



SOCIETY of NEUROSCIENCES  
& REHABILITATION



WORLD PSYCHIATRIC  
ASSOCIATION



3<sup>rd</sup> Department of  
Psychiatry, School  
of Medicine AUTH

Under the auspices



School of Medicine  
Aristotle University of Thessaloniki

8<sup>th</sup> Congress on  
**Neurobiology,  
Psychopharmacology  
& Treatment Guidance**

ICNP 2023

2023

February  
**17<sup>th</sup> - 19<sup>th</sup>**

Porto Palace Hotel  
**Thessaloniki**  
**Greece**

[www.psychiatry.gr](http://www.psychiatry.gr)

**Final Program**

# ΣΧΙΖΟΦΡΕΝΕΙΑ:

## ΔΩΣΤΕ ΤΟΥ ΤΗΝ ΟΛΟΚΛΗΡΩΜΕΝΗ ΦΡΟΝΤΙΔΑ ΠΟΥ ΤΟΥ ΑΞΙΖΕΙ



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Συνδεθείτε με τη ΦΑΡΜΑΞΕΡΒ-ΛΙΛΛΥ στα κοινωνικά δίκτυα





Dear colleagues,

It's a great pleasure to welcome you to the **8th Congress on Neurobiology, Psychopharmacology and Treatment Guidance** which will be held on **February 17<sup>th</sup>-19<sup>th</sup> 2023 in Thessaloniki, Greece.**

With the COVID-19 pandemic coming slowly at its end, and with all the devastation and challenges it produced, but with the new challenges imposed by the war and the global recession, we are resuming our efforts with this 8th Congress which again aims at being valuable for the clinicians who fight daily in the front line for the treatment of real-world patients. In this frame, our goal is to provide a global and comprehensive update of the newest developments in Psychiatry and the allied sciences in a manner, which will be both focused and enriched. The rule is always to avoid content-free eloquence and authority and to face hard questions on the base of research findings.

The congress will gather again many worldwide experts to share with us their knowledge and experience once again with the support and guidance of the World Psychiatric Association and under the Auspices of the School of Medicine, Aristotle University of Thessaloniki.

During these difficult circumstances for the world, advanced education and training is the only way to the future. Novel and advanced technologies and approaches are emerging. Teaching clinical usefulness and application of new knowledge and informed treatment with psychopharmacological agents in a truly multidisciplinary approach will be the central axis of the meeting and although the congress will embrace high tech research concerning psychopathology, new treatment methods, genetics and molecular biology, it also aims on putting the emphasis on the human factor, both the therapist and the patient.

Apart from the humanistic tradition of Psychiatry and life sciences, the continuous and unconditional investment on the high level training of professionals and education of patients and their families, emerged as a significant challenge during the last few decades. Medical scientists and public health policy makers are increasingly concerned that the scientific discoveries are failing to be translated efficiently into tangible human benefit. Today, in an all the more complex and technologically advanced environment, the human factor emerges again as the most valuable one, the factor that determines the final outcome.

This 8th ICNP specifically focuses on the ultimate aim: that is to empower and eventually free patients and their families from the burden of mental disease and fighting for full remission and functional rehabilitation. It also includes the distinguished aim to spread high-level training to younger generations by including symposia organized by medical students and psychiatric residents from around the world.

During this congress, in 2023 we are celebrating the **20 years of the Aristotle Gold Medal for distinguished contribution to Mental Health**, with a prestigious ceremony to give all these awards of the COVID pandemic period in a truly magnificent moment.

As hosts and organizers, we shall spare no effort in making your participation scientifically rewarding and meaningful.



**Konstantinos N. Fountoulakis**

Professor of Psychiatry, Aristotle University of Thessaloniki, Greece  
Chair of the Scientific Faculty

Director, 3rd Department of Psychiatry, Aristotle University of Thessaloniki Greece  
Chair, WPA Section on Pharmacopsychiatry and Section on Evidence-Based Psychiatry

## Scientific Program

Friday, February 17<sup>th</sup> 2023

09.30-11.00 **SYMPOSIUM**

**PSYCHO-ONCOLOGY: THE PRESENT NEED FOR A MULTI-DISCIPLINARY TEAM (MDT) APPROACH**

Chair: **Diomidis Antoniadis**

Depression and suicide in cancer - can we improve outcomes?

**Tania Hawthorn**

Psychosocial challenges in genetic counselling for cancer patients

**Glykeria Samolada**

Drug related toxicity in clinical oncology, a focus on mental health and neurological adverse effects

**George Douganiotis**

The mental health service network of cancer patients and their families by the Hellenic Cancer Society

**Ioannis Dinos**

11.00-12.30 **SYMPOSIUM**

**MANAGEMENT OF PSYCHIATRIC SYMPTOMS IN MEDICALLY CHALLENGING PATIENTS**

Chair: **Eva Tsapakis**

Management of psychiatric symptoms of dementia

**Calypto Mitkani**

Management of alcohol withdrawal

**Michaela Koummati**

Management of psychiatric symptoms in cancer patients

**Gregory Karakatsoulis**

Management of psychiatric symptoms in patients with cardiovascular diseases

**Katerina Stravoravdi**

Antidepressants in pregnancy and effects on fetal development

**Georgia Chatzigeorgiou**

Friday, February 17<sup>th</sup> 2023

12.30-14.00 **SYMPOSIUM**

**DIMENSIONAL APPROACH OF SCHIZOPHRENIA SPECTRUM DISORDERS (SSDs):  
RESEARCH AND CLINICAL ADVANTAGES**

Chairs: **Konstantinos Bonotis, Panagiotis Malliaris**

The dimensional model of schizophrenia spectrum disorders (SSDs)  
**Konstantinos Bonotis**

Clinical implementation of the dimensional model of schizophrenia spectrum  
disorders (SSDs) in therapeutic choices: deconstructing the syndrome into  
symptoms

**Panagiotis Malliaris**

The art of psychopharmacology: tailoring the antipsychotic treatment  
**Dimitris Vasiadis, Tea Kondakciu**

Can social media be helpful in relapse prevention?  
**Antonis Karzis**

14.00-15.30 **SYMPOSIUM**

**EATING DISORDERS, AN UPDATE**

Chair: **Eva Tsapakis**

Genetics of eating disorders  
**Eva Tsapakis**

Neuropsychology of eating disorders  
**Chrysi Fotiadou**

Psychotherapy approaches for eating disorders  
**Margarita Chanopoulou**

Eating disorders and anxiety in adolescence: data from a vocational school  
**Konstantina Kotorli**

Friday, February 17<sup>th</sup> 2023

15.30-17.00 **SYMPOSIUM**

**NEW ADVANCES IN DEMENTIA TREATMENT**

Chairs: **Ioannis Diakogiannis, Anastasia Konsta**

Cognitive and risk assessment

**Nikitas Arnaoutoglou**

New developments in computerized cognitive testing

**Stelios Zygouris**

Blood biomarkers in dementia

**Leonidas Chouliaras**

Holistic approach to neuropsychological rehabilitation

**Aikaterini Giazkoulidou**

17.00-18.30 **SYMPOSIUM**

**CIRCADIAN RHYTHMS IN HEALTH AND PSYCHOPATHOLOGY: FROM GENES TO WELL-BEING**

Chair: **Xenia Gonda**

We are time's subjects: distant and proximal stressors determine the effect of CLOCK gene on depression

**Xenia Gonda**

Interactions between chronotype, hour of day and acute stressor on subjective and objective stress levels in Israeli students

**Haim Einat**

Chronotypes, affect and well-being in Greek samples of the general population and psychiatric patients

**Vasia Kyrgiakou, Stefania Kanioura**

Friday, February 17<sup>th</sup> 2023

18.30-20.00 **SYMPOSIUM**

**PSYCHOIMMUNOLOGY CONTRIBUTES TO PERSONALIZED MEDICINE IN  
PSYCHIATRIC PRACTICE**

Chairs: **Angelos Halaris, Xenia Gonda**

Systemic Inflammation Response Index (SIRI) is associated with inflammatory-metabolic markers and clinical response to immune modulation in treatment-resistant bipolar depression

**Nausheen Baig**

Systemic Immune-Inflammation Index (SII) predicts treatment responsiveness in treatment-resistant bipolar depression

**Kyle Decker**

Blood cell based immune markers are associated with inflammatory markers in treatment-resistant bipolar depression

**Stephen Murata**

Psychological immune competencies for maintainable positive mental health and for anti-stigmatization

**Virag Zabo**

20.00-21.00 **LECTURES**

Chairs: **Ioannis Diakogiannis, Anastasia Konsta**

Neural correlates of empathy

**Mohandas Warriar**

A rational paradigm to treat schizophrenia to full remission and or recovery

**Ramalingam Chithiramohan**

Saturday, February 18<sup>th</sup> 2023

10.00-11.00 **SYMPOSIUM**

**EGYPTIAN GUIDELINES FOR THE MANAGEMENT OF TREATMENT RESISTANT DEPRESSION AND SCHIZOPHRENIA IN EGYPT**

Chair: **Tarek Okasha**

Guidelines for the management of treatment resistant depression; an Egyptian perspective

**Tarek Okasha**

Guidelines for the management of schizophrenia; an Egyptian perspective

**Hisham Ramy**

11.00-12.00 **LECTURE**

Chairs: **Afzal Javed, Ioannis Nimatoudis**

Psychiatrists of the future - what they will need to know and do?


