

ECNP Seminar in Neuropsychopharmacology

31 October – 2 November 2014

ISTANBUL, TURKEY





ORGANIZATION SECRETARIAT

SERENAS Uluslararası Turizm Kongre ve Organizasyon A.Ş

Şerif Ali Mahallesi Pakdil Sokak No:5

Yukarı Dudullu/Ümraniye/İstanbul/Türkiye

Tel : +90 (216) 594 58 26

Fax : +90 (216) 594 57 99

Web : www.serenas.com.tr

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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, 28 symposia and 7 educational update sessions. The annual meeting attracts more than 6,000 participants and is considered to be the largest event in neuropsychopharmacology in Europe.

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 and Serbia. 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, since 2012 a school of child and adolescent neuropsychopharmacology in Venice and since 2013 a school of old age neuropsychopharmacology in Venice. We plan to start a workshop on methodology and clinical research in Barcelona in 2015..

This year we start with a pilot of a new initiative, The ECNP Research Internship. This is a new collaborative initiative of ECNP and the ECNP Junior Member Advisory Panel (JMAP) that aims to provide short-term research internship opportunities for junior researchers. Senior researchers from the list of ECNP Fellow members offer unpaid 2 week exploring research internship in their institutions.

Please see the ECNP website (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 look forward to a fruitful and inspiring meeting in Istanbul

Gil Zalsman

Chair ECNP Educational Committee



ECNP

PROVISIONAL PROGRAMME

FRIDAY, 31 OCTOBER, 2014

Arrival of participants and experts

19.00 **Welcome and dinner**

Saturday, 1 NOVEMBER, 2014

09.00 – 09.15 **What is ECNP**
Introductions to the programme
Seminar Leader, Wim van den Brink, the Netherlands

09.15 – 10.00 **OCD-state of the art in treatment**
Naomi Fineberg, UK

10.00 – 10.45 **Drug addiction research as a model for research plan and design**
Wim van den Brink, the Netherlands

10.45 – 11.30 **Coffee Break**

11.30 – 12.15 **Negative and cognitive symptoms in schizophrenia .Where are we now?**
Michael Davidson, Israel

12.15 – 12.30 **How to give a scientific effective talk**
Wim van den Brink, the Netherlands

12.30 – 13.30 **Lunch**

Presentations participants in 3 groups in 3 parallel workshops

Round 1	<i>Wim van den Brink</i>	<i>Michael Davidson</i>	<i>Naomi Fineberg</i>
13.30 – 15.00	and <i>Oguz Karamustafalioglu</i>	and <i>Aysegul Yildiz</i>	and <i>Koksal Alptekin</i>
	Group 1	Group 2	Group 3

15.00 – 15.15 **Break**

15.15 – 15.45 **Panel discussion:** How to prepare a clinical research project?
Chair: *Wim van den Brink, the Netherlands*
Panel members: *Naomi Finberg and Michael Davidson*

16:00 – 21.00 **Social activity, group photo and dinner**
Organiser: *Oguz Karamustafalioglu*

PROVISIONAL PROGRAMME

Sunday, 2 NOVEMBER, 2014

Presentations participants in 3 groups in 3 parallel workshops

Round 2	<i>Wim van den Brink</i>	<i>Michael Davidson</i>	<i>Naomi Fineberg</i>
08.30 – 10.00	and <i>Oguz Karamustafalioglu</i>	and <i>Aysegul Yildiz</i>	and <i>Koksal Alptekin</i>
	Group 2	Group 3	Group 1

10.00 – 10.30 Coffee Break

Round 3	<i>Wim van den Brink</i>	<i>Michael Davidson</i>	<i>Naomi Fineberg</i>
10.30 – 12.00	and <i>Oguz Karamustafalioglu</i>	and <i>Aysegul Yildiz</i>	and <i>Koksal Alptekin</i>
	Group 3	Group 1	Group 2

12.00 – 14.00 Lunch and preparation for plenary session

Plenary	14.00 – 14.20	Group 1
14.00 – 15.00 (ALL)		Presentation and discussion
	14.20 – 14.40	Group 2
		Presentation and discussion
	14.40 – 15.00	Group 3
		Presentation and discussion

15.00 – 15.15 Time to fill out evaluation forms and preparation of awards ceremony

15.15 – 15.30 Short Break

15.30 – 15.45 Awards ceremony

15.45 – 16.00 Concluding remark and thanks

Wim van den Brink, the Netherlands and Oguz Karamustafalioglu

EXPERTS

Naomi FINEBERG, MBBS MA MRCPsych



Professor Naomi Anne Fineberg is a Consultant Psychiatrist at Hertfordshire Partnership University NHS Foundation Trust (HPFT) and Honorary Visiting Professor at the University of Hertfordshire. Based at the Queen Elizabeth II Hospital, Welwyn Garden City, she leads the HPFT centre within the NHS England, Highly Specialised Service for Obsessive Compulsive disorder (OCD) and Body Dysmorphic Disorder. She is an authority on the treatment of compulsive disorders, led the NICE Psychopharmacology Guideline Subgroup for OCD and was an adviser for the British Association for Psychopharmacology Guidelines for Anxiety Disorders. She sits on the Working Group for the World Health Organisation ICD-11 re-classification of OCD and Related Disorders.

Professor Fineberg has a substantial track record in the investigation of the neurobiology and treatment of anxiety and OCD. She has published widely in the field. She chairs the ECNP Obsessive Compulsive and Related Disorders Research Network and Her current research interests include the neurocognitive endophenotypes and treatment of OCD, compulsivity and comorbid disorders.

OCD-STATE OF THE ART IN TREATMENT

Naomi FINEBERG

Consultant Psychiatrist and Visiting Professor, Highly Specialized Obsessive Compulsive Disorders Service, Hertfordshire Partnership University NHS Foundation Trust and University of Hertfordshire, Queen Elizabeth II Hospital, Welwyn Garden City, AL7 4HQ, UK.

Obsessive compulsive disorder (OCD) and related disorders (OCRDs) represent highly distressing and functionally disabling conditions. They present with substantial psychiatric and somatic comorbidity and represent a high cost and burden to the economy. First line treatment with CBT or SSRI usually only produces a partial response and more effective treatment strategies are sought. Relapse is highly damaging

and the risks may be reduced by long-term treatment. Combining SSRI with CBT or with adjunctive low dose antipsychotic represent two potentially effective methods for SSRI-resistant disorder. Other pharmacological compounds with potential efficacy in OCD, including drugs acting on glutamatergic neurotransmission, are under investigation. Cognitive remediation therapy may improve cognitive flexibility and CBT outcomes. Highly Specialized Services are helpful for the most severe and enduring cases. For these individuals, experimental somatic treatments involving neuro-modulation or ablative neurosurgery may be considered. Treatments and services will be discussed.

OBSESSIVE COMPULSIVE DISORDER - STATE of the ART in TREATMENT

Fineberg NA, Reghundandanan S, Kolli S, Kaur S

*Highly Specialised Service for Obsessive Compulsive and Related Disorders,
Hertfordshire Partnership University NHS Foundation Trust,
University of Hertfordshire,
Queen Elizabeth II Hospital,
Welwyn Garden City, Hertfordshire AL7 4HQ*

Aims of lecture

- What are the first-line treatments?
- Does treatment improve health-related quality of life?
- Combining CBT+SRI as 'optimal' TAU?
- Limitations of existing treatment?
- Outcome predictors?
- Resistant OCD – evidence-based treatments and services
- Novel targets and treatments

DSM5: Obsessive-Compulsive and Related Disorders. APA, May 4th 2011

Diagnostic category, Obsessive-Compulsive and Movement-Related Disorders.
Contains diagnoses that were listed in DSM-IV under Anxiety Disorders, Somatoform Disorders and Impulse-Control Disorders Not Elsewhere Classified

- 300.3 Obsessive-Compulsive Disorder ^a *Specify if:* Tic-related
 300.7 Body Dysmorphic Disorder ^a *Specify if:* With muscle dysmorphia
 300.3 Hoarding Disorder ^a *Specify if:* With excessive acquisition
 312.39 Hair-Pulling Disorder (Trichotillomania)
 698.4 Skin Picking (Excoriation) Disorder

^a *Specify if:*
 With good or fair insight
 With poor insight
 With absent insight/delusional beliefs

Evidence-based treatment for OCRDS.

Grant J, Chamberlain S, Odlaug B. Clinical Guide to OCRDs, Oxford, 2014

Disorder	Rx	PsychoTx	Other	Scale
OCD	SSRI CMI Adjunctive AP (halo., risp., quet olanz, aripip)	CBT with ERP (+/- fam) ACT ? Adj. CRT	Cingulotomy Capsulotomy ? DBS ? Deep/r TMS	Y-BOCS
BDD	SSRI CMI	CBT with ERP		BDD Y-BOCS
Hoarding D (+/- acquisition)	?SSRI	CBT for hoarding		Savings Inventory Revised
Hair-pulling D/ Trichotillomania	N-AC, olanzapine CMI dronabinol	HRT ? ACT- or DBT- enhanced BT ? Stress Redn.		NIMH-TSSS Mass. General Hospital Hair Pulling Scale,
Skin picking D	? SSRI ? N-AC ? naltrexone	HRT ? ACT- enhanced BT		NE-YBOCS

Apart from OCD, psychological therapies not rigorously tested against matched control.

