dyskinesia was observed. The patient was hospitalized to investigate the organic etiology and treatment plan, clozapine was started gradually. Cranial MR showed significant atrophy in the bilateral frontotemporal lobes. The patients was examined for the exclusion of autoimmune and paraneoplastic limbic encephalitis. cerebrospinal fluid, paraneoplastic-autoimmune panel and malignancy screening were performed. There was no remarkable finding. Patient was diagnosed with FTD and discharged to be followed up in dementia outpatient clinic.

**CONCLUSIONS:**Clinical similarities between FTD and schizophrenia complicates differential diagnosis.The patient presented negative and positive symptoms suggests schizophrenia initially, but atypical age of onset and non-response to antipsychotic treatment implicated organic pathology. While frontal lobar atrophy is an important finding for FTD, it is present only in sporadic cases in schizophrenia. Our case indicated that schizophrenia-like symptoms may lead to delaying diagnosis of FTD.

**Keywords:** frontal lobar athrophy,fronto-temporal demantia, schizophrenia

[Abstract:0455]

#### 0455 - Biperiden abuse in patient with alcohol use disorder: a case report

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#### ABSTRACT

**INTRODUCTION:** Anticholinergic agents are widely used in the treatment of extrapyramidal side effects of antipsychotics in psychiatric patients. Abuse of anticholinergic drugs has been reported in patients with psychotic disorders due to their mild euphoric effect through increasing dopaminergic activity in the brain and alleviating neuroleptic-induced anhedonia. In this case, we reported a patient with alcohol use disorder treating with disulfiram implantation and biperiden drug abuse.

**CASE PRESENTATION:** A 43-year-old man was admitted to Ege University Department of Psychiatry inpatient clinic with alcohol use disorder. His first alcohol intake was started 21 years ago. He was drinking 10-12 beers per week. After he married and moved to the Netherlands, he began to drink 7-8 beers per day and increased gradually. When he was 23, he tried marijuana for the first time, and he never used it again due to its side effect. After four years, he developed reference and persecutory delusions gradually. He applied to the psychiatry outpatient clinic, and risperidone 3mg/d was initiated. His symptom resolved, but due to stiffness and rigidity, biperiden was prescribed. After he started taking biperiden, he increased the dose and started to use intramuscular form of biperiden. Disulfiram implantation was used to control alcohol intake



two times which has improved his symptoms for six months. After being admitted to Ege University Psychiatry inpatient clinic, he insisted that he has stiffness in his muscles and stated that he needs intramuscular biperiden to alleviate stiffness. He refused oral treatment with other anticholinergic agents.

**CONCLUSIONS:** Anticholinergic drugs such as biperiden have potential risk for drug abuse in psychotic patients and patients with a history of polysubstance use. Double-blind placebo control studies have shown that biperiden cause mood elevation in the healthy population. Physicians should consider its risk for misuse in patients with a history of alcohol and substance use disorder.

**Keywords:** biperiden, alcohol, abuse

[Abstract:0459]

#### 0459 - Depressive symptoms overlapping parkinson's disease: a case report

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#### ABSTRACT

**INTRODUCTION:** Parkinson's disease (PD) manifests with motor and nonmotor symptoms. The pathophysiological way between mood disorders and Parkinson's disease is explained by the dopamine dysregulation hypothesis. Reduction of dopaminergic activity cause the Parkinson's disease. This case report highlight the importance of the differential diagnosis and overlapping symptoms of PD with depressive disorder.

**CASE PRESENTATION:** 70-year-old woman, was referred to our service with a history of depression since 1990. During her first depressive episode the patient was treated with antidepressant. She was also treated with mood stabilizing drugs for a probable resistant depressive disorder including lithium (for a few years, subsequently withdrawn after intoxication) with euthymic state for six years. After this episode, although treated with antidepressant drugs and atypical antipsychotics for the last 4 years she never returned to an euthymic state. On her first visit, while in use of amisulpride 400mg/day, propranolol 40mg/day she had blunted affect, prolonged reaction time, avolition, anhedonia, reduction in self care and we had noticed tremor in her right hand. She had right persistent, involuntary resting tremor and bradykinesia. Her daughter described a loss of functionality and cognitive impairment. We started duloxetine and bupropione for depressive symptoms. The patient was diagnosed with Parkinson's disease. Treatment with pramipexole 1.5mg/day significantly helped promote mood stabilization of the patient.

**CONCLUSIONS:** Symptoms like affective bluntness, prolonged reaction time, cognitive impairment, anhedonia, avolition, reduction in self care could possibly overlap with PD's bradykinesia, psychomotor retardation, postural instability and cognitive symptoms. This overlap makes it difficult to diagnose PD. Medicine induced tremor and bradykinesia may be confusing due to overlap presentation with psychomotor slowing accompanying depression, deficit syndrome or cognitive impairments. Negative symptoms linked to deficit syndrome could also resemble symptoms of PD. In the presence of bradykinesia, bradykinesia, tremor and postural instability, neurological examination is important and should not be overlooked.

**Keywords:** depression, dopamine, parkinson's disease

[Abstract:0461]

#### 0461 - Moyamoya disease with mental retardation and tic disorder: a case report

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#### ABSTRACT

**INTRODUCTION:** Moyamoya disease (MMD) is a rare (prevalence of 3 cases/100,000) idiopathic occlusive and chronic disorder of one or both internal carotid arteries. The abnormal moyamoya vessels take on the appearance of a 'puff of smoke' on angiogram, which is connoted by the Japanese term moyamoya. In the pediatric population, MMD most commonly presents as transient ischemic accidents or as ischemic strokes, while in the adult population it is more likely to present as hemorrhagic strokes. Psychiatric manifestations associated with movement disorders.

**CASE PRESENTATION:** A 12-year-old girl was brought to child psychiatry outpatient clinic by her family with motor tic disorder. In addition she had poor school performance. Intelligence test revealed mental retardation. Three years ago, she was diagnosed with pediatric MMD. She was diagnosed to be suffering from tic disorder with associated pediatric MMD. However, the findings of this case need for advanced tests like angiogram and Magnetic Resonance. The tests were scheduled. Risperidon 0.25 mg/day was started and the dose was increased to 0.5 mg/day. The clinical problems has not resolved yet.

**CONCLUSIONS:** In the literature, reports about MMD in child psychiatry are limited. Probably, this case report shows that tic disorder symptoms can develop as a result of pediatric MMD. In the literature, there is a case reporting an association of MMD with Tourette's syndrome, which significantly resolved after cerebral revascularization surgery.

**Keywords:** moyamoya disease, tic disorder, mental retardation, child, psychiatry

[Abstract:0463]

### 0463 - Lithium-induced black hairy tongue: a case report

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#### ABSTRACT

**INTRODUCTION:** Black hairy tongue (BHT) is a benign condition characterized by a discolored, hairy appearance of the dorsal tongue. The prevalence of BHT is not known because its occurrence is variable among different populations and dependent on a multitude of factors, typically ranging from 0.6% to 11.3%. BHT is more common in men, elderly patients, smokers, HIV-positive patients, edentulous patients, and patients with cancer. In this report, we describe the development of black hairy tongue in a young female precipitated by lithium.

**CASE PRESENTATION:** An 18-year-old girl was referred to our outpatient clinic due to depressed mood, anhedonia, poor appetite, insomnia, fatigue, feelings of hopelessness and helplessness, ruminative worries about her school performance and auditory hallucinations. The patient met the criteria of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, for a diagnosis of Major Depressive Disorder with psychotic features. Sertraline 50 mg/day and olanzapine 2,5 mg/day was prescribed to manage depressive symptoms. Two weeks later, she presented to the emergency services with irritability, increased talkativeness, grandiose ideations, decreased need for sleep and increased physical activity. Her father had Bipolar Disorder that was controlled with lithium. Sertraline was stopped and lithium was added, at 600 mg/day, and increased to 900 mg/day. Olanzapine dose was increased to 5 mg/day. She developed brown black discoloration of tongue 10 days after starting treatment. Dermatology opinion was sought and the patient was diagnosed to have black hairy tongue. Lithium was suspected to be the causative agent and stopped. She was advised for oral hygiene and tongue cleaning by tongue cleaner or soft brush. The tongue cleared of discoloration after two weeks.

**CONCLUSIONS:** This report suggests that clinicians should be aware of the possibility that lithium can cause BHT. Further investigations are needed to find out the pathogenesis for lithium induced black hairy tongue.

**Keywords:** Black hairy tongue, drug-induced, lithium

[Abstract:0464]

### 0464 - A case of self-mutilation triggered by substance abuse

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#### ABSTRACT

**INTRODUCTION:** Self-mutilation is a deliberate destructive expression or alteration of body tissue without conscious suicidal intent, occurring in a variety of psychiatric disorders. Many types of self-destructive behavior have been described in literature (1,2). Among these, cases involving self-inflicted eye injury in psychiatric patients comprise a rare but important group of ophthalmic conditions that require close cooperation between different medical specialties to ensure optimum care of the patient (3). Here, we report a case of a patient injecting veterinary medication into his eyes bilaterally with the aim of being recovered.

**CASE PRESENTATION:** M.C., 32 year-old male with diagnosis of schizophrenia, had been followed 12 years involving many attempts of self-mutilation followed by hospitalization. The patient discontinued the antipsychotic after hospitalizations, followed by cannabis usage, having led in turn to more severe psychotic symptoms. In line with his psychotic symptoms, he has injected veterinary antibiotics with the aim of healing his eyes. The patient was referred to us after a long period of intensive care and ophthalmology treatment, after which paliperidone treatment was started. This treatment was decided due to the absence of self-mutilation and cannabis usage, as he did not give up the drug. He was followed closely afterwards for any psychotic symptoms and his desire to harm himself was observed to have disappeared.

**CONCLUSIONS:** Command hallucinations, religious engagements, substance abuse and social isolation are among the most vulnerable symptoms of schizophrenia patients (4). Suicidal purposes are not the only reason that schizophrenia patients may harm themselves. In similar cases as our patient, the harm may originate from the aim of healing, or for possible other reasons, and the treatment should be decided accordingly.

**Keywords:** self-mutilation, substance abuse, schizophrenia

[Abstract:0468]

**0468 - A case of frontal lobe syndrome along with hostile behavior**

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*Department of Psychiatry, Konya Research and Training Hospital, Health Sciences University, Konya, Turkey***ABSTRACT**

**INTRODUCTION:** There exist various symptoms related to Frontal Lobe Syndrome (FLS), causing the differential diagnosis to be complex and difficult, possibly to be confused with other functional psychiatric disorders (1). FLS was first described in nineteenth century via the famous story of Phineas Gage, whose behavioral style changed completely as a result of brain damage (2). The frontal lobe consists of the precentral cortex, prefrontal cortex, orbitofrontal cortex, and superior mesial region (3). In FLS, clinical manifestations may vary depending on the damaged area over prefrontal cortex (4). Here, we present a case of personality change after head trauma.

**CASE PRESENTATION:** M.A., 30 year-old male, who had received long-term intensive care treatment due to head injury 4 years ago, after which he had epileptic seizures and personality changes. The patient who had been using phenytoin 300mg/day and valproate 2000mg/day for epilepsy treatment had no seizures for 2 years and his recent EEG was found to be normal. MRI revealed widespread damage to the right frontotemporoparietal region in a large area. The patient, unlike his life before the trauma, started to lie and attack to his whole family, especially to his father. The patient was started risperidone 3mg/day but he did not use the drug after having released from hospital. Among our treatment, he received a medication of quetiapine 75mg/day after hospitalization, which was then gradually increased up to 600mg/day. The patient was discharged with the request of his relatives not giving us further information on receiving any benefit from the treatment.

**CONCLUSIONS:** FLS is a syndrome, which occurs as a result of focal lesions in prefrontal cortex. After these lesions, significant and permanent changes in personality and behavior may occur. FLS rarely coexist with aggression, which should be dealt with appropriately, according to any significant behavioral changes and MRI findings following the head trauma.

**Keywords:** Frontal Lobe Syndrome, hostile behavior, head trauma

[Abstract:0471]

**0471 - Lithium toxicity following gastrectomy: a case report**Ali Metehan Çalışkan<sup>1</sup>, İkbâl İnanlı<sup>1</sup>, Mustafa Çağrı Yıldız<sup>1</sup>, Mehmet Arslan<sup>2</sup>, Sıla Çalışkan<sup>3</sup>, İbrahim Eren<sup>1</sup>*<sup>1</sup>Department of Psychiatry, Konya Research and Training Hospital, Konya, Turkey, <sup>2</sup>Department of Psychiatry, Babaeski State Hospital, Kırklareli, Turkey, <sup>3</sup>Department of Psychiatry, Beyhekim State Hospital, Konya, Turkey***ABSTRACT**

**INTRODUCTION:** Bariatric surgery is the most effective solution for severe obesity and obesity with comorbidities, and the number of patients going through bariatric surgery is rapidly and constantly growing. About two-thirds of patients presenting for bariatric surgery have a history of some psychiatric disorder. Over one-third of patients who undergo bariatric surgery take some psychiatric medication. Lithium is a major drug used in the treatment of bipolar disorder. In this case report, we describe a morbidly obese bipolar patient treated with lithium, who presented with lithium toxicity after undergoing gastrectomy.

**CASE PRESENTATION:** Mrs. S is a 44-year-old morbidly obese, with a history of bipolar I disorder (DSM-5) previously maintained on lithium (1200mg/day) monotherapy. Before surgery, lithium level was 0.74 mmol/L and her mood was stable. BMI before surgery was 36. The patient was operated without major complications. On postoperative day 10, she was admitted with tremor, diarrhea, vomiting, dizziness, weakness and fatigue. Her serum lithium level was 2.09 mmol/L and sodium of 134 mEq/L. She was dehydrated (blood urea nitrogen, 30 mg/dL; creatinine, 2.1 mg/dL) and had a glucose of 85 mg/dL. Her liver function tests were normal. The patient was transferred to the intensive care unit and diagnosed of lithium toxicity. Her lithium level the second day of hospitalization was 1.85 mmol/L. The patient was discharged from the hospital after 5 days. Her lithium carbonate was reinitiated (600 mg/day). Twelve months after the gastrectomy, the patient was stable on the current lithium dose with blood levels of 0.9 mmol/L.

**CONCLUSIONS:** This case illustrates that lithium levels, in particular, should be closely monitored, given its narrow therapeutic index and high risk and there is an important need for further clinical studies in order to reveal the effects of bariatric surgeries on drug absorption and understand their underlying mechanisms.

**Keywords:** Gastrectomy, lithium, toxicity

[Abstract:0472]

**0472 - Urinary retention with escitalopram in anxiety treatment: a case report**

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*Department of Psychiatry, Marmara University, Istanbul, Turkey***ABSTRACT**

**INTRODUCTION:** Urinary retention is an uncommon but distressing and potentially dangerous adverse effect of selective serotonin reuptake inhibitor (SSRI) antidepressants. Here, we report a case about SSRI-associated urinary retention.

**CASE PRESENTATION:** A 37 year-old female was admitted to our hospital with the complaints of tremor, and anxiety symptoms for three years. All blood work-up were normal. Beck Anxiety Inventory score (BAI) was 20/63. Escitalopram 10 mg/day were prescribed. After 4 weeks, it was observed that the patient's tremors were no longer present and her anxiety symptoms remitted, and BAI score was 11/63. However, the patient had bothersome and distressing urinary hesitancy. The patient was considered to have developed urinary retention. It was observed that the patient's urinary retention improved after escitalopram was discontinued. There were no symptoms within 2 weeks follow-up. The patient was rechallenged with escitalopram 10 mg/d and it was augmented with mirtazapin 15 mg/d. The urinary retention side effects will be monitored during the patient's following examinations.

**CONCLUSIONS:** Urinary retention is an uncommon adverse effect of SSRIs such as escitalopram and citalopram which have no significant anticholinergic effects. However, it is known that serotonergic neurons are involved in control of the lower urinary tract. Although it is rarely expected of anticholinergic side effect, several cases treated with SSRI reported urinary retention. Patients may be catheterized if SSRIs was not suspected as a potential cause. Discontinuation of SSRI is suggested to be likely to reduce urinary symptoms. We tried to augment with mirtazapin after rechallenge of escitalopram in order to benefit from potential effect of serotonergic blockade or  $\alpha$ 1-adrenergic antagonistic effect. Overall, the present case indicates that urinary retention, despite being rare, can be observed with SSRIs.

**Keywords:** Escitalopram, SSRIs, Urinary Retention

[Abstract:0476]

**0476 - Combination of neuro-behçet disease and psychosis**Gökçeçek Arıcı Sağlıyan<sup>1</sup>, Mustafa Çağrı Yıldız<sup>2</sup>, Yasemin Gökçenoğlu<sup>2</sup>, Ali Metehan Çalışkan<sup>2</sup>, İbrahim Taş<sup>2</sup>, Nafiye Yağlı<sup>2</sup>, Rahime Güven<sup>2</sup>*<sup>1</sup>Department Child and Adolescent Psychiatry, Selçuk University, Konya, Turkey, <sup>2</sup>University Of Healty Sciences, Department Of Psychiatry, Konya Training And Research Hospital, Konya, Turkey***ABSTRACT**

**INTRODUCTION:** Behçet's disease (BD) is an inflammatory multisystem disease of unknown etiology with periods of relapses and remissions. The disease was named in the memory of "Hulusi Behçet," a Turkish dermatologist who has described a trisymptom complex, characterized by recurrent oral ulcers, genital ulcers, and uveitis. The frequency of neurological involvement ranges from 5 to 13%. The combination of neuro-behçet disease and psychosis frequency is lower in literature. In this report we presented case about combination of neuro-behçet disease and delusional disorders.

**CASE PRESENTATION:** The patient who was 48 years old, male, married, had some complaint like suspiciousness, irritability, aggression, sleep disturbances, auditory hallucinations. These symptoms were increased almost one month and disturbed him so he applied to psychiatric outpatient clinic. At 2005; because of blurred vision oral aphthous ulcers, genital ulcers he has gone to doctor and diagnosed as a behçet disease. 6 months ago the patient committed suicide because of auditory hallucinations and after this event he stayed almost 2 months at intensive care unit. The patient had some complaints like introversion, aggression, unhappiness, unwillingness. Because of these complaints he applied to psychiatrist. Doctor prescribed him sertraline 50 mg/day. However; the patient did not visit doctor regularly and discontinued medication and complaints continued progression. There was no specific psychiatric disease in family history. 100 mg/day quetiapine and 0.5 mg/day risperidone was ordered to patient and dose of risperidone increased 3 mg/day with clinical follow-up. Psychotic symptoms are regressed with this medication and disease in remission now.

**CONCLUSIONS:** Neurological involvement is one of the most serious causes of morbidity and mortality in Behçet's Disease. Also neuro-behçet disease treatment is very important to prevent the complications of the disease. Otherwise these patients must be examined by psychiatrist during clinical follow-up and must be treated for psychiatric disease.