**Norman Sartorius**

12.00-12.30 **ΔΟΥΡΥΦΟΡΙΚΗ ΔΙΑΛΕΞΗ** 

Προεδρείο: **Νικόλαος Γκούβας**

Φαρμακογενετική ανάλυση στη μείζονα καταθλιπτική διαταραχή

**Πέτρος Φωτιάδης**

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12.30-13.30 **SATELLITE SYMPOSIUM**

Chair: **Konstantinos Fountoulakis**

Finding light in the night: antipsychotics and functioning

**Peter Falkai**

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13.30-14.00 **LECTURE**

Chairs: **Ioannis Nimatoudis, Arshad Mahmood**

The need for mental healthcare reform in Greece and globally: now more than ever

**Pavlos Theodorakis**



Saturday, February 18<sup>th</sup> 2023

14.00-15.30 **SYMPOSIUM**

**FROM CLINICAL TRIALS TO PATIENT ADHERENCE**

Chairs: **Michael Davidson, Dina Popovic**

The bench to bedside platform for treatment discovery - from stem cells to clinical trials

**Michael Berk**

Placebo: to be or not to be? Expert consensus

**Dina Popovic**

Adherence to SSRIs in children and adolescents: big data study

**Mariella Mosheva**

Should long-term maintenance treatment with antipsychotics of individuals suffering from schizophrenia be reconsidered?

**Michael Davidson**

15.30-16.00 **LECTURE**

Chair: **Nikolaos Gkouvas**

How new technologies can help reform psychiatry today

**Maria Kolitsida**

16.00-17.00 **LECTURE**

Chairs: **Siegfried Kasper, Hans Jurgen Moeller**

An update on Public Mental Health: an agenda for action by WPA

**Afzal Javed**

17.00-18.30 **LECTURES**

Chairs: **Carlos Zarate, Loukas Athanasiadis**

Is treatment resistant depression really resistant

**Siegfried Kasper**

Stratified/precision medicine in depression and schizophrenic psychoses. How far are we?

**Hans Jurgen Moeller**

Saturday, February 18<sup>th</sup> 2023

18.30-19.15 **LECTURE**

Chairs: **Konstantinos Fountoulakis, Bill Fulford**

Standards of care for obsessive compulsive disorder - 2023 update

**Joseph Zohar**

19.15-20.00 **LECTURE**

Chairs: **Konstantinos Fountoulakis, Afzal Javed**

Translating acute and sustained mechanistic effects of ketamine into efficacious and safer rapid acting antidepressants

**Carlos Zarate**

20.00-21.00 **LECTURE**

Chairs: **Konstantinos Fountoulakis, Afzal Javed**

Linking neuroscience with people: a case study in values-based practice and person-centred psychiatric care

**Bill Fulford**

21.00-21.30 **Award Ceremony**

Sunday, February 19<sup>th</sup> 2023

09.00-10.30 **SYMPOSIUM**

**MULTIFACETED TARGETS AND APPROACHES TO PHARMACOLOGICAL TREATMENTS OF MENTAL DISORDERS: FOCUSING ON EVIDENCE-BASED APPROACHES IN CURRENT NEUROPSYCHIATRY**

Chairs: **Daria Smirnova, Jelena Vrublevska**

The renaissance of psychedelics in neuropsychiatry: what we are learning from brain imaging

**Paul Cumming**

Neurobiological correlates of burnout: shed the light on the targets for pharmacotherapy

**Avinash De Sousa**

A bitter pill to swallow? Impact of affective temperaments on treatment adherence

**Xenia Gonda**

Pharmacological treatments for compulsive sexual behaviors among offending individuals: focusing on neurobiology and neuropharmacology of behavior decline

**Florence Thibaut**

Advanced approaches to psychopharmacotherapy of bipolar depression: focusing on the hypothesis of mixed affective states

**Alexey Pavlichenko**

10.30-12.00 **SYMPOSIUM**

**HALLUCINATIONS: BIOLOGY, PATHOGENESIS AND COGNITION**

Chair: **Ioannis Nimatoudis**

Hallucinations from a clinical point of view

**Symeon-Rafail Karalis**

Cognitive models of hallucinations

**Panagiota Karantzouvali**

Neurobiology and neurochemistry of hallucinations

**Athanasios Saitis**

Brain imaging in hallucinations

**Konstantinos Chovardas**

Sunday, February 19<sup>th</sup> 2023

12.00-13.30 **SYMPOSIUM**

**PHARMACOGENETICS IN PSYCHIATRY: CHALLENGES AND OPPORTUNITIES**

Chair: **Janko Samardzic**

Pharmacogenetics/pharmacogenomics – a step to individualized therapy

**Janko Samardzic**

Pharmacogenetics in schizophrenia: focus on antipsychotic adverse effects

**Dubravka Svob Strac**

Pharmacogenetics of antidepressants

**Milica Radosavljevic**

## General Information

### Dates and venue

February 17<sup>th</sup>-19<sup>th</sup> 2023

Porto Palace Hotel, Thessaloniki, Greece

(65, 26th Octovriou Avenue, T. +30 2310 504504, F. +30 2310 540384, [www.portopalace.gr](http://www.portopalace.gr))

### Official language

English will be the official language of the Congress. No simultaneous translation will be provided.

### Congress badge

Delegates are obliged to show their congress badge at the entrance of Congress Hall for their attendance time to be registered.

### Certificate of attendance

All delegates will receive the certificate of attendance. Certificates will be provided after the completion of the scientific program by email.

### Presentations

Available visual equipment for all presentations will be through power point presentation. Presentations must be submitted to the technical secretariat 1 hour prior to the presentation. The use of personal computers will not be feasible.

### Coffee breaks

Coffee will be offered in the exhibition area in parallel with the scientific program.

### Exhibition

Within the congress area there will be an exhibition of medical equipment and pharmaceutical products.

### Registration fees

<u>Category</u>	<u>Cost</u>
Specialists	200,00€
Residents	Free
Other Mental Health Professionals	Free
Undergraduate Students	Free

***The above registration fees do not include 24% VAT***

### Registration fees include:

- Admission to the scientific sessions
- Certificate of attendance
- Admission to the exhibition area

### Congress Secretariat



[www.globalevents.gr](http://www.globalevents.gr)

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**T** +30 2310 247743, **E** [info@globalevents.gr](mailto:info@globalevents.gr)

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**T** +30 210 3250260, **E** [athens@globalevents.gr](mailto:athens@globalevents.gr)

## Index of Speakers

### A

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#### **Afzal Javed**

Consultant Psychiatrist, Honorary Professor, Institute of Applied Health Research, University of Birmingham, Honorary Clinical Associate Professor, University of Warwick, UK, President World Psychiatric Association

#### **Antoniadis Diomidis**

Consultant Psychiatrist, Clinical Lead Outpatient Psycho-oncology Clinic, Thessaloniki Mental Health Hospital, Post-doctoral researcher Medical Department, Aristotle University of Thessaloniki, Greece

#### **Arnaoutoglou Nikitas**

Psychiatrist and Honorary Scientific Fellow, Memory and Cognitive Disorders Clinic, 1st Department of Psychiatry, Papageorgiou General Hospital of Thessaloniki, Greece

#### **Athanasiadis Loukas**

Professor of Psychiatry-Psychosexuality, 1st Department of Psychiatry, Aristotles University of Thessaloniki, Greece

### B

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#### **Baig Nausheen**

Medical Student, Loyola University Chicago, Chicago, IL USA

#### **Berk Michael**

NHMRC Senior Principal Research Fellow, Alfred Deakin Professor of Psychiatry, Deakin University and Barwon Health, Director, IMPACT, the Institute for Mental and Physical Health and Clinical Translation, Honorary Professorial Research Fellow, Orygen The National Centre of Excellence in Youth Mental Health, The Florey Institute of Neuroscience and Mental Health and the Department of Psychiatry, University of Melbourne and the Department of Public Health and Preventive Medicine, Monash University, Australia

