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TÜRKİYE SİNİR VE RUH SAĞLIĞI DERNEĞİ

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ABSTRACTS / *BİLDİRİ ÖZETLERİ*

Hoş Geldiniz | Welcome

Değerli Meslektaşlarımız,

Türkiye Psikiyatri Derneği Yıllık Toplantısı ve 3. Uluslararası 27. Ulusal Klinik Eğitim Sempozyumu'nu siz değerli uzman ve uzmanlık öğrencileri meslektaşlarımızın katılımıyla 27-30 Nisan 2025 tarihleri arasında Antalya, Xanadu Resort Hotel'de gerçekleştireceğiz.

Yirmi sekiz yıl önce, derneğimizin tüm organlarının yıllık toplantılarını yapacakları, çalışma birimlerinin bir araya gelecekleri ve katılabilen tüm üyelerle dernek politikalarının konuşulup tartışılabileceği bir platforma gereksinim duyulduğu için başlatılan Bahar Sempozyumları yıllar içinde kendini geliştirerek ve yenileyerek Türkiye Psikiyatri Derneği'nin 29 yıllık birikimi ve siz değerli katılımcılarımızın katkılarıyla 2022 yılından beri uluslararası nitelik kazanmıştır. Artık Uluslararası Klinik Eğitim Sempozyumu adını kullanmanın, bu gelişim yolculuğunda birlikte olmanın gururunu ve mutluluğunu paylaşıyoruz.

Etkinlik önerilerinizin, araştırma ve olgu sunumlarınızın, sözel veya poster bildirilerinizin bilimsel içeriği daha da zenginleştireceğine inanıyoruz. Tüm etkinlik önerileri hakemler kurulunca değerlendirildikten sonra sempozyum bilimsel programında yer verilen etkinlik konuşmacılarının kongre kayıtları derneğimiz tarafından karşılanacaktır.

Derneğimizin geleceği olan genç meslektaşlarımızı ve onların emeğini güçlendirmek adına sözel bildiri ile başvuran uzmanlık öğrencilerine Sözel Bildiri Burs Desteği bu sempozyumda da devam edecektir. Meslek alanımızın bilimsel niteliğini ve bilime olan ilgiyi arttıracağını düşündüğümüz Araştırma Projesi Teşvik ödülünü de hatırlatmak isteriz.

Sempozyum bu yıl yine hibrit olarak gerçekleştirilecektir. Sizlerle aynı mekânda yüz yüze bir arada olmayı ancak çevrim içi katılmayı tercih eden meslektaşlarımızla da iki salondaki bilimsel programın tüm oturumlarını bilgisayarlarından izleyebilecekleri şekilde düzenleyerek beraber olmayı arzu ediyoruz. Etkinlik önerisi veren meslektaşlarımıza, tüm konuşmacıların yüz yüze salonlarda bulunmaları gereğinin altını çizmek isteriz.

Ulaşılabilir bir kongre gerçekleştirmeyi, mesleğimiz adına yürüttüğümüz nitelikli mücadelenin ve yolculuğun içinde hep birlikte yol almayı hedefliyoruz. Antalya'da 3. Uluslararası- 27. Ulusal Klinik Eğitim Sempozyumu'nda sizleri aramızda görmeyi bekliyor, varlığınız ve katkılarınız ile güçlenecek ve güzelleşecek etkinliğimiz için gün sayıyoruz. Sağlıkla ve mesleki dayanışmayla dolu bir toplantıda buluşmak dileğiyle…