**Keywords:** behçet disease, psychosis, hallucination, delusional disorder

[Abstract:0485]

**0485 - A treatment of blood and injection phobia case with emdr**Songül Derin<sup>1</sup>, Hilal Akköprü<sup>2</sup><sup>1</sup>Bezmialem University Department Of Child and Adolescent Psychiatry, Istanbul, Turkey, <sup>2</sup>Bingöl Women and Child Health State Hospital Department of Child and Adolescent Psychiatry, Bingöl, Turkey**ABSTRACT**

**INTRODUCTION:** Specific phobia is characterized by marked fear or anxiety about a specific object or situation (e.g., animals, flying, heights, receiving injection, seeing blood) (1). Research indicates that only 17% of children with specific phobia have a single phobia, and most children have multiple phobias (2). Specific phobia typically develops after a traumatic event. Individuals with injection-injury, blood phobia often demonstrate a vasovagal fainting or near fainting response(1). Treatment options vary from simple education and reassurance to medication and specific behavioural approaches (3). In the literature, we did not find any case of blood and needle phobia reported in children that was treated with EMDR therapy in children. With this case, we wanted to show that EMDR therapy is effective in the use of blood and needle phobia.

**CASE PRESENTATION:** A 11 year old girl was admitted to the outpatient clinic because of blood and injection phobias. In the clinical evaluation due to DSM-5 she was diagnosed social phobia and specific phobias ( blood and injection). The patient was taken to weekly EMDR sessions without starting any medications. WE used EMDR phobia protocol. Treatment was nearly involved 12 EMDR sessions at the beginning of EMDR therapy and following 4, 8, 12, 16, 20 and 24 weeks were assessed through self- report and observation. Treatment effects were maintained at follow-up 2 months.

**CONCLUSIONS:** EMDR therapy method is not used very often in children and adolescents. Researchs about this issue are limited in the literature. Some advantages over CBT therapy make it easier to apply, especially in children. In this case, we wanted to draw attention to the advantageous use of EMDR therapy in phobias and anxiety disorders.

**Keywords:** EMDR, phobia, Child Psychiatry, anxiety

[Abstract:0488]

**0488 - Comorbidity of bipolar disorder and multiple sclerosis: a case report**

Ebru Çiftçi, İklima Zeynep Bayraktar, Seda Kırıcı Ercan, Sehure Azra Yaşar, Mustafa Yasin Yılmaz, Osman Ak, İbrahim Eren

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**ABSTRACT**

**INTRODUCTION:**Neuropsychiatric symptoms are common in multiple sclerosis(MS) and bipolar disorder (BD) is one of the most common. Incidence of BD can be as high as 13% in MS population compared with 1–6% in the general population. Manic episodes may be adverse effect of pharmacotherapies such as steroids in multiple sclerosis.

**CASE PRESENTATION:**60-year-old woman with relapsing and remitting MS since age 30. She was hospitalized one year ago with persecution delusions, visual hallucinations, decreased need for sleep, loss of appetite, increased energy and irritability. She was taking interferon beta-1a 30 mcg/7 days.The MS attack was excluded by neurology consultation. She was diagnosed with BD and discharged with sodium valproate 1000 mg/day, olanzapine 7.5mg/day and quetiapine 100mg/day. After she gave up MS treatment she was admitted to the neurology outpatient clinic with complaints of weakness in legs and inability to walk. Contrast-enhanced brain MRI showed active plaque, and she was treated with methylprednisolone 1g/day for 7 days. 2nd day of that treatment she presented manic episode requiring hospitalization again in May 2019. She was discharged with sodium valproate 750mg/day, risperidone 2 mg/day, quetiapine 400mg/day.

**CONCLUSIONS:**BD and MS coexistence well proven. Although research of the etiopathogenesis of the association between MS and bipolar disorder is still limited, a common genetic susceptibility or local MS-related brain damage was discussed. A manic episode can occur following high-doses of methylprednisolone. BD in MS patients is usually treated in the same way as in the general population. A treatment with mood stabilizers (especially sodium valproate) associated with atypical antipsychotics is generally effective on manic fits. It should be emphasized that the risk of exacerbation of psychiatric disorders using corticosteroids, which are not constant and occur more frequently in case of a discontinuous treatment. Further controlled studies are needed to better characterize the optimal treatment of mood disorders.

**Keywords:** bipolar disorder, multiple sclerosis, methylprednisolone

[Abstract:0490]

**0490 - Pansitopeny caused by valproic acid: a case report**Hatice Yardım Özyayhan, Ebru Çiftçi, Berrin Ünal, İklima Zeynep Bayraktar, Sehire Azra Yaşar, Osman Ak, İbrahim Eren*University of Health Sciences, Konya Training and Research Hospital Department of Psychiatry, Konya, Turkey***ABSTRACT**

**INTRODUCTION:** Several studies have provided convincing evidence of valproic acid's efficacy in acute mania and maintenance therapy in bipolar disorder. However, in addition to its relatively benign side effects, valproic acid has been associated with severe adverse effects.

**CASE PRESENTATION:** The patient's first complaints started with a manic episode at the age of 20 years. He had persecution and referential delusions. They were hospitalized in the outer centers and had antipsychotic use. The patient, who had not been on medication for 20 years, was hospitalized in our hospital after he broke the windows of houses and cars 1 year ago. There was insomnia, a lot of talk, mobility, thinking about himself being talked about. He was discharged with paliperidone depot 75 mg/28 days and valproic acid tb 1000 mg/day. In December 2019, he was admitted to our clinic as a judicial case. Valproic acid tb 1000 mg / day and paliperidone depot 75 mg / 28 days was started. The patient's laboratory indices were hgb: 12.9 g/dl, plt:  $84 \times 10^3/\text{mm}^3$ , wbc:  $6.11 \times 10^3/\text{mm}^3$ . He was complained of fever and fatigue (wbc:  $3.08 \times 10^3/\text{mm}^3$ , hgb: 10.7 g/dl, plt:  $62 \times 10^3/\text{mm}^3$ ). Antibiotic treatment was started. After treatment, wbc:  $2.31 \times 10^3/\text{mm}^3$ , hgb: 11.6 g/dl, plt:  $82 \times 10^3/\text{mm}^3$ . Valproic acid was discontinued with the recommendation of hematology. Hematological indices normalized within 2 weeks of valproic acid discontinuation.

**CONCLUSIONS:** Our patient demonstrates a not dose-dependent, mild, and reversible suppression of all three blood cell lines. Hematological abnormalities have been reported with long-term use of valproic acid. Thrombocytopenia and macrocytosis are the most common findings. Valproate-associated pancytopenia is probably related to myelosuppression. Circulating antibodies of immunoglobulin M type (IgM) have also been suggested as a possible etiology. During valproic acid treatment, especially in middle-aged and elderly patients, monitoring of hematological parameters is important because of side effects.

**Keywords:** valproic acid, pansitopeny, bipolar disorder, side effect

[Abstract:0491]

**0491 - Olanzapine-induced akathisia: a case report**Ebru Çiftçi, Hatice Yardım Özyayhan, Seda Kırıcı Ercan, Osman Ak, Berrin Ünal, Mustafa Yasin Yılmaz, İbrahim Eren*University of Health Sciences, Konya Training and Research Hospital Department of Psychiatry, Konya, Turkey***ABSTRACT**

**INTRODUCTION:** Akathisia is a complex neurobehavioral side effect of neuroleptics characterized by involuntary limb movements and accompanied by a subjective feeling of restlessness, inner tension, and discomfort. Second-generation antipsychotics (SGAs), the mainstay of antipsychotic treatment, have the shared feature that they produce fewer extrapyramidal side effects (EPSEs) than the conventional or first-generation antipsychotics.

**CASE PRESENTATION:** 62 years, male, not working. He had persecutory and grandiose delusions, insomnia and irritability for nearly 30 years. His first psychiatric consultation was 10 years ago and he had several hospitalizations with the diagnosis of schizoaffective disorder. Akathisia developed with paliperidone palmitate. Therefore, his treatment was clozapine tb 300mg/day, lithium capsule 600mg/day, propranolol 60mg/day. At the another hospital; clozapine treatment was discontinued and sertraline tb 50mg/day was added. He was admitted to our clinic with delusions of grandiose and presecusion, irritability, talk too much and insomnia. Sertraline treatment was discontinued, lorazepam tb 3mg/day and olanzapine tb 10mg/day were added and increased to 20mg/day. This medication led to akathisia. Clozapine was added and the dose gradually increased to 200mg/day and concurrently olanzapine was discontinued by reducing. Symptoms of akathisia improved markedly. He was discharged with remission of psychotic symptoms.

**CONCLUSIONS:** Akathisia is of utmost importance in the treatment of schizophrenic patients. A variety of clinical symptoms including exacerbation of psychopathology, noncompliance, suicidality and violence underscore the relevance of akathisia for the treatment of schizophrenia. Atypical antipsychotic-induced akathisia is limited; cases of atypical antipsychotic-induced akathisia were reported before. In the literature, atypical antipsychotics-induced akathisia was reported to be present in 0-39% of clozapine, 13-25% of risperidone, 2.4% of olanzapine receiving patients. There is clear evidence that akathisia is a side effect of SGAs, though less frequently than with the conventional antipsychotics. The presence of akathisia can lead to noncompliance, personal distress, and increased suicide risk for the patients.

**Keywords:** olanzapine, akathisia, clozapine, schizoaffective disorder



[Abstract:0503]

**0503 - Compulsive sexual behavior and association with kleptomania: a case report**

Tunahan Sun

*Department of Psychiatry, Cukurova University, Adana, Turkey***ABSTRACT**

**INTRODUCTION:** Compulsive Sexual Behavior is characterized by sexual thoughts, desires and behaviors that are accepted as normal being frequent enough to cause functional impairment. Kleptomania is an impulse control disorder that is defined by the inability to resist the urge to steal objects that have no material value and are not required for personal use. This article is intended to discuss the clinical course of a patient with Compulsive Sexual Behavior and Kleptomania and to be an additional source to the cases in the literature.

**CASE PRESENTATION:** A 30-year-old married high school graduate housewife with three children applied to our clinic with complaints of unhappiness, unwillingness, lack of enjoyment of life, increased interest in men, changing sexual partners often, the urge to steal and stealing behavior that she could not control. She was hospitalized for treatment with the diagnosis of Depressive Disorder and Impulse Control Disorder. Her treatment was regulated as venlafaxine 75 mg/g, paroxetine 40 mg/g, paliperidone 6 mg/g and carbamazepine 200 mg/g. Then, carbamazepine dose was increased to 400 mg/g and paroxetine dose was increased to 60 mg/g. Venlafaxine dose was gradually reduced to the point of discontinuation. In her clinical follow-up, her desire to steal and depressive symptoms regressed. Her increased interest in men continued. The complaints of the patient partially regressed, and she was discharged with recommendations.

**CONCLUSION:** Although there is no extensive epidemiological research on compulsive sexual behavior, it is estimated that the prevalence of compulsive sexual behavior in the general population is around 6%. The prevalence of Kleptomania in the general population is estimated to be around 0,6%. In the literature, there are a limited number of cases with compulsive sexual behavior and Kleptomania together. Our case is an important example of compulsive sexual behavior and accompanying Kleptomania, who benefited from the use of carbamazepine, paroxetine and paliperidone.

**Keywords:** Compulsive Sexual Behavior, Kleptomania, Impulse Control Disorder

[Abstract:0519]

**0519 - Methylphenidate induced diplopia in a 7 year old girl**Ibrahim Adak, Selin Ipek Bas, Gamze Simsek, Ozge Ipek Dogan, Mohammad Al Bayati, Ozalp Ekinci*Department of Child and Adolescent Psychiatry, Erenkoy Research and Training Hospital for Psychiatry and Neurology, University of Health Sciences, Istanbul, Turkey***ABSTRACT**

**INTRODUCTION:** Diplopia, also called double vision, is the simultaneous perception of two images of a single object. Causes of diplopia include ophthalmologic, infectious, autoimmune, neurological, neoplastic diseases and oral medications. Considering medications, methylphenidate treatment has never been reported to cause diplopia. Here, we present a 7 year old girl with diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) who developed diplopia after starting methylphenidate treatment.

**CASE PRESENTATION:** A 7 year old girl was admitted for her attention deficit problems. She was diagnosed with ADHD. There was nothing remarkable in the developmental or family history, and no other associated medical comorbidity. Treatment of long acting MPH 10 mg was initiated. With treatment her ADHD symptoms showed significant improvement but she had experienced diplopia and this had occurred everyday while taking the drug. Then she was referred to pediatrics and ophthalmology departments. As a result of detailed physical examinations and investigations no organic pathology detected to cause diplopia. It was thought that the cause of the diplopia could be methylphenidate treatment and recommended to terminate the drug treatment. After discontinuation of methylphenidate, diplopia disappeared. Because of the child's needs, short acting methylphenidate treatment initiated after some time. But with short acting methylphenidate, diplopia appeared again. The child stopped taking the drug and the diplopia disappeared.

**CONCLUSIONS:** This is the first reported case of methylphenidate related diplopia in a child. Emergence of diplopia with methylphenidate at 2 different trials and disappearance with medication discontinuation at the second trial may suggest a causal link between methylphenidate and diplopia in this case. However, despite this causal link, it is unclear through which pathophysiological mechanisms methylphenidate could cause this side effect. Possible mechanisms may involve the ocular interneuronal fibers effect. Whatever the pathophysiological mechanism could be, the clinicians should be familiar about the possibility of diplopia in children treated with methylphenidate.

**Keywords:** ADHD, Methylphenidate, Diplopia



[Abstract:0522]

**0522 - A situation that must not be overlooked: factitious disorder**Şükrü Kaan Öztürk<sup>1</sup>, İpek Perçinel Yazıcı<sup>1</sup>, Kemal Utku Yazıcı<sup>1</sup>, Betül Yiğit Özdemir<sup>2</sup>, Mehmet Kılıç<sup>3</sup><sup>1</sup>Department of Child and Adolescent Psychiatry, Firat University School of Medicine, Elazig, Turkey, <sup>2</sup>Department of Pediatrics, Firat University School of Medicine, Elazig, Turkey, <sup>3</sup>Department of Pediatric Allergy and Immunology, Firat University School of Medicine, Elazig, Turkey**ABSTRACT**

**INTRODUCTION:** Factitious disorder (FD) is a mental disorder characterized by the intentional falsification of symptoms of physical or psychological illness. In some cases, this may lead to multiple invasive procedures and hospitalization. In FD, individuals use various strategies to simulate the disease. In this article, we reported a girl who was hospitalized with raccoon eyes.

**CASE PRESENTATION:** A 12-year-old girl was consulted to our outpatient clinic with periorbital ecchymosis. A week ago, periorbital ecchymosis developed 15 minutes after taking desloratadine and paracetamol. They applied to the pediatric allergy outpatient clinic. She was hospitalized for raccoon eye differential diagnosis. Her mood was moderate anxious. There was no history of chronic disease/trauma. Physical examination was normal. The examinations performed after hospitalizations were evaluated. Biochemistry, complete urinalysis, allergy tests, immunology and ophthalmologic evaluations were normal. Bleeding profile, 24-hour urinary vanillylmandelic and homovanillic acid, abdominal ultrasonography and chest x-rays were requested by pediatric hematology. After these tests, bone marrow aspiration was planned. Before performing these tests, the pediatrician had suspected her strange behaviors. Periorbital ecchymosis were removed with a cleansing solution. Her main motivation was to act as a patient. She had not a goal to primary reward. Therefore, malingering was not considered. As a result of the evaluations, she was followed up with FD.

**CONCLUSIONS:** FD can cause severe loss of function and unnecessary health cost. Therefore, it is important to know that atypical presentation of FD may be present and to recognize it in the early period. Patients frequently apply to non-psychiatric departments. For this reason, It will be beneficial to have knowledge of FD by other healthcare professionals working in other clinical branches. Early diagnosis of FD will allow patients to receive more accurate and purposeful health care.

**Keywords:** Child, Factitious disorder, Raccoon eyes,

[Abstract:0523]

**0523 - Psychiatric approach at comorbidity of epileptic seizures and psychogenic nonepileptic seizures: importance of social support and starting school**Fatma Kurt, İpek Perçinel Yazıcı, Kemal Utku Yazıcı*Department of Child and Adolescent Psychiatry, Firat University School of Medicine, Elazig, Turkey***ABSTRACT**

**INTRODUCTION:** Psychogenic nonepileptic seizures (PNES) are clinical events that resemble epileptic seizures but are not associated with neuronal discharges. PNES is the most common subtype of conversion disorder. In this article, we discuss a female patient who has both epileptic seizure and PNES.

**CASE PRESENTATION:** A 13-year-old girl was admitted to our outpatient clinic with complaints of contraction of hands, turning her head to side, and hypersalivation. She was being followed up in pediatric neurology with epilepsy. Her treatment was carbamazepine and valproic acid. She had absence seizures. She was referred to us because she had seizures that appeared to be different from absence seizures and these were not evaluated as epileptic. It was learned that the patient left school when she was 8th grade. Due to frequent seizures, the family did not want the patient to attend school. Her mood was depressive and moderate anxious. We considered that the patient's episodes other than typical epileptic seizures were PNES. After psychiatric evaluation, she was diagnosed with conversion disorder. Fluoxetine 20 mg/day was started considering depressive mood. Suggestions were made to start school and increase social support. In the initial interviews, the family did not allow her to start school. As epileptic seizures became more frequent during follow-up, fluoxetine was discontinued by pediatric neurology. About four months later, the family was convinced and the case began to school. The depressive mood improved and PNES decreased after the school. She had no PNES for two months.

**CONCLUSIONS:** In this article, it was aimed to emphasize the improvement of PNES with social support and school enrollment. In addition to pharmacological treatment of children and adolescents with conversion disorder, it may be beneficial to regulate social environments such as family and school.

**Keywords:** Adolescent, Psychogenic nonepileptic seizure, Social support

[Abstract:0524]

**0524 – Atomoxetine-induced lip and cheek biting: a case report**

İpek Perçinel Yazıcı, Kemal Utku Yazıcı

*Department of Child and Adolescent Psychiatry, Firat University School of Medicine, Elazığ, Turkey***ABSTRACT**

**INTRODUCTION:** Atomoxetine is the first nonstimulant drug approved for the treatment of attention deficit hyperactivity disorder (ADHD) in patients older than 6 years. Often reported side effects include headache, decreased appetite, nausea, vomiting, abdominal pain, dry mouth, constipation, weakness and drowsiness. In this article, we present an 16-year-old girl who developed lip/cheek biting during atomoxetine treatment.

**CASE PRESENTATION:** A 16-year-old girl presented to our clinic with complaints of hyperactivity, impatience, distractibility, short attention span, forgetfulness and inability to organize. She was diagnosed with ADHD. Atomoxetine was initiated because the family did not want to use red prescription medication. The dose was increased to 60 mg/day (1.2 mg/kg/day). She was called for a follow-up visit four weeks later. There was a mild improvement in ADHD symptoms. However, she was reported to biting her lip and cheek. There was no psychiatric disorder to explain the lip/cheek bites. No trigger was detected except for atomoxetine. We considered that she had atomoxetine-associated lip/cheek biting. Atomoxetine was ceased. Two weeks later, lip/cheek biting completely disappeared. The family approved the initiation of methylphenidate. OROS-methylphenidate was started. There were no side effects.

