

# ECNP SEMINAR IN NEUROPSYCHOPHARMACOLOGY

10-12 NOVEMBER 2017 | NICOSIA, CYPRUS



UNIVERSITY  
of NICOSIA | MEDICAL  
SCHOOL

# INTRODUCTION

ECNP is an independent, non-governmental, scientific association dedicated to the science and treatment of disorders of the brain. Founded in 1987, its goal is to bring together scientists and clinicians to facilitate information-sharing and spur new discoveries.

The objective of ECNP is to serve the public good by stimulating high-quality experimental and clinical research and education in applied and translational neuroscience.

## It seeks to do this by:

- Co-ordinating and promoting scientific activities and consistently high-quality standards between countries in Europe.
- Bringing together all those involved in or interested in the scientific study of applied and translational neuroscience by arranging scientific meetings, seminars, and study groups.
- Providing guidance and information to the public on matters relevant to the field.
- Providing a format for the co-ordination and for development of common standards in Europe.

To fulfil this aim ECNP organises, amongst others, yearly the ECNP Congress that comprises of 6 plenary lectures, 21 symposia, 7 educational update sessions and 7 alternative format sessions. The annual meeting attracts around 5,000 psychiatrists, neuroscientists, neurologists and psychologists from around the world and is considered to be the largest congress on applied and translational neuroscience.

ECNP organises seminars, as the one you have been invited to participate, in areas of Europe where there are less opportunities for psychiatrists to participate in international meetings. Interaction is the keyword at these meetings and they have proved very successful both for the participants and for the experts. During the seminar we discuss clinical and research issues that the local organisers feel that are needed to be covered and using these topics as a model for teaching how to ask a research question and how to plan an effective study. Leading ECNP experts that are also talented speakers will facilitate mutual discussion in small groups allowing you to present your abstract and get feedback from your colleagues and local mentors.

So far, ECNP has organised this meeting in Poland, Estonia, Turkey, Bulgaria, Slovak Republic, Hungary, Czech Republic, Moldova, Romania, Greece, Russia, Latvia and recently in Macedonia, Armenia, Georgia, Serbia and Lithuania. In some countries we have organised it more than once.

ECNP also supports on an annual basis participation of 100 junior scientists and researchers in an intensive three-day Workshop in Nice. Other educational activities of ECNP include the journal European Neuropsychopharmacology that promotes scientific knowledge along with publishing consensus statements. In addition, since 2009 ECNP organises a summer school of neuropsychopharmacology in Oxford and since 2012 a school of child and adolescent neuropsychopharmacology in Venice. Since 2015 a Workshop on Clinical Research Methods takes place yearly in Barcelona, Spain.

ECNP will also continue the successful pilot of the ECNP Research Internships. A selected group of senior researchers will offer a short two week exploratory experience in their institutions. The hosting scientist is encouraged to establish a long term relationships with the applicant and teach a basic translational research method that the participant can use at home when he/she returns.

Please see the ECNP website ([www.ecnp.eu](http://www.ecnp.eu)) where you can find information about all the above initiatives and additional information and look for the activity that fits you.

**I hope you have a fruitful and inspiring meeting in Cyprus!**

**Gil Zalsman**  
Chair ECNP Educational Committee



# PROGRAMME

## FRIDAY 10 NOVEMBER 2017

19.00 Welcome of Experts

## SATURDAY 11 NOVEMBER 2017

09.00 – 09.15 What is ECNP? Introductions to the programme  
**Speaker: Joseph Zohar, Israel**

09.15 – 10.00 Schizophrenia research as a model for research plan and design  
**Speaker: Mark Weiser, Israel**

10.00 – 10.45 Animal model for PTSD as a model for research plan and design  
**Speaker: Avi Avital, Israel**

10.45 – 11.30 Coffee break

11.30 – 12.15 Neuroscience based Nomenclature (NbN): new classification of psychotropics in your pocket- presenting the concept and live demonstration  
**Speaker: Joseph Zohar, Israel**

12.15 – 12.30 How to give a talk  
**Speaker: Joseph Zohar, Israel**

12.30 – 13.30 Lunch

Presentation participants in 3 groups in 3 parallel workshops			
Round 1 13.30 – 15.00	Joseph Zohar and Anna Polyniki <b>Group 1</b>	Mark Weiser and Eleni Palazidou <b>Group 2</b>	Avi Avital and Stelios Georgiades <b>Group 3</b>

15.00 – 15.15 Coffee break

15.15 – 15.45 Panel discussion: How to prepare a clinical research project and how to publish it  
**Chair: Joseph Zohar**  
**Panel members: Mark Weiser & Avi Avital**

16.00 – 21.00 Social activity (Walking Tour of Nicosia within the Walls), group photo and dinner

## SUNDAY 12 NOVEMBER 2017

Presentations participants in 2 groups in 2 parallel workshops  
*(Experts rotate between the groups)*