#### **Bonotis Konstantinos**

Assistant Professor of Psychiatry, University of Thessaly, Greece

### C

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#### **Chanopoulou Margarita**

Psychologist, Postgraduate student of Msc Clinical Mental Health program, Thessaloniki, Greece

#### **Chatzigeorgiou Georgia**

MD, Student MSc Clinical Mental Health, Thessaloniki, Greece

#### **Chouliaras Leonidas**

#### **Chovardas Konstantinos**

Resident in Psychiatry, 3rd Department of Psychiatry, AHEPA University General hospital, Thessaloniki, Greece

#### **Cumming Paul**

Professor, Department of Nuclear Medicine, Inselspital, Bern University Hospital, University of Bern, Bern, Switzerland

## D

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### **Davidson Michael**

Chairman of Psychiatry, Nicosia Medical University, Cyprus

### **De Sousa Avinash**

Research Associate and Consultant Psychiatrist, Department of Psychiatry, Lokmanya Tilak Municipal Medical College, Mumbai, India

### **Decker Kyle**

4th Year Medical Student, Loyola University Chicago, Stritch School of Medicine, USA

### **Dinos Ioannis**

Clinical Psychologist, Director of Center for Support, Training and Research in Psychosocial Oncology, Hellenic Cancer Society, Athens, Greece

### **Douganiotis George**

Medical Oncology Resident, 3rd Department of Medical Oncology, Theagenio Cancer Hospital, Thessaloniki, Greece

## E

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### **Einat Haim**

Professor and Head of Graduate Research Program (DGS), School of Behavioral Sciences, Tel-Aviv-Yaffo Academic College, Tel-Aviv, Israel, Visiting Professor, School of Medicine, Aristotle University of Thessaloniki, Greece

## F

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### **Falkai Peter**

Professor and Chair, Department of Psychiatry and Psychotherapy, Ludwig-Maximilians University, Germany

### **Fotiadis Petros**

Psychiatrist, Director MCMHC, 424 General Military Hospital, Thessaloniki, Greece

### **Fotiadou Chrysi**

Psychologist, MSc Clinical Mental Health, Thessaloniki, Greece

### **Fountoulakis Konstantinos**

Professor of Psychiatry, Chair of the Scientific Faculty, Director, 3rd Department of Psychiatry, AHEPA Aristotle University of Thessaloniki, Greece

### **Fulford Bill**

Emeritus Professor of Philosophy and Mental Health, University of Warwick, Founder Editor and Chair of the Advisory Board, Philosophy, Psychiatry, & Psychology and Founder Director, Collaborating Centre for Values-based Practice, St Catherine's College, Oxford, UK

## G

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### **Giazkoulidou Aikaterini**

Clinical Neuropsychologist, 1st Department of Psychiatry, Papageorgiou General Hospital, Thessaloniki Greece

### **Gkouvas Nikolaos**

Psychiatrist, Board Member, Hellenic Psychiatric Association, Athens, Greece

### **Gonda Xenia**

Associate Professor, Department of Psychiatry and Psychotherapy, Semmelweis University, Budapest, Hungary

## H

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### **Halaris Angelos**

Professor of Psychiatry, Chairman Emeritus Department of Psychiatry, Loyola University Chicago Stritch School of Medicine, USA

**Hawthorn Tania**

Consultant in General Adult Psychiatry  
Pennine Care NHS Foundation Trust, UK

## K

**Kanioura Stefania**

Psychologist, Thessaloniki, Greece

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Thessaloniki, Greece

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**Kasper Siegfried**

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of Vienna Center for Brain Research,  
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**Kolitsida Maria**

BCs Biology, MSc Biotechnology, MBA  
Innovation & Entrepreneurship

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**Kyrgiakou Vasia**

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## M

**Mahmood Arshad**

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Hospital, Birmingham, UK

**Malliaris Panagiotis**

Consultant Psychiatrist, General Hospital of  
Athens "Evangelismos, Greece

**Mitkani Calypso**

Neurology Resident, Agios Pavlos General  
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**Moeller Hans Juergen**

Professor of Psychiatry, Psychiatric  
Department of the Ludwig-Maximilians-  
University Munich, Germany

**Mosheva Mariella**

Sheba Medical Center, Israel

**Murata Stephen**

Psychiatry Resident Physician, PGY3  
Pine Rest/MSU, USA

## N

**Nimatoudis Ioannis**

Emeritus Professor of Psychiatry, Aristotle  
University of Thessaloniki, Greece



## O

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### **Okasha Tarek**

Professor of Psychiatry, Director of the World Psychiatric Association Collaborating Centre for Training and Research in Psychiatry, Okasha Institute of Psychiatry, Faculty of Medicine, Ain Shams University, Cairo, Egypt

## P

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### **Pavlichenko Alexey**

Associate Professor, Education Centre of Mental Health Clinic, Moscow, Russia

### **Popovic Dina**

Medical Assistant Director of Hospital, Abarbanel Mental health Center, Israel

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### **Radosavljevic Milica**

Teaching Assoc. of Pharmacology, Institute of Pharmacology, Clinical Pharmacology and Toxicology, Faculty of Medicine, University of Belgrade, Serbia

### **Ramalingam Chithiramohan**

Visiting Professor of Psychiatry, University of Madras, Consultant Psychiatrist, Birmingham UK

### **Ramy Hisham**

Professor of Psychiatry, Okasha Institute of Psychiatry Ain Shams University, Cairo, Egypt

## S

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### **Saitis Athanasios**

Psychiatry Resident, 3rd Psychiatric Department, AHEPA University General Hospital of Thessaloniki, Greece

### **Samardzic Janko**

Assoc. Prof. of Pharmacology, Institute of Pharmacology, Clinical Pharmacology and Toxicology, Faculty of Medicine, University of Belgrade, Serbia

### **Samolada Glikeria**

EuR Genetic Counsellor (EGC-051), Biologist MSc. Mol. Cytogenetics

### **Sartorius Norman**

Professor of Psychiatry, President Association for the Improvement of Mental Health Programmes (AMH), Geneva, Switzerland

### **Smirnova Daria**

Director, International Centre for Education and Research in Neuropsychiatry, Samara State Medical University, Samara, Russia

### **Stravoravdi Katerina**

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### **Švob Štrac Dubravka**

Senior Research Assoc., Laboratory for Molecular Neuropsychiatry, Division of Molecular Medicine, Rudjer Boskovic Institute, Zagreb, Croatia

## T

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### **Theodorakis Pavlos**

Senior Health Policy Advisor, WHO/ Europe

### **Thibaut Florence**

Professor of Psychiatry, University of Paris Cité, Department of Psychiatry and Addiction, University Hospital Cochin, Paris France

### **Tsapakis Eva**

Psychiatrist, Research Fellow, 3rd Department of Psychiatry, AHEPA Aristotle University of Thessaloniki, Director, Agios Charalampos Mental Health Clinic, Heraklion, Greece

## V

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**Vasiadis Dimitris**

Psychiatrist, General Hospital of Athens  
“Evangelismos”, Greece

**Vrublevska Jelena**

Assoc. Professor in Psychiatry, Department  
of Psychiatry and Narcology, Riga Stradins  
University, Latvia

## W

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**Warrier Mohandas**

Chief Consultant Psychiatrist, Sun Medical  
and Research Centre, Trichur, Kerala, India

## Z

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**Zabo Virag**

PhD Student, Eötvös Loránd University and  
Semmelweis University, Budapest, Hungary

**Zarate Carlos**

NIH Distinguished Investigator,  
Chief Experimental Therapeutics &  
Pathophysiology Branch & Section  
Neurobiology and Treatment of Mood  
Disorders, Division of Intramural Research  
Program, National Institute of Mental Health,  
Washington Dulles DC, USA

**Zohar Joseph**

Professor of Psychiatry, Head of the Israeli  
Post-Trauma Center, Sheba Medical Center,  
Israel; Tel Aviv University, Israel

**Zygouris Stelios**

Lecturer, Department of Psychology,  
University of Western Macedonia, Florina,  
Greece

# ABSTRACT BOOK

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P03

**MANAGEMENT OF PSYCHOSIS IN A PATIENT WITH PROLACTINOMA**

**Foteini Papouli**, Tamador Elhassan, Konstantina Papagiannopoulou  
NHS, UK

**Background/Goals:** Prolactinomas are common tumours of the pituitary gland, resulting in hyperprolactinaemia which may be clinically noted and on occasions there can be symptoms related to pressure on surrounding brain tissue. The treatment of choice includes dopamine agonists. Unfortunately, dopamine agonists may cause psychosis or exacerbate psychotic symptoms, making their use challenging for people with psychotic symptoms.