**CONCLUSIONS:** Lip/cheek biting, a body-focused repetitive behaviors, was classified under the heading “Other specified obsessive-compulsive and related disorder” at DSM-5. Dopaminergic dysfunction is one of the accused factors in the etiology of obsessive-compulsive and related disorders. In our case, lip/cheek biting thought to be related to atomoxetine may be related to the indirect increase of dopamine levels by atomoxetine. As far as we can see, this case is the first case reported to develop lip/cheek biting behavior related to atomoxetine. It is important that clinicians be careful of the unexpected side effects of drugs.

**Keywords:** Adolescent, Atomoxetine, Lip/cheek biting

[Abstract:0531]

**0531 - Pediatric limbic encephalitis and tic disorder; a case report**

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**INTRODUCTION:** The definition of “autoimmune basal ganglia” disorder includes clinical syndromes that are autoimmune mediated affect the basal ganglia and typically present with movement and neuropsychiatric disease.

The autoimmune process may be triggered by an infection, vaccine, or occult neoplasm. Otherwise movement disorders can sometimes complicate specific infectious encephalitis that can involve the basal ganglia such as mycoplasma pneumoniae, varicella zoster, epstein-barr virus, and enterovirus. Limbic system encephalitis is a clinico-pathological entity with mediotemporal lobe symptoms. We report a case of tic disorder comorbid with limbic encephalitis

**CASE PRESENTATION:** A 10-year-old female presented to the psychiatric outpatient department by her parents with complaint that motor and vocal tics such as eye blinking, grimacing, throat clearing since last year, which was appeared throat infection following. Then the patient brought to emergency department with neurological features as impairment of recent memory, seizures and irritability. Signs and symptoms predominantly suggestive of limbic origin: MRI examination revealed evidence of mediotemporal encephalitis and symptoms such as temporal lobe seizures or affective abnormalities. She was treated with IVIG and there was a significant reduction in her symptoms. But some motor and vocal tics remained.

**CONCLUSIONS:** A variety of movement disorders have been proposed to have an immune-mediated etiology. In the recent literature there are some clinical reports of particular interest. Although no direct association determined in our patient etiology which is trigger tic disorders and autoimmune encephalitis, in the recent literature there are some clinical reports of particular interest. Further case control studies are needed about these area. In summary, this clinical constellation of phenomenologies, with the motor and vocal tics, should, in the correct clinical context, provide clinicians with greater confidence in diagnosing this common cause of encephalitis, allowing earlier immunotherapy administration and improved patient outcomes.

**Keywords:** Keywords; limbic encephalitis, movement disorder, autoimmune basal ganglia disorders

[Abstract:0533]

**0533 - Hematemesis and esophageal ulcer associated with clozapine use in a case of autism**Özgün Türe Tekin, [Mustafa Dincer](#), Mehmet Ayhan Cöngöloğlu*Department of Child and Adolescent Psychiatry, University of Health Sciences, Gulhane Education and Research Hospital, Ankara, Turkey***ABSTRACT**

**INTRODUCTION:** Clozapine's anti-aggressive effect was most commonly explored in patients with schizophrenia, with less evidence available for other psychiatric disorders, including mood disorders, autistic spectrum disorders. It has life-threatening side effects, such as agranulocytosis, constipation, ischemic colitis, paralytic ileus, gastroesophageal reflux disease and rarely hematemesis. In this case report, we describe that while receiving clozapine 450 mg / day, 1 year after starting treatment, clozapine-treated adolescent with ASD started hematemesis, esophageal ulcer, loose cardia and antral gastritis.

**CASE PRESENTATION:** 13 year old child with typical autism who had severe disruptive behaviours, violence and aggression while taking risperidone 2 mg/day, olanzapine 30 mg/day and aripiprazole 10 mg/day. All antipsychotic treatment of the patient was stopped by reducing. Clozapine was started. Hypersalivation that began in the first week of treatment continued during the treatment period. At the 5th month of the treatment constipation had began. Acute gastrointestinal hemorrhage occurred in the patient who started hematemesis while receiving clozapine 450 mg / day. GIS endoscopy showed esophageal ulcer, loose cardia and antral gastritis. After the clozapine's dose decreased 200 mg/day and remission in 2 weeks.

**CONCLUSIONS:** That has been reported in the literature that some patients treated with clozapine develop gastrointestinal symptoms. Our patient had such as constipation, hypersalivation, hematemesis, esophageal ulcer without any prior history It is important to be aware of this rare side effect in order to minimize the associated morbidity due to increased sphincter relaxation and loss of esophageal mobility. Clozapine may also cause swallowing disorder due to hypersalivation and disruption of vagal regulation of the esophagus. Few articles have been published on the relationship between gastrointestinal system disorders and clozapine use, including constipation, hiatal hernia, and esophagitis with hematemesis. This gastrointestinal disturbances, and hypomotility arises as a result of changes in the digestive secretions as a result of antiserotoninerjik and anticholinergic properties.

**Keywords:** autism, clozapine, gastritis, hematemesis

[Abstract:0537]

**0537 - Klinefelter syndrome and borderline intellectual functioning: a case report**Hatice Yardım Özyayhan<sup>1</sup>, Ebru Çiftçi<sup>1</sup>, [Esra Cebeci](#)<sup>2</sup>, Deniz Altunova<sup>1</sup>, Seda Kırıcı Ercan<sup>1</sup>, Berrin Ünal<sup>1</sup>, İklîma Zeynep Bayraktar<sup>1</sup>, İbrahim Eren<sup>1</sup><sup>1</sup>University of Health Sciences, Konya Training and Research Hospital Department of Psychiatry, Konya, Turkey, <sup>2</sup>Tuzla State Hospital**ABSTRACT**

**INTRODUCTION:** Borderline intellectual functioning is located at between mental retardation and normal intelligence, showing similar characteristics to both groups, refers to the group of intelligence below 1-2 SD. Incidence in the community is 18%.

**CASE PRESENTATION:** 32-year-old-man. He was admitted to our clinic to make a decision about him. His neuromotor development in childhood was low, the success of the course was low and he was a primary school graduate, he knew the money and math transactions, but he was often tricked, he worked as a waiter in various cafes and that his social adaptation skills were partially. It was decided that he was not suitable for military service with the diagnosis of Klinefelter syndrome(KS) and neurotic personality disorder. There was no psychiatric treatment. In the clinic, he had impulse control problems and behavioral disorders, could survive without help. His abstraction, judgment were normal, his intelligence was borderline. He had perseverative discourses like 'I will sign everything, give me paper and I will sign'. Intelligence test RESULT: kent:42, porteus:54, average:48. Social media accounts were learned with permission. It was seen that the patient took part in the folklore team, advertised the cafes where he worked and made money with the monkey. Borderline intellectual capacity was considered in the patient with KS.

**CONCLUSIONS:** Cognitive and behavioral disorders in KS are symptoms that occur in different. Some cognitive, psychosocial difficulties and behavior disorders are common conditions in men with KS. It is stated that people with this syndrome in the cognitive domain have mild mental retardation. More prominent features in studies; is timid, touchy, immature, addicted, lack of attention and establishing difficult relationships with other people. In case of psychiatric patients presenting with complex genetic aberrations and additional psychosocial problems, traditional psychiatric and psychological approaches can lead to decrease of symptoms and improved functioning.

**Keywords:** Klinefelter syndrome, borderline intellectual capacity, cognitive functioning

[Abstract:0544]

**0544 - A case of obsessive compulsive disorder comorbid with major depression likely related to be with cavum septum pellucidum**Özge Şahmelikoğlu Onur, Elçin İzmir*Department of Psychiatry, Bakirkoy Prof Mazhar Osman Training and Research Hospital for Psychiatry, Neurology, and Neurosurgery, Istanbul, Turkey***ABSTRACT**

**INTRODUCTION:**Neurobiological models for obsessive–compulsive disorder (OCD) have suggested ventral prefrontal cortical and striatal circuits in the pathophysiology of this disorder, but typically have not utilized a developmental model for OCD. The cavum septum pellucidum (CSP), a marker of neurodevelopmental anomaly, has been associated with an increased risk of several psychiatric disorders like OCD. In this report a case of Depression comorbid with OCD accompanying CSP will be presented.

**CASE PRESENTATION:** A 42-year old married woman, with a 20-year duration of OCD admitted with the complaints of anhedonia, avolition, insomnia, decreased appetite. In her psychiatric examination depressed mood and affect, longed reaction time, decreased self-care, decreased psychomotor activity were noted. Multiple obsessions were reported including thoughts and images about family members choking, and intrusive thoughts that people would come to harm and disappear. She had recurrent major depressive disorder and had admitted to psychiatric services from the age of 30. She had a history of one psychiatric hospitalization (for major depression) and had been on fluoxetine 60 mg/d, risperidon 2 mg/d, clonazepam 3 mg/d treatment was hospitalized for her suicidal ideation. Brain MRI scan showed cavum septum pellucidum et vargae. She was diagnosed as Major Depressive Disorder and OCD according to DSM-5 and started fluoxetine 80 mg/d, quetiapine 50 mg/d, diazepam 10 mg/d and olanzapin 5 mg/d. On the 5th day of the treatment, diazepam treatment was discontinued. The patient was discharged with a remission with improvements of the symptoms in a month.

**CONCLUSIONS:**Neurodevelopmental alterations might contribute to the pathogenesis of OCD.

**Keywords:** Obsessive Compulsive Disorder, Major Depression, cavum septum pellucidum et vargae

[Abstract:0545]

**0545 - A case of bipolar disorder accompanied by cavum septum pellucidum anomaly**Naile Özge Özyurt, Elvan Açıkgöz, Sinay Önen, İbrahim Taymur*Department of Psychiatry, University of Health Sciences Bursa High Specialty Training and Research Hospital, Bursa, Turkey***ABSTRACT**

**INTRODUCTION:**Septum pellucidum is a thin layer composed of two laminae which forms medial barrier of the lateral ventricles. When these two leaflets do not merge and remain as a cavity, it is called as Cavum Septum Pellucidum (CSP). CSP was reported in schizophrenia, bipolar disorder, opiate dependence, obsessive compulsive disorder, Tourette syndrome, fetal alcohol syndrome and developmental delay. In this case report, bipolar disorder patient who have CSP is discussed.

**CASE PRESENTATION:**55 years old, elementary school graduated female patient applied to the out-patient clinic with insomnia, increased sexual desire, increased alcohol and cigarette consumption, irritability, overtalkativeness. The last treatment of the patient, who has been followed-up with the diagnosis of bipolar disorder since she was 16, was arranged as lithium 1200 mg/day and quetiapine 100 mg/day. She was hospitalized to arrange her treatment. Her physical and neurological examination were normal. Laboratory results were in normal range. Brain CT scan without contrast material revealed the presence of CSP without any cortical or subcortical atrophy. No other pathology was detected in the brain CT imaging. Treatment at discharge was lithium 1200 mg/day, haloperidol 2.5 mg/day, quetiapine 100 mg/day and aripiprazol LAI form 400 mg/month.

**CONCLUSIONS:**Known proportion of CSP changes in wide range between 0.1% to 85% adults. It is usually asymptomatic and detected mostly incidentally. While being shorter than 6mm in the width CSP is accepted as the “variant of the normal”, but large CSP (>6mm) can be related to development of child and adult psychiatric disorders. It is thought that anatomical differences of septum pellucidum may be indicator of disorders in the development of hippocampus, corpus callosum and midline structures; and underlying neurodevelopmental abnormality may cause mental disorders. In literature; CSP is mostly related to schizophrenia among psychiatric disorders but it should be kept in mind that CSP can also be seen in bipolar disorder.

**Keywords:** Cavum Septum Pellucidum, Cavum Vergae, Bipolar Disorder

[Abstract:0558]

**0558 - St. John's wort (Hypericum perforatum )-induced psychotic depression: a case report**Eda Aslan, Emre Ozaslan*Department of Psychiatry, Mersin University, Mersin, Turkey***ABSTRACT**

**INTRODUCTION:**St. John's wort (*Hypericum perforatum*) is an herbal remedy known for its antidepressant effect. We report a case of 45-year-old man; psychotic symptoms appear after consuming high dosage of St John's wort while taking concomitant paroxetine for his mild depression.

**CASE PRESENTATION:** A 45-year-old man admitted to our psychiatric unit due to delusions of reference and guilt and thoughts of suicide. He had irritability, feelings of hopelessness, fatigue, loss of interest in activities and perseverative thoughts about being punished. He admitted to a psychiatry unit of state hospital 2 months ago with mild depressive symptoms such as feeling unhappy, concentration problems and clinician prescribed him paroxetine 20 mg/day. About 1 month later, his depressive symptoms recovered partially but he thought he didn't recover enough and began to take St. John's Wort. After 2 weeks of consuming 3 or 4 big glass of brewed tea of St. John's Wort per day with concomitant paroxetine, his symptoms got worse and psychotic symptoms showed up. He was diagnosed with psychotic depression and hospitalized in our service. He had no previous psychiatric history before current depressive episode. Laboratory tests were normal. No pathology was observed in cerebral MR and EEG. Paroxetine 40 mg/day and olanzapine 10 mg/ day were started for treatment. Psychotic symptoms improved within 1 week, and depressive symptoms improved about 2 weeks later. Sustained remission is achieved in follow-up.

**CONCLUSIONS:** The antidepressant activity of St. John's wort is hypothesized to be due to MAO-A inhibition. It is also reported altering the activity of the cytochrome P450 enzymes involved in drug metabolism. In our case, worsening of depression and emergence of psychotic symptoms may be explained as herb might reduced the effect of paroxetine. It should be noted that St. John's wort drug interactions may reduce the effect of antidepressant taken with.

**Keywords:** St. John's wort, *Hypericum Perforatum*, Major Depressive Disorder, Depression, Psychotic Depression

[Abstract:0570]

**0570 - Neurotic excoriations associated with severe unipolar depression: a case report**Narin Hilal Özdağ, Ebru Mercandağ, Esra Yazıcı, Atila Erol*Department of Psychiatry, Sakarya University Medical Faculty, Sakarya, Turkey***ABSTRACT**

**INTRODUCTION:**Neurotic excoriation (skin picking disorder, dermatotilomanias) is a psychodermatological disease characterized by the inability to resist the desire to scratch healthy skin and cause self-harm (1).

Lesions are formed by picking, scraping or rubbing, and are usually seen where hands can easily reach. (2) Psychosocial stress is associated with the aggravation of lesions in 30-90% of patients and the action can be continued until pain or bleeding develops. (3)

In this case, we aimed to discuss the remission of the skin picking disorder after psychotherapeutic and psychopharmacological interventions in the severe unipolar depression.

**CASE PRESENTATION:**54-year-old female patient was admitted to the psychiatry clinic with symptoms of anhedonia, insomnia, fatigue, decrease in appetite, reduced attention and concentration, suicidal ideas and insomnia and had the diagnosis of severe unipolar depression. On physical examination, nail marks, crusted and erythematous lesions were detected on the face, abdomen and back more intensively in arms, feet and calves. It is learned that previously she had applied to dermatology, infectious diseases and internal medicine outpatient clinics for lesions and she had been referred to a psychiatric clinic by all physicians. Dermatologic symptoms were co-occurring with symptoms of unipolar depression. She was hospitalised and Venlafaxine treatment was started and gradually increased to 150 mg/d, quetiapine 50mg was added for insomnia and urea and hamamelis virginiana creams were used for lesions due to dermatology consultation. During the follow-up, her mood and insomnia gradually improved. Itching and lesions were remitted. She was discharged with venlafaxine 150 mg/day

**CONCLUSIONS:**Many psychiatric disorders, including anxiety disorders and severe unipolar depression, may also be present with physical symptoms as well as psychological symptoms. Early recognition of the lesions associated with the underlying psychiatric disease and timely intervention have a great importance for the effective treatment of the patient.

**Keywords:** depression, neurotic, excoriation, anxiety

Image 1



[Abstract:0575]

### 0575 - Epileptic psychosis in adolescence

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#### ABSTRACT

**INTRODUCTION:** Epilepsy is the most common neurological disorder of childhood, affecting %0.5-1 of children under the age of 16. Epilepsy, which may be accompanied by cognitive and behavioral changes, is associated with important psychiatric disorders. In this case report, a patient who was applied with sudden onset psychotic symptoms and treated with Valproic acid due to EEG abnormality and clinical improvement was reported.

**CASE PRESENTATION:** Twelve-years-old male patient; applied with the complaints of sudden onset self talking and talking with toy plush, looking at a fixed point, school refusal, insomnia. Atypical developmental features reported in the history and autism spectrum-specific symptoms (Asperger syndrome) that did not meet the diagnostic criteria at the time. In the clinical examination, attention/impulsivity problems were defined as ADHD and followed up with psychostimulant treatment. Risperidon treatment was started in the patient with disorganized thoughts and behaviors, social withdrawal, persuasive delusions, visual and auditory hallucinations and risperidone was increase up to 5 mg. Later, treatment was switched to olanzapine because patient didn't benefit from risperidon treatment. EEG revealed slow, sharp wave activity of paroxysmal thorn originating from the left and sometimes right hemisphere parietal area. In the FDG/PET/MR imaging for epileptic focus search, the hypersensitivity lesion in 6 mm diameter FLAIR images with subcortical location in the temporal area was found. Valproate added to treatment due to EEG abnormality. In the third week of olanzapine-valproate treatment decrease in psychotic symptoms was observed.

**CONCLUSIONS:** Literature shows that patients with epilepsy has higher risk of developing psychiatric illness, especially with temporal lobe epilepsy (TLE) (%60) and other focal epilepsies (%54) than patient with primary generalized epilepsy (%37). It is reported that % 10-30 of patient with complex partial seizures have psychosis. To distinguish prodromal psychotic symptoms during adolescence, it is important to keep in mind organic disorders such as epilepsy.

**Keywords:** epilepsy, psychosis, valproate

[Abstract:0579]

### 0579 - Safety switch to atomoxetine for methylphenidate-related thrombocytopenia: a case report

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#### ABSTRACT

**INTRODUCTION:** Thrombocytopenia may develop for several reasons, such as infection, malignancy, and drug use, but particularly due to idiopathic causes. One of the notable causes is drug use. This report describes the development of thrombocytopenia associated with methylphenidate (MPH) therapy and successful management with a safety switch to atomoxetine. To the best of our knowledge, there have been few case reports of thrombocytopenia associated with MPH in the literature.

**CASE PRESENTATION:** E.K., an 11-year-old girl, was brought to our outpatient clinic by parents. Myelodysplastic syndrome was present in the patient's medical history. After the psychiatric evaluation, ADHD and Intellectual Disability were diagnosed and MPH therapy was planned.



Before medication, the patient's platelet (PLT) count was 90.6 mm<sup>3</sup>. IR-MPH 5 mg/day was initiated. At blood tests, the PLT count decreased to 55.9 mm<sup>3</sup>, and MPH therapy was discontinued. The patient was consulted with pediatric hematology department. The pediatric hematology department noted no contraindication for atomoxetine, and treatment was switched to atomoxetine. At controls, the patient's ADHD symptoms improved while no change was detected in platelet counts.