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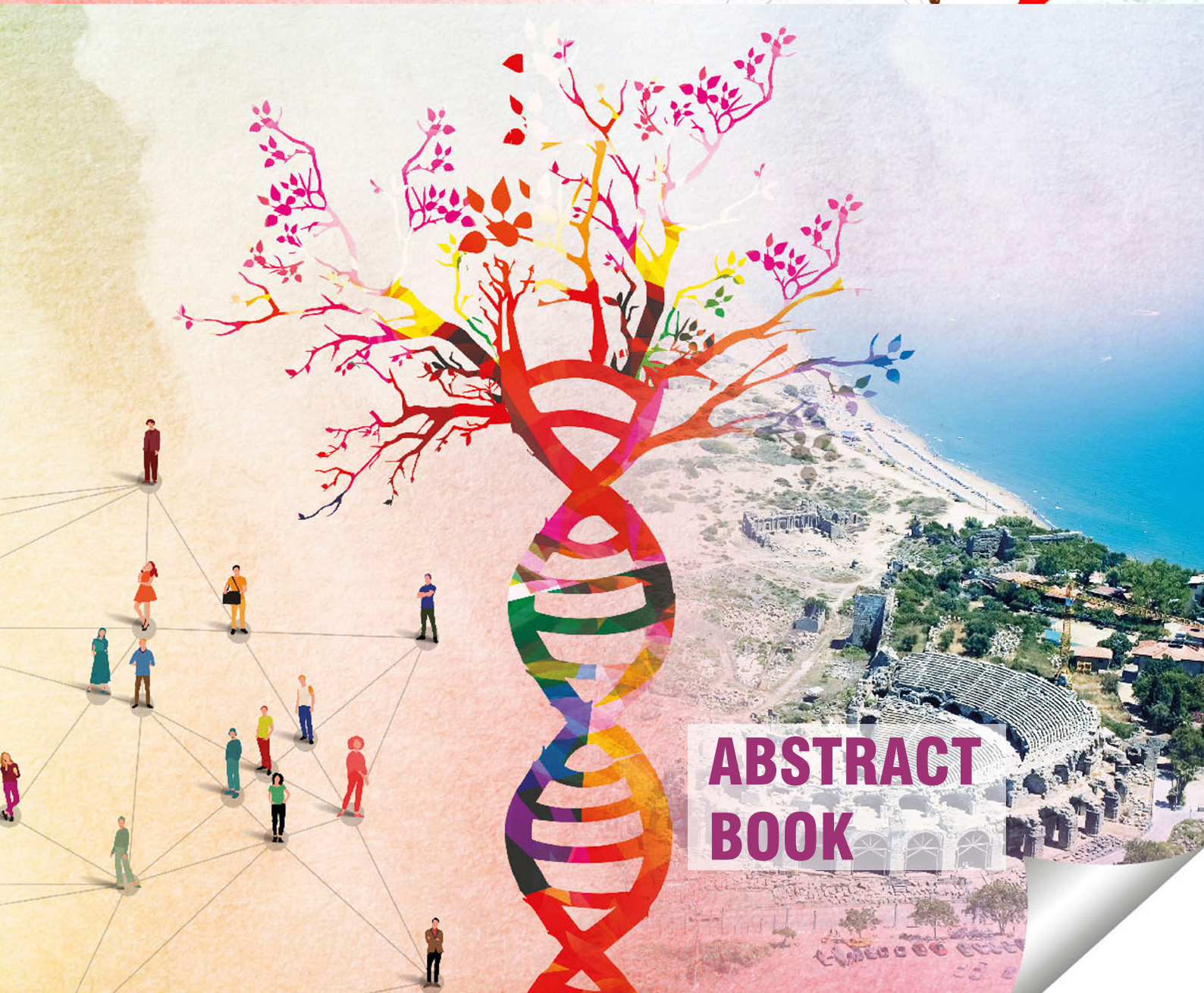

ABSTRACT BOOK

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DEVELOPMENT STUDY OF TURKISH SPEECH ANALYSIS FOR MAJOR NEUROCOGNITIVE DISORDER DUE TO ALZHEIMER'S DISEASE

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BACKGROUND AND AIM: Alzheimer's disease (AD) is the leading cause of dementia/major neurocognitive disorder in the elderly. It is a neurodegenerative disease characterized by progressive loss of cognitive functions, and short-term memory impairment is considered as the core symptom. However, language skills are also affected in AD (Ivanova,2024). Early diagnosis and management of Alzheimer's disease are very important for the quality of life of both patients and caregivers (Sanz et.al.,2022). Although screening tests used for neuropsychological assessment help detect cognitive deficits at an early stage, their sensitivity is limited, and they should be applied by trained specialists. In this respect, speech and language disorders seem to be an important tool for early diagnosis of AD. However, in recent years, advances in the fields of classification, voice processing and speech to text have made it possible to diagnose diseases even more easily (Vigo et.al,2022). The diagnosis of AD based on linguistic features and speech is a relatively new field and so far, from a computational/ algorithmic perspective, there is no established and widely accepted method. There are a limited number and quality of studies conducted in Turkish. Therefore, the results obtained from this study, in which 108,169 seconds of speech recordings of a total of 105 participants were analyzed, in which AH-MND, MİND and healthy elderly were evaluated together with detailed clinical, neuropsychological evaluation and language analysis, are important.

