

ABSTRACT BOOK

POSTER PRESENTATIONS

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The use of Support Screen for identifying distress in cancer patients - what can be learned and done about the results.

Salman J, Obenchein R¹, Clark K¹, Loscalzo M¹

¹City of Hope

Poster session 2, June 10, 2022, 2:50 PM - 4:00 PM

TITLE: The use of Support Screen for identifying distress in cancer patients –what can be learned and done about the results.

AIMS&HYPOTHESIS: We present the results of screening for various types of distress in different disease systems obtained by using the SupportScreen tool at City of Hope (Comprehensive Cancer Center) between 2009-2017. Data collected by routine screening can help build specialty programs and resources to address psychosocial needs of patients with cancer.

BACKGROUND: At City of Hope, a designated National Cancer Institute Comprehensive Cancer Center in Duarte, California, distress screening program is rooted in the definition of biopsychosocial screening: The systematic process of proactively identifying physical, psychosocial, practical and spiritual problems linked with implementation of tailored educational information and resources by triaging referrals to designated specialists to maximize the benefits of medical care and improve quality of life.

METHODS: SupportScreen is a touch screen interface that identifies physical symptoms and psychosocial problems while providing tailored educational materials, automated triage, and clinical alerts to physicians and designated health care providers.

RESULTS: We present the top 10 distress items reported in all diagnoses in the total number of screens (N=18,682) conducted. Specific disease systems represented are breast cancer (N=3,887), male (1,821) and female(N=1,345) genital system, hematological/stem cell transplant(N=1,255), digestive system(N=1,655), oral cavity and pharynx(N=373), respiratory(N=752)and urinary system(N=673).

CONCLUSION: Routine use of screening for physical and psychosocial problems of patients with cancer informs the triage and referral process to link patients with resources and specialized care based on their most distressing needs.

Gender differences in levels of stress in medical students

Hotoleanu C¹, Dumitrascu D¹

¹Iuliu Hatieganu University Of Medicine And Pharmacy

Poster session 1, June 9, 2022, 2:50 PM - 4:00 PM

Objective: A high prevalence of stress was reported among medical students; female medical students exhibit higher levels of stress than male students. We aimed to assess the gender differences in stress level among the 3rd year foreign medical students of the Faculty of Medicine Cluj-Napoca, Romania and the impact on the academic performance.

Methods: A cross-sectional study including 75 students (44 female and 31 male) was performed. Data collected included: age, gender and the average grade; the English version of The Kessler Psychological Distress Scale (K10) was administrated. K10 scores of 20 to 24 are considered as mild stress, scores of 25 to 29 as moderate stress, and scores of 30 to 50 as severe stress.

Results: The mean K10 score was 20.38. Female students presented a significant higher score of stress than male (22.18 versus 17.84). All levels of stress were found predominantly in female: mild stress occurred in 14.66% female and in 8% male; moderate stress was found only in female (6.66%) and severe stress in 10.66% female and in 4% male. No significant difference was found in academic performance between female and male students (average grade 7.80, respective 7.7). A similar average grade was found in female students with pathologic levels of stress and, respective normal levels (7.62, respective 7.98). Overall students with severe levels of stress presented a significant lower grade than those with normal levels.

Conclusion: female medical students presented significant higher levels of stress than male students.

Role of Depressive Personality Vulnerability in Depression and Anxiety Experienced by Breast Cancer Patients Treated for Unipolar Depression

Shahar G¹, Bauminger R¹, Zwerenz R², Brähler E², Beutel M²

¹Ben Gurion University, ²University Medical Center Mainz, Mainz, Germany

Poster session 2, June 10, 2022, 2:50 PM - 4:00 PM

Breast cancer is linked to personal, social, and health problems. Unipolar depression, is the most prevalent psychiatric condition exhibited in breast cancer. However, no research has been conducted on the role of Depressive Personality Vulnerability (DPV) in breast cancer. DPV pertains to personality traits that are distinguishable from depressive symptoms, but that are said to increase the likelihood of depression's onset/exacerbation. Based on Blatt's theory, dependency and self-criticism constitute two forms of DPV. Methods: We examined the role of dependency, self-criticism and efficacy in depressive symptoms experienced by breast cancer patients treated for depression. Patients (N = 157) were randomized into either individual Short-Term Psychodynamic Psychotherapy (STPP; N = 78) or "Treatment as Usual" (TAU; N = 79). Previous analyses revealed that STPP was superior to TAU in reducing depression at termination. The three DPV traits were assessed at baseline, termination, and follow-up using the Depressive Experiences Questionnaire (Blatt et al., 1976). Depression and anxiety were measured using the Hospital Anxiety and Depression Scale.

Results: Dependency and self-criticism predicted elevated baseline anxiety, whereas self-criticism also predicted baseline depression. Also, baseline self-criticism predicted a rank-order increase in depression and anxiety, in both termination and follow-up, under high dependency and efficacy. Finally, baseline self-criticism augmented the beneficial effect of STPP on depression-reduction at termination.

Conclusions: Self-criticism emerges as a focal construct vis-à-vis depression and anxiety experienced by breast cancer patients. Whereas this construct appears to confer risk to depression and anxiety irrespective of treatment, it also augments evidence-based, psychodynamic psychotherapy for depression.

The treatment of traumatised cardiac patients by EMDR

Urtz A¹

¹Herz-Kreislauf-Zentrum Groß Gerungs

Poster session 1, June 9, 2022, 2:50 PM - 4:00 PM

Objective: Serious diseases, like a heart attack, and their necessary medical treatments are the most common cause for PTSD in the western world (more than 50%). 15-30% of all heart conditions cause a trauma. Traumatized heart patients invest less in their health (medication, stop smoking...) and especially physical exercise is often avoided. Morbidity, mortality, disability and invalidity is increased, as well are the costs for the health care system.

Methode: There are just a few studies about trauma treatment with cardiac patients, and only three testing EMDR (Eye Movement Desensitization and Reprocessing): Arabia (2011), Benhammoghdam (2013, 2015) and Urtz (2011, 2012, 2013, 2017).

EMDR is an empirically validated treatment for trauma. The positive therapeutic outcomes are rapidly achieved without homework, extended exposure, challenging of beliefs or detailed description of the disturbing event (I would like to show a treatment video at the lecture).

Results: EMDR is also very effective in reducing the symptoms of PTSD, depression, anxiety and stress with cardiac patients. Quality of life was enhanced. EMDR had a more positive effect than IE (Imaginal Exposure). Some patients could cope better with another heart condition. A strengthening of resilience occurred. Urtz also reported the use of EMDR in a clinic on a regular base.

Conclusion: All studies concluded that EMDR is very effective in the treatment of traumatized heart patients. Heart attack - PTSD - EMDR fits very well into the medical paradigm of diagnose, cause and treatment.

The role of parental bonding in the relation among somatic symptoms, anxiety, and depression in adolescence: A moderated mediation study

Marchetti D¹, Verrocchio M¹, Porcelli P¹

¹*Department of Psychological, Health and Territorial Sciences, 'G. d'Annunzio' University of Chieti-Pescara, Italy*

Poster session 2, June 10, 2022, 2:50 PM - 4:00 PM

Objective. Adolescence is a developmental period where notable increases in internalizing symptoms occur. Research indicates different domains of internalizing symptoms (anxiety, depressive, somatic) often appear simultaneously, suggesting that these three domains share common etiology. An important but less known aspect of internalizing symptoms is whether parental bonding influences the relation among the internalizing domains. This study aims to investigate the mediating role of depression in the association between anxiety and somatic symptoms as well as the moderating role of parental bonding using a moderated mediation analysis.

Methods. The sample comprised 242 high school adolescents (117 girls) who completed self-report measures of perceived parental bonding (PBI), somatic symptoms (PHQ-15), anxiety (GAD-7), and depression (PHQ-9). Mediation and moderation analyses were performed with Hayes' Process 3.4; anxiety was the independent variable, somatic symptoms score was the dependent, depression was the mediator, and parental bonding styles (maternal bonding style and paternal bonding style; two-level variables: positive, negative) were included as moderators.

Results. After controlling for the effect of gender, depression significantly mediated the relation between anxiety and somatic symptoms. Further, maternal bonding style (but not paternal) was found to significantly moderate the path between depression and somatic symptoms in this mediation model.

Conclusion. Our results may contribute to further clarify factors that account for the association among internalizing domains with practical implications for research and treatment.

It's Not All In Your Head: An Interdisciplinary Approach to Chronic Pelvic Pain

Flynn E¹

¹*Alpert Medical School at Brown University and Women's Medicine Collaborative*

Poster session 2, June 10, 2022, 2:50 PM - 4:00 PM

Objective: Chronic pelvic pain affects 1 in 7 women. Despite this high prevalence, Consultation-Liaison (C-L) psychiatrists get little or no training in assessment and management of this form of pain. We are most often consulted by frustrated treating physicians who are looking for a psychiatric cause of pain. In a review of the C-L literature, articles mostly relate to sexual abuse, somatization disorders and character pathology rather than to actual treatment modalities. Research supports the utility of mindfulness based interventions in pain management.

Methods: We will present our experience of a collaborative model involving Gynecology, Pelvic Floor PT and C-L Psychiatry utilizing a novel integrated mindfulness intervention that addresses the unique aspects of this very under-recognized and under-treated disorder. This portion of the symposium will examine the data on mindfulness in the management of chronic pelvic pain and pain more generally. It will also address proposed brain based mechanisms accounting for its efficacy.

Results: Pelvic pain is a complex pain syndrome involving physical, psychological and psychosocial elements. Traditional models of care often lead to frustration for patients and providers and poor outcomes. We believe the integrated model we have developed utilizing mindfulness addresses the unique needs of these patients and involves their providers in novel ways in order to improve outcomes.

Conclusions: Our goal is to enhance the awareness of pelvic pain and to add to the tools that we as C-L psychiatrists can offer our medical colleagues.

Personality traits analysis in patients with breast cancer

Pawlowski T¹, Jedryszczak K², Matkowski R^{3,4}

¹Division of Psychotherapy and Psychosomatic Medicine, Department of Psychiatry, Wrocław Medical University, ²Cracow Psychotherapy Institute, ³Department of Oncology, Faculty of Medicine, Wrocław Medical University, ⁴Breast Unit, Lower Silesian Oncology Centre

Poster session 1, June 9, 2022, 2:50 PM - 4:00 PM

Objective: The aim of the study was to determine whether women with breast cancer differ from healthy controls in terms of selected personality traits. The study also investigated which of the characteristics specified in the NEO-FFI, IWO and DS-14 tests differentiated the healthy control group from the breast cancer group.

Methods: The research on women with breast cancer (n=99) was carried out at the Breast Unit at the Lower Silesian Centre of Oncology. The control group (n=53) was made up of healthy women.

Results: Research results showed that women with breast cancer differed from healthy subjects from the control group in terms of most of the analysed personality traits. Breast cancer patients are characterized by high neuroticism and negative affectivity which are associated with the tendency to experience negative emotions, such as sadness, anxiety, fear, irritation, anger and aggression. They cannot cope effectively in stressful situations, give up easily and are easily discouraged. Breast cancer patients also score higher on the introversion social inhibition scale, which is connected with their tendency towards low social activity and their frequent suppression of negative emotions. Sick women reveal a higher level of submissiveness, which means that they are more altruistic, peaceful, helpless, hopeless and often make sacrifices for others without thinking about themselves.

Conclusion: The results confirm the hypothesis that there are differences between controls and breast cancer patients in terms of selected personality traits. Obtained data also suggest that specific personality traits could have an impact on the pathogenesis of breast cancer.

Spine ABC, A Multidimensional Presentation from A to Z: Aneurysmal Bone Cyst of the Spine

Georgiou E¹

¹5th year Medical Student, Medical School, University of Patras

Poster session 1, June 9, 2022, 2:50 PM - 4:00 PM

Aneurysmal bone cysts (ABC) are uncommon entities which cause expansile and destructive bone lesions. ABC's incidence on the spine is 1.5 in 10 million. Most cases present with pain of unexplained origin.

We took advantage of this rare benign lesion to describe how a rare and painful tumor can become a problematic situation for the physician- patient relationship because of the lack of knowledge of the physician for this manner. The non-usage of a biopsychosocial/ empathetic approach can lead to great amount of otherwise preventable suffering.

In this case report, we will present an ABC case in the spinous process of the L2 vertebra of a 20-year-old Greek female patient. The main symptom was persistent back pain, without neurological symptoms, of four years' duration. Treatment consisted of surgical curettage of the lesion. In this presentation, we tried to describe not only the pathology of this disease but also the subsequent psychosocial symptoms that accompany it. We managed to accomplish that by exploiting the knowledge of an experienced pathologist, the help of the physicians responsible for this case, the interest of some sensitized medical students, and of course, the experience of the patient herself since the patient is also the lead author.

Conclusion: The focal point of this article is that even though benign tumors like ABCs might lead to excruciating pain, this pain can be alleviated with the proper treatment, especially if the communication between physician and patient is optimal.

Two Case Reports of Treating Dextromethorphan Abuse with Naltrexone in US Military Veterans

Su D², Boone L¹

¹Harry S Truman Veteran's Administration Hospital,, ²University of Missouri

Poster session 2, June 10, 2022, 2:50 PM - 4:00 PM

Objective: Dextromethorphan (DXM) abuse is a significant problem in both U.S. military active duty personnel and veterans, in part due to its relative inability to be detected on routine drug screening, with serious implications both medically and socially. Naltrexone is the only chronic treatment for DXM abuse that is found in the literature, besides one case report where Topomax was successfully utilized.

Methods: Two patients in our case series were treated at our local hospital for their repeated overdoses on DXM. In addition to the psychosocial component of in-house Addictions Treatment Program for Patient 1 and parents obtaining guardianship for Patient 2, these patients were given naltrexone as a part of their treatment regimen. Choosing naltrexone to treat DXM is based on theoretical evidence, as its mechanism of action includes blockade of the non-mu sigma 1 and sigma 2 opioid receptors activated by DXM.

Results: Patient 1 elected to discontinue his naltrexone medication after completing an addiction treatment program. Patient 2 was compliant with his long-acting injectable formulation for several months, but he did not stop abusing DXM and/or alcohol. He had a three-week period of sobriety after completion of a community-based dual diagnosis program. He then relapsed and was eventually incarcerated on felony charges for behaviors that occurred during alcohol intoxication. He was then restarted on oral naltrexone.

Conclusion: Naltrexone may be a useful component of a treatment program for DXM dependence, but patients must choose to be compliant on this medication regimen for this to be fully explored.

Does An Embedded Psychiatrist in an Internal Medicine Team Shorten Length of Stay in the General Hospital Setting?

Boone L¹, Gordon K², Craig D², Chalakere K², Desan P³

¹Harry S Truman Veteran's Administration, ²Arrowhead Regional Medical Center, ³Yale University

Poster session 2, June 10, 2022, 2:50 PM - 4:00 PM

Background: Research has suggested that proactive psychiatric consultation-liaison services can reduce length of stay (LOS) in general medical units of urban academic hospitals. A decrease in LOS of 0.92 days with an embedded psychiatrist model compared to consultation-as-usual (CAU) model in admissions with LOS ≤ 30 days (Desan et al, *Psychosomatics* 52(2011)513-520).

Objective: To compare outcomes between a proactive consultation model using an embedded psychiatrist and CAU in a prospective study involving one medical team with one medical attending physician, in a large county hospital serving a socioeconomically disadvantaged population.

Methods: During a 6-month control period, psychiatric consultation was requested by the medical team per traditional systems. During a similar intervention period in the following year, a single psychiatrist rounded each weekday with the medical team, performed formal consultation where required, and provided informal discussion and advice for any patient with behavioral health issues. Outcome measures were LOS and proportion of admissions with psychiatric intervention.

Results: A total of 504 admissions were included in the control period and 588 in the intervention period: LOS was significantly reduced during the intervention period compared to the control period, 5.17 ± 7.89 versus 6.09 ± 7.39 , $p = 0.048$.

Conclusions: A proactive model with an embedded psychiatrist resulted in a decrease in LOS of 0.77 days and an increase in consultation rate of 10% in a large county hospital, echoing findings of earlier studies in urban academic hospitals.

Novel Approaches to Delirium Education

Maya K¹, Pinkhasov A²

¹Sutter Health & University Of California, Davis, ²NYU Winthrop Hospital, NYU School of Medicine, & Stony Brook University SOM

Poster session 1, June 9, 2022, 2:50 PM - 4:00 PM

Objective:

Delirium, a neurobehavioral syndrome occurring in 70-87% of high-acuity patients, is associated with long-term morbidity and increased mortality. Pathogenesis includes aberrant responses to physiological or psychological stressors such as severe illness, inappropriate pharmacotherapy, emotional distress, and sleep deprivation. Despite awareness of the importance of identification and intervention, delirium is missed in 75% of acute-care patients. Poor recognition often stems from knowledge deficits that persist after standard training methods. Our objective was to implement new and comprehensive approaches to education that effectively engage the inter-professional team, addressing knowledge gaps.

Methods:

Systematic reviews on delirium education strategies were identified using EMBASE, MEDLINE, CINAHL, PsycINFO, and Web of Science. Abstracts were reviewed to identify common themes in best practices and core competencies. Expert review of necessary curriculum components provided revision recommendations.

Results:

The result was the creation of two novel inter-professional approaches to delirium education:

- Interactive web-designed delirium education program coupled with YouTube social media version:
 - * Video demonstrating delirium signs, risk factors, and management.
- An immersive educational experience:
 - * "Escape Room" simulation where participants must empathetically consider the patient's perspective & demonstrate delirium competencies.

Conclusion:

Evidence-based strategies to train healthcare teams on integrated approaches to care for patients with complex conditions such as delirium include:

- Novel interactive delirium education program for professionals corresponding with a YouTube version for healthcare professionals as well as patients and families.
- Immersive active learning strategies, such as the Delirium Escape simulation
- Delirium recognition and management competencies assessed before and after implementation.

The Brain–Gut Axis in Gastrointestinal Cancers

Alpert O¹, Issac T¹, Begun L¹

¹HMH- Jersey Shore University Medical Center

Poster session 1, June 9, 2022, 2:50 PM - 4:00 PM

Objective

This article reviews the current research in brain-gut axis with focus on microbiota and its role in the development of gastrointestinal cancers.

Methods

We conducted a literature review on PubMed, Cochrane, and Sciencedirect using English language. We begin by reviewing the brain–gut axis and its function and then discuss its effect on the development of gastrointestinal cancers.

Results

We reviewed 70 manuscripts and found association between microbiota dysfunction and development of colorectal cancers predisposing to psychiatric manifestations.

Conclusions

The microbiota have multiple functions including maintenance of the epithelial barrier, immune response, digestion, cortisol regulation, and control of neurotransmitters and their metabolism (e.g. serotonin, dopamine, noradrenaline and gamma-Aminobutyric Acid[GABA]) Changes in gut microbiota can interfere with homeostasis leading to dysbiosis microbiota, which is linked to colorectal cancer. Microbiota composition can cause pronounced effect on medical interventions including medications, chemotherapy, and radiation. Altered primary immune system is associated with microbiota disassociation and development of colorectal cancer. Lasting disturbances in the microbiota can lead to systemic inflammation with implications on disease development or treatment modifications. These disruptions of the intestinal flora can play an important role in the pathogenesis of cancers. Most psychological reactions to cancer are similar across cancer types but each cancer when examined individually has its own unique features

Vaping and lung disease

Alpert O¹

¹HMH- Jersey Shore University Medical Center

Poster session 1, June 9, 2022, 2:50 PM - 4:00 PM

Background

The use of E-cigarettes as an alternative to smoking tobacco became available to adults and children in the mid 2000's and the percentage of children and adolescents who are using vaping devices has increased significantly from 11.7 % in 2017 to 20.8 % in 2018. Cannabis oil has become a popular vaping liquid among the youth. Recently, there has been an increase in reported cases of development of acute respiratory symptoms and hypoxemia associated with vaping marijuana. The clinical presentations are variable but lung biopsies when performed showed respiratory bronchiolitis associated with interstitial lung disease, organizing pneumonia and lipoid pneumonia. In 9/2019 the CDC reported over 450 cases of lung disease associated e-cigarettes, some of which were fatal.

Objective

To discuss the association between vaping cannabis oils and lung disease. Cannabis, an old and known substance, used for centuries is now leading to new lung disease and fatalities when its oils are inhaled in vaping form. To increase awareness of vaping cannabis associated medical sequelae.

Methods

2 cases of adolescents who presented to the ED with acute respiratory symptoms, hypoxemia and respiratory failure requiring ET intubation following the use of vaping cannabis.

Results:

There is significant association between use of vaping cannabis and lung disease.

Conclusion

There is a growing concern about the increased use of electronic devices to inhale cannabis oils. We report 2 cases of acute lung disease in adolescents who presented with acute respiratory symptoms after vaping cannabis.

CORRELATIONS BETWEEN OCCUPATIONAL STRESSORS, PERSONALITY TRAITS AND TRANSFORMATIONAL LEADERSHIP DIMENSIONS IN PREUNIVERSITY EDUCATION

Dorin-Gheorghe T¹

¹*Emergency Hospital County*

Poster session 2, June 10, 2022, 2:50 PM - 4:00 PM

Objective

To evaluate the correlations between occupational stressors, personality traits and school transformational leadership.

Methods

In two schools and in one highschool we evaluated by a questionnaire the employees' perceptions regarding dimensions of transformational leadership (by Transformational Leadership Questionnaire), employees' burnout (Oldenburg Burnout Inventory) and twelve occupational stressors each of them having 3 dimensions of response (frequency, level, comparison with the previous year). Also, personality traits were evaluated using Gray's Behavioral Inhibition and Activation Systems [BIS/BAS] (Anxiety, Fun-seeking, Drive, Reward-responsiveness) subdomain of International Personality Item Pool.

Results

Exhaustion correlates negatively with inflexible work schedule- frequency ($p=0.002$ in highschool; $p=0.02$ in school no. 1 and $p=0.025$ in school no. 2) and positively with burnout ($p<0.001$ in school no. 1; $p=0.001$ in school no. 2 and $p<0.001$ in highschool) and with Inspirational communication ($p=0.041$ in highschool; $p=0.036$ in school no. 1 and $p=0.006$ in school no. 2). Also Anxiety correlates negatively with burnout ($p<0.001$ in highschool; $p=0.021$ in school no.1; $p=0.024$ in school no.2). Anxiety personality trait score correlates positively with inability to change unpleasant aspects at workplace – frequency ($p<0.001$ in highschool; $p=0.020$ in school no 1; $p=0.021$ in school no 2).

Conclusions

Concordant, significant results were obtained in all three school units. Inspirational communication of leadership positively associates with the employees' exhaustion. Anxiety personality traits negatively associate with burnout. Burnout syndrome is not associated with increased Anxiety personality traits scores. High values of Inspirational communication of leadership perceived by employees are highly probable to facilitate employee occupational exhaustion.

CORRELATIONS OF MENTAL WELL-BEING WITH TRANSFORMATIONAL LEADERSHIP AND PERSONALITY TRAITS IN PREUNIVERSITARY SCHOOL UNITS

Dorin-Gheorghe T¹, TRIFF Z

¹*Emergency Hospital County Baia Mare*, ²*Technical University of Cluj*

Poster session 2, June 10, 2022, 2:50 PM - 4:00 PM

Objective

Correlations of mental well-being with transformational leadership and personality traits

Methods

During medical checkup, employees of a school and a highschool voluntarily filled in a questionnaire that included the Transformational Leadership Questionnaire (TLQ), General Health Questionnaire (GHQ), and Oldenburg Burnout Inventory. TLQ has the following dimensions: Vision, Inspirational communication, Intellectual stimulation, Supportive leadership, Personal recognition whereas GHQ is a validated questionnaire for assessment of mental well-being.

In highschool, employees received Gray's Behavioral Inhibition and Activation Systems [BIS/BAS] questionnaire. This subdomain of International Personality Item Pool contains the following personality traits scales: anxiety, fun-seeking, bas drive, reward-responsiveness.

In school, employees received Seven Components Potentially Related to Emotional Intelligence questionnaire (subdomain of International Personality Item Pool) with the following personality traits scales: positive and negative expressivity, attending to emotions, emotion-based decision-making, responsive joy, responsive distress, empathic concern.

Results

In school GHQ score correlates positively with Supportive leadership ($p= 0.008$) Personal recognition ($p= 0.011$) Transformational Leadership total score ($p=0.029$), and negatively with responsive joy ($p= 0.049$). In highschool, GHQ score correlates positively with Personal recognition ($p= 0.004$) Transformational Leadership ($p=0.024$) and negatively with bis anxiety ($p=0.000$) and bas fun-seeking ($p=0.010$).

Conclusion

GHQ is negatively associated with some personality traits (responsive joy, bis anxiety, bas fun-seeking). In both of the studied school units Personal recognition dimension of Transformational Leadership scale and Transformational Leadership are positively associated with GHQ.

A better life after transplant or fear of death?: A decisional balance analysis of living donor kidney transplant readiness

Rafiqzad H¹, Wasim A¹, Rezaeishahreza A¹, Lam J¹, Li A¹, Mahiuddin T¹, Watermam A², Noval M¹, Mucsi I¹

¹University Health Network, ²University of California, Los Angeles

Poster session 2, June 10, 2022, 2:50 PM - 4:00 PM

We assessed whether the importance attributed to “living a longer life with transplant” versus “fear of death during transplant surgery” by KT candidates was associated with readiness to explore living donor kidney transplant (LDKT).

Adults on dialysis in Toronto rated the importance of presumed positive and negative outcomes of KT (‘not important’ to ‘extremely important’) on an electronic data capture platform. KT pro and con scores were calculated by summing item scores. Answers to items of interest (“I would live a longer life with a transplant”; “I could die during the transplant surgery”) were dichotomized (not/slightly/moderately vs very/extremely important) to assess their association with outcome. LDKT readiness (outcome) was categorized: “taking actions to explore LDKT” vs “considering/not considering LDKT”.

Of 576 participants (63% male, mean[SD] age 57[13] years), 87% considered living a longer life after KT as highly important, while only 37% considered potential death during surgery as highly important to their KT decision. In multivariable adjusted logistic regression, individuals for whom “living a longer life ...” was of high importance were more likely to be taking LDKT actions (OR=2.61, CI=1.13-6.03, P=0.03). In a similar model, the importance of potential death during surgery was not associated with LDKT readiness (OR=0.71, CI=0.45-1.13, P=0.15).

Individuals motivated by positive outcomes of LDKT, were more likely to take LDKT actions. Negative consequences, including fear of death were not associated with LDKT readiness. As predicted by the Transtheoretical Model, understanding LDKT readiness and emphasizing the potential positive outcomes may motivate patients to explore LDKT.

Application of the 15-item Systemic Clinical Outcomes in Routine Evaluation (SCORE-15) within a patient sample from a paediatric outpatient clinic in Hong Kong

Tam B¹, Sze A¹, Lee L¹, Suen A¹, Mo M¹, Li S²

¹Princess Margaret Hospital, ²University of Hong Kong

Poster session 1, June 9, 2022, 2:50 PM - 4:00 PM

Objective: Family relationship and functioning as indexed by the 15-item Systemic Clinical Outcomes in Routine Evaluation (SCORE-15) have been consistently shown to predict changes in family-centred treatment. Yet, its utility in psychosomatic setting remains unclear. The objective of the current study was to examine the psychometric properties of the Chinese version of the SCORE-15 in a sample of Hong Kong adolescents.

Methods: A total of 302 Hong Kong adolescents (aged 12-17) who attended a paediatric specialist outpatient clinic for physical conditions (e.g., prolonged stomachache) were assessed and completed the Chinese version of SCORE-15. Confirmatory factor analyses (CFAs) were used to test the correlated three-factor model reported in the previous research based on clinical and non-clinical samples. Internal consistency was assessed with Cronbach's α .

Results: Results of confirmatory factor analyses showed goodness-of-fit of the data to the correlated three factor model ($S-B\chi^2=161.13$, $df=87$, Comparative Fit Index (CFI)=0.940, Incremental Fit Index (IFI)=0.940, root mean square error of approximation (RMSEA)=0.053 [90%CI=0.040-0.066]). These three factors correspond to strengths and adaptability, overwhelmed by difficulties, disrupted communication. There was no evidence to support a single factor model ($S-B\chi^2=388.76$, $df=90$, CFI=0.756, IFI=0.759, RMSEA=0.105 [90%CI=0.094-0.116]). Internal consistency was satisfactory for all three subscales (Cronbach's α s ranging from 0.72 to 0.82).

Conclusions: The current finding provided the preliminary evidence for the construct validity of SCORE-15 among families in Hong Kong which require adolescent medical service. Elucidation of SCORE-15's psychometric properties in other medical settings is warranted. SCORE-15 would be a useful tool to identify adolescents who require family intervention.

What works in the treatment of medically unexplained physical symptoms? The psychotherapist perspective

Čevelíček M¹, Roubal J¹, Hytych R¹, Řiháček T¹

¹Masaryk University, Faculty of Social Studies

Poster session 1, June 9, 2022, 2:50 PM - 4:00 PM

Objective. Psychotherapy is a moderately effective treatment for medically unexplained physical symptoms (MUPS). However, there is a lack of research exploring mechanisms that contribute to patient improvement. An investigation of clinical strategies used by psychotherapists experienced in the treatment of patients with MUPS offers insights into the mechanisms they target, which can help improve psychotherapy effectiveness. **Method.** Psychotherapists with various theoretical approaches (N = 31) and at least 5 years of experience in the treatment of MUPS were recruited and interviewed using a semi-structured protocol. The grounded theory method was used to identify the clinical strategies they used. **Results.** The psychotherapists' strategies responded to a range of challenges represented by patients suffering from MUPS. They put a strong emphasis on drawing patients with MUPS into a psychological treatment because patients tended to seek medical solutions even if available options were exhausted, they mistrusted psychosocial explanations of their symptoms, and they expected that a magical cure would be offered by an authority. The psychotherapists had different views of treatment success: While some preferred insight-oriented work and they did not perceive practical changes in clients' lives and symptomatic improvements as sufficient, other therapists accepted that some patients were not prepared for "deeper" changes in their functioning and they were satisfied with practical benefits patients achieved. **Conclusion.** Clinical strategies shared across therapists with diverse theoretical orientations point to common mechanisms of change in the treatment of clients with MUPS. Psychotherapists' responsiveness to client preparedness for psychotherapy appears to be important in challenging clients.

Development and Validation of Two Clinical Tools for Complexity Assessment and Profiling

Frankel S¹

¹*University Of California, San Francisco*

Poster session 1, June 9, 2022, 2:50 PM - 4:00 PM

Objective - Validation of an abbreviated clinical tool for selecting and characterizing complex patients, the INTERMED Self Assessment (IMSA), and the creation of a companion screening tool for the same purpose

Introduction - "Complex Patients" are high utilizers of medical and social resources. They typically have co-morbid pathology spanning the medical, psychiatric, social, and care delivery domains and are resistant to treatment as usual (TAU). The INTERMED, an examiner administered complexity assessment instrument (IM-CAG), was created to identify and profile the needs and pathology of these patients. The INTERMED Self Assessment (IMSA) is an time efficient alternative to the IM-CAG. Neither of these instruments have been widely implemented presumably because of the time and cost required for their application

We have participated in validating the IMSA with a complex American population and will present our findings. We are also in the process of creating a screening tool for identifying these patients making the entire process of identifying and profiling these patients more time efficient and affordable.

Methods - Two formal research studies: (1) A validation study of the IMSA involving 125 complex patients and (2) creation of complexity screening tool involving a similar prospective study in a collaborative project with a different institution.

Results - I will present recently analyzed data from the San Francisco IMSA validation project and will present the progress of screener being developed.

Conclusions - These assessment and planning tools are intended to make the process of complexity assessment and treatment more practical and cost effective

Case Series and Literature Review on Cingulate Epilepsy

Benjamin B¹

¹North East London NHS Foundation Trust

Poster session 1, June 9, 2022, 2:50 PM - 4:00 PM

Cingulate gyrus epilepsy is a rare and diagnostically challenging form of epilepsy, with a wide range of clinical manifestations. The objective of this poster is to describe 2 case reports and a literature review of the topic. The Cingulate Gyrus is a deep structure in the brain and is a component of the limbic system, it is involved in processing emotions and behaviour regulation. It also helps to regulate autonomic motor function. Although previously viewed as a mysterious territory of the brain, evidence from cognitive and fMRI studies have established a better understanding of the cingulate cortex. The methods used were the literature search and description of 2 case reports in this form of epilepsy. The Anterior cingulate Gyrus is likely to have an important role in integration of neuronal circuitry for affect regulation and can be identified as a distinctive region in understanding psychopathology. The results show that the location of the Cingulate within the brain and its complex neural networks have often resulted in seizures arising from this area to be masqueraded as Frontal lobe seizures or Temporal lobe seizures. There is also a significant difficulty in identifying this epilepsy through conventional EEG and when there are no lesions present on MRI. The case reports describe the seizure onset, characteristics, electrophysiology and semiology, neuropsychiatric implications and historical factors. There is also a description of the Neuropsychiatric implications of Cingulate Epilepsy in this work as a conclusion.

“Taking care of living kidney donors: psychiatric aspects, recent data and the HUG experience ”

Galani V¹

¹Hôpitaux Universitaires de Genève

Poster session 1, June 9, 2022, 2:50 PM - 4:00 PM

Kidney transplantation from a living donor is considered as a treatment of choice for patients with end stage kidney disease. The number of living kidney donors has significantly increased in the last three decades.