**Methods:** Review of a case of a young woman with history of epilepsy and schizophrenia who developed hyperprolactinaemia clinically manifested with sexual dysfunction and galactorrhoea. The investigation included head scanning and hormonal screening which surprisingly showed no specific changes other than the hyperprolactinaemia. An attempt to control the symptoms with dopamine agonists resulted in exacerbation of mental illness. The same result had the decrease in intramuscular Haloperidol with which the patient had previously been treated to good effect. Use of oral Clozapine, Quetiapine, Olanzapine could not be tolerated by the patient. There was attempt to add small dose of oral antipsychotic Aripiprazole to the initial dose of Haloperidol. Although the hyperprolactinaemia persisted, the actual levels of Prolactin reduced and the clinical manifestations of it disappeared while the psychotic symptoms returned to how they were prior to all the above changes. There is expectation for life-long follow up by Endocrinology and Psychiatry.

**Results:** The management of psychosis and hyperprolactinaemia secondary to prolactinoma can be challenging. There needs to be a balance and thoughtful consideration of the pros and cons of treatment options. What has been in the core of our approach to this clinical dilemma was our attempt to include the patient and her family in all these decisions, with clear explanation of the long-term physical health issues and risks so the patient and family could make a capacitous decisions and accept the proposed monitoring plan.

**P04****INVESTIGATING THE DIAGNOSTIC ACCURACY AND APPLICABILITY OF THE GUGGING SWALLOWING SCREEN (GUSS) IN CHILDREN WITH SWALLOWING DISORDERS**

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**Background and Goals:** The Gugging Swallowing Screen (GUSS) is a bedside dysphagia screening tool that has been designed to determine the dysphagia severity and the risk of aspiration in patients with acute stroke. There is no evidence in the literature for the aforementioned tool for children with dysphagia. The present study aimed to determine the Diagnostic Accuracy of GUSS as a diagnostic screening tool in the Greek language for Greek-Cypriot children with feeding and/or swallowing disorders.

**Methods:** 60 Greek-Cypriot children aged 3 - 12 years that had feeding and/or swallowing disorders participated in this retrospective study. The GUSS screening tool was administered three times to all participants, in a duration of 24 sessions of dysphagia therapy [(a) pre-therapy, (b) mid-therapy and (c) post-therapy].

**Results:** Validity was established by comparing the scores of GUSS total pre-, mid- and post-therapy. Statistically significant differences were computed between the GUSS total score pre-therapy and mid-therapy [ $t(59) = -3.752, p < .001$ ] as well as GUSS total score pre-therapy and post therapy [ $t(59) = -10.477, p < .001$ ]. Significantly positive correlation was observed between GUSS total score and PAS scale total score ( $r = 0.817, p < 0.001$ ) and the GUSS total score with pharyngeal residues ( $r = 0.646, p < 0.001$ ). Finally, GUSS had a very good internal consistency with Cronbach's Alpha equal to  $\alpha = 0.890$ .

**Conclusion:** In conclusion, the Greek version of GUSS is shown to be a clinically accurate and applicable diagnostic screening tool for the assessment of Greek-Cypriot children aged 3 - 12 years with a risk of dysphagia.

P05

**EVALUATION OF A PULSE TECHNOLOGY SYSTEM AS AN ASSISTIVE THERAPEUTIC TOOL FOR CHILDREN WITH FEEDING AND SWALLOWING DISORDERS: A PRELIMINARY DATA STUDY**

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**Background:** There is a prominent lack of availability on evident-based effective therapeutic tools to facilitate the rehabilitation of feeding and/or swallowing disorders in children. The current study aimed to evaluate the Novafon pulse technology system, as an assistive method in pediatric dysphagia interventions.

**Material and Methods:** 60 Greek-Cypriot children with feeding and/or swallowing disorders recruited from special education schools in Cyprus recruited for this study. The sample was divided in two equal groups (30/30): those who received (a) traditional therapy for dysphagia and the use of Novafon and (b) traditional therapy for dysphagia without the use of Novafon. All children were evaluated pre-dysphagia therapy and post-dysphagia therapy with the Gugging Swallowing Screen (GUSS) and Pediatric Eating Assessment Tool-10 questionnaire (Pedi-EAT-10).

**Results:** Statistically significant difference observed in GUSS total scores [t(59) = -8.300, p < .001] and Pedi-EAT-10 [t(59) = 7.581, p < .001] for pre and post-therapy. Likewise, statistically significant differences were calculated between the children who received traditional therapy with the use of Novafon and children without the use of Novafon for GUSS total score [t(58) = 2.655, p < .005] but not for Pedi - EAT-10 [t(58) = -1.553, NS].

**Conclusion:** This pilot study demonstrated that all participants had improvement in their swallowing and feeding abilities after dysphagia therapy. The children who received dysphagia therapy with the parallel use of Novafon have improved more their feeding and swallowing abilities in comparison with children without the use of Novafon.

P06

## A PILOT STUDY OF THE “ABOUT YOUR CHILD’S EATING (AYCE)” QUESTIONNAIRE IN GREEK-CYPRriot PARENTS OF CHILDREN WITH SWALLOWING DISORDERS

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**Background and Goals:** Feeding is a reciprocal process, and it is based on the unique characteristics of the parent/caregiver and the child. Feeding and swallowing disorders are consistently related to child mealtime behavior which is influenced directly by how well this reciprocal procedure is carried out. A well-known questionnaire that evaluates family mealtime environment is AYCE. The purpose of this pilot study was to validate the AYCE version in Greek language in Greek-Cypriot parents and/or caregivers of children, between the ages of 3 and 9 with or without feeding and/or swallowing disorders.

**Methods:** 30 parents of children with feeding and/or swallowing difficulties and 30 parents of children without feeding and/or swallowing difficulties participated in this study. This study was conducted in mainstream and special education schools in Cyprus. The questionnaire was administered and re-administered after 10 days to all participants. The AYCE questionnaire was translated and culturally adapted in Greek language according to WHO guidelines.

**Results:** A significant difference in the scores between children with feeding (M=71.66, SD=10.59) and non-feeding disorders (M=61.48, SD=7.87);  $t(58) = 4.242$ ,  $p < 0.001$ . There was no significant difference in the scores for the first administration and second administration of the AYCE score. The Cronbach alpha coefficient was calculated at 0.916 by the overall assessment of the scale.

**Conclusion:** The Greek-translated AYCE questionnaire’s validity was estimated. These results provide evidence that the AYCE can be an appropriate assessment tool for measuring important aspects of the feeding relationship for preschool and school-aged children in Cyprus.

P07

**EVALUATION OF THE “BRIEF AUTISM MEALTIME BEHAVIOR INVENTORY (BAMBI)” QUESTIONNAIRE FOR ASSESSING CHILDREN WITH AUTISM AND SWALLOWING DISORDERS: A PILOT STUDY IN GREEK-CYPRIOIOT PARENTS****Andri Papaleontiou**<sup>1</sup>, Louiza Voniati<sup>2</sup>, Vassiliki Siafaka<sup>1</sup>, Rafaella Georgiou<sup>1</sup>, Dionysios Tafiadis<sup>1</sup><sup>1</sup>Department of Speech & Language Therapy, School of Health Sciences, University of Ioannina,<sup>2</sup>Department of Health Sciences, Speech and Language Therapy, European University Cyprus

**Background and Goals:** The development of age-appropriate feeding abilities is predisposed by a number of interacting domains; subsequently, difficulties in any one of these areas can result in a feeding problem. Early identification is vital in evaluating feeding behaviors, as presented in children with autism spectrum disorders (ASD), since these negative effects can disturb the child’s development and family well-being. The Brief Autism Mealtime Behavior Inventory (BAMBI) was designed to measure mealtime behavior problems observed in children with ASD. This study intended to examine the psychometric properties of BAMBI in Greek language by Greek-Cypriot parents, with children with ASD who experience feeding difficulties.

**Methods:** The sample consisted of 30 parents of children with typical developmental milestones and 30 parents of children with a diagnosis of ASD. The BAMBI was translated based on WHO process of translation for questionnaires. The translated in the Greek version of BAMBI was administered to all 60 parents for reporting possible feeding and/or swallowing difficulties and troublesome behaviors during feeding. The sample was recruited from mainstream and special education schools in Cyprus. The questionnaire was re-administered 10 days after its initial administration.