METHODS: The aim of this study was to investigate whether it is possible to distinguish individuals with major neurocognitive disorder due to Alzheimer Disease (AH-MND) (n=41) or minor neurocognitive disorder (MiND) (n=29) from healthy elderly (n=35) using speech analysis. In order to evaluate cognitive functions, Standardized Mini Mental Test, Clock Drawing Test, Montreal Cognitive Assessment Scale, Öktem's Auditory Verbal Learning Test, Verbal Fluency Test, Augmented Cued Recall Test and Trail Making Test were applied to all participants. In order to evaluate language functions, the participants were administered the Cookie Theft Picture Description Test, which is a part of the Boston Aphasia Test. In addition, for the evaluation of spontaneous speech, three questions such as 'Can you tell me about your ordinary day?', 'Can you tell me about your happiest moment?', 'Can you tell me about your unhappiest moment?' were asked to the participants and the participants were asked to tell their memories in a logical order of events. In this test, it was ensured that the participants felt more comfortable without any visual stimuli and without any restrictions, and it was aimed to reveal their verbal expression skills more clearly. During the application of the tests, one-to-one communication was established with the participants and audio recordings were taken during the Verbal Fluency tests, Cookie Theft Picture Description Test, Boston Naming Test and spontaneous speech evaluations. The recordings were analyzed in terms of prosodic, lexical and acoustic properties using automatic speech recognition and PRAAT applications. The recorded speech samples were transcribed both manually and with the help of Automatic Speech Recognition (ASR) system. The transcripts of the participants' speech were used to identify the most frequently used linguistic measures in the literature that showed statistically significant differences (Word count, Number of names/unique words/phoneme,Total speech time, Speech rate (number of words/total time), Spontaneous speech duration, Number of pauses, Speech tempo (number of phonemes per second),Number of nouns/verbs, Number of filler words/words, Pause time, Number of long pauses (≥2 seconds), Number of short pauses (<2 seconds), Number of filler pauses, Targeted speech/total speech). Ethics committee approval was obtained from the AUTF human research ethics committee (Decision No:İ05-280-22/ 12.05.2022).

RESULTS: A total of 105 participants, including 41 AH-MND, 29 MiND and 35 healthy elderly, were included in the study. When the groups were compared in terms of the scores of MMSE, MOCA, CDT, ÖAVLT, ACRT, Trail Making Test B-A, it was found that there was a significant difference between the three groups. The total recording time of 105 participants was 108.169 seconds. The speech parameters of the groups' recordings are detailed in Table 1. The total pause duration of the AH-MND group was significantly longer than that of the MiND and healthy elderly groups. Although the number of words, unique words, nouns and phonemes used by the healthy elderly group during total speech is higher than the AH-MND and MiND groups, this difference is not statistically significant.

AH-MND group used more filler words than MiND and healthy elderly group, but it was not statistically significant. There was a significant difference between AH-MND, MiND and control groups in the parameters of speech duration, storytelling duration, pause duration, number of long pauses, number of long pauses in spontaneous speech; there was a significant difference between AH-MND, MiND and healthy elderly groups in the parameters of speaking rate and paused speech rate in spontaneous speech; There was a significant difference between AD-MND and healthy groups in the tempo of speech during spontaneous speech (Table 2).

CONCLUSIONS: The findings obtained indicated that spontaneous speech characteristics were parallel to neuropsychological test performances, impairments in various components were observed in AH-MND and MiND cases, and some components were preserved. The main finding of this study was that the AH-MND group had significantly longer speech durations, but the amount of targeted speech and speech tempo were found to be lower. These findings support that speech-based methods can be developed as a cost-effective, non-invasive, and accessible diagnostic tool for the early diagnosis of Alzheimer's disease.

REFERENCES

Ivanova, O., Martinez-Nicolas, I. & Meilan, J.J.G. (2024, Jan-Feb). Speech changes in old age: Methodological considerations for speech-based discrimination of healthy ageing and Alzheimer's disease. Int J Lang Commun Disord, 59(1), 13-37. https://doi.org/10.1111/1460-6984.12888

Sanz, C., Carrillo, F., Slachevsky, A., Forno, G., Gorno Tempini, M.L., Villagra, R., Ibanez, A., Tagliazucchi, E. & Garcia, A.M. (2022). Automated text-level semantic markers of Alzheimer's disease. Alzheimers Dement (Amst), 14(1), e12276. https://doi.org/10.1002/dad2.12276

Vigo, I., Coelho, L. & Reis, S. (2022, Jan 11). Speech- and Language-Based Classification of Alzheimer's Disease: A Systematic Review. Bioengineering (Basel), 9(1). https://doi.org/10.3390/bioengineering9010027