Before the operation, the potential psychological effects of kidney donation on the donors are thoroughly assessed by the psychiatrists working with the transplant team.

Many studies in this field show an increase of self-esteem of living donors post operation. Studying the factors related to the quality of life of living kidney donors after the kidney donation is a field of interest for the scientific community.

According to recent studies, factors as the partial satisfaction about the transplantation results, the nephrectomy's impact on daily activities, and the appearance of chronic pain, could unfavourably affect the donor's quality of life (1). The risk of potential adjustment disorders is also a field of interest (2).

Identifying, during the preoperative psychiatric evaluation, risk factors for the appearance of psychological disorders and assessing the necessity of establishing psychiatric “follow ups” post donation is the field of a retrospective study in process that actually takes place in the HUG.

1. Menjivar A. et al, Assessment of donor satisfaction as an essential part of living donor kidney transplantation: an eleven- year retrospective study, *Transplant International* 2018; 31:1332-1344
2. Rodrigue JR et al, Mood, body image, fear of kidney failure, life satisfaction, and decisional stability following living kidney donation: Findings from the KDOC study, *American Journal of Transplantation* 2018; 18:1397-1407

The role of cognitive factors in differentiating individuals with somatoform disorders with and without depression

Ventura L, Cano-Vindel A, Muñoz-Navarro R, Barrio-Martínez S, Adrián Medrano L, Moriana J, Ruíz-Rodríguez P, Carpallo González M, González-Blanch C

¹Idival - Valdecilla Biomedical Research Institute, ²Complutense University of Madrid - Faculty of Psychology, ³Department of Psychology and Sociology, Faculty of Human and Social Sciences, University of Zaragoza, ⁴Pontificia Universidad Católica Madre y Maestra, ⁵Department of Psychology, Universidad de Córdoba, ⁶Castilla La Nueva Primary Care Centre, Health Service of Madrid, ⁷Spanish Foundation for the Promotion and Development of Scientific and Professional Psychology, ⁸Mental Health Centre, Marqués de Valdecilla University Hospital, ⁹Faculty of Health Sciences, Universidad Europea del Atlántico

Poster session 1, June 9, 2022, 2:50 PM - 4:00 PM

The present study, based on a cross-sectional design, was conducted in the primary care setting with patients presenting somatic symptoms suggestive of somatoform disorders (SFD). The main aim of the study was to determine whether cognitive variables could differentiate between patients with SFD alone and those who also present depressive symptoms suggestive of depression (SFD + depression). All participants (N = 796) completed validated self-report measures to assess somatic, depressive, and/or anxiety symptoms, as well as functional impairment, quality of life (QoL), and cognitive variables (worry, rumination, metacognition, cognitive distortions, and emotion regulation). Univariate and multivariate analyses (controlled for potential sociodemographic and clinical confounders) were performed. On the univariate analysis, significant differences between the SFD and SFD + depression groups were found in sociodemographic and clinical variables, functional impairment, QoL, and cognitive variables. On the multivariate analysis, the only significant variables associated with comorbid SFD + depression were anxiety ($\beta = 0.27$; $p < 0.001$), physical and psychological QoL ($\beta = -0.10$; $p = 0.01$; and $\beta = -0.21$; $p < 0.001$, respectively), and marital status ($\beta = -0.05$; $p < 0.05$). Cognitive variables were not significantly related to depressive symptoms in patients with SFD. These findings suggest that patients with SFD - with or without comorbid depression - share common cognitive processes and thus both groups could benefit from transdiagnostic cognitive therapy.

"Alexa, are you hurting my brain?" - Understanding the effects of low frequency and radiofrequency Electromagnetic Fields (EMF) on mental health

Huremovic D¹, Joshi N¹

¹North Shore University Hospital

Poster session 1, June 9, 2022, 2:50 PM - 4:00 PM

Objective

This presentation reviews neuropsychiatric effects of low frequency and radiofrequency (RF) technologies and their Electromagnetic fields (EMF) in order to raise technological literacy and competence among C-L Psychiatrists to confidently address concerns in this area.

Rationale/Methods

Recent times have seen an unprecedented use of wirelessly communicating devices due to proliferation of the Internet-of-Things (IoT) in everyday life and healthcare, a trend that was significantly accelerated by COVID-19 outbreak, further increasing our reliance on wireless technologies. Contemporary RF technologies and their EMF radiations do not pose a significant risk to our health, but their cumulative effect can have neuropsychiatric effects. The authors present a targeted literature review of neuropsychiatric effects of EMF radiation.

Discussion

Absorbed by the body in large amounts, RF EMF produces heat; its ability to induce genotoxic changes (DNA damage) or lead to cancer via oxidative stress remains inconclusive. EMF can act non-thermally and affect the brain and our mood; that is well known and used in transcranial magnetic stimulation (TMS) treatment of depression.

However, when experienced outside well-controlled environments, exposure to RF-EMF can lead to a high specific absorption rate (SAR) which can have neuropsychiatric effects. Possible pathways of EMF effects include: altering the permeability of blood-brain barrier, increasing excitatory currents in neuronal calcium channels, altering myelin proliferation, and increasing autophagic activity.

Conclusion

RF-EMF radiation generates considerable interest among scientists and general population. Knowing how RF-EMF affects brain and behavior is a requirement for a C-L psychiatrist to competently discuss the topic and dispel false beliefs.

Optimizing Telehealth: Strategies to Minimize Patient Barriers

Guimaraes de Oliveira R^{3,2}, Lou K¹, Gonzalez M^{1,2}, Olender S^{1,2}

¹NewYork-Presbyterian Hospital, ²Columbia University Medical Center, ³New York University

Poster session 2, June 10, 2022, 2:50 PM - 4:00 PM

COVID-19 disrupted the delivery of healthcare worldwide. Since the initial surge in New York in March 2020, most behavioral health services have been rendered virtually through telehealth. Most providers suspended their in-person services entirely. In 2020, the Comprehensive Health Program at NewYork-Presbyterian Hospital provided primary care to over 2,300 people living with HIV, 52% of whom are over the age of 50. Integrated delivery of mental health and HIV care and treatment services is crucial to the program, with 15% patients living with multiple serious mental illnesses (SMI). Through our modified collaborative care model, our Behavioral Health Clinicians and Care Coordinators worked closely with onsite psychiatry providers to assist patients with enrollment in our health record and utilization of telehealth services. In this presentation, we will review overall program transitions towards telehealth visits while identifying systems and patient-level barriers from both in-person and telehealth visits. Additionally, we will identify, practice, and implement sustainable techniques to mitigate barriers and allow for effective future telehealth visits. A retrospective review of program volume showed that total of 312 unique clients had a psychiatry visit within the year, with 34% of these clients utilizing telehealth. From the entire program of 2,345 clients, 350 individuals have been diagnosed with an SMI. Although a large proportion of our clients have utilized telehealth, understanding more about the tools and techniques that were both successful and unsuccessful in our program is important to develop a telehealth behavioral health model for clients living with HIV and intensive psychiatry needs.

The Diagnostic Criteria for Psychosomatic Research-Revised Semi-Structured Interview: concurrent validity

Mansueto G¹, Romanazzo S¹, Cosci F¹

¹University of Florence

Poster session 2, June 10, 2022, 2:50 PM - 4:00 PM

Objective: This study aims to assess the concurrent validity of the Diagnostic Criteria for Psychosomatic Research-Revised Semi-Structured Interview (DCPR-R SSI) among elderly subjects.

Methods: 107 participants (females: 65.4%; age: 79.79±8.58 years) were recruited at nursing home or from general population. The DCPR-R SSI, the Geriatric Depression Scale (GDS), the Illness Attitude Scales (IAS), and the Toronto Alexithymia Scale-20 (TAS-20) were administered.

The concurrent validity of the DCPR-R SSI was assessed for DCPR-R SSI diagnostic modules of demoralization, disease phobia, and alexithymia. The concurrent validity was assessed by evaluating whether subjects reporting DCPR-R-SSI demoralization, DCPR-R-SSI disease phobia, and DCPR-R-SSI alexithymia, compared with those without these DCPR-R-SSI psychosomatic syndromes, had higher rates of GDS depression, IAS illness anxiety or TAS-20 alexithymia, respectively. Chi-square tests were run.

Results: On the whole sample 8 (7.5%) subjects reported DCPR-R-SSI demoralization, 1 subject (0.9%) reported DCPR-R-SSI disease phobia, and 47 (44%) reported DCPR-R-SSI alexithymia.

Subjects with DCPR-R-SSI demoralization had higher GDS depression scores than those without DCPR-R-SSI demoralization (n=8, 100% vs n=29, 31%, $\chi^2(df)=15.03(1)$, $p<0.001$). Subjects with DCPR-R-SSI disease phobia had higher IAS illness anxiety scores than those without DCPR-R-SSI disease phobia (n=1, 100% vs n=2, 2%, $\chi^2(df)=34.99(1)$, $p=0.028$). Subjects with DCPR-R-SSI alexithymia had higher TAS-20 score than those without DCPR-R-SSI alexithymia (n=23, 49% vs n=14, 23%, $\chi^2(df)=7.64(1)$, $p=0.006$).

Conclusions: The DCPR-R-SSI showed good concurrent validity among elderly subjects. The DCPR-R-SSI may be implemented in the assessment of elderly subjects to identify and diagnose demoralization, disease phobia, and alexithymia.

COMPARING ABSTINENCE EXPECTANCIES AND EFFECTIVE ABISTNENCE CONSEQUENCES AFTER QUITTING SMOKING: A LONGITUDINAL STUDY

Romaniello C¹, Cardellicchio S², Pezzuto A³, Cosci F¹

¹University of Florence, ²University Hospital Careggi, ³S. Andrea Hospital-Sapienza University

Poster session 2, June 10, 2022, 2:50 PM - 4:00 PM

OBJECTIVE: according to the research on placebo and nocebo effects, expectancies play an important role in understanding the subjective experiences of patients after a treatment, but this topic is understudied in seeking-treatment smokers. The present study evaluated the abstinence expectancies of smokers attempting to quit and tested whether or not these expectations are confirmed after quitting.

METHODS: one-hundred and three adult smokers were consecutively recruited from two Italian smoking cessation clinics and longitudinally assessed during four time points. Besides clinical information (i.e., cigarettes per day), three self-report instruments were administered: the Smoking Abstinence Expectancies Questionnaire (SAEQ) before the Quit Day (QD). The SAEQ-past (a modified version created for assessing the real occurrence of clinical consequences of quitting that were expected before the QD), and the Minnesota Nicotine Withdrawal Scale (MNWS) were administered few days, one month and three months after the QD.

RESULTS: the cigarettes smoked daily were 18.68 (± 6.77). Withdrawal symptoms measured by the MNWS decreased significantly one month after the QD. The most frequent expectancies measured by the SAEQ before the QD were positive consequences and negative mood. Comparing expectancies of abstinence and effective symptoms occurring after the QD, the majority of the sample reported less abstinence symptoms than expected, except for somatic symptoms, but also less positive consequences than expected.

DISCUSSION: abstinence expectancies differed from the real abstinence consequences in the majority of cases. The role of positive and negative expectancies in shaping the subjective experience of abstinence and their implications in smoking cessation treatment is discussed.

Psychological Well-being in Systemic Sclerosis Patients

Romanazzo S¹, Mansueto G¹, Guiducci S¹, Matucci-Cerinic M¹, Cosci F¹

¹University of Florence

Poster session 1, June 9, 2022, 2:50 PM - 4:00 PM

Background: This study aimed to identify the clinical variables associated with psychological well-being in systemic sclerosis (SSc) patients.

Methods: 124 SSc patients were enrolled at the Careggi University Hospital (Florence, Italy). The Mini-International Neuropsychiatric Interview, the Diagnostic Criteria for Psychosomatic Research-Revised Semi-Structured Interview, the World Health Organization-Five Well-Being Index (WHO-5), the Psychological Well-Being Questionnaire (PWB), the Mental Pain Questionnaire (MPQ), the Symptom Questionnaire (SQ), the Symptom Checklist-90-R, the Health Assessment Questionnaire Disability Index, and the Pictorial Representation of Illness and Self Measure (iPRISM) were administered. Subjects were stratified into “low” or “high” psychological well-being (based on WHO-5) with the aim to compare the two groups concerning the above variables.

Results: Regression model showed that higher well-being was associated with the absence of psychiatric disorders, higher PWB purpose in life, iPRISM feeling peace scores, and with lower iPRISM suffering, iPRISM physical pain, MPQ mental pain, SQ depression, SQ somatization, SCL-90 obsessive-compulsive scores ($R^2=0.58$).

Conclusions: SSc patients might benefit for empowering psychological well-being both reducing suffering and psychological symptoms and increasing purposes in life and peace feelings.

The ETUDE project: Transdiagnostic prevalence of functional disorders across Europe:
A systematic literature review and meta-analysis

Rometsch C¹, Manssueto G¹, Romanazzo S¹, Martin A³, Cosci F²

¹Department Of Experimental And Clinical Medicine, ²Department of Health Science, ³School of Human and Social Sciences

Poster session 2, June 10, 2022, 2:50 PM - 4:00 PM

Background:

The term "functional disorders" includes somatic symptoms for which there is no sufficient medical explanation. A problem, however, exists due to a wide nosology to describe functional disorders. Previous studies in primary care suggest point prevalence rates of functional disorders between 0.8% and 5.9%. Nevertheless, there is a lack of systematic reviews evaluating the epidemiology. In the framework of a Marie Skłodowska-Curie funded program (Grant Agreement 956673), this work aims to systematically review the transdiagnostic prevalence of functional disorders in adults across Europe.

Methods:

Based on a literature search in PubMed, Web of Science, PsycInfo, Cochrane library and OpenGrey all relevant studies will be filtered and evaluated according to the guidelines of the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA 2020). Subsequently, meta-analyses will be performed. The study protocol was registered on PROSPERO and OSF.

Results:

The study protocol including the relevant process of this work, e.g. the PRISMA Flowchart 2020, will be presented. First results of the systematic review regarding the transdiagnostic prevalence are expected for the congress.

Discussion:

This systematic review makes an important contribution to science due to the absence of reliable data; but furthermore, provides implications on the needs in the health care across Europe. We assume, that this mental health condition occurs rather often but with existing severe undertreatment both in primary health care and specialized psychosomatic treatment centers. The ETUDE program as part of the EURONET-SOMA with 15 scientists aims to formulate new therapy recommendations based on the scientific findings.

Symptom Persistence and Deterioration in Persistent Somatic Symptom: a Scoping Review on Healthcare-Related Factors

Kustra-Mulder A¹, Weigel A¹, Löwe B¹

¹University Medical Center Hamburg-Eppendorf, Department of Psychosomatic Medicine and Psychotherapy

Poster session 2, June 10, 2022, 2:50 PM - 4:00 PM

Objective: Persistent Somatic Symptoms (PSS) are the reason for at least 33% of primary care consultations and 15-54% of specialist referrals across medical fields. The healthcare systems and treatment options considered appropriate for PSS vary considerably across Europe. Thus far, the potential influence of healthcare-related factors on the prognosis of PSS across Europe has not yet been investigated. Therefore, this scoping review aims to summarize existent evidence on healthcare-related factors on symptom persistence or deterioration of symptoms in PSS.

Methods: Articles were identified by systematically searching Pubmed, Web of Science, Cochrane Library, PsycInfo databases, and relevant reference lists by combining terms of PSS and healthcare-related factors. Studies published in English, German, Polish, or Dutch in peer-reviewed journals between 2000 and 2022 are eligible for inclusion. The quality of the included studies will be assessed, and healthcare-related factors associated with PSS will be qualitatively synthesized.

Results: Currently, 4904 articles were identified through PubMed database searching; 4644 through Web of Science; 471 through Cochrane Library; and 980 through PsycInfo. After duplicate removal, a total of 8386 publications were identified and are now being screened based on titles and abstracts and the next step on full texts. Results on identified healthcare factors will be presented during the conference.

Conclusion: The insights achieved in this project will advance knowledge on healthcare factors contributing to the persistence or deterioration of symptoms in patients with PSS. Moreover, it could serve as crucial information for policymakers involved in public health and different medical settings.

Development and evaluation of an (interprofessional) online course on functional somatic symptoms following German S3-guidelines - a preliminary report

Bossert E¹, Sattel H¹, Roenneberg C¹, Henningsen P¹

¹Department of Psychosomatic Medicine and Psychotherapy, Klinikum rechts der Isar, Technical University Munich (TUM)

Poster session 1, June 9, 2022, 2:50 PM - 4:00 PM

Objective:

Up to 50% of patients in primary care present with functional somatic symptoms. Physicians often find treating these patients challenging. Although this issue is well-known, medical professionals are largely left to educate themselves on this topic. Our goal was the development of an online course on functional somatic symptoms based on the S3 Guideline "Funktionelle Körperbeschwerden" for healthcare professionals.

Methods:

The course contains ten chapters, each lasting 60 minutes. They consist of a variation of reading assignments, videos, and differing question formats. The course was developed by experts in the fields of psychosomatics and general medicine as part of the open access "Virtual University Bavaria". Participants were asked to complete online questionnaires throughout the course about their learning process.

Results:

To date (January 2022) N=77 completed the initial evaluation. 43.8% of the participants were physicians, whilst the remainder had a diverse professional background. The mean Age was 47.4 yrs., the professional experience 15.8 yrs. 30.4% of the participants rated their knowledge in this field as adequate. N=25 final evaluations could be analyzed to date. Upon completion of the course, most of these participants rated their knowledge as adequate. A large majority evaluated the course as helpful and relevant to managing functional somatic symptoms, although 56.0% of the respondents still considered these patients to be difficult.

Conclusion:

Based on the preliminary evaluation, this online course is a helpful tool to educate healthcare professionals on the topic of functional somatic symptoms. Further results, limitations and strengths of the study are presented.

Understanding health anxiety symptoms in children during the COVID-19 pandemic - Interpretative Phenomenological Analysis study

Dalgaard I¹, Hulgaard D^{1,2}, Bilenberg N^{1,2}, Rask C^{3,4}

¹Department of Clinical Research, University of Southern Denmark, ²Child and Adolescent Psychiatry, Mental health Services in the Region of Southern Denmark, ³Department for Child and Adolescent Psychiatry, Aarhus University Hospital, Research Unit, ⁴Department of Clinical Medicine, Aarhus University

Poster session 2, June 10, 2022, 2:50 PM - 4:00 PM

Objective:

Recent studies have pointed towards an increased risk of negative mental health outcomes including health anxiety symptoms (HAS) in children and adolescents in the context of the COVID-19 pandemic. In 2020 and 2021 respectively, HAS symptoms and possible associations were explored in children from a Danish prospective birth cohort. High levels of HAS were associated with internalising problems at age 3 and 5 (2020 and 2021) and with parental HAS (2020). Further, a small group with persistently high levels of HAS was identified (2021). The current study will expand on these findings through qualitative inquiry in the same study population.

The aim is to explore the possible influences of a global health threat on HAS in children and further how such symptoms might be alleviated or exacerbated in the context of a family with high parental HAS.

Methods:

The study population of 6-8 parents will be purposively sampled. Parents of children with high levels of HAS who themselves also reported high levels of HAS, will be recruited. Data will be collected through in depth semi structured interviews. The qualitative data analysis will be based on interpretative phenomenological analysis (IPA).

Results:

Themes and subthemes concerning the parental perception of their child's health concerns and how these are addressed in the family and in society will be presented with exemplification through relevant quotes.

Conclusion:

We expect results to contribute to current knowledge on children with HAS in the context of the family and in the wider context of a pandemic.

Understanding health anxiety symptoms in children during the COVID-19 pandemic - Interpretative Phenomenological Analysis study

Dalgaard I¹

¹*Child and Adolescent Psychiatry Odense*

Poster session 1, June 9, 2022, 2:50 PM - 4:00 PM

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Cardiovascular disease and delirium - CRP as a prognosis factor

Da Ponte G¹, Ouakinin S²

¹Centro Hospitalar Barreiro Montijo, ²Psychology Faculty, University of Lisbon

Poster session 1, June 9, 2022, 2:50 PM - 4:00 PM

Objective:

To describe the relation between cardiovascular disease (CVD), delirium, and C-reactive protein (CRP) levels.

Methods:

Retrospective study, conducted in medical-surgical wards of Centro Hospitalar Barreiro-Montijo, Portugal, in the last quarter of 2021.

It was collected demographic and clinical data and CRP levels in patients with a diagnosis of delirium. It was done a descriptive statistical analysis.

Results:

Twenty-eight patients were in delirium (hyperactive subtype: 17; 61%); their mean age was 72,96 (SD: 11,42), and the majority were men (16; 57%). CVD was the more frequent reason for admission (10; 36%). The more frequent comorbidity was physical (14; 50%), followed by both physical and psychiatric (13; 46%). The majority of patients had ≥ 3 physical comorbidities (10; 36%), mainly previous CVD (27; 96%), and one psychiatric diagnosis (11; 39%), more often depression (6; 25%). Five (18%) patients had decreased. Fourteen (54%) had levels of CRP above the mean ($\geq 70,95$), and the majority presented a hyperactive delirium (50%). Patients were older (mean: 77,36), and with a higher percentage of men (71%). In 36%, CVD was the reason for admission, but a high percentage presented physical comorbidities (64%; ≥ 3 : 57%), more frequently CVD (93%). The more frequent psychiatric comorbidity was addiction (21%). The number of deaths was higher (36%).

Conclusion:

Several possible relations can be established: CVD, delirium, CRP levels, and mortality.

Delirium is a known prognosis factor of systemic conditions, namely CVD; CRP, a biomarker of inflammation can be a subject of study for prediction of worse outcomes.

Attitudes towards death in pediatric residency and pediatric subspecialties fellows training at the National Pediatrics Institute at Mexico City

Palma S¹, Molina D¹, Ochoa R¹

¹*Instituto Nacional De Pediatría*

Poster session 1, June 9, 2022, 2:50 PM - 4:00 PM

With the advance of science, medical curriculum is mainly based on a biological vision of health- illness process, where the main objective is the diagnosis and treatment of diseases, so many physicians view death of patients as a technique failure. Doctor's attitudes towards death can benefit humanist treatment and support with dignity the act of dying, or can make difficult to speak with the truth or lead to therapeutic fierceness or lying. The Death Attitude Profile Revised (DAP-R), measures death acceptance or avoidance in five dimensions.

Objective. To describe death attitudes in pediatrics residents or pediatric subspecialties fellows in training at a National Pediatrics Institute.

Methods. A child psychiatrist resident asked 159 residents to answer the DAP-R scale to the residents, previous informed consent and confidentiality agreement. Statistics included descriptive, Chi2 and T student for comparative analysis.

Results: Mean age was 29.5+2.6 years 106(67%) women, 53(33%) men. Religion practice was reported in 124 (78%).

A predominance of negative attitudes towards death was found in all residents. Negative attitudes (fear of death, death avoidance and escape acceptance) showed a mean of 42.5+4.4, while positive attitudes mean was 33.6+4.1 (acceptance of closeness and neutral acceptance), with a total DAP-R mean score of 76.3+4.6 (considering positive attitudes above 140).

No differences between gender, religion, training years or personal experiences of death of relatives were found

Conclusions

Curricular modification is needed to encourage positive attitudes towards death and foster humanism among pediatric residents to improve compassion and empathy for dying children and their families

Heart rate fractality disruption as the footprint of subthreshold depressive symptoms.

Mandarano P¹, Ossola P², Carsillo M², Marazzi P⁴, Rozzi S², Lazzeroni D⁵

¹Child and Adolescent Neuropsychiatry, Department of Clinical & Experimental Sciences, University Of Brescia,

²Department of Medicine and Surgery, University of Parma, ³Department of Mental Health, AUSL, ⁴Faculty of Medicine and Surgery, University of Modena and Reggio Emilia, ⁵IRCCS Fondazione Don Gnocchi

Poster session 2, June 10, 2022, 2:50 PM - 4:00 PM

Introduction

Psychopathology, and in particular depression, is a cardiovascular risk factor independent from co-occurring pathology. This link is traced back to the mind-heart-body connection, whose underlying mechanisms are, to date, not completely known. To study psychopathology in relation to the heart, it is necessary to observe the autonomic nervous system, which mediates among the parts of that connection. Its gold standard of evaluation is the study of heart rate variability (HRV).

Objective

To assess whether any association exists between the HRV parameters and sub-threshold depressive symptoms in a sample of healthy subjects

Methods

Two short-term HRV recordings (5 min - supine and sitting) were analysed in 77 healthy subjects. Here we adopted a three-fold approach to evaluate HRV: a set of scores belonging to the time domain (SDNN, pNN50, RMSSD); to the frequency domain (high, low, and very low frequencies) and a set of 'nonlinear' parameters. The PHQ-9 scale was used to detect depressive symptoms.

Results

Depressive symptoms were associated only with a parameter from the non-linear approach and specifically the long-term fluctuations of fractal dimensions (DFA- α 2). This association remained significant even after controlling for age, gender, BMI, arterial hypertension, anti-hypertensive drugs, dyslipidaemia, and smoking habit. Moreover, the DFA- α 2 was not affected by the baroreflex (postural change), unlike other autonomic markers.

Conclusion

In conclusion, fractal analysis of HRV (DFA- α 2) allows to predict depressive symptoms below diagnostic threshold in healthy subjects regardless of their health status. DFA- α 2 may be then considered as an imprint of subclinical depression on the heart rhythm.

A Relational Model for Stress: A Systematic Review of the Risk and Protective Factors for Stress-Related Diseases in Firefighters

Becker J¹, Paixão R¹, Quartilho M²

¹Faculty of Psychology and Educational Sciences of the University Of Coimbra, ²Faculty of Medicine of the University of Coimbra

Poster session 1, June 9, 2022, 2:50 PM - 4:00 PM

Firefighters are considered a high-risk group for the development of Posttraumatic Stress Disorder (PTSD) and other stress-related diseases. More than the exposure to potentially traumatic events, personal and occupational characteristics have been pointed out as interfering in the perception of stress, which may lead to the emergence of mental and physical symptoms. This study aimed to analyze the relationship between the main factors that contribute to stress-related diseases in firefighters. A systematic review was conducted in order to identify original articles focusing on risk and protective factors for stress in this population. Personality traits, training, experience in extreme situations and social and organizational support influence the perception of stress and, consequently, the choice of coping strategies, which may protect against or potentiate the stress reactions. The findings of this study allow us to draw a relational model that represents the dynamics among the factors related to stress in firefighters. The development of PTSD and other stress-related diseases depends on a host of pre-trauma and post-trauma factors and, although training is an important protective factor, being prepared to face extreme situations does not mean being immune to traumatic stress.

Prevalence of Symptoms of PTSD and SSD in firefighters

Becker J¹, Paixão R¹, Quartilho M²

¹Faculty of Psychology and Educational Sciences of the University Of Coimbra, ²Faculty of Medicine of the University of Coimbra

Poster session 1, June 9, 2022, 2:50 PM - 4:00 PM

Firefighters are considered a high-risk group for developing stress-related psychopathologies such as post-traumatic stress disorder (PTSD) due to repeated exposure to traumatic events. Studies have indicated that the exposure to traumatic events is also associated with the development of Somatic Symptom Disorder (SSD). However, the occurrence of this condition among firefighters is an underexplored topic. This study aimed to verify the prevalence of symptoms of PTSD and SSD among Portuguese firefighters who battle violent forest fires, as well as the relationship of these symptoms with sociodemographic characteristics. To this end, a sample of firefighters (n = 113) and a sample of the Portuguese general population (n = 111) were evaluated. The survey questionnaire included the 15-item Patient Health Questionnaire, the Pittsburgh Sleep Quality Index, the Brief Symptom Inventory, the Depression, Anxiety and Stress Scale, the PTSD-5 Checklist, and questions about sociodemographic characteristics and exposure to traumatic events. Corroborating previous studies, PTSD symptoms were associated with being a firefighter and the presence of psychopathologies, while somatic symptoms were related to the female gender. Even comparing samples by gender, the prevalence of PTSD symptoms remains significantly higher among firefighters. Although SSD has been associated with traumatic experiences, our findings indicated that being a firefighter has no influence on the severity of somatic symptoms.

Alexithymia in relation to symptom perception, illness cognitions, cognitive processing of health information, mood, and adherence in asthma.

Alexeeva I¹, Martin M¹

¹University of Oxford

Poster session 1, June 9, 2022, 2:50 PM - 4:00 PM

Objective: Prior evidence suggested that alexithymia may be related to impaired interoception, including perception of respiratory processes. Accordingly, research to date indicates there is a correlation between alexithymia and impaired asthma control and management. This study investigated potential cognitive and emotional mechanisms associated with alexithymia in a sample of asthma patients compared to healthy controls.

Method: Asthma (N = 31), and healthy (N = 71) participants completed a battery of cognitive tasks measuring alexithymia, attentional processes, emotion regulation, and self-report measures of illness symptoms, illness cognitions, beliefs about medication, treatment adherence, stress, and mood.

Results: In the asthma group higher alexithymia is related to greater symptom severity, increased concern regarding asthma medication, psychological distress, subjective stress, anxiety, depression, and negative affect, distortions in attentional processes, all *r*s in the range of .3-.5, significance levels below .05.

Conclusion: The link between alexithymia and impaired cognitive and emotional processes may point towards the mechanisms underpinning the influence of alexithymia on asthma symptom perception, asthma control and management. Elucidating particular mechanisms that undermine symptom perception and asthma management would help improve the efficacy of interventions targeting treatment non-adherence and badly controlled asthma.

Alexithymia in relation to symptom perception, illness cognitions, cognitive processing of health information, mood, and adherence in asthma.

Alexeeva I¹, Martin M

¹University Of Oxford

Poster session 1, June 9, 2022, 2:50 PM - 4:00 PM

Objective: Prior evidence suggested that alexithymia may be related to impaired interoception, including perception of respiratory processes. Accordingly, research to date indicates there is a correlation between alexithymia and impaired asthma control and management. This study investigated potential cognitive and emotional mechanisms associated with alexithymia in a sample of asthma patients compared to healthy controls.

Method: Asthma (N = 31), and healthy (N = 71) participants completed a battery of cognitive tasks measuring alexithymia, attentional processes, emotion regulation, and self-report measures of illness symptoms, illness cognitions, beliefs about medication, treatment adherence, stress, and mood.

Results: In the asthma group higher alexithymia is related to greater symptom severity, increased concern regarding asthma medication, psychological distress, subjective stress, anxiety, depression, and negative affect, distortions in attentional processes, all *r*s in the range of .3-.5, significance levels below .05.

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Uncovering cognitive mechanisms behind depressive mood, anxious states, medication beliefs, and symptom perception and management in asthma

Alexeeva I¹, Martin M

¹*University Of Oxford*

Poster session 1, June 9, 2022, 2:50 PM - 4:00 PM

Objective: Attentional biases towards health-threat, driven by negative affect, have been previously observed in asthma. Negative mood might direct attentional focus towards negative health-related information, undermine the accuracy of symptom perception, impair symptom control, and reduce medication adherence. The study investigated the interaction of cognitive mechanisms and negative mood in relation to individual illness and health-related variables in a sample of asthma patients compared to health controls.

Method: Asthma (N = 31), and healthy (N = 71) participants completed a battery of cognitive tasks measuring attention, cognitive control, and emotion regulation, in addition to self-report measures of illness symptoms, illness cognitions, beliefs about medication, treatment adherence, stress, and mood.

Results: The asthma group showed greater attentional bias towards health-threat and pain-related stimuli rather than towards more asthma-specific stimuli, compared to healthy controls $F(1,100) = 5.96, P = 0.02$. Biased attention towards general health-threat was related to impaired attentional control, increased stress, and negative mood, r values in the range of .30 - .55 with significance $p < .05$.

Conclusion: The attentional bias in asthma (an adaptive monitoring cognitive mechanism) appeared to have generalised beyond asthma-specific information to more general health-threat. Increased bias appears to be underpinned by impaired attentional control, and is also related to negative mood, illness cognitions, stress, and beliefs about medication. Asthma patients may benefit from cognitive interventions that specifically address attentional processes regarding physical health and patterns of attending to general physical and asthma-specific symptoms in relation to mood, stress responses, and treatment adherence.

Uncovering cognitive mechanisms behind depressive mood, anxious states, medication beliefs, and symptom perception and management in asthma

Alexeeva I¹, Martin M¹

¹*University of Oxford*

Poster session 1, June 9, 2022, 2:50 PM - 4:00 PM

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Method: Asthma (N = 31), and healthy (N = 71) participants completed a battery of cognitive tasks measuring attention, cognitive control, and emotion regulation, in addition to self-report measures of illness symptoms, illness cognitions, beliefs about medication, treatment adherence, stress, and mood.

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Conclusion: The attentional bias in asthma (an adaptive monitoring cognitive mechanism) appeared to have generalised beyond asthma-specific information to more general health-threat. Increased bias appears to be underpinned by impaired attentional control, and is also related to negative mood, illness cognitions, stress, and beliefs about medication. Asthma patients may benefit from cognitive interventions that specifically address attentional processes regarding physical health and patterns of attending to general physical and asthma-specific symptoms in relation to mood, stress responses, and treatment adherence.