Presentations participants in 2 groups in 2 parallel workshops <i>(Experts rotate between the groups)</i>			
Round 2 08.30 – 10.00	Joseph Zohar, Anna Polyniki and Eleni Palazidou <b>Group 1</b>		Avi Avital and Stelios Georgiades <b>Group 2</b>
10.00 – 10.20 Coffee Break			
Round 3 10.20 – 11.50	Joseph Zohar, Anna Polyniki and Eleni Palazidou <b>Group 2</b>		Avi Avital and Stelios Georgiades <b>Group 1</b>
11.50 – 13.15 Lunch and preparation for plenary session			
Plenary 13.15 – 14.15	13.15 – 13.45	<b>Group 1</b> Presentation	
	13.45 – 14.15	<b>Group 2</b> Presentation	

14.15 – 14.40 Coffee break and faculty selection of awards winners. Completion of feedback forms

14.40 – 15.00 Awards ceremony, concluding remark and thanks  
**Joseph Zohar and Anna Polyniki**



Some animal models reproduce physical stress whereas others reproduce psychological stress, either in acute or chronic paradigms.

In different studies, stressors were applied at different time points during development, together with various time points of evaluation of either short- or long-term effects.

We aimed to map the long-term effects of an acute stress applied at different developmental time points.

Stress protocol consisted of 3 different stressors applied during 3 consecutive days (Room light set at  $1000 \pm 25$  lux):



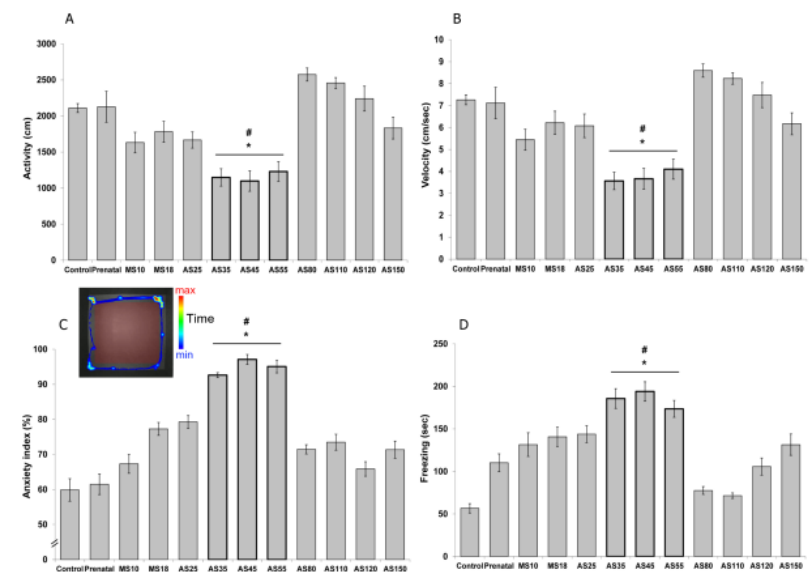
Rats were forced to swim for 15 min, while pregnant rats for 5 min, in a squared water tank: 38 x 30 cm, water depth: 60 cm. Water temperature maintained at  $23 \pm 1^\circ\text{C}$ .



Rats were placed on a platform (10 cm in diameter) elevated 50 cm above floor level, three times for 30 min with 1 hour inter trial interval spent in a resting cage.



Rats were placed in a radial-shaped metal net restrainer 6 cm height, three times for 30 min with 1 hour ITI.





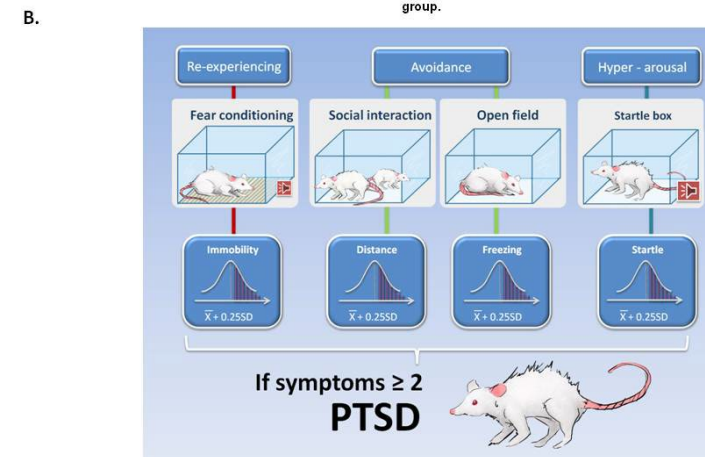
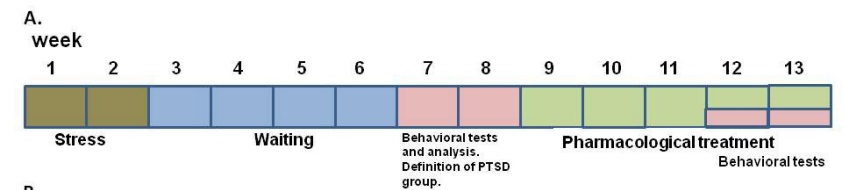
# METHYLPHENIDATE AND DESIPRAMINE COMBINED TREATMENT IMPROVES PTSD SYMPTOMATOLOGY IN A RAT MODEL