Keywords: Alzheimer's disease, mild cognitive impairment, speech analysis

Table 1. Comparison of groups in terms of speech features

Features	AD-MND (n=41)	MiND (n=29)	HC (n=35)	Statistical analysis	Post hoc analysis
Total speech duration (sec)	1126,21± 201,72	1002,66± 203,82	940,44± 192,06	F=8,59, p<0,001, η2=0,14	AH-MND> MiND=HC
Spontaneous speech and storytelling duration (sec)	237 (198,5-352)	206 (145,5-319,5)	229 (155-354)	X2=2,039, p=0,361	
Targeted speech duration (sec)	814,4 (752-916,8)	718,6 (687,7-787,1)	663 (592,4-726)	X2=28,947, p<0,001	AH-MND< MİND<HC
Spontaneous speech duration (sec)	181 (129,5-262,5)	164 (109,5-247,5)	187 (117-288)	X2=-2,62, p=0,558	
Storytelling duration (sec)	74,39± 30,08	52,45± 23,45	53,00± 20,41	F=8,84, p<0,001, η2=0,14	AH-MND> MİND=HC
Speech rate Spontaneous speech and storytelling Total speech	1,19± 0,32 0,69± 0,23	1,34± 0,26 0,75± 0,22	1,46± 0,32 0,84± 0,27	F=7,950, p=0,001, η2=0,135 F=3,692, p=0,028 η2=0,067	AH-MND< MİND=HC AH-MND< MİND=HC
Speech tempo Spontaneous speech and storytelling Total speech	6,5 (5,3-7,7) 6,48± 1,81	7,07 (6,66-8,18) 7,44±1,39	8,61 (6,41-9,42) 8,28± 1,64	X2=13,967, p=0,001 F=11,224, p<0,001, η2=0,116	AH-MND< MİND<HC AH-MND< MİND=HC
Total duration of pauses (sec)	848,40± 200,07	732,02± 113,21	663,89± 179,89	F=11,05, p<0,001, η2=0,170	AH-MND> MİND=HC
Total number of pauses	340,73± 96,67	318,51± 95,81	310,65± 88,24	F=1,053, p=0,353, η2=0,020	
Duration of pauses in Spontaneous speech and storytelling (sec)	160,85± 81,24	117,11± 56,72	126,72± 92,08	F=3,05, p=0,051, η2=0,050	
Number of long pauses	119,58± 28,05	104,48± 18,46	90,63± 24,54	F=13,27, p<0,001, η2=0,21	AH-MND> MİND=HC
Number of short pauses	221,05± 96,08	214,03± 95,94	220,03± 90,85	F=0,05, p=0,950, η2=0,001	
Number of long pauses in spontaneous speech and storytelling	18 (11-26)	12 (8,5-15,5)	11 (6-14)	X2=12,364, p=0,002	AH-MND> MİND=HC
Number of short pauses in spontaneous speech and storytelling	201 (157,5-386)	199 (155,5-350)	299 (143-471)	X2=0,228, p=0,892	
Pause/Speech ratio Spontan spontaneous speech and storytelling Total	0,57± 0,18 0,75± 0,78	0,49± 0,19 0,74± 0,12	0,45± 0,19 0,71± 0,16	X2=3,654, p=0,029 η2=0,067 X2=0,840, p=0,435 η2=0,016	AH-MND> MİND=HC

Notes: Remaining speaking time= Speaking time during verbal fluency and Boston Naming tests; Speaking rate= Word/Total time; Speaking tempo= Phoneme/Total time; F= ANOVA test, η2= eta square; X2= Kruskal-Wallis H test.

Table 2. Summary of significant findings of the study

Features	Results
Duration of speech	Significant difference between AH-MND and MiND and healthy elderly
Duration of storytelling	Significant difference between AH-MND and MiND and healthy elderly
Speech rate	Significant difference between AH-MND and healthy elderly
Speech tempo during spontaneous speech	Significant difference between AH-MND, MiND and healthy elderly
Total duration of pauses	Significant difference between AH-MND and MiND and healthy elderly
Number of long pauses	Significant difference between AH-MND and MiND and healthy elderly
Number of long pauses in spontaneous speech and storytelling	Significant difference between AH-MND and MiND and healthy elderly
Duration of pauses in spontaneous speech and storytelling/ duation of speech	Significant difference between AH-MND and healthy elderly
Noun/verb	Significant difference between AH-MND and MiND and healthy elderly

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NEUROBIOLOGICAL EVIDENCE OF LITHIUM RESPONSE AND NON-RESPONSE: A RESTING-STATE FUNCTIONAL MAGNETIC RESONANCE IMAGING STUDY WITH BIPOLAR DISORDER PATIENTS

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BACKGROUND AND AIM: In the treatment of bipolar disorder (BD), lithium has long been the primary option for managing acute episodes, preventing recurrences, and reducing suicide risk. However, while approximately one-third of BD patients respond to lithium, others exhibit partial response or non-response. These differences in response highlight the heterogeneity of the neurobiological underpinnings of BD and emphasize the necessity of identifying reliable biomarkers at an early stage. Neuroimaging techniques, particularly resting-state functional magnetic resonance imaging (rs-fMRI) and structural MRI-based cortical thickness analyses, provide valuable insights into biomarkers that could predict lithium response. The primary objective of this study is to investigate the neurobiological differences associated with lithium response in BD patients through rs-fMRI and structural MRI data obtained in resting-state conditions.