Internet-delivered treatment for patients with severe bodily distress syndrome (BDS):
Protocol for a randomized controlled trial

Frølund Pedersen H¹, Lamm T¹, Ørnbøl E¹, Fink P¹, Frostholm L¹

¹Aarhus Universitets Hospital

Poster session 2, June 10, 2022, 2:50 PM - 4:00 PM

Objective: Treatment for patients suffering from severe multisystem Functional Somatic Disorders (FSD) or Bodily Distress Disorder (BDS), multi-organ type is sparse. Thus, there is a need for accessible, feasible, and effective treatment programs, which can be provided on a larger scale. Assisted internet-delivered treatment programs provide an opportunity to offer treatment to a wider range of patients in a more flexible format. The purpose of this trial is to test the effect of a therapist-guided internet-delivered treatment programme, "One step at a time" (One-step) in comparison with a non-guided self-help program "Get Started" (Get-started) in a randomized controlled trial design.

Methods: The study is a multi-centre two-armed randomised, controlled clinical superiority trial, where participants are randomised to a 14-week internet-delivered and therapist-assisted treatment program ("One step at a time") or to a self-help programme ("Get Started") (1:1).

Results: We hypothesise that a statistically significant higher proportion of patients receiving "One-step" will report a clinically relevant improvement in self-reported physical health (SF-36 aggregate score) as well as self-reported overall health compared (Clinical Global Improvement Scale) to "Get Started" three month after end-of-treatment. Secondary, that "One step" will be superior to "Get Started" in terms of increasing helpful illness perceptions and behaviours, and reduce illness worry three months after end-of-treatment.

Conclusion: If "One step at a time" is proven effective, it may help broaden access to specialized treatment for patients with severe FSD.

Heroin toxic leukoencephalopathy. Systematic review of case reports.

Gutierrez-segura J¹, Cabrera-Gomez E¹, Ochoa-Orozco S²

¹Universidad Tecnológica De Pereira, ²Fundacion Universitaria Autonoma de las Americas

Poster session 1, June 9, 2022, 2:50 PM - 4:00 PM

Objective:

To assess the available papers of case reports in regarding to heroin toxic leukoencephalopathy; in aspects such as demographic and clinical variables, route of heroin use, outcome, and descriptions of neuroimaging or histopathology findings.

Methods:

Systematic review. Terms: Heroin, toxic leukoencephalopathy, Chasing the dragon, Spongiform degeneration, were searched in e-data base, until July 2021. Case reports and Case series in English and Spanish were selected.

Results:

56 papers met the inclusion criteria. 149 patients were described, [16 - 55 years old]. 82.6% were men. Time of heroin use prior to reporting ranged from one week to 144 months. 139 (93%) used the inhaled route. Neurological symptom onset time before the current consultation ranged from 36 hours to 3 years. Mortality rate was 24%. Surviving patients showed different outcomes, from rapid substantial improvement to dissimilar levels of disability or neurological features. Only one article reported cognitive evaluation of a long-term. Countries with the highest number of reported cases were The Netherlands, Canada, United States and United Kingdom.

Conclusions:

There was homogeneity in the presentation of symptoms in the cases reported in this paper (initial, middle, terminal phases). Neuroimaging findings showed involvement of cerebral white matter, with variable involvement of supratentorial white matter; always bilateral. Histopathological categories were consistent with the findings of spongiform degeneration of the white matter and vacuole formation in the affected areas. Heroin toxic leukoencephalopathy is an entity of recent description, with distribution in almost the entire world and that presents homogeneous clinical and paraclinical findings.

Depression is human(e)

calmeyn m¹

¹*Private Practice 'lelieveld' Psychiatric Hospital Bruges*

Poster session 2, June 10, 2022, 2:50 PM - 4:00 PM

Objective

Considering depression as a mere physical illness, a 'brain disorder' is far too short-sighted, it isn't. It is a human-specific disorder that affects the sheer life force and the vitality. The presentation clarifies what a depression really is.

Methods

Clarification of the concept of anthropopsychiatry holds the key for the delimitation of 'essential depression'. This school of thought is based upon three inseparable human sciences: psychiatry, psychoanalysis and philosophy

Results

it is possible for anthropopsychiatry to add a new vitality to our present-day psychiatry. It casts a different light on contemporary psychiatric classification, diagnosis and treatment. DSM 5, distinguishes a great many forms of depression which makes it impossible to see the wood for the trees. Anthropopsychiatry honours the principle 'in limitation the master reveals himself', which discloses the core of depression.

The purpose of the book is not merely to point out the relevance for the patient, the family and the practitioner, but moreover to read this as an exclamation mark on the course of events in contemporary psychiatry involving mental disorders – depression being one of them. It is a manifesto for our society, resulting from the statement: we are society.

Conclusion

Realising this, a new and unexpected perspective unfolds. Escaping the depression is possible, because we are society, so we are the way out.

Psychotraumatology in Somatic Medicine - Gynaecological Preventive Consultation

Schmid D¹, Hornung R², Germann N¹, Schmidt R¹, Hämmerli Keller K¹

¹ Kantonsspital St.Gallen, Department Innere Medizin, Klinik für Psychosomatik und Konsiliarpsychiatrie, ²Kantonsspital St.Gallen, Frauenklinik

Poster session 1, June 9, 2022, 2:50 PM - 4:00 PM

Introduction:

Trauma and psychological symptoms are very relevant in medical specialties. Despite progress in recent years, their clinical care is still inadequate. The aim of this study was to investigate the influence of traumatic life experiences and current psychological stress on doctor-patient interactions in gynaecological screening consultations.

Methodology:

We interviewed 200 gynaecological outpatients prospectively, in a somatic hospital (tertiary hospital with 700 beds). Before the examination, the current psychological stress as well as current and previous traumas were recorded by questionnaire. After the consultation, the quality of the doctor-patient interaction was assessed. In addition, relevant influencing factors such as training status and subjective relevance of the topic were recorded on doctors side.

Results:

Current psychological distress (HADS, FDS-20, ISI) was significantly higher in patients with previous and/or current trauma (CTQ, IES-R) than in patients without trauma. The good quality of patient-doctor interaction (PRA-D) from the patients' perspective did not differ between patients with versus without trauma. The more years doctors have been in profession, the better the doctor-patient interaction was. Doctors were also able to recognise traumatisation as well as psychological stress in a screening consultation.

Discussion:

Previous as well as current traumatisation was reflected in a clinically relevant increase in psychological distress among gynaecological patients. Previous teaching in psychosomatic and communication skills had a significant impact on identifying those aspects in patients.

Health anxiety by proxy – through the eyes of the parents

Ingeman K^{1,2,3}, Rask C^{1,2}, Hulgaard D^{4,5}

¹Department of child and adolescent psychiatry, Aarhus University Hospital, Psychiatry, ²Department of Clinical Medicine, Aarhus University, ³Research Clinic for Functional Disorders and Psychosomatics, Aarhus University Hospital,

⁴Department of Clinical Research, University of Southern Denmark, ⁵Child and Adolescent Psychiatry Odense, Mental Health Services in the Region of Southern Denmark

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Objective

Health anxiety (HA) by proxy is a newly described phenomenon where parents worry excessively that their child suffers from a serious illness. In a former study, six parents with distressing worries about their child's health were interviewed to develop the new questionnaire Health Anxiety by Proxy Scale. The present study is a secondary analysis of these interview data to obtain more detailed knowledge on the lived experience of these parents with regard to their anxiety for their child's health.

Method

Parents was recruited after diagnostic assessment or by self-recruitment followed by a telephone assessment ensuring the presentation of significant and excessive worries about their children's health. The semi-structured interviews were analysed using interpretative phenomenological analysis which is suitable for small sample sizes focusing on in-depth descriptions over generalisations.

Results

Analysis revealed three main themes: "Faces of distress" describing various aspects of parents' experienced distress; "Invasive insecurity and mistrust" portraying how the anxiety affects parents' relationship with their children, health professionals and family; and "Making sense of own worries" covering parents' ambivalence regarding their anxiety and rationalization of their worries.

Conclusion

This study is the first to explore lived experiences of parents with HA by proxy. The results can inform communication in clinical encounters where validation of parents' experiences may be key to forging an alliance for further treatment. Further, recognising the barrier for receiving help that lies in parents' potential mistrust in professional help may help lowering this very barrier.

Clinical Characteristics of Panic Disorder Patients in Emergency Room

Nam B¹, Sohn I², Lee C¹

¹Konkuk University School Of Medicine, Konkuk University Chungju Hospital, ²Keyo Hospital

Poster session 1, June 9, 2022, 2:50 PM - 4:00 PM

Objectives : This study was designed to investigate datas related to panic attack and treatment in emergency room of panic disorder patients who visited emergency room for panic attack.

Methods : A retrospective analysis of medical records was conducted on 92 patients with panic disorder who visited Chungju Konkuk university hospital emergency department due to panic attack and had bodily symptoms. In addition to demographic characteristics and comorbid disorders, triggering stressors and alcohol consumption were corrected as pre-panic attack datas, bodily symptoms at the time of panic attack were corrected as datas during attack, electrocardiogram trial, consultation with psychiatrist, admission and information of used psychotropic drugs were corrected as post-attack data.

Results : Cardiovascular disease was accompanied by 5.4% and depressive disorder was the most common coexisting mental disorder. Among triggering stressors, economic problem/work-related stress was significantly higher in men than women ($\chi^2=4.322$, $p<0.005$). The most common physical symptom during attack was circulatory (65.2%), followed by respiratory (57.6%), numbness-paralysis (33.7%), dizziness (19.6%), gastro-intestinal (14.1%) and autonomic symptom (12.0%). Electrocardiogram was taken at higher rate when patients complained circulatory symptom ($\chi^2=8.46$, $p<0.005$). The psychotropic drug most commonly used in emergency room was lorazepam, used in 92.1%.

Conclusions : The most common bodily symptom during panic attack was circulatory symptom and the most common triggering stressor in men was economic problem/work-related stress. The most commonly used psychotropic for panic attack was lorazepam.

Biological and Psychosocial Factors Affecting the Persistence of Pruritus - SOMACROSS Research Unit Project 4

Frank G¹, Kahnert S¹, Pereira M¹, Agelopoulos K¹, Meß C², Huck V², Schneider S², Ständer S¹, Schneider G¹
¹Universitätsklinikum Münster, ²Universitätsklinikum Hamburg-Eppendorf

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Background and Objective: Pruritus (itch) is a common symptom in dermatologic, systemic, and mental disorders. It significantly reduces quality of life, particularly when chronified. The mechanisms of pruritus chronification are not fully understood, but appear to include biological and psychosocial factors, as in other persistent somatic symptoms. This study aims at identifying biological and psychosocial factors in pruritus chronification and to assess their interactions.

Methods: This study is part of the multidisciplinary research unit SOMACROSS, which studies persistent somatic symptoms across various diseases. All projects share the same measurement points and include the same set of core measures: standardized questionnaires for the assessment of psychosocial factors (e.g., perceived stress, treatment expectations), structured clinical interviews for the diagnostic of Somatic Symptom Disorder, and blood examinations. This project seeks to recruit 120 pruritus patients (40 each, with chronic pruritus on unchanged skin, chronic pruritus in chronic atopic dermatitis, and pruritus in an acute flare-up of atopic dermatitis) as well as 80 skin-healthy controls at two university hospitals in Germany (Münster and Hamburg-Eppendorf). Recruitment commenced in October 2021. Participants will be followed up at 6 and 12 months, enabling both cross-sectional and longitudinal analyses. Project-specific assessments include skin biopsies, non-invasive skin imaging, serum inflammatory markers, and quantitative sensory testing.

Expected Results: We expect to identify both pruritus-specific and disease-overarching psychosocial and biological factors associated with symptom persistence.

Outlook: In the next funding period we intend to develop and evaluate interventions to modify factors associated with pruritus persistence.

Somatic delusional disorder secondary to phantogeusia - a case report

Felgueiras P¹, Miguel A, Almeida N

¹Vila Nova de Gaia Hospital Center

Poster session 1, June 9, 2022, 2:50 PM - 4:00 PM

Objective: To describe a clinical case of somatic delusional disorder secondary to phantogeusia

Methods: Clinical data was collected from clinical records.

Results: A 61 years old female patient, with no history of psychiatric conditions. Documented neuroticism traits of personality. Since an endoscopy in 2018 started complaints of a persistent phantogeusia (acid taste). It were developped excessive thoughts, feelings and behaviors associated with this somatic symptom. The patient was evaluated by several medical specialties and an extensive pannel of medical exams was made, excluding any disease. Although, the severe anxiety, the time and energy dispended to the symptom culminated in a severe psychosocial impairment.

The patient was admitted in psychiatric ward for investigation and treatment of this clinical picture considered as a diagnosis of somatic delusional disorder. In order to exclude acute organic etiology of this psychotic disorder, an analytic pannel and a cerebral CT scan were made, without any abnormal results. Neuropsychological evaluation with description of cognitive functioning globally normative.

During the treatment with an antipsychotic (pimozide) a complete remission of the somatic delusion associated with the disappearance of gustative perception disturbance.

In the follow-up it's documented a recidive of gustative sensation and her thoughts and speech dominated by concerns about multiple and somatic symptoms.

Conclusion: In terms of comprehensive psychopathology, it was hypothethized a paranoid development of a somatic delusional disorder, triggering by a post-invasive procedure phantogeusia, in a patient with an anankastic personality. That's a case with an interesting psychopathology that reinforces the complexity of psychosomatic disorders.

The Hold me Tight program for couples facing Huntington's Disease

Petzke T¹, van der Meer L²

¹Johannes Gutenberg University Mainz, ²Leiden University Medical Center

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BACKGROUND: A positive predictive genetic test for Huntington's disease (HD) can be a life-changing event for both carriers and their partners, leading to lower wellbeing and increasing the risk for separation and divorce. The 'Hold me Tight' program (HmT), based on emotionally focused couples' therapy, aims at strengthening the couple bond by targeting attachment needs.

OBJECTIVE: This study investigates whether the HmT program helps couples strengthen their relationship, as an investment in a future where the disease will affect life in many ways.

METHODS: In a multiple-baseline design using three baselines of varying length, 15 couples of presymptomatic HD-carriers and their partners were included. In three consecutive groups, couples underwent the intervention (an adapted version of the 8-session HmT program) in four weekly sessions, and completed self-report questionnaires throughout the study period of 19 weeks (17 measurements).

Attachment style was assessed at baseline, resilience at baseline and at the end of the follow-up, while relationship satisfaction and wellbeing were measured weekly. A multi-level model was applied to the data.

RESULTS: Over the course of the study, wellbeing and relationship satisfaction significantly improved, resilience however did not. Furthermore, all three outcome measures were moderated by attachment style, with more securely attached individuals showing better outcomes.

CONCLUSIONS: HmT improved wellbeing and relationship satisfaction of couples facing Huntington's Disease. Due to these improvements and high patient acceptability rates, this program could become a standardized procedure in HD care. The program could be adapted for other populations, e.g., couples facing other genetic neurological disorders.

Validation and Reliability of the Interoceptive Attention Scale in a German Sample

Petzke T¹, Brand S¹

¹Johannes Gutenberg University Mainz

Poster session 1, June 9, 2022, 2:50 PM - 4:00 PM

Background

Perceiving and correctly characterizing physiological signals is a vital task. When interoception fails, this has consequences beyond not meeting one's bodily needs – deficits in interoception have been repeatedly linked to psychopathology. Both the accuracy of these perceptions as well as the attention paid to the signals contribute to this process in a seemingly opposed but intertwined manner. While many instruments to examine interoceptive accuracy exist, tools to measure interoceptive attention, such as the Interoceptive Attention Scale (IATS), are rare and not yet validated in German.

Objective

In this study, we aimed to validate the IATS in a German sample. Furthermore, we attempted to replicate earlier studies that found associations between interoceptive attention and interoceptive accuracy, somatosensory amplification, somatic symptoms, and alexithymia.

Methods

Two bilingual researchers translated the IATS into German language. N = 135 participants completed a battery of questionnaires including the IATS, the IAS, the PHQ-15, the SSAS, and the TAS-20. Reliability scores, correlations, and a parallel analysis were computed.

Results

As predicted, the IATS did not correlate with the IAS, but there was a correlation with PHQ-15 and SSAS. Against our expectations, there was a low positive correlation with alexithymia, $r(\text{TAS}, \text{IATS}) = .21, p < .05$. The parallel analysis revealed a one-component structure.

Conclusions

The IATS is a reliable and valid instrument that can be applied seamlessly to German samples. As a highly time- and cost-effective tool, it promises interesting applications in future research disentangling brain-body interactions.

Routine alcohol screening, alcohol withdrawal protocol and brief behavioral interventions in a general hospital: description of a hospital-wide protocol and results from 3 years' experience.

Geerts P¹, Kraus A², Decoster S¹, Cool L¹, Titeca K¹, Demyttenaere K²

¹Az Groeninge, ²KU Leuven

Poster session 2, June 10, 2022, 2:50 PM - 4:00 PM

Objective:

Alcohol use disorders have a substantial economical and health burden in our society. Timely diagnosis and treatment provide a challenge. The admission at a general hospital can be seen as an opportunity for detection and action. As routinely screening programs in general hospitals combined with brief behavioral interventions are recommended, we implemented these in our hospital. We aim to describe our implemented protocol and present our results from the last 3 years (2018-2020).

Methods:

Every hospitalized patient was eligible for screening in a stepwise screening protocol with a maximum of four questions. Firstly 'Is this hospitalization alcohol-related?', secondly 'do you drink alcohol', thirdly the Single Alcohol Screening Question (SASQ) and lastly a withdrawal risk question 'in the last few weeks did you drink alcohol (almost) daily'. A positive score on SASQ and/or the withdrawal risk question results in a psycho-educational intervention and/or a brief behavioral intervention by our liaison psychiatric team (LTP).

Results:

From April 2018 until December 2020 68 218 valid screenings were performed of which 95,13% were fully completed. In 3.2 % was hospitalization related to alcohol and the SASQ was positive in 11.1%. The withdrawal question was positive in 5.1%. Male gender, aged between 50-59 and admission on emergency and geriatric services were risk factors for hazardous drinking.

Conclusion:

We present a feasible stepwise alcohol screening protocol. In 1 out of 10 patients hazardous drinking is detected. Adequate and timely care by LTP is important and often necessary.

Patient Reported Outcomes Assessment that Guides Virtual Consulting for Post Transplant Patients: Proposal for an Interdisciplinary Research Concept and Preliminary Results

Kumnig M¹, Rumpold G¹, Kohl C¹, Platter M¹, Haslwanter-Egger N¹, Pallua S¹, Schneeberger S², Weissenbacher A², Berchtold V², Kienzl-Wagner K², Sperner-Unterweger B¹

¹Medical University of Innsbruck: Department of Psychiatry, Psychotherapy, Psychosomatics and Medical Psychology,

²Medical University of Innsbruck: Department of Visceral, Transplantation and Thoracic Surgery

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Objective: Learning that a transplantation is a lot to take in, consulting for transplant patients should be easy accessible and help patients to sort through. This research proposal describes the framework of an initial patient reported outcomes (PROs) assessment that guides virtual consultation. Patients in need of additional care can be identified quickly and a low-threshold counseling network of experts is available. This fulfills essential sustainability aspects of centralization and considers patient's issues that may otherwise not be addressed in existing care.

Methods: Systematical PROs assessment of transplanted patients at the Innsbruck transplantation center. With a focus on the patients' needs, we'll be able to provide targeted virtual counseling for information related and psychosocial issues.

Results: An overview of recent investigations in transplant consulting and the interdisciplinary research proposal will be described. Presentation of preliminary PROs that guided the interdisciplinary counseling. Followed by a follow-up assessment that will evaluate if the reported patients' issues could have been addressed sufficiently or if there was intensified treatment needed.

Conclusion: The systematical PROs assessment and the interdisciplinary transplant consultation platform helps to assess risk factors and needs outside the routine clinical care, where patients often do not address these aspects. This research approach supports health care professionals and patients to navigate communication and offers targeted care for patients who are in need. An expansion of the by experts led consulting network would be improved by establishing an international consultation platform (under the auspices of the ESOT) and by conducting research at multiple sites.

Testing altered sensorimotor processing (“perceptual dysregulation”) in functional pain – an experimental approach.

Jäger N^{1,2}, Biersack K¹, Schröder L^{1,3,4}, Regnath F¹, Henningsen P¹, Glasauer S^{3,4,5}, Lehnen N^{1,3,4}

¹Department of Psychosomatic Medicine and Psychotherapy, Klinikum rechts der Isar, Technical University Munich,

²Medical Graduate Center, Technical University Munich, ³Graduate School of Systemic Neurosciences, Ludwig-

Maximilians-University Munich, ⁴Institute of Medical Technology, Brandenburg University of Technology Cottbus-

Senftenberg, ⁵Faculty of Health Sciences Brandenburg, Brandenburg University of Technology Cottbus-Senftenberg

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Objective:

A current hypothesis understands functional symptoms resulting from erroneous processing of body signals in the brain. Symptoms are thought to be caused by faulty interactions between sensory input and internal expectations based on prior biopsychosocial experiences.

Previously, we demonstrated such processing deficits in functional dizziness. During large eye-head gaze shifts towards visual targets, patients had clearly measurable difficulties in stabilizing eye and head movements. This reflects an incongruency between expectations and sensory input. Increasing the head inertia further unravelled this processing deficit.

Here, we transfer the same paradigm to functional pain patients. By assessing head oscillations, we test for generalized processing deficits across functional symptom modalities.

Methods:

Ten patients with functional pain (ICD-10 F45.4.-) and eight age- and gender-matched healthy controls performed large eye-head gaze-shift towards visual targets with and without 3.3-fold increased head inertia. We assessed head oscillations and applied Bayesian statistics as a method providing evidence for or against processing deficits in functional pain as well as indicating whether empirical support is sufficiently conclusive. Estimated sample size based on functional dizziness patients (power 80%, $p=0.05$, partial $\eta^2=0.62$) was three.

Results:

Altering head inertia increased head oscillations ($BF_{10}=597975$). Empirical support was not sufficiently conclusive ($BF_{10}=0.452$) for or against processing deficits in functional pain.

Conclusion:

Both groups show higher head oscillations under increased head inertia, validating our experimental approach. The Bayes factor in functional pain calls for more data (which is currently underway) indicating that the effect – if present – is less pronounced than in functional dizziness.

Psychosocial Evaluation of Living Liver Donors (LLDs)- State of Current Practices in the US

Zimbrea P¹, Rubman S¹, Andacoglu O⁶, Bakhai D³, Clifton E³, Deng Y¹, Doshi M³, Emmanuelle J², Gan G¹, Holmes R⁷, Jaber L¹², Jackson W⁸, Joyce M¹¹, Kalil R¹³, Krause A⁷, Kumar V⁹, Laflen J⁵, Lentine K⁵, Prashar R⁴, Winder G³, Yadav A¹⁰, Liapakis A¹

¹Yale University, ²University of Southern California, ³University of Michigan, ⁴Wayne State University School of Medicine, ⁵St. Louis University School of Medicine, ⁶Oklahoma University, ⁷Indiana University, ⁸University of Colorado, ⁹University of Alabama, ¹⁰Jefferson University, ¹¹Yale New Haven Hospital, ¹²California Pacific Medical Center, ¹³University of Maryland

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Objective: to describe practices in the psychosocial evaluation of LLDs

Methods: survey of living donor liver transplant (LDLT) centers distributed to the listserv of 3 professional groups

Results: We received 52 unique responses, representing 32 of 50 (64%) of active LDLT centers in the US and 1 in the UK. 46 (88%) of respondents noted the donor psychosocial team was embedded within the center and 50 (96%) included social workers, 35 (67%) psychiatrists, and 24 (46.2%) psychologists. Staff, stages, and time spent for LLD psychosocial evaluation varied by relation, donor age, and psychiatric history. Validated tools were utilized by the minority, and transplant specific tools rarely utilized. Domains assessed were consistent. Active mental illness, non-adherence, and unrealistic expectations were universal contraindications to donation. Anxiety (63.5%) and depressive disorder (67.3%) in remission were not considered a contraindication, whereas bipolar (59.6%) psychotic disorders (80.7%), self-injurious behavior (84.6%) and suicidality(82,7%) in remission were. Substance use disorder in remission was generally considered a relative contraindication but varied by substance (cannabis 57.1%, alcohol 73.5%, cocaine 79.2%, opioid 85.7%). Post-donation psychosocial screening is conducted (45, 86.5%) but follow-up of declined donors is not (6, 11.5%).

Conclusion: Psychosocial evaluation of LLD candidates is a multidisciplinary, stepped process completed by staff embedded within the transplantation team. The structure of the psychosocial evaluation of LLD is not uniform among centers though domains assessed are consistent. Contraindication to LLD across a spectrum of mental health diagnoses is variable.

Open notes in peri-surgical mental health evaluations: what can be learnt from Transplant Psychiatry?

Potts S², Zimbrea P¹

¹Yale University, ²Royal Infirmary of Edinburgh

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Objectives:

1. Illustrate the benefits and challenges of open notes, via an example from transplant psychiatry
2. Discuss the different social and legislative contexts of open notes in the US and the UK

Method: case vignette, review of literature and legislation.

Results: A 55y/o man needs a second heart transplant. He has a history of alcohol use disorder in partial remission, daily cannabis use, moderate de-pression and use of non-prescription benzodiazepines. His Stamford Integrated Psychosocial Assessment for Transplantation (SIPAT) score is 45, which corresponds to “poor candidate”. The transplant team decides not to list him until the risk factors are addressed. The patient, who has a PhD, sees the evaluation in his chart. He appeals the decision and files complaints about the accuracy of his score and the predictive validity of SIPAT.

Discussion:

The “21st-Century Cures Act” passed by the US Congress in 2016 man-dates patient access (“open notes”) to most medical records. Its aims are improved communication with patients, generating greater trust, improved engagement in and concordance with treatment, and therefore better out-comes. It is also intended to improve the accuracy of documentation of clinical assessments and decisions, with fewer clinical errors and less recourse to litigation. Possible disadvantages include increased disputes about psychiatric diagnosis and alleged non-concordance with medical treatment, especially if patients are declined transplant listing on these grounds.

Conclusion:

Using open notes can increase patients’ engagement in managing their health, but also brings challenges. Dealing with these challenges will require time, effort and resources.

Neuropsychiatric side effects of immunosuppressant medications in organ transplant recipients

Zimbreaan P¹, Fitz-Gerald C¹

¹*Yale University*

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Objective: Describe the potential psychiatric complications and psychopharmacological concerns in organ transplant candidates

Method: case presentation, systematic literature review.

Results: a 54 y/o man with a history of bipolar disorder, receives a deceased donor liver transplantation for autoimmune hepatitis. On day 7 post transplantation he develops paranoid delusions followed by disorientation, memory loss and myoclonus. A psychiatric consultation is requested to treat his “manic episode”. Evaluation reveals a patient complaining of severe headache, disoriented and obtunded, intermittently attempting to pick invisible entities on his bedsheets. His blood pressure of 210/110mmHg, tacrolimus level of 25mg/ml and MRI of his brain shows symmetrical posterior cerebral edema.

Insomnia is the most common psychiatric side effects of immunosuppressant medications used in the transplantation setting, with an incidence up to 64% for tacrolimus. Cases of severe psychiatric disorders such as manic or psychotic episodes have been linked to immunosuppressant medications in the absence of a previous psychiatric history or toxic serum levels. A more recent finding is Posterior reversible encephalopathy syndrome which may be linked to sirolimus or tacrolimus and is associated with neurotoxicity.

Conclusions: the incidence of psychiatric side effects of immunosuppression in transplant patients is unknown. Case reports suggest severe psychiatric symptoms can occur in the absence of pre-existing psychiatric co-morbidities. Numerous potential interactions between immunosuppressants and psychotropic medications through inhibition of CYP 3A system can must be taken in consideration when treating psychiatric symptoms in transplant recipients.

Association of PROMIS pain interference scores with ability to participate in social roles among kidney-pancreas transplant recipients

Yantsis A^{1,2,3}, Gill J³, Pucci M³, Tang X³, Li R³, Norgate A², Mucsi I^{1,2,3}

¹Temerty Faculty of Medicine, University of Toronto, ²Kidney and Pancreas Transplant Program, Ajmera Transplant Centre, University Health Network, ³Kidney Health Education and Research Group

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Objective: Social participation, a highly patient valued patient reported outcome domain, is defined as involvement in activities that promote engagement with others or the community. Bodily pain in patients with chronic medical conditions is associated with limited social participation. We assess the association between pain interference and social participation among kidney-pancreas transplant recipients (KPTRs).

Methods: A cross-sectional, single-center sample of adult KPTRs completed the Patient-Reported Outcome Measurement Information System (PROMIS) pain interference (PI) and ability to participate in social roles and activities (APS) item banks via computer adaptive testing. PROMIS scores range 20 to 80; lower scores indicate less PI or lower API. KPTRs not proficient in English, or with a diagnosis of dementia and/or severe acute medical conditions were excluded. Multivariable adjusted linear regression analyses were performed to assess the association between PI and APS scores. Co-variables included age, ethnicity, marital status, depression, and Charlson Comorbidity Index scores.

Results: Mean(SD) age of 36 participants was 52(9) years, 53% were male, 84% were white. Mean(SD) PI and APS scores were 53(10) and 48(9), respectively. A moderate negative correlation existed between PI and APS scores ($r=-0.614$, $p<0.001$). PI ($r=0.443$) and APS ($r=-0.469$) were correlated with depression ($p<0.01$ for both). The association between PI and APS scores remained significant ($\beta=-0.466$, $p<0.01$; 95% CI: -0.805 -- -0.126) after adjusting for age, sex, ethnicity, marital status, comorbidity and depression.

Conclusion: KPTRs experiencing high PI reported worse social participation. Future research should investigate if more aggressive pain management improves social participation and quality of life.

Brief Sexual Symptom Scale for men (BSSS–M): Scale Development and Psychometric Validation

Attaky A

¹El mattreria teching hospital, Neuropsychiatry Department, cairo, Egypt, ²Maastricht univeristry, clinical psychology Department, Maastricht, Netherlands, ³Motmaena medical center, Neuropsychiatry Department, Ryaidh, Saudi Arabia

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Objectives

Brief Sexual Symptom Scale for men (BSSS –M) This questionnaire is designed For assessment of sexual dysfunctions in medical or psychiatric men patients and healthy men. The measure assesses ten user-friendly items, Each item explores a particular aspect of sexuality: 1- Sexual desire 2- Sexual Interesting, 3- Penile erection 4- Premature ejaculation 5- Delayed ejaculation 6- Ability to reach orgasm 7- pain during or after intercourse 8- Sexual activity 9- Intercourse Satisfaction 10- Sexual satisfaction in general, with the highest scores indicating more sexual dysfunction.

Methods

Data were collected from March to December 2020 among 250 Arabian psychiatric patients attending Mutmaena center, compared to 200 control subjects. All subjects were aged 18 years and older. (BSSS –M) was examined for sensitivity, specificity, reliability and construct validity

Results

This questionnaire provides A high degree of internal consistency was observed for each of the ten domains and for the total scale (Cronbach's alpha values of 0.83 and higher and 0.90 and higher, respectively) in the populations studied. Correlation (at intervals of 2 and 3 weeks) $r = 0.87$ and $r = 0.90$, respectively). The BSSS –M demonstrated adequate construct validity, and all ten domains showed a high degree of sensitivity and specificity Significant ($P < 0.001$). Tests of convergent and divergent validity, including correlations with standardized scales for depression (Beck Depression Inventory), sexual function (International Index of Erectile Function), confirmed the criterion validity of the new measure.

Conclusions

This new instrument has excellent psychometric properties and is well suited for use in clinical and research settings.

Narrative Sensitivity: Essential Skill in Psychosomatic Medicine?

Skorunka D¹, Řiháček T², Keřkovská T³

¹Faculty of Medicine, Charles University, ²Faculty of Social Studies, Masaryk University, ³Counselling Service

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BACKGROUND: With regard to discussions about application of bio-psycho-social model in clinical medicine, narrative sensitivity is tentatively conceptualised as a prerequisite of narrative and other doctor-patient communication competencies that seem to be important in practicing psychosomatic medicine. In the research project, an assessment of narrative sensitivity in undergraduate medical students was carried out and this innovative concept was refined to suggest changes in medical training.

OBJECTIVE: The research project has three aims: 1) exploration of various facets of narrative sensitivity in undergraduate medical students; 2) assessment of narrative sensitivity development during undergraduate medical study; 3) refinement of the concept of narrative sensitivity.

METHODS: A qualitative study was designed to identify and elaborate various facets of narrative sensitivity. Data was obtained from a group of medical students in the second year of undergraduate medical studies (N = 50) and three years later, in the fifth year of their studies (N = 42). The data was analyzed with use of thematic analysis to identify dimensions of narrative sensitivity. In the second step, a coding system based on these dimensions was developed and students' responses were coded by two researchers to assess a potential change in narrative sensitivity between the second and fifth years of undergraduate medical study.

RESULTS: Several dimensions of narrative sensitivity were categorized and a change of narrative sensitivity during undergraduate medical study was identified.

CONCLUSIONS: The findings may serve an incentive for a discussion about the structure and content of undergraduate medical study within bio-psycho-social model and psychosomatic medicine.

CHARACTERIZATION OF PATIENTS WITH DIAGNOSIS OF INHALATED HEROIN LENOENCEPHALOPATHY: A SERIES OF CASES AND CLINICAL FOLLOW-UP. SAN JORGE UNIVERSITY HOSPITAL. PEREIRA. 2014-2021.

Cabrera E¹, Gutiérrez Segura J¹

¹Universidad Tecnológica De Pereira

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Title

Characterization of patients with diagnosis of inhaled heroin leucoencephalopathy: a series of cases and clinical follow-up. San Jorge University Hospital. Pereira, Colombia. 2014-2021.