**Results:** Statistically significant differences were observed between the two study groups for BAMBI’s total score  $t(58) = 3.205$ ,  $p < 0.001$ . The analysis returned with no statistically significant differences in the test-retest reliability of the BAMBI total score. The reliability analysis of the BAMBI questionnaire was very good with Cronbach alpha being equal to 0.711.

**Conclusion:** The Greek-translated BAMBI in its current form can be identified as a valid and effective parental-based assessment tool for feeding and mealtime problems in children with ASD.



## P08

### EVALUATING THE “CHILDREN’S EATING BEHAVIOR INVENTORY (CEBI)” QUESTIONNAIRE IN GREEK-CYPRriot PARENTS

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**Background and Goals:** Questionnaires completed by parents and/or caregivers, are routinely used in the assessment of patients with feeding problems. Researchers have used questionnaires to gather information regarding the presence of a feeding problem. Information and characteristics of feeding abilities are essential to predict the development of a child’s eating pattern. At present, there is no available validated tool in Greek for assessing the eating behaviors observed in childhood. The Children’s Eating Behavior Inventory (CEBI) is a useful questionnaire that addresses both child and parent and or/caregiver behavior during mealtimes. The intent of this pilot study was to validate the CEBI in the Greek-Cypriot parents of preschool and school-aged population with or without feeding problems.

**Methods:** 60 Greek Cypriot Parents and/or caregivers of children (30 typically developing children and 30 experiencing a variety of developmental disorders and feeding disorders) between the ages of 3 and 9 years completed the Greek-translated CEBI questionnaire, which refers to their family’s and child’s eating habits and behaviors. The CEBI questionnaire via its 40 items evaluates eating behaviors during mealtime and it was translated according to WHO criteria.

**Results:** Statistically significant differences were found between the control group (M=108.63, SD=6.63) and children with feeding disorders (M= 73.57, SD= 5.06) for the CEBI total score [ $t(58) = 54.26, p < 0.001$ ] and for each of its 40 items. The instrument has strong internal consistency with a Cronbach- $\alpha$  value of 0.827.

**Conclusions:** The Greek-translated CEBI can be used in the assessment of behaviors exhibited during the feeding process. It can be administrated in conjunction with other measures that evaluate a child’s behavior and family functioning during the feeding procedure.

P09

**PSYCHOMETRIC PROPERTIES OF THE “DISTRESS THERMOMETER FOR PARENTS (DT-P)” QUESTIONNAIRE IN GREEK-CYPRriot PARENTS: A PILOT STUDY**

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**Background and Goals:** Pediatric feeding problems occur in 25% of the general pediatric population and up to 80% of those who have developmental delays. Feeding should be viewed as a dyadic process, occurring within a family system. Exploring parent experiences provides rich data from which to expand understanding of the complex nature of feeding difficulties. A short screening tool that detects the level of parental distress is the Distress Thermometer for Parents (DT-P). The aim of this pilot study was to validate the DT-P for chronically ill children with or without feeding disorders in the Greek Cypriot population.

**Methods:** In this research 60 parents were recruited (30 children having a feeding disorder and 30 children without a feeding disorder). These children were aged from 3 to 9 years and were attending either mainstream or special schools in Cyprus. All parents were asked to fulfill the DT-P questionnaire, after signing the consent forms. After 10 days the DT-P questionnaire was re-administrated to all participants who remained anonymous.

**Results:** Statistically significant differences were found for DT-P total score between parents of children with feeding disorders and parents of children without feeding disorders [ $t(58) = 3.893$ ,  $p < .001$ ]. A statistically significant correlation was observed between the two administrations of the DT-P questionnaire ( $r = 1.00$ ,  $p < .001$ ). The reliability analysis showed a very good internal consistency ( $\alpha$ -Cronbach = 0.830). Finally, DT-P has good discriminatory ability with  $AUC = .768$ ,  $p < .001$ .

**Conclusion:** This pilot study suggests that the DT-P questionnaire in its current form is a valid tool to be used by parents of children, with feeding problems in Cyprus.

## P10

### FEEDING/SWALLOWING - IMPACT SURVEY (FS-IS) QUESTIONNAIRE: A PILOT STUDY IN GREEK-CYPRriot PARENTS

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**Background and Goals:** The predictable frequency of feeding/swallowing problems in typically developing children range from 25% to 45% and from 33% to 80% in children with developmental disorders. In Greece, is estimated that about one in ten children will probably develop feeding problems and one in four children is considered to have a significant problem in feeding based on parents'/caregivers' reports. The evaluation of the impact of caring for children with feeding/swallowing problems is poorly understood and tools to measure the unique concerns of their parents are lacking. The feeding/Swallowing Impact Survey (FS-IS) is an instrument designed to measure the impact of children's feeding/swallowing difficulties on their caregivers. Therefore, the purpose of this pilot study was to translate and cross-culturally adapt the FS-IS into Greek and provide a validated tool for parents and/or caregivers in Cyprus.

**Methods:** This study included 60 Greek-Cypriot-speaking monolingual participants (30 parents of children with feeding disorders and 30 parents of children without feeding disorders) living in Cyprus. All parents were asked to answer the Greek-translated FS-IS questionnaire twice, with a ten-day re-administration break.

**Results:** Statistically significant differences were observed between the two parent groups for FS-IS [ $t(58) = 3.678, p < 0.001$ ]. The analysis returned with no statistically significant differences in the test-retest reliability of the FS-IS total score. The reliability analysis of the FS-IS questionnaire was excellent with a Cronbach alpha coefficient equal to 0.92.

**Conclusion:** The data from this pilot study suggest that the Greek-translated FS-IS is a reliable and valid instrument to measure the impact of swallowing disorders of children with feeding disorders on their parents and/or caregivers in Cyprus. Understanding the specific concerns of these parents may improve the management recommendations and ultimately the care provided to children.

P11

**ASSESSING THE PSYCHOMETRIC VALUES OF THE “MEALTIME BEHAVIOR QUESTIONNAIRE (MBQ)” IN GREEK-CYPRIOI PARENTS: A PILOT STUDY**

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**Background and Goals:** Behavioral feeding problems might include unsuitable mealtime behaviors, which can make more difficult a child’s feeding procedure. Currently, there is no process for measuring the mealtime behaviors of children with possible feeding disorders in Cyprus. Thus, a way to assess feeding behavioral problems associated with feeding difficulties and severities might be the Mealtime Behavior Questionnaire (MBQ). Therefore, this pilot study aimed to identify the psychometric properties of the MBQ for identifying preschool and school-aged children, with or without feeding and or/swallowing disorders performance during mealtimes.

**Methods:** The MBQ is a 33-item assessment tool that was translated in Greek language based on WHO guidelines for questionnaires. It was administrated to 60 participants (30 parents of children with typical feeding and swallowing milestones and 30 parents of children with feeding and/or swallowing difficulties) in order to report probable feeding and/or swallowing difficulties demonstrated by their children. Data were collected after signed parental consent and administered twice at 10-day intervals. The sample was recruited from mainstream and special education schools in Cyprus.

**Results:** Statistically significant differences were detected between the two study groups: the feeding disorder group (M= 67.48, SD= 19.13) and the control group (M=42.36, SD= 9.14) for the MBQ total score  $t(58) = 6.559, p < 0.001$ . The reliability analysis of the MBQ questionnaire was excellent with Cronbach alpha equal to 0.94. The MBQ total score had high test-retest reliability with correlation coefficients computed at  $r = 0.717, p < 0.001$ .

**Conclusion:** This study indicated that the MBQ questionnaire has good discriminatory ability and shows very good validity and reliability to identify the presence of behaviors associated with feeding disorders in children of the Greek-Cypriot cultural background.

## P12

### VALIDATING THE MONTREAL CHILDREN'S HOSPITAL FEEDING SCALE (MCH\_FS) VIA DATA ANALYSIS: A PILOT STUDY IN GREEK-CYPRIOIOT PARENTS

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**Background and Goals:** The evaluation of feeding difficulties in children is highly important in order to determine their ability to thrive. Thus, evaluation includes several assessment methods. These methods can include parents'/caregivers' questionnaires such as the Montreal Children's Hospital Feeding Scale (MCH-FS). The aim of this study was a pilot validation of the MCH-FS in Greek language for assessing the level of feeding difficulties among preschool children in Cyprus.

**Methods:** The participant of this study were 30 parents of healthy children (control group) and 31 parents of children who exhibit feeding and/or swallowing difficulty (clinical group) aged from 3 to 9 years. The 14 items questionnaire was translated based on the WHO guidelines for translation. The Greek-translated MCH-FS questionnaire was administered to all participants two times within an interval of 10 days from the first admission.

**Results:** Statistically significant differences were found between the control group (M= 29.45, SD= 7.61) and children with feeding disorders (M= 54.97, SD= 13.77) for the MCH-FS total score [t (59) = 8.992, p <0.001] and for each of its 14 items. The instrument has strong internal consistency (Cronbach-a = 0.87). The MCH-FS total score had high test-retest reliability with correlation coefficients computed at 0.98 (p <0.001).

**Conclusion:** The MCH-FS had satisfactory psychometric properties in its current form. It has high reliability and internal consistency. This study suggests that probably the MCH-FS can be used to measure child feeding and/or swallowing difficulties in the Greek-Cypriot population.

P13

**PERCEIVED LEVELS OF FEEDING AND/OR SWALLOWING DISORDERS IN CHILDREN, USING THE PEDIATRIC ASSESSMENT SCALE FOR SEVERE FEEDING: A PILOT STUDY IN GREEK-CYPRriot PARENTS**

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**Background and Goals:** Feeding difficulties have become increasingly common in children. These difficulties are affected from factors such as children's oral and sensory development for feeding along with parental behaviors exhibited during meals. Despite the increased collaboration of multiple disciplines to create formal assessment measures that combine affecting factors of feeding difficulties have been raised. The Pediatric Assessment Scale for Severe Feeding (PASS-FP) represents a first attempt to combine these factors into a single multidimensional measure. Hence, this pilot study intended to provide preliminary evidence on the validity and reliability of the Greek-translated PASS-FP scale.

**Methods:** The sample consisted of 30 parents of children with typical feeding milestones and 30 parents of children with feeding and/or swallowing difficulties. All participants were recruited from mainstream and special education schools in Cyprus. All parents were administered the translated and culturally adapted in Greek language PASS-FP scale.

**Results:** Statistically significant differences were detected between the two study groups for the PASS-FP total score [ $t(58) = 6.653, p < 0.001$ ] as well as its two domains PASS-FP total score A [ $t(58) = 6.359, p < 0.001$ ] and PASS-FP total score B [ $t(58) = 5.035, p < 0.001$ ]. Reliability analysis of the PASS-FP scale was very good with Cronbach alpha equal to 0.780. The PASS-FP scale had high test-retest reliability with correlation coefficients computed at  $r = 1.00, p < 0.001$  and excellent discriminatory ability (AUC: 0.895,  $p < 0.001$ ).

**Conclusions:** The PASS-FP appears to be sensitive to the Greek Cypriot population and presents satisfactory psychometric features. The discriminatory ability of PASS-FP was excellent with the participants demonstrating clear patterns of responses.

## P14

### ASSESSMENT OF COGNITIVE FUNCTIONING AND ASSOCIATED FACTORS IN ADULTS WITH PSYCHOTIC SYMPTOMS UNDER INVOLUNTARY HOSPITALIZATION IN CYPRUS

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**Background:** The Montreal Cognitive Assessment (MoCA) tool has been applied in adults with schizophrenia for the assessment of cognitive functioning.

**Aim:** The present study assessed a) cognitive functioning via the MoCA tool in adults with psychotic symptomatology involuntarily hospitalized for compulsory psychiatric care, and b) correlation of the MoCA score with demographic and clinical variables.

**Method:** This was a nationwide, cross-sectional study, conducted at a referral hospital for compulsory psychiatric care in Cyprus (December 2016 -February 2018). A cut-off score of 23/30 on the MoCA scale was established as indicative of cognitive impairment for the study sample. The Positive and Negative Symptoms Scale (PANSS) was applied for the assessment of psychotic symptoms.

**Results & Conclusion:** The sample comprised 187 males and 116 females. The mean MoCA score was 22.09 [Reported Scale Range (RSR):3-30]. Christian Orthodox participants and those who received financial support from the state reported lower mean total MoCA scores compared to participants of other religion ( $p=0.042$ ) and those who did not get financial support ( $p=0.001$ ), respectively.

Educational level, location of living, age, score of PANSS general symptoms subscale and prescription of high dose antipsychotics (no PRN included) were important predictors of the mean total MoCA score. With every increase of one year in age, the MoCA score decreases by 0.57 (95% CI: -0.96 to -0.17) units ( $p=0.005$ ). With every increase of one point in the PANSS general symptoms subscale score, the MoCA score decreases by 0.09 (95% CI: 0.37 to 1.41) units, ( $p<0.0001$ ). Those who were prescribed high dose antipsychotics (no PRN included) had 1.28 (95% CI: -2.55 to -0.01) lower mean total MoCA score compared to those who were not prescribed high dose antipsychotics. Further studies on cognitive impairment in those involuntarily treated for psychotic symptoms are proposed, with focus on the link with pharmaceutical patterns prescribed.

P15

**PREGABALIN AS A MOOD STABILIZER IN BIPOLAR DISORDER - MANIC PHASE**

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**Introduction:** Pregabalin acts on GABA and, in addition to being an antidepressant, it also has an anxiolytic effect.

**Purpose:** Pregabalin is one of the latest antiepileptic drugs and is also used for Generalized Anxiety Disorder. However, it has also been studied in various other applications.

**Method:** 20 patients (n=20), of which 10 men and 10 women, with a diagnosis of F31 according to ICD-10 Bipolar Affective Disorder, were studied, both from the Outpatient Clinics and from those hospitalized at the Psychiatric Department of the "Konstantopouleion"-Patisision General Hospital of Nea Ionia, Athens, Greece. All patients without exception received Pregabalin at a dose of 600-800mg in combination with atypical antipsychotics: olanzapine, risperidone, quetiapine and aripiprazole. All patients were given the Young Mania Rating Scale (YMRS). All of the above mentioned patients were in a Manic Phase.

**Results:** Of the above mentioned patients, 16 (n=16), of which 10 were women and 6 men, showed a noticeable reduction in the YMRS Scale and continued to receive Pregabalin in the maintenance treatment of Bipolar Disorder.

**Conclusions:** Although the number of patients is small, the present research needs further continuation from a larger pool of patients with Bipolar Disorder in the phase of an Acute Manic Episode.



## P16

### THE EXPRESSED EMOTION IN THE FIRST PSYCHOTIC EPISODE

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**Introduction:** The Expressed Emotion is a very important parameter for the prognosis of schizophrenia.

**Purpose:** The First Psychotic Episode is characterized by highly Expressed Emotion. The purpose of this paper is to highlight the importance of Expressed Emotion in the First Psychotic Episode.

**Method:** Existing literature in PubMed was reviewed.

**Results:** The highly expressed emotion, in the relatives of patients with a first psychotic episode, creates conditions for a relapse, where according to the Lieberman Curve, after the first relapse, others follow, with the result that the patient quickly enters a residual phase. It also creates unstable interpersonal relationships in the patient's family. Also, highly expressed emotion is a poor prognostic indicator for the continuation of the disease history.

**Conclusions:** The primary goal is the psychoeducational intervention in the family of the patient with a first psychotic episode and with a highly expressed emotion by the therapist, with the direct goal of improving the patient's symptoms and accompanying improvement of the disease prognosis.

P17

**SOCIAL MEDIA USE AND BODY IMAGE DISSATISFACTION AMONG ADOLESCENTS: A LITERATURE REVIEW**

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**Background:** Social media use is an emerging factor related to adolescent body dissatisfaction. Specifically, the internalization of appearance ideals is encouraged by the social media community aiming to higher users' engagement and popularity.

**Aim:** To investigate if the exposure to specific sources of social media content has a negative socioemotional impact on early adolescent users regarding to their body image.

**Materials and Methods:** A review of the international literature was performed, using the electronic databases PubMed and Google Scholar, and the keywords 'social media', 'mental health', 'body image dissatisfaction', 'wellbeing'. Only articles published through the past five years and written in English were considered. Finally, 21 articles that matched the criteria were included in this review.

**Results:** Research has shown that there is a correlation between social media use and increased risk for developing eating disorders, as well as other associated risks such as dietary restraint and reduced self-esteem. To investigate this subject, researchers used different kinds of questionnaires, including: the Body Attitude Test, The Rosenberg Self-Esteem Scale, and the Photo Manipulation Scale. Although more studies have been published focusing on female participants, this appears to be an issue for both genders. Particularly, significant relationships were found between the frequency of social media use and body dissatisfaction, drive for thinness and low self-esteem. Moreover, social media use is also connected with depressive symptoms, online social anxiety, and social isolation. During COVID-19 lockdown, social media use increased drastically, and research suggests this may be connected to increased drive for thinness and eating disorder risk. Lastly, other than social media, peer and parental affirmation have a considerable influence on an individual's body image perception.

## P18

### COVID 19 RELATED NEUROPSYCHIATRIC SYMPTOMS

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**Introduction:** COVID 19 is a multisystem disease with a complex pathophysiology. Neuropsychiatric symptoms are described in 1/3 of the patients. Encephalitis and encephalopathy are serious and severe CNS complications and they can be presented with various symptoms such as quantitative and qualitative changes in consciousness, behavioral changes, aggression and hostility, visual and auditory hallucinations, delusions, cognitive changes.

#### Case report:

- 64-year-old woman, retired, married, with two children
- She doesn't use alcohol or any other PAS
- Five months before admission, she was hospitalized because of respiratory difficulties due to COVID 19
- One month before admission she manifested behavioral changes. Outpatient treatment with AP was started. CT brain scan and thyroid hormones presented normal
- Besides the therapy, symptoms did not improve and she was admitted in hospital because of delirium, followed by bradykinesia, automatic movements, incoherent speech, echolalia, echopraxia, stereotypy, with gradual development of complete non-contactibility to the point of sopor.

Paraclinical examinations	Results
LP - 04.01.2021	clear cerebrospinal fluid under normal pressure, Pandy negative
EEG - 05.11.2021	Lots of artifacts, without paroxysmal activity
Neurologist consultation - 08.11.2021	GCS - 6, Pathological reflexes and modifications, right side - negative response, left side - suspect response. Urgent CT scan.
Brain CT - 08.11.2021	Normal
Covid 19 antibodies - 08.11.2021	Sars Cov 2 IgM - negative, Sars Cov 2 IgG - positive
Brain MRI - 10.11.2021	Frontotemporal bilateral cortical reductive changes were detected, with a prominent ventricle system
LP - 12.11.2021	transudative electrophoregram, no signs of immune activity in the CNS
Serology tests - 18.11.2021	Anti HIV/HSV/CMV/Toxoplasma/Treponema antibodies
EEG - 30.11.2021	normal variant
Laboratory analysis	gradual decrease of WBC and CRP, d-dimers, CK, LDH, corrected hypokalemia

She was treated with low doses of antipsychotic, NMDA antagonist and antidepressant, after which reduction of symptomatology was observed.

**Conclusion:** Post-covid encephalopathy is one of the possible complications of COVID19 and should be considered when neuropsychiatric manifestations appear after a previous infection. Monitoring of delayed immune-mediated complications, neuropsychological consequences and possible development of neurodegenerative diseases is needed. Individualized treatment is required.

**P19****ORTHOOREXIA NERVOSA: CORRELATION WITH PERSONALITY TRAITS AND OTHER DISORDERED EATING BEHAVIORS IN GREEK YOUNG ADULTS**

**Chrysi Fotiadou**<sup>1</sup>, Eleni Parlapani<sup>2</sup>, Konstantinos Fountoulakis<sup>3</sup>, Paraskevi Tatsiopoulou<sup>2</sup>

<sup>1</sup>School of Medicine, Faculty of Health Sciences, Clinical Mental Health, Aristotle University Of Thessaloniki, <sup>2</sup>1st Department of Psychiatry, School of Medicine, Aristotle University of Thessaloniki, <sup>3</sup>3rd Department of Psychiatry, School of Medicine, Aristotle University of Thessaloniki

Orthorexia nervosa, defined as the excessive preoccupation with healthy eating, has gained particular interest over these past few years in an attempt to investigate both the protective and risk factors of its occurrence. The present study examined the association between orthorexia nervosa and specific personality traits, such as self-esteem, obsessive-compulsive behavior, alexithymia, and other disordered eating habits. In total, 318 subjects (197 women and 121 men) aged 18-33 (mean age= 24.4, S.D= 3.6) participated. The research tools used were the Diagnostic Questionnaire of Orthorexia ORTO-15, the Eating Attitudes Scale EAT-26, the Rosenberg Self-Esteem Scale, the Toronto Alexithymia Scale and a demographic questionnaire designed exclusively for this study. The results showed that increased disordered eating behaviors, such as engaging in weight loss diets, bulimic behaviors and the need for food control, are considered predictive indicators of orthorexia's onset. There was also a statistically significant correlation between orthorexia-obsessive-compulsive behavior indicators and orthorexia-educational level. In contrast, self-esteem and alexithymia as personality factors did not appear to predispose to the occurrence or non-occurrence of this eating disorder. Overall, orthorexia nervosa shares many common features with both the symptoms of other eating disorders and obsessive-compulsive personality behaviors, thus constituting a crossroad of these pathological conditions that can jeopardize individuals' own physical and mental well-being.

P20

**SLEEP DISORDERS IN MIDDLE AGE MALE PATIENTS AFTER CRANIOCEREBRAL INJURIES**

**Nikolaos Syrmos**

Aristotle University of Thessaloniki

**Introduction:** Sleep disorders are serious post traumatic conditions. The signs and symptoms of sleep may include excessive daytime sleepiness, irregular breathing, increased movement during sleep, irregular sleep, abnormal wake cycle, difficulty falling asleep and also others situations.

**Material and Methods:** 10 cases of sleep disorders in middle age male (45 to 55 years old) patients after craniocerebral injuries are presented and discussed 3 cases of insomnia (30%), 3 cases of sleep apnea (30%), 2 cases of restless legs syndrome (RLS)(20%), 2 cases of narcolepsy (20%).

**Results:** We perform appropriate neurosurgical, neurological, psychiatric and radiological evaluation with ct and mri studies in all 10 patients. In 4 cases (40%) we observe amelioration through six months period.

**Conclusions:** Disordered sleep is a common phenomenon after craniocerebral injuries. Sleep disruption contributes to morbidity, development of neurocognitive - neurobehavioral deficits, and prolongs the recovery phase after the initial traumatic situation. Appropriate recognition and correction of these problems may limit the secondary effects of craniocerebral injuries and improve neuro recovery/patient outcomes. Collaboration with other medical disciplines is necessary in order to achieve optimal resorders in order to ameliorate the quality of life of young patients.

## P21

### **SLEEP DISORDERS IN MIDDLE AGE FEMALE PATIENTS AFTER CRANIOCEREBRAL AND CERVICAL SPINE INJURIES**

Nikolaos Syrmos

Aristotle University of Thessaloniki

**Introduction-**Sleep disorders are serious post traumatic conditions. The signs and symptoms of sleep may include excessive daytime sleepiness, irregular breathing, increased movement during sleep, irregular sleep, abnormal wake cycle, difficulty falling asleep and also others situations.

**Material and Methods-**10 cases of sleep disorders in middle age female (45 to 55 years old) patients after craniocerebral and cervical spine injuries are presented and discussed. 4 cases of insomnia (40%), 2 cases of sleep apnea (20%), 3 cases of restless legs syndrome (RLS)(30%), 1 case of narcolepsy (20%).

**Results-**We perform appropriate neurosurgical, neurological, psychiatric and radiological evaluation with ct and mri studies in all 10 patients. In 5 cases (50%) we observe amelioration through six months period.

**Conclusions-** Disordered sleep is a common phenomenon after craniocerebral injuries. Sleep disruption contributes to morbidity, development of neurocognitive - neurobehavioral deficits, and prolongs the recovery phase after the initial traumatic situation. Appropriate recognition and correction of these problems may limit the secondary effects of craniocerebral injuries and improve neuro recovery/patient outcomes. Collaboration with other medical disciplines is necessary in order to achieve optimal resorders in order to ameliorate the quality of life of young patients.

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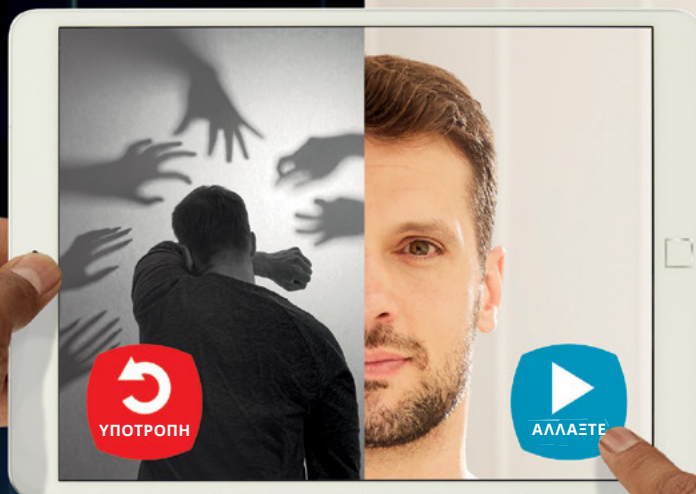


## ΣΗΜΑΝΤΙΚΕΣ ΠΛΗΡΟΦΟΡΙΕΣ ΑΣΦΑΛΕΙΑΣ <sup>1</sup>

**Αντενδείξεις:** Το Leronex αντενδείκνυται σε ασθενείς με υπερευαίσθησία στη δραστική ουσία και σε κάποιο από τα έκδοχα του, σε ασθενείς με ιστορικό τοξικής ή ιδιοσυγκρασιακής κοκκιοκυτταροπενίας/ακοκκιοκυττάρωσης (με εξαίρεση την κοκκιοκυτταροπενία /ακοκκιοκυττάρωση από προηγούμενη χημειοθεραπεία) ή σε ιστορικό ακοκκιοκυττάρωσης που προκλήθηκε από Leronex. Σε ασθενείς που δεν μπορούν να υποβληθούν σε τακτικό αιματολογικό έλεγχο. Η θεραπεία δεν πρέπει να ξεκινά ταυτόχρονα με φάρμακα που είναι γνωστό ότι έχουν σημαντικές πιθανότητες να προκαλέσουν ακοκκιοκυττάρωση ή σε ασθενείς με διαταραχή της λειτουργία του μυελού των οστών. Η ταυτόχρονη χρήση αντιψυχρωσικών εναποθέσεων (derot) πρέπει να αποθαρρύνεται. Το Leronex αντενδείκνυται σε μη ελεγχόμενη επιληψία, σε αλκοολική και άλλες τοξικές ψυχώσεις, φαρμακευτική δηλητηρίαση και κωματώδεις καταστάσεις. Σε κυκλοφορική καταπληξία και /ή καταστολή του ΚΝΣ κάθε αιτιολογίας. Σε σοβαρές νεφρικές ή καρδιακές διαταραχές (π.χ. μυοκαρδίτιδα). Σε ενεργό ηπατική νόσος που συνοδεύεται με ναυτία, ανορεξία ή ίκτερο. Σε προοδευτική ηπατική νόσο, ή και ηπατική ανεπάρκεια. Σε παραλυτικό ειλεό. **Ειδικές προειδοποιήσεις και προφυλάξεις κατά τη χρήση:** • **Ακοκκιοκυττάρωση:** Το Leronex μπορεί να προκαλέσει ακοκκιοκυττάρωση. Η χρήση του περιορίζεται στους ασθενείς στους οποίους - έχουν αρχικά φυσιολογικά ευρήματα στις μετρήσεις των λευκοκυττάρων  $WBC \geq 3.500/mm^3$  ( $3,5 \times 10^9/L$ ) και  $ANC \geq 2000 mm^3$  ( $2,0 \times 10^9/L$ ) και - στους οποίους μπορεί να πραγματοποιηθούν τακτικές μετρήσεις των WBC και ANC, κάθε εβδομάδα για τις πρώτες 18 εβδομάδες και για διάστημα τουλάχιστον 4 εβδομάδων στη συνέχεια. Η παρακολούθηση πρέπει να συνεχίζεται σε όλη τη διάρκεια της θεραπείας και για 4 εβδομάδες μετά την πλήρη διακοπή του Leronex. Άμεση διακοπή του Leronex είναι υποχρεωτική αν είτε ο αριθμός των λευκών αιμοσφαιρίων WBC είναι μικρότερος από  $3000/mm^3$  ( $3,0 \times 10^9/L$ ) είτε ο απόλυτος αριθμός των ουδετεροφίλων ANC είναι μικρότερος από  $1500/mm^3$  ( $1,5 \times 10^9/L$ ) οποιαδήποτε στιγμή κατά τη διάρκεια της θεραπείας. Οι ασθενείς στους οποίους διακόπηκε εξαιτίας σημαντικής μείωσης του αριθμού των WBC είτε των ANC δεν πρέπει να εκτίθενται εκ νέου στο Leronex. Οι ασθενείς με ιστορικό πρωτοπαθών διαταραχών του μυελού των οστών μπορούν να λάβουν θεραπεία μόνο αν το όφελος υπερβαίνει τον κίνδυνο. Οι ασθενείς πρέπει να εκτιμούνται προσεκτικά από αιματολόγο πριν την έναρξη του Leronex. • **Έλεγχος του αριθμού των λευκών αιμοσφαιρίων (WBC) και του απόλυτου αριθμού των ουδετεροφίλων (ANC):** 10 ημέρες πριν την έναρξη θεραπείας πρέπει να πραγματοποιούνται μετρήσεις του αριθμού των λευκών και διαφορικών αιμοσφαιρίων ώστε να διασφαλιστεί ότι μόνο οι ασθενείς με φυσιολογικό αριθμό WBC και ANC (αριθμός  $WBC \geq 3500/mm^3$  ( $3,5 \times 10^9/L$ ) και  $ANC \geq 2000/mm^3$  ( $2,0 \times 10^9/L$ ) θα λάβουν Leronex. Μετά την έναρξη της θεραπείας πρέπει να πραγματοποιείται τακτική μέτρηση του αριθμού των λευκών αιμοσφαιρίων και του ANC και να παρακολουθείται εβδομαδιαίως για τις πρώτες 18 εβδομάδες και στη συνέχεια για διαστήματα τεσσάρων εβδομάδων τουλάχιστον. • **Ηωσινοφιλία:** Συνιστάται διακοπή, αν ο αριθμός των ηωσινόφιλων αυξηθεί πάνω από τα  $3000/mm^3$  ( $3,0 \times 10^9/L$ ). Η θεραπεία πρέπει να ξαναρχίσει μόνο όταν ο αριθμός των ηωσινοφίλων μειωθεί κάτω από  $1000/mm^3$  ( $1,0 \times 10^9/L$ ). • **Θρομβοπενία:** Συνιστάται διακοπή της θεραπείας αν ο αριθμός των αιμοπεταλίων μειωθεί κάτω από  $50.000/mm^3$  ( $50 \times 10^9/L$ ). • **Καρδιαγγειακές διαταραχές:** Μπορεί να εμφανιστεί ορθοστατική υπόταση, με ή χωρίς συγκοπή κατά τη διάρκεια της θεραπείας. Η χρήση του Leronex συνδέεται με αυξημένο κίνδυνο μυοκαρδίτιδας. Έχουν επίσης αναφερθεί περικαρδίτιδα/ περικαρδιακή συλλογή υγρού, καρδιομυοπάθεια, εμφραγμα του μυοκαρδίου, παράταση του διαστήματος QT. • Έχει παρατηρηθεί περίπου τριπλάσια αύξηση του κινδύνου για **εγκεφαλοαγγειακές ανεπιθύμητες ενέργειες**, κίνδυνος θρομβοεμβολής, επιληπτικές κρίσεις. • **Αντιχολινεργικές δράσεις:** Συνιστάται προσεκτική επίβλεψη σε ασθενείς με υπερτροφία του προστάτη και γλαυκώμα κλειστής γωνίας. Διαταραχές διαφόρων βαθμών της περισταλτικότητας του εντέρου, (δυσκοιλιότητα, εντερική απόφραξη, ενσφήνωση κοπράνων, παραλυτικός ειλεός, megacolon, έμφρακτο του εντέρου/ ισχαιμία). • Πυρετός. • Το Leronex μπορεί να προκαλέσει επιληπτικές κρίσεις, υπνηλία, ορθοστατική υπόταση, κινητική και αισθητηριακή αστάθεια, η οποία μπορεί να οδηγήσει σε πτώσεις. • Ηπατική δυσλειτουργία. • Η έναρξη της θεραπείας σε ασθενείς ηλικίας 60 ετών και άνω συνιστάται να γίνεται σε χαμηλότερη δόση. • Δεν πρέπει να χορηγείται σε παιδιά και εφήβους ηλικίας κάτω των 16 ετών. • Δεν πρέπει να χρησιμοποιείται αλκοόλ ταυτόχρονα με το Leronex. Ιδιαίτερη προσοχή συνιστάται όταν χορηγείται σε ασθενείς που λαμβάνουν βενζοδιαζεπίνη ή άλλο ψυχοτρόπο παράγοντα. Η ταυτόχρονη χορήγηση ουσιών που είναι γνωστό ότι αναστέλλουν τη δραστηριότητα κάποιων ισοενζύμων του κυτοχρώματος P450 μπορεί να αυξήσει τα επίπεδα της κλοζαπίνης και η δόση της κλοζαπίνης πιθανά πρέπει να ελαττωθεί. • Πρέπει να δίδεται προσοχή όταν συνταγογραφείται σε εγκύους γυναίκες. Οι μητέρες που λαμβάνουν Leronex δεν πρέπει να θηλάζουν. • Περιέχει μονοϋδρική λακτόζη.

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