METHODS: All participants were aged between 18 and 50 years, and their diagnoses were confirmed using the Structured Clinical Interview for DSM-5 (SCID-5). A total of 50 BD patients were included. Patients were categorized based on the Alda Scale into lithium responders (BDLR, Alda score ≥7, n=27) and non-responders (BDLNR, Alda score ≤4, n=23). Among the lithium-responsive group, imaging was performed on 23 patients, but MRI data from 21 were included in the analysis due to structural pathology (n=1) and an incomplete scan (n=1). In the lithium-nonresponsive group, imaging was performed on 20 patients, with MRI data from 17 included due to similar exclusions (n=1 structural pathology, n=1 incomplete scan, n=1 image distortion). Additionally, MRI data from 21 healthy controls were included for comparison. All BD patients had been in remission for at least one month prior to participation, as determined by 17-item Hamilton Depression Rating Scale (HAMD-17) and the Young Mania Rating Scale (YMRS) scores within the euthymic range. Medication adherence was assessed using the Medication Adherence Rating Scale (MARS). For the lithium-responsive patients, therapeutic serum lithium levels were confirmed with at least two measurements within the past year. Imaging was performed using a Siemens 3.0 Tesla MRI scanner. High-resolution T1-weighted 3D MPRAGE sequences were used to obtain structural data, while resting-state fMRI scans were acquired using T2-weighted EPI sequences, with participants instructed to remain still, keep their eyes closed, and refrain from focusing on specific thoughts. Structural MRI data were processed using BrainSuite software, which involved removing non-brain tissues, segmenting gray and white matter, and generating cortical surfaces for cortical thickness measurements. Rs-fMRI data were preprocessed using MATLAB-based SPM and CONN toolbox, following standard procedures. Between-group differences were assessed using a general linear model (GLM), incorporating age, sex, and total hemisphere volume as covariates. Pairwise comparisons were conducted with multiple comparison corrections applied using Monte Carlo simulations and false discovery rate (FDR) adjustments. Statistical analyses were performed using IBM SPSS Statistics, with demographic and clinical data analyzed using parametric or non-parametric tests as appropriate. Ethical approval was obtained from the Ege University Faculty of Medicine Clinical Research Ethics Committee under approval number 23-5/68, dated May 9, 2023.

RESULTS: Statistical analyses indicated that the groups were demographically comparable in terms of age, sex, and years of education. Euthymic status was confirmed in all groups based on HAMD and YMRS scores. As expected, the Alda Scale scores were higher in the lithium-responsive group. No significant differences were observed between groups regarding medication adherence, as measured by the MARS scale. The mean serum lithium level in the BDLR group was 0.70 ± 0.15 mmol/L. Resting-state functional connectivity analyses revealed no significant differences between lithium responders and healthy controls. However, lithium non-responders showed significantly altered connectivity relative to both lithium responders ($F(2,55) = 9.58$, p-unc = 0.00027, p-FDR = 0.046) and healthy controls ($F(2,55) = 11.31$, p-unc = 0.00008, p-FDR = 0.013). In the BDLNR, compared to the BDLR, decreased connectivity was observed between the right insular cortex and right paracingulate gyrus, the right planum polare and right superior frontal gyrus, and the right planum temporale and right paracingulate gyrus. Compared to healthy controls, the BDLNR exhibited increased

connectivity between the right superior temporal gyrus and both the left caudate and left thalamus, as well as between the right superior temporal gyrus and both the right caudate and right thalamus. Additionally, increased connectivity was noted between the left superior temporal gyrus and left thalamus. Conversely, decreased connectivity was observed between the left Heschl's gyrus and the right orbitofrontal cortex, as well as between the right supplementary motor area and the right orbitofrontal cortex. Moreover, reduced connectivity was found between the left superior temporal gyrus and the right temporal pole. Structural MRI-based cortical thickness analyses revealed significant differences between the BDLR and BDLNR groups. The BDLR group exhibited significantly greater cortical thickness in the right and left superior frontal gyrus, left pars opercularis, right precentral gyrus, right and left paracentral lobule, right postcentral gyrus, right superior temporal gyrus, and right transverse temporal gyrus. These differences remained significant after controlling for the number of past manic episodes and illness onset age. No significant differences in cortical thickness were observed between the lithium-responsive group and healthy controls. However, in comparison to healthy controls, the lithium-nonresponsive group demonstrated significant cortical thinning in the frontal and parietal regions.