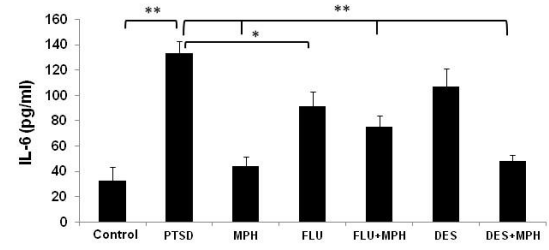
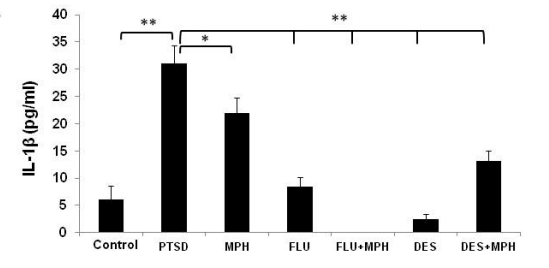
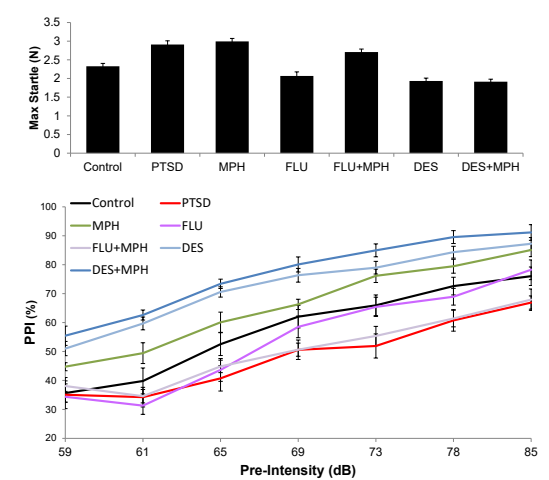
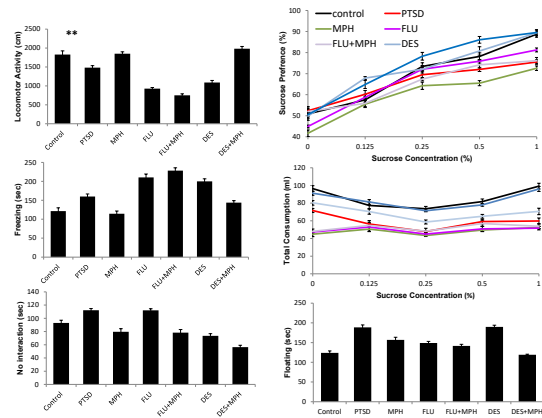
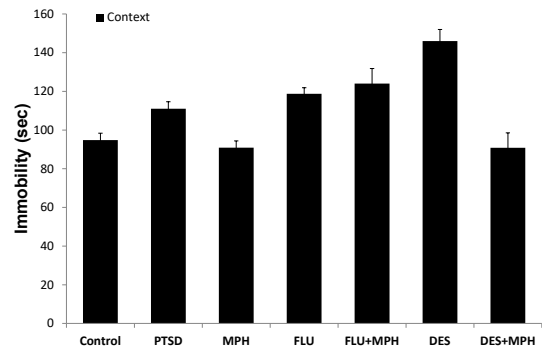
The characteristic symptoms of post-traumatic stress disorder (PTSD) include: re-experiencing, avoidance and hyper-arousal.

Nowadays, the common treatment for PTSD includes various antidepressants. However, these treatments focus on the anxiety, depression, flattened affect or detachment symptoms and less on attention problems.

## AIMS:

- 1) Focusing on PTSD symptoms: to establish a comprehensive rat model for PTSD, with two emphasizes: (i) exposure to chronic stress; (ii) definition of PTSD-like animal.
- 2) To determine whether, in addition to the common antidepressants, Methylphenidate (Ritalin) treatment will affect PTSD core symptoms.







Considering the versatile emotional and cognitive symptoms of PTSD, our results suggest a new duo-treatment for PTSD comprised of antidepressant (desipramine) and psycho-stimulant (methylphenidate) that partially share norepinephrine-reuptake-inhibition mechanism.

## ACKNOWLEDGMENTS:

### Students and post-docs:

Talya Dolev  
Yael Hazan  
Inon Maoz  
Zeev Brand

### Behavioral Neuroscience Lab's staff:

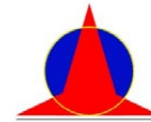
Dr. Shlomit  
Aga-Mizrachi



Mr. Salman  
Zubedat



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המכון הלאומי  
לפסיכוביולוגיה בישראל  
The National Institute for  
Psychobiology in Israel



US-Army  
Research Office  
(ARO)



The Walled City of Nicosia from Above

## Joseph Zohar

Dr. Zohar is a professor of Psychiatry at the Sackler Faculty of Medicine, Tel Aviv University. Dr. Zohar is the immediate past-President of the European College of Neuropsychopharmacology (ECNP). He is also chair of the Israeli consortium on PTSD, and chair of the International College of Obsessive-Compulsive Spectrum Disorders (ICOCS).

Dr. Zohar is a board member for the International Master in Affective Neuroscience, a visiting Professor at the University of Maastricht (The Netherlands),

Dr. Zohar has been honored with several awards, including the Fogarty International Research Fellowship Award (1984), the A.E. Bennet Award for Clinical Research (1986 and 2002), ECNP Neuroscience Award for Clinical Research (1998), and the WFSBP Award for Excellence in Education (2001).