Anxiety Disorders Guidelines covering OCD

- International Consensus Group on Depression and Anxiety (2000, 2003)
- World Federation of Societies of Biological Psychiatry (2002, 2008, 2012)
- World Council on Anxiety Disorders (2003)
- National Institute for Clinical Excellence (UK) (2006; Evidence Update 2013)
- British Association for Psychopharmacology (2005, 2014)
- American Psychiatric Association (2007)

National Institute for Clinical Excellence (NICE) OCD/BDD Guideline

Key Priorities

- Awareness of OCD/BDD as major lifespan disorder
- Access to specialist services according to stepped care model
- Availability of behavioural cognitive therapies (incl ERP) and pharmacotherapies (SSRIs & CMI)
- Behaviour therapy or pharmacotherapy 1st line for adults
- Behaviour therapy 1st line; pharmacotherapy 2nd line for children
- Combined behaviour therapy & pharmacotherapy in more severe cases

www.nice.org.uk (Feb 2006)

First - Line Treatments in OCD

- A. Behaviour therapy; exposure and response prevention (>16h; in vivo)
- B. Pharmacotherapy; serotonin reuptake inhibitors (clomipramine or SSRI); higher doses; extended duration- minimum 12 weeks; adjunctive DA antagonists
- C. Combination of A+B

BUT
Up to 40% fail to respond
Relapse is common
Better treatments are needed

Fineberg NA, Brown, A, Reghunandanan S, Pampaloni I. Evidence-Based Pharmacotherapy of Obsessive-Compulsive Disorder. *Int J Neuropsychopharmacol*. 2012 Jan 9:1-19

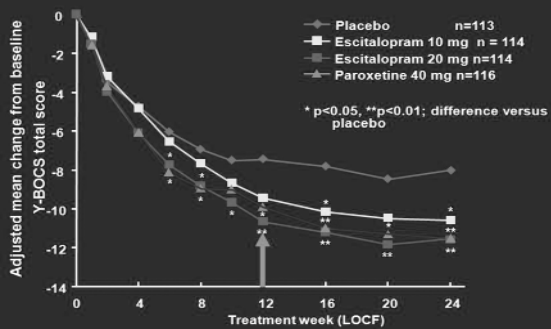
Which dose?

Placebo-controlled comparator studies of fixed-doses of SSRI

Drug	Duration	n	Fixed dose	Positive dose-response relationship	Study
RCTs					
Citalopram	12 wk	352	20/40/60 mg	No ^a	Montgomery et al. (2001) ¹¹
Escitalopram	24wk	457	10/20mg	Yes	Stein et al (2007) ¹²
Fluoxetine	8 wk	214	20/40/60 mg	Yes ^a	Montgomery et al. (1993) ¹⁷
Fluoxetine	13 wk	355	20/40/60 mg	No	Tollefson et al. (1994) ¹⁸
Paroxetine	12 wk	348	20/40/60 mg	Yes	Hollander et al. (2003) ²⁰
Sertraline	12 wk	324	50/100/200 mg	No	Greist et al. (1995) ²²
Meta-analysis				Yes	Bloch et al. (2010) ²⁶

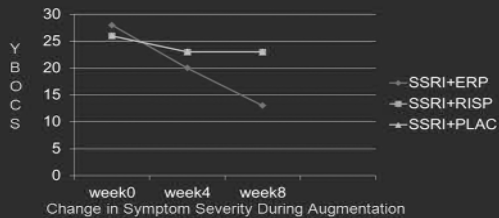
^a Marginally significant benefit for medium and higher doses on primary analysis (total YBOCS, $p=0.059$); significant on 'responder' analysis ($p<0.05$).
^b Response on 60mg occurred earlier (wk3) compared to 20mg and 40mg (wk 7)

Fixed - dose escitalopram study: primary analysis Stein DS et al Curr. Med. Res. and Opinion 2007



ERP vs Risperidone for Augmenting SRI in OCD: A Randomized Clinical Trial. Simpson HB et al, JAMA 2013. 1932 Epub

OCD of at least moderate severity despite a therapeutic SRI dose \leq 12 wk.
SSRI+Risperidone n = 40; SSRI+ERP n = 40; SSRI+ placebo n = 20.
ERP = 17 twice-weekly 90-min. sessions, daily homework (at least 1 hour self-directed exposure daily), and between-session telephone check-ins.
No psychological control for ERP.
N=86 (86%) completed the trial.



Can we predict outcomes on an individual basis?

Five-year course of obsessive-compulsive disorder: predictors of remission and relapse.

Eisen JL et al., J Clin Psychiatry. 2013 Mar;74(3):233-9.

213 adults with DSM-IV OCD
Recruited between 2001-6
OCD symptoms assessed annually over 5-year follow-up

- 39% participants entered either partial (22.1%) or full (16.9%) remission.
- Obsessions regarding harm nearly twice as likely to remit ($P < .05$)
- Other positive predictors of remission included lower OCD severity ($P < .0001$) and shorter duration of illness ($P < .0001$)
- Primary hoarding sig less likely to remit (2 of 21 participants (9.5%).
- 59% participants who remitted subsequently relapsed.
- Participants with obsessive-compulsive personality disorder more than twice as likely to relapse ($P < .005$).
- Participants also more likely to relapse if they experienced partial remission versus full remission (70% vs 45%; $P < .05$)

Early improvement as an indicator of treatment response in OCD?
 Implications for early-treatment decision-making.
 Da Conceicao DL 2013. J Psychiat Res Nov;47(11):1700-7.

A pragmatic naturalistic 12-week SRI trial with 128 subjects.

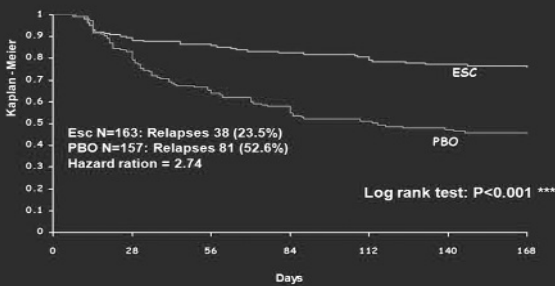
Early improvement ($\geq 20\%$ reduction from baseline Y-BOCS score at 4 weeks) predicted response ($\geq 35\%$ Y-BOCS improvement) at 12 weeks with 75.6% sensitivity and 61.9% specificity.

According to a logistic regression including demographic and clinical features as explaining variables, early improvement was the best predictor of treatment response (OR = 1.05, $p < 0.0001$).

Only 20 % of patients who did not improve at 4 weeks were responders after 12 weeks. In contrast, 55% of the individuals who showed early improvement were responders at 12 weeks (Pearson Chi-Square = 17.06, $p < 0.001$).

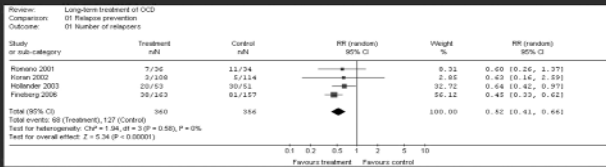
How long to remain on treatment?

Esc vs placebo: Time to relapse
 Fineberg et al. Eur Neuropsychopharmacol. 2007

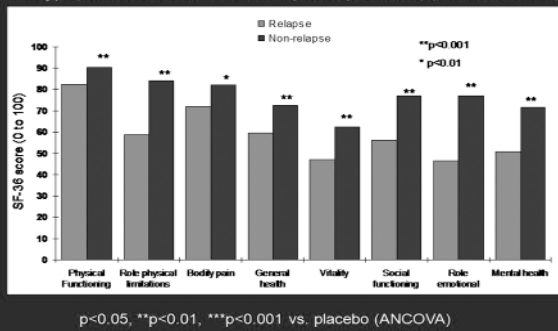


Meta-analysis of SSRI relapse prevention studies in adults with OCD

Fineberg et al Int Clin Psychopharmacol 2007

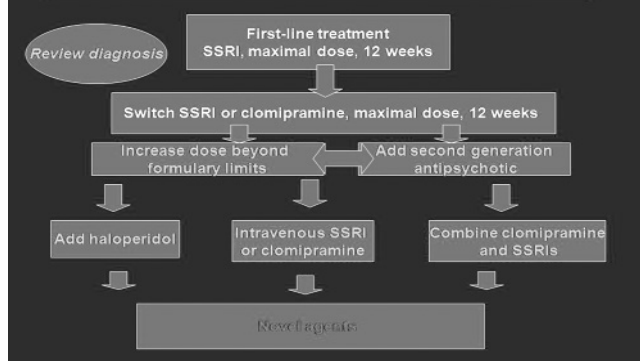


Mean SF-36 scores at last assessment for relapsed (n=119) and non-relapsed (n=201) patients (relapse-prevention study). (Hollander E et al, J Clin Psychiatry, Jun,71(6):784-92, 2010.)



How to treat resistant OCD?

SRI-resistant OCD: a pharmacological algorithm



Higher-dose SSRI monotherapy for resistant OCD?

Ninan et al J Clin Psych 2006

- 66 OCD non-responders to 16 weeks of sertraline, randomly assigned:
- 12 weeks high-dose sertraline (250–400 mg/day, mean = 357mg, N = 30) showed significantly greater improvement than 200mg/day (N = 36) on YBOCS, NIMH Global OC Scale, CGI-I.
- Responder rates not significantly different between groups, either on completer analysis (34% vs. 52%) or endpoint analysis (33% vs. 40%).
- Both treatments showed similar adverse event rates.
- Higher than labelled SSRI doses may be a treatment option for OCD patients who fail to respond to standard acute treatment.

SRI	Usual Max Dose (mg/day)	Occasionally Prescribed Max Dose (mg/day)
citalopram	40	120
clomipramine	250	-
escitalopram	20	60
fluoxetine	80	120
fluvoxamine	300	450
paroxetine	60	100
sertraline	200	400

American Psychiatric Association. (2007). Practice guideline for the treatment of patients with obsessive-compulsive disorder. Arlington (VA): Koran L et al; American Psychiatric Association (APA); 96 p.

Novel treatment targets in OCD

Neuro-cognitive deficits in OCDs

Fineberg NA, Chamberlain SR, et al., *CNS Spectr.* 2014 Feb;19(1):69-89.

- OCD produces impairment in cognitive and behavioural inhibition e.g. performance deficits on task of motor inhibition and set-shifting (possibly shared by BDD and to a more limited extent by hair-pulling and skin-picking D).
- Imbalance between goal-directed and habit learning may also contribute to OCD, whereby compulsivity arises from an inappropriate shift from goal-directed action to habit rendering behaviour insensitive to outcome value or environmental contingency change.
- In one study, cognitive inflexibility predicted a poor response to CBT but not to fluoxetine, suggesting OCD with different neuropsychological profiles may respond preferentially to one type of treatment versus the other.
D'Alcante CC et al., Prog Neuropsychopharmacol Biol Psychiatry. 2012
- These impairments are associated with cortico-striatal loop dysfunction.