CONCLUSIONS: The findings indicate that lithium-responsive patients exhibit brain connectivity and structural features comparable to those of healthy controls, whereas lithium-nonresponsive patients demonstrate distinct neurobiological differences. These results highlight the heterogeneity of bipolar disorder and suggest that neuroimaging biomarkers could aid in differentiating patient subgroups, reinforcing the need for personalized treatment strategies. Future research including healthy siblings, who share genetic risk factors but do not develop BD, could help differentiate neural alterations due to the disorder from those linked to genetic susceptibility without clinical manifestation. Overall, this study suggests that lithium may exert neuroprotective and regulatory effects; however, certain patient subgroups (non-responders) exhibit more persistent structural and functional brain alterations. Future large-scale, longitudinal studies integrating genetic and epigenetic data may enable the early identification of lithium responders and non-responders. Such advancements could optimize treatment decisions, minimize adverse effects, and reduce relapse risks, ultimately contributing to the development of more effective personalized therapeutic strategies for BD management.

REFERENCES

Gong JY, Chen G, Jia Y, Zhong S, Zhao L, Luo X ve ark. (2019) Disrupted functional connectivity within the default mode network and salience network in unmedicated bipolar II disorder. J Affect Disord 246: 183-9.

Hajek T, Bauer M, Simhandl C, Rybakowski J, O'Donovan C, Pfennig A ve ark. (2014) Neuroprotective effect of lithium on hippocampal volumes in bipolar disorder independent of long-term treatment response. Bipolar Disord 16: 418-29.

Hibar DP, Westlye LT, van Erp TGM, Rasmussen J, Leonardo CD, Faskowitz J ve ark. (2018) Cortical abnormalities in bipolar disorder: An MRI analysis of 6503 individuals from the ENIGMA Bipolar Disorder Working Group. Mol Psychiatry 23: 932-42.

Spielberg JM, Matyi MA, Karne H, Anand A. (2019) Lithium monotherapy associated longitudinal effects on resting state brain networks in clinical treatment of bipolar disorder. J Affect Disord 249: 301-8.

Syan SK, Smith M, Frey BN, Remtulla R, Kapczinski F, Hall GBC ve ark. (2018) Resting-state functional connectivity in individuals with bipolar disorder during clinical remission: a systematic review. J Psychiatr Res 102: 1-13.

Keywords: Bipolar Disorder, Cortical Thickness, Functional Connectivity, Functional Magnetic Resonance Imaging, Lithium Response, Neurobiological Marker

Table. Comparison of Scale Scores Among Groups

Variable	Lithium Non-Responsive Group (n=17)	Lithium Responsive Group (n=21)	Healthy Controls (n=21)	p-value
HAMD (Mean ± SD) (Rank Mean)	2.00 ± 2.06 41.91	0.29 ± 0.56 25.57	0.20 ± 0.64 24.79	<0.001
YMRS (Mean ± SD) (Rank Mean)	0.06 ± 0.24 30.71	0.10 ± 0.44 30.43	0.00 ± 0.00 29.00	0.563
ALDA (Mean ± SD) (Rank Mean)	1.00 ± 1.00 9.00	7.52 ± 0.51 28.00	-	<0.001
MARS (Mean ± SD) (Rank Mean)	8.65 ± 1.22 16.32	9.19 ± 1.21 22.07	-	0.920

This table presents the comparison of clinical scale scores among the lithium non-responsive group, the lithium responsive group, and healthy controls. The Hamilton Depression Rating Scale (HAMD) and the Young Mania Rating Scale (YMRS) were used to assess depressive and manic symptoms, respectively. The ALDA Scale was applied to evaluate lithium response, while the Medication Adherence Rating Scale (MARS) measured treatment adherence. Statistical significance was determined using the corresponding p-values. Values are reported as mean ± standard deviation (SD) and rank mean where applicable.

Table. Sociodemographic Characteristics of the Sample

Variable	Lithium Non-Responsive Group (n=17)	Lithium Responsive Group (n=21)	Healthy Controls (n=21)	p-value
Age (Mean ± SD, years)	35.33 ± 7.70	38.18 ± 7.66	38.24 ± 7.40	0.384
Years of Education (Mean ± SD) (Rank Mean)	15.57 ± 3.36 31.10	15.41 ± 3.81 32.00	14.76 ± 3.78 27.29	0.650
Sex (% Male)	33.3%	41.2%	47.6%	0.641

This table presents the sociodemographic characteristics of the lithium non-responsive group, the lithium responsive group, and healthy controls. Age and years of education are reported as mean ± standard deviation (SD), while gender distribution is presented as percentages. Rank mean values are provided where applicable for non-parametric comparisons.