Dr. Zohar has authored more than 350 papers, has written or edited 16 books focusing on Resistant Depression, OCD, PTSD and Psychotropics, and was the founding associate editor of CNS Spectrums and of the World Journal of Biological Psychiatry.

Dr. Zohar has recently (2012) received funding (RO1) from National Institute of Mental Health (NIMH) to explore secondary prevention of PTSD.

Dr. Zohar was advisor to DSM – IV and 5 in OCD and co-chair of the Workgroup preparing the research agenda on OCD for DSM-5.

Currently Dr. Zohar Chair an international collaboration (joint venture of ECNP, ACNP, CINP and AsCNP and IUPAR) on developing new nomenclature for CNS drugs; (NbN) Neuroscience based Nomenclature <http://nbnomeclature.org> and chair of the Expert Platform on Mental Health focus on Depression (<http://www.expertplatform.eu>) along with being a Director of the National Post-Trauma Center, Research Foundation by the Sheba Medical Center, Israel



## FREE CLASSIFICATION OF NBN IN YOUR POCKET- THE SECOND EDITION OF NEUROSCIENCE BASED NOMENCLATURE APP AND THE FIRST EDITION OF NBN-CA

JOSEPH ZOHAR

Tel Aviv University, Israel

Current psychopharmacological nomenclature remains wedded to earlier period of scientific understanding, failing to reflect contemporary developments and knowledge, does not help clinicians to select the best medication for a given patient, and tending to confuse patients as they are being given a drug with a different name compared to their identified diagnosis (e.g. “Antipsychotic” for depression).

Four major colleges of Neuropsychopharmacology (ECNP, ACNP, Asian CNP, and CINP together with IUPHAR) proposed a new pharmacologically-driven nomenclature focusing on Pharmacological Target and Mode of Action. It includes also 4 dimensions of additional information: 1—Approved Indications; 2—Efficacy and side effects; 3 – Practical note; and

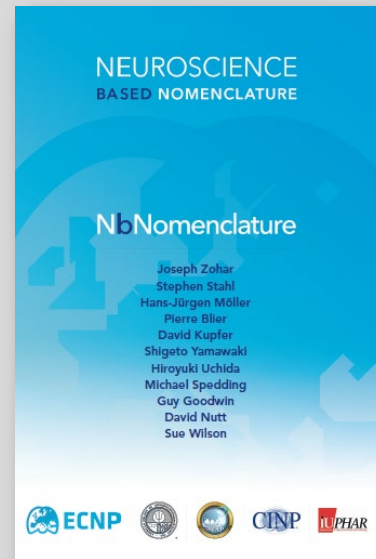
4— Neurobiology. Several surveys in four different continents were conducted in order to examine satisfaction with the current psychopharmacological nomenclature, as well as test the NbN. A significant proportion of the participants in the surveys were in favor of the proposed nomenclature.

It seems that clinicians found the available nomenclature system dissatisfactory and many times confusing for them and the patients. The proposed nomenclature seeks to up-end current usage by placing Pharmacology and Mode of Action rather than indication as the primary driven force.

In the session examples of using the NbN-2 and NbN-ca in key medications will be presented and discussed.

# NBN NEUROSCIENCE BASED NOMENCLATURE

JOSEPH ZOHAR  
Tel Aviv University, Israel



The current nomenclature of psychiatric medications is **indications based** and include:

Antidepressants | Antipsychotics | Anxiolytics | Hypnotics | Mood stabilizers | Other

Very often we prescribe  
**“antidepressants”**  
for **anxiety** disorders or  
**“second generation  
antipsychotics”** to  
**depressed** patients who  
show no evidence of psychosis.



## CURRENT NOMENCLATURE AND ADHERENCE

**Anxious  
patients:**

“Why are  
you giving  
me an  
antidepressant  
for my  
anxiety?”



**Depressed  
patients:**

“Is my  
condition  
so bad that  
you are  
giving me an  
antipsychotic?”



## Current nomenclature

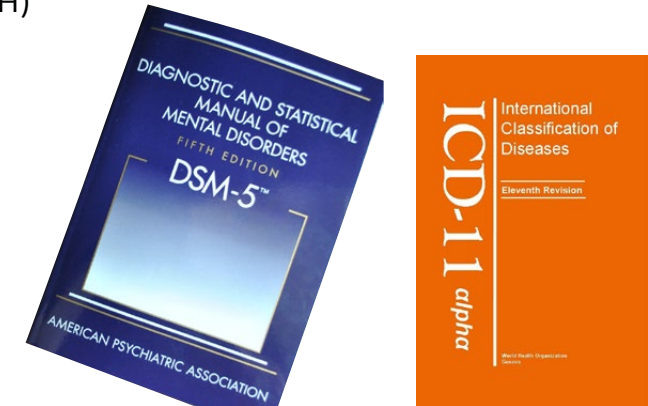
does not help the **clinician** to make **informed** choices