**CONCLUSIONS:** It will be beneficial for clinicians to keep in the mind the possibility of thrombocytopenia, one of the rare side-effects of MPH use, and that atomoxetine should be considered as an alternative therapy in such cases.

**Keywords:** safety switch, side effect, atomoxetine

[Abstract:0598]

### 0598 - A child with hemophilia and adhd:a case report

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#### ABSTRACT

**INTRODUCTION:** Introduction: Hemophilia A is a sex-linked and rare hereditary hemorrhage disorder caused by factor 8 deficiency. Hemophilia symptoms are easy ecchymosis in early childhood, spontaneous joint and intramuscular hemorrhages. Most patient with hemophilia experience normal cognitive and emotional development and typical rates of psychopathology. But, some studies is stated that this disease negatively affected academic achievement, attention and behavior in children. In this report, we presented a 11-year old boy Hemophilia A, attention deficit hyperactivity disorder (ADHD) and oppositional defiant disorder (ODD)

**CASE PRESENTATION:** A 11-year-old boy with mild hemophilia A was referred to our outpatient clinic with complaints of hyperactivity, inattention, opposition, behavioral problems. 4 years ago, the patient was diagnosed hemophilia by pediatric hematology. According to DSM-V, the patient was diagnosed as ADHD and ODD. After the evaluation of pediatric hematology clinic, we was started 36 mg/day OROS-methylphenidate HCL and 0,5 mg/day risperidone. According to the Wechsler Intelligence Scale for Children-Revised, He had IQ:112. He was consulted to the department of pediatric neurology because of epileptiform anomalies and 300mg/day valproic acid was started by this clinic. The patient used the medications regularly for 3 months and partially benefited from the treatment.

**CONCLUSIONS:** In hemophilia, some studies shown that ADHD and learning disability rates were higher than the general population and average or above IQ and externalizing problems, such as dysregulation, conduct problems were. Similarly, our case, the patient was diagnosed ADHD, ODD and he had high IQ. The relationship between hemophilia and psychopathology is not obvious. But, it is stated that haemorrhages of central nervous system, psychosocial/child rearing practices, genetic transmission may affect psychiatric disorders in the patients with hemophilia.

**Keywords:** hemophilia, attention-deficit hyperactivity disorder, child, psychopathology

[Abstract:0600]

### 0600 - Klippel-trenaunay syndrome in a 9 year old autistic boy

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#### ABSTRACT

**INTRODUCTION:** Klippel-Trenaunay syndrome (KTS) is a rare congenital disorder characterized by capillary malformation, venous malformation, overgrowth of bone and soft tissue in limbs linked to mutations in PIK3CA. Autism spectrum disorder (ASD) is defined as a neurodevelopmental disorder that affect social interaction and communication and result in restricted interest and repetitive behaviors. The possible association of ASD and KTS has not been reported before. We describe here for the first time KTS in an autistic child

**CASE PRESENTATION:** A 9 year old boy was admitted to our clinic with avoidance of eye contact and physical contact, poor response to his name, inability to properly play with and share with peers. He had some hand and finger mannerisms. He used to make a ritualistic behavior (opening the door for three times) when he was leaving home. The patient was diagnosed with ASD according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) criteria. The patient's external phenotypic features included hemihypertrophy in his left side of the face, overgrowth of the left leg and hemangiomas on his body. He could stand and walk only with support. For the investigation of organic etiology, he was referred to pediatrics and genetics departments. As a result of detailed physical examinations and some investigations, KTS was diagnosed

**CONCLUSIONS:** ASD has a strong genetic component with up to 1000 genes potentially implicated. KTS is a complex vascular syndrome associated with overgrowth occurring as a result of somatic mutations in the PIK3CA gene. The exact cause of these conditions isn't known totally but the



most important etiologic factor seems to be genetics We provide here the first description of ASD with KTS in a child. Although this case may be the incidental co-occurrence of two disorders, it is also possible that it can provide a different insight into the neurodevelopmental and genetic origin of ASD. Clinicians should be aware of the concurrent presentation of ASD and KTS in children and adolescents.

**Keywords:** Autism, Klippel-Trenaunay Syndrome, Genetics, KTS, ASD

[Abstract:0607]

### 0607 - A case of switch to mania after triiodothyronine(t3) augmentation in treatment resistant depression

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#### ABSTRACT

**INTRODUCTION:** Despite antidepressant treatment, symptoms may persist in 15% of cases receiving major depression treatment. Here we report a case of switch to mania after triiodothyronine augmentation in treatment resistant depression.

**CASE PRESENTATION:** A 53-year-old male patient; was admitted to our clinic third times because of unhappiness, unwillingness, loss pleasure, insomnia and suicidal ideation. He had a depressive mood, worthlessness thoughts and psychomotor retardation. Despite the use of venlafaxine 150mg/d, olanzapine 5mg/d, mirtazapine 15mg/d treatment for one year, he had a depressive attack. He had no history of manic or hypomanic episodes and was hospitalized with "unipolar depression". Venlafaxine was increased to 300mg/d, mirtazapine 15mg/d was continued and olanzapine was stopped. When there was not adequate response despite of lithium augmentation, 10 sessions ECT were applied, his depressive symptoms decreased and he was discharged. After a month, triiodothyronine(T3) augmentation was initiated and lithium was decreased to 600mg/d because of increased depressive symptoms. After two weeks of T3 augmentation, he had mood elevation, decreased sleep, increased efficacy and speech, excessive spending and left his treatment because of feeling well.

**CONCLUSIONS:** In two cases presented in the literature, switch to mania developed with T3 augmentation to tricyclic antidepressant treatment. It is thought that the underlying cause of T3-related clinical symptoms may be that thyroid hormones affect the function of both serotonin and catecholamine in the brain. Probably the risk of switch to mania may be lower with other antidepressants and other treatment options without catecholaminergic effects. Our case was followed up with 'treatment resistant unipolar depression' with no history of manic episodes and no family history of bipolar disorder, and triiodothyronine augmentation treatment was thought to cause the switch to mania. Triiodothyronine augmentation in treatment resistant depression can provide an affective treatment or cause switch to mania that occurs with antidepressant treatment.

**Keywords:** triiodothyronine(T3) augmentation, switch to mania, treatment-resistant depression

[Abstract:0618]

### 0618 - A rare adverse effect of atomoxetine: angular cheilitis

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#### ABSTRACT

**INTRODUCTION:** One-third of children with autism spectrum disorder(ASD) exhibit symptoms of attention-deficit/hyperactivity disorder(ADHD). Lower response rates and higher psychostimulant drug side effects have been identified in children with ASD and ADHD comorbidity compared to children diagnosed with only ADHD. Atomoxetine(ATX) has long been a prominent treatment option which has several advantages over stimulants. Despite ATX is recognised as a well-tolerated agent, several rare side effects related to ATX have been reported. Angular cheilitis(AC) is characterized by erythema, rhagades, and ulcerations in the lips. However, etiology of AC is included many local or systemic causes, it may also emerge as a drug side effect. Here we report a patient with ATX-related AC which has never been reported as a side effect of ATX to date.

**CASE PRESENTATION:** We report a 7 years-old boy diagnosed with ASD for four years. He has been diagnosed also ADHD due to his hyperactivity and impulsivity after beginning special education administration. At first, risperidone was administered at a dose of 0,5 mg/day and increased 1 mg/day due to low response. Although his hyperactivity and impulsivity symptoms improved slightly, he had low attention that prevents his adjustment to education. Therefore short-acting methylphenidate had been administered to the treatment at the age of six. Methylphenidate was stopped because of side effects including severe irritability, restlessness and crying spells. ATX was started at a dose of 10 mg/day. Although his irritability and impulsivity have improved, he had small rhagades limited to the corner lips with slight skin involvement. His mother described

these lesions emerged after ATX treatment. ATX was stopped and risperidone remained as a single treatment. These lesions have not been observed at the outpatient clinic control.

**CONCLUSIONS:** Although adverse effects of ATX are most commonly reported as fatigue, decreased appetite and sleep, to the best of our knowledge this is the first case report that determined a new adverse effect of ATX.

**Keywords:** atomoxetine, adverse effects, autism spectrum disorder, attention-deficit/hyperactivity disorder

[Abstract:0634]

### 0634 - Normoprolactinemic galactorrhea induced by fluoxetine: a case report

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#### ABSTRACT

**INTRODUCTION:** Galactorrhea is a side effect that can develop in some organic diseases depending on the medicine(1). Hyperprolactinemic or normoprolactinemic galactorrhea cases, which can develop due to antidepressants, have not been reported very frequently(2,3). Especially fluoxetine-related galactorrhea cases are rare in the literature. In this study, a 44-year-old woman who developed normoprolactinemic galactorrhea after fluoxetine treatment will be presented.

**CASE PRESENTATION:** A 44-year-old woman applied to the psychiatry clinic with symptoms of restlessness, muscle tension, sleep disturbance, symptoms of extreme anxiety in many areas of her life. According to DSM-V, a common anxiety disorder was diagnosed and drug treatment was started with 20 mg / day fluoxetine. Her symptoms decreased after 5 weeks of treatment, but reported non-puerperal white creamy fluid discharge from both nipples that started 2 weeks ago. There were no abnormality in the results of pituitary MRI, hormonal tests, pregnancy tests, liver and kidney functional tests.

After endocrinology consultation normoprolactinemic galactorrhea induced by fluoxetine was considered so we stopped the treatment. Medication was continued with sertraline that she had a positive response before. We started 25 mg/day and gradually increased to 50mg/day. After 2 weeks she reported that galactorrhea was disappeared and her symptoms partially improved. 3 months later, when she reapply to our clinic, she didn't have any symptoms and galactorrhea did not occur again.

**CONCLUSIONS:** Cases of galactorrhea caused by using fluoxetine mostly due to hyperprolactinemia have been reported previously, but cases with normal prolactin level are rare.

In our case, fluoxetine-related normoprolactinemic galactorrhea was observed and symptoms improved when the transition from Fluoxetine to Sertraline. Data about normoprolactinemic galactorrhea caused by SSRI in the literature is only case reports. The mechanism of this side effect is still unknown.

**Keywords:** Prolactinemia, Galactorrhea, Fluoxetine, SSRI, Side effect

[Abstract:0635]

### 0635 - Longing for mania: a case report

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#### ABSTRACT

**INTRODUCTION:** Treatment adherence is a frequent problem in bipolar disorder (BD), in some studies, treatment nonadherence frequency is reported as 50%. Side effects of medications and unfavorable personal attitudes toward treatment may also have a negative impact on treatment adherence. Here, we present a bipolar patient who had numerous hospitalization as a result of treatment nonadherence.

**CASE PRESENTATION:** Mr. B. is a 37 year-old patient, has graduated from university, and working as an academician. Three years ago, he was brought to our clinic by his family with symptoms of expansive mood, decreased need for sleep, increased activity, persecutory delusions. The patient who had no insight was hospitalized and detailed evaluation showed his psychiatric history began at age 23 with manic episode and although he has used various oral medication, he had one depressive and up to ten manic episodes with repetitive hospitalizations almost every year.

Due to he had frequent episodes as a consequence of poor medication adherence, it was decided to switch a LAI form paliperidone palmitate 100mg/month with oral olanzapine, in addition to lithium. Since he did not have volunteer to use medications, detailed questioning showed the patient longed for manic episodes that felt him strong and intelligent, also he was afraid of the drugs would make his attention worse. He was informed about the consequences of poor treatment adherence which may worsen the course of BD and so indirectly worsen cognitive

performance thus he has convinced to use LAI. Following three years, neither depressive nor manic episode has not been observed under treatment. Moreover, there has been improvement in his social and occupational functioning.

**CONCLUSIONS:** Noncompliance with maintenance treatment in BD is associated with greater rates of disease relapse and re-hospitalization. Clinicians must inform the patients about the consequences of poor treatment adherence which may worsen the course of BD.

**Keywords:** treatment adherence, bipolar disorder, long acting injection

[Abstract:0641]

### 0641 - A case report of a patient initially diagnosed with psychotic depression rapidly switching to mania in treatment of bupropion rechallenge

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#### ABSTRACT

**INTRODUCTION:** Bipolar disorder is a severe, chronic mental illness characterised by episodes of mania or hypomania, depression or mixed affective states. Antidepressants can increase the spontaneous risk of hypomania or mania when used for treatment in affective disorders. When prescribed as an antidepressant, bupropion is generally considered to have a lower risk of inducing mood shifts. Here, we presented a case of a patient with psychotic depression who was rapidly shifting to mania with bupropion rechallenge.

**CASE PRESENTATION:** An 18-year-old woman was admitted to the psychiatry outpatient clinic by the relatives with complaints of unhappiness, unwillingness, and worthlessness and nihilistic delusions. Sertraline 50 mg / day and Risperidone 1 mg / day were started gradually with diagnosis of psychotic depression. The patient was hospitalized in the psychiatry clinic due to worsening in psychotic symptoms and increased psychomotor retardation. Sertraline was increased up to 100 mg / day, bupropion 150 mg / day regimen was added and risperidone was switched to olanzapine 10 mg / day treatment. Elevations symptoms were observed within a week. Bupropion was discontinued because of switching to mania. The regimen was continued with sertraline 100mg / day and olanzapine 10mg / day. It was observed that the patient retarding again and showed depressive symptoms. Shortly after rechallenging with bupropion, the patient switched to mania again. In three weeks follow-up two manic episodes have been observed with adding bupropion and two depressive episodes with discontinuation in all. Lithium was added to the regimen and increased gradually up to 1200 mg / day. No relapse was observed again and rapid mood switching has ended.

**CONCLUSIONS:** A young patient admitted with psychotic depression should be carefully monitored for bipolar disorder. Bupropion may be preferred for augmentation in treatment of severe depression, but unpredictable effect of manic shift must be considered.

**Keywords:** Bipolar Disorder, Bupropion, rapidly switching

[Abstract:0647]

### 0647 - Acute mania in waardenburg syndrome type 1 - a case report

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#### ABSTRACT

**INTRODUCTION:** Waardenburg syndrome type 1 (WS1) is a rare autosomal dominant genetic disorder of neural crest cells characterized by congenital sensorineural hearing loss, dystopia canthorum, and abnormal iris pigmentation. In this case, we wanted to draw attention to the co-diagnosis of WS1 and Bipolar Disorder.

**CASE PRESENTATION:** A twenty-two-year-old woman with congenital hearing impairment was brought to the emergency room by her family with the complaints of decreased sleep, energy increase, abnormal religious pursuits, increased goal-directed activity, irritability, which started 2 days ago. In the laboratory tests, there was no anomaly. She and her family had no previous psychiatric disorder history, and she also had no addiction to any substances.

By the mental state examination, we made, she had iris heterogeneity and hearing loss. She was alert and oriented, and her psychomotor activity had increased although her sleeping time was reduced. Her mood was dysphoric, and affect was congruent to her mood. Thought content included grandiose and persecutory delusions. She had no insight.

Olanzapine treatment was started at a dosage of 10 mg/day on the first day of admission to hospital. On the fifth day of hospitalisation, her olanzapine dose was increased 15 mg/day. Her manic symptoms and delusions decreased. The patient, who was diagnosed with bipolar disorder as a result of clinical follow-up, was discharged on the fourteenth day and she was asymptomatic.

**CONCLUSIONS:** WS1 prevalence is estimated to be 1/42,000 in the general population, and 1–3% in the congenital hearing loss. In this rare disease, a manic episode report was reported in another case with WS 1, which was previously diagnosed in the literature, in which our patient

also met the diagnostic criteria. We found it worth sharing this case, which we think may contribute to the association of WS1 and Bipolar Disorder comorbidities in genetic analysis.

**Keywords:** waardenburg, syndrome, mania

[Abstract:0681]

### 0681 - Reevaluating inter-rater reliability in criminal liability assessment through a case committed multiple offenses

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#### ABSTRACT

**INTRODUCTION:** Psychiatrists serve to the legal system by revealing the material fact by performing the duty of expert witness within the scope of criminal procedure, unlike the other physicians. They need to use his own various communication and examination skills and experience rather than using palpable physical examination or laboratory screening in order to be able to form a clinical opinion. In this case report presentation, we will discuss the possible factors and suggestions for considering different diagnoses and different opinions reported by the psychiatric expert witness testimonies in a striking case.

**CASE PRESENTATION:** Since the 63-year-old male has been contradicted by the criminal responsibility reports issued by two different medical boards due to an insult crime that was attributed to him 3 years ago, the Criminal Court, which continued the prosecution, was again asked to evaluate the criminal responsibility. Permission has been obtained from the institution to be issued a medical report for scientific purposes, provided that all medical and forensic records of the person who is still convicted in prison are used within the scope of the file, provided that the names of the institutions and persons mentioned in the file remain anonymous. It was found that the first time the person had a psychiatric admission at the age of 21. Within the scope of the file of the person who is still convicted in prison, medical and forensic file review was performed. When the entire file was examined, it was found that the person was asked for criminal responsibility for 32 different crimes for 40 years, mostly having difficulty in distinguishing between malingering and schizophrenia.

**CONCLUSIONS:** It is not uncommon that broad range of various opinions among psychiatrists for the same case during the evaluation of criminal responsibility cause some judicial authorities not to recognize psychiatry as an "exact" science. Although the psychiatric assessment processes are considered subjective, it is crucial to conduct a thorough and proper assessment in the context of forensic psychiatry in order to ensure the correct and fair operation of the judicial and prosecution mechanisms.

**Keywords:** Criminal liability, expert witness, forensic psychiatry, malingering, schizophrenia

[Abstract:0686]

### 0686 - A 12 year old encephalitis case presented with bizarre behaviors and obsessive compulsive symptoms

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#### ABSTRACT

**INTRODUCTION** Neuropsychiatry is the subspecialty of psychiatry that deals with disorders at the intersection of neurology and psychiatry. Neuropsychiatric disorders are incompletely understood so far (1). One of the neuropsychiatric diseases is encephalitis which is a rare but serious condition of neurologic dysfunction due to inflammation of the brain parenchyma and can be associated with psychiatric symptoms (2). This case is presented to emphasize the importance of investigating organic etiology when acute changes in psychiatric symptoms occur.

**CASE PRESENTATION** In this case report, a 12 year old male patient visited the outpatient clinic with the complaints of disorganized behavior (i.e. eating his own stool, touching his mother's genitals) and repetitive talking. His complaints first started 2 years ago with obsessive thinking. The patient did not respond to SSRI treatment which was prescribed and the symptoms have been increasing over the last 4 months. Routine blood tests, EEG, MRI and neurology consultation were requested. Test results were within normal range, except ASO value which was higher than normal (350 IU/ml). MRI and EEG findings were recorded as normal. During follow-up his symptoms got worse. Therefore PET-MRI was requested to further evaluate organic etiologies. PET-MRI scan was reported as heterogeneous cortical metabolism and hypometabolic activity in both cerebral hemisphere which was thought compatible with encephalitis. The patient was hospitalized by pediatric neurology department IVIG and steroid treatment were started while amisulpride treatment continued in psychiatric follow-up.