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A NOVEL APPROACH TO DEPRESSION DETECTION USING POV GLASSES AND MACHINE LEARNING FOR MULTIMODAL ANALYSIS

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BACKGROUND AND AIM: In the diagnosis of depression, traditional methods, primarily relying on self-reported symptoms and clinician interviews, often suffer from biases and inaccuracies, which can lead to misdiagnosis or underdiagnosis of depressive disorders. In this study, audio and visual data captured during patients' semi-structured interviews and natural interactions are analyzed to facilitate an objective diagnosis of depression.

METHODS: The study included 44 patients with depression and 41 healthy controls, aged 18-55 years. Diagnosis was based on DSM-5 criteria, and depressive symptoms were assessed using the Beck Depression Inventory. Exclusion criteria included neurological deficits, severe visual impairments, coexisting psychiatric disorders, psychiatric medication use, and botox treatment within the last 6 months. Semi-structured interviews were recorded using POV glasses with audio and video capabilities, capturing footage at 30 frames per second and 1920x1080 resolution. These took place in the same room, with consistent lighting (400-600 Lux) and a 100 cm distance between the researcher and participant. In these standard interviews, the researcher asked the participant four different questions, with at least 30 seconds of recording for each question. The questions were as follows: 'Can you describe how you feel during the last days ?', 'Can you describe a typical day for you, starting from the morning ?', 'Could you share a positive memory of yours with me ?', and 'Could you share a negative memory of yours with me ?'. The audio and video data were analyzed using computer software, incorporating open-source tools such as OpenCV, MediaPipe (Google n.d.) for facial landmark detection and head movement analysis, PyFeat (Cheong et al. 2023) for facial expression analysis, and Whisper AI for speech recognition and transcription. Using the software, the following parameters were measured: total eye gaze duration, gaze duration to the right and left, duration of smiles, concurrent eye gaze and smile, duration of neutral and happy faces expressed by the participant for all questions, number of blinks, blink duration, eye openness, total head movements, number of rapid head movements, response time, silence ratio, and the number of words spoken by the participant in response to the researcher for the second question. The emotions expressed by the participants and their duration, as well as the duration of smiles, were measured using the Facial Action Coding System (FACS). With FACS, Ekman and Friesen (1978) classified facial expressions of universal emotions based on facial muscle movements and their various combinations. In our study, the Py-Feat software was used for the analysis of FACS data (Cheong et al. 2023). The method for measuring eye gaze estimation, developed by Abdelrahman et al. (2023) using Deep CNN (Deep Convolutional Neural Network), was used to assess eye gaze estimation in images. Smiles were measured using Action Unit AU12 from the FACS. In the software, the duration of instances where both eye gaze and AU12 occurred simultaneously was measured. Eye openness and the number and duration of blink were measured using the Eye Aspect Ratio (EAR) (Devi C. et al. 2022). EAR is a simple geometric measure that indicates whether an eye is 'open' or 'closed,' and also measures the level of eye openness. It uses six landmarks around each eye (e.g., p0–p5), which are measured using MediaPipe. The EAR is then defined as: EAR = (d(p1,p5) + d(p2+p4)/2) / d(p0,p3), where d(·) is the Euclidean distance between two points. Then, a numerical cutoff (blink_threshold = 0.2) is set, which is commonly used in the literature. If EAR < blink_threshold, the eye is considered 'closed' for that frame. Head movements were quantified by measuring the number of rapid head movements and the total amount of head movement. A rapid head movement occurs when the change in angle ($\Delta\theta$) for any axis (pitch, yaw, or roll) exceeds 5° between two frames. Total head movement is calculated as the sum of the absolute angle changes for each axis. In our study, we statistically compared all the parameters measured between the groups. Subsequently, we applied machine learning techniques to assess the ability of the model to make diagnostic predictions. The ethical approval for this study was granted by the Ethics Committee of Zonguldak Bülent Ecevit University, with decision number 2024/21.