## NBN GLOSSARY

Former terminology	NbN		Drugs
Indication-based	(Pharmacological-based)		
	Pharmacology	Mode of action MM; multimodal (e.g. more than one mode)	
Antidepressants	Drugs for depression		
(TCA)	norepinephrine	reuptake inhibitor (NET)	desipramine
	norepinephrine, serotonin	reuptake inhibitor (NET and SERT)	protriptyline, lofepramine, amoxapine, nortriptyline
	serotonin, norepinephrine	reuptake inhibitor (SERT and NET)	imipramine, dosulepin,
	serotonin	reuptake inhibitor (SERT)	clomipramine
	serotonin, norepinephrine	MM; reuptake inhibitor (SERT and NET), 5-HT <sub>2</sub> receptor antagonist	amitriptyline
	norepinephrine, serotonin	MM; reuptake inhibitor (NET and SERT), 5-HT <sub>2</sub> receptor antagonist	doxepin
	serotonin, dopamine	receptor antagonist (5-HT <sub>2</sub> and D <sub>2</sub> )	trimipramine

\* The glossary includes only the psychotropics relevant to former terminology. Newer medications or psychotropics not included here could be found in NbN by their name

## DIAGNOSIS UPDATES GOING ON (DSM 5, ICD 11TH)



## OUR EXPECTATIONS FROM A PSYCHOTROPIC NOMENCLATURE ARE THAT IT SHOULD:

- Be based on contemporary knowledge.
- Help clinicians to make informed choices when working out the next “pharmacological step.”
- Provide a system that does not conflict with the use of medications.
- Be future proof and accommodate new types of compounds

**None of them are true for the current nomenclature**

## THE MISSION

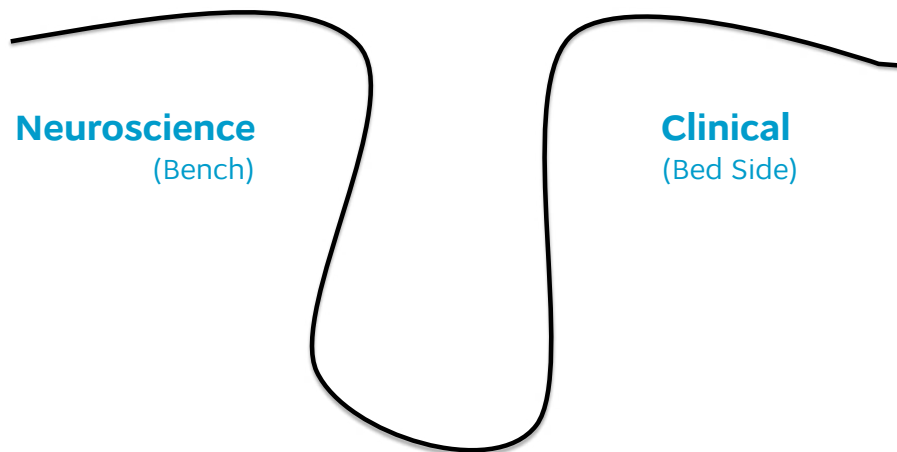
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- To help **clinicians** to make **informed** choices when they are trying to figure out what would be the next “pharmacological step.”



- To move toward **precise** medicine

## TWO WAYS BRIDGE



## THE TASKFORCE

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**Five** major **international** neuropsychopharmacological **scientific** organizations **joined forces** together (2008) to create this nomenclature.

### These organizations are:

**ECNP** - European College of Neuropsychopharmacology

**ACNP** - American College of Neuropsychopharmacology

**AsCNP** - Asian College of Neuropsychopharmacology

**CINP** - International College of Neuropsychopharmacology

**IUPHAR** - International Union of Basic and Clinical Pharmacology

## THE COMPOSITION OF THE TASKFORCE IS:

### Chair:

Joseph Zohar, [European College of Neuropsychopharmacology](#)

Stephen Stahl, [International College of Neuropsychopharmacology](#)

Hans-Jürgen MÖller, [International College of Neuropsychopharmacology](#)

Pierre Blier, [American College of Neuropsychopharmacology](#)

David Kupfer, [American College of Neuropsychopharmacology](#)

Shigeto Yamawaki, [Asia College of Neuropsychopharmacology](#)

Hiroyuki Uchida, [Asia College of Neuropsychopharmacology](#)

Guy Goodwin, [European College of Neuropsychopharmacology](#)

David Nutt, [European College of Neuropsychopharmacology](#)

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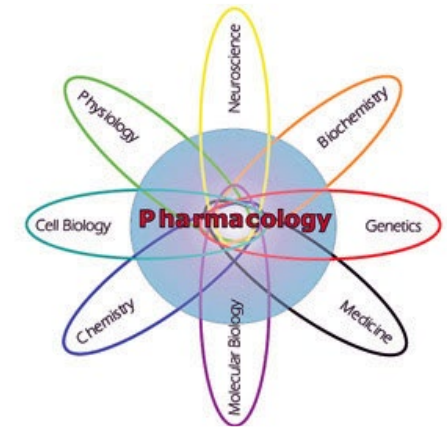
### Coordinator:

Sue Wilson, [Imperial College of London](#)

**Pharmacologically-driven** (rather than **indication-based**)

nomenclature that embeds

**contemporary neuroscience understanding** of how medicines work.



**NBN-2**  
(NBN 2<sup>ND</sup>  
EDITION)



## PSYCHOTROPICS INCLUDED

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In the second edition of the NbN, we included **130 compounds** which cover the **vast majority** of psychotropics used **worldwide**.