Objective

To characterize quality of life, cognitive function and family functionality of patients who were diagnosed with leucoencephalopathy due to inhaled heroin from 2014 to 2021, at Hospital Universitario San Jorge, Pereira, Colombia, 2014-2021.

Methods

Clinical records were explored. Affiliation data was extracted. Each of the patients was contacted for a clinical evaluation and selected instruments were applied.

Results

19 patients were found, four died during hospitalization and 15 survived; It was possible to contact 9 patients to whom the protocol was applied. 73.7% were men; 9.1% finished high school.; 70% had carried out detoxification processes. There was reduction or cessation of consumption of all substances after diagnosis, all used heroin inhaled. There was global deterioration on cognitive functions. Survivors' quality of life was impaired in the domains of social and emotional functioning. Patients showed a high perception of criticism and overinvolvement in their family functioning and a high perception of family support.

Conclusion

Despite the serious consequences of the pathology, it was found that the quality of life of the patients was not as affected as expected, this is because the patients reduced or ceased the consumption of psychoactive substances and family support showed high levels later. The above findings provide us with important information to implement rehabilitation programs for this pathology of public health importance in our region.

Symptom diagnoses in primary care: which symptoms persist?

Chaabouni A¹, Houwen J¹, Peters H¹, van Boven K¹, Schers H¹, Olde Hartman T¹

¹Radboud University Medical Centre

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Background: Symptom diagnoses are common in general practice. While most of the patients have symptoms that improve quickly, some of them may develop persistent symptoms. This may cause a burden for the patient and the doctor.

Objective: To explore the prevalence of persistent and transient symptoms in primary care.

Setting: A retrospective cohort study in a Dutch practice-based research network (Family Medicine Network) with 28,590 registered patients.

Methods: We included all patients who visited their GP in 2018 with symptom diagnoses according to the International Classification of Primary Care (ICPC-2; codes 1-29). An Episode of Care (EoC) is defined as 'a health problem in an individual from the first until the last encounter with a health care provider'. We established for each symptom diagnosis the duration of the EoC.

Results: In total, 14,989 patients visited their GP in 2018 with symptom diagnoses. Based on the distribution of the duration of the EoC of symptom diagnoses, we distinguished 4 symptom diagnoses duration groups: mild [1 day], moderate [2 to 10 days], long [11 to 162 days] and persistent [more than 162 days]. 3,906 (26.0%) patients had one or more persistent symptom diagnoses. Psychological symptoms had the highest proportion of patients with persistent symptom diagnoses (43,9%) compared to all other types of persistent symptoms (18.4%; range: 7.3% - 23.7%).

Conclusion: Most physical symptom diagnoses were transient. The highest proportion of patients with persistent symptom diagnoses had psychological symptoms. More research is needed to explore why symptoms may evolve into persistent symptoms.

Psychoneuroimmunological reactions after miscarriage: Cross-sectional results from the malt randomized controlled trial.

Gerber L^{1,2}, Braun A¹, Müller M¹, Rohleder N², Stein B², Radermacher P³, Waller C¹

¹Paracelsus Medical University, General Hospital Nuremberg Department of Psychosomatic Medicine, ²Department of Psychology, Chair of Health Psychology Friedrich Alexander University Erlangen, ³Anesthesiological Pathophysiology and Process Engineering, Ulm University Hospital

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Objective

Traumatic life events have a great impact on the individuals' life and their mental and physical health. However, few studies target early interventions for the prevention of post-traumatic stress disorder (PTSD) and their psychological and biological impact. The aim of this study is to help understand the difference in psychological and biological stress induced reactions associated with traumatic symptoms between traumatized women and healthy controls.

Methods

Women (N = 25, 18 to 50 years old) who experienced a miscarriage (< 3 months before study inclusion) were recruited via cooperating clinics and counseling centers in Nuremberg. Prior to and after eight individual art therapy sessions, they were exposed to the socially evaluated cold-pressor test (SECP). We measured biological and psychological stress reactions and various mental health constructs and compared the results to a healthy control cohort (N = 30) that did not experience any recent traumatic events.

Results

Recently traumatized women score significantly higher on psychological symptoms, including traumatization, stress and depression. We also expect higher hypothalamus-pituitary-, sympatho-adrenal and immune stress responses compared to healthy controls (results pending).

Conclusions

The study should help shed more light on psychobiological effects 1. on posttraumatic stress symptoms, especially in early stages of traumatic events and 2. of .early preventive psychotherapeutic interventions.

Depressive symptoms in adolescents with post-COVID-19

Torres Leyva M¹, Perez Cuñat V², Solano Perez M³, Quintero Garcia J⁴, Hernandez Trujillo A³, de la Caridad Danauy Enamorado A³, Timmermann J¹, Loew T⁵

¹MVZ Timmermann und Partner, ²Children's Teaching Hospital "Dr. Juan de la Cruz Martinez Maceira". Medical University of Santiago de Cuba, ³Hospital General "Juan Bruno Zayas Alfonso". Medical University of Santiago de Cuba, ⁴Faculty of Medicine 1. Medical University of Santiago de Cuba, ⁵Regensburg University Hospital

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Introduction: The COVID-19 pandemic is a major impact global health emergency and challenges the health of all those affected. Depressive disorders are a common mental health problem in adolescents. It encompasses a wide range of symptoms, often aggravated by everyday, acute, catastrophic, and other situations.

Aim: To determine the various forms of depression in adolescents suffering from Covid-19.

Methods: A descriptive, retrospective, cross-sectional study was conducted with the aim of identifying the different manifestations of post-Covid-19 depression in adolescents attending the Child Psychiatric Clinic of Hospital Infantil Sur between February and July 2021. The sample consisted of 88 young people between the ages of 10 and 18 who were Covid-19 positive and subsequently showed depressive symptoms.

Results: Male adolescents between the ages of 15 and 18 predominated. Some of the most common manifestations of depression include: excessive or excessive attachment to significant others, irritability, poor impulse control, defiant behavior, suicidal thoughts, and insomnia.

Conclusions: Given the importance of adolescence for physical, social, and academic development, and the health risk associated with the pandemic, it is important to identify the potential manifestations of depression in adolescents post-COVID-19. These symptoms can lead to problems in structuring and developing their personality. The resulting emotional changes can persist into adulthood and promote the development of psychosomatic illnesses.

Evaluation of a multimodal treatment concept in a medical care center for psychosomatic medicine

Kappe H¹, Meyer T¹, Timmermann J², Herrmann-Lingen C¹

¹Klinik für Psychosomatische Medizin und Psychotherapie, Universitätsmedizin Göttingen, Georg-August-Universität Göttingen, ²Medical Care Center Timmermann und Partner

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Objective: Psychosomatic disorders are caused by multifactorial pathomechanisms which may require different treatment options depending on the affected subject. The limited number of health care providers and the resulting long waiting times make it difficult to access treatment. The treatment concept of a North German medical care center includes non-academic professional groups in a multimodal procedure to increase treatment capacities and shorten the waiting time. The aim of this study is to examine the treatment success of the different therapy options.

Methods: Patients treated at the medical care center from 2008-2015 completed psychological questionnaires (Health-49, ISR) at the beginning of therapy and after twelve months. In addition, all therapy methods and medications used were recorded.

Results: In total, n = 662 patients were included in the analysis. The majority (57%) received non-drug therapy with at least six appointments including psychotherapy, relaxation procedures, occupational therapy, physiotherapy, sociotherapy, and music therapy, whereas 47% were treated with psychotropic drugs. The symptom burden decreased in the multimodal group, depending on the number of therapy appointments. This observation was regardless of the diagnosis, the type of therapy, and the prescription of psychotropic drugs.

Conclusion: In view of the high public demand for psychotherapy and the limited availability of psychotherapy providers, the inclusion of non-academic professional groups in outpatient care seems to be a good option.

Why do we harm the environment or our personal health despite better knowledge? The knowledge action gap in healthy and climate friendly behavior

Neu L¹

¹*Department Of Psychiatry & Psychotherapy, Medical University Of Innsbruck,*

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Non-communicable diseases, such as hypertension, diabetes, or depression, result from an interplay of physiological, genetic, behavioral, and environmental aspects. Together with climate change, they are arguably among the most significant challenges mankind faces in the 21st century. Additionally, the bidirectional influences of climate change and health on each other are undisputed. This article is based on the concept of behavioral medicine, which is concerned with the development and integration of behavioral, psychosocial, and biomedical knowledge and techniques. Behavioral changes could curb both climate change and the spread of non-communicable diseases. Much effort has been put into information campaigns in both fields, but success has been limited. In the following the knowledge action gap will be compared and analyzed in healthy and climate-friendly behavior from a practical point of view and highlight the supporting theoretical models. The analysis shows that self-efficacy plays an essential role in both areas of research for effecting behavioral changes. The model of 'Planned Behavior' and 'Stages of Change' seems helpful and can be applied and adapted to explain behavioral changes in health and climate changes settings. Future directions on how behavioral medicine and climate change research can learn from each other are discussed.

COVID-19 pandemic induces stress-induced somatization in wait list patients

Wagner Skacel J¹

¹Medical University Graz

Poster session 2, June 10, 2022, 2:50 PM - 4:00 PM

While COVID-19 pandemic associated with quarantine, social distancing and isolation influenced many aspects of people's lives including stress and mood regulation only little is known about the psychological impact on patients waiting for liver or kidney transplantation. Thus this study was designed to fill this scientific gap.

Twenty-seven wait list patients and 43 healthy controls underwent the Beck Depression Inventory (BDI-2), 12-item Operationalized Psychodynamic Diagnosis Structure Questionnaire (OPD-SQS), Brief Symptom Inventory-18 (BSI18), Pittsburgh Sleep Questionnaire (PSQI), Alcohol Use Identification Test (AUDIT), and a questionnaire to determine cognition, attitude and fear related to COVID-19.

Levels of the BSI subscale somatization were increased in wait list patients ($F=4.41$, $p=0.04$). There was no difference between patients and healthy controls in the depression scores (BDI) (BDI: $F(1,66)$, $p=0.998$; 3.33 ± 3.92 vs. 3.6 ± 3) and PSQI sleep components ($F(7.54)=1.23$, $p=0.3$, $\text{Eta}=0.137$); however, COVID-specific fears ($F(3.65)=3.84$, $p=0.014$, $\text{Eta}=0.151$) was different between groups indicating more fear of infecting others with the Coronavirus in controls ($F=5.8$, $p=0.019$, $\text{Eta}=0.08$; 3.3 ± 3.44 vs 5.12 ± 2.5). In addition, partial correlation analyses between the emotional distress due to social distancing and the symptom load scales indicated a relationship between somatization and anxiety ($r=0.53$, $p<0.001$) in wait list patients. Further depression correlated positively with the items loneliness, boredom, and frustration in patients. Results of our study clearly demonstrates that COVID-19 pandemic significantly increases somatization in wait list patients most likely due to stress while healthy controls experience more COVID-19 associated fears. Thus effective strategies for stress reduction and skills for emotional regulation and healthy lifestyle are needed.

The Impact of Cardio-vascular Rehabilitation on Psychophysiological Stress, Personality and Tryptophan Metabolism:
A randomized Pilot Feasibility Study

Wagner Skacel J¹

¹Medical University Graz

Poster session 2, June 10, 2022, 2:50 PM - 4:00 PM

Cardiovascular diseases (CVD) represents one of the leading causes of morbidity and mortality worldwide. Psychocardiologically, onset and course of CVD are based on the biopsychological model consisting of an individual genetic makeup in interaction with interpersonal experiences during childhood and adolescence and various environmental stressors. A decrease of the antioxidant status in patients with CVD corresponded with an increased cellular inflammatory response with elevated oxidative stress as indicated by higher neopterin concentrations. According to the literature, the overactivation of the kynurenine pathways represents increased oxidative stress, chronic inflammation and increased cortisol levels based on an activated hypothalamic-pituitary-adrenal axis (HPA) axis in mood disorders.

In this study thirty individuals with cardiovascular disease (mean age 58.8 years; 23.3% female) were enrolled and randomized into three groups: Standard rehabilitation, standard rehabilitation + Yoga, or standard rehabilitation + Transcendental Meditation (TM). Measures of depression, anxiety, sleep, stress perception, personality functioning, hair cortisol, tryptophan, kynurenine and neopterin in serum samples were obtained at baseline and after four-week intervention.

Hair cortisol decreased significantly after rehabilitation in all groups ($F = 15.98, p < 0.001$). In addition, personality functioning improved in all patients over time. Participants with impairments in personality functioning showed a positive correlation with baseline neopterin (not significant after Bonferroni correction). No changes were found in tryptophan metabolism.

This study provides preliminary evidence of multicomponent cardiac rehabilitation to inflammatory improvement in hair cortisol, psychophysiological well-being and personality functioning. Impairments in personality functioning were correlated with neopterin levels, which may impact the symptomatology and outcome.

Multilevel interprofessional intervention programme for patients after kidney and liver transplantation – A way to improve medication adherence?

Wagner Skacel J¹

¹*Medical University Graz*

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Medication adherence is a key element for a good clinical outcome. Nonetheless around 20-70% of all patients posttransplant are not adherent about taking their immunosuppression. Therefore a multilevel approach is necessary to manage those factors.

Through an interprofessional cooperation between an advanced practice nurse and a psychiatrist a multilevel intervention programme was developed and implemented at the transplant unit. Immediately after the transfer from the intensive care unit to the transplant unit, nurses and consult psychiatrist start to assess the adherence, to educate and to instruct the patients during their whole inpatient stay. The patients are also invited to a group session during their inpatient stay. In the first part of this session they get information about a healthy lifestyle and how this is connected with their immune system. In the second part they learn how to prepare the medication for the next day and get information about their medication and how to take them correctly. During the inpatient stay adherence is external evaluated through the nurses. Before the transplantation and during their outpatient follow ups medication adherence is self-reported through the Basel Assessment of Adherence to Immunosuppressive Medication Scale (BAASIS). Effectiveness of this multilevel interprofessional intervention programme is getting surveyed through a randomized controlled trial starting in autumn 2019.

To implement patient education during the inpatient stay a nurse with scientific background is necessary to prepare and train the nursing team and to provide support during the implementation with the focus on the psychological aspects of adherence.

Prevalence of medically unexplained symptoms in adults who are high users of healthcare services: a systematic review

Jadhakhan F¹, Romeu D², Lindner O³, Blakemore A³, Guthrie E⁴

¹University of Birmingham, ²Leeds and York Partnership NHS Foundation Trust, ³University of Manchester, ⁴University of Leeds

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Objective

This review aimed to determine the prevalence of MUS and the magnitude of its associated costs in patients who are high users of healthcare or high-cost patients, in comparison with routine users.

Methods

A systematic review of the available literature. The following electronic databases were systematically searched without language restriction from inception to June 2018 and updated on 22nd October 2021: MEDLINE, PsycINFO, EMBASE, CINAHL and PROSPERO. Inclusion criteria were studies investigating adults aged ≥ 18 years, who were high healthcare users or accrued high healthcare costs, in which the prevalence and/or associated costs of MUS was quantified.

Results

From 5622 identified publications, 25 studies from nine countries involving 31650 patients were selected for inclusion. Due to the high risk of bias in many studies and heterogeneity between studies, results are described narratively. There were wide variations in prevalence estimates for MUS in high users of healthcare (2.9-76%) but MUS was more prevalent in high use groups compared to low use groups in all but one of the 12 studies that included a comparator group. Only three studies investigated healthcare costs associated with MUS, and all three reported greater healthcare costs associated with MUS.

Conclusion

MUS is more prevalent in high use healthcare populations than comparator groups, but the magnitude of the difference is difficult to estimate due to considerable heterogeneity between studies and potential for bias. Future studies should prioritise a standardised approach to this research area, with agreed definitions of MUS and high healthcare use.

Cardiorespiratory fitness and physical performance in Multiple Chemical Sensitivity - A Danish population-based study DanFund

Ahrendt Bjerregaard A¹, W. Petersen M², K. Gormsen L², Skovbjerg S³, G. Cedeño-Laurent J⁴, Jørgesen T¹, M. Dantoft T¹

¹Center for Clinical Research and Prevention, Bispebjerg and Frederiksberg Hospital, ²Research Clinic for Functional Disorders and Psychosomatics, Aarhus University Hospital, ³Department of Clinical Medicine, The Danish Center for Mindfulness, Aarhus University, ⁴Department of Exposure Epidemiology and Risk Program, Harvard T.H. Chan School of Public Health

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Objective: Multiple chemical Sensitivity (MCS) is a multisystem and poly-symptomatic syndrome affecting between 0.5-6.5% of the population. Persons with MCS often experience physical reactions involving several organ systems e.g. the respiratory or the cardio-vascular system. Symptoms often overlap with symptoms of other functional somatic disorders (FSD), and there is thus a substantial overlap between MCS and other FSDs. Based on the population-based Danish study of Functional Disorders (the DanFund cohort), this study investigated cardiorespiratory fitness and physical performance in persons with MCS compared with the general population.

Methods: From 9,656 cohort participants aged 18-76 years, 1.95% fulfilled the criteria for MCS (MCS ALL, n=188), and of those, 109 persons did not have comorbidity with other FSDs (MCS÷FSD, 1.13% of cohort). Participants without any FSD were regarded controls (n=7,791). We used adjusted multiple linear regression to evaluate associations between MCS and lung function, blood pressure (BP), hand grip strength, and physical activity assessed at a step test.

Results: Compared with the general population, MCS ALL had significantly decreased lung function and systolic BP and performed worse in the hand grip strength and step test. These differences were not observed for the MCS÷FSD group except for significantly decreased systolic BP and step test result.

Conclusion: In this cross-sectional study, compared with the general population, we found decreased cardiorespiratory fitness and physical performance in MCS ALL. These differences were mainly driven by the coexistence of other FSDs except for systolic BP and step test.

Breastfeeding when Psychotic-An Approach to Ethical Mother-Baby Decision Making

Madora M¹, Soundararajan S¹, Noone R¹

¹Montefiore Medical Center

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Objective: Determining a treatment decision for a postpartum patient with severe psychosis requesting to breastfeed and visit her infant while psychiatrically hospitalized.

Methods: CM is a 41yo G2P1 with supraventricular tachycardia, chlamydia and chronic severe schizophrenia who presented to the hospital during her second trimester with grandiose delusions and paranoia. She was involuntarily hospitalized for decompensated psychosis and was treated over objection with olanzapine. Despite receiving a maximum daily dose of olanzapine, she continued to be paranoid, delusional, isolative and unable to care for herself throughout her pregnancy. Her delivery was complicated by tachycardia and she was monitored by cardiology until she was transferred back to the psychiatry unit. Her child was hospitalized in the neonatal intensive care unit. Child Protective Services (CPS) was called and the child was remanded to CPS due to the mother's severe psychosis and poor functional status. The mother then requested to visit and breastfeed her child while they were both hospitalized.

Results: Using a relational ethics framework, a multidisciplinary team decided that the risk of disrupting the mother's psychiatric treatment, exposing her to psychological harm due to increasing attachment before removing the child, and risk to child due to mother's volatile behavior outweighed the benefits of visitation and breastfeeding.

Conclusion: Autonomy often conflicts with beneficence for healthcare providers when treating postpartum women with schizophrenia. Clinicians must consider psychological and safety concerns during medical decision-making process when treating families affected by chronic severe psychosis.

Associations between psoriasis and mental illness: an update for clinicians

Hedemann T¹

¹University Of Toronto

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Objective: This review explores the association between psoriasis and mental illness and the potential underlying pathophysiologic explanations for this association.

Method: Using a search via the MEDLINE database in December 2020, eligible studies with a focus on systematic reviews, meta-analyses, and randomized control trials (RCTs) were retrieved and reviewed.

Results: Psoriasis patients are 1.5 times more likely to show depressive symptoms and experience a higher prevalence of anxiety symptoms (20-50%) than individuals without psoriasis. Schizophrenia (2.82%) and suicidal ideation (12.7%) are found to be more prevalent among psoriasis patients than among the general population. Pro-inflammatory markers, which play an important role in the pathophysiology of psoriasis, have been shown to be elevated in patients with depression, anxiety, and schizophrenia; this suggests shared inflammatory pathways may be involved.

Conclusions: There is an elevated burden of psychiatric co-morbidity in psoriasis patients which may be explained by an inflammatory model. We recommend that clinicians conduct universal screening of depression, anxiety, and suicidality among their psoriasis patients and remain vigilant for any symptoms of severe psychiatric conditions such as schizophrenia. Collaboration between dermatologists, psychiatrists and primary care physicians is essential in supporting psychological wellbeing and clinical outcomes for psoriasis patients.

The INTERMED Self-Assessment in patients with Systemic Lupus Erythematosus

Kobylko A¹, Wieczorek T¹, Szcześniak D¹, Rymaszewska J¹, Augustyniak-Bartosik H², Krajewska M²,
Rymaszewska J¹

¹Department of Psychiatry, Wrocław Medical University, ²Department and Clinic of Nephrology and Transplantation Medicine, Wrocław Medical University

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Objective: The aim of this study was to assess the clinical complexity in patients with Systemic Lupus Erythematosus (SLE) and to describe the characteristics of the clinical complexity in this group of patients.

Methods: 53 patients with SLE of the Clinic of Nephrology and Transplantation Medicine in Wrocław were included in this study. Demographic and clinical data were collected by researchers. The clinical complexity was measured with the INTERMED self-assessment (IMSA), whereas the SLE severity with SLEDAI scale.

Results: The mean SLEDAI score was 9.09 (± 9.42), which refers to moderate disease severity. Mean total value of IMSA score was 12.74 (± 5.98). Mean scores of subsequent IMSA domains were: Biological: 6.47 (± 2.52), Psychological: 2.34 (± 2.19), Social: 2.09 (± 1.93) and Healthcare: 1.83 (± 1.73). Based on SLEDAI score participants were divided into subgroups depending on the severity of SLE: mild (n=28), moderate (n=10) and severe (n=15). Analysis of IMSA domains and questions revealed that the only significant difference between subgroups was present in the subjective perception of limitations resulting from the symptoms in everyday life (p=0.0449), where the moderate group scored the highest (2.3), severe group scored 1.21 and mild group scored 1.64 points.

Conclusions: The biological domain accounts for the largest share in the clinical complexity of SLE patients. However, it would not mean that the severity of symptoms is directly connected with the decrease in everyday functioning. Possibly the adaptive mechanisms in patients with the most severe symptoms can have preventive role. This phenomenon could be the subject of further research.

Decrease of self-esteem and increase of depression and anxiety among general practitioners during Covid-19 pandemics in Latvia

Valaine L¹, Ancāne G¹, Brīģis Ģ²

¹Rīga Stradiņš University Department Of Psychosomatic Medicine And Psychotherapy, ²Rīga Stradiņš University Department Of Public Health and Epidemiology

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Objective.

Lower self-esteem correlates with depression and anxiety (Valaine et.al., 2021). General practitioners (GP) had the highest prevalence of depression and anxiety among health care workers during the first COVID-19 wave in Latvia in 2020 (Valaine et.al, 2021). The aim of the study was to assess the dynamics of self-esteem, depression, and anxiety among GP during COVID-19 pandemics in Latvia.

Methods.

A quantitative panel study in the population of GP in Latvia was conducted, data were collected in April-June 2020 and September 2021. In the initial study 159 GP participated. Self-esteem was assessed using Rosenberg Self-Esteem Scale. Depression symptoms were assessed using the Patient Health Questionnaire-9 (PHQ-9) scale, anxiety symptoms- using General Anxiety Disorder (GAD-7) scale; cut-off score for both scales were 10. Data were analysed using SPSS 26.0.

Results.

86 GP were included in statistical analysis. 95.3% (n=82) were female, age median – 53.5 (IQR 40.0-58.25). In the April-June 2020 lower self-esteem was associated with depression and anxiety among GP ($p<0.001$; $p<0.001$). Also, in September 2021 lower self-esteem was associated with depression and anxiety among GP ($p<0.001$; $p<0.001$).

Prevalence of depression and anxiety significantly increased from 39.5% (n=34) to 55.8 (n=48) and 29.1% (n=25) to 45.3% (n=29) respectively ($p<0.001$; $p<0.001$); self-esteem score decreased significantly from 32.0 (IQR 28.75-36.0) to 30.0 (IQR 25.75-35.25) ($p=0.021$) during Covid-19 pandemics in Latvia. April-June 2020 and September 2021.

Conclusion

Decrease in self-esteem and increase of depression and anxiety was observed among general practitioners during Covid-19 pandemics in Latvia.

Scoping review of biological age measurement composed of biomarkers

Espíndola Fernández D¹

¹Universidad De Antioquia

Poster session 1, June 9, 2022, 2:50 PM - 4:00 PM

Background: For several decades, attempts have been made to characterize these changes through the concept of biological age, which aims to integrate, in a measure of time, structural or functional variation through biomarkers in comparison with simple chronological age. The objective of this scoping review is to deepen the concept of measuring biological age composed of biomarkers in the general population and summarize recent evidence to identify gaps and priorities for future research.

Methods: A scoping review was conducted, through a search in 5 databases to February 2021. Original articles were included with no time or language limit that described the biological age composed of at least two biomarkers.

Results: 674 articles were identified, of which 105 were evaluated for eligibility and 65 were included with information on the measurement of biological age composed of biomarkers. Articles from 1974 of 15 nationalities were found, most observational studies, in which clinical or paraclinical biomarkers were used, and 11 different methods described for the calculation of the composite biological age were informed. The outcomes reported were the relationship with the same measured biomarkers, specified risk factors, comorbidities, physical or cognitive functionality, and mortality.

Conclusions: The concept of biological age composed of biomarkers has evolved since the 1970s and multiple methods of its quantification have been described through the combination of different clinical and paraclinical variables from observational studies. Future research should consider the population characteristics, and the choice of biomarkers against the proposed outcomes to improve the understanding of aging.

Somatic symptoms and its relations with depression and quality of life in care home residents

Zolotareva A¹

¹*National Research University Higher School Of Economics*

Poster session 1, June 9, 2022, 2:50 PM - 4:00 PM

Objective. Somatization is prevalent in nursing care and is related with functional impairment. The aim of this study was twofold. First it was a psychometric analysis of the Russian version of the Somatic Symptom Scale-8 (SSS-8). Second, it was an attempt to investigate the relations between somatic symptoms, depression, and quality of life.

Methods. A cross-sectional study was conducted in January 2020. The participants were 97 Russian-speaking care home residents (37.1% females) with the average age 67.6 ± 12.4 years. In addition to the SSS-8, the participants completed the following: the Geriatric Depression Scale (GDS) and the Three-Level EuroQol Five-Dimensional Questionnaire (EQ-5D-3L). Demographic items included the study participant's age and gender. Nursing home staff assisted in conducting the study.

Results. Exploratory and confirmatory factor analyses confirmed a one-factor structure with suitable reliability (Cronbach's $\alpha=0.73$). Validity evidence based on relations between SSS-8 scores, GDS scores, and EQ-5D-3L scores. Somatic symptoms showed positive relations with depression and negative relations with quality of life. Additionally, there were statistically significant age and gender differences on SSS-8 scores. Somatic symptoms were positively correlated with age. Females had significantly higher rates of somatic symptoms than males.

Conclusion. The Russian version of the SSS-8 is a brief, psychometrically sound measure of somatization that may be useful in screening and monitoring somatic symptoms in Russian population. The findings also suggest that somatic symptoms can interact in influencing depression and quality of life in care home residents.

Psychiatric evaluation and intervention as part of a multidisciplinary program for patients presenting with unexplained persistent physical symptoms after a SARS-Cov2 infection

Gouraud C¹, Ranque B², Ouazzana C¹, Pitron V⁴, Pavie J³, Batisse D³, Karmochkine M³, Thoreux P⁵, Lemogne C¹
¹Université de Paris, AP-HP, Hôpital Hôtel Dieu, Service de Psychiatrie de l'adulte, ²Université de Paris, AP-HP, Hôpital Européen Georges Pompidou, Service de Médecine Interne, ³Université de Paris, AP-HP, Hôpital Hôtel-Dieu, Service Infectiologie, ⁴Université de Paris, AP-HP, Hôpital Hôtel-Dieu, Service de Pathologies Professionnelles, ⁵Université de Paris, AP-HP, Hôpital Hôtel-Dieu, Service de Médecine du sport et activités physiques adaptées - CIMS

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Objective: After an acute infection by SARS-Cov-2, a substantial number of patients presents with unexplained physical persistent symptoms. A comprehensive approach are required is required for those patients and we sought to present the first data from a multidisciplinary program designed for this purpose. **Methods:** A multidisciplinary program has been implemented in Hospital "Hôtel Dieu", Paris since July 2021 (and is still ongoing) called CASPER-COVID (Circuit Ambulatoire de prise en charge des Symptômes PERSistants post-COVID-19). This program consists in a one-day hospital evaluation. Participants are required to fulfill several questionnaires prior to the consultation: The Short-Form (SF-12) Health Survey, Hospital Anxiety and Depression Scale (HADS) and Somatic Symptom Disorder – B criteria scale (SSD-12). The multidisciplinary evaluation includes a one-hour medical examination with an internist or infectious disease specialist, an evaluation of physical abilities with an Adapted Physical Activity Specialist and a one-hour psychiatric examination.

Results: 106 patients intended the multidisciplinary program in 2021. The median HAD-Anxiety score was 8 (Interquartile range (IqR)=5-11) and the median HAD-Depression score was 6 (IqR=4-9). The median SSD-12 score was 25 (IqR=19-31). The psychiatric intervention involved a general evaluation and the specific identification of cognitive mechanisms akin to those observed in somatic symptom disorder. When such mechanisms were identified, a short intervention consisting on elements of psychoeducation about these cognitive biases was provided.

Conclusion: By June 2022, we expect that 200 patients would have reach the program. More clinical data will be available and the follow-up data for about 100 patients will be presented.

Symptoms of adjustment disorder and smoking predict long-term functional outcome after ankle and lower leg fracture

Weimert S¹, Kuhn S¹, Rommens P¹, Beutel M¹, Reiner I¹

¹University Medical Center Mainz

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OBJECTIVE:To examine the psychological, social, behavioural and injury-related factors impacting functional outcome in patients with ankle or lower limb fracture one year post-operation. **METHODS:**In this prospective study 66 patients with ankle or lower leg fracture were recruited and followed up one year post-operation. Possible associations between predictors and functional outcome were explored by regression analyses. Functional outcome was assessed with the American Orthopedic Foot and Ankle Society Ankle-Hindfoot Score. **RESULTS:**Linear regression models revealed that smoking and elevated symptoms of adjustment disorder were associated with lower functional outcome one year post-operation. Fracture type, depressive symptoms and quality of relationship had no effect on functional outcome. A second linear regression revealed that preoccupations were correlated with functional outcome. **CONCLUSION:**Smoking and symptoms of adjustment disorder, specifically preoccupations, are associated with functional outcome one year post-operation in patients recovering from ankle or lower leg fractures. The results support the notion that differences in functional recovery are attributable to psychological and behavioural factors rather than to fracture type. Psychological, fracture-specific, symptoms play a role in functional recovery rather than general affective symptoms.

The influence of attachment representation on treatment outcome in inpatient psychotherapy

Reiner I^{1,2}, Bakermans-Kranenburg M³, Van Ijzendoorn M⁴, Fremmer-Bombik E⁵, Beutel M¹

¹University Medical Center Mainz, ²Darmstadt University of Applied Sciences, ³Vrije Universiteit Amsterdam, ⁴Erasmus University Rotterdam, ⁵Universität Regensburg

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Objective: We investigated changes of attachment representations and depressive symptomatology through psychotherapeutic inpatient treatment and their relationship to treatment outcome. We expected (1) insecure attachment to be overrepresented in our clinical sample (compared to nonclinical populations) (2) a significant decrease in depressive symptomatology after inpatient treatment (3) a significant increase in attachment security after inpatient treatment.

Methods: Our sample consisted of 85 women aged 19-52. The clinical sample consisted of 43 depressed (SKID-Interview) patients, who were recruited from the inpatient unit of the Department of Psychosomatic Medicine and Psychotherapy, University Medical Centre Mainz. The control group consisted of 42 healthy controls. Average length of hospital stay in the patient group was 8 weeks. Depressive symptomatology was measured via self-report by means of the PHQ-9 at time of admission and discharge. Attachment representation was assessed at admission and discharge with the Adult Attachment Interview (AAI). All Interviews were verbatim transcribed and coded with the four-way (secure, insecure dismissing, insecure-preoccupied and unresolved state of mind) coding system according to the Main et al. (2002) by trained and reliable coders. The 'Coherence of Mind' scale (range 1-9) was used as dimensional interpretation of attachment security.

Results: Insecure attachment was overrepresented in our sample of depressed patients. Moreover, inpatient psychotherapy treatment decreased depressive symptoms and increased attachment security (AAI-coherence). Further, higher attachment security at admission was linked with better treatment outcome.

Conclusion: Our results suggest a) to address patients attachment history, b) to consider patients level of attachment security in the treatment of depression.

Utilizing Gender-Informed Psychosocial Strategies in Prevention and Treatment of Substance Abuse in Adolescent Girls & Women.

Tareen R¹, Tareen K

¹*Western Michigan University Homer Stryker M.D. School Of Medicine*

Poster session 1, June 9, 2022, 2:50 PM - 4:00 PM

Objective: Rates of substance abuse is on the rise in USA, adolescents are initiating substance abuse at younger age and 56.2% of all new initiators are female. Adolescent girls aged 12- 17 years admitting to alcohol & illicit drugs surpassed their male peers at the rate 17.2% to 15.9%.