RESULTS: There were no significant differences between the groups in terms of age (depression mean = 37.8, control mean = 37.1, p = 0.81) or gender (depression: 24 females, 20 males; control: 21 females, 20 males, p = 0.75). Eye gaze duration,

number of blinks, blink duration, duration of smiles, concurrent eye gaze and smile, happy face, and neutral face had p values ≤ 0.05, while right and left gaze, rapid head movements, total head movements, eye openness, response time, silence ratio, and number of words had p values > 0.05 (Table 1). After applying the Bonferroni correction ($p < 0.0033$), statistically significant differences were observed in duration of eye gaze and duration of happy faces between the two groups. We employed the AdaBoost algorithm with decision trees after experimenting with various machine learning techniques, including other tree-based models, nearest neighbor methods, and support vector machines. Recursive feature elimination was used to discard less relevant features, resulting in a more generalizable model. The learning rate and number of estimators for the AdaBoost algorithm were set to 0.5 and 100, respectively. Using leave-one-out cross-validation, the model achieved 87.06% accuracy, 86.67% precision, 88.64% sensitivity, 85.37% specificity, and an 87.65% F1-Score.

CONCLUSIONS: Challenges associated with healthcare access and cost persist as significant barriers to early disease detection, primarily due to limited availability of essential diagnostic tests and treatments. These constraints complicate the identification of diseases at their initial stages. In this study, we developed an innovative methodology to aid in the diagnosis of depression without interfering with the natural progression of psychiatric evaluations. Specifically, our approach facilitates an objective assessment of depression through the analysis of audio and visual data collected during patients' semi-structured interviews and natural interactions, achieving an accuracy rate of 87.06%. To the best of our knowledge, this method represents a completely new approach that has not been previously applied in the literature.

REFERENCES

A. A. Abdelrahman, T. Hempel, A. Khalifa et al. (2023) "L2CS-Net: Fine-Grained Gaze Estimation in Unconstrained Environments" 2023 8th International Conference on Frontiers of Signal Processing (ICFSP), Corfu, Greece, 2023, pp. 98-102, doi: 10.1109/ICFSP59764.2023.10372944

Cheong, J.H., Jolly, E., Xie, T. et al. (2023) "Py-Feat: Python Facial Expression Analysis Toolbox" Affec Sci 4, 781–796. https://doi.org/10.1007/s42761-023-00191-4

Dewi C, Chen R, Jiang X et al. (2022) "Adjusting eye aspect ratio for strong eye blink detection based on facial landmarks" PeerJ Computer Science 8:e943

Ekman, P. & Friesen, W. (1978) Facial action coding system: a technique for the measurement of facial movement. Palo Alto: Consulting Psychologists

Google. (n.d.) "MediaPipe" https://google.github.io/mediapipe/

Keywords: Depression, Eye gaze, Machine learning, Point-of-View Glasses

Table 1. Statistical Analysis Summary

Parameter	P value	Mean (rank) Depression	Mean (rank) Control
Eye gaze duration	<0,01*	32,50	57,04
Right gaze duration	0,095	47,28	38,40
Left gaze duration	0,07	49,92	35,57
Number of blinks	0,04	16,4	13,2
Blink duration	0,04	49,9	35,5
Eye openness	0,66	44,1	41,8
Duration of smiles	0,05	37,55	48,85
Duration of eye gaze and smiles	0,02	36,93	29,51
Duration of happy faces	<0,01*	35,98	50,54
Duration of neutral faces	0,018	49,09	36,46
Total head movements	0,40	45,16	40,68
Rapid head movements	0,87	43,41	42,56
Response time	0,44	44,99	40,87
Silence ratio	0,406	0,48	0,46
Number of words	0,161	43,34	46,39

The statistical results for the second question.
*Statistically significant after Bonferroni correction.

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EXECUTIVE FUNCTIONING AND SOCIAL COGNITION IN ADULT PATIENTS WITH SUBSTANCE USE DISORDER

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BACKGROUND AND AIM: Substance use disorder is a chronic and relapsing disorder characterized by constant preoccupation with substance use, compulsive access to and use of substances, difficulty in limiting substance use, and negative affect when access to substances is prevented(Evren et al. 2019). Executive functioning is a term that encompasses the set of high-level cognitive abilities required to evaluate and accomplish a goal. These functions enable us to understand complex or abstract concepts, solve problems we have never encountered before, plan the next goal, and manage our relationships(Cristofori et al. 2019). Social cognition is defined as representing the relationship between oneself and others and directing this representation through social behaviors. Perceiving, interpreting and responding to the goals, tendencies and behaviors of others are included in social cognitive functions(Grady et al. 2002). Deficits in executive functions have been found to be effective in the development and maintenance of addiction as well as in the treatment of addiction. Deficits in executive functions are associated with early relapses and difficulties in treatment compliance(Rolland et al. 2019). In various studies and meta-analyses, deficits in executive function and social cognition have been shown in patients with substance use disorders. In this study, we aimed to determine whether executive functions and social cognition are impaired in patients with substance abuse compared to healthy controls and the factors associated with the duration of remission in follow-up. Since impairment in these areas may be effective in patients social relations, functionality, cessation of substance use