We did not include formulations which combine medications.

## THE NOMENCLATURE

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Pharmacology



Mode of Action

## PHARMACOLOGICAL DOMAINS

1	Acetylcholine
2	Dopamine
3	GABA
4	Glutamate
5	Histamine
6	Orexin
7	Melatonin
8	Norepinephrine
9	Opioid
10	Serotonin

## MODES / MECHANISMS OF ACTIONS (MOA)

1	Receptor agonist
2	Receptor partial agonist
3	Receptor antagonist
4	Reuptake inhibitor
5	Releaser
6	Enzyme inhibitor
7	Ion channel blocker
8	Positive allosteric modulator (PAM)
9	Enzyme modulator

# NBN

## Journal

American Journal of Psychiatry  
Lancet Group  
Biological Psychiatry  
Neuropsychopharmacology  
Psychological Medicine  
Intl. Journal of Neuropsychopharmacology  
European Neuropsychopharmacology  
World Journal of Biological Psychiatry  
European Psychiatry  
Journal of Psychopharmacology  
CNS Spectrums  
European Archives of Psychiatry and Clinical Neuroscience  
Current Psychiatry  
Japanese Journal of Neuropsychopharmacology (official journal of Japanese Society of Neuropsychopharmacology)  
Clinical Psychopharmacology and Neuroscience -  
Korean College of Neuropsychopharmacology (official journal of AsCNP)  
Chinese Journal of Psychiatry  
Br. J. Clin. Pharmacol  
J Clin Psychopharm  
Pharmacology International (IUPHAR journal)  
Pharmacopsychiatry  
Pharmakopsychiatrie (in German)



### Books

Oxford Textbook  
Prescriber Guide

### Educational Program

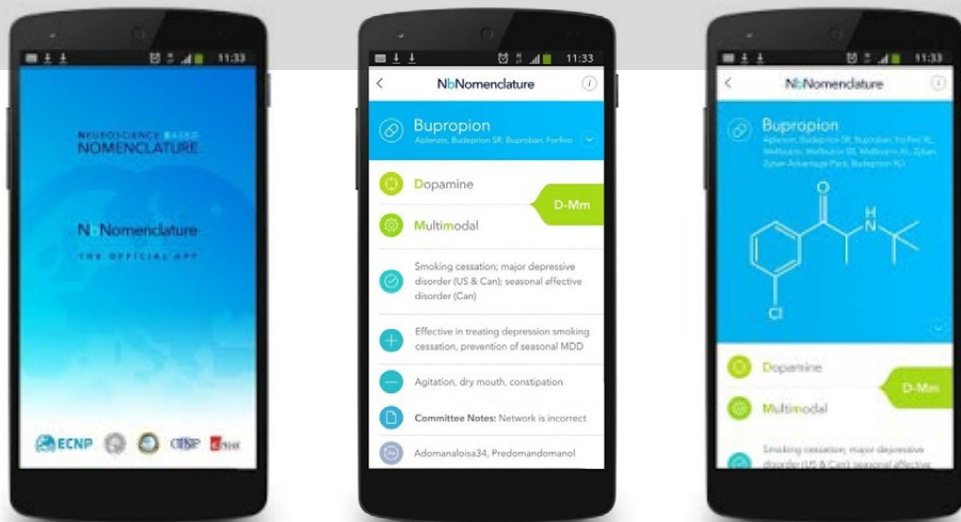
NNCI-National Neuroscience  
Curriculum Initiative

### Collaboration

RDoC



To download the App,  
search for **NbN-2** on Google  
Play and iTunes App Store



# SHORT SUMMARY OF LOCAL EXPERTS

## Anna Polyniki

Assistant Professor

Anna Polyniki is Assistant Professor of Psychiatry at the University of Nicosia Medical School.

Dr Polyniki holds a medical degree and a postgraduate degree in the specialty of Psychiatry from Aristotle University of Thessaloniki, Greece and a Master's degree in the Management of Health Services from the University of Cyprus. She has completed training in Telemedicine/Telehealth with Howard University College of Medicine, Washington D.C., USA; has done a Clinical Attachment in Psychiatry at King's College Hospital, London, UK; and completed a Residency in Neurology at Sheba Medical Centre, Tel Aviv, Israel. She is currently pursuing her PhD in the field of Medical Education at St George's, University of London.

Dr Polyniki is also certified as an Executive Coach by Tavistock Institute of Human Relations in London. Her specialty areas are Depressive and Anxiety Disorders, Bipolar Disorders, Schizophrenia and other Psychotic Disorders, and Eating Disorders.



## Eleni Palazidou

Clinical Professor

Eleni Palazidou is Clinical Professor of Psychiatry at the University of Nicosia Medical School.

Prof Palazidou graduated from The Medical Academy of Sofia with honours. She carried out her postgraduate studies in Medicine at the UK and completed her PhD at the Institute of Psychiatry, University of London.

She has clinical and research interest in the management of Mood (Affective) Disorders (Depression and Bipolar Disorder), Psychopharmacology (Drug prescribing in mental disorders), Mental Health in Family Medicine (Primary Care), Parental Mental Health and Children Welfare (Safeguarding), Medicolegal – Medical Expert Witness (criminal, civil and family law).



Clinical Skills Laboratory, University of Nicosia Medical School

## Stelios Georgiades

Assistant Professor

Stelios Georgiades is Assistant Professor of Clinical Psychology at the University of Nicosia Medical School.

Dr Georgiades holds a BSc (Hons) in Biological Sciences from the University of London, a BA (Hons) in Psychology from the University of Middlesex, an MSc from the Institute of Psychiatry (University of London) and a PsychD from the University of Surrey.

His research interest is on the role of schizotypy in the development of schizophrenia and the efficacy of Cognitive Behavioural Therapy in the treatment of schizophrenia and post-traumatic stress disorder. He is also interested in the investigation of the role of psychology in medical practice and in psychological education.



# LIST OF PARTICIPANTS

N.	First name	Surname	Specialty - Institute	City	Country
1.	Aggelos	Gregoriou	Neurologist	Nicosia	Cyprus
2.	Alexander	Chun Chuen	Medical Student at UNMS	Nicosia	Cyprus
3.	Andreas	Koumparou	Psychiatrist - Cyprus Mental Health Services	Larnaca	Cyprus
4.	Andreas	Hadjittofi	Psychiatrist - Visitor Lecturer in Psychiatry at University of Cyprus Medical School	Nicosia	Cyprus
5.	Anna	Polyniki	Assistant Professor of Psychiatry at University of Nicosia Medical School	Nicosia	Cyprus
6.	Chloe	Antoniou	Assistant Professor of Microbiology at University of Nicosia Medical School	Nicosia	Cyprus
7.	Christodoulos	Galatapoulos	Psychiatrist	Limassol	Cyprus
8.	Chrystalla	Koutsogiorgi	Psychology Department/University of Cyprus	Nicosia	Cyprus
9.	Eleni	Palazidou	Consultant Psychiatrist	London	UK
10.	Hugh	Elliott	Medical Student at University of Nicosia Medical School	Nicosia	Cyprus
11.	Ioanna	Drousiotou	Psychologist	Limassol	Cyprus
12.	Qi Qiu	Jia	Student of Psychology/European University	Nicosia	Cyprus
13.	Jirayr	Ajzajian	Medical Student at University of Nicosia Medical School	Nicosia	Cyprus
14.	Lambros	Samartzis	Psychiatrist - Cyprus Mental Health Services	Nicosia	Cyprus
15.	Maria	Loizidou	Psychiatrist - Student at International Master of Affective Neuroscience	Nicosia	Cyprus
16.	Maria	Sikki	PhD student/Psychology/University of Cyprus	Nicosia	Cyprus
17.	Marianna	Antoniadou	Psychiatrist - Cyprus Mental Health Services	Nicosia	Cyprus
18.	Michael	Lutwak	Medical Student at University of Nicosia Medical School	Nicosia	Cyprus
19.	Mikaella	Kokkinou	Psychology Department/University of Cyprus	Nicosia	Cyprus
20.	Noor	Shami	Medical Student at University of Nicosia Medical School	Nicosia	Cyprus
21.	Nora	Abu Ghanem	Medical Student at University of Nicosia Medical School	Nicosia	Cyprus
22.	Rhea	Drymioti	Psychiatrist - Cyprus Mental Health Services	Nicosia	Cyprus
23.	Stelios	Georgiades	Assistant Professor of Clinical Psychology at University of Nicosia Medical School	Nicosia	Cyprus
24.	Stella	Nika	Cyprus Defence Services/Health Department	Paphos	Cyprus
25.	Stephanie	Christodoulidou	Psychologist at Europa Donna Cyprus	Nicosia	Cyprus
26.	Styliani	Spyridi	Psychiatrist	Limassol	Cyprus
27.	Tetyana	Bychkova		Nicosia	Cyprus
28.	Tonia	Loizou	Clinical Psychologist at Future Worlds Center, Humanitarian Affairs/Unit for Rehabilitation of Victims of Torture	Nicosia	Cyprus

## UNIVERSITY OF NICOSIA MEDICAL SCHOOL

### An international Medical Education Centre

Over the past two decades, the University of Nicosia (UNIC) has led the development of life and health sciences programmes in Cyprus.

In 2011, the University started the first medical programme in Cyprus by offering the St George's, University of London Bachelor of Medicine and Bachelor of Surgery (MBBS), a 4-year graduate-entry British medical degree that is quality assured by the UK General Medical Council. The Medical School expanded rapidly in the past few years, enriching its programmes of study and attracting students from around the world.

We now also offer a 6 year MD degree programme designed for high school leavers, an MSc in Family Medicine for practicing primary care physicians and a PhD in Medical Science. More than 650 students from 58 countries are

enrolled in the Medical School, coming from as far away as the United States, Canada, Australia and New Zealand.

Students benefit from world-class faculty members experienced and supportive staff, international partnerships and state-of-the-art facilities and learning resources. The student-centred curriculum allows for the early development of clinical skills and reasoning, and promotes collaborative learning, critical thinking and reflection, skills that are essential for a career in medicine.

Our graduates have secured training positions in some of the best hospitals in the world, including Harvard-Massachusetts General Hospital, Thomas Jefferson University Hospitals in Philadelphia, Mount Sinai Hospital in New York City, John Radcliffe Hospital in Oxford, University College London Hospital, the Sheba Medical Center in Tel Aviv and the American University of Beirut Medical Center.



Anatomy Centre, University of Nicosia Medical School

# ABSTRACTS

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## Andreas Hadjittofi

The project is an ongoing study on hypersexual disorder including 67 hypersexual men and 40 aged matched healthy volunteers. The project is focused on identifying possible biomarkers such as the HPA and HPG axis (ACTH, cortisol, testosterone, LH). Biomarkers are related to clinical characteristics of the patients and some of the patients were included in a CBT program focused on hypersexual disorder.

## Anna Polyniki

Placebo has a long history. In the 16th-century Europe, Catholic Church gave individuals “possessed” by the devil false holy objects to discredit exorcisms, and if they reacted with violent contortions it was concluded that their possession was in their imagination. A century later, Franz Mesmer used “animal magnetism”, whereby invisible forces directed towards the mesmerist patients (usually women), initiated a “crisis” that led to unusual bodily sensations, many of who claimed experiencing profound salubrious effects.

What is placebo? Does it have a biological effect? Is placebo good or bad? Is the placebo effect “true” or “perceived”? Are placebo effects objective or only subjective? Is its use in clinical practice and research ethical? And, what about placebo in surgery and mental disorders

## Eleni Palazidou

Bipolar Disorder is a multifaceted condition, with variable clinical presentation and course requiring, more than most other mental conditions, a personalized approach to management. Depression is the most morbid, being the

predominant mood state in both Bipolar I and II (Disorder), with longer duration and associated with more marked functional impairment.

The challenges that Bipolar Depression presents to the clinicians are three-fold, involving the recognition, co morbidity and drug treatment of this condition.

Recognition is particularly problematic when the depressed state is the first manifestation of Bipolar Disorder. The drug treatment of Bipolar Depression requires more careful consideration than that of Unipolar states, as antidepressant drugs can complicate the course of the Bipolar Disorder. Co morbid conditions, particularly substance misuse, hinder both the recognition and diagnosis of Bipolar Disorder as well as the management of this condition.

Ways of assessing the possibility of bipolarity will be discussed as well as the principles of pharmacological treatment of the acute and long-term states of Bipolar Depression.

## Lambros Samartzis

Methadone or buprenorphine substitution therapy (Opioid Substitution Treatment, OST) has been established as the gold standard in treating chronic opioid use disorders.

Nevertheless, there is still a debate regarding the qualitative characteristics that define the optimal OST intervention, namely the treatment threshold, the selection of the medication as well as the duration of the treatment.

In the ECNP seminar I would like to discuss this pharmaceutical treatment of addiction, from a neuropharmacological, clinical and cultural viewpoint.

## Marianna Antoniadou

For the ECNP workshop I would like to present the results of my dissertation thesis on “Factors that influence antipsychotic medication adherence in patients with psychosis in South London” that I did for my postgraduate degree (MSc) in Early Intervention in Psychosis at the Institute of Psychiatry at King's College. This study used a large longitudinal dataset of 239 patients with psychosis to examine a large number of factors (sociodemographics, duration of illness, severity of illness, insight, global functioning and substance abuse) as potential factors influencing medication adherence. The 239 patients were physician rated as having full adherence (1-33% missed doses), partial adherence (34%-66% missed doses) and non adherence (67-100% missed doses). The result of the study showed that a number of modifiable risks influence medication adherence. If these factors addressed could lead to improve adherence.

## Dr Stelios Georgiades

The role of Cognitive Behavioural Therapy in improving medication compliance in people with schizophrenia.


In the last decade, a number of clinical studies have shown that Cognitive Behavioural Therapy (CBT) combined with low doses of atypical antipsychotic drugs is a promising approach not only in reducing and maintaining the reduction of psychotic symptoms but also in the prevention of relapse. However, other studies aiming to examine and investigate the efficacy of the combination of CBT and low dosages of atypical antipsychotic medication in the longer term, have failed to produce conclusive results. These fail-

ures were attributed to the well-known difficulty of patients with schizophrenia to comply with their medication regimes in a consistent manner. The main aim of the present small-scale research study was to evaluate the effectiveness of CBT, in combination with low dosages of atypical antipsychotic drugs, in the treatment of a Greek-speaking sample of schizophrenics. On the early part of the therapy, in order to overcome the problem of medication compliance, greater emphasis was placed in training patients to comply with medication.

The results obtained suggested that CBT for Schizophrenia, with an extended part on training patients on medication compliance, is especially effective in improving compliance to medication amongst people with schizophrenia. Furthermore, CBT, combined with low doses of atypical antipsychotic drugs, seems to facilitate symptom reduction and contributes to the maintenance of this reduction in the longer term.

## Stella Spyridi

Case Vignette

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