Method: Literature review of subject reveals that substance abuse treatment has been largely established as a “one size fits all” approach without paying much attention to the specific needs based on age, gender, and psychosocial makeup of this population. Most substance abuse programs fail to take in account gender differences in physiology, social development, communication patterns, social roles. The added demands of puberty, pregnancy and accompanied psychological and hormonal challenges along with the vulnerability to intimate partner violence and childhood sexual abuse makes it more difficult to adhere to sobriety.

Results: Several gender-informed psychosocial models have been well documented and need to be incorporated in our traditional system of providing substance abuse treatment. If we choose to ignore gender differences, long term outcomes and prognosis could worsen.

Conclusion: In this poster we outline some of the unique challenges clinician may face when managing substance abuse disorders in female population, including substance abuse associated earlier initiation of sexual activity and high risk behaviors that may lead to unplanned pregnancies resulting in high propensity for developing psychiatric disorders such as perinatal mood disorders, and the psychosocial implications of addiction in future generation.

NEUROBIOLOGY OF ATTACHMENT :
SECURE AND DISRUPTED ATTACHMENTS
AND MENTAL HEALTH ISSUES

Tareen R¹, Tareen A

¹*Western Michigan University Homer Stryker M.D. School Of Medicine*

Poster session 1, June 9, 2022, 2:50 PM - 4:00 PM

Objective: Attachment is defined as the innate bond of affection a newborn develops with a person that can satisfy the need for safety and comfort. The attachment figure, or primary caregiver, often forms a complementary and equivalent bond known as the “care-giving bond.” This emotional bond determines how well a caregiver interprets and anticipates the infant’s non-verbal cues, and as a result, how effectively they provide for the needs of the child.

Method: Attachment theory explains how the quality of this integral bond between a child and their caregiver impacts their long-term emotional, social, psychological, intellectual and physical development. Neurobiology of attachment especially role of oxytocin as a causative link in disrupted attachment w

Results: Attachment is an innate characteristic, which bonds a newborn to the mother and provides the stability of an anchor from where to explore and establish life outside the womb. Attachment when disrupted, can cause disruptions in psychological domains from difficult temperament, shaky foundation of personality structure, avoidance, and ambivalence behavior.

Conclusion: Developed by John Bowlby (1907-1990) and developmental psychologist Mary Ainsworth (1913-1999) attachment theory bridges psychological, evolutionary, and ethological theories of behavior, to illustrate the necessity of proper infant attachment for healthy development. In the 1980s attachment theory was extended to encompass attachment in adults, illustrating the long-term effects of faulty infant bonding. Clinicians must make efforts to identify the risk factors predisposing to insecure attachment. At risk infants and mothers can benefit from early intervention to prevent long-term impact on personality and psychological wellbeing.

Sleep as an outcome measure in ADHD randomized controlled trials

McWilliams S¹, Zhou T¹, Stockler S^{1,2}, Elbe D^{3,4}, Ipsiroglu O^{1,5}

¹H-Behaviours Research Lab, BC Children's Hospital Research Institute, ²Division of Biochemical Genetics, BC Children's Hospital, Department of Pediatrics, University of British Columbia, ³Department of Pharmacy, BC Children's Hospital, ⁴Division of Child and Adolescent Psychiatry, BC Children's Hospital, Department of Pediatrics, University of British Columbia, ⁵Divisions of Developmental Pediatrics, Child and Adolescent Psychiatry and Respiriology, BC Children's Hospital, Department of Pediatrics, University of British Columbia

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Sleep disturbances are highly prevalent among children with ADHD. Yet, diagnostic and treatment regimens are primarily focused on daytime symptomatology. The goals of this scoping review are to 1) identify interventional ADHD RCTs that have used sleep as an outcome measure, 2) describe and assess the validity of tools utilized to measure sleep-specific outcomes

40/71 RCTs used sleep as a primary outcome. Actigraphy (n=18) and sleep log/diary (n=16) were the most common tools to measure sleep, followed by Children's Sleep Habits Questionnaire (n=13), and polysomnography (n=10). Sleep was a secondary outcome in 31 RCTs. Polysomnography and actigraphy used a heterogeneous spectrum of sleep-related variables and technical algorithms, respectively. 19/23 sleep questionnaires were validated covering a spectrum of sleep-related domains.

Despite the intrinsic nature of sleep disturbances in ADHD, the number of RCTs measuring sleep-specific outcomes is limited and tools to measure outcomes are not standardized. Given the potential adverse effects of ADHD medications on sleep, sleep should be included as a core outcome measure in future clinical trials.

Use of Guanfacine as an Alternative to Dexmedetomidine for Sedation and Agitation Management in the Intensive Care Unit

Maldonado J¹, Kim J¹, van Zyl E¹, Benitez Lopez M², Sher Y¹

¹Stanford University, ²University of Washington

Poster session 2, June 10, 2022, 2:50 PM - 4:00 PM

Objective: Dexmedetomidine is an intravenous, selective alpha-2 agonist, with opioid-sparing and lower delirigenic qualities, compared to traditional sedatives (i.e., opioids, benzodiazepines). Unfortunately, its use requires ICU level of care and careful monitoring and weaning. Given its high cost and need for ICU care monitoring, our institution has developed a protocol to cross-titrate off dexmedetomidine infusions to guanfacine (an oral, highly selective alpha-2 agonist), thus facilitating transition out of the ICU, while ensuring adequate behavioral control. This study, explores the effect of this transition on other sedative use.

Methods: We conducted a retrospective chart review of patients (n=77) transitioned from dexmedetomidine to guanfacine in our medical, surgical and cardiovascular ICUs, between October 2017 and October 2018. Sedative agents use data was collected from 24 hours prior to starting guanfacine and 72 hours following; and compared guanfacine's effect on sedative utilization using linear regression analysis.

Results: Delirium was diagnosed in 81.8% of patients. The addition of guanfacine was associated with significant reductions in the use of sedative medication by 3.33% (p=0.0080). Specifically an 8.88% (p=0.0488) reduction in benzodiazepine use and a 57.14% (p=0.0010) reduction in opioid use, per 24 hours period. While antipsychotic and other sedative medication use reduced by 12.60% (p= 0.2636) and 10.39% (p= 0.2678) per 24 hours period, respectively, this change did not reach statistical significance.

Conclusion: Our preliminary data shows that transitioning from dexmedetomidine to guanfacine does not increase sedative use and is an effective way to limit dexmedetomidine use to reduce costs and ICU stay length.

Alexithymia, somatization and distress in a chronic pain sample.

Lanzara R¹, Conti C², Camelio M², Porcelli P²

¹Department of Dynamic and Clinical Psychology, "Sapienza" University of Rome, ²Department of Psychological, Health, and Territorial Sciences, University "G. d'Annunzio" of Chieti-Pescara, Chieti, Italy

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Objective: To investigate whether chronic pain (CP) patients with somatization have higher alexithymic features; to examine whether pain and distress symptoms mediate the relationship between alexithymia and somatization in CP patients. **Method:** One hundred thirty-five CP patients were evaluated for alexithymia, somatization, distress, quality of life and pain. Alexithymia was measured with the TAS-20; somatization was assessed using the PHQ-15; depression and anxiety symptoms were evaluated with the HADS; quality of life was assessed using SF-12; and pain was measured using the BPI. **Results:** Patients with somatization (37.04%) reported significantly higher TAS-20 total scores ($p < .001$) and difficulty in identifying feelings (DIF) ($p < .001$) than those without somatization. The somatizer group had also a significantly higher disease duration, severity and interference of pain, distress, and a lower quality of life than the non-somatizer group. A hierarchical regression analysis was used to select predictors of somatization. The results showed that the model explained 55% of somatization when the TAS-20 components, specifically DIF ($\beta = .31$; $p = .001$), were included as predictors. The mediation analysis showed that DIF affected somatization along different pathways. DIF was found as a major factor influencing somatization both directly ($p < .001$) and above all through the mediation of interference of pain ($p < .001$) and distress ($p < .001$). **Conclusions:** Our study suggests that alexithymia, specifically DIF, may be considered a major psychological factor for somatization risk in CP patients. Longitudinal studies are needed for investigating the role of alexithymia in clinical outcomes.

Transitional psychosomatics and psychotherapy for young adults - particularly challenged by the pandemic

von Boetticher D¹

¹*University of Göttingen Medical Center*

Poster session 1, June 9, 2022, 2:50 PM - 4:00 PM

Objective

Young adulthood is a particularly vulnerable phase for the development and chronification of mental and psychosomatic disorders and requires forms of care that do justice to the development-specific characteristics of this age group. Even before the pandemic, this age group was considered to be particularly psychosocially burdened, and studies indicate that the pandemic has a significantly greater negative impact on this age group than on other age groups.

Method

The presentation gives an overview of the development-specific characteristics of young adults and relates these to the emergence of mental and psychosomatic illnesses. Empirical data on the pandemic burden for this age group will be discussed.

Results

Empirical findings prove an increasing lengthening of the transition phase between adolescence and adulthood in Western societies by 5 – 10 years, which is accompanied by an increased psychopathology additionally disturbing necessary development tasks. About 50% of adulthood's mental disorders reach back to childhood. Young adults exhibit the highest twelve-month prevalence (30%) and lowest treatment rate (15%) of mental disorders. Negative consequences for the future life course and health prognosis are very common. Current institutionalized discontinuity between child-and-youth and adult health care forms neglect the special needs of the particularly vulnerable age-group "inbetween".

The corona pandemic has significantly aggravated the situation for children, adolescents and young adults: studies show a substantial increase in stress, anxiety, depression, eating disorders and loneliness, especially in these age groups. This pandemic-related deterioration in the health situation of young people reinforces the need for transitional treatment continuity.

Current Conceptual Challenges in Psychosomatic Medicine: A Plea for Conceptual Research.

von Boetticher D¹

¹*University of Göttingen Medical Center*

Poster session 2, June 10, 2022, 2:50 PM - 4:00 PM

Objective

Psychosomatic medicine has advanced into a distinct specialty in recent decades through the development of specific concepts that seek to acknowledge the unity of mind and body in clinical practice and research by equally considering biological, psychic, and social aspects in regulating health and disease.

Methods

The presentation aims to investigate the role of current conceptual challenges and of conceptual research for psychosomatic medicine.

Results

Psychosomatic medicine has a specific epistemological status “between” medicine and psychiatry. Psychosomatic concepts are basically referred to the mind–body relationship, the biopsychosocial (BPS) model, and the notion of person. A neurobiologically informed deterministic monism, which postulates the reducibility of mental states to brain processes determined by natural laws, appears as the main current challenge to a pluralistic psychosomatic approach, which acknowledges the simultaneous existence of the human person in their different irreducible, but inseparably interwoven worlds (physical, psychic, and social).

Neurodeterminism challenges psychosomatics in two ways: by denying the multifactorial frame of reference and by dissolving the notion of person as a natural being endowed with freedom, responsibility, and creativity within a physical world determined by natural laws.

Conceptual research is introduced as an autonomous research area and complement of empirical research. It provides a systematic reflection on the fundamental concepts, aiming at an improvement of clinical concepts and the conceptual quality of empirical research. It has a descriptive and a normative function: descriptively analysing the concepts we have; normatively searching for concepts we need for the integrated care we strive for.

Efficacy of an Eight Session Stress-Reduction Pilot Program for PHP's Delivered Virtually, Once a Month, in 2021

Margittai K¹

¹North York General Hospital

Poster session 2, June 10, 2022, 2:50 PM - 4:00 PM

Objective

Primary healthcare providers (PHPs) have been on the frontlines of the Covid pandemic from the start and physician burn-out rates had never been so high.

In late 2020, the department of Family Medicine at North York General Hospital (NYGH) in Toronto decided to fund an eight-session stress reduction group, offered virtually.

Methods

A) Participants - All Family Physician staff at NYGH were invited to participate via email, newsletter, and announcement at a staff meeting. Fifteen physicians followed up.

B) Process - An experienced facilitator of mindfulness-based stress reduction (MBSR) groups was recruited to deliver this program virtually, for eight consecutive monthly, 90-minute sessions. The core MBSR program, as created by Jon Kabat Zinn, was adapted for this cohort.

Participants were emailed a homework package containing articles relevant to the topics discussed, and the daily practices.

Participants' stress levels were measured via the Perceived Stress Scale (PSS), a ten-item self-report questionnaire, completed prior to the beginning and after the groups ended.

Results

Of fifteen physicians who had originally indicated an interest, five attended less than two sessions but completed their questionnaires, making them ideal controls. (Δ PSS -2.5) Six participants completed six or more sessions and questionnaires. (Δ PSS -5.6)

Conclusion

Subjects' PSS score showed more than double the reduction in the controls, and a $\Delta \leq -5$ is clinically significant.

While the small number of participants limits statistical analysis, the findings suggest that similar interventions, perhaps conducted biweekly or in-person, may be a useful adjunct to combat burnout in this cohort.

How vaccination influence the outcomes of COVID-19 infection in the 3rd and 4th waves of the pandemic in a Hungarian psychiatric inpatient population

Gazdag G^{1,2}, Grenda Z¹, Takács R¹

¹Department of Psychiatry and Psychiatric Rehabilitation, Jahn Ferenc South-pest Hospital; Department, ²Department of Psychiatry and Psychotherapy, Semmelweis University

Poster session 2, June 10, 2022, 2:50 PM - 4:00 PM

Introduction: during the study period (3rd wave: 08/02/2021 – 11/05/2021; 4th wave: 05/11/2021 - 31/12/2021) the Centre of Psychiatry in the Jahn Ferenc South-pest Hospital (CP-JFSH) was one of the two psychiatric units in Budapest, specialized for the treatment of the COVID-19 infected psychiatric patients. **Objectives:** the aim of the study was to evaluate the outcome of the COVID-19 infected psychiatric patients treated in the CP-JFSH in light of their vaccination status.

Methods: retrospective analysis of the files of patients admitted to the CP-JFSH during the 3rd and 4th wave of the pandemic. In addition to demographic data, diagnostic distribution, severity of infection, outcome and vaccination data were evaluated.

Results: in the 3rd wave 124, in the 4th wave 148 COVID infected psychiatric patients were admitted to the CP-JFSH. The mean age of the patients was lower in the 4th wave. Majority of the patients suffered from major neurocognitive disorder followed by schizophrenia spectrum disorder in the third wave, while the balance shifted towards schizophrenia in the 4th wave. The rate of vaccinated patients was higher in the 4th wave and the percent of moderate and severe illness decreased. Mortality in the 3rd and 4th wave was 12% and 5% respectively.

Conclusions: significant difference was detected between the characteristics of the 3rd and 4th wave of the COVID-19 pandemic. Changes may be due to the different virus variants and the increasing rate of vaccinated patients. These results highlight the importance of vaccination in this vulnerable population.

Dysfunctional breathing in anxiety and depressive disorder

Sohn I¹, Nam B²

¹Keyo Hospital, ²Konkuk University, School of medicine

Poster session 1, June 9, 2022, 2:50 PM - 4:00 PM

- Objectives

Although dysfunctional breathing is a common symptom in general population and affects qualities of life, it is still underdiagnosed. There are some studies of prevalence of it in asthma, but few studies in anxiety and depressive disorders. The purposes of this study were to explore the prevalence of it in anxiety and depressive disorders, and to investigate whether anxiety and depressed mood influence it.

- Methods

135 patients diagnosed with anxiety or depressive disorders, and 124 controls were recruited. Nijmegen questionnaire was used to assess dysfunctional breathing, and Hospital anxiety depression scale was used.

- Results

The prevalence of dysfunctional breathing in anxiety or depressive disorders was higher than that in control. In the linear regression model, anxiety accounted for 59.6 % of dysfunctional breathing, but depressed mood did not. With covariate adjusted for anxiety, scores of dysfunctional breathing in anxiety or depressive disorders were higher than in controls.

- Conclusion

Dysfunctional breathing in anxiety or depressive disorders is higher than that in control. Adjusting anxiety, its difference is still. Anxiety affects dysfunctional breathing, but depressed mood does not.

Associations between personality characteristics and perceived quality of life in medical students during the Covid-19 pandemic

Mihailescu A^{1,2}, Graur A², Ioniță I^{2,1}, Styliadis V¹, Serban T¹, Bubulac L¹, Diaconescu L¹, Popa-Velea O¹

¹University of Medicine and Pharmacy „Carol Davila”, ²Clinical Hospital of Psychiatry „Prof dr Al. Obregia”

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This study examined the perceived quality of life (QOL) in medical students in the context of the Covid-19 pandemic and in relation to the Big-Five personality typology.

Method: 613 medical students (113 men, 500 women, mean age=21.43, SD=1.749) enrolled in the University of Medicine and Pharmacy „Carol Davila” in Bucharest participated in the study. They completed the Big Five Inventory-2 (Extra-short Form), the Perceived Stress Scale (Cohen et al., 1995), the Fear of Covid-19 Scale (Ahorsu et al., 2020), the Satisfaction With Life Scale (SWLS) (Diener et al., 1985) and a survey including 21 questions about the self-perceived QOL in academic life during the Covid-19 pandemic. Data analysis comprised t and Kruskal-Wallis tests, and multiple regression. The threshold of statistical significance was $p < .05$.

Results: The sample was split into two QOL subgroups: low, who scored ≤ 20 at the SWLS (N=98, 12.6%) and high, who scored > 20 (N=515, 87.4%). Low QOL was directly associated to Extraversion ($t(611) = -4.972$, $p < .001$), Agreeableness ($t(611) = -2.886$, $p = 0.004$), Conscientiousness ($t(611) = -3.238$, $p < .001$), high Negative Emotionality ($t(611) = 6.097$, $p < .001$), and Perceived Stress ($t(611) = 6.982$, $p < .001$) ($F(5,607) = 39.341$, $p < .001$, $R^2 = .245$). Increased stress was associated with Low Extraversion ($\chi^2(2) = 15.702$, $p < .0001$), Low Conscientiousness ($\chi^2(2) = 25.177$, $p < .001$), and High Negative Emotionality ($\chi^2(2) = 187.573$, $p < .001$).

Conclusion: Medical students faced difficulties in coping to academic life changes during the Covid-19 pandemic and displayed lower levels of QOL. These results could be informative for developing undergraduate medical programs increasing self-awareness and resilience in the academic environment.

Tic-like presentations during the COVID-19 pandemic.

Heyman I¹, Duncan M¹, Buts S², Owen T², Martino D³, Pringsheim T³, Byrne S¹, McWilliams A¹, Murphy T¹, Malik O², Liang H¹, Hedderly T

¹UCL Great Ormond Street Institute of Child Health, ²Evelina London Children's Hospital Neurosciences Department,

³Alberta Children's Hospital

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Objective

During the COVID19 pandemic unexpected numbers of children presented with distressing tic-like movements. We describe the patient characteristics, and outline a novel psychoeducational group for functional tics.

Methods

Sampled in a 6 month period (10/2020 to 04/2021) - 34 patients presenting to tic/Tourette services in England and Canada, with sudden onset/exacerbation of 'tics' are described. A chart review of their multidisciplinary assessment was undertaken, including the Yale Global Tic Severity Score, the Children's Global Assessment Scale and the Development and Wellbeing Assessment. Patients with and without diagnosis of previous tics were compared. Given the limited research, we developed novel psychoeducational material.

Results

94% of patients were female; average age of sudden onset/increase of tic-like movements was 13.7 (SD 2) years. There was a high frequency of complex vocal tics (77%), a high mean Yale Global Tic Severity Score of 62.6 (SD 19) and low mean Children's Global Assessment Scale of 45 (range 35-75). 47% of patients initially presented to emergency departments. Psychiatric and neurodevelopmental disorders were reported in 91%; 68% reported anxiety. Comorbidity confirmed by clinician-rated Development and Wellbeing Assessment. 44% had a previous diagnosis of tics, with significant differences discussed. Understanding the diagnosis appears crucial in management. Initial qualitative responses to psychoeducation are positive.

Conclusion

We highlight a case-series of sudden onset functional tic-like movements in predominantly female adolescents. This clinical description aids identification and management. Understanding the diagnosis is central to therapeutic management, alongside identifying/treating co-morbidities. Planned evaluation of the psychoeducation group and longitudinal studies are discussed.

Quality of life with epidermolysis bullosa. An international perspective

Salamon G¹, Field-Werners U¹, Diem A²

¹Sigmund Freud University, ²EB House Austria, Department of Dermatology and Allergology, University Hospital of the Paracelsus Medical University Salzburg

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Objective

Quality of life research combines physical, psychological and social aspects and is crucial when dealing with chronic diseases. Epidermolysis bullosa (EB) is a congenital rare disease with fragility of the skin, blisters and wounds, leading to lifelong pain and itch. Extensive daily wound care is often carried out by family members. Hence, quality of life becomes a central issue in the lives of the patients themselves as well as in their relatives' lives. Quality of life in EB has mostly been studied on a national or regional level, whereas our study allows international comparison of data and the analysis of intercultural influence factors.

Methods

A cross-sectional international online survey was conducted, collecting demographic data as well as information on quality of life and family burden of disease of 255 participants, including EB patients (n=118) and their relatives (n=137) from 27 countries.

Results

Statistical data analysis was performed, comparing the quality of life in regards to general criteria such as the major EB types, the degree of severity and gender, as well as in regards to intercultural aspects such as the country of origin, the language background and the medical infrastructure at the place where the participants live.

Conclusion

Even though quality of life is experienced highly individually, differences may arise from the culture, the given medical infrastructure and the local medical care system. It is hence important to take the patient's and their relative's intercultural background into account when measuring and comparing quality of life.

[full paper in preparation]

Online cognitive behavioural interventions for perinatal mental disorders: Exploring women's interests

Amiel Castro R¹, Ehlert U¹, Schmid T¹

¹University of Zurich

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Depression and anxiety are common among pregnant and postpartum women. Untreated psychological problems during these phases can have severe psychophysiological consequences for mothers and infants. Treatment barriers for this population are various including stigma, childcare difficulties and lack of time. Online cognitive behavioural interventions have been shown to be effective and present as an alternative to traditional face-to-face therapy. Nevertheless, little is known about women's interests regarding online interventions for perinatal mental disorders. We aim to examine the feasibility of reaching perinatal women through online interventions and to investigate women's preferences, interests and probable use of online cognitive behavioural interventions. Methods: This is a prospective cross-sectional online study including healthy pregnant (any gestational age) and postpartum women (up to 12 months postpartum; N=159). Ordinal regressions were the main analytical approach. Results: More than 50% of our sample was interested in using online interventions. According to our participants, online interventions should be supported by therapists, brief, flexible, accessible 1-2 times per week and include the possibility to learn skills. Higher education and use of multiple devices were the strongest predictors for interest and use of online interventions. Conclusions: Online cognitive behavioural interventions have the potential to effectively treat mental health problems. Our findings suggest that it is feasible to reach perinatal women through use of such interventions. Moreover, based on the stated preferences of participants it is recommended that online treatments include therapist support, are flexible and easy to use. Additional efforts are needed to reach a more diverse population.

Effects of Interval-based inpatient Treatment for Anorexia Nervosa

Rauh E¹, Peters K¹

¹Schön Kliniken

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Objective: the inpatient treatment for anorexia nervosa (AN) is part of cross-sectoral networking. However, many patients relapse and need to be readmitted. To obtain a straightened improvement, a weight-mapping based treatment approach might help to improve the patients skills in dealing with symptoms and improve the cross-sectoral networking.

Method: data of adult women with AN (N=304) who received inpatient treatment and either received interval treatment (n=179) or not (n=125) were analyzed. Of these, 225 patient complete a follow-up measurement after an average of 25 months. Treatment outcome variables were body mass index and subscales of the Eating Disorder Inventory-2 at admission, discharge, and follow up.

Results: Across measurements, the interval treatment group had larger increases in body mass index and larger decreases in drive for thinness and binge/purge symptoms than to interval Treatment Group. These differences did not to seem to be driven by longer treatment duration.

Discussion: our data suggest that interval treatment for AN is effective and may even superior to conventional single inpatient tretment. Given the observational nature of this study, however, controled studies are necessary to corroborate these findings.

Stigma and stigmatisation in clinical encounters for Functional Disorders: A systematic scoping review

Treufeldt H¹, Burton C

¹University Of Sheffield

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Background: Functional Disorders (FDs) is an umbrella term for conditions characterised by persistent physical symptoms, which are accompanied by impairment or a disability. Stigmatisation is a social process of devaluation that links a person to a socially undesirable characteristic which is seen in many conditions, including FDs.

Objective: To conduct a scoping review of stigma in medical encounters for FDs to determine how stigma has been defined, classified, and understood in the existing literature.

Methods: Systematic scoping review following PRISMA-ScR guidelines. This included mapping the eligibility criteria, data sources, data charting, synthesis of results. Searches used a combination of terms for FDs, stigma and clinical communication and were carried out in MEDLINE, Epub and PsychInfo databases.

Results: The searches identified 334 articles, of which 29 were eligible for inclusion. The majority of publications (n=28) used qualitative methodology. The broad thematic categories identified were: Exploring of patient-physician communication (n=9); Experience of illness/stigma (n=6); professional perceptions of illness (n=5); cultural meaning of illness (n=4); perceptions of illness/stigma (n=3); stigma in patient-physician communication (n=2). Only a minority (n=7) defined explicitly stigma and of these studies, the majority (n=5) used Goffman's (1963) definition of stigma.

Conclusion: There is a need for consistency and clarity in medical stigma research. Research on stigma in medical encounters about FDs would benefit from clarifying working definitions and conceptual boundaries regarding the concept of stigma.

Keywords: Stigma, Functional disorders, physically persistent symptoms, clinical communication, clinical consultation

ILLNESS INTRUSIVENESS AND ITS DETERMINANTS AMONG PATIENTS WITH LOW BACK PAIN

Stauder A¹, Simoncsics E¹

¹*Institute of Behavioural Sciences, Semmelweis University Budapest*

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Aim: To evaluate illness intrusiveness as an indicator of quality of life among low back pain (LBP) patients and to determine its predictors in a biopsychosocial approach.

Methods: Consecutive patients were asked to participate in a questionnaire survey including: pain intensity, Illness Intrusiveness Rating Scale (IIRS), Chronic Pain Acceptance Questionnaire (CPAQ), Roland Morris Disability Questionnaire (RMDQ), Patient Health Questionnaire Depression subscale (PHQ9), and sociodemographic data.

Results: Questionnaires were completed by 126 patients, 73 women and 53 men; 31 with acute, 14 subacute and 81 with chronic low back pain (LBP). The mean score (\pm SD) of IIRS was 30,00(\pm 12,5) in women and 26,66(\pm 13,70) in men. The correlations between IIRS and the psychosocial factors assessed were moderate (r range 0,43-0,56). The hierarchical regression model including all the variables explained 48,1% of the variance. Pain intensity, age, gender, or education were not significant independent predictors in this model. Pain acceptance (CPAQ) was an independent protective factor, while disability (RMDQ) and depressive symptoms (PHQ9) were independent predictors of higher illness intrusiveness.

Conclusions: Illness intrusiveness in low back pain was predicted by disability and psychological factors such as depression, anxiety and pain acceptance independently of pain intensity. IIRS can be a good measure of the effects of acceptance based or other psychological interventions as it measures the limitations in daily activities attributed to an illness, and those interventions' goal is to live a full life despite the illness.

Parenting and Obesity in Pakistan: A Spreading Nevertheless Most Neglecting Eating Disorder

Abdul Khaliq A¹, Tariq O²

¹Pakistan Institute of Living and Learning, ²Institute of Applied Psychology, University of the Punjab,

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Objective: Current study exposes the relationship among parental acceptance rejection and eating patterns in obese and non-obese adolescents. **Between group research design** was used to collect data. **Sample and Method:** A sample of 160 participants with an age range of 13-19 years (M = 14.91, SD= 1.49) was taken from different government and private sector schools. It was hypothesized that obese adolescents are more likely to experience parental rejection in comparison to non-obese adolescents. Obesity was measured by using BMI calculator, parental rejection by parental acceptance rejection questionnaire (Rohner, 1980) and to assess eating patterns of adolescents Dutch eating behavior questionnaire (Strien et al, 1986) was used along with demographic questionnaire. **Results:** Results of independent sample t-test revealed that there are no significant differences of parental rejection in obese and non-obese individuals. It was also hypothesized that there are gender differences in experiencing parental acceptance rejection. Results of independent sample t-test revealed that male experienced more maternal rejection as compared to the female. Male adolescents experienced more maternal hostility/ aggression and indifference/ neglect in comparison to female adolescents. Moreover, obese showed more disturbed eating patterns as compared to non-obese. **Conclusion:** From the results it can be concluded that obese adolescents are more likely to experience disturbed eating patterns in comparison to non-obese adolescents.

Restoring Mental Health: An OCD Case of Religious Blasphemy from Pakistan

Abdul Khaliq A¹, Saleem S²

¹Centre for clinical psychology, University of the Punjab, Lahore, Pakistan, ²Punjab Institute of Mental Health, Lahore, Pakistan

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Restoring Mental Health: An OCD Case of Religious Blasphemy from Pakistan

Abstract

Introduction: Today, around one fourth of the world's nations and regions, most of them Muslim-majority nations, actually have anti- blasphemy regulations/laws. Pakistan is among the nations where blasphemy is deserving of death. In many examples, the blamed are killed by hordes before judicial actions even start.

Frequently, it is individuals with psychological instability who turn out to be blamed for blasphemy. Sample

and Method: The client Mr. H.M.R was 42 years old married man. He came to Punjab Institute of Mental Health (PIMH), Lahore, Pakistan, with the complaints of excessive blasphemous thoughts, restlessness, anxiousness, excessive rechecking and reassurance about the safety of Quran e Pak. After detailed assessment including formal assessment via Yale-Brown Obsessive Compulsive Scale (Y-BOCS) and informal assessment Mental State examination (MSE), Daily thought Record (DTR), subjective rating of presenting complaints and clinical interview, the client was given the diagnosis 300.03 (F 42) Obsessive Compulsive Disorder with good or fair insight, according to DSM-V. His management was done through Cognitive Behavioral Therapy. **Results:** The post assessment showed 75% improvement in client's symptoms.

Conclusion: A psychiatric evaluation and immediate psychiatric help can be beneficial in restoring mental health as well as preventing them from extremism of religious blasphemy.

Revealing the Pathology: A case study of Somatic Symptom Disorder

Abdul Khaliq A¹, Saleem S²

¹Pakistan Institute of Living and Learning, ²Punjab Institute of Mental Health, Lahore Pakistan

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Objective: Recognizing hiding psychopathology under the cover of medical symptoms is the most critical and crucial. The same is the present case with somatoform disorder, which was differentiated and uncovered via detailed assessment from medical disorders. **Method and Sample:** The client Ms. S.A was 25 years old unmarried female. She came to Punjab Institute of Mental Health (PIMH) with the complaints of anger outburst, breathlessness, weakness, stomachache, forgetfulness, dizziness and restlessness. After the detailed assessment including formal assessment via Somatic Symptom Scale (SSS-8) (Gierk et al., 2014) and Mental State examination (MSE) and clinical interview, the client was given the diagnosis of 300.82 (F 45.1) Somatic Symptom disorder, with predominant pain. **Results:** Her management was done through Cognitive Behavioral Therapy. Daily activity scheduling, grounded exercise, coping statements, diaphragmatic breathing, understanding and identifying cognitive distortions, cognitive challenging via verbal re-attribution, triple column technique, and mini survey, Anger management, and relapse prevention training was done. **Conclusion:** 12 weekly sessions were conducted with the client. The post assessment showed 90% improvement in client's symptoms.

Early short-term memory impairment after a gastric sleeve surgery: are we the amnesic?

Latorre F^{1,2}, Machuca M^{1,2}, Contreras P^{1,2}, Vergara G^{1,2}, Castillo Y^{1,2}, Alarcón A^{1,2}, Salinas V¹, Paillaman C¹

¹Hospital and CRS El Pino, ²Universidad Andres Bello

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Objective: To present and analyze the case of a 27 years old female patient, with 22 week pregnancy and recent gastric sleeve surgery.

Method: Clinical evaluation and serial-application of standardized tests. Frontal Assessment Battery (FAB) and Montreal Cognitive Assessment (MoCA).

Results: After surgery, the patient began a 2-week history of hyperemesis. She developed a Confusional Syndrome (CS), with ataxia and multidirectional nystagmus, presenting Wernicke's Syndrome Diagnostic Triad. A brain CT scan is performed, showing bilateral thalamic hyperintensity, consistent with Wernicke's disease. She is initially treated with Folic Acid 5mg and Thiamine 250mg/day, resulting in cessation of CS. At inter-hospital transfer weeks later, the patient is tested with MoCA resulting 23 points and FAB resulting 16 points. She reports ascending paresthesia. Therefore, her treatment is adjusted at an intensive replacement protocol of thiamine 600mg/day, folic acid 5mg/day and B-Complex.

Conclusions: Patient quickly presents varied deficiency symptoms three months after gastric sleeve surgery associated with hyperemesis during her pregnancy, accelerating B-complex depletion in the central nervous system. The diagnosis of known deficiency symptoms makes clinicians forget the search and management of comorbid deficiency syndromes, confusing the initial diagnosis and resulting on the existence of patients defined as "non-responders". Therefore, the deficit of complex B in its entirety, in addition to other micronutrients and not only thiamine (B1), is a frequently underdiagnosed problem in health centers.