**CONCLUSIONS:** Encephalitis usually develops viral symptoms. Usually primary symptoms are neurological (3). In this case, there were prodromal viral symptoms, but the patient did not have any neurological symptoms. One previous study has shown that there are cases with isolated

psychiatric symptoms (4). After the patient was given corticosteroid and IVIG therapy, psychiatric symptoms decreased. The patient returned back to school and he is being followed-up by pediatric neurology and C&A psychiatry.

**Keywords:** encephalitis,bizarre behaviors,ocd

[Abstract:0754]

### 0754 - Acute oculogyric crisis induced by oral paliperidone treatment

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#### ABSTRACT

**INTRODUCTION:** Acute oculogyric crisis (OGC) which is a dystonic reaction, is mostly associated with first-generation antipsychotics, however, it is reported that it may occur with the use of second-generation antipsychotics (SGAs), albeit infrequently. To date, acute OGC has been associated with risperidone, ziprasidone, and olanzapine, nevertheless, as far as we know, paliperidone-associated acute OGC has not been reported. Here we presented a patient developed acute OGC three days later the initiation of oral paliperidone.

**CASE PRESENTATION:** Mr A, a 25-year-old man, was diagnosed as having schizophrenia eight months ago. His initial treatment was olanzapine 5 mg/d p.o. which was three weeks later increased to 10 mg/d by another outpatient unit. The patient and his caregivers declared that he has not been taking the medication regularly due to a weight gain of 10 kilograms within the past three months. To ensure better treatment adherence, olanzapine was ceased and 6 mg of paliperidone daily was started because of its lower risk of weight gain. Three days later, he was admitted to our emergency unit as having episodic uprolling of eyeballs with a superiolateral fixation of both eyes. Biperiden 5mg intramuscular was administered and half an hour later, the ocular examination showed that both eyeballs were in the normal position. Under paliperidone 6 mg/daily treatment, we followed the patient and any extrapyramidal symptoms including OGC have not appeared. Because he perfectly complied to the treatment and his symptoms improved, we decided to continue paliperidone 6 mg/daily and called him for monthly follow-ups.

**CONCLUSIONS:**The most plausible etiological mechanism comes from the notion that explains extrapyramidal symptoms related to antipsychotics, which suggests a compensatory dopamine release from presynaptic terminals in response to postsynaptic dopamine receptor blockade and upregulation or increased sensitivity of postsynaptic receptors in response to diminished quantities of dopamine or both, particularly in substantia nigra. Much more work should be performed on SGAs-associated dystonic reactions and clinicians should be aware of the fact that the occurrence of some side effects of SGAs does not always require a cessation of current medication. However, extrapyramidal side effects related to SGAs should be monitored closely.

**Keywords:** antipsychotics, oculogyric crisis, paliperidone

[Abstract:0882]

### 0882 - Effects of switching from methylphenidate to atomoxetine in comorbid attention deficit hyperactivity disorder and enuresis nocturna: a case report

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#### ABSTRACT

**INTRODUCTION:** ADHD and elimination disorders often present comorbid in childhood. It is known that methylphenidate and atomoxetine used in the treatment of ADHD might also cure the comorbid elimination disorders. In this case report, a 10-year-old male child with ADHD and primary enuresis nocturna, treated by the drug switching from methylphenidate to atomoxetine, was presented.

**CASE PRESENTATION:** A 10-year-old boy was brought to our outpatients clinic with complaints of hyperactivity, inability to stay in place, impulsivity, attentional problems and urinary incontinence at night.He was diagnosed with ADHD and Enuresis Nocturna according to DSM-5. OROS methylphenidate 18 mg was administered for ADHD and behavioral changes were suggested for enuresis nocturna.In the follow-up, OROS methylphenidate was increased to 36 mg, which was the appropriate dose. In 3 months follow up, there observed a partial improvement in ADHD symptoms, but no improvement in enuresis nocturna. After experiencing side effects such as restlessness, picking of eyebrows and hair, extreme stagnation throughout the day, methylphenidate treatment was switched to atomoxetine. It was observed that his enuresis still continued a week after methylphenidate discontinuation. However, after atomoxetine dose was increased, his enuresis completely

disappeared. Side effects such as restlessness, hair and eyelash picking, decreased after methylphenidate was discontinued and disappeared after atomoxetine 18mg treatment was started. At 3 months after the drug shift, the patient was re-evaluated. ADHD was determined to be in remission, while no enuresis symptom was observed during after the drug shift.

**CONCLUSIONS:** Given that ADHD and elimination disorders often present comorbid, it is important to have agents treating both of these conditions. Although it is known that atomoxetine and methylphenidate are effective in these cases, there is not enough data about their superiority to each other. In this case report, the mechanisms of action of methylphenidate and atomoxetine on this comorbidity will be discussed.

**Keywords:** Attention Deficit Hyperactivity Disorder, Enuresis Nocturna, methylphenidate, atomoxetine

[Abstract:0929]

### 0929 - Pediatric alkaptonuria patient with comorbid autism spectrum disorder

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#### ABSTRACT

**INTRODUCTION:** Alkaptonuria (AKU) is a rare (1 / 250,000-1 / 1,000,000) autosomal recessive inheritance, first defined as a congenital metabolic disease, that plays a role in phenylalanine/tyrosine metabolism and is due to a homogentisate 1,2 dioxygenase enzyme deficiency. When homogentisic acid which has accumulated due to an enzyme defect is oxidized to benzoquinone acetic acid, it causes ochronosis in tissues. Although the etiology of most Autism Spectrum Disorder (ASD) cases is unknown, it has been suggested that some are related to metabolic diseases. In this article, a 7-year-old male case of alkaptonuria diagnosed with autism was presented and discussed in light of the literature.

**CASE PRESENTATIONS:** A 7-year-old male patient with liver transplantation who followed up with diagnoses of AKU and mental-motor retardation was brought to the child and adolescent psychiatry clinic with complaints of hyperactivity, nervousness, sleep problems and speech difficulties. When he was taken to the play room with his parents for psychiatric examination, it was seen that he avoided eye contact, did not relate to the people or toys around him, but was interested in rotating objects. A Childhood Autism Rating Scale (CARS) score of 44 were calculated. As a result of these evaluations, the patient was diagnosed with ASD, Attention deficit hyperactivity disorder and intellectual disability according to DSM-5 diagnostic criteria, and treatment began, with risperidone 0.5 mg/gün. In the control, the patient's stereotypical movements, hyperactivity, and irritability were reduced.

**CONCLUSIONS:** To the best of our knowledge, this is the first case in the literature with AKU comorbid ASD. Oxidative stress has been shown to be a potentially important mechanism of ASD pathophysiology, as in AKU. Ochronosis and oxidative stress in the central nervous system may be related to the autism symptoms in this case. However, studies and stronger evidence are needed to demonstrate this relationship.

**Keywords:** autism, alkaptonuria, metabolic disease

[Abstract:0948]

### 0948 - Peripheral edema caused by valproate use

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#### ABSTRACT

**INTRODUCTION:** Valproic acid (VPA) is a drug that is frequently used in the treatment of bipolar disorder. Many side effects have been reported due to the use of VPA. Edema is not a common side effect that develops due to the use of VPA. The exact mechanism of action of VPA is not known, which causes the cause of edema to be not fully understood.

**CASE PRESENTATION:** A 42-year-old. The patient had been followed-up for depression for the last 2 years and had depressive episodes twice a year. Recurrent transcranial magnetic stimulation (rTMS) was planned and fluoxetine 20mg/day was started. After 10 sessions rTMS, manic shift was considered in her, rTMS was stopped and fluoxetine treatment was discontinued also her diagnosis was changed to bipolar disorder. The patient was started on valproic acid 1000 mg/day for mania treatment and prophylaxis. In her control examination 15 days later, the patient did not have manic and depressive symptoms, but diffuse peripheral edema had started. There was no pathology to explain the edema in this patient, and the edema resolved after discontinuation of VPA.



**CONCLUSIONS:** In this case, we will examine a young patient who used only VPA for a short period of time, who developed peripheral edema during VPA use and whose edema spontaneously regressed after VPA was discontinued. This patient's use of VPA only and the improvement of edema after VPA withdrawal indicates that peripheral edema may develop, albeit rarely, due to VPA use.

**Keywords:** Valproic acid, sodium valproate, edema, bipolar disorder

[Abstract:0949]

### 0949 - Serotonin syndrome after a single dose of sertraline: a case report

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#### ABSTRACT

**INTRODUCTION:** Serotonin Syndrome is a rare and life-threatening drug reaction that occurs with increased serotonin activity in the brain as a result of taking therapeutic doses or excessive amounts of serotonergic-acting drugs or using multiple serotonergic-acting drugs together. It is characterized by neuromuscular abnormalities, autonomic hyperactivity, and cognitive/behavioral changes. The first approach in its treatment is to discontinue the serotonergic agent used, to provide intravenous hydration, to give supportive treatments, and to control agitation.

**CASE PRESENTATION:** A 15-year-old girl was brought to our pediatric emergency department by her mother with complaints of abdominal pain, nausea, weakness in the legs, chills, and shortness of breath. Her medical history revealed the use of Sertraline 25 mg tablets due to a diagnosis of depressive disorder and her complaints started approximately 6 hours after ingesting the first dose. Serotonergic medication was discontinued and supportive treatment was started for the patient who was admitted to the clinic with a preliminary diagnosis of serotonin syndrome. Discontinuation of the serotonergic drug, regression of symptoms after IV hydration therapy, complete resolution of all symptoms within one week of follow-up, and regression of values to the normal reference ranges in blood tests supported our diagnosis of "Serotonin Syndrome".

**CONCLUSIONS:** Recognition of the clinic of serotonin syndrome is significant due to the increase in the frequency of depression in adolescence and the widespread use of antidepressant drugs. Therefore, detailed questioning of the drugs used is necessary for early diagnosis and intervention. As a result, the determination of the history of serotonergic drug use, early recognition of the mental, autonomic, and neurological finding triad, and the early application of supportive medical treatments ensured the effective and successful management of the case.

**Keywords:** Serotonin Syndrome, sertraline, supportive therapy

[Abstract:0956]

### 0956 - Quetiapine-induced hairy tongue: a case report

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#### ABSTRACT

**INTRODUCTION:** Hairy tongue (HT) is a benign, reversible and self-limited disease, with a prevalence ranging from 0.5% to 11%. Quetiapine is a second generation antipsychotic drug with multimodal activity, used in a wide diagnostic range. In this case report, aimed to present the hairy tongue caused by the possible anticholinergic side effect of quetiapine.

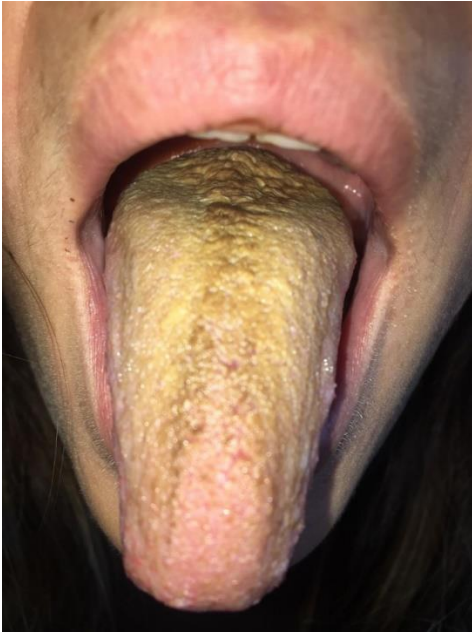
**CASE PRESENTATION:** A 36-year-old female patient was hospitalized at our clinic with the diagnosis of bipolar disorder depressive episode. She had a 22 pack-year history of smoking and small amount of alcohol intake only on special occasions. Approximately 2 weeks after her hospitalization, while she was on the treatment of lithium 900 mg/day, venlafaxine 150 mg/day, and quetiapine 100 mg/day discoloration of the tongue and a metallic taste in the mouth occurred. The dermatology consultation was requested, and the patient was diagnosed with hairy tongue. Quetiapine was discontinued in the patient who developed HT. She was given advice on oral hygiene. The patient's symptoms partially regressed.

**CONCLUSIONS:** We believe that extensive research on hairy language will reveal the mechanism more clearly and that this case presented will be a valuable step in this process.

**Keywords:** hairy tongue, quetiapine, filiform papillae



hairy tongue



[Abstract:0959]

### 0959 - Phenprobamate abuse: a case report

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#### ABSTRACT

**INTRODUCTION:** Centrally acting muscle relaxants are generally controlled drugs but phenprobamate (Gamaflex\*) can be purchased without prescription a drug in Turkey. There are two case reports in the literature reporting its abuse.

**CASE PRESENTATION:** 51 years old, female, live alone. The patient was evaluated as intoxicated after taking 10 consecutive two days of phenprobamate in the emergency service. The patient was consulted by us in terms of the risk of suicide. It was learned that she did not take it for suicide, initially prescribed by the orthopedic physician due to joint pain, but later bought it from the pharmacy because it relieved her and its sedative effect. She had been using it almost every day for about 2 years, the amount was gradually increasing, and she had complaints of restlessness, tension, tremor in his hands, insomnia, and sweating when she did not take the drug. The patient has been under psychiatric follow-up for nearly 20 years. She was followed up with the diagnosis of Anxiety Disorder and was still using escitalopram 20 mg/day, risperidone 2 mg/day, quetiapine 200 mg/day, and lorazepam 2.5 mg/day. She was conscious, oriented. Her attention was sufficient. The affect was anxious, there was no delusion in the content of the thought, no suicidal thoughts and plans were detected. No hallucinations were detected in the perceptual examination. Sleep was decreased. Her psychomotor activity was normal. No pathology was detected in the blood tests requested, and brain CT imaging was normal. The patient was followed up on an outpatient basis, lorazepam treatment was discontinued and diazepam treatment was started, after using it for 10 days, the dose was gradually reduced and discontinued. Tegretol 200 mg 2\*1 was added to his treatment. Withdrawal symptoms were not observed.

**CONCLUSIONS:** Drugs with abuse potential should be administered in a controlled manner.

**Keywords:** phenprobamate, abuse, dependence

[Abstract:0974]

### 0974 - Paliperidone palmitate overdose and its management: a case report

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#### ABSTRACT

**INTRODUCTION:** Long-acting injectable antipsychotics are widely used to treat patients with schizophrenia who are non-compliant with antipsychotic medication. Paliperidone palmitate is a long-acting injectable formulation of the atypical antipsychotic paliperidone, the primary

active metabolite of risperidone. Herein, we correspond to the case of a patient who accidentally applied 600 mg intramuscular and 150 mg subcutaneous injection of Paliperidone Palmitate and prevention of side effects by oral Aripiprazole treatment.

**CASE PRESENTATION:** A 49-year-old male, diagnosed with schizophrenia, was unconscious and brought to the Emergency Department by his brother. On arrival, his Glasgow Coma Scale score was 6. He had an epileptic seizure due to hyponatremia. Laboratory studies revealed that Na: 108 mEq/L, which was consistent with psychogenic polydipsia. He refused to take oral treatment because of persecution delusions. Due to poor adherence to oral treatment, he was commenced on Paliperidone Palmitate injection at a dose of 150 mg. Then, he received 600 mg intramuscular and 150 mg subcutaneous injection of Paliperidone Palmitate by accident in four days. He was instantly assessed for side effects like cardiac arrhythmias, QTc prolongation, extrapyramidal symptoms, and hypotension. Neurological examination was significant for bilateral rigidity, and Biperiden 5 mg IM was administered. Then, we plan to minimize the D2 receptor blockade rate by adding partial D2 agonism of aripiprazole. Aripiprazole 10mg per day treatment was started. During follow-up, no side effect was observed unless tachycardia.

**CONCLUSIONS:** Paliperidone dose-related side effects could be life-threatening, so it is essential to avoid accidental overdose. Close monitoring of the vital signs and extrapyramidal side effects are substantial. In case of overdose, Aripiprazole treatment may limit extrapyramidal side effects.

**Keywords:** Aripiprazole, long-acting injectable antipsychotics, paliperidone palmitate

[Abstract:0979]

### 0979 - Mental retardation and behavior problems in nance-horan syndrome

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#### ABSTRACT

**INTRODUCTION:** Nance-Horan Syndrome (NHS) is a rare X-linked genetic disorder comprising bilateral congenital cataract, facial dysmorphism and dental anomalies. Behavior problems and a wide range of mental disability are also mentioned in 30% of affected males. Facial dysmorphism includes nasal bridge, large ears with anteverted pinnae, mandibular prognathism. Additionally, cataract may be accompanied by microcornea and microphthalmia. In this case report, a case of NHS with behavior problems and mental handicaps associated with autistic traits.

**CASE PRESENTATION:** A 39 years old male patient internalized to our clinic because of his behaviors such as biting his mother and brother, breaking doors, throwing stuffs and shouting, who is diagnosed with NHS by Istanbul University Istanbul Faculty of Medicine Department of Medical Genetics. On clinical examination he had mild mental handicap, behavior problems and autistic traits with stereotyped movements (rocking). He had learning difficulties but he was able to learn how to read. He was sent to a normal primary school but in a year required special schooling because of lack of learning skills and aggressive behaviors. He also had self-injurious behavior and sleep disturbances. According to neuropsychological examination he failed in subtests that require memory and concentration. Constructive praxis and visuospatial exploration were poor. Digit memory was below average (forward span = 4, and backward span = 2). Vocabulary and verbal fluency were almost adequate.

**CONCLUSIONS:** This case demonstrates us mental retardation and behavior problems may accompany Nance- Horan Syndrome. These features have an important place in determining quality of life and daily activities. Therefore, multidisciplinary approach to NHS is required. Among these disciplines are dentistry, ophthalmology as well as psychiatry have important roles.

**Keywords:** Nance-Horan Syndrome, Mental Retardation, Behavior Problems

[Abstract:0982]

### 0982 - Mignon delusion: a case report

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#### ABSTRACT

**INTRODUCTION:** According to the DSM-5, psychotic disorders include delusions, hallucinations, disorganized speech, disorganized behavior, and negative symptoms. Persecution and reference delusions are the most common types of delusions. Mignon delusion is one of the grandiose delusions seen in psychotic disorders. Mignon delusion; believing that someone is the child of an important, privileged family, not her/his own parents. Takes its name from the character Mignon in Goethe's book Wilhelm Meisters Lehrjahre.

**CASE PRESENTATION:** 38 year old male patient, single, living alone and not working. In the patient's psychiatric examination; thinking that his parents are President of the Republic of Turkey, his current family kidnapped him and concealed this information, he was on a secret mission for the government and informed about this secret mission by means of signals. He says he found himself in the hospital on his way to Ankara where his real parents live. According to the information conveyed by the family, he committed physical aggression by saying "you are not my family", other sages taken from the family also supported our examination findings. He has no known disease history or any medication he used.

No significant pathology was detected in the laboratory tests and cranial MRI. The treatment of the patient was arranged as Haloperidol 20mg/day Biperiden 10mg/day, Risperidone 4mg/day, ECT were applied to the patient under general anesthesia.

**CONCLUSIONS:** Although Mignon delusion is not a frequent type of delusion in psychotic disorders. In this case the main symptom leading to the disease was Mignon delusion. This patient also needed ECT in addition to pharmacological treatment. It also caused aggression and deterioration of family relations in our patient. It is important to support the family in patients with this delusion. The risk of homicide should never be underestimated.