	Compound	Study	Study design	Outcome
M O N O T H E R A P Y	D-amphetamine (single dose)	Insel et al 1983 Joffe et al 1991	Double blind RCT Double blind RCT	D-amphet > placebo D-amphet > placebo; methylphenidate=pla c
	Bupropion	Vulink et al 2005	Open-label	bimodal; 8/11 worse
	Morphine	Koran L et al (2005)	Double-blind RCT	Morphine > Placebo
	Naltrexone	Keuler et al (1996) Amiaz R et al (2008)	Double-blind RCT Double-blind RCT	No effect No effect
	Ketamine (IV) (single dose)	Bloch et al (2012) Rodriguez et al 2013	Open-label Double-blind RCT	No responders at 3d Ketamine=plac et 7d
	Mirtazapine	Koran LM et al 2005	Double-blind discontin	MIR>placebo
COMBINATION	D-cycloserine & CBT	Storch et al 2007 Kushner et al 2007 Wilhelm et al 2008	D-cyc + BT vs pla + BT	NS NS NS
AUGMENTATION OF SRI	D-amphetamine + SSRI vs caffeine+SSRI	Koran et al 2009	Double-blind RCT	>50% Responders in both groups at 1 wk
	Topiramate + SSRI	Berlin HA et al 2010	Double-blind RCT	Compulsions sig, Total Y-BOCS NS
	Lamotrigine + SSRI	Bruno et al (2012)	Double-blind RCT	Lamotrigine>placebo
	Memantine +SRI	Haghigi et al 2013	Double – blind RCT	Memantine>placebo
	N-acetylcysteine +SRI	Alshar et al, 2012	Double – blind RCT	N-AC > placebo
	Glycine + SRI	Greenberg et al 2009	Open-label	Improvement
	Aripiprazole +SSRI	Sayyah et al, 2012	Double – blind RCT	Aripiprazole>placebo

Cognitive remediation therapy (CRT); a role in OCD?

- Developed for ED, CRT targets attention to detail and set-shifting, encourages flexible behaviour, increases motivation and perceived ability to change.
- In ED, CRT improved QoL and dropout rates when combined with TAU.
- Cognitive inflexibility predicted a better response to CRT.
Dingemans AE et al., Psychother Psychosom 2014.
- In OCD, CRT improved OC symptoms as well as executive skills and cognitive flexibility in pilot studies.
Buhlmann U et al, Psychiatry Res 2006.
Park HS et al., Psychiatry Clin Neurosci 2006
- Individual CRT maybe a beneficial adjunct to TAU in disorders characterized by cognitive inflexibility or possibly excessive habit.

Somatic treatments in highly refractory OCD.

ECT: Insufficient evidence to recommend ECT for OCD, given potential associated risks (APA Practice Guidelines on OCD; Koran et al 2007) .

rTMS: A systematic review of rTMS studies in OCD (1996 – 2010; Jaafari et al 2012) and a meta-analysis (Berlim et al 2013) suggest promising results in comparison to sham rTMS with target areas such as orbitofrontal cortex and pre-supplementary motor area. Though promising, rTMS remains experimental.

DBS: stimulating ventral striatum/ventral capsule or subthalamic nucleus may produce therapeutic effects by modulating the cortico-striatal neurocircuitry that is widely proposed to mediate OCD (Bourne et al 2012). Though promising, DBS remains experimental.

Ablative neurosurgery; (ant. cingulotomy, ant. capsulotomy) remains the last resort for very severely ill patients who do not respond to expert delivered trials of pharmacotherapy and CBT of optimal dosage/content, duration, and mode of delivery as assessed by experienced experts in specialty treatments for OCD.

Conclusions

- Treatment effect on SRI partial and dose and time dependent
- Long-term SSRI protects against relapse
- Combining SSRI + ERP may confer added benefit
- Limitations of existing treatment
- Novel strategies required
 - Outcome predictors?
 - Circuitries?
 - New compounds?
 - CRT/Habit-reversal psychotherapy?
 - Brain Stimulation?



Michael DAVIDSON

Michael Davidson has obtained his MD degree from the State University in Milan and continued his post-graduate training in Cardiology in Tel Aviv, Israel. In 1980, he started training in psychiatry at the Mount Sinai School of Medicine and Medical Center, in New York, where he has remained until 1995, and where he still holds a Professorship. In 1995, he was appointed head of Neuroscience Research Center at the Sheba Medical Center, in Tel Aviv, Israel, and later Director of the Psychiatry at the same Medical Center and Chairman of The Department of Psychiatry at the Tel Aviv University Medical School. He is an active member of ACNP and ECNP and the Editor of *European Neuropsychopharmacology*.

Professor Davidson has published over 300 articles in the most prestigious peer-reviewed journals, including *Lancet* and *Science*, and has been the Principal Investigator on research grants funded by the US National Institute of Health and other European governmental agencies. Since the late 1980s he was one of the pioneering investigators who, in collaboration with the pharmaceutical industry, have brought to market the currently available drug treatments for Alzheimer's disease and for Schizophrenia. Professor Davidson sits on the CNS advisory boards of many of the major pharmaceutical companies, and is an invited speaker at the most prestigious meetings of his profession.

NEGATIVE AND COGNITIVE SYMPTOMS IN SCHIZOPHRENIA. WHERE ARE WE NOW?

Michael Davidson

Manifestation of cognitive impairment and/or negative symptoms is not essential in order to meet diagnostic criteria for schizophrenia. Yet, these manifestations and not the intermittent psychosis are the main reason for the social and vocational impairment in schizophrenia. Therefore, understanding the pathophysiology and finding a remedy would much improve the quality of life of these patients. Unfortunately, and similar to the rest of the schizophrenia manifestations the understanding is still limited and no specific treatment exists.

The phenotype of mild to moderate cognitive impairment and of negative symptoms is common to many brain diseases such as Parkinson, Alzheimer, affective disorders and even some personality disorders. This in turn indicates that the might

reflect the general brain malfunction(s) of different origin. It has been hypothesized that negative symptoms reflect malfunction of brain circuits between frontal and other brain regions but very little data exist to support such hypothesis and no specific hypothesis has been advanced to explain the cognitive impairment. It is also possible the presence of psychosis and cognitive in the same individual are not pathophysiological related but coincidental comorbidities which in an additive manner produce the social and vocational deficit.

Since moderately effective treatment for psychosis already exists much of the research effort over the last few decades has been invested to attempts to find treatment for negative symptoms and cognitive impairment. These efforts will be discussed in the presentation.



Wim van den BRINK, MD PhD

Wim van den Brink (1952) was born in Hilversum and received his medical degree from the Vrije Universiteit Amsterdam in 1981. He trained in psychiatric epidemiology at Columbia University, New York from 1986 to 1987. In 1989, he received his PhD degree from the State University of Groningen cum laude (Supervisors; Prof. Robert Giel and Dr. Hans Omel and Dr. Cees Sloof). Since 1992 he is Professor of Psychiatry and Addiction at the Academic Medical Center of the University of Amsterdam (AMC-UvA). He also holds the position of Director of the Amsterdam Institute for Addiction Research (AIAR). His research aims to uncover the neurobiological processes involved in the development of addictive behaviours and the effects of neurobiological interventions to prevent relapse in alcohol and drug dependent patients and pathological gamblers using neuropsychological tests, neurophysiological procedures and/or neuroimaging techniques. He chaired the working groups that developed multidisciplinary guidelines for the treatment of alcohol dependence (2009) and opioid dependence (2013) in The Netherlands. He has been the co-founder and president of the European Association of Substance Abuse Research (EASAR: 1995-2010). He is the chair of the International Collaboration of ADHD and Substance Abuse (ICASA: 2005-present) and the chair of the Scientific Program Committee of the European College of Neuropsychopharmacology (ECNP). He is a (co)author of over 400 peer-reviewed scientific publications and he supervised 55 PhD students. Prof. Wim van den Brink is editor of *European Addiction Research* and associate editor of *Drug and Alcohol Dependence*. In addition, he is a member of the editorial board of *Addiction*, *Addiction Biology*, *Current Drug Abuse Reviews*, *International Journal of Methods in Psychiatric Research*, *Mind and Brain*, and *Sucht*.

**SHORT SUMMARY of
LOCAL EXPERTS**



Curriculum Vitae

Prof. Dr. Oğuz KARAMUSTAFALIOĞLU

Dr. Oğuz Karamustafalıoğlu currently works as Professor of Psychiatry at Üsküdar University in Istanbul Turkey since December 2011 and as a teaching staff at Şişli Etfal Teaching and Research Hospital in Istanbul Turkey. He is graduate of Istanbul University Cerrahpaşa Medical School. He completed his residency of psychiatry at Istanbul Bakırköy Neuropsychiatry Teaching and Research Hospital between 1987-1991. He worked at the same hospital from 1991-1998 as head assistant at anxiety disorders program. He became the Chief of 2. Psychiatry Department at the same hospital and worked for 4 years (1998-2002). He was also the director of trauma program in Istanbul after the earthquake that occurred in 1999. He served as Chief of Psychiatry Department from 2002-2011 at Şişli Etfal Teaching and Research Hospital in Istanbul Turkey.

He takes part in many local and international organizations. He is the ambassador of ECNP for Turkey since 3 years. He has been the cochair of Turkish Psychopharmacology meetings since last 4 years. He was the cochair of Anxiety Disorders and Rational Treatments in Psychiatry Meeting in 2014. He was one of the Turkish delegates in WHO European Ministerial Conference on Mental Health Facing the Challenges, Building Solutions Helsinki, Finland 2005. His publications are mainly related mood disorders, anxiety disorders and OCD.



Curriculum Vitae

Prof. Dr. Köksal ALPTEKIN, M.D.

Born 1962.

Prof. Köksal Alptekin has been practicing as professor at the Department of Psychiatry of the University of Dokuz Eylül, İzmir-Turkey since 2002. He had residency training in Psychiatry at the same department. He had been trained in Psychodrama and Psychoanalytically Oriented Group Psychotherapy. Besides many national professional organizations he is a Schizophrenia and Epidemiology Section member of European Psychiatric Association (EPA). He has participated in the task force of WPA for schizophrenia since 2005. He is one of the editors of “Schizophrenia Treatment Guideline” and “Schizophrenia” published by Schizophrenia Section of Turkish Psychiatric Association. Dr. Alptekin’s main research focus and publications include psychopharmacological treatment of schizophrenia, cognitive dysfunctions and quality of life in schizophrenia. Nowadays his research interest has been moved towards genetics and epidemiology of schizophrenia.

e-mail: koksal.alptekin@deu.edu.tr



Curriculum Vitae

Prof.Dr. Ayşegül YILDIZ

Dr. Yildiz currently works as the President's Counselor at the Dokuz Eylül University and Professor of Psychiatry at the Department of Psychiatry, Dokuz Eylül University and the Harvard University, McLean Hospital, International Consortium for Bipolar Disorder Research. She is the President of the Institutional Review Board at the Dokuz Eylül University and a member of the Scientific Advisory Panel at the ECNP. Prof. Ayşegül Yildiz is the Founding Director of the Depression & Bipolar Disorder Foundation, DUVAK in Turkey. Dr.Yildiz is the recipient of the American Psychiatric Association-APA/Astra Zeneca Young Minds in Psychiatry Award (2004) and Fellowship Award from the European College of Neuropsychopharmacology-ECNP (2002). She is also recipient of research grants from the Stanley Medical Research Institute (2002, 2003), Pfizer-USA (Independent Investigator Award, 2002), Harvard Medical School, Stanley Foundation Bipolar Research Center (2003), and International Sleep Research Foundation-USA (2004). She is in the editorial board of several international journals, including the ECNP official journal, European Neuropsychopharmacology. Dr. Yildiz is the first editor of a bipolar textbook entitled as "The Bipolar Book: History, Neurobiology, and Treatment" to be published by the Oxford University Press.

Abstracts

participants

DERYA ADALI AKER

First name	Derya
Family name	Adalı Aker
Institute	Bagcilar Training and Research Hospital
City	Istanbul
Country	Turkey

ABSTRACT

Effect of Allopurinol on the Treatment of Schizophrenia

Recently Allopurinol is hopeful for the adjunct treatment of bipolar disorder mania episode but some researchers still continuous on it. Allopurinol is the medicine as known xanthine oxidase enzyme inhibitor which is used on the hyperuricemia situations. Allopurinol is used as an add on drug for refractory epilepsy because it is an adenosine agonist, which inhibits glutamine release from excitatory neurons but does not change the plasma concentration of other epilepsy drugs. According to these; the question should be asked that allopurinol could have an effect on schizophrenia treatment. But about this, there is a very few amount of researches. Glutamate is the one of the most important excitatory neurotransmitter on central nervous system. Discovery of the glutamate receptors encouraged us about etiology and treatment of schizophrenia. Glutamine is synthesised by glutamine synthetase enzyme with glutamate and ammonia. Effects of allopurinol on bipolar disorder mania episode, could be the same on schizophrenia too? Is allopurinol effective on positive and negative symptoms on schizophrenia? Could uric acid levels on schizophrenia be a sign of treatment observation? May allopurinol have effects on schizophrenia like electro convulsant therapy causing epileptic seizure? Further researchs are needed to answer these questions.

AYSUN AKANSEL

First name	Aysun
Family name	Akansel
Institute	Sisli Etfal Education and Research Hospital
City	Istanbul
Country	Turkey

ABSTRACT

Relationship Between Suicide Rates and Eeg Pathology in Patients with Affective Disorders

We know that patients with epilepsy have some behavioural and emotional changes like increased impulsivity. We hypothesized that this impulsivity can cause more suicide attempts in patients with epilepsy than non-epileptic patients. To verify this hypothesis we decided to perform an EEG to the patients with depression (both unipolar and bipolar) and compare the suicide rates of patients with EEG pathology and patients with normal EEG report.w

MERAL AKBIYIK

First name	Meral
Family name	Akbiyik
Institute	Turkey Public Hospital Institution
City	Ankara
Country	Turkey

ABSTRACT

The purpose of this study was to assess olfactory function and olfactory bulb volume in patients with major depressive disorder (MDD) in comparison to a normal population.

Treatment-free twenty premenopausal, 25-45 aged women diagnosed as long-term, severe MDD And 20 healthy women participated to this study.

Olfactory functions were assessed by Sniffin' sticks. Olfactory bulb volumes were calculated by manual segmentation of acquired T2-weighted coronal slices according to a standardized protocol.

SELİN AKIŞIK

First name	Selin
Family name	Akişik
Institute	İstanbul Faculty of Medicine
City	İstanbul
Country	Turkey

ABSTRACT

Obsessive-compulsive and depressive symptoms are frequent in both schizophrenia and the prodromal period of schizophrenia. Our aim is to assess obsessive compulsive and depressive symptoms and their relationship with global functioning and cognitive functions in individuals with Ultra High-Risk (UHR) for psychosis. The participants will be administered the Brief Psychiatric Rating Scale, the Scale for the Assessment Of Negative Symptoms, the Scale for the Assessment Of Positive Symptoms, the Yale-Brown Obsession Compulsion Scale- Symptom Check List, the Calgary Depression Scale for Schizophrenia, the Global Assessment of Functioning scale and cognitive tests.

HERDEM ASLAN

First name	Herdem
Family name	Aslan
Institute	Marmara University, Child and Adolescent Psychiatry
City	Istanbul
Country	Turkey

ABSTRACT

Understanding the Factors of Pharmacotherapy Adherence in Adhd Children

The efficacy of pharmacotherapy is very well-known, yet we have high rates of non-adherence and don't have confirmed information about the profile of the non-adherent patients in our population. The aim of the study is to investigate the factors like the child's functioning levels in social, family and school areas, education levels of the parents, the number of the siblings, drug type choice (methylphenidate immediate release or methylphenidate extended release, non-stimulant drugs), drug holidays, medication possession rates, treatment response rates which can effect the pharmacotherapy adherence. The results of the study would be essential for a future pharmacogenetic study.

BURC AYDIN

First name	Burc
Family name	Aydin
Institute	Dokuz Eylul University
City	IZMIR
Country	TURKEY

ABSTRACT

Treating mental disorders with modern antipsychotic drugs in breastfeeding women often present as a medical dilemma. Here we present a 33-year old female patient (86 kg, first pregnancy) with a diagnosis of Bipolar Disorder Type I, giving birth to twin babies. For management of her psychotic and manic symptoms she was put on olanzapine 15 mg/day and quetiapine 200 mg/day treatment. The patient desired to continue breastfeeding while taking her medications. In this case report, we report on the pharmacokinetic analysis of breast milk levels and excretion of olanzapine and quetiapine into the breast milk for 27 days.

GÖKHAN BAHTİYAR

First name	Gokhan
Family name	Bahtiyar
Gender	Male
Institute	Adnan Menderes University
City	Aydin
Country	Turkey

ABSTRACT

Relationship between Lifetime Suicide Attempts and Comorbid Personality Disorders in Patients with Schizophrenia.

Background: Patients with schizophrenia are more risky for suicidal actions than healthy population. There are various risk factors such as personality disorder. However, few researchs have been done about the relationship between comorbid personality disorders and suicidal behaviour in patients with schizophrenia.

Hypotesis :We expect to find that comorbid personality disorders in patients with schizophrenia will be more leaning for suicide than the pure schizophrenia patients. Meanwhile, patients who have comorbid B class personality disorders can be at the top of risky group.

Materials and Methods: In this study, we will administer schizophrenia patients in remission or stable condition with and without a history of suicide attempts (n=100). We will use SCID-II for comorbid personality disorders in patients.

NEŞE BURCU BAL

First name	Neşe Burcu
Family name	Bal
Institute	Ankara University
City	Ankara
Country	Turkey

ABSTRACT

The transformation rate to dementia of Patients resorting to Ankara University Medical Faculty psychiatry department geropsychiatry ward and patients diagnosed with mild cognitive impairment (mci) after two years of observation is aimed. This Research is planned to be done by scanning the files retrospectively. Patients observed between the years of 2012 and 2014 and have at least four neuropsychologic test results are planned to include in this research.

ELİF BARAN

First name	Elif
Family name	Baran
Institute	Sisli Etfal Education and Research Hospital
City	Istanbul
Country	Turkey

ABSTRACT

Evaluation of adult separation anxiety disorder and attachment styles in panic disorder with and without agoraphobia

Background: Separation anxiety disorder has recently been described in DSM-V as a disorder which can be diagnosed in both childhood and adulthood and it is recently acknowledged that it can start in adulthood. Also agoraphobia has become a separate diagnosis in DSM-V apart from panic disorder. Childhood separation anxiety disorder is thought to have a role in the pathogenesis of adult panic disorder (PD) and agoraphobia. It is suggested that anxious attachment style is associated with development of agoraphobia and PD.

Aim: The primary objective in this study is to determine the prevalence of adult separation anxiety disorder among PD patients with and without agoraphobia and compare attachment styles among these patients. We hypothesised that separation anxiety and aberrant attachment styles are more relevant to PD with agoraphobia.

Methods: 75 consecutive PD patients and age, education level and gender matched healthy controls will be enrolled in the study. SCID-I Structured Clinical Interview, Beck Depression Inventory, State-Trait Anxiety Inventory, Experiences in Close Relationships Questionnaire, Structured Clinical Interview for Separation Anxiety Symptoms, Adult Separation Anxiety Questionnaire, Separation Anxiety Symptoms Inventory will be applied to PD patients in the study.

MERVE BARUT

First name	Merve
Family name	Barut
Institute	Sisli Etfal Education and Research Hospital
City	Istanbul
Country	Turkey

ABSTRACT

Major Depression subtypes and treatment response

Background: It has been shown that there is relation between recurrence of depressive episodes and depressive subtypes.

Aim: To investigate the relationships between major depression subtypes and response to standart antidepressant therapy.

Methods: 460 outpatients with major depression will be enrolled in the study. Subtypes of major depression will be documented according to DSM-V and patients' treated with standart treatment will be followed for 5 years and their response will be measured by Hamilton Depression Rating Scale.

ÖZNUR BÜLBÜL

First name	Oznur
Family name	Bulbul
Institute	Istanbul Faculty Of Medicine
City	Istanbul
Country	Turkey

ABSTRACT

I am planning a study about individuals who have ultra high risk psychosis. In this study I would like to research default mode and task-related brain activation in individuals at ultra high risk psychosis, their first degree relatives and healthy controls with functional magnetic resonance imaging. Our hypothesis is ultra high risk psychosis patients and their first degree relatives will show lower activation with task and brain changes than healthy comparison subjects.

NURAN AĐLAR

First name	Nuran
Family name	ađlar
Institute	Istanbul Medical Faculty
City	Istanbul
Country	Turkey

ABSTRACT

Obsessive-compulsive and depressive symptoms are frequent in both schizophrenia and the prodromal period of schizophrenia. Our aim is to assess obsessive compulsive and depressive symptoms and their relationship with global functioning and cognitive functions in individuals with Ultra High-Risk (UHR) for psychosis. The participants will be administered the Brief Psychiatric Rating Scale, the Scale for the Assessment Of Negative Symptoms, the Scale for the Assessment Of Positive Symptoms, the Yale-Brown Obsession Compulsion Scale- Symptom Check List, the Calgary Depression Scale for Schizophrenia, the Global Assessment of Functioning scale and cognitive tests.

ALPARSLAN CANSIZ

First name	Alparslan
Family name	Cansiz
Institute	Bakirkoy Mental Health Research and Training, State Hospital
City	İstanbul
Country	Türkiye

ABSTRACT

Now; I involved a project that investigates correlation between alcohol craving and a new anorexigenic molecule nesfatine 1. In this study we measure nesfatine in the blood before and after admission our hospital.

The next project; I want to determine Turkish general practitioners' attitude on antidepressant prescription. I hope that this study give an opinion about Turkish antidepressant prescription and it could be useful for politics about this field

Also I interest about affective disorders and genetics. I would do research this topic in future

SEVDENUR CANSIZ

First name	Sevdenur
Family name	Cansız
Institute	Bakırkoy Mental Health Research and Training, State Hospital
City	İstanbul
Country	Türkiye

ABSTRACT

ADHD is my special interest. I'm investigating the marital relationship in patients with ADHD. I also have a deep interest regarding psychiatry stigma. Simultaneously I have a study based on it where I focus on stigma in health care workers with my colleagues. My purpose is to promote psychiatric patients to the community with real sense and ensuring they are intertwined with society. At the same time, informing patients associated with annoying metabolic syndrome and ways to avoid this which will allow us to strengthen teamwork.

ZELİHA CENGİZ

First name	Zeliha
Family name	Cengiz
Institute	Sisli Etfal Education and Research Hospital
City	Istanbul
Country	Turkey

ABSTRACT

Relation between 25-hydroxyvitamin D levels and bipolar mood disorder symptomatology

Background: It has been shown that there is an association between mood disorders and low 25-hydroxyvitamin D levels.

Aim: The primary objective in this study is to determine effects of vitamin D levels on bipolar disorder symptomatology.

Methods: Bipolar mood disorder patients that hospitalized between October and December 2014 will be enrolled in the study. Hamilton Depression Rating Scale, Brief Psychiatric Rating Scale and Young Mania Rating Scale will be applied and their serum levels of 25-hydroxyvitamin D will be measured.

DENİZ CEYLAN TUFAN ÖZALP

First name	Deniz
Family name	Ceylan Tufan Özalp
Institute	Gümüşhane State Hospital
City	Gümüşhane
Country	Turkey

ABSTRACT

A comparative study of neurocognitive functions in manic patients with bipolar disorder and symptomatic patients with schizophrenia Background: Comparative studies focusing on neurocognitive functioning in schizophrenia and bipolar disorder assessed asymptomatic patients and showed milder impairment in bipolar disorder. It is unclear whether the neurocognitive impairment differs in acutely ill patients. Objective: To verify whether there are differences in cognitive performance among manic patients with bipolar disorder (BPI-M) and symptomatic patients with schizophrenia (Sch-S). Methods: Several domains of cognitive functioning were examined in 31 healthy controls, 32 BPI-M and 34 Sch-S (unremitted according to Andreassen et al. criteria). Results: Both Sch-S and BPI-M presented impairment in all neurocognitive tasks compared to HC. In several tasks (including executive, verbal memory, verbal fluency, visual memory), BPI-M performed significantly better than Sch-S. Conclusion: Our findings suggest that bipolar patients

UGUR CIKRIKCILI

First name	Ugur
Family name	Cikrikcili
Institute	Istanbul University, Istanbul Faculty of Medicine
City	Istanbul
Country	Turkey

ABSTRACT

The Relationship Of Obsessive-Compulsive Symptoms With Clinical Variables And Cognitive Functions In Individuals With Ultra High-Risk For Psychosis

This is a cross-sectional study that will conduct in Istanbul Faculty of Medicine, Psychotic Disorders Research Program. Sixty individuals with UHR will consecutively recruit. We will use the previously defined criteria to identify individuals at UHR. The individuals are defined as UHR if they met the criteria of at least one of the following conditions; 1) Brief, limited intermittent psychotic symptoms (BLIPS), 2) Attenuated psychotic symptoms. 3) Family risk with reduced functioning.

In this study we will analyse the frequency of obsessive-compulsive symptoms in individuals with UHR. We also measure cognitive performances of these individuals and analyse differences between those with and without obsessive-compulsive symptoms. We can hypothesize that obsessive-compulsive symptoms are frequent among individuals at UHR for psychosis and that there are differences in clinical variables and cognitive functions in the OCS subgroup.

İBRAHİM DEMİR

First name	İbrahim
Family name	Demir
Institute	Ankara University Faculty Of Medicine
City	Ankara
Country	Turkey

ABSTRACT

We are planning to conduct a research about consistency of pre-diagnosis of our doctors and diagnosis of doctors who consult to our doctors as well as their distribution to departments in Ankara University Department of Psychiatry Cosultation. This work will be prepared by last year's computer database of two assistans one expert doctor and professor.

MEHMET EMIN DEMIRKOL

First name	Mehmet Emir
Family name	Demirkol
Institute	Cukurova University Faculty Of Medicine
City	Adana
Country	TURKEY

ABSTRACT

Assessment of Suicidal Behavior in Bipolar Disorder

Cukurova University Faculty of Medicine Department of Psychiatry

Objective: Suicide is a common result of psychiatric disorders and patients with bipolar disorder have suicidal ideation and attempt suicide more than normal population. History of suicide attempt, personality traits such as aggressiveness and impulsivity, comorbid psychiatric disorders, history of childhood sexual or physical abuse is associated with higher risk of suicide in bipolar patients. The aim of this study was to determine the relation between suicidal behavior, impulsivity and the history of childhood abuse in patients with bipolar disorder and to evaluate their sociodemographic and clinical features.

Method: A total of 91 patients aged 18-65 who were monitored regularly in our Bipolar Disorder Unit, in a six month period were included in the study. A demographic data form has been completed. The Structured Clinical Interview for Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-4) I and II was used to determine comorbid axis I and axis II psychiatric disorders. All patients were euthymic and Young Mania Rating Scale and Hamilton Depression Rating Scale were used to exclude manic and depressive state. Impulsivity was measured with the Barratt Impulsiveness Scale Version 11 (BIS-11). Besides, Suicidal Behavior Scale and Childhood Trauma Questionnaire were used. All psychometric instruments were completed after face to face evaluation of patients and their significant others.

Results: The majority of the sample was female (57.1 %), had a high school education (72 %), were employed (89 %) and had mid-level socioeconomic status (78 %). The mean age of participants was 36.67 ± 10.49 years. 93.4 % of patients were diagnosed as Bipolar I and others as Bipolar II Disorder. The lifetime prevalence rate of at least one suicide attempt was 43.9 % 95% of the patients who attempted suicide were diagnosed as Bipolar I Disorder. The suicide attempters were found to have more depressive and mixed episodes, residual symptoms and impaired functionality between episodes and more psychotic features. The prevalence rate of psychiatric disorders was 45 % and panic disorder was the most common Axis I psychiatric disorder in attempter group. Psychiatric disorders especially mood disorders were also common in their relatives. Although there was no statistically significant difference between genders, 62.5 % of suicide attempters were female and the most common suicide method was drug overdose. There was no statistically significant difference between suicide attempter and non-attempter group in total BIS-11 and Childhood Trauma Questionnaire scores. Suicidal Behavior Scale scores were higher in suicide attempter group.

Conclusion: Suicide is the most common reason of premature death in bipolar disorder. Results of this study reveals that the first episodes, depressive and mixt episodes, residual symptoms, psychotic features, frequent episodes are risk factors for suicide in bipolar patients. Therefore, patients with these risk factors should be carefully monitored to reduce the incidence of suicide attempts.

References

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3. Jamison KR, 2000. Suicide and bipolar disorder. *J Clin Psychiatry*. 61, 47-51.

FATMA DOĞAN

First name	Fatma
Family name	Doğan
Institute	Haydarpaşa Numune Eğitim ve Araştırma Hastane
City	Istanbul
Country	Turkey

ABSTRACT

I am in the tenth month of residency. I'm thinking of choosing a specialty in psychiatry, Especially in the biological psychiatry. I am also interested in bipolar disorders, there is the important point of the fact that psychoeducation in the bipolar disorder. I am planning the new researches of the psychoeducation bipolar disorders and the preventing bipolar disorder

EMRAH ABDULLAYEV

First name	Emrah
Family name	Abdullayev
Institute	Ankara University
City	Ankara
Country	Turkey

ABSTRACT

Deficit in facial affect recognition is a well-documented impairment in schizophrenia, closely connected to social outcome. This deficit could be related to psychopathology, but also to a broader dysfunction in processing facial information. The ability to recognize emotion on the basis of facial expressions is an important component of emotional intelligence. Correct identification of facial mimics is a crucial element of nonverbal communication and it facilitates the processes of social cognition. Affect recognition has important role in socialization and interpersonal relationships. Numerous empirical studies have proven that facial emotion recognition is disordered in schizophrenia. Some studies suggested that reduction of affect recognition capacity are related with the duration of illness. The impairment of social cognition, including facial affects recognition, is a well-established trait in schizophrenia, and specific cognitive remediation programs focusing on facial affects recognition have been developed by different teams worldwide. However, even though social cognitive impairments have been confirmed, previous studies have also shown heterogeneity of the results between different subjects. Aim of our study is examine relation between the ability to recognize facial affect recognition, frontal cortex activity and theory of mind dysfunction.

MEHMET DİYADDİN GÜLEKEN

First name	Mehmet Diyaddin
Family name	Güleken
Institute	Şişli Hamidiye Etfal Training and Research Hospital
City	Istanbul
Country	Turkey

ABSTRACT

Objective: Schizophrenia is a debilitating, chronic psychiatric disease that affects approximately 1% of the population. With progression of the disease, cognitive loss increases. Cognitive deficits in schizophrenia are among the strongest predictors of the functional abilities of patients. Although numerous antipsychotic medications are effective in treating positive symptoms, they do not have beneficial effects on cognition. Recently, repetitive transcranial magnetic stimulation (rTMS) has been proven as practical and secure treatment modality that may have some positive cognitive effects on cognitive functions, such as working memory, in schizophrenia. The primary objective of this study is to explore the effects of bilateral high frequency rTMS on cognitive functions. The secondary objective is to examine potential improvement in cognitive functions with rTMS by comparing patient performance with that of a healthy comparison group.

Method: In a 4-week randomized double-blind sham-controlled study design, 21 medicated schizophrenia patients were tested at the Şişli Hamidiye Etfal Training and Research Hospital, between January and July 2014. Patients performed Wisconsin Card Sorting Test (WCST), Stroop Test (ST) and Digit Span Task (WMS-DS) before and after rTMS targeted bilaterally sequentially to left and right dorsolateral prefrontal cortex 1000 pulses/side at 20 Hz for 20 treatments. For comparison, the healthy group was also tested WCST, ST and WMS-DS once.

Results: In this study, SPSS for Windows (Windows için, SPSS inc., IL, ABD) has been used for analysis. Descriptives of all groups will be given. Treatment and healthy groups will be examined by ANOVA test. Significance level is $\alpha < 0,05$.

TUFAN GÜNEŞ

First name	Tufan
Family name	güneş
Institute	Haydarpaşa numune hospital
City	istanbul
Country	turkiye

ABSTRACT

We re at the beginning research of the obese and the association with the attention deficit and hiperactivity disorder, also study on the resaerch of the the parents behaviors and young schematic measurements scale on the attention deficit hiperactivity disorder (we have kept 32 patients with adhd up to now)

Before i had a case report of the 82 year old man suicidal attempt with the cyanur enjection and it was published in the 5 th of the pschyopharmacological congress

EZGİ HANCI

First name	Ezgi
Family name	Hancı
Institute	Pamukkale University
City	Denizli
Country	Turkey

ABSTRACT

Cognitive impairment is significant in schizophrenia. In studies it is shown that there are impairments in attention, memory, speed of learning and working memory. Making researches in those fields will help psychiatrists to understand better of the etiological models and find new treatment options especially in functionality in patient suffering from psychotic disorders.

In this study we tried to focus on the working memory problems in patients with schizophrenia and schizoaffective disorder. We applied a computer test about situational awareness to 30 patients. We tried to investigate the problems about perception and also the processes of working memory in those patients.

GÖKBEN HIZLI SAYAR

First name	Gökben
Family name	Hızlı Sayar
Institute	Uskudar University
City	Istanbul
Country	Turkey

ABSTRACT

Neuroimaging studies suggest that auditory hallucinations of speech arise, at least in part, from activation of brain areas underlying speech perception. Low-frequency repetitive transcranial magnetic stimulation (rTMS) produces sustained reductions in cortical activation. I will describe a 48 years old male patient with a diagnosis of schizophrenia with chronic auditory verbal hallucinations that were resistant to antipsychotic medications and electroconvulsive treatment. One-hertz rTMS was administered over 10 days targeting areas of left temporoparietal cortex (LTPC). rTMS was well tolerated, without evidence of neuropsychological impairment. Patient maintained improvement for at least 16 weeks. Low rTMS of LTPC warrants further study as an intervention for auditory hallucinations.

ŞEVİN HUN

First name	Şevin
Family name	Hun
Institute	Hacettepe University Faculty of Medicine
City	Ankara
Country	Turkey

ABSTRACT

“Demographic and Clinical Features of Schizophrenia Patients Under Clozapine Treatment and Clozapine’s Effect on Sensory Gating”- A Retrospective, Cross-Sectional and Prospective Research Project

Şevin Hun, Gamze Bostankolu, Elif Anıl Yağcıoğlu, Aygün Ertuğrul

Hacettepe University Faculty of Medicine Department of Psychiatry

Abstract: Clozapine, an atypical antipsychotic agent, is considered as the golden standard medication for the treatment resistant schizophrenia patients (1). But its effects on cognitive failure and negative symptoms has not been clarified yet.

Former investigations was held to specify to factors which could be related to response with clozapine treatment and clinical variables. The main clinical variables can be classified as clozapine blood level, pharmacokinetics of clozapine, biochemical markers, electrophysiological evaluation, genetic features and imaging findings (2).

The other aspects of clozapine treatment evaluations are focused on hospitalization requirement, suicide attempt, quality of life, effects on cognitive functions and electrophysiological changes (3-7). Inconsistent research findings were presented about these clinical features.

This study’s aim is to specify the demographic and clinical features of schizophrenia patients under clozapine treatment by clinical scales, cognitive battery and a questionnaire which is prepared for this study. The other aim is to evaluate the clozapine’s effect on sensory gating by p50 measure. 200 patient is planned to be collected for the study which is going to be launched in November 2014.

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DAMLA İNHANLI

First name	Damla
Family name	İnhanlı
Institute	Istanbul üniversitesi Istanbul tıp fakültesi
City	İstanbul
Country	Türkey

ABSTRACT

Obsessive-compulsive and depressive symptoms are frequent in both schizophrenia and the prodromal period of schizophrenia. Aim of this study is to assess obsessive compulsive and depressive symptoms and their relationship with the severity of positive and negative psychotic symptoms, global functioning and cognitive functions in individuals with Ultra High-Risk (UHR) for psychosis.

Individuals were administered the Brief Psychiatric Rating Scale-expanded (BPRS-expanded), the Scale for Assessment of Negative Symptoms(SANS), the Scale for Assessment of Positive Symptoms(SAPS), the Yale Brown Obsession Compulsion Scale-Symptom Checklist (YBOCS-SC), the Calgary Depression Scale for Schizophrenia(CDSS), Global Assessment Of Functioning scale and a neurocognitive battery that assessed attention, verbal learning, working memory and executive functions.

DUYGU KABA

First name	Duygu
Family name	Kaba
Institute	Ankara University Faculty of Medicine
City	Ankara
Country	Turkey

ABSTRACT

We are planning to conduct a research about consistency of pre-diagnosis of our doctors and diagnosis of doctors who consult to our doctors, as well as their distribution to departments, in Ankara University Department of Psychiatry Consultation. This work will be prepared by last year's computer database of two assistants, one expert doctor and a professor.

NECLA KESKİN

First name	Necla
Family name	Keskin
Institute	Cukurova University
City	Adana
Country	Turkey

ABSTRACT

Liver Transplantation in a Paranoid Schizophrenic Patient: A Case Report

Introduction: Solid organ transplantation is an effective treatment modality for end-stage organ failure. The psychosocial evaluation is an important part of the transplantation process because being mentally ill is associated with higher mortality and morbidity rates. Although none of the psychiatric disorders is an absolute contraindication for organ transplantation, some of the transplantation programs exclude patients with active schizophrenia, even some also exclude patients with controlled schizophrenia. Suicidal ideation and history of multiple suicide attempts should also be excluded in most of transplantation programs. It's known that schizophrenic patients have higher mortality rates than normal population and suicide is the most common reason of premature death in schizophrenia. The absence of standardized guidelines, especially in emergency situations like fulminant hepatic failure, the decision for transplantation is made due to limited data depending on case reports. In this report, the ethics, treatment and adherence to medications is discussed through a case who had been diagnosed as schizophrenia and developed liver failure after suicide attempt and went through liver transplantation.

Case: 23-year-old male patient has been followed up with the diagnosis of paranoid schizophrenia since he was 17 years old. He had reference and persecution delusions and treated with olanzapine in the past. His adherence to medications was poor and admitted to a psychiatric hospital twice. In one of this hospital admissions 7 sessions of electroconvulsive therapy (ECT) was administered. One month after discharge from hospital he discontinued his prescribed medications. The symptoms relapsed and he attempted suicide because of delusions of persecution. Once he jumped from the second floor of his house and in the second time he drank fire-cracker. Fulminant hepatic failure was developed after his last suicide attempt and was referred to our hospital for liver transplantation. In his emergency psychiatric assessment the patient was evaluated as "psychotic episode with complete remission" based on history taken from his family. Liver transplantation was performed. However after his vital signs stabilized, he developed psychotic symptoms which resulted in introduction of amisulpirid 800 mg/day and haloperidol 10 mg/day treatment. He was also receiving tacrolimus 1 mg/day and ursodeoxycholic acid. His adherence to antipsychotic medications was poor. He experienced persecutory delusions and attempted suicide after transplantation and was admitted to our clinic for psychotic exacerbation. Liver function tests were normal in his admission. His medications were maintained. He had extrapyramidal symptoms and biperiden 4 mg/day treatment was started. Because of treatment noncompliance zuclopenthixol depot and zuclopenthixol 25 mg/day (po) treatment was scheduled. Biperiden and haloperidol was discontinued gradually. As his liver function test levels elevated, he was referred to the transplantation clinic with a pre-diagnosis of subacute transplant rejection. Liver function enzymes decreased but his compliance with antipsychotic medications was poor. Psychotic symptoms exacerbated and he died after a suicide attempt.

Conclusions: Suitability of patients with major mental illnesses such as schizophrenia is controversial in solid organ transplantation. Treatment noncompliance and neuropsychiatric effects of immunosuppressive medications are main arguments against transplantation in this population. Active schizophrenia, history of multiple suicide attempts and treatment noncompliance, the absence of social support is associated with poorer outcome. There are patients dying on the waiting list without obtaining a transplant so patients should be chosen carefully according to standardized and effective selection criteria.

PINAR KIZILAY

First name	Pınar
Family name	Kızılay
Institute	Karadeniz Technical University
City	Trabzon
Country	Turkey

ABSTRACT

Varenicline is an alpha 4 beta 2 nicotinic receptor partial agonist with dopaminergic effects, approved for smoking cessation. There are case reports of exacerbation of mental illness and development of psychiatric symptoms with Varenicline use.

A 48 year old woman who was in antidepressant treatment with 100 mg/day sertraline for 2 years and was euthymic for last 18 months. She never had symptoms of mania or hypomania. She was given a prescription by her doctor for Varenicline. She had no mood or behaviour changes during 12-week treatment period. Four days after discontinuation of Varenicline therapy; she had admitted hospital with diagnosis of mania with psychotic features. In this case we can suspect Varenicline withdrawal may have contributed to the emergence of mania however this has not been reported in the literature. Also it's possible that antidepressant-like properties of Varenicline, may have potentiated the effect of sertraline and a manic shift occurred.

BURCU KÖK

First name	Burcu
Family name	Kök
Institute	Bakırköy Mental Health Research and Training Hospital
City	Istanbul
Country	Turkey

ABSTRACT

Serologic Markers Of Cognitive Function After Brain Surgery

Cerebral damage remains one of the hazards related to brain surgery. The use of biochemical markers of cerebral injury may be of practical value. The communication between neurocognitive function and neuron specific enolase (NSE), Tau ,S-100 protein was exhibited in cardiac surgery. We will investigate the plasma release patterns of these markers during the intervention and their relationship with the development neurocognitive deficits assessed 6 months after the intervention in 50 patients undergoing brain surgery. We will also assess the measurement of cognitive function using with MOCA scale pre and postoperatively (1-2)

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FİLİZ KULACAOĞLU

First name	Filiz
Family name	Kulacaoglu
Institute	Bagcilar training and research hospital
City	Istanbul
Country	Turkey

ABSTRACT

Comparison of the effect of paroxetine on semen parameters in patients with premature ejaculation

Adverse effects of antidepressant drug treatment on sexual function are well documented but the effects of antidepressants on sperm production have not been researched extensively.

Premature ejaculation (PE), the most common sexual dysfunctions in men, is characterized by loss or absence of ejaculatory control. Although no drug for PE has been approved by regulatory bodies, chronic selective serotonin reuptake inhibitors (SSRIs) proved to be effective in treating lifelong PE. Despite the rising use and known effects of antidepressants on ejaculation, only a few reports have evaluated the impact of these drugs on the male fertility. Thus, the aim of this review is to evaluate the efficacy and adverse effects of 'paroxetine' on semen parameters of patients with lifelong PE .

ZEYNEP NAMLI

First name	Zeynep
Family name	Namli
Institute	Cukurova University Medical Faculty
City	Adana
Country	Turkey

ABSTRACT

Sexual functions and Marital satisfaction in Bipolar Disorder

Aim of our study is to investigate the sexual functions, marital satisfaction and associated clinical and sociodemographic variables among patients with bipolar disorder who are regularly followed in bipolar disorders outpatient unit. In this study, fifty patients with bipolar disorder are compared with fifty healthy volunteers. Sexual function and marital satisfaction is evaluated by using Turkish version of Golombok- Rust- Sexual Satisfaction Inventory, Arizona Sexual Experiences Scale and Dyadic Adjustment Scale. For the effect of psychiatric drugs, we are using UKU- Side Effect Rating Scale. We haven't completed our study yet so we haven't study's results.

NEVLİN ÖZKAN

First name	Nevlin
Family name	Özkan
Institute	Trakya University School of Medicine
City	Edirne
Country	Turkey

ABSTRACT

Practice of Electroconvulsive therapy between the years of 2012-2013 at a university hospital in Turkey

Nevlin Özkan, Yasemin Görgülü, Rugül Köse Çınar, Bülent Sönmez

Trakya Üniversitesi, Psikiyatri Ana Bilim Dalı, Edirne

Objective: In this study we aimed to evaluate inpatients that underwent ECT at a university hospital comprehensively.

Method: The patients who were hospitalized and treated with ECT in the psychiatry clinic of Trakya University School of Medicine were included in this study. The data were evaluated from the patients files retrospectively. The data were analyzed in the SPSS20 programme.

Results: 50 patients were treated with ECT between 2012-2013 and of the 50 patients, the most common diagnosis for the application was unipolar depression with psychotic symptoms. Average duration of seizures was $26,2 \pm 7$ sec, the average number of ECT was $10,1 \pm 4,2$ and these have not shown difference according to the diseases. ECT practice rate was %7,7 among the inpatients and complication rate was found %4.

NEŞE ÖZTÜRK ATKAYA

First name	Neşe
Family name	Öztürk Atkaya
Institute	Pamukkale University
City	Denizli
Country	Turkey

ABSTRACT

In this study, we aimed to evaluate the impulsivity, aggression, personality and character traits with Obsessive Compulsive Disorder, Panic disorder, Generalized Anxiety Disorder. The sample consisted was 112 individuals, of these 29 Obsessive Compulsive Disorder, 18 Panic Disorder, 14 Generalized Anxiety Disorder and 49 control groups. Participants were evaluated with Hamilton Anxiety Rating Scale, Buss-perry, Barrat Impulsivity Scale (BIS-11), Temperament and Character Inventory, Verbal and Nonverbal Cancellation tests. Data collection is continuing.

EFRUZ PİRDOĞAN AYDIN

First name	Efruz
Family name	Pirdoğan Aydın
Institute	Şişli Hamidiye Etfal Training and Research Hospital
City	Istanbul
Country	Turkey

ABSTRACT

We have been planning a naturalistic, prospective research about Major Depressive Disorder (MDD) patients who are diagnosed according to DSM-5 criteria. 500 MDD outpatients will be involved in this study and be followed for 5 years (0, 1th, 3rd, 6th, 12th, 24th, 36th, 48th, 60th month). We aim to diagnose the MDD subtypes (anxious, atypical, mixed, psychotic, melancholic, seasonal, peripartum) in each patient and follow the treatment efficacy, remission and residual symptoms in each subtype.

NILAY SEDES

First name	Nilay
Family name	Sedes
Institute	Ankara University Faculty of Medicine
City	Ankara
Country	Turkey

ABSTRACT

The transformation rate to dementia of Patients resorting to Ankara University Medical Faculty psychiatry department geropsychiatry ward and patients diagnosed with mild cognitive impairment (mci) after two years of observation is aimed. This Research is planned to be done by scanning the files retrospectively. Patients observed between the years of 2012 and 2014 and have at least four neuropsychologic test results are planned to include in this research.

ZÜMRÜT DUYGU ŞEN

First name	Zümrüt Duygu
Family name	Şen
Institute	Hacettepe University Faculty of Medicine
City	Ankara
Country	Turkey

ABSTRACT

Polypharmacy in the Treatment of Bipolar Affective Disorder Among Inpatients

Polypharmacy is escalating, becoming an everyday practice as 25–50% of bipolar patients are prescribed three or more agents simultaneously. In this study, records of 134 inpatients admitted with a diagnosis of bipolar affective disorder in 2004 (n=75) and 2012 (n=54) were evaluated retrospectively. There was no significant difference between polypharmacy ratios but antipsychotic prescription was significantly higher in 2012 ($g_{2004}=\%60$, $g_{2012}=\%78.4$, $p<0.05$). This finding, taken together with evidence suggesting the increasing use of multiple psychotropic drugs is alerting, as drugs like antipsychotics have potential harmful long-term side effects.

PELİN TAŞ

First name	Pelin
Family name	Taş
Institute	Trakya University School of Medicine
City	Edirne
Country	Turkey

ABSTRACT

I am studying on a case report about 57 year old woman who had delusional disorder and treated with zuclopentixol enjection. After the enjection, as a side effect acathisia has seen and due to acathisia she lost her functionality and developed malnutrition and then Wernicke ensefalopathy has seen.

I am studying a project about preictal, ictal and postictal heart rate changes in complex partial seizures and psychogenic seizures.

HALİDE BİLGE TÜRKÖZER

Firstname	Halide Bilge
Familyname	Türközer
Institute	Marmara University School of Medicine
City	İstanbul
Country	Turkey

ABSTRACT

The prediction of psychosis and related psychopathology has become an important focus in schizophrenia research. Schizophrenia is associated with a number of abnormalities in visual perception including motion processing. Lately, it has been shown that patients with schizophrenia exhibited abnormally weak surround suppression in motion. The aim of the research is to evaluate the potential value of motion surround suppression as a vulnerability marker in schizophrenia. We will address this issue by evaluating motion surround suppression in schizophrenia patients, their first degree relatives and control subjects. We will investigate correlations of motion surround suppression with clinical presentation, symptom severity and schizotypal features.

ECE TÜRKYILMAZ UYAR

First name	Ece
Family name	Türkyılmaz Uyar
Institute	Şişli Hamidiye Etfal Training and Research Hospital
City	Istanbul
Country	Turkey

ABSTRACT

Obsessive Compulsive Disorder: Subtypes, Severity and Sexual Dysfunction

Türkyılmaz-Uyar E, Pirdoğan E, Günday-Toker Ö, Çakmak E, Özer ÖA, Karamustafaloğlu KO

Objectives: In this study we assessed if the sexual dysfunctions differed according to the severity and subtypes of obsessions and compulsions in OCD patients, either with a comorbid Major Depression or alone.

Method: 68 OCD outpatients were evaluated with SCID-I, sociodemographic form, Arizona Sexual Experiences Scale (ASEX), Yale-Brown Obsessive Compulsive Scale (YBOCS) and YBOCS checklist.

Results: 60,3% (n=41) of the patients had sexual dysfunction (SD) and 39,7% (n=27) had not. Sexual dysfunction was significantly higher in women (67,9%) than in men (33,3%). Medication or YBOCS severity did not affect sexual dysfunction. The relation between sexual dysfunction and the fear of contamination was significant even after excluding comorbid MD.

Conclusion: OCD patients, especially the ones with the fear of contamination should be carefully assessed for sexual dysfunction even before any medication.

BAŞAK TÜZÜN MUTLUER

First name	Başak
Family name	Tüzün Mutluer
Institute	Haydarpaşa Numune Training Hospital
City	Istanbul
Country	Türkiye

ABSTRACT

Clozapine Induced Toxic Hepatitis

Clozapine when synthesized in 1960 was referred as atypical antipsychotic due to barely caused catalepsy in rodents. Currently, it is generally considered only for use in patients with treatment-refractory schizophrenia because of its more serious side effect profile. Although the main factor that limits its use is potential serious side effect of agranulocytosis, fatal acute fulminant hepatitis has been documented(1)(kemler, dorta).

Hepatic injury owing to clozapine use, had been accepted harmless and transient side effect by authors. Clozapine induced hepatic damage may be in consequence of a metabolic idiosyncrasy or an imunoalergic reaction, the etiology still remains unclear (2,3). Taylor. D and friends has reported that clozapine-induced hepatic damage can be mortal and recommend that LFT has to be monitorized closely (4).

This case report presents a patient with Tardive Dyskinesia who had hepatotoxicity after switching to clozapine treatment.

PELİN ÜNALAN

First name	Pelin
Family name	Ünalan
Institute	Bakırköy Mazhar Osman Mental Health and Neurological Diseases Education and Research Hospital
City	İstanbul
Country	Turkey

ABSTRACT

When Will Psychiatric Disorder Be Diagnosed With Laboratory Assessment?

Mounting evidence suggests a chronic pro-inflammatory state in individuals with schizophrenia, bipolar disorder and depression (1). Stress exposure is known to exacerbate several inflammatory conditions as well as psychiatric disorders. We will analyze plasma levels of pro-inflammatory cytokines (IL-1, IL-6, IL-33, TNF alfa), CRP, BDNF, ratio of neutrophil and leucocyte (2-3-4). We'll investigate 100 patients in each three disorder group pre and post treatment. The aim of our study is to measure relationship between psychiatric disorders and inflammatory processes and therapeutic approaches, not only for further research in understanding the exact pathological mechanisms but also for the development of preventive strategies in high risk individuals and in patients.

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MELİS ÜNLÜ

First name	Melis
Family name	Ünlü
Institute	Bağcılar training and research hospital
City	Istanbul
Country	Turkey

ABSTRACT

Prodromal treatment for schizophrenia, prevention of disease

Prodromal symptoms can be defined retrospectively in patients who have developed schizophrenia, they have to be confirmed as early predictors in prospective and longitudinal studies. Advances in brain imaging have now led to the identifications of a great number of brain abnormalities in schizophrenia patients. The genetic predispositions for schizophrenia have been confirmed in many studies. Despite many studies there is currently no specific method for early diagnosis and prevention of schizophrenia. Preventive treatment interventions for schizophrenia is unlikely to be applied to entire community. Can asymptomatic and high risk patients be distinguished by using genetic or neuro imaging techniques? It is well proven that antipsychotic agents are prevent the symptoms and recurrent of schizophrenia. Is it possible to prevent the high risk patients in pre symptomatic period from the progression of schizophrenia with these agents?

AYŞE DİLARA YALÇIN

First name	Ayşe Dilara
Family name	Yalçın
Institute	Kocaeli Üniversitesi
City	Kocaeli
Country	Turkey

ABSTRACT

Erasmus+ 2014 Key Action 2 (KA2), Strategic Partnerships Project Outcome of selection process

Project Name

When Looks Get in the Way: Optimising patient outcomes through the training of health care professionals adlı projeye katılmaktayım.

ALİŞAN YAŞAR

First name	Alişan
Family name	Yaşar
Institute	Haydarpaşa Numune Eğitim Ve Araştırma Hastanesi
City	Istanbul
Country	Turkey

ABSTRACT

In my education life i was in many organisations and competitions as in active way.

I was in many educational programmes of Türkish Pschiatric Organisation.i choose one specific way of pschiatry,especially in depression disorders and somatic disorders.in the 10 th month of my residency,i proceeded a research of the influence of the ECT through the depression patients with psychotic. We re still on the research.

ÖZGE YÜKSEL

First name	Özge
Family name	Yüksel
Institute	Bakırköy Mental Health Research and Training Hospital
City	Istanbul
Country	Turkey

ABSTRACT

Psychiatric And Cognitive Impairment In Patients After Brain And Cardiac Surgery

A few researches have shown that cardiac and brain surgery may account complications such as cognitive impairment, depression, anxiety and post traumatic stress disorder. In this study we will investigate 100 patients in each two clinic before and after operation for 6 months follow up, using Beck depression-anxiety inventory scale, Montreal cognitive assessment, traumatic experince information form and health-related quality of life (HRQoL) . The aim of the research is to recognize of psychiatric disorders and treat these patients earlier in post-operational period for increasing quality of life and decreasing morbidity.

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List of Participants

Nr.	Last name	First name	City	Email
1	Adali Aker	Derya	Istanbul	dryadali@yahoo.co.uk
2	Akansel	Aysun	Istanbul	draysak@gmail.com
3	Akbiyik	Meral	Ankara	akbiyikmeral@gmail.com
4	Akisik	Selin	Istanbul	selin2357@hotmail.com
5	Aslan	Herdem	Istanbul	herdemaslan@gmail.com
6	Aydin	Burc	Izmir	burcaydin@gmail.com
7	Bahtiyar	Gökhan	Aydin	gokhanbahtiyar13@hotmail.com
8	Bal	Nese Burcu	Ankara	neseburcutepe@gmail.com
9	Baran	Elif	Istanbul	drelifbaran@gmail.com
10	Barut	Merve	Istanbul	dr.mervebarut@hotmail.com
11	Bülbül	Öznur	Istanbul	oznurtabak@gmail.com
12	Caglar	Nuran	Istanbul	caglarnuran@hotmail.com
13	Cansiz	Alparslan	Istanbul	alpcan2861@gmail.com
14	Cansiz	Sevdenur	Istanbul	sevdenurkahraman@gmail.com
15	Cengiz	Zeliha	Istanbul	zlhcnzg@hotmail.com
16	Ceylan	Deniz	Gumushane	denizeylandr@gmail.com
17	Cikrikcili	Ugur	Istanbul	ugur@cikrikcili.com
18	Demir	Ibrahim	Ankara	ibrahimdemir402@hotmail.com
19	Demirkol	Mehmet Emin	Adana	mehmetemindemirkol@gmail.com
20	Dogan	Fatma	Istanbul	ftm_khy@hotmail.com
21	Emrah	Abdullayev	Ankara	amrah.abdullayev@gmail.com
22	Guleken	Mehmet Diyaddin	Istanbul	mdguleken@gmail.com
23	Gunes	Tufan	Istanbul	tufangunes84@hotmail.com
24	Hanci	Ezgi	Denizli	ezgihan10@hotmail.com
25	Hizli Sayar	Gökben	Istanbul	gokben.hizlisayar@uskudar.edu.tr
26	Hun	Sevin	Ankara	sevinhun@gmail.com
27	Inhanli	Damla	Istanbul	damla.inhanli@hotmail.com
28	Kaba	Duygu	Ankara	duygukaba72@gmail.com
29	Keskin	Necla	Adana	neclakeskin@yahoo.com.tr
30	Kizilay	Pinar	Trabzon	pkizilay@gmail.com

List of Participants

31	Kok	Burcu	Istanbul	kokburcu@gmail.com
32	Kulacaoglu	Filiz	Istanbul	fkulaca@gmail.com
33	Namli	Zeynep	Adana	zeynepnamli@hotmail.com
34	Özkan	Nevlin	Edirne	nevlin_ozkan@hotmail.com
35	Öztürk Atkaya	Nese	Denizli Merkez	quercus@windowslive.com
36	Pirdogan Aydin	Efruz	Istanbul	efruzpirdogan@gmail.com
37	Sedes	Nilay	Ankara	nilaysedes@gmail.com
38	Sen	Zümürüt Duygu	Ankara	zumrutduygusen@gmail.com
39	Tas	Pelin	Edirne	t_pelin_t@hotmail.com
40	Türközer	Halide Bilge	Istanbul	bilge.turkozer@gmail.com
41	Türkyilmaz Uyar	Ece	Istanbul	dreceturkyilmaz@gmail.com
42	Tüzün Mutluer	Basak	Istanbul	basak_tuzun@yahoo.com
43	Ünalın	Pelin	Istanbul	pelinunalan@hotmail.com
44	Ünlü	Melis	Istanbul	melis.unlu3@gmail.com
45	Yalcin	Ayşe Dilara	Kocaeli	adyalcin@gmail.com
46	Yasar	Alisan	Istanbul	burakyasar54@hotmail.com
47	Yüksel	Özge	Istanbul	ozge_yksl@yahoo.com