Individual Rituals increase the effects of placebos administered without deception

Valerio M¹, Faasse K¹, Vartanian L¹

¹*University of New South Wales*

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Background:

Rituals, sequences of actions presenting various degrees of rigidity and repetition, are ubiquitous in every aspect of human life. Even health treatments, whether traditional, alternative, or evidence-based, present important ritualistic features (e.g., taking a pill at the same time and with the same series of actions) that may enhance the placebo effect associated with these treatments. However, limited research on the role of rituals has been conducted in the placebo literature. The proposed study aims to investigate whether performing a ritual associated with the consumption of placebos administered without deception (also known as open-label placebos, OLPs) can improve the placebo effects on physical and psychological wellbeing.

Methods:

The study used a one-way between-subjects design involving 198 participants to assess the effects of OLPs taken with or without performing a ritualistic procedure, compared to a no-treatment control condition who did not receive an OLP. Physical and mental wellbeing was assessed at baseline and after six days of OLP treatment and was operationalized as positive mental wellbeing, psychological distress, vigour and fatigue, and sleep quality.

Results:

Participants consuming OLPs reported statistically significant higher scores in all the four well-being outcomes, compared to the control group. Participants performing a ritualistic procedure associated with OLP consumption reported significantly better levels of psychological distress and sleep quality compared with participants consuming OLPs without associated ritual.

Conclusions:

Adding rituals to medical treatments may enhance the placebo effect. These results provide useful insights to improve the placebo effect component of both placebo and active medical treatments.

Cultural Adaptation of a School-based Suicide Prevention Program through Patient and Public Involvement and Engagement (PPIE) in Pakistan

Irshad S¹, Shahid S¹, Kiran T¹, Sattar R, Kakar S, Ahsan U, Gill F, Sain Bux M, Nigah Z, Toufiq S, Sultan S, Chaudhry N, Husain N, Panagioti M

¹*Pakistan Institute of Living and Learning*

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Objective: Patient and public involvement and Engagement (PPIE) is essential to conducting high-quality research, However, PPIE in LMICs health research is limited and there is a lack of robust PPIE evidence in suicide prevention research globally. The PPIE activities were conducted as part of a pilot trial evaluating 4 school-based suicide prevention interventions for 4 stakeholder groups.

Methods: Each PPIE activity involved a detailed presentation in lay terms on (1) Linking Education and Awareness of Depression and Suicide-LEADS training for students (12-17 years), attended by two students, 3 teachers, 2 psychologists and 1 psychiatrist (2) Question-Persuade-Refer (QPR) training for teachers (n=8), (3) Question-Persuade-Refer (QPR) training for parents (n=9) and (4) Professional screening of at-risk students (ProfScreen) for health practitioners (n=7).

Results: Stakeholders highlighted the following factors contributing towards adolescents' suicidal behaviors: academic pressure, parental discord, bullying, financial difficulties, negative use of social media, lack of awareness about mental health, and poor self-image. For LEADS training, students recommended easy Urdu words in presentation, and teachers and parents suggested adding sexual abuse, parental conflicts, and early marriages as potential causes of adolescents' depression and suicide. They endorsed the importance of effective parenting, school counselors, mental health awareness through TV programs. General practitioners acknowledged that their capacity building is important in assessing and managing at risk of self-harm and suicide adolescents and suggested to remove sexual practices-related questions from ProfScreen.

Conclusion: PPIE through participation, consultation and engagement has helped in making the school-based prevention program material more acceptable for target audiences.

Rapid Apparent Cure of Chronic Body Dysmorphic Disorder By Application of Ketamine Facilitated Psychotherapy

Meissner F¹, Garza C¹, Escamilla M²

¹Project Vida Health Center- FQHC, ²University of Texas Rio Grande Valley Medical School

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Objective: Report of apparent cure via Ketamine facilitated psychotherapy of chronic body dysmorphia of 20 years duration. **Methods:** Case Report **Results:** 42-year-old had acute stress disorder due to serious motor vehicle collision (MVC) with post-trauma stigmata of chronic cervicalgia, daily post-traumatic migraine headache, and pre-accident psychiatric co-morbidities of dual depression, adult persistent ADD, and generalized anxiety disorder. His acute stress disorder and the attendant chronic pain stigmata were successfully treated with a combination of EMDR and psychopharmacological therapies. In addition, his adult persistent ADD was treated with a combination of stimulant/non-stimulant drug therapies. Subsequently, he revealed a chronic body dysmorphia of sufficient intensity to cause him to leave medical school. He then underwent multiple nasal surgeries, plastic procedures to both ears, and the eyelids ('To make myself symmetrical again'). Prior to his MVC, he was planning to undergo an STRÖMA procedure (Nd:YAG laser procedure to change iris color to blue). He obsessed over phallus size and contemplated a penile implant. He underwent a series of graduated dose sessions of oral ketamine (100 mg/troche); at the dose of 4-100 mg ketamine troche(s), he experienced ego dissolution and a transformational reintegration of his personality in the post-drug integration session. Prior to ketamine therapy, he compulsively spent 5 hrs looking at his face in the mirror. After his transformational session, he reports spending < 5 minutes daily mirror time, for grooming purposes only. **Conclusion:** Rigorous clinical trials need to be done to establish the generalizability of this novel therapy.

What are medical students taught about persistent physical symptoms (PPS)?

Nagel C¹, Burton C

¹*Academic Unit Medical Education, University Of Sheffield*

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Objective

To conduct a scoping review to determine (1) what teaching on PPS is currently taking place at an undergraduate level (2) what teaching is being provided and (3) how it has been evaluated.

Methods

The review used a systematic scoping approach with narrative thematic synthesis of the findings. The search strategy was designed around 3 concepts: persistent physical symptoms (including terms such as medically unexplained symptoms); undergraduate medical students; and teaching and learning

Searches were conducted in three databases. Titles and abstracts were reviewed and extracted by one researcher

Results

290 records were identified. After removing duplicates and screening for relevance, 38 full text articles were reviewed.

Two interview studies of 52 educators across medical schools in the UK found that PPS was either overlooked or taught opportunistically. Four studies found that students internalised negative messages about patients with PPS. This was the result of implicit messaging from clinical role models that students felt unable to challenge. 11 teaching interventions on chronic pain have taken place across medical schools worldwide, but there was no record of teaching for other types of PPS.

Conclusion

Given the prevalence of PPS, more consideration needs to be given to the inclusion of this topic in undergraduate teaching curricula. A broader range of conditions should be considered for inclusion. There is a particular need to counter negative messages about patients with PPS and to equip students with the skills needed to challenge negative role-modelling.

The differential effect of childhood trauma on hypothalamo-pituitary-adrenal axis functioning in chronic tinnitus

Cassiers L^{1,4}, Van Den Eede F^{1,4}, Gilles A², Van Rompaey V², Van de Heyning P^{2,3}, Sabbe B⁴

¹Department of Psychiatry, Antwerp University Hospital, ²Department of Otorhinolaryngology, Antwerp University Hospital, ³Department of Translational Neurosciences, University of Antwerp, ⁴Collaborative Antwerp Psychiatric Research Institute, Faculty of Medicine and Health Sciences, University of Antwerp

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Objective: Tinnitus is a prevalent and disabling disorder associated with considerable distress. A blunted response of the hypothalamo-pituitary-adrenal (HPA) axis to stress and an enhanced suppression following a dexamethasone challenge has been reported in chronic tinnitus. We investigated effects of childhood trauma on baseline HPA axis functioning and glucocorticoid feedback in adults coping with chronic subjective tinnitus.

Methods: Multiple salivary cortisol samples were collected at baseline and following administration of 0.5mg of dexamethasone in 29 well-characterised individuals coping with chronic subjective tinnitus and 29 healthy controls. Participants were dichotomised as 'traumatised' or 'non-traumatised' based on their NEMESIS trauma interview. Linear mixed models were fitted for both baseline and post-dexamethasone cortisol levels with group, sampling time and trauma and their interactions as fixed factors. Subject was included as a random effect. Anxiety as measured by the Beck Anxiety Inventory was included as a covariate.

Results: A significant interaction between group, sampling time and trauma ($F(7, 326.2) = 2.94, p = 0.0054$) was found for baseline cortisol levels. Post-hoc testing demonstrated significantly higher peak morning cortisol levels in the control group compared to morning cortisol levels in the tinnitus group, but only in traumatised individuals (Tukey's $p < 0.0476$). Anxiety had no effect on baseline cortisol. No significant effects were found on post-dexamethasone cortisol levels.

Conclusion: Our findings suggest a blunted cortisol awakening response in chronic subjective tinnitus with childhood trauma. Post-dexamethasone cortisol levels did not differ significantly between groups. Major limitations of our study are the relatively small sample sizes.

How does music affect stress recovery?

Song Y¹, Skoluda N¹, Nater U¹

¹University Of Vienna

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Objective: This study aimed to explore the effect of music on stress recovery using both subjective measurements and physiological indices.

Methods: One hundred and five healthy female participants underwent the Trier Social Stress Test before being randomly allocated to four groups: group 1 (n = 25) listened to a researcher-selected relaxing music; group 2 (n = 27) listened to self-selected relaxing music; group 3 (n = 26) listened to the sound of rippling water; and group 4 (n = 27) remained in silence. During the recovery, Visual Analogue Scales (VAS) were used for subjective stress measurement and saliva samples were collected for cortisol and saliva alpha-amylase (sAA) analysis.

Results: During recovery, the change of VAS scores was significantly different among groups ($F(3, 99) = 3.11$, $p = 0.030$, $d = 0.71$); the area under the curve with respect to increase (AUCi) of sAA was also significantly different ($F(3, 95) = 3.36$, $p = 0.022$, $d = 0.85$); whereas there were no differences for the AUCi of cortisol ($F(3, 72) = 0.90$, $p = 0.445$, $d = 0.53$). The planned contrasts revealed that, for VAS change, group 4 was higher than groups 1-3 ($t(99) = 0.049$, $r = 0.20$). For AUCi of sAA, group 1 was significantly higher than group 2 ($t(95) = 0.003$, $r = 0.30$).

Conclusion: Music or nature sounds decreased recovery compared to resting in silence. Self-selected music played a better role on sAA compared to researcher-selected music.

Migration History and acute psychiatric admission. Preliminary results of an observational study.

Iuzzolino G, Galatolo M¹, De Matteis T¹, D'andrea G¹, Parmigiani C¹, Cesa F¹, Biagini R², Muratori R³, Tarricone I¹

¹Bologna Transcultural Psychosomatic Team, Department of Medical and Surgical Sciences, Bologna University, Bologna, IT, ²Università degli Studi di Bologna, ³Department of Mental Health and Pathological Addiction, AUSL Bologna, Bologna,

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Objective

Migrants have been reported to have higher incidence of acute psychiatric admissions compared to general population. Our study aimed to describe the clinical, socio-demographic and migration-histories characteristics of the patients admitted in the acute psychiatric ward "SPDC Malpighi" of Bologna (Italy) in order to clarify the factors associated with acute psychiatric admissions.

Methods

Naturalistic cohort study. Socio-demographic and clinical data were collected from clinical charts. Migration History was collected through a structured interview. All migrants patients admitted to the SPDC Malpighi from May 2019 were asked to give informed consent to participate at the study following local ethical committee approval.

Results

Up to January 2020, 17 patients have been enrolled. Six (35%) were men; the mean age was 35.6 year (s.d. 9.7) and the majority came from Morocco. The most frequent diagnoses (8, 47%) were psychotic disorder (ICD IX 290-299) and 6 patients (35%) have been hospitalized due to self-harm behaviors. Being single before migration and getting into a money debt have shown respectively a tendency ($p=0.087$) and a statistically significant association ($p=0.041$) with self-harm behaviors.

Conclusion

Psychotic disorder and self-harm behaviors are frequently associated with urgent psychiatric ward admissions among migrants. The preliminary results of our study suggest that the migratory history interview could become a useful screening tool for evaluating migration circumstances that are associated with the development of urgent psychiatric conditions in the post-migration phase.

Coping styles in patients with breast cancer according to the Mini-Mental Adjustment to Cancer scale

Khaustova O¹, Mukharovska I¹, Stanovskyi B¹

¹*Bogomolets National Medical University*

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Objective. It's clearly important for a doctor to properly present to cancer patients the information about their disease and available treatment options. At the same time, all patients can react very differently to the same information, and therefore it is important to predict how the patient will behave when faced with information that is unpleasant for him. It's very convenient to use only one questionnaire, which will allow you to predict the actions and emotions of the patient during the examination and treatment.

Methods. We've conducted a pilot study at the Kyiv Institute of Cancer Surgery. 116 patients with breast cancer ranging from 20 to 60 years, regardless of the stage of the disease and the presence of complications, were examined with Mini-Mental Adjustment to Cancer (Mini-MAC) questionnaire designed to measure styles of coping with cancer: Helplessness/Hopelessness (HH), Anxious Preoccupation (AP), Fighting Spirit (FS), Avoidance (AV) and Fatalism (F).

Results. In a sample of 116 women with newly diagnosed breast cancer, we obtained the following results on the subscales of the Mini-MAC questionnaire: HH - 70,20%, AP - 76,18%, FS - 63,95%, AV - 71,80%, and F - 64,10%.

Conclusion. Thus, we can state that feelings of helplessness and hopelessness, anxiety, and avoidance prevail in most cases in patients with breast cancer. In turn, this indicates that doctors need first of all to prepare in order to correctly and succinctly explain to patients that their diseases can be dealt with if treatment is started on time.

Psychological interventions' effectiveness in the elderly with mental disorders and somatic multimorbidity

Chaban O¹, Khaustova O¹

¹*Bogomolets National Medical University*

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Objective. Elderly with mental illness often suffer from several somatic diseases. The mutual influence of comorbid diseases changes their classical clinical picture, the nature of their course, increases the number of complications and their severity, worsens the quality of life and prognosis.

Methods. To determine the psychotherapy impact on life quality and medical care satisfaction we've conducted a randomized controlled trial, participated 325 elderly patients with mental disorders and somatic polymorbidity. The main group (n=218) received the special psychotherapeutic program (psychoeducation, compliance therapy, self-medication prevention training) in addition to standard care; the comparison group (n=187) received only standard medical care. Patients were assessed with SF-36, PSQ, MMAS, and MMSE scale in 8 weeks.

Results. After the treatment was noted significant improvement in patients' satisfaction with treatment (PSQ score), regardless of its volume (8.33 points; $p < 0.001$). Changes in PSQ in the main group were significantly more pronounced compared to another group (3.64 points; $p < 0.001$). A more significant quality of life improvement was demonstrated by younger elderly patients ($r = -0.149$; $p = 0.006$), in those with a lower deficit in cognitive functioning ($r = 0.282$; $p < 0.001$). Increased satisfaction with the medical care was directly correlated with number of drugs in the constant treatment scheme ($r = 0.121$; $p = 0.028$) and inversely - with additional periodic dosing ($r = -0.135$; $p = 0.015$).

Conclusion. The study showed that psychological interventions are effective in quality of life improvement and patient's treatment satisfaction for elderly

Some aspects of medical students' mental health during the COVID-19 pandemic

Abdrjahimova C¹, Khaustova O¹, Kleban K¹, Fedotova Z¹

¹*Bogomolets National Medical University*

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Objective. Even before the pandemic among medical students' the prevalence of mental health problems was higher than that reported in the general population. Well-known that medical students are exposed to many academic, clinical, and psychological stressors. To existing factors now we can add Coronavirus disease and the Covid-19 pandemic factors such as complete or partial changes in the educational process, lack of practical skills, social isolation, death of relatives or friends, fear of being contaminated.

Methods. To conduct a pilot study, the data was collected from 58 medical students who are presently enrolled at Bogomolets Medical University in Kyiv, Ukraine. We used Hospital Anxiety and Depression Scale (HADS) to evaluate their emotional state.

Results. A total of 58 students were enrolled in the pilot study, which consisted of 44 (75,9%) females and 14 (24,1%) males. Based on the results of the questionnaire, it was found that the prevalence of subclinical depressive cases (defined as a total score of 8-10 in the depression subscale) was 4 (6.89%) and the prevalence of subclinical anxiety (defined as a total score of 8-10 in anxiety subscale) was 13 (22.41%). We did not detect any cases of clinically significant depression or anxiety that could be due to the small sample size.

Conclusion. We need further study to determine the mental health state of medical students, especially in the pandemic and post-pandemic periods.

FEATURES OF MENTAL AND BEHAVIORAL DISORDERS IN PATIENTS WITH COVID-19

Khaustova O¹, Osukhovska O², Tabachnikov S², Synitska T², Salden V², Markov A²

¹Bogomolets National Medical University, ²Institute of psychiatry, forensic psychiatric expertise and Narcological monitoring of the Ministry of Health of Ukraine

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Objective. Mental health disorders in patients after COVID-19 are diverse and affect all areas of the psyche, significantly impairing the quality of life: hospital patients have mental manifestations, including delirium or confusion (65%), agitation (69%), anxiety (34%), depression (28%) and sleep problems [1]; and 34% of patients are diagnosed with neurological or mental illnesses within the next 6 Months [2].

Methods. To study the features of mental and behavioral disorders we've used the questionnaires HADS and SF-36. 80 people aged 20-80 years, without premorbid mental illness, were divided into two clinical groups depending on the COVID-19 severity: mild course with up to 25% of the lungs damage (group 1) and moderate course with 25-60% of the lungs damage (group 2).

Results. Symptoms of adjustment disorders were observed in 68% and 29% examined persons of the 1 and 2 groups, respectively: in general 93% of patients had difficulty falling asleep and had shallow sleep. 72% of patients had difficulty concentrating; irritability was observed in 31% of persons. The HADS questionnaire revealed clinical anxiety in 38.6% of respondents in both groups; clinical depression – in 33.4%, and subclinical depression – in 76%. On the SF-36 scale, the vital activity level "below average" was diagnosed in both groups.

Conclusion. Patients with covid often experience subclinical and clinical manifestations of mental and behavioral disorders. However, the mental impairment severity does not correspond with the COVID-19 severity.

Prevalence of primary mental disorders in the COVID-19 acute phase in-patients

Asanova A¹, Khaustova O¹

¹*Bogomolets National Medical University*

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Objectives. One of the unexpected manifestations of COVID-19 is a high prevalence of mental disorders, including depression, anxiety, sleep disorders, and cognitive impairment. The study of the primary mental disorders in patients with COVID-19 is the basis for further rehabilitation of those who need it. It is important to prevent and reduce the potential negative impact of COVID-19 on mental and psychosocial functioning.

Methods. The study group included 110 in-patients with moderate to severe viral pneumonia COVID-19. The age of patients ranged from 35 to 81 years. PHQ-9 depression and GAD-7 anxiety questionnaires were used to study psychopathological symptoms in patients with COVID-19 viral pneumonia on admission. Cognitive functions were studied using the MOCA-test.

Results. 85% of patients hospitalized with COVID-19 pneumonia were diagnosed with cognitive impairment of varying severity. Analysis of the data showed both the presence of general cognitive dysfunction and a more noticeable violation of some components: executive, visual-spatial functions, attention, long-term memory, abstract thinking ($p < 0.01$). 51% of patients had depressive symptoms and 68% - anxious symptoms of varying severity. Sleep disorders were found in 63% of patients. In addition, a significant association between anxiety and severe sleep problems ($p < 0.05$) may indicate a psychogenic nature of insomnia in patients with COVID-19.

Conclusions. The study findings may help to develop early interventions to reduce the adverse psychological impact of the COVID-19 pandemic on patients in the acute phase of the disease (in hospitals) and reduce the prevalence of negative psychological consequences in the future.

Disability in veterans with PTSD, mTBI, and dual PTSD-mTBI disorder

Khaustova O¹, Smashna O¹

¹Bogomolets National Medical University

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Objective. Multidomain functional impairment is very common in veterans with PTSD and mTBI. Such diseases can significantly complicate the process of readaptation and resocialization. So they should be the target of intervention, especially psychological.

Methods. We surveyed 329 veterans, including those with PTSD (n = 109), mTBI (n = 112), and dual PTSD-mTBI disorder (n = 108). The WHODAS 2.0 scale defined the level of functioning in six domains: Cognition (CW); Mobility (MW); Self-care (SW); Getting along (RW); Life activities (LW); Participation (PW); general level of functioning (WHO).

Results. In patients with PTSD, the most evident impairments were in CW, RW, PW, and LW domains. A similar trend occurred in PTSD-mTBI and mTBI groups. PTSD group had significantly ($p \leq 0.032$) higher scores on all domains compared to the mTBI group. However, compared with the PTSD-mTBI group, the PTSD group had significantly lower scores ($p \leq 0.003$) for the LW domain and whole score. The PTSD-mTBI group had significantly ($p \leq 1.5E-09$) higher rates for all domains except MW and SW. The mTBI group ($p = 7.7E-06$) had a significantly lower indicator for domain MW.

Conclusion. According to WHODAS 2.0 test, multidomain functional impairment is much more evident in patients with PTSD in comparison to patients with mTBI. However, the overall level of impairment in PTSD-mTBI patients was even more pronounced than in PTSD. So, target domains for therapeutic interventions might be Cognition (CW), Getting along (RW), Life activities (LW), and Participation (PW). The most complicated for therapy and rehabilitation might be the PTSD-mTBI group.

Persistent SOMAtic Symptoms ACROSS Diseases: From Risk Factors to Modification - SOMACROSS Research Unit (RU 5211): Overall Concept

Maehder K¹, Löwe B¹, Andresen V², van den Bergh O³, Huber T⁴, von dem Knesebeck O⁵, Lohse A⁶, Nestoriuc Y⁷, Schneider G⁸, Schneider S⁹, Schramm C⁶, Ständer S¹⁰, Vettorazzi E¹¹, Zapf A¹¹, Shedden Mora M¹², Toussaint A¹

¹University Medical Center Hamburg-Eppendorf, Department of Psychosomatic Medicine and Psychotherapy, ²Israelitic Hospital, Department of Gastroenterology, ³University of Leuven, Research Group on Health Psychology, ⁴University Medical Center Hamburg-Eppendorf, III. Department of Medicine, ⁵University Medical Center Hamburg-Eppendorf, Department of Medical Sociology, ⁶University Medical Center Hamburg-Eppendorf, I. Department of Medicine, ⁷Helmut-Schmidt-University, Department of Psychology, ⁸University Medical Center Münster, Department of Psychosomatic Medicine and Psychotherapy, ⁹University Medical Center Hamburg-Eppendorf, Department of Dermatology and Venerology, ¹⁰University Medical Center Münster, Department of Dermatology, ¹¹University Medical Center Hamburg-Eppendorf, Institute of Medical Biometry and Epidemiology, ¹² Medical School Hamburg, Department of Psychology

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Objective

Persistent somatic symptoms (PSS) are highly prevalent in all areas of medicine, they are disabling for patients and costly for society. There is initial evidence indicating that, in addition to disease-specific pathophysiological processes, psychological factors such as expectations of symptom severity, somatosensory amplification, and prior illness experiences contribute to symptom persistence in functional as well as in somatic diseases. The SOMACROSS Research Unit aims to investigate this multifactorial process of symptoms becoming persistent across disorders.

Methods

The disease-overarching perspective is realized by 7 projects, including approx. 4000 patients with 10 different medical conditions. All projects share common measurement time points in their prospective designs, a common data set and shared endpoints. Data sources comprise self-report questionnaires, structured clinical interviews, biomaterial and qualitative interviews.

Results

During the first funding phase, disease-specific and disease-overarching risk factors and mechanisms of symptom persistence will be identified. Data analysis will allow for a multivariate prediction models for PSS, for comparing mechanisms for a chronic trajectory across conditions and for deriving generic and disease-specific risk factors and risk scores. In addition, approaches for the modification of risk factors will be examined (esp. dysfunctional expectations) and mechanisms of action identified. The present contribution illustrates the overall concept of the Research Unit SOMACROSS.

Conclusion

SOMACROSS will enhance the knowledge on the development and persistence of PSS across diverse conditions and will identify starting points for disease-specific and disease-overarching prevention, early recognition and targeted intervention.

Psychiatric and psychosocial evaluation of patients with refractory epilepsy and psychogenic non- epileptic seizures (PNES): a comparative study.

Sobregrau P^{1,4}, Baillès Lázaro E², Carreño M³, Donaire A³, Pintor Pérez L⁴

¹University of Barcelona, Faculty of Psychology, ²Hospital Nuestra Senyora de Meritxell, Mental Health Department,

³University Hospital Clinic of Barcelona, Epilepsy Unit, ⁴University Hospital Clinic of Barcelona, Consultation-liaison Psychiatry Unit

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Background. Non-epileptic paroxysmal events (PNES) are recurrent movement disorders that resemble epileptic seizures without the excessive synchronous cortical EEG activity that defines epilepsy. Despite epilepsy and PNES being extensively documented in the literature, seizure misdiagnoses rates range from 2 to 71%, being the accurate diagnosis of the two one of the biggest challenges, even for experienced clinicians.

Objective. To comprehensively evaluate the psychiatric and psychosocial characteristics of Spanish patients with refractory epilepsy and PNES with no response to previous treatments to shed light on their clinical differences.

Methods. We recruited 125 patients (104 with epilepsy and 21 with PNES). Anxiety and depression, psychopathology, personality, personality disorders, coping strategies and life quality were assessed with the HADS, SCL-90-R, NEO-FFI-R, PDQ-4+, COPE and QoLIE tests, respectively.

Results. Overall, Cluster C personality disorders were more prevalent amongst epilepsy patients, and Cluster A personality disorders amongst PNES patients. PNES patients reported significantly more somatic symptoms and higher extraversion than epilepsy patients. Instead, Epilepsy patients scored significantly higher in narcissistic personality disorder than PNES patients. In both patient groups, engagement coping strategies prevailed over disengagement coping strategies, and energy-fatigue and medication effects diminished the life quality the most. No differences were found in anxiety and depression.

Conclusion. With minor exceptions, epilepsy and PNES patients showed similar psychiatric and psychological characteristics, hindering their differentiation. An easy-to-use diagnostic tool for the rapid classification of epilepsy and PNES is urgently needed in medical practice to prevent iatrogenic harm, especially regarding overdose and antiepileptic drugs side effects.

Trajectories of distress among women with breast cancer and implications for health-care settings – a narrative review

Kant J¹, Keller M², Czisch A²

¹Department Of Psychiatry, Psychotherapy And Psychosomatic Medicine, Hospital Ludwigsburg, ²Department for Psychosomatic and General Clinical Medicine, University Hospital Heidelberg

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OBJECTIVE: A breast cancer (BC) diagnosis often causes significant strain, but patients differ in their psychological reaction to the illness. Therefore, the first objective was to synthesize the literature around individual distress trajectories. Failure to detect distress may adversely affect the mental health of BC patients. So, the second aim was to evaluate findings on continuity of care in different health care settings given the shortening of inpatient treatment.

METHODS: Studies were identified using the key words 'BC', 'trajectories', 'distress', 'anxiety', 'depression', 'continuity of care', 'survivorship care' and 'health care setting' separately and in combination, supplemented by checking review articles and reference lists of the obtained papers. Studies published prior to 2010 were excluded because of significant improvements in BC treatments.

RESULTS: The most commonly observed distress trajectories were resilience (25-78%), recovery (7-33%), late (7-15%) and chronic distress (1%-15%). Even though neither initial distress nor treatment-related/sociodemographic predictors reliably identify women at risk of persistent distress, the literature indicates considerable heterogeneity in health care settings with 'routine care' often being uncoordinated and fragmented between different settings and members of the treatment team.

CONCLUSION: Most patients adjust well after receiving a BC diagnosis, but a minority is at risk for continuous distress. As no well-founded predictors exist, only repeated screening can ensure that these adverse developments won't go unnoticed and hence untreated. Yet, evidence shows that in most current health-care settings these supportive care needs are not being met. A greater collaboration between disciplines and continued care by specialist nurses is necessary.

How does patient education about functional disorders differ in treatment settings across Europe? Presenting results from a mixed methods comparative analysis.

Saunders C^{1,2}, Treufeldt H³, Rask M², Pederson H², Rask C^{1,4}, Burton C³, Frosthølm L^{1,2}

¹Department of Clinical Medicine, Aarhus University, ²Research Clinic for Functional Disorders and Psychosomatics, Aarhus University Hospital, ³The University of Sheffield, Academic Unit of Primary Medical Care, , ⁴Department of Child and Adolescent Psychiatry, Aarhus University Hospital

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Objective

Currently the literature does not clarify how functional symptoms are understood and explained in everyday clinical practice across European linguistic cultures. We present findings from a mixed-method study that describes how patient education about functional disorders differs in specialist treatment settings across Europe. The aim of the study is to understand how explanatory models and behavioral change techniques are endorsed in patient-education across European treatment services.

Methods

The methods comprise a survey of healthcare professionals, analysis of patient educational materials and qualitative interviews. Patient educational material used by treatment services specialising in functional disorders will be systematically collected. A survey will be distributed to health-care professionals (n=170) with expertise in delivering Patient Education from a diverse range of European treatment settings. Semi-structured interviews will be conducted with a sample group of survey respondents (n=15) to enable richer descriptions to be gathered. Qualitative data will be analysed using theoretically driven template analysis. Quantitative data are presented descriptively. Findings will be integrated using triangulation process.

Results

Data collection and analysis will complete in March 2022. We aim to present pre-publication results at the conference.

Conclusion

Understanding how explanatory models and behaviour change techniques are endorsed across Europe in the Patient Education setting will help contextualise cross-cultural discourse as the basis of international research collaboration in the field of psychosomatics.

Patient education and duloxetine, alone and in combination, for patients with multiple functional somatic disorders: Protocol for the EDULOX-trial.

Jespersen C¹, Pedersen H¹, Fink P¹, Schröder A¹, Agger J¹, Gormsen L¹

¹Research Clinic for Functional Disorders, Aarhus University Hospital

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Aims

The EDULOX trial will investigate the effect of a patient education program and/or duloxetine for patients with multiple functional somatic disorders (FSD).

Background

Evidence of psychological and pharmacological interventions for multiple FSD exists, however, evidence-based standard care treatment programs has not yet been established. Treatment options are often specific to subgroups of patients or consists of highly specialised treatments that are difficult to implement. Patient education is acknowledged as crucial to ensure a shared understanding of the disorder. Evidence for pharmacological treatment of multiple FSD is limited to low dosage tricyclic antidepressants (TCA's) with no antidepressant properties. Duloxetine offers effect sizes similar to low-dose TCA in fibromyalgia with less side-effects. In addition to reducing pain and improving overall and physical health in FSD, duloxetine might improve cognitive functioning and, if relevant, treat comorbid anxiety and depression.

Methods

EDULOX consists of a prospective, single-center, open-labelled, randomised clinical trial comparing a patient education program with enhanced usual care. A nested trial will compare 60 mg of duloxetine with placebo (double-blinded) in combination with the patient education program or enhanced usual care. Endpoint is after 12 weeks when the patient education program and the 8 weeks of 60 mg study drug has been completed.

Expected outcome and perspectives

The project may establish evidence for treatments applicable and suitable for the vast majority of patients with multiple FSD. If duloxetine proves effective in treating multiple FSD we will have a more tolerable pharmacological treatment option that can target possible comorbid depression and anxiety.

Longitudinal relations between autism spectrum disorder symptoms and functional somatic symptoms in adolescence

Hogendoorn E¹, Hartman C¹, Burke S¹, van Dijk M², Rosmalen J¹

¹University Medical Center Groningen, ²University of Groningen

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Objective: Autism spectrum disorder (ASD) symptoms and functional somatic symptoms (FSS) frequently co-occur. It remains unknown how ASD symptoms and FSS affect each other and develop throughout adolescence. A better understanding of this may inform preventive and treatment strategies. This study examined reciprocal relations between ASD symptoms and FSS in adolescence.

Methods: Participants were 2227 adolescents (52.5% male) from the Tracking Adolescents' Individual Lives Survey population cohort and clinical cohort. Four waves were included, covering the entire adolescence. ASD symptoms were measured using the Children's Social Behavior Questionnaire. FSS were assessed using the Youth Self Report and Adult Self Report, respectively. We examined longitudinal relations using the random intercept cross-lagged panel model (RI-CLPM). To explore differences in relations between different problem domains of ASD symptoms and FSS, three separate RI-CLPMs were run in secondary analyses.

Results: Correlational analyses indicated high stability across the waves for ASD symptoms (intraclass correlation: 71.3%); FSS were less stable (intraclass correlation: 28.0%). We found a stable between-persons association between ASD symptoms and FSS across the waves (males: $r = 0.393$, females: $r = 0.328$, $p < 0.01$). No within-persons reciprocal effects from wave to wave were observed. The relation with FSS was consistent for all different domains of ASD symptoms.

Conclusion: Throughout adolescence, the co-occurrence between ASD symptoms and FSS is stable. We found no evidence for a reciprocal influence. This suggests the presence of other variables and/or a more complex relation explaining the co-occurrence, or the emergence of the co-occurrence earlier in childhood.

Self-reported pain, somatization and depression in psychiatric rehabilitation setting

Knoop I¹, Traugott M¹, Fischer-Hansal D¹, Senft B¹, Schosser A¹

¹*Bbrz Med. Zentrum für seelische Gesundheit.*

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The bidirectional associations between pain and mental illnesses with recognition of shared underlying neurobiological and psychosocial factors have been more in the focus of research recently, but there are rare studies, which investigate pain and depression in clinic settings.

Objective: We investigated (1) if rehabilitation patients who reported pain had more severe symptoms of depression and somatization, and (2) if there were differences in therapy outcome of patients who reported pain at admission.

Methods: The outcome was measured in uncontrolled repeated measures study based on self-reported questionnaires (BDI-II, BSI-18). Assessments of 845 patients of our outpatient psychiatric rehabilitation clinic (35,9% males, mean age 44,65) were evaluated at admission and at discharge. The sample was divided in 6 groups, according to severity of pain and extent of disability due to pain (group1 lowest impairment, group 6 highest impairment).