**Keywords:** mignon delusion, psychosis, homicide

[Abstract:0986]

### 0986 - A case report: high dose lorazepam treatment in an 11 year old girl with psychotic depression and catatonia

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#### ABSTRACT

**INTRODUCTION:** Catatonia is a life threatening condition which consist of several symptoms such as mutism, negativism, stereotyped movements, cateleps etc. It can accompany several psychiatric condition such as psychotic disorders, bipolar disorder, major depressive disorder. First line treatment in catatonia is benzodiazepines.

**CASE PRESENTATION:** A 11 year old girl presented to psychiatry emergency unit on mid november. According to information gathered from her family, she first became depressed and socially withdrawn. She was crying and feeling guilt about not being a good child, making her parents upset. After 2 weeks since depressive symptoms started, she began to refuse to eat, refuse to talk, preserving her posture for long periods, and had some persecutive delusions. She admitted to child and adolescent psychiatry inpatient unit. Neurological examination and MRI imaging was performed and consulted to pediatric neurologist and organic pathologies were ruled out. In her psychiatric evaluation, she was depressed, refusing to answer the question, she was preserving her posture on chair and resisting to move. She did not talk, her affect was blunt, she was not sharing her thought content. She was initially diagnosed with psychotic depression with catatonia and lorazepam 2mg/day was given as a test dose. She had partial response. Thus, lorazepam dose was increased carefully up to 12.5mg/day. Her catatonic symptoms were regressed.

**CONCLUSIONS:** Sometimes it can be difficult to differentiate delirium and catatonia. If symptoms are resolving when benzodiazepines are given, it is most likely catatonia. Average dose for catatonia treatment is  $5.35\pm 3.64$ mg/day but it can be titrated up to 15mg/day. In our case, we obtained full response in dose of 12.5mg/day. Partial response time to benzodiazepines is about  $2.7\pm 0.3$  day and full response time is about  $6.1\pm 0.6$  day. In our case, she had full response on the 5th day which is compatible with the literature.. Literature shows benzodiazepines can be titrated up to high doses in catatonia. So in a life threatening catatonia cases, high doses of benzodiazepines can be lifesaving.

**Keywords:** catatonia, lorazepam, child, adolescent

[Abstract:0991]

### 0991 - Polyuria after discontinuation of methylphenidate in a child with adhd

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#### ABSTRACT

**INTRODUCTION:** Methylphenidate used to treat children with attention deficit and hyperactivity disorder (ADHD) has some unknown side effects both while using and after quitting via microvascular damage.

**CASE PRESENTATION:** Here, we presented a child who developed polyuria after discontinuation of methylphenidate. 10 years old male whose first application was 3 years old; admitted to our clinic with symptoms of "attention deficit and hyperactivity" in the preschool period. Initially, treatment with hydroxyzine was started, and then it was followed up with risperidone. They did not come to their follow-ups for a certain period of time, and they applied to our clinic again with the recommendation of a teacher when they started school at the age of 7. Treatment was started with extended-release methylphenidate 10 mg/ day. After 5 months, the dose was increased and the follow-up was continued with 20 mg/ day. While the methylphenidate treatment was in its first year, the family left the treatment voluntarily due to the COVID-19 outbreak. 15 days after stopping the medication, the patient started to complain of polyuria, which was approximately 25/ 30 times a day. There was no pain while urinating, no strain was felt, and the picture was not accompanied by fever or a concomitant condition. A consultation was made to the departments of urology and pediatrics. Endoscopy, blood and urine tests performed to elucidate the etiology were normal. The patient, whose complaints continued for 3 months, applied to our clinic again as school started in this period. When the treatment was started again with

methylphenidate 20 mg/ day, the patient's polyuria complaints regressed. When he came to the control after 2 weeks, he completely returned to normal.

**CONCLUSIONS:** In ADHD management to keep in mind that polyuria may develop after discontinuation of methylphenidate

**Keywords:** polyuria, methylphenidate, discontinuation

[Abstract:1005]

### 1005 - The effect of clozapine use in autism spectrum disorder: a case report

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#### ABSTRACT

**INTRODUCTION:** Many patients with Autism Spectrum Disorder (ASD) have behavioral problems such as aggression, temper tantrums and self-harm that affect their socialization, learning abilities and quality of life. In this case; we aimed to evaluate the efficacy and tolerability of clozapine treatment in a drug-resistant case with severe behavioral pathologies.

**CASE PRESENTATION:** A 15-year-old male patient, who was followed with the diagnosis of ASD, applied to the outpatient clinic because of his temper tantrums, repetitive and aggressive patterns of behaviours that harm his environment. When the drugs he had used in the past were questioned, it was decided to switch to clozapine because his symptoms increased and did not go away despite the use of carbamazepine, risperidone, aripiprazole and olanzapine for the last year. In the first evaluation before clozapine treatment; CARS score: 47, ABC score: 91 (111 in the past). The clozapine dose was increased up to 200mg/day over a 6-month period. In the clinical evaluation made at the end of 6 months; it was observed that the patient's CARS(37) score decreased by 10 points and ABC(78) score decreased by 13 points and there was a significant regression in temper tantrums and aggressive behaviors towards his environment. Only hypersalivation was seen as a side effect of clozapine.

**CONCLUSIONS:** In the literature on off-label use of clozapine applied to patients with ASD who are resistant to long-term use of antipsychotic drugs and have destructive behavioral pathologies, it is stated that there is a significant regression in symptoms in general. Although clozapine is good for some symptoms, the side effects of clozapine and being off-label in ASD seem to be factors that cause clinicians to avoid clozapine use in general. When interpreting these decreases in CARS and ABC scores with the use of clozapine, the questions to be asked are how the scoring should be used in the follow-up of ASD treatment and whether regressing symptom scores mean that autism has really improved.

**Keywords:** Autism spectrum disorder, clozapine, hypersalivation, off label, CARS, ABC

[Abstract:1007]

### 1007 - New pattern in psychosis and epilepsy comorbidity; catamenial epilepsy

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#### ABSTRACT

**INTRODUCTION:** It is aimed to present a case with psychosis whose diagnosis regarding catamenial epilepsy depicted along with the change of seizure patterns with adolescence during the psychiatric treatment.

**CASE PRESENTATION:** 12-year-old female with diagnosis of psychosis, mild intellectual disability and epilepsy was referred to our clinic by pediatric neurology department with respect to withdraw her psychiatric treatment due to uncontrolled epileptic seizures for the last 3 months. According to the history; Risperidone 1-6mg/day was started with the diagnosis of psychosis and gradually reduced to 3mg/day at the maintenance where no change at the frequency of seizures during the treatment for the last 1.5 years but the seizure frequency increased for the last 3 months and there was no improvement despite added neurological medical treatments. Risperidone treatment was discontinued with the recommendation of the child neurology, and psychiatric symptom/seizure follow-up was initiated. At the end of 3-month, there was no significant change in the frequency of seizures and the seizures increased on certain days of the month. It was found that the seizures increased during the menstrual periods with the onset of menarche and they were clustered. Follow-up of the case continues.

**CONCLUSIONS:** Presence of epilepsy in psychiatric diseases requires a special attention in treatment. During periods of hormonal changes, such as adolescence, seizure features might change in frequency/formation. In women, if this rhythm is consistent with the menstrual period, it is evaluated as catamenial epilepsy which is thought to be caused by the cyclical variation in serum levels of gonadal steroid hormones, neuroactive properties, and the sensitivity of epileptic foci. In our case, an increase in seizures and clustering were observed with menarche, and antipsychotic

drug treatment was questioned at first. It is thought that our presentation will contribute to the careful questioning of seizure pattern changes, triggering factors in psychiatric diseases accompanied by epilepsy and to keep in mind catamenial epilepsy as a rare diagnosis in adolescents.

**Keywords:** Catamenial epilepsy, Psychosis, Seizure, Psychiatric treatment

[Abstract:1008]

### 1008 - Interdisciplinary teamwork from the perspective of community-based understanding; case presentation

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#### ABSTRACT

**INTRODUCTION:** The understanding of community-based mental health has brought with it the obligation to perform interdisciplinary teamwork effectively and efficiently. A case was identified from Karesi Community Mental Health Center, where interdisciplinary team work was actively carried out.

**CASE PRESENTATION:** The case was randomly determined. All treatment, rehabilitation and social inclusion processes were followed from beginning to end, pre-tests were applied at the first contact with the case, and post-tests were applied in the last periods of the patient's social inclusion processes.

In the first evaluation, it was understood that the patient had a diagnosis of schizophrenia, had lived alone in the hollow of the tree for 15 years, had poor functionality according to the short functionality rating scale (score: 68), and had a positive and negative syndrome scale score of 57. In the evaluation made as a result of the team meeting, the social worker provided a house with all the furnishings of the house, food was provided for the kitchen, regular financial support was provided. The psychiatrist started pharmacological treatment and applied psychotherapy to gain insight into the disease. Occupational therapists conducted studies on daily living activities. The care plan was followed and coordinated by the nurse. As a result of all these studies, it was determined that the short functionality rating scale (score: 27) and the positive and negative syndrome scale (score 33) had dropped in a 1-year period.

**CONCLUSIONS:** With the transition from clinical-based mental health to community-based mental health, the mental health service provided has made interdisciplinary teamwork an indispensable part of the treatment and rehabilitation process. As it can be understood from the post-test data, a significant improvement was observed in our case, and it was concluded that effective interdisciplinary work should be carried out in all institutions and organizations providing mental health services.

**Keywords:** interdisciplinary, mental health, team

[Abstract:1016]

### 1016 - Status epilepticus in a treatment-resistant schizophrenia patient on clozapine: is a novel presenilin-1 mutation an underlying cause?

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#### ABSTRACT

**INTRODUCTION** Presenilin-1(PSEN1) is a product of the gene with same name, and is tasked with proteolysis of various proteins including Amyloid Precursor Protein(APP). Its defects are associated with Alzheimer's Disease(AD), dementia, Pick's Disease etc. Also, some point mutations are associated with epileptic activity, frontal signs, parkinsonism and neurological deterioration. There is still information yet to be found about its defects.

**CASE PRESENTATION:** A 46-year-old female was followed-up with various antipsychotic treatments with diagnosis of psychotic disorder. Her complaints were withdrawing, disorganized speech that started 4 years ago. While on treatment, she was hospitalized with disorganized behavior like collecting butts from street, dealing with stool. Affect was blunt, thought flow slowed, content poor. Neuroimaging was normal. Patient, who didn't benefit from olanzapine 20 mg/d and risperidone 8 mg/d which were used at effective dose for sufficient duration, was evaluated as treatment-resistant schizophrenia(TRS). Bradykinesia, rigidity and cogwheeling were observed at lower doses. Clozapine was started and slowly titrated to 400 mg/d. At this dose, patient lost consciousness and had myoclonuses in low extremities. Emergency EEG was evaluated as status epilepticus(SE). Because of treatment resistance, predisposition to side effects of antipsychotics and rapid cognitive decline; neuroimaging was repeated after 5 months. Left anterior temporal lobe was atrophic in MRI. PET/CT showed hypometabolism in frontotemporal region consistent with advanced AD. Whole gene sequencing study was performed because of family history of dementia, and a heterozygote missense mutation, c.845T>C(p.Leu282Pro), was detected in PSEN1 gene. It was reported as likely pathological novel mutation.

**CONCLUSIONS:** The incidence of epileptic seizures with clozapine is between 0.9% and 29%, one of risk factors is accompanying neurological pathologies. PSEN-1 mutations cause neurological defects and as such may be a predisposing cause for poor prognosis and side effects. Genetic studies in TRS patients, especially with a family history, will help us discover more about prognosis and drug choice.



**Keywords:** Alzheimer, clozapine, PSEN1, schizophrenia, status epilepticus

[Abstract:1017]

### 1017 - New onset psychosis in 39-year-old man during covid-19 pandemic: a case report

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#### ABSTRACT

**INTRODUCTION:** It has been shown in studies that the COVID-19 epidemic also affects mental health. Given that the literature describes anxiety, obsessive-compulsive response, the development of post-traumatic stress disorder and manic attack related to COVID-19. Here we report the case of a patient with acute psychosis presenting with COVID-19-related delusions and hallucinations.

**CASE PRESENTATION:** A 39-year-old man with acute onset of a psychotic episode was consulted to the psychiatry department after applying to the emergency service, in February 2021. Psychotic symptoms were characterized by thoughts of reference beliefs and hearing his neighbours' voices for approximately 10 days prior. The man was observed with psychomotor agitation. The patient's mother was being treated for COVID-19 and the patient was therefore in quarantine. All these symptoms gradually appeared in the last 10 days after his mother's positive test for COVID-19. The following symptoms were observed by the psychiatrist: incoherent speech, reference beliefs (he thought everybody looks and laughs to him), sleep fragmentation, and dysphoric mood. The patient was tested positive for COVID-19 while he was at the emergency service. No psychiatric familial history has been reported. Both blood tests and brain image (CT) were not suggestive of an organic cause clarifying the symptoms. Risperidone 4 mg/day started on and the patient discharged for outpatient follow-up after the end of patient's COVID-19 lockdown. After one month the patient showed regression in psychotic symptoms and continued the risperidone 6 mg/day.

**CONCLUSIONS:** Studies have shown that the COVID-19 pandemic not only affects physical health, but also mental health. The COVID-19 pandemic can be considered as one of the psychological stressors whose prevalence and severity are increasing in all over the world. The author suggests that pandemic played a critical role in triggering the presented late onset psychotic episode.

**Keywords:** Covid-19, psychosis, pandemic

[Abstract:1021]

### 1021 - Cabergoline induced psychosis in a patient with a prolactinoma

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#### ABSTRACT

**INTRODUCTION:** Schizophrenia is a chronic, debilitating disorder and its lifetime prevalence was determined as 1.25% (1). The dopamine theory noticed the possible reason of disorder as an excess dopaminergic stimulation in the mesolimbic pathway that causes the positive psychotic symptoms (2). As dopamine serves as the major inhibiting factor for the synthesis and secretion of prolactin, prolactinomas are mostly treated with use of dopamine-agonist medications. However, increased dopaminergic tone due to the use of dopamine agonists may trigger psychotic symptoms (4). Here we present a case who developed psychotic symptoms with use of cabergoline with no prior personal or family history of psychiatric disorder.

**CASE PRESENTATION:** Our patient is a 27-year-old female who had been diagnosed with pituitary macroadenoma 3 years ago after a detailed examination. She was prescribed cabergoline 0.5 mg per oral 3 times a week for 2 years. She was admitted to our emergency department due to agitated behavior and hostility. She had some thoughts that spirits were messing around with herself, making her sick for three weeks. In her psychiatric examination, affect was angry while mood was irritable. Reference, persecutory and mystic delusions were determined in content of thought. Her prolactin level was determined 20,6 ng/ml (4,79-23,3). We initiated the treatment with aripiprazole 10 mg/day and potentiated to 30 mg/day. We added paliperidone 6 mg/day due to insufficient treatment response. After antipsychotic augmentation her psychotic symptoms tailed off. Her last prolactin level was determined 25,5 ng/ml.

**CONCLUSIONS:** There are reported cases diagnosed with psychotic disorder after use of cabergoline (4). It has potential effect to precipitate psychosis due to its activation on dopamine receptors. Aripiprazole may have benefits to patients suffering from psychosis because of its partial dopamine agonist effects. Further studies to delineate the effect of aripiprazole on prolactin levels would be helpful in guiding treatment planning for patients with schizophrenia who have either a functional prolactinoma or hyperprolactinemia secondary to antipsychotic treatment.

**Keywords:** Cabergoline, Psychosis, Prolactinoma

[Abstract:1022]

**1022 - New-onset mania with psychotic features after covid-19 infection in a previously healthy patient**Simgе Seren Kırlođlu Balcıođlu, Gölşah Zorgör Dindar, Remza Merve Cilli, Oya Güçlü, Nuran Karabulut*Basaksehir Cam and Sakura City Hospital, Istanbul, Turkey***ABSTRACT**

**INTRODUCTION:** The coronavirus disease 2019 (COVID-19) caused devastating conditions all over the world in general medicine alongside significant mental health burden. There exist reported patients with first-episode psychosis or mania-like symptoms after SARS-CoV-2 infection to date. We aimed to present a case report of a patient recovering from COVID-19 who manifested with the manic episode with psychotic features with no history of mental disorder.

**CASE PRESENTATION:** A 58-year-old male was admitted to our emergency unit with sudden onset of altered behaviors continuing for last 2 weeks. Forty days before the admission, he was diagnosed with COVID-19 and was hospitalized. On the current admission, an initial physical examination revealed no pathological findings. however, neurologic examination revealed left hemiparesis. Mental state examination findings were as follows: consciousness was clear and orientation was intact, psychomotor activity increased and speech was pressured. Reference and persecutory delusions were identified. Substance or alcohol use were excluded. A SARS-CoV-2 PCR test was negative. He was admitted to our inpatient unit with an initial diagnosis of mania episode with psychotic features. The patient received intramuscular injection of 10 mg haloperidol per day during the first week. After ruling out organic etiology by a detailed clinical assessment and laboratory findings, diagnosis of bipolar disorder mania episode with psychotic features was confirmed. After the treatment, his delusions improved and remitted within three weeks.

**CONCLUSIONS:** It is not known whether direct virus neurotropism or neuroinflammation yet, a combined effect of both immune system activation and viral infection could damage the central nervous system and lead the neuropsychiatric symptoms, even in the absence of any findings on laboratory studies, One of the symptoms of our patient was hemiparesis accompanying acute-onset psychiatric symptoms may refer to a neuroinvasive effect of the virus. It is clear that follow-up studies are needed to understand neuropsychiatric manifestations of COVID-19.

**Keywords:** COVID-19, mania, psychotic features

[Abstract:1023]

**1023 - Successful treatment of parasomnias with clonazepam in attention deficit hyperactivity disorder case**Meriç Meriçli, Gözde Yazkan Akgöl, Saliha Baykal*Tekirdag Namik Kemal University, Department of Child and Adolescent Psychiatry, Tekirdag, Turkey***ABSTRACT**

**INTRODUCTION:** Sleep is an important biological indicator in Attention Deficit Hyperactivity Disorder (ADHD), which can be overlooked clinically and can affect factors such as quality of life, academic achievement and symptom severity. Sleep disturbances are common in ADHD, up to 70%(a), and these two conditions seem to interact clinically.

**CASE PRESENTATION:** A 10-year-old male patient admitted to our clinic for ADHD follow-up. He had been using OROS-Methylphenidate(MTF) 36 mg/day and risperidone 0.5 mg/day with ADHD (predominantly Hyperactivity-Impulsivity presentation) for about 2 years. In family history, his father had been suffering from sleepwalking. Sleep problems started at the age of 4 and had deteriorated over time. It has been stated that he had been walking in the house unconsciously, taking off his clothes, and speaking at night in the early stages of sleep for the last 5 years. Behavioral modifications were not sufficient and after 6 years, newly initiated clonazepam was the effective treatment.

**CONCLUSIONS:** Sleep problems in ADHD sometimes do not get enough attention in clinical practice;therefore, both conditions may increase the severity of each other in a synergistic way and disrupt daily functionality of the child. It has been found that children with sleep problems have more behavioral, emotional and school attendance difficulties, and increased hyperactivity symptoms. The mechanism of action of clonazepam is thought to be related to reducing slow-wave sleep and suppressing cortical excitability. It is thought that questioning sleep disorders in ADHD cases, which may impair the functionality of the child and family, may provide better treatment results and positively affect all members of the family, especially in cases where there is no adequate response with primary ADHD drugs

**Keywords:** Adhd,Clonazepam,Parasomnia



[Abstract:1032]

### 1032 - Attention deficit and hyperactivity disorder and accompanying with spesific learning disorder after head injury: a case report

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#### ABSTRACT

**INTRODUCTION:** Attention Deficit Hyperactivity Disorder (ADHD) is characterized by persistent inattention and/or hyperactivity-impulsivity, with symptoms beginning before age 12 one of the neurodevelopmental diseases that affects approximately 5% of children seen in more than one environment. Specific learning disorder (SLD) is a developmental disorder that causes significant problems at the scholastic level together with lower than expected educational skills. Traumatic brain injury (TBI) is one of the major causes of death and disability in the pediatric age group. Approximately 475,000 children under the age of 14 have TBI annually, accounting for three-quarters of cycling-related deaths. In our case, an 11-year-old 7-month-old male patient who developed attention deficit and hyperactivity symptoms and specific learning difficulties after an accidental head injury will be presented.

**CASE PRESENTATION:** 11 years 7 months male patient who applied to our polyclinic accompanied by his family with complaints of inattention, forgetfulness, forgetting to write, not being able to remember what he learned, inability to learn, distraction, and irritability. It was learned that these complaints developed within 5-6 months after an extra-vehicle traffic accident in the form of a mutual collision with a taxi 8 months ago and intracranial bleeding. In the imaging, no findings were found except cystic encephalomalacia lesions in the frontal area. As a result of the WISC-R test, the verbal score was 63, the performance score was 88, and the total score was 72. Attention deficit hyperactivity disorder and specific learning disability were diagnosed by using the teacher questionnaire and the Conners Teacher Rating Scale.

**CONCLUSIONS:** Although there are follow-up studies and retrospective data in the literature, cases with post-traumatic ADHD and specific learning disabilities are limited. TBI can lead to learning difficulties and behavioral problems affecting the child, family, and school system.

**Keywords:** Attention deficit and hyperactivity disorder, spesific learning disorder, traumatic brain injury

[Abstract:1034]

### 1034 - Post-covid-19 suicide note: a case report of late-onset catatonia

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#### ABSTRACT

**INTRODUCTION:** COVID-19, acute respiratory syndrome caused by SARS-CoV-2, can create neuropsychiatric manifestations which can be associated with immune system response, inflammatory cytokines, and the stressors which are experienced by patients as feeling the risk of being infected by the virus, economic problems, social distancing, uncertainty of treatment.

**CASE PRESENTATION:** A 53-year-old male patient with no prior psychiatric history was admitted to the emergency department with decreased mobility, muteness, insomnia and refusal to eat. Two months prior to the current presentation, he got infected by corona virus, and he refused to use the medication for COVID-19. According to his family, after COVID-19, he became depressed with social withdrawal, and a sense of hopelessness. His suicide note with "I'm done, goodbye!" was found by his wife and he was hospitalised due to the suicide risk that was attempted by drinking sodium carbonate. Catatonia was suspected and he was given lorazepam 1 mg, shortly thereafter he was cooperative and oriented. He was discharged from the hospital after 3 weeks. After 4 days from this discharge, he was admitted to the emergency department with immobility, muteness, and refusal to eat. Throughout hospitalisation, he responded well to a combination of olanzapine 7,5 mg/day, sertraline 200 mg/day, aripiprazole 2 mg/day.

**CONCLUSIONS:** We presented a case who is a 53-year-old patient whose suicide note was found, was admitted with depressive and catatonic symptoms 8 weeks after the recovery from COVID-19. As an advantage of this case, the patient in our report had no use of medications for COVID-19, and so we could exclude the effect of medications to the pathophysiology of postcovid symptoms. It should be considered that catatonia may be one of the clinical results of COVID-19.

**Keywords:** Catatonia, COVID-19, Depression, Suicide (Attempted)

[Abstract:1037]

**1037 - A case of chronic depression with cognitive findings that responded dramatically to treatment with tianeptine**Burcu Buzkan, Kamil Nahit Özmenler*Department of Psychiatry, Gulhane Training and Research Hospital, Ankara, Turkey***ABSTRACT**

**INTRODUCTION:** Depression is syndrome characterized by depressed mood, slowing of movement and physiological functions, reluctance, pessimism. Tianeptine; differs from other antidepressants in that it acts by causing presynaptic increase in serotonin reuptake.

**CASE PRESENTATION:** 62-years-old male with history of psychiatric hospitalization with diagnosis of recurrent depression for 11 years; applied to psychiatry emergency service after suicidal attempt in form of high-dose drug intake 10 days ago. At his arrival, mood was depressed, affect anxious, thought content poor, he had perseverations of "what will I be", memory defects, confabulations, and suicidal thoughts. It has been understood antidepressant, antipsychotic, mood stabilizer drugs, ECT, TMS treatments have not benefited, his suicidal attempts continue. Patient who didn't respond to citalopram 40 mg/day and mirtazapine 30 mg/day treatment during his inpatient follow-up, got 1/4 point from clock-drawing test (He aligned the numbers to right, only wrote 12 to 6 in reverse, couldn't place hour, minute hands correctly) and 28 points from Hamilton Depression Rating Scale (HDRS). His cranial MRI: multiple, milimetric, ischemic/gliotic changes are observed in subcortical and bilateral frontoparietal lobe. Left vertebral artery appears hypoplastic, basilar artery originates from right vertebral artery. Lateral and third ventricle sizes increased, slight volume loss was observed in corpus callosum. Depths of cerebral sulci become prominent secondary to atrophy. Tianeptine tablet 37.5 mg/day and rivastigmine patch 9.5 mg/day treatments were arranged with diagnoses of chronic depression and early dementia. Patient was discharged after 3 months, his poor thought content, perseverations, confabulations, memory defects regressed; he scored 4/4 in clock-drawing test and 12 from HDRS.

**CONCLUSIONS:** In cases of chronic depression, cognitive deterioration may develop secondary or may be early sign of dementia in older patients. In such cases, tianeptine should be given consideration because it has positive effects on attention, memory, learning.

Informed consent was obtained from patient.

**Keywords:** chronic depression, tianeptine, cognitive findings

[Abstract:1044]

**1044 - A case report: methylphenidate-related psychotic symptoms**Tuğçe Yıldız, Meriç Meriçli, Saliha Baykal, Gözde Yazkan Akgül*Department of Child and Adolescent Psychiatry, Tekirdag Namik Kemal University, Tekirdag, Turkey***ABSTRACT**

**INTRODUCTION:** Attention deficit and hyperactivity disorder [ADHD] is one of the most common psychiatric disorders of childhood. Methylphenidate is drug of choice that widely used in the treatment of ADHD, acting by increasing dopamine release in the nucleus accumbens and inhibiting dopamine-norepinephrine reuptake in the prefrontal cortex. This pharmacological mechanism of methylphenidate may predispose to psychotic symptoms or exacerbate an underlying disease.

**CASE PRESENTATION:** A 12-year-old boy, who was admitted to our clinic with complaints of inattention, sexually explicit behaviors, irritability, and abusive speech was diagnosed with ADHD. The treatment of patient was started as methylphenidate oros 36 mg/day. After 3 weeks, the patient had started not to eat meals prepared at home for the last 1 week, and he had thought that his parents were trying to poison him. His parents had also mentioned that, there was an increase in his sexual behaviors and physical aggression towards his sibling. These new behavioral changes was considered as a side effect when the differential diagnosis of these signs and symptoms was made. Therefore methylphenidate treatment was discontinued. Persecution delusion started to decrease on the 3rd day after drug discontinuation, and patient was started on risperidone 1 mg/day. After 1 month of risperidone treatment, the patient showed a significant decrease in aggression, sexual behaviors, and persecution delusion was completely disappeared.

**CONCLUSION:** In our case, the significant regression in psychotic symptoms after drug discontinuation makes us think of that this situation was due to drug side effect. In this case presentation, we tried to emphasize that we may encounter such side effect as delusional thinking during the use of stimulants, so we aimed to raise awareness while making the differential diagnosis when especially new behavioral changes occur just after stimulant treatment.

**Keywords:** Attention deficit and hyperactivity disorder, Methylphenidate, Persecution

[Abstract:1051]

**1051 - A case of anorexia nervosa with nihilistic symptoms during the pandemic period**Ayşe Nursena Işın, Esra Demirci, Sevgi Özmen*Department of Child and Adolescent Mental Health and Diseases, Erciyes University, Kayseri, Turkey***ABSTRACT**

**INTRODUCTION:** The covid-19 pandemic has caused an increase in many psychiatric illnesses such as depression, obsessive compulsive and eating disorders. Anorexia Nervosa(AN) is one of the psychiatric illnesses that have increased significantly during the pandemic period. The aim of this case report is to draw attention to the increasing number of AN cases during the pandemic period.

**CASE PRESENTATION:** A 17-year-old female patient was admitted to our clinic due to restricted eating, vomiting after eating and depressive symptoms, and was subsequently diagnosed with the bulimic type anorexia nervosa.

The patient's complaints started during the pandemic period and was triggered by family discussions. She was admitted to the psychiatry service due to suicidal thoughts and nihilistic delusions, such as thinking that her voice was lost and that when she looked in the mirror, she was happy to see herself disappear and her body melt away.

It was thought that the trigger of the disease was intrafamilial conflicts, and family-focused therapy approaches besides psychopharmacological treatment showed significant benefit in the treatment.

**CONCLUSIONS:** In the fight against constantly changing and developing stressors mental health workers should emphasize the preventive effects of providing patients with the ability to become resilient and adapt to change, as a way of preventing the development of psychiatric illness. There are many reasons for the increase in AN cases during the pandemic period. The case we presented was triggered by an increase in conflicts as a result of family members spending more time with each other during the pandemic period. The patient's tendency to control her eating behavior, which is the only area she can control in the face of stressors that she cannot control, may have been the trigger for AN.

**Keywords:** anorexia nervosa,covid-19 pandemic,nihilistic symptoms

[Abstract:1057]

**1057 - Tourette syndrome in the background of pandas: a case report**Burak Amil, Hatice Enginar, Lerze Yaghouti, Alperen Kılıç, Mehmet Yücel Ağargün*Department of Psychiatry, Medipol University, Istanbul, Turkey***ABSTRACT**

**INTRODUCTION:** Tourette syndrome (TS) is a neurodevelopmental disorder that involves vocal and motor tics. Pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS) are a clinical entity which is characterized by obsessive-compulsive disorder (OCD)-like symptoms, which is thought to develop after streptococcal infection. In recent years, studies on TS and PANDAS have been increasing. We present a case report of a 23-year-old female patient, presenting with motor and vocal tics accompanying OCD with a history of frequent throat infections. Informed consent was obtained from the patient for this case report.

**CASE PRESENTATION:** A 23-year-old female patient was admitted to our clinic with motor tics such as head banging, lip puckering, neck twitching, and vocal tics such as throat clearing and grunting. It was learned that the patient's complaints started at the age of 10, and in addition to the tics, she had obsessive-compulsive and depressive symptoms. The patient had previously received various treatments but did not benefit. It was thought to be in the PANDAS spectrum due to the course of the disease and history of throat infections. ASO was requested from the patient. The patient's ASO was 734 IU/mL (Reference range:<200 IU/mL). The patient was started on haloperidol 2 mg/day and duloxetine 30 mg/day. In clinical follow-up, there was a slight regression in the patient's tics, his mood became euthymic and his self-care increased significantly.

**CONCLUSIONS:** Studies on the neurobiological etiology of Tourette's syndrome have increased the importance of the PANDAS spectrum. Considering the clinical features, the course of the disease, and high ASO values; it comes to mind to accept these kind of patients in the PANDAS spectrum. In this case report, it is aimed to keep the PANDAS spectrum in mind in cases evaluated as Tourette's syndrome.

**Keywords:** Gilles De La Tourette's Syndrome, Streptococcal infections, Obsessive-compulsive disorder (OCD)

[Abstract:1058]

**1058 - Bizarre seizures that accompanied the case of covid-19**Ayşe Merve Akçay, Kamil Nahit Özmenler*Health Science University, Gülhane Education and Training Hospital, Department of Psychiatry, Ankara, Turkey***ABSTRACT**

**INTRODUCTION:** While neuropsychiatric pathologies associated with Covid-19 infection have been found to include disorders associated with encephalopathy, anxiety, depression, mania and trauma; the research examining its relationship with psychosis is inadequate. In this work, a case diagnosed with schizophrenia-remission and having Covid-19 infection is presented. The case is observed to have episodes of impaired consciousness and orientation with contractions throughout the body.

**CASE PRESENTATION:** 43-year-old man with Covid-19 pneumonia was transferred to Covid psychiatric clinic after displaying signs of restlessness and agitation. The patient, whose symptoms began about 20 years ago as hearing hallucinations, reference, paranoid and mystical delusions has been followed-up with diagnosis of Schizophrenia. For the last two years, he was in remission and didn't get any treatment. When his family members tested positive for Covid-19, the patient developed intense anxiety, difficulty falling asleep and disorganized behavior. In clinical monitoring, it was observed that without a trigger, he had a dull facial expression and he started moving restlessly. Then, he threw himself to the ground and had fluttering-style contractions in arms and legs. These seizures lasted 0.5-4 hours and the patient was almost normal besides the seizures. He expressed that he remembered what happened but he considered himself in the presence of God. After Diazepam 10mg treatment, the complaints were mitigated. Since the patient was injured during these seizures and incontinence and cyanosis were observed, we thought of the possibility of organic pathology. Cranial MRG and EEG taken during the contraction episode were reported as normal. No internal pathology was found in the results of the consultation. The patient was followed up with Lorazepam 3 mg/g. When the patient's Covid-19 treatment was completed, the treatment of Zuklopentiksol 12 mg/g was added. The patient who benefited from the treatment was discharged.

**CONCLUSIONS:** We observed psychotic signs triggered by intense anxiety due to Covid-19 infection. Studies support our hypothesis that Covid-19 infection directly or indirectly increases stress factors, affect both CNS and PNS and lead to neuropsychiatric pathologies.

**Keywords:** Bizarre Seizures, Covid-19, Schizophrenia, Psychosis

[Abstract:1062]

**1062 - Mild cognitive impairment in rapid eye movement sleep behaviour disorder: a predictor of dementia?**Lezge Furkan Yaghouti, Hatice Enginar, Burak Amil, Alperen Kılıç, Mehmet Yücel Ağargün*Department of Psychiatry, Medipol University School of Medicine, Istanbul, Turkey***ABSTRACT**

**INTRODUCTION:** Rapid-Eye-Movement (REM) Sleep Behavior Disorder (RBD) is a parasomnia characterized by violent behaviors screaming, kicking, vivid dreams during REM sleep. RBD has been suggested to be a prodrome of neurodegenerative disease. More than 70% of RBD patients eventually develop a synucleinopathy, among these half first develop parkinsonism while the other half first develop dementia.

**CASE PRESENTATION:** A 70 year old male presented to clinic with complaints of poor sleep quality, having vivid dreams, fragmented sleep and feeling tired the following day. His wife sleeps in another room because he frequently punches and kicks during sleep. He reported that symptoms gradually began about 3 years ago. He admitted to decreased attention and pleasure in hobbies, feeling down and hopeless. We arranged an overnight polysomnography (PSG) and stopped the 5 mg olanzapine initiated by psychiatry before 1 year for sleeplessness. In the PSG concurrent video recording revealed discernible limb movements during REM episodes that were consistent with the episodes of increased chin EMG tone. We prescribed 0,5mg of clonazepam per night without changing his 4 years prescription of escitalopram initiated by cardiology. After 2 weeks, the dream-enacting behaviors disappeared and he was able to sleep longer and feel refreshed the next day. Despite these positive feedbacks, he was still forgetful and took notes on everything so as not to make mistakes. Neuropsychological evaluation was performed, the cognitive pattern was compatible with MCI with a memory core. The presence of MCI was evaluated according to the PD-MCI criteria, by level two assessment. Ginkgo biloba and transdermal rivastigmine was initiated by neurologist.

**CONCLUSIONS:** RBD is a precursor to Parkinson's Disease, Lewy Body disease, and multiple system atrophy, preceding them by years. RBD patients often show cognitive deficits and the presence of MCI is a risk factor for the subsequent development of dementia. Thus, an accurate concomitant RBD and MCI diagnosis would provide invaluable early detection and insights into the development of these neurodegenerative disorders.

**Keywords:** Dementia, Mild cognitive impairment, Multidisciplinary sleep disorders unit, REM sleep behavior disorder

[Abstract:1076]

**1076 - What lies beneath? supporting communication in a young person presenting with self harm and language difficulties in camhs**Jennifer Keogh, Marie Fahy*Dublin North City and County, Child and Adolescent Mental Health services (CAMHS)***ABSTRACT**

**INTRODUCTION:** Hetrick et al (2020) investigated triggers for self-harm in seven young people with lived experience of self-harm. Six themes were identified – distressing emotions, isolation, exposure to self-harm, relationship problems, social comparison, and school issues. Young people’s access to self-harm treatment is reliant on adequate language skills. No published evidence exists for speech and language therapy with young people who self-harm, yet we know that having Speech, Language and Communication Needs (SLCN) is a risk factor for developing Mental Health difficulties (RCSLT 2019). AIM: To support communication in a young person who self-harms in order to increase their ability to engage with psychological therapies, school and family.

**CASE PRESENTATION:** M is a 14 year old girl, referred to CAMHS due to thoughts of self-harm and suicide. Psycho-social stressors in the family, homelessness and difficulties with friend and family relationships led to M using maladaptive coping strategies. M started self-harming by cutting her wrist, after transitioning to secondary school. She disclosed this event to a school friend, who shared with classmates via text, without M’s consent. M was struggling academically and refused to attend school. The Clinical Evaluation of Language Fundamentals Revised (CELF-5 UK) assessment revealed a language disorder. The communication chain (Elks & McLachlan 2018) was used to pinpoint M’s difficulties and was a useful tool to share information with other professionals. Collaboration between school, home and CAMHS enhanced M’s ability to engage with CAMHS, use coping skills and maximise her potential in school.

**CONCLUSIONS:** M stayed engaged with the CAMHS service, was given extra support in school and reported a better understanding of the relationships in her life. She has not self-harmed since. Results provide new evidence for adapting self-harm intervention to treat underlying language difficulties. Speech and language therapy has the potential to enhance treatment outcomes for self-harm.

**Keywords:** Self-harm, Language Disorder, SLCN, communication strategies.

[Abstract:1093]

**1093 - Excessive masturbation behavior with methylphenidate therapy: a case report**Semiha Cömertoğlu Arslan, Sümeyye Soylu, Hatice Altun*Department of Child and Adolescent Psychiatry, Faculty of Medicine, Kahramanmaraş Sutcu Imam University, Kahramanmaraş***ABSTRACT**

**INTRODUCTION:** In this presentation, we were aimed to submission of excessive masturbation behavior that developed with different methylphenidate(MPH) forms in ADHD.

**CASE PRESENTATION:** A 7,5-year-old girl was referred to our clinic with complaints of hyperactivity, inattention, school failure, excessive talking, hastiness, being unable to listen to lessons. The patient was diagnosed with ADHD according to patient’s story, psychometric tests, and clinical examinations. The patient began to be treated with IR-MPH 10mg/daily. At the follow-up visit, we were informed that the MPH was beneficial, the complaints decreased but excessive masturbation behavior started after taking IR-MPH. There wasn’t masturbation behavior when they forget to give the IR-MPH. According to the history, patient had masturbational behavior for a few months at her 3 age, but it passed in a short time. Following one week of a medication-free period, ADHD symptoms increased and masturbation behavior disappeared completely. The patient began to treated with ER-MPH 10mg/day. ADHD symptoms was decreased but masturbation behavior was observed again. Naranjo adverse drug reaction probability scale was evaluated as 8. After one month atomoxetine 10-28mg/day treatment, the patient who decreased ADHD symptoms not found any side effects. Masturbation behavior didn’t observe. The patient is still in follow-up.

**CONCLUSIONS:** In addition to the benefits of methylphenidate treatment in the treatment of ADHD, there are some frequently reported side effects. The most common side effects are insomnia, loss of appetite, stomachache, headache, gastrointestinal disturbances, emotional lability. Although it is not among the reported side effects, there are very rare reports of hypersexuality and excessive masturbation behavior in few cases. However, it is noteworthy that only one of the cases had normal mental capacity and none of them had a history of masturbation. Our

presentation will contribute to fact that methylphenidate may rarely lead to excessive masturbation behavior, and atomoxetine may be a suitable option if masturbation side effect occurs, especially in cases with a history of masturbation.

**Keywords:** ADHD, Methylphenidate, Masturbation Behavior

[Abstract:1096]

### 1096 - Functional movement disorder in a cerebral palsy patient

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#### ABSTRACT

**INTRODUCTION:** Functional movement disorder (FMD) is a common and highly disabling disease; detected in 5% of patients referred to movement disorder outpatient clinics. In FMD, unexplained changes in patient's complaints and symptoms over time, both in the severity and in the complaints themselves, are frequently encountered. In addition, there is an incompatibility between the severity of the complaints and the level of disruption of the patient's daily activities. Here, we present a FMD case who was diagnosed during her neurology inpatient unit hospitalization.

**CASE PRESENTATION:** 42-year-old female patient, delivered when she was 8 months old, has cerebral palsy (CP). The patient applied to the neurology clinic with the complaint of bending the right knee while walking and was hospitalized for detailed examination. As a conclusion of physical evaluation, laboratory and imaging results her gait disturbance could not be explained by neither CP nor any other neurological disorder; thus she was consulted to the psychiatry department to be evaluated in case of a functional syndrome.

In her psychiatric interview, the patient said that her complaint started after she was exposed to mobbing at workplace. She had difficulty while walking and it did not improve until she resigned from the workplace, but completely recovered after resigning. After a problem she had with a close friend after 6 months of well-being, the same complaint started again and has been continuing until her application to our institution. The patient states that she doesn't go out alone because she is afraid of falling. When the anamnesis was detailed, it was understood that the patient had problems with her speech in social environments before the onset of her complaints.

**CONCLUSIONS:** At the end of the psychiatric examination, considering the changing pattern of existing complaints, its relationship with stressors and the exclusion of all neurological diagnoses, the patient was diagnosed with FMD.

**Keywords:** cerebral palsy, functional movement disorder, conversion disorder, movement disorder, gait disturbance

[Abstract:1103]

### 1103 - Hair loss related to the use of fluoxetine: a case report

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#### ABSTRACT

**INTRODUCTION:** Although hair loss is a side effect that affects the adherence to treatment, it can often be observed after the use of psychotropic drugs (1). In this article, a case with hair loss as a side effect after fluoxetine treatment is presented.

**CASE PRESENTATION:** 28 years old, female, housewife, married with 2 children, lives with her family in Afyonkarahisar. The patient applied to the psychiatry outpatient clinic with complaints of unhappiness, internal distress, crying crises and reluctance that started after family stressors. After the examination, the patient was diagnosed with Major Depressive Disorder using DSM-5 diagnostic criteria and fluoxetine 20 mg/day was started. Organic pathology (hypothyroidism, hypothalamic-pituitary-gonadal axis hormone disorders, vitamin deficiencies, etc.) and environmental factors (other drugs used, shampoo change, etc.) were not detected in the patient, who was evaluated together with the necessary biochemical and endocrinological examinations as a result of the consultations. The hair loss was discontinued because it was thought to be related to the use of fluoxetine. The treatment of the patient whose psychiatric complaints continued was arranged as escitalopram 10 mg/day. No drug-related side effects were detected in the patient's follow-ups 1 month later.

**CONCLUSIONS:** Selective serotonin reuptake inhibitors (SSRIs) are the most widely used antidepressant group and the most common dermatological side effects are; exanthematous rash, pruritus, skin pigmentation, photosensitivity, fixed drug eruption and alopecia (2). In the literature, hair loss due to SSRI use has been reported, mostly case reports (3,4,5). The pathophysiology of hair loss due to antidepressant drug use has not yet been fully determined. It is stated that this situation may be related to individual sensitivity rather than being specific to the drug used (6). Hair loss is a relatively rare side effect with SSRIs and more specifically fluoxetine. Along with other side effects, hair loss should also be questioned.

**Keywords:** Hair loss, major depressive disorder, fluoxetine



[Abstract:1113]

**1113 - Does immediate release methylphenidate have a proarrhythmogenic effect? a case report**Seda Güneysu*Department of Child and Adolescent Psychiatry, Tokat Mental Health and Diseases Hospital, Tokat, Turkey***ABSTRACT**

**INTRODUCTION:** Psychostimulants (methylphenidate and amphetamines) are the most studied drugs for ADHD in children and among the best researched in psychiatry. Methylphenidate is the most widely available one. Methylphenidate induced increase in norepinephrine peripherally can cause autonomic side effects, including tremor, tachycardia, hypertension, and cardiac arrhythmias. In this article, a 15-year-old male case who developed ventricular arrhythmia after newly started immediate release form of methylphenidate usage is presented.

**CASE PRESENTATION:** The patient, who was being treated with the diagnosis of attention deficit and hyperactivity disorder since the age of 9, was currently using atomoxetine treatment. Extended-release methylphenidate was stopped when irritability and weight loss developed in a patient who previously used it at different times before. The patient has no personal and family history of cardiovascular events (particularly sudden cardiac death). When the patient's symptoms did not improve with atomoxetine treatment, immediate-release methylphenidate was added. He developed dyspnea and palpitations after using immediate-release methylphenidate. Atomoxetine and IR-methylphenidate were stopped and the patient referred to cardiology. Monomorphic ventricular extra systole was observed on ECG. The echocardiographic findings were normal. 8100 monomorphic ventricular extrasystoles were observed in 24-hour rhythm holter. Laboratory tests were in normal range. Patient was treated with metoprolol 25 mg 2x1.

**CONCLUSIONS:** Shin and colleagues (2016) showed that risk of arrhythmia in all exposed time periods—that is, periods of treatment with methylphenidate—was highest in the children who had congenital heart disease. Although the guidelines do not recommend ECG before starting methylphenidate and also in long-term use without clinical indication, clinicians should be careful for arrhythmia and other cardiovascular diseases in long-term follow-up of ADHD patients who use methylphenidate

**Keywords:** ADHD, methylphenidate, arrhythmia

ECG

*Sinus rhythm with frequent ventricular extrasystole*

[Abstract:1116]

**1116 - An unusual presentation of the frontal variant of frontotemporal dementia as intractable psychotic depression: a case report**Emre Tayakısı, Ayşe Sakallı Kani, Mesut Yıldız*Department of Psychiatry, Marmara University, Istanbul, Turkey***ABSTRACT**

**INTRODUCTION:** Frontotemporal dementia collectively stands for a group of relatively uncommon diseases in which the temporal and frontal lobes that regulate executive functions, house core personality traits, dictate behavior and language. The typical disease course follows a dramatic change in behavior in social situations, altered language production with relatively intact memory retention. Although rare, this case report aims to show a rather unusual presentation of the onset of frontotemporal dementia in a 58-year-old female patient who was admitted to the psychiatry inpatient ward due to major depression with psychotic features.

**CASE PRESENTATION:** A 58-year-old woman with no prior history of psychiatric disorder was brought in the emergency department by her family members due to 2-month course of anhedonia, social withdrawal, feelings of self-worthlessness and auditory command hallucinations directing her to physically assault her son. Mental state examination revealed her to have delusions pertaining to drowning in a flood. Based on the characteristics and the mental state exam, a diagnosis of psychotic depression was made and the patient was started on olanzapine and venlafaxine combination therapy, which was later followed by 9 sessions of electroconvulsive therapy, all of which were ineffective. Montreal Cognitive Assessment Tool, whole-body PET scans and lumbar puncture regarding autoimmune encephalitis were performed. Montreal Cognitive Assessment Tool showed diminished attention and verbal fluency with a total score of 20/30 which directed our team to investigate for an organic cause. PET scans demonstrated significantly reduced activity in the frontal and temporal lobes, favoring the diagnosis of frontotemporal dementia. Lumbar puncture and genetic testing results are awaited.

**CONCLUSIONS:** In cases with treatment-resistant depression with psychotic depression, other alternative diagnoses must be considered, such as dementia. It should be noted that although atypical, psychotic depression can be a manifestation of the frontal variant of frontotemporal dementia in patients over 50.

**Keywords:** Depression, frontotemporal dementia, psychosis

[Abstract:1118]

### 1118 - Ciprofloxacin induced delirious mania: a case report

Ayşe Süleyman, Ayşe Sakallı Kani, Mesut Yıldız

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#### ABSTRACT

**INTRODUCTION:** Ciprofloxacin, a commonly used antibacterial, associated with psychiatric side effects, especially mania. Delirious mania is a medical condition in which the symptoms of delirium and mania occur suddenly and can't be explained by any neurological or systemic disorder. In this case report, we aimed to present a patient who had current delirious mania occurred after ciprofloxacin usage and a history of manic episode induced with the same antibiotic.

**CASE PRESENTATION:** A 52 years-old female patient with bipolar disorder in a remission with 1200 mg/day Lithium regimen; applied to our emergency department with dysphoria, increase in speaking and spending money, flight of ideas, severe insomnia, psychomotor agitation, disorganized behavior and inappropriate toileting after using 1000 mg/day Ciprofloxacin for a week. After her hospitalization in our clinic; Olanzapine 30 mg/day, Chlorpromazine 300 mg/day and Valproate 1000 mg/day were added to the patient's treatment regimen but her symptoms worsened and incontinence, denudativeness, disorientation, frightening visual hallucinations additionally developed in the patient. The patient's detailed examination, laboratory tests and cranial imagings didn't reveal any result that could cause delirium. The clinical impression was delirious mania. The patient's entire treatment regimen was stopped and she was treated with haloperidol 20 mg/day iv infusion. One day after the treatment started, the patient's symptoms regressed and she was fully orientated. During this treatment regimen, no psychiatric or systemic symptoms developed. After detailed anamnesis was taken, we found that, patient had a manic episode after a one week use of a ciprofloxacin three years ago too.

**CONCLUSIONS:** Although there are several case reports of ciprofloxacin-related mania in literature, this information may be unnoticed especially in patients with bipolar disorder. In this case report, we would like to point out that ciprofloxacin may cause delirious mania especially in recurrent usage.

**Keywords:** Ciprofloxacin, Delirious Mania, Antibiomania

[Abstract:1136]

### 1136 - Psychiatric service experience in the shadow of covid-19: case series

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#### ABSTRACT

**INTRODUCTION:** The virus, which was detected in Wuhan, China in December 2019, has been named severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The infection caused by SARS-CoV-2 was declared a pandemic by the World Health Organization (WHO) in March 2020(1). In this presentation, we will share our experience about psychiatric patients infected with Covid-19 in closed psychiatric service conditions and the process at the beginning of the pandemic.

**CASE PRESENTATION:** As the PCR results of 3 of the 19 patients hospitalized in the Male Psychiatry Service were positive, the other patients were considered as contact, and swab samples were taken from all patients. These 3 patients with clinical symptoms were consulted to Infectious Diseases. Case 1; He was transferred to the isolation ward for follow-up and treatment. The patient's anxiety symptoms increased significantly after the diagnosis of Covid-19, and daily psychiatry evaluation and follow-up was performed in the isolation ward. Case 2 was transferred to the intensive care unit because of pulmonary involvement in the examinations and the tendency to decrease in saturation. The patient died during follow-up and treatment. The fever of Case 3 did not rise again in the follow-ups. According to the Covid-19 guideline of the Ministry of Health, the patients in the psychiatry male ward were followed up for 14 days in accordance with the isolation rules.

**CONCLUSIONS:** Individuals with mental disorders are at the forefront of the most neglected groups during the COVID-19 pandemic. A group of psychiatric patients were advised not to leave the house, to comply with the physical distance rule, to behave as if they were a possible positive

patient, etc. It is not easy to apply preventive measures due to the nature of its symptoms. This situation can be at a level that can create a much more serious problem in patients who need inpatient treatment.

**Keywords:** Covid-19, Psychiatry, Service

[Abstract:1140]

### 1140 - Does the diagnosis of schizophrenia alone explain cognitive impairment?

Meltem Derya Şahin, Gülzade Akyüz, Mevlüt Eğin, Bahar Kesici

*Community Mental Health Center, Muğla Training and Research Hospital, Muğla, Turkey*

#### ABSTRACT

**INTRODUCTION:** Studies have shown that executive functions may be impaired in patients with schizophrenia. It is known that the frontal lobe is the center that regulates executive functions. In this article, the cognitive rehabilitation process carried out by the occupational therapy team of a patient diagnosed with schizophrenia followed in Muğla Community Mental Health Center (CMHC) will be discussed.

**CASE PRESENTATION:** A 54-year-old, married male patient with 1 child, who has been followed up with the diagnosis of schizophrenia for 20 years, was considered to have negative and cognitive symptoms after the CMHC follow-ups were started, and the occupational therapy process was started. At the end of 16 sessions of occupational therapy, the result of the patient who was followed up with the D2 attention test was 3% at the beginning and 4% in the last session. The patient in whom the expected progress could not be achieved; Neurology department was consulted after finding an arachnoid cyst occupying a large space in the left frontoparietal region in the brain MRI taken while being examined for hyponatremia by the internal medicine department. It was agreed by the neurology and psychiatry department that the current clinical unresponsiveness may be due to this cystic structure; The patient is still in the rehabilitation process.

**CONCLUSIONS:** The remarkable point in this case; It is possible that further investigations may be needed when the expected progress cannot be achieved in rehabilitation studies for insufficiency in executive functions such as difficulty in concentration, which can be seen in patients with a diagnosis of schizophrenia. It is considered to be an important example in terms of preventing negligence that may occur during the treatment process and reducing the stigma that may exist even in healthcare personnel, especially while conducting community-based studies in centers such as CMHC.

**Keywords:** schizophrenia, cognitive rehabilitation, arachnoidal cyst

[Abstract:1155]

### 1155 - Mythomania secondary to extended-release methylphenidate use: a case report

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#### ABSTRACT

**INTRODUCTION:** Mythomania is a phenomenon that defined as the repeated utterance of untruths that are not the primary motivation for material reward or social advantage and for which lying is an end in itself (1). In this article, a case of mythomania developing secondary to the use of extended-release methylphenidate for the treatment of attention deficit hyperactivity disorder (ADHD) is discussed.

**CASE PRESENTATION:** A 6-year-old boy applied to our clinic with complaints of indifference to classes and being fidgety. It was stated that the patient's attention span was 5 minutes, he was forgetful, he did not want to do his homework, he talked a lot during the lesson, interrupted, had difficulty in waiting his turn. He was diagnosed with ADHD combined type according to Diagnostic and statistical manual of mental disorders, 5th edition (DSM-V) criteria (2). The patient was prescribed extended-release methylphenidate 18 mg/day. After a month later, the mother of the patient stated that she noticed that the patient was telling lies on the days he was taking the methylphenidate. Based on the information given by his mother, this condition was thought to be mythomania. Methylphenidate treatment was switched to atomoxetine. No symptoms related to mythomania were detected after atomoxetine.

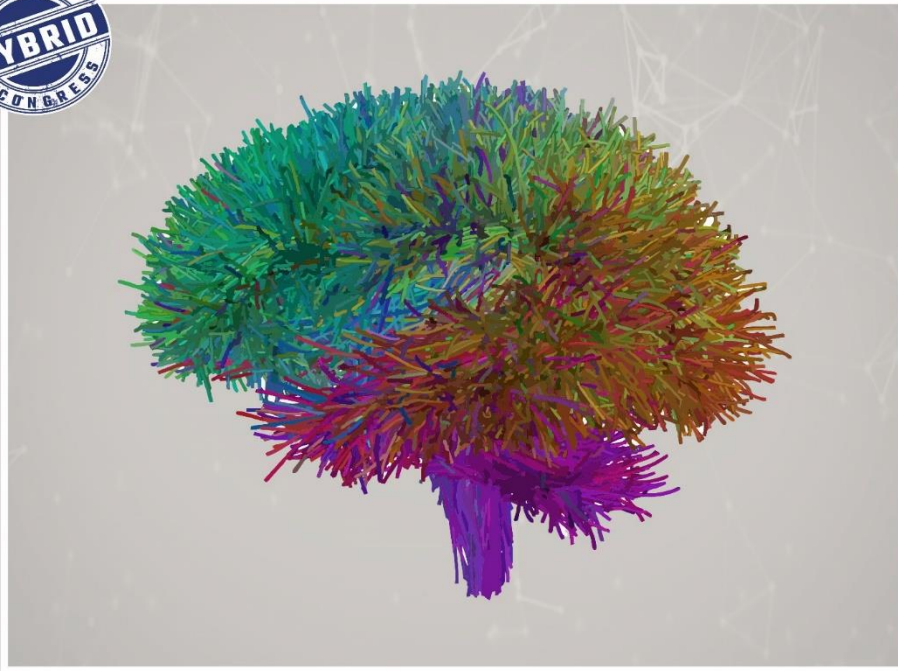
**CONCLUSIONS:** The lies in mythomania are often unplanned and highly impulsive (1). In this case, it may come to mind that the mythomania that developed after the use of methylphenidate may have been manifested by increased impulsivity. It is the most likely and expected outcome that methylphenidates treat impulsivity, but results from a related study provide evidence that beta adrenoreceptors have a modulatory role in the methylphenidate-induced impulsive response (3). This case report is noteworthy because there are no similar case reports of mythomania associated with the use of methylphenidate and it raises awareness for clinicians working in this field.

**Keywords:** ADHD, mythomania, methylphenidate



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