Results: There is a high number of patients with self-reported pain in our psychiatric rehabilitation sample (60%). Patients, who felt impaired by pain show on average significantly higher symptoms of depression ($p < 0.001$) and somatization ($p < 0.001$) at admission and at discharge. Nevertheless, all six groups showed significant improvements on depression symptoms after rehabilitation (Cohen's d between 0,50 and 0,66).

Conclusions: Psychiatric patients with impairments due to pain have more severe somatization and depression symptoms. They benefit from our 6 weeks rehabilitation program but are still burdened by severe depressive symptoms. Our results imply, that mutual sustaining factors between pain and major depression need to be more considered in treatment regimen.

Liaison Psychiatry Team (LPT) in the Emergency Department (ED) of El Pino Hospital: Impact of the early LPT assessment of the ED patient in order to achieve early transition from Hospitalized Patient to Outpatient Mental Health (MH) facilities.

Machuca M^{1,2}, Contreras P^{1,2}, Vergara G^{1,2}, Salinas V¹, Latorre F^{1,2}, Alarcon A^{1,2}, Correa V¹, Alvarez V^{1,2}, Soto I^{1,2}
¹Hospital Y CRS El Pino. , ²Universidad Andrés Bello

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Objective: To assess the impact of the intensive-care mental health protocol carried out by LPT in order to achieve early transition from hospitalized patient to outpatient management in MH facilities.

Methods: Descriptive study. Data analysis of all LPT consultations in ED between July and December 2021.

Results: A total of 106 patients were assessed by LPT in ED between July and December 2021: 74,5% cases were de-escalated to outpatient MH treatment and only 24,5% of the patients were finally admitted to ICHUP (Intensive Care Hospitalization Unit in Psychiatry). All patients were assessed on a daily basis by an interdisciplinary team, conformed by the LPT, with assistance from Psychiatry, Psychology, Occupational Therapy and MH Nursing according to their needs. The LPT dismissed 42 patients to outpatient care (39,6%) after the first evaluation. The other 64 patients (60,4%) were initially postulated to ICHUP and stayed hospitalized in the ED for an average of 3 days: 38 patients (59%) were dismissed to outpatient MH facilities without ICHUP hospitalization after LPT interventions, and only 26 patients (41%) were finally admitted to ICHUP.

Conclusion: Application of intensive-care mental health protocol by LPT of selected patients admitted to ED allows early treatment and control of acute psychopathological decompensation, reducing the waiting list for hospitalization at ICHUP and the burn-out of non-specialist ED team. Considering the current epidemiological conditions, with an increase in the psychopathological severity of patients arriving at the ED, this early assessment seems to be a necessary and highly cost-effective measure.

Telematic Follow-up in Mental Health (MH) for SARS-CoV2 (+) users at home: a dam for the fifth wave?

Machuca M^{1,2}, Contreras P^{1,2}, Soto I^{1,2}, Vergara G^{1,2}

¹Hospital y CRS El Pino, ²Universidad Andrés Bello

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Objective: The year 2020 was characterized by the start of the SARS-CoV2 pandemic and an increased difficulty to access health care for non-pandemic reasons, as well as the quarantine indication for SARS-CoV2 (+) patients. It is decided to carry out a MH follow-up to all patients tested in the hospital and passing their quarantine at home (2 weeks), intending to early detect MH needs and avoid a consultation in the Emergency Department.

Methods: Analysis of data-base from April to August 2020.

Results: 520 adult patients were followed up for two weeks, involving counseling, delivery of therapeutic support and orientation in social assistance networks. 9.78% patients had a MH history. Anxiety was detected in 157 cases (30.1%), highlighting the differential prevalence between users with/without MH history: 63.2%/s 31.6%, this being more severe and frequent than in the first ones. Also 6 people acknowledge Substance Use (1.1%), 18 perceive their basic needs unsatisfied (3.46%), 1 has suicidal thoughts (0.19%) and 1 reports being victim of domestic violence (0.19%). A total of 13 patients (17.5%) received a pharmacological indication.

Conclusions: In patients with a MH history, the prevalence of anxious symptomatology during quarantines is doubled, being also more severe. All patients present a favorable response to telematic interventions, avoiding scheduled face-to-face MH consultations and assistance to Emergency Department. It seems necessary to have structured MH follow-up protocols and interventions for patients in psychosocially vulnerable situations.

Suicidal Ideation in Children during the COVID-19 Pandemic

Vallejo G¹, Lima A¹, Kim A², Langdon S¹

¹Jamaica Hospital Medical Center, ²New York Institute of Technology College of Osteopathic Medicine

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The COVID-19 pandemic has had a heavy impact on mental health of people all across the world. With nationwide lockdowns and quarantining, people have experienced significant isolation, loneliness, anxiety, depression, and suicidal ideation. One demographic that is often overlooked in mental health is children. Even prior to the COVID-19 pandemic, suicide has been one of the leading causes of death in children in America; second amongst those between the ages of 15-19 years-old and the leading cause for those that are 14-15 years-old. Online classes, social isolation at home, cyberbullying are amongst the many contributing factors that negatively impact the emotional and mental health of children, as well as their social development. We aim to explore the growing number of children presenting to Jamaica Hospital's pediatric emergency room in Queens, NY from January 2017-January 2022 with depressed mood and suicidal ideation since returning to in-person school. Our goal is to raise awareness regarding the impact of the COVID-19 pandemic on their social development. A case series consisting of 3 patients are explained to explore the complex psychosocial impact of covid 19 on children. All three cases involve a child faced with adversity both at home and school. Interventions such as mobile crisis, scheduled therapy, and psychoeducation effectively decrease emergency room visits. Children and adolescents are more likely to experience higher rates of mental illness during and after a pandemic. Good mental health is crucial for healthy development, strong relationships and ultimately becoming a contributing member of society.

Bodily symptoms in psychiatry : a transdiagnostic scoping review

Molinard-Chenu A¹, Cedraschi C¹, Chytas V¹

¹University Hospital Of Geneva

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Somatic or bodily symptoms are shared among various psychiatric disorders. From the mood, anxious, dissociative and psychotic spectra to the ICD-11 diagnostic category « Disorders of bodily distress or bodily experience », common and perhaps specific mechanisms for these debilitating symptoms need to be clarified. For example, the integration of internal sensory stimuli plays a major role in chronic pain and in certain dimensions of the aforementioned psychiatric disorders, such as ruminations and hallucinations, but its implication in somatic symptoms per se has not been extensively studied across psychiatric disorders. As a preliminary attempt to explore this contemporary approach to long-known symptoms, we propose here a scoping review. The methodology will follow the PRISMA-ScR Checklist . Our research question would be: what are the neurobiological factors associated with bodily symptoms across psychiatric disorders ? Article selection will be focused on adult populations, including original research studies about different psychiatric nosological entities, including depression , medically unexplained symptoms, chronic pain, panic disorder and cenesthetic hallucinations. This scoping review will allow us to highlight the type of evidence that is available and help us identify neurobiological factors related to bodily symptoms across psychiatric disorders. This work should also identify knowledge gaps and areas of future research in psychosomatic medicine, opening the way to a systematic review or to specific clinical research questions that could be addressed by further studies.

Medical students' health and the COVID-19 pandemic - impairment or opportunity?

Huber A¹, Baumgartner S², Höfer S¹

¹Department of Psychiatry, Psychotherapy, Psychosomatics and Medical Psychology; Medical University Innsbruck,

²Department of Psychology; Leopold Franzens University Innsbruck

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Objective: Medical students often report on high demands, stressors, pressure to perform and lacking resources, thus being at higher risk for burnout and mental strain. Due to the COVID-19 pandemic, study conditions have changed and new challenges emerged. The role of individual and situational factors contributing to students' health and well-being needs to be reanalyzed under these terms.

Methods: Before the pandemic, 584 complete baseline data sets of Austrian medical students were collected (63.4% women; mean age 20.8±2.5). They assessed their character strengths, health, well-being (comprising thriving, work engagement, burnout) and study conditions. In February 2022, a further cohort will be initiated assessing these constructs again and comparing results before and during the pandemic.

Results: Prior to the pandemic, medical students' top five character strengths were honesty, kindness, love, judgment, and fairness. They reported higher physical than mental health (T-values: 55.7±5.8 | 41.6±10.5). Thriving ($m = 4.0 \pm 0.4$), work engagement ($m = 4.4 \pm 0.9$), and social support from colleagues ($m = 4.1 \pm 0.7$) ranged in the upper third of the respective scales indicating a positive status. However, levels of emotional exhaustion ($m = 2.8 \pm 1.1$) and autonomy ($m = 3.0 \pm 0.7$) were moderate while reporting high cognitive demands ($m = 4.1 \pm 0.6$). Results of the pre-post comparisons will be presented and discussed.

Conclusions: It is unclear up to now, how the change in study conditions in medical school affects health and well-being and which role character strengths and their applicability may play to buffer these. This study will investigate these hypotheses based on a comprehensive dataset.

Road to Recovery: Healthy Lifestyles after Cancer Treatment

Huber A¹, Platter M², Hölzl C³, Gindu-Ferrari B⁴

¹Department of Psychiatry, Psychotherapy, Psychosomatics and Medical Psychology; Medical University Innsbruck,

²Department of Psychiatry, Psychotherapy, Psychosomatics and Medical Psychology; University Hospital Innsbruck,

³Department of Nutrition; University Hospital Innsbruck, ⁴Department of Physical Medicine & Rehabilitation; University Hospital Innsbruck

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Objective: Health psychological research demonstrates the importance of 'planning' to negotiate the intention-behavior-gap according to the Health-Action-Process-Approach (HAPA). In particular, patients recovering from serious diseases have numerous intentions but often fail when implementing continuous healthy lifestyles. Therefore, a HAPA model-based psychological group was created to support oncological patients.

Methods: The program addresses oncological patients after medical treatment. Two psychologists conduct eight weekly sessions and one additional follow-up session after three months. Participants receive tailor-made information about relevant topics such as sleep, relaxation or self-efficacy, and about physical activity and nutrition by invited experts (oncological physiotherapist/dietician) to support initiating (more) healthy lifestyles by planning adequate strategies and to improve quality of life.

Results: Four groups were held since spring 2019 (N = 17). Baseline (t0) compared to follow-up data (t1: directly after group, t2: after three months) revealed that quality of life increased (t0 = 5.0 vs. t1 = 5.82 & t2 = 6.17) as well as overall health (t0 = 4.27 vs. t1 = 5.55 & t2 = 5.33; both range 1-7), self-efficacy (t0 = 3.08 vs. t2 = 3.38) and intentions to change behavior (t0 = 3.19 vs. t1 = 3.56 & t2 = 3.42; both range 1-4).

Regarding the specific topics, patients felt well informed and successfully implemented some of their plans.

Conclusions: This quite new and unsought approach for oncological patients resulted in positive patient feedback and according to empirical data positive trends can be assumed. Further groups will be conducted to gain deeper insights.

EXPRESSIVE ART THERAPY APPLICATIONS IN PATIENTS WITH PSYCHOSOMATIC-SOMATIZATION DISORDERS DUE TO TRAUMATIC STRESS SYNDROMES

Mai P¹

¹SCCLP

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This workshop will be divided into three parts: 1) an introduction and overview of the most useful application of expressive art therapy (EXAT) interventions for patients with somatization disorders 2) some clinical case presentations will show the effects of the creative process on a physical, emotional and spiritual level and attendees will be introduced to the topics of “autonomy control”, “intermodal transfer” and the “decentering process” of EXAT.

3) during the experiential part of the workshop, the attendees will be introduced to different EXAT modalities in order to recognize the therapeutic impact of specific EXAT interventions and to initiate their own dialogue between life experience and creative expression.

LEARNING OBJECTIVES:

1. How to facilitate some useful EXAT interventions as a specific indication during acute stages of illness and somatic fixations and as a supporting tool during the rehabilitation process and how to support and foster meaning during the different stages of illness.
2. How specific EXAT interventions could meet the special needs of patients in this context by reducing anxiety and emotional stress, enabling perception and facilitating expression of emotions, promoting inner strength and sense of purpose, to strengthen and support autonomy and establishing new life perspectives.
3. By participating in the self-experiential module, attendees will reconnect to their own innate creative potential on a physical, emotional, cognitive and spiritual level and understand the therapeutic potential of the transforming abilities of creative therapies and how to apply them to their patients.

Why researchers should not ignore skewness and measurement error in questionnaire item scores

Lodder P¹

¹*Tilburg University, Department of Medical and Clinical Psychology, Department of Methodology and Statistics*

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In the medical and clinical sciences, researchers commonly study associations between latent constructs measured with items having ordinal and skewed score distributions. Examples of such constructs are depressive symptoms or quality of life. Furthermore, these item scores generally contain measurement error because they do not measure the construct with perfect reliability. Researchers can estimate associations between latent constructs with several methods that vary in how they handle the presence of skewness and measurement error in item scores. Here, we use a computer simulation and empirical illustration to show that ignoring measurement error and skewness by analysing the total questionnaire scores risks underestimated associations, especially when testing interaction effects. For questionnaires with an estimated reliability of 0.80 and moderately skewed item scores, applying the statistical analysis to total questionnaire scores underestimated the main effects by 20% and interaction effects by 80%. Although a traditional structural equation model (SEM) can prevent the attenuation bias caused by measurement error, it still risks biased estimates because it does not account for skewness in the questionnaire item scores. We show that a SEM that treats the item scores as ordered categorical (categorical SEM) produces relatively unbiased associations. As statistical analyses in the medical and clinical literature are commonly applied to total questionnaire scores, the literature likely contains many underestimated associations, or even false negative findings. We recommend researchers to use categorical SEM when estimating associations between latent constructs measured with imperfectly reliable questionnaires and skewed ordinal item scores.

Persistence of Gastrointestinal Symptoms in Irritable Bowel Syndrome and Ulcerative Colitis - Study protocol of the SOMACROSS Research Unit

Project 02

Peters L¹, Maehder K¹, Hübener S², Nestoriuc Y³, Andresen V⁴, Vettorazzi E⁵, Zapf A⁵, Lohse A², Löwe B¹

¹University Medical Center Hamburg-Eppendorf, Department of Psychosomatic Medicine and Psychotherapy, ²University Medical Center Hamburg-Eppendorf, I. Department of Medicine, ³Helmut-Schmidt-University / University of the Federal Armed Forces Hamburg, Department of Psychology, ⁴Israelitisches Krankenhaus, ⁵University Medical Center Hamburg-Eppendorf, Department of Medical Biometry and Epidemiology

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Background:

Ulcerative colitis (UC) and irritable bowel syndrome (IBS) are distressing chronic conditions associated with abdominal pain and altered bowel habits of unknown aetiology. Studies indicate that across both conditions increased levels of illness-related anxiety and dysfunctional symptom expectations contribute to symptom persistence. Comparing both conditions with regard to common and disease-specific factors in the persistence and modification of gastrointestinal symptoms seems justified. Our primary hypothesis is that persistent gastrointestinal symptoms in UC and IBS can be improved by an expectation management intervention targeting dysfunctional symptom expectations and illness-related anxiety. The present study is part of the Research Unit SOMACROSS.

Methods:

Within a randomized controlled trial, a total of 117 UC patients and 117 IBS patients will be randomized into three groups: Intervention Group 1 receives four individual online sessions to reduce illness-related anxiety and dysfunctional symptom expectations, using e.g. psychoeducation, cognitive behavioral or visualization techniques plus standard care (SC). Intervention Group 2 receives a nonspecific supportive treatment (plus SC) in the same dose. The Control Group receives SC only. Primary outcome is baseline to post-interventional change in gastrointestinal symptom severity.

Results:

We expect that patients receiving the expectation management intervention will report less illness-related anxiety, dysfunctional symptom expectations and lower gastrointestinal symptom severity compared to both other groups.

Conclusion:

The study will contribute to a better understanding of the effectiveness and mechanisms of action of a targeted expectation management intervention for persistent gastrointestinal symptoms and to the further advancement of evidence-based intervention strategies for persistent somatic symptoms.

Understanding the psychological impact of e-learning during COVID-19 pandemic among medical students

Ionescu C¹, Spiller T^{2,3}, Popa-Velea O¹

¹Department of Medical Psychology, Carol Davila University Of Medicine And Pharmacy, ²Department of Psychiatry, Yale School of Medicine, ³Department of Consultation-Liaison Psychiatry and Psychosomatic Medicine, University Hospital Zurich, University of Zurich

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Aim: To investigate medical students' perception of the impact of e-learning during the COVID-19 pandemic and its relationship with self-reported anxiety, depression and insomnia.

Methods: In this cross-sectional online study, 421 medical students (104 males, 317 females, mean age = 19.64 years, SD=0.55) completed the General Anxiety Disorder Scale (GAD-7), the Patient Health Questionnaire (PHQ-9), the Insomnia Severity Index (ISI) and a survey about their experiences with e-learning, including perceived benefits and disadvantages. Data analysis was realized both at the descriptive and at the statistical (chi-square) levels.

Results: The response rate was 32%. E-learning (e.g., the use of online platforms, lectures, tools for engagement, and video content) was generally considered helpful and important. Time spent on online platforms increased from before to during COVID-19 pandemic (19.35% vs. 43.56% students spent >20 hours per week online ($p<.05$)). The greatest perceived benefit of online teaching platforms was the ability to learn at one's own pace, whereas the most frequently perceived barriers included lack of privacy (26.76%) and family distractions (21.53%). Symptoms of anxiety and depression were correlated with overall higher (>3h per day) amount of daily screen exposure ($p<.05$) and with the feeling that e-learning cannot fully substitute traditional teaching ($p<.05$).

Conclusions: Despite current limitations, the benefits of online teaching perceived by students seem to outweigh its flaws. The easiness in providing information and the facility of learning at one's own pace are perceived as important advantages, which may result in higher ability of medical students to acquire and use medical knowledge.

Cognitive-behavioral Art Therapy (CB-ART) decreases perceived stress and cell-free DNA concentrations in women undergoing in-vitro fertilization treatment – a prospective randomized study.

Czamanski-Cohen J¹, Szaingurten-Solodkin I, Berrebi A, Weinstock T, Azab M, Sarid O, Cwikel J, Douvdevani A, Levitas E, Har-Vardi I

¹*School of Creative Arts Therapies, Faculty of Welfare and Health Sciences, University of Haifa, Israel*

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Women undergoing IVF experience elevated stress. CB-ART is an art based cognitive behavioral intervention, aimed at decreasing stress and improving wellbeing. In previous studies, a similar intervention was demonstrated to decrease cell-free DNA (CFD, a marker of cellular injury) which is related to pathology and illness as well as inflammation. Objective: To examine the effect of CBART on psychological stress, CFD, telomere length and cytokine levels in IVF patients. Methods: 88 IVF patients were recruited, and 35 participants with elevated stress were randomized to a CB-ART intervention that included relaxation and art-making or treatment as usual control group. Blood samples were collected at three time-points: T1- baseline; T2- at the ovum pick-up; T3- at the day of β HCG test for the measurement of serum CFD concentrations, cytokines (IL-4, IL-8, IL-10 and TNFalpha) and telomere length. Due to the COVID pandemic the intervention that was initially planned to be 6 weeks was shortened to 3 weeks and transferred to an online platform. Results: The perceived stress levels in the intervention group (N=18) were significantly lower following the intervention (T2) (-2.94 ± 4.30 , $p=0.010$) while no change was observed in the control group (-1.70 ± 4.07 , $p=0.104$, N=17). CFD concentrations at T2 were significantly lower in the intervention compared to the control group (215.62 ± 272.35 ng/ml versus 540.27 ± 427.67 ng/ml respectively, $p=0.016$). We found several correlations between psychological and physiological measures as well as between cytokines and telomere length. Conclusions: CBART is an acceptable intervention that may reduce stress and improve the health of IVF patients.

Attachment style and attitudes towards non-directed kidney donation in hemodialysis patients in a German sample

Vitinius F¹, Kurschat C², Samel C³, Hellmich M³, Ommen O⁴, Langenbach M⁵

¹University Hospital of Cologne, Dpt. of Psychosomatics and Psychotherapy, ²University Hospital of Cologne, Department II of Internal Medicine and Center for Molecular Medicine Cologne, ³University of Cologne, Institute of Medical Statistics and Computational Biology, ⁴Privat, ⁵Privat

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Introduction: The study was designed to assess the attachment style/security (anxiety/avoidance) of hemodialysis patients and their theoretical readiness to donate a kidney to (1) a stranger (2), a close friend or family member or to receive a non-directed kidney donation (NKD) which is legally prohibited in Germany. We hypothesized that patients with low anxiety or low avoidance would show higher readiness. **Methods:** The study included 101 hemodialysis patients at Cologne University Hospital from July 2016 until December 2018. The patients completed a self-designed questionnaire on kidney donation attitudes, the short German version of the "Experience in Close Relationships - Revised" questionnaire (ECR-RD12) and questions on demographics.

Results: Over 90% of all respondents believe that NKD is acceptable and 50.5% (literature data of general population: 15 – 30 %) would even donate a kidney to a stranger if they were eligible and the procedure was legal. Patients with low anxiety or low avoidance are even more willing compared to patients with higher anxiety (60.0% vs. 6.7%, $p < 0.001$) or higher avoidance (58.7% vs. 15.4%, $p < 0.001$). In comparison no substantial difference in readiness to accept a kidney from an anonymous donor (Anxiety: 89.3% vs. 73.3%, $p = 0.247$; avoidance: 88% vs. 76.9%, $p = 0.605$) was found.

Conclusion: Our results show that hemodialysis patients have a favorable attitude towards NKD. While a higher readiness to make a non-directed donation was found in patients with low anxiety or low avoidance, no difference in readiness could be found regarding receiving NKD.

The Need for Controllability and Predictability questionnaire: Psychometric properties and first findings in a clinical sample

Bogaerts K^{1,2,3}, Ramakers I¹, Fonteyne R⁴, Walentynowicz M^{5,6}, Van Den Houte M^{1,7}, Van Oudenhove L^{7,8,9}

¹Rehabilitation Research Center, Faculty of Rehabilitation Sciences, Hasselt University, Diepenbeek, Belgium, ²Health Psychology, Faculty of Psychology and Educational Sciences, University of Leuven, Leuven, Belgium, ³Tumi Therapeutics, ⁴Asster, Sint-Truiden, Belgium, ⁵Clinical and Health Psychology, Université Catholique de Louvain, Louvain-La-Neuve, Belgium, ⁶Centre for the Psychology of Learning and Experimental Psychopathology, University of Leuven, Leuven, Belgium, ⁷Laboratory for Brain-Gut Axis Studies (LABGAS), Translational Research Center for Gastrointestinal Disorders (TARGID), Department of Chronic Diseases and Metabolism, University of Leuven, Leuven, Belgium, ⁸Leuven Brain Institute, University of Leuven, Leuven, Belgium, ⁹Cognitive and Affective Neuroscience Lab, Department of Psychological and Brain Sciences, Dartmouth College, Hanover, NH, USA

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Objective: To validate the 'Need for Controllability and Predictability questionnaire' (NCP-q), a 15-item self-report measure assessing a person's need for control and predictability, building upon the clinical need for high quality assessment of these constructs.

Methods: In study 1, exploratory and confirmatory factor analysis was performed in a student convenience sample (n = 768). In study 2, NCP-q data of various patient groups experiencing stress-related (overstrain, n = 33; burnout, n = 40; panic disorder, n = 34) and/or persistent somatic symptoms in daily life (fibromyalgia and/or chronic fatigue syndrome, n = 34) were compared with healthy controls (n = 30). The associations between the NCP-q and other questionnaires were tested.

Results: In study 1, results suggest that the NCP-q should be used as a one-dimensional instrument. The NCP-q has good to excellent internal consistency and a good four-week test-retest reliability. Convergent validity was demonstrated by finding moderate to high correlations between the NCP-q and the Intolerance of Uncertainty Scale (IUS), Penn-State Worry Questionnaire (PSWQ), State-Trait Anxiety Inventory-trait (STAI-T), and the Beck Depression Inventory-II (BDI-II). Study 2 revealed significantly higher NCP-q scores for all patient groups compared with healthy controls, but no differences between patient groups.

Discussion: The NCP-q can be used as a reliable, compact, and clinically relevant research tool and adds to identifying transdiagnostically relevant underlying mechanisms of stress-related and/or persistent somatic symptoms in daily life.

Developing a 2-year Specialized Education Program for Health Professionals Working with Patients with Functional Disorders

de Visme P¹

¹*Center For Complex Symptoms, Capital Region of Denmark*

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OBJECTIVE

Developing the best possible 2-year specialized education program for Danish health professionals working with patients with functional disorders and ensuring it will be sustainable in future. At a later point, opening the educational program to Nordic participants and, possibly, transforming it into a Nordic education comparable to the Nordic Diploma Course in Advanced Pain Medicine. In the long run, a 2-year continuing education in functional disorders will strengthen the knowledge base of health professionals working within the field, improve patient treatment, and transfer new research to the clinical realm.

METHODS

The 2-year continuing education program concerning functional disorders will be developed using methods from participatory design. From spring 2021 to spring 2022, several workshops involving Danish health professionals working with children, adolescents and adults suffering from functional disorders will be completed to gain input for all aspects of the specialized education. Further, suggestions from health professionals working with patients suffering from chronic pain as well as long COVID will be obtained. Based on the combined feedback of +100 health professionals, the first version of a 2-year continuing education program concerning functional disorders will be designed and implemented. Subsequently, health professionals participating in the first version of the education will be asked to provide detailed feedback throughout the program. This feedback will be used to create an improved version of the specialized educational program that may be economically and practically sustainable in future.

FINANCING

The project has been financed by TrygFonden with approximately £750.000.

Quality indicators for collaborative care networks in functional disorders and persistent somatic symptoms

Mamo N^{1,5}, van de Klundert M², Maehder K³, Tak L¹, olde Hartman T⁴, Rosmalen J⁵, Hanssen D⁵

¹Dimence Groep, ²University of Copenhagen, ³UKE, ⁴Radboud UMC, ⁵UMCG

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Introduction

Care in functional disorders (FD) and persistent somatic symptoms (PSS) is often fragmented with wide variation across countries and between disciplines. These and other factors result in delayed diagnosis, and poor experience for service users and professionals. The costs of treating such disorders can also be very high.

Collaborative care networks may improve FD and PSS care. However, there is limited evidence of effectiveness of collaborative care networks in FD and PSS. We aim to create a framework of quality indicators to allow for assessment and improvement.

Methods

Using a modified Delphi process, experts in the field are asked for possible quality indicators for collaborative care networks in FD and PSS. The respondents are then asked to select the top indicators from the coded responses and rank them.

Selected experts include health and social care professionals with experience of working in this context in the Netherlands, Germany and the UK. We are aiming for a minimum of thirty respondents from each country.

Results

The expected results of the study will be a list of quality indicators, (possible examples: referral waiting times; disciplines involved). These will form a framework for improving an active network in the Netherlands and informing a cross-European survey on care for FD and PSS.

Conclusion

Creating a framework for evaluating collaborative care networks is an important first step towards valid assessments. This can lead us towards robust evidence on the quality of such networks and assessing their effectiveness in improving outcomes for FD and PSS.

Behavioural therapeutic approaches in psychosomatic medicine: potential additional effect of alpine environments

Kopp M¹, Bichler C¹, Kopp-Wiffling P²

¹University of Innsbruck, ²Medical University Innsbruck

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Objective: In addition to the proven cognitive-behavioural intervention approaches, direct behavioural interventions, such as changing physical activity levels, have become increasingly important in recent years.

Methods: This scoping-review will explore the question of the extent to which environmental factors can play a role in addition to physical activity forms, which can vary in type, intensity and duration.

Results: Results: The potential of physical activity in alpine environments in psychosomatic medicine with a focus on outdoor sports will be presented. In order to provide a consistent overview, a distinction will be made between immediate effects of individual units of physical activity and longer-term effects of interventions to increase physical activity levels.

Conclusion: Since the research base in this area is not yet satisfactory for issuing recommendations for structured interventions, a scenario for the possibilities of designing interventions within the framework of future research approaches will be presented and discussed.

Clinical Implications of Religious and Cultural Context: A Case Study on a Yoruba Patient's First Manic Episode

Agerwala S¹

¹*Montefiore Medical Center/Albert Einstein College Of Medicine*

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Objective: The poster will present a case study of a man who follows a particular lineage within the Yoruba religion, using details of his slowly developing manic episode to explore cultural/religious implications for symptom presentation, the diagnostic process, and treatment strategies.

Methods/Results: The gathering of information about the case comes from the notes taken by the psychiatrist, follow-up with the original patient and his family, and independent literature review on the Yoruba religion.

Conclusion: While the patient's focus on religion before beginning to escalate into a manic episode clouded the initial ascent, the therapeutic alliance that was built by the psychiatrist's curiosity about/openness to the patient's religion facilitated safe and effective treatment.

Psychosomatic approaches in the clinic of internal diseases

Isachenkova O¹

¹*Volga Research Medical University*

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Objective. It is known that the psychological factor plays an important role in the pathogenesis of many diseases. The problem with treating such diseases is the difficulty in identifying and correcting these disorders. The aim of the study was to study the effectiveness of some psychotherapeutic approaches.

Methods. The effect of autogenic training on the psychosomatic state of patients with diabetic mellitus complicated by foot ulcers was studied. The possibility of using and effectiveness of the author's deep psychological technique, including the elements of imaginative psychodynamic, art, family, gestalt therapy in children with chronic autoimmune diseases, such as Crohn's disease, rheumatoid arthritis were also studied.

Results. A positive effect of autogenic training in patients with diabetes mellitus revealed on indicators of anxiety, depression, neuroticism, as well as the level of subjective control and such somatic indicators as heart rate variability, conjunctival index. In children suffering from chronic autoimmune diseases, a positive effect of applying the authors deep psychological approach was revealed. In many cases, especially in young children. It was possible to trace the trigger mechanism of the disease- psychological trauma. In older children, the usual mechanisms of avoiding awareness of feelings and needs loomed quite clearly. In almost every case, problematic material was identified that could be partially worked out even in one session, as well as to outline psychological approaches that mobilize internal healing resources.

Conclusion. In our opinion, the application of these approaches is quite promising in the treatment of patients with various psychosomatic diseases

Psychiatric diagnosis and subjective symptoms 6 months after COVID-19

Pignatiello S¹, Bøen E¹, Gjerdrum Hornslien A¹, Mørch R¹, Pham U¹, Møkleby K¹, Leikanger Eichstetter B⁴, Dieset I¹, Okkenhaug I⁴, Malik R³, Rivenes A³, Hestad K⁵, Andersson S^{2,1}, Boldingh M¹, Aamodt A¹, Boye B^{1,2}
¹Oslo University Hospital, ²University of Oslo, ³Haukeland University Hospital, ⁴Blakstad Hospital, ⁵Inland Norway University of Applied Sciences

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Objective

To assess psychiatric and subjective somatic symptoms in patients reporting neurological symptoms after coronavirus-19 (COVID-19).

Materials and methods

In this national multicenter observational study, patients with neurological symptoms were assessed 6 months after COVID-19 by neurologists, trained psychiatrists and clinical psychologists, and neuropsychologists. Psychiatric disorders were assessed by the MINI neuropsychiatric interview (MINI). The patients completed a modified and extended version of Giessner Beschwerdebogen (GBB) with 140 items each scored on a 5 level scale (0-4), including questions about symptom debut before or after SARS-CoV-19 infection (yes/no).

Results

So far, 54 patients have completed GBB and 51 patients have been interviewed with MINI. Patients report onset of mean 29.8 (SD 21.5) new symptoms post COVID-19. Newly emerged postinfectious symptoms of rapid exhaustion and memory problems were the two most frequent symptoms experienced by more than 2/3 of the patients. During the first 6 months post COVID-19, about 1/3 of the patients fulfilled criteria for a major depressive episode (DSM-5), which was associated with GBB-reported exhaustion ($p=0.03$); a higher level of symptom burden ($p=0.03$) and a higher number of new symptoms ($p=0.02$).

Conclusion

Among patients presenting with neurological symptoms post COVID-19, a third fulfilled the criteria for a major depressive episode the first six months after the acute infection, and this was associated with higher number of new symptoms and higher level of severity of symptoms. These results highlights the importance of addressing depressive symptoms in patients reporting persistent symptoms post COVID-19.

Exploring meaning in life among patients with chronic pain and suicidal ideation

Chytas V¹, Costanza A², Luthy C³, **ALLAZ A³**, Bondolfi G¹, Cedraschi C^{3,4}

¹Division of Emergency and Liaison Psychiatry, Geneva University Hospitals and University, ²Department of Psychiatry, Faculty of Medicine, Geneva University, ³Division of General Medical Rehabilitation, Geneva University Hospitals and University, ⁴Multidisciplinary Pain Centre, Division of Pharmacology and Toxicology, Geneva University Hospitals and University

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Objective:

Chronic pain requires a revision of life goals and impacts the existential domain including one's perception of the "meaning in life" (MiL). This study aimed to characterize the domains that constitute the personal MiL, including the "presence" and "search" constructs, in a group of patients with chronic pain and suicidal ideation.

Methods:

Seventy participants were enlisted by ongoing recruitment through a larger project anchored in clinical practice at the Pain Center of the Geneva University Hospitals. Data of this observational mixed-method study were recorded through both validated questionnaires (Beck Depression Inventory, MiL's questionnaire with a cut-off at ≥ 24) and qualitative open questions.

Results:

A depressive episode was identified in 68/70 (97%) patients. Mean MiL's score was 20.13 (SD 8.23) and 18.14 (SD 8.64), for the "presence" and "search" constructs, respectively. An open question addressed the "presence" construct by inviting the respondents to cite domains they considered as providing MiL. The three main dimensions that emerged from content analysis of this qualitative section were relationships, personal activities, and pain and its consequences on MiL.

Conclusions:

The results of this study highlight the interest of a narrative approach exploring the content of the patients' suffering and the MiL domains that they could identify to alleviate it, in order to reinforce these domains. As the presence of MiL is a potential protective factor against the severity of suicidal ideation, a focus on maintaining interpersonal relationships and personal activities could allow patients to avoid the biopsychosocial vicious cycle of chronic pain-induced moral suffering.

Hair cortisol and self-perceived stress in adolescents with functional somatic disorders – a comparison with data from a general population cohort

Nyengaard R^{1,2}, Kallesøe K¹, Rimvall M^{3,4}, Ørnboel E⁵, Wellnitz K^{5,6}, Olsen E^{7,8}, Wyller V^{9,10}, Rask C^{1,2}

¹Research Unit, Department of Child and Adolescent Psychiatry, Psychiatry, Aarhus University Hospital, ²Department of Clinical Medicine, Aarhus University, ³Child and Adolescent Mental Health Centre, Mental Health Services in the Capital Region of Denmark, ⁴Department of Child and Adolescent Psychiatry, Psychiatry Region Zealand, ⁵Research Clinic for Functional Disorders and Psychosomatics, Aarhus University Hospital, ⁶Department of Psychology, Aarhus University, ⁷Centre for Clinical Research and Prevention, Bispebjerg & Frederiksberg Hospital, ⁸Outpatient Clinic for Eating Disorders in Adults, Psychiatric Center Ballerup, ⁹Department of Pediatric and Adolescent Medicine, Akershus University Hospital, ¹⁰Institute of Clinical Medicine, University of Oslo

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Objective

Studies suggest long-term stress with cortisol dysfunction to be involved in the pathogenesis of functional somatic disorders (FSDs), but little is known regarding adolescents. Hence, hair cortisol concentration (HCC), a promising new biomarker of long-term physiological stress, and self-perceived stress levels are highly relevant to investigate in relation to FSDs in adolescents.

This study aims to examine the association between HCC and self-perceived stress in adolescents with severe FSDs, and to investigate whether HCC differentiates these youths from a general population sample.

Methods

Data originated from the AHEAD trial, including n=91 15-19-year-old adolescents diagnosed with severe FSDs, and the CCC2000 cohort, including n=1455 16-17-year-old adolescents.

We applied multiple linear regression with restricted cubic splines to analyse the association between HCC and self-perceived stress, adjusting for sex, age and body mass index. HCC distributions were evaluated using histograms and compared by unpaired t-tests.

Results

Preliminary regression analyses could not detect an association between HCC and self-perceived stress in the adolescents with severe FSDs. Furthermore, their HCC (median (95% CI): 2.17 (1.83-2.57) pg/mg) was not significantly different from the general population HCC (2.07 (1.98-2.16) pg/mg).

Conclusion

Our preliminary results do not provide evidence for an association between self-perceived stress and long-term physiological stress measured by HCC in adolescents with severe FSDs. Furthermore, our preliminary results suggest that long-term physiological stress levels in these youths correspond to general population levels.

Future studies applying hormone stimulation tests can contribute with a more complete understanding of potential stress response alterations in adolescents with FSDs.

Perceived psychosocial stress mediates the association between quality of life and anxiety/ depression in psoriasis

Wintermann G¹, Bierling A, Eva M. J. P, Abraham S, Beissert S, Weidner K

¹Department of Psychotherapy and Psychosomatic Medicine, University Hospital Carl Gustav Carus Dresden, Technische Universität Dresden, Fetscherstr. 74, 01307, Dresden, Germany

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Background: Psoriasis is a chronically-inflammatory disease which often goes along with mental comorbidities. Currently, it is unknown whether disease severity or health-related quality of life determines the manifestation of anxiety/ depression in psoriasis. Above, whether these variables are modulated by perceived psychosocial stress.

Method: In a prospective cohort study, the impact of disease severity (Body Surface Area-BSA), health-related quality of life (Dermatology Life Quality Index-DLQI) and anxiety/ depression (Hospital Anxiety and Depression Scale-HADS) on the course of dermatological treatment was studied in patients with moderate to severe psoriasis (PSO). Patients were examined before (T1) and about three months after (T2) the beginning of a new treatment episode. Data were analyzed using bivariate latent change score models (BLCM) and mediator analysis.

Results: N = 61 PSO (41% women, median age 51.8) participated. Higher disease severity at T1 was associated with higher improvement of anxiety/ depression ($\gamma_{HADS} = -.22$, $p < .05$). By tendency, higher anxiety/ depression level at T1 was associated with higher improvement of health-related quality of life ($\gamma_{DLQI} = -.22$, $p = .07$). Improvement of health-related quality of life was positively associated with improvement of anxiety/ depression. Here, acute psychosocial stress seems to be a decisive, mediating factor ($\beta = .192$, 95%CI .053, .324).

Conclusion: The results allude, that the disease severity has an impact on anxiety/ depression in the course of the dermatological treatment. The perceived stress seems to play an important role in the manifestation of anxiety/ depression, substantiating the need for adequate stress management in patients with increased psychosocial stress.

Biopsychosocial model of chronic pain in the context of pain education: who are we talking with?

Dong H¹, Bäckryd E¹

¹*Pain And Rehabilitation Centre, And Department Of Health, Medicine And Caring Sciences, Linköping University, Sweden*

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The biopsychosocial (BPS) model of chronic pain is well-known among the health professionals, and it is used to structure guidelines/strategies of pain management. Although a variety of illustrations of BPS models are used in pain research, it is not always easy to apply a standard framework to explain pain for patients, communicate with health professionals or educate clinical trainees.

- Objective: We aim to develop suitable models that fulfill a pedagogical process towards a target group.

- Methods: Three illustrations of BPS models from the literature are selected and adapted to pain communication in clinical practice and education.

- Results: In clinician-patient consultations, it is very necessary to have a shared understanding with patients about the interaction between biological, psychological, and social factors that form one's pain experience. A shared understanding may help patients incorporate the pain management based on the BPS model. In clinical practice, health professionals should be aware the variations of contributions of each BPS domain in a patient's clinical presentation. This disproportional contribution has also a dynamical change over the time. In the supervision of clinical trainees, one highlight is how to appropriately categorize each factor into the respective domain of the BPS model. A critical process then is to present both independent influences and complex interactions among the factors to affect one's pain experience.

- Conclusion: Consequently, there is a need to adapt our communication to our target groups in order to provide more informed BPS model of chronic pain.

A systematic review on the predictors and outcomes of receiving a diagnostic label of Functional Disorders

Tattan M¹, Rosmalen J¹, Hanssen D¹

¹University Medical Center Groningen, Interdisciplinary Center Psychopathology and Emotion regulation

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Objective

Functional Disorders (FD) are highly prevalent conditions that present a serious challenge to patients and healthcare workers. Inconsistencies in diagnostic labeling of these syndromes have been reported in published literature. Additionally, many patients who meet the criteria for a diagnosis of FD do not receive a formal diagnosis, possibly due to hesitancy related to potential consequences. This systematic review aims to provide insight into available knowledge on the predictors and outcomes of receiving a diagnostic label for patients with FD.

Methods

A comprehensive search of PubMed, PsycINFO, and Embase databases was conducted based on a developed search strategy including FD diagnostic labels, predictors, and outcomes. Both quantitative and qualitative research papers were included along with articles published in all languages. Articles not specifically mentioning diagnostic labels, non-original studies and studies involving single pain syndromes were excluded from screening.

Results

The systematic search has yielded 7205 articles and we estimate that less than 1% will be included in our review. The predictors and outcomes of receiving a diagnostic label of FD will be highlighted and presented separately.

Conclusion

Better understanding of the process of FD diagnosis is imperative since it dictates the lives of patients living with such conditions. This review will provide valuable data on the predictors and outcomes of receiving a diagnostic label of FD. The results from this review will be helpful to guide professionals to consider the impacts of providing a diagnosis of FD to patients.

A psychoneuroimmunologic take on gender aspects of anxiety disorders

Nelles P¹, Sperner-Unterweger B¹, Hüfner K¹, Singewald N²

¹Universitätsklinik Psychiatrie II, Department Psychiatrie, Psychotherapie, Psychosomatik und Medizinische Psychologie,

²Universität Innsbruck, Department of Pharmacology and Toxicology, Institute of Pharmacy

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abstract:

Anxiety disorders are the most common mental illnesses world wide with a lifetime-prevalence rate of up to 33.7%. [1] Within this patient group, a staggering gender-difference can be observed: anxiety disorders show a higher lifetime prevalence in women (woman 44.8%, men 34.2%). [2] These data point to gender-based differences in the development of anxiety disorders as well as symptom frequency, intensity and outcome.

In our presentation we summarize the current literature of the underlying psychoneuroimmunologic pathophysiology and its contribution to gender-based differences. By summarizing these data we hope to deepen the understanding of the fundamental psychoneuroimmunologic aspects, their ramifications for each of the sexes and how this may translate to clinical practice.

There are various factors that contribute to the prevalence-difference of anxiety disorders between the two biological sexes: differences regarding stress-response and the influence of adrenal and gonadal hormones on the endocrine, behavioural and neural aspects of stress-responsivity. Morphological differences in the brain-structure among the sexes in areas involved in anxiety, fear and threat response and their influence on the development of an anxiety disorder. As well as the immunologic responsivity and susceptibility to depressiogenic and anxiogenic effects of peripheral inflammation.

In our presentation we would like to summarize the underlying psychoneuroimmunologic pathophysiology of the mentioned factors and how they can contribute to differences among the sexes. Furthermore we will highlight the importance of taking gender- and individual-differences into consideration when treating patients in our daily clinical practice.

The First Swedish Clinical Guidelines in Consultation Liaison Psychiatry

Wahlström L¹, König M, Sklivanioti Greenfield M

¹CL-unit Stockholm Psychiatry Services

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Objective

In Sweden, Consultation Liaison-psychiatry (CLP) has hitherto largely been practiced by enthusiasts with a lack of exchange and consensus on clinical practice. Hence, an important impetus for development has been lacking. In 2014, the Swedish Psychiatric Society initiated a work on clinical guidelines in CLP. Since 2019, a working group within the national CL Association has been responsible for this work.

Methods

To start with, clinical guidelines from other countries/languages were identified, and central issues and themes for practicing CL-psychiatrists were collected. After the formulation of a preliminary list of content, 21 authors for 25 chapters were identified. In the following process, a smaller editorial committee stayed in close touch with authors and presented drafts for external reviewers and for selected chapters. A Delphi-like process was initiated with participation from active CL-psychiatrists in Sweden (and partially Norway). Final drafts were then presented to the board of the Swedish Psychiatric Society and after minor modifications as result of their reviews a final version was agreed upon.

Results

The Swedish clinical guidelines on consultation-liaison psychiatry will encompass ca 280 pages in print, and will also be published on-line, in March 2022.

Conclusion

The development of clinical guidelines is feasible as a process within professional bodies outside of the official governmental institutions. It is anticipated that the guidelines will promote and accelerate the development of CL-psychiatry in countries where Swedish is understood, i.e. the Nordic countries.

The Baycrest Quick-Response Caregiver Tool: The Role for a New Tool for Caregivers of Persons with Dementia

Schwartz K¹, Madan R

¹Baycrest, ²Baycrest

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Objective;

Responsive behaviours in dementia are associated with poor outcomes for the person with dementia (PWD) and caregiver burnout. Family caregivers need a variety of tools to manage responsive behaviours. The Baycrest Quick-Response Caregiver Tool was developed to provide caregivers with a tool that can be used in real time.

Methods:

In this study, the feasibility, impact, and effectiveness of this new tool were studied in family caregivers and health care providers (HCP) using quantitative and qualitative measures.

Family caregivers were recruited and asked to complete a pre-survey before being sent the link to the educational tool. One month after the telephone survey, caregivers were sent an online post-survey to gather their feedback on the tool and the impact of the tool on caregiver well-being. Healthcare providers were also recruited and reviewed the tool through an online feedback survey. The feasibility, impact, and effectiveness of the tool were assessed using quantitative and qualitative measures.

Results:

Caregivers had a moderate degree of and reported a high level of competence - these scores were maintained throughout the study. Caregivers reported that tool positively impacted their compassion towards the person with dementia (PWD), and that their interactions with improved. 100% of HCP who completed the feedback survey would recommend the tool to other HCP and to caregivers of PWD. The caregivers and HCP provided specific suggestions for improvement.

Conclusions:

The Baycrest Quick-Response Caregiver Tool was found to be feasible and helpful. It provides caregivers and HCP with an additional approach for responsive behaviours.

Test-retest reliability of the translated RSI and RPI-S screening tools for low back pain.

Houtenbos S^{1,2}, Puerto Valencia L¹, Wippert P^{1,2,3}

¹Medical Sociology and Psychobiology, Department of Health and Physical Activity, University of Potsdam, ²Research Group Molecular and Clinical Life Science of Metabolic Diseases, Faculty of Health Sciences, University of Potsdam,

³Faculty of Health Sciences Brandenburg (joint Faculty of the University of Potsdam, the Brandenburg Medical School Theodor Fontane and the Brandenburg University of Technology Cottbus)

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Objective: The German Risk Stratification Index (RSI) is a screening tool which assesses the risk of low back pain (LBP) chronicity (1-year). Additionally, the Risk Prevention Social Index (RPI-S) identifies individual psychosocial risk profiles for LBP, in areas distress (S), pain experience (P), social environment (SE) and medical care environment (MC), addressing future therapy requirements. Both screeners show assessments in relation to pain intensity (CPI) and disability (DISS). This study aimed to assess the test-retest reliability of the translated English RSI and RPI-S.

Methods: The original RSI and RPI-S were translated into English. Native English speakers (18 – 65 years) were requested to answer both translated questionnaires on two time-points (1-week in between). The ICC (two-way-mixed, average-measures) and Spearman correlation were calculated to assess test-retest reliability for twelve summarized test (sub)scales: Chronic Pain Grade (CPG) questionnaire and RSI within subscales CPI and DISS (four scales); the RPI-S within subscales CPI and DISS, and in the further domains distress, pain experience, social environment, and medical care environment (eight scales).

Results: 32 participants answered the questionnaires. The reliability scores for CPG scales were ICC=0.920, r=0.824 (CPI); ICC=0.804, r=0.736 (DISS); for the RSI: ICC=0.954, r=0.931 (CPI); ICC=0.903, r=0.870 (DISS). The RPI-S showed ICC values >0.800 and correlations >0.745 for all eight scales.

Conclusion: The English RSI and RPI-S screeners show a good test-retest reliability and could therefore be implemented in clinics of English-speaking countries to assess the risk of chronic LBP and their individual psychological risk profiles to prescribe accurate therapy forms.

"One time I fell, but I didn't have to cry." A qualitative study on everyday physical complaints in children

Van Der Ziel S¹, Gol J¹, van Vliet M², Rosmalen J¹

¹University Medical Centre Groningen, University Of Groningen, ²Beatrix Children's Hospital, University Medical Centre Groningen

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Objective: Young children experience physical complaints, like abdominal pain or minor injuries from playing, almost every day. These experiences may shape how they deal with health issues later in life. While models exist to explain the symptom perception and experience in adults, information is lacking on the perspective of young children. This qualitative study aimed to explore important themes in the experience of everyday physical complaints in four- and five-year-old children, using children as informants.

Study design: 30 semi-structured interviews with four- and five-year-old children were performed to learn about their experiences with everyday physical complaints. The interviews were double coded using Atlas.ti and subsequently qualitative content analysis was used to define themes.

Results: All participants were able to elaborate on their experiences with physical complaints. Three themes emerged from the interviews: causes of complaints, appraisal of complaints and implications of complaints. In their appraisal of complaints, four- and five-year-old children made a distinction between visible and invisible complaints and real or pretended complaints.

Conclusion: Four- and five-year-old children can already give details about their experiences with everyday physical complaints. They have developed ideas about the causes and implications of complaints and try to make an appraisal.

Providing regular grandchild care: Grandparents' psychological and physical health

Sowan W¹, Kochli-Hailovski T, Cohen M

¹*University Of Haifa*

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Regular grandchild care

Gender

Perceived role overload

Depressive symptoms

Somatic symptoms

Fatigue in patients with primary biliary cholangitis: Factors associated with severity and persistence as future therapeutic targets – Study protocol of SOMACROSS Research Unit Project 1 (SOMA.LIV)

Toussaint A¹, **Buck L**, Hartl J, Löwe B, Schramm C

¹*University Medical Center Hamburg-Eppendorf*

Poster session 1, June 9, 2022, 2:50 PM - 4:00 PM

Background

Fatigue is a common and debilitating symptom for patients with primary biliary cholangitis (PBC). As the etiology of fatigue in PBC is poorly understood, it has been found to be largely resistant to current treatment modalities. The aim of this interdisciplinary project is the identification of modifiable risk factors that determine the course and severity of fatigue in PBC.

Method

In a prospective cohort study with three measurement points, correlations and interactions between biological and psychosocial factors and the severity of fatigue as the primary endpoint will be investigated in n=240 patients with PBC and n=240 with PSC (a control cholestatic liver disease group much less affected by fatigue). Within an embedded mixed-methods design, we will conduct an experimental study and qualitative interviews. The interviews will focus on a subsample of n=48 patients with newly diagnosed PBC. Mixed-effects models and reflexive thematic analysis will be used for data analyses.

Expected results

We hypothesize that biological risk factors (e.g. changes in the intestinal microbiome) and psychological risk factors (e.g. negative expectations) will predict the severity of fatigue at 12 months and their interaction determines the course of fatigue over time. The study protocol with the scientific concept and research design of SOMA.LIV will be presented.

Conclusion

The identification of potentially modifiable biopsychosocial risk factors will improve our understanding of the etiology of fatigue in PBC and will enable the development of future interventions in order to improve patients' quality of life.

Predictors of Somatic Symptom Burden in Healthcare Professionals during the COVID-19 Pandemic: An 8-week Follow-up Study

Engelmann P¹, Toussaint A¹, Addo M², Brehm T², Lohse A², Weigel A¹, Thompson M², Löwe B¹

¹Department of Psychosomatic Medicine and Psychotherapy, University Medical Center Hamburg-Eppendorf, ²I. Department of Internal Medicine, University Medical Center Hamburg-Eppendorf

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Background: Literature investigating the impact of COVID-19 on healthcare professionals barely addresses predictors of somatic symptom burden during the COVID-19 pandemic.

Objective: As biopsychosocial models propose that not only the disease, but also sociodemographic and psychosocial factors contribute to the development and maintenance of symptoms, this study investigates the predictive value of these factors for bothersome somatic symptoms in SARS-CoV-2 negative healthcare professionals.

Methods: German healthcare professionals were assessed with self-rating questionnaires and underwent SARS-CoV-2 IgG antibody tests at baseline and 8 weeks later between April and August 2020. Differences in psychosocial variables between the time points were analyzed and regression analyses were performed to predict somatic symptoms at follow-up.

Results: 1185 seronegative healthcare professionals completed both assessments. Previous somatic symptom burden, higher levels of anxiety, being a nurse, younger age, higher psychological symptom burden, lower efficiency, and higher fatigability at baseline predicted somatic symptom burden at follow-up. Comparisons between baseline and follow-up showed a significant improvement of psychological impairment and deterioration of physical exhaustion.

Conclusion: Our study applies a biopsychosocial perspective to bothersome somatic symptoms during the COVID-19 pandemic and contributes to the identification of potential risk factors as a starting point for future interventions that could support handling of symptoms.

The depersonalization/derealization subtype of depression – Longitudinal results from the Gutenberg Health Study

Ghaemi Kerahrodi J¹, Beutel M¹, Wiltink J¹, Wild P^{2,3,5}, Münzel T^{2,3}, Lackner K⁶, König J⁴, Pfeiffer N⁷, Nagler M⁵, Michal M^{1,2}

¹Department for Psychosomatic Medicine and Psychotherapy, University Medical Center of the Johannes Gutenberg University Mainz, Germany ²Preventive Cardiology and Preventive Medicine, Department of Cardiology, University Medical Center of the Johannes Gutenberg University Mainz, ²German Center for Cardiovascular Research (DZHK), partner site Rhine-Main, Mainz, Germany, ³Department of Cardiology, Cardiology I, University Medical Center of the Johannes Gutenberg University Mainz, Germany, ⁴Institute of Medical Biostatistics, Epidemiology and Informatics (IMBEI), University Medical Center of the Johannes Gutenberg University Mainz, ⁵Preventive Cardiology and Preventive Medicine, Department of Cardiology, University Medical Center of the Johannes Gutenberg University Mainz, Germany, ⁶Institute of Clinical Chemistry and Laboratory Medicine, University Medical Center of the Johannes Gutenberg-University Mainz, ⁷Department of Ophthalmology, University Medical Center, Johannes Gutenberg University Mainz

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Objective: Depersonalization and derealization (DP) are an underresearched clinical phenomenon. We compared participants with DP and depression to participants without DP and depression. Further, we observed the impact of DP on depressiveness after 5 years.

Methods: We investigated cross-sectional data of 10.422 participants of the Gutenberg Health Study (GHS), a population-based, prospective, single-center cohort study in Germany (age 35-74 years). Depression and anxiety were measured by PHQ-9 and GAD-2, DP by Cambridge Depersonalization Scale (CDS-2). In logistic regression models, we adjusted for age, sex, SES, somatic disease and medication.

Results: At follow up (FU) 2.2% of 7792 without depression and without DP at baseline (BL), 39.7% of 458 with depression and without DP at BL, and 59.7% of 390 with depression and DP at BL had depression at FU (PHQ9>9). Participants with depression and DP (CDS-2>0) (n=522) were more likely male, smokers, had lower SES, had more troubles with colleagues and family, had lack of social support, were more likely to suffer from anxiety (GAD-2>2), suffer from back and chest pain and tinnitus. Odds ratios regarding PHQ-9>9 at FU were 24.19 (95% CI: 18.10–32.33) for depression without DP at BL, 55.59 (95% CI: 40.78–75.78) for depression with DP at BL and 2.30 (95% CI: 1.50-3.51) comparing depression with DP to depression without DP at BL.

Conclusions: Participants with DP and depression at baseline showed a high risk for depression after 5 years. DP may represent an important indicator and independent marker for severity and chronicity of depression.

Depressive symptoms and clinical outcome in individuals with heart failure – Results from the MyoVasc study

Ghaemi Kerahrodi J¹, Prochaska J^{2,4,6}, Buch G^{3,7}, Zeid S², Velmeden D⁵, Söhne J², Heidorn M^{2,4}, Schuch A², Müller F², Beutel M¹, Gori T^{4,6}, Münzel T^{4,6}, Wild P^{2,4,6}, Michal M^{1,4}

¹Department for Psychosomatic Medicine and Psychotherapy, University Medical Center of the Johannes Gutenberg University Mainz, Germany ²Preventive Cardiology and Preventive Medicine, Department of Cardiology, University Medical Center of the Johannes Gutenberg University Mainz, ³Preventive Cardiology and Preventive Medicine, Department of Cardiology, University Medical Center of the Johannes Gutenberg University Mainz, Germany, ⁴Institute of Medical Biostatistics, Epidemiology and Informatics (IMBEI), University Medical Center of the Johannes Gutenberg University Mainz, ⁵German Center for Cardiovascular Research (DZHK), partner site Rhine-Main, Mainz, Germany, ⁶Institute of Clinical Chemistry and Laboratory Medicine, University Medical Center of the Johannes Gutenberg University Mainz, ⁷Department of Cardiology, Cardiology I, University Medical Center of the Johannes Gutenberg University Mainz, Germany, ⁷Clinical Epidemiology and Systems Medicine, Center for Thrombosis and Hemostasis (CTH), University Medical Center of the Johannes Gutenberg University Mainz

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Objective: Depression is common in individuals with heart failure (HF) and associated with adverse outcomes. The effect of depression, especially the somatic and cognitive dimension of depression, on endpoints worsening of HF (WoHF), all cause-death, and cardiac death are still uncertain.

Methods: Association between depressiveness, as assessed by the Patient-Health-Questionnaire-9 (PHQ-9), and outcomes were examined in the MyoVasc study (NCT04064450; N=3,289), a prospective cohort study on chronic HF. Participants on antidepressants were excluded.

Results: In 2,801 participants, 27.4% showed mild depressive symptoms (PHQ-9 = 5-9). Major depressive symptoms (PHQ-9 \geq 10) was present in 7.3%. During follow-up at 6 years 13% (n=365) died of whom 125 were reported to have died of a cardiac cause. After adjustment for age and sex, those with depressive symptoms had higher risk for all-cause death (HR 1.06, 95% CI: 1.03-1.09, p=0.00021) and WoHF (HR 1.05, 95%CI: 1.03–1.08, p=<0.0001). For cardiac death, we found no significant correlation (HR 1.02, 95% CI: 0.98-1.07, p=0.29). In a multivariable model including the clinical profile, depression remained an independent predictor for all-cause death (HR 1.04, 95% CI: 1.01-1.07, p=0.018) and WoHF (HR 1.04, 95% CI: 1.01-1.06, p=0.0036). The somatic component of PHQ-9 showed a stronger relation to outcome all-cause death (HR: 1.08, 95%CI: 1.03-1.14, p=0.0033), compared to the cognitive component of PHQ-9 (HR: 1.05, 95% CI: 1.00-1.10 p=0.31).

Conclusions: Depressive symptoms are associated with increased risk of WoHF and all-cause mortality. Depression was not related to cardiac death. The findings underline the importance of psychosocial research in HF populations.

Detailed trajectory of efficacy of internet-CBT in young people with functional gastrointestinal disorders; Study protocol for a single case experimental design study

Skovslund Nielsen E^{1,2}, Hansen Kallesøe K¹, Bonnert M^{3,4}, Frostholt L^{2,5}, Rask C^{1,2}

¹Department of Child and Adolescent Psychiatry, Aarhus University Hospital - Psychiatry, ²Department of Clinical Medicine, Aarhus University, ³Centre for Psychiatry Research, Department of Clinical Neuroscience, Karolinska Institute, ⁴Department of Medical Epidemiology and Biostatistics, Karolinska Institute, ⁵Department of Functional Disorders, Aarhus University Hospital

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Objective

Functional gastrointestinal disorders (FGID) are common in young people and cause impairment and reduced quality of life. Internet-based cognitive behavioural therapy (i-CBT) has shown promising treatment results and has the potential to widen treatment access for this large patient group. However, little is known about the detailed efficacy of i-CBT, including the exact onset of the desired effects on various outcomes. With this study we aim to explore the detailed trajectory of efficacy of i-CBT in children and adolescents with FGID.

Methods

We will conduct a single-case experimental design study with a randomized baseline varying from 5 to 15 days. Six children (aged 8–12 years) and 6 adolescents (aged 13–17 years) will be included and participate in 10-weeks i-CBT. Digital daily assessment will be performed from baseline to end of treatment and at 3-months follow-up. It will consist of 8 items covering abdominal symptoms, catastrophizing, avoidance- and control behaviour and symptom acceptance. Each participant will be its own control where scores during baseline will be compared to scores during treatment and at follow-up. Analyses will include visual inspection and calculation of effect sizes.

Results

Results are expected to give a detailed description of the efficacy, including exact onset of effect on different outcomes during treatment.

Conclusion

This study can increase our understanding of i-CBT for children and adolescents with FGID. It can add knowledge on the influence on suggested treatment targets and outcomes over time and thereby how to enhance the promising effects seen from this treatment.

Uterine Transplants- An Overview for the Psychiatrist

Hussain F¹

¹Stanford University

Poster session 1, June 9, 2022, 2:50 PM - 4:00 PM

Objectives: Uterine transplants are the fastest growing area in VCA transplantation, providing treatment options for patients with absolute uterine factor infertility. Assessing candidates for uterine transplant is a complex process taking into account the motivations to undergo a procedure that is not lifesaving.

Method: In this review, the Indications and outcomes for uterine transplant and the role psychiatry plays in evaluation and management will be reviewed.

Results: 3-7 % of patients with infertility suffer from uterine factor infertility. This could be due to the absence or non-function of the uterus. Surrogacy and adoption have been options for these individuals and now uterine transplants via live and deceased donors have resulted in live births in Sweden and other centers in Europe, North America, Latin America, and Asia.

Conclusion: With growth in this field, there is a need to standardize evaluation and meet the post-transplant psychological needs of the patients. Psychiatrists need to stay abreast with advances in the field to inform and standardize the care of these patients. As experience with Uterine transplants increases globally; a complete picture of psychosocial complexities will become more evident. Standardizing evaluations and implementing mental health follow up as part of transplant protocols will ensure robust outcomes.

Sex differences in kidney transplant decisional balance

Wasim A¹, Rafiqzad H¹, Dastgheib M¹, Ford H¹, Macanovic S¹, Wernerowski K¹, Aghamohammadi S¹, Novak M², Watermam A^{3,4}, Muscsi S¹

¹Multi-Organ Transplant Program and Division of Nephrology, University Health Network, ²Centre for Mental Health, University Health Network, ³David Geffen School of Medicine UCLA, ⁴Terasaki Research Institute

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Is sex associated with aspects of decisional balance in KT decision making?

Adults on dialysis in Toronto completed the validated decisional balance survey. Sex was self-identified as “Male” and “Female” (exposure). Patients rated the importance of potentially positive and negative outcomes of KT (‘not important’ - ‘extremely important’). LDKT and deceased donor KT (DDKT) pro and con scores were calculated by summing item scores. Items were dichotomized (not/slightly/moderately vs very/extremely important) to analyze their association with sex.

Of 526 participants (mean [SD] age 57[14] years) 37% were female. Sociodemographic characteristics between women and men were similar. The median [IQR] LDKT pro (18[15,21] vs 17[13,20]; p=0.037) and LDKT con (13[8,18] vs 12[8,17]; p=0.363) scores were similar between sexes. However, females rated DDKT pro (20[17,23] vs 19[16,22]; p=0.001) and DDKT con (12[7,16] vs 9[5,14]; p<0.001) higher. None of the individual LDKT items, nor the DDKT pro items were associated with sex. However, five of the six DDKT con items were strongly associated with sex, even after adjusting for potential confounders. For example, compared to males, females were twice as likely saying that pain during surgery (OR=2.21, CI=1.36-3.58, p=0.002), medications after transplant (OR=1.97, CI=1.31-2.95, p=0.001) and concerns about paying for transplant drugs (OR=2.60, CI=1.63-4.16, p<0.001) were very/extremely important to their transplant decision-making.

When making transplant decisions, female patients were more concerned about potential pain, and the cost of immunosuppressive drugs than males. Further qualitative research is needed to enable more tailored support to women to ensure equitable access to transplant.

Can music modify alexithymia? Music, emotion and pain: an associative approach

Delli Noci C¹

¹CHUV - Service de Psychiatrie de Liaison /Pain Center

Poster session 1, June 9, 2022, 2:50 PM - 4:00 PM

Objective

The purpose of this presentation is to demonstrate the impact of music in patients suffering from chronic pain disorders (somatoform and functional disorders), in particular with regard to lexical skills and decoding of emotions in subject suffering from alexithymia.

Methods

We proposed to patients (N. 6), followed in the university hospital's pain center to listen 4 pieces of music, chosen on the basis of melody, harmony, and rhythm. The video recordings of the patients listening to these pieces enabled us to observe the movements of the body as well as the facial expression. At the end, patients were asked to express themselves about how they experienced this "musical moment".

Results

We observed an important recovery of associative skills in patients, who expressed spontaneously feelings (such as anger, sadness, serenity, etc.) and imaginations, freely associating them with specific life experiences. We also observed that listening to music reduces pain.

Conclusion

Music allows a better somato-psychic integration, a harmonization between movements and the psycho-affective dimensions, as well as pain. Music is thus an effective means in the interception and modulation of affects, also a powerful associative medium, and a "booster" for stimulating verbal expression.

Psychosocial factors associated with hypertension

Korac D¹, Korac D¹, Kopilas V¹

¹Faculty Of Croatian Studies, Department Of Psychology, University Of Zagreb

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Hypertension significantly increases the risk of developing cardiovascular and kidney diseases. Global prevalence of the hypertension has doubled in the last 30 years. In addition to factors such as family history, genetic factors and poor health habits that can lead to the development or worsening of the hypertension stage, exposure and coping with various stressors are highlighted.

Objective: Our aim was to examine the relationship between certain psychosocial risk and protective factors in people diagnosed with hypertension.

Methods: Participants (N= 203, mean age: 66) filled out questionnaire consisting of sociodemographic data, Brief Resilience Scale, Emotional Regulation and Control Questionnaire and Defense Style Questionnaire.

Results showed that female participants, participants with other health problems in addition to hypertension, participants with heart attack history and those who do not engage in physical activity and rarely consume alcohol have less stress resistance. Participants who have other health problems in addition to hypertension, who have suffered a heart attack and those low in physical activity do not engage much in mature defense mechanisms. Men and frequent alcohol consumers are less prone to neurotic defense mechanism. Emotions and mood effect on judgment and mature and neurotic defense mechanisms appear to be strong predictors of stress resilience. Indication of significant relationship between certain aspects of health status and resistance to stress, defense mechanisms and emotional regulation was found.

Conclusion: Our findings on role of defense mechanisms and emotional regulation in stress resilience can contribute to the improved stress resistance and health outcomes in people with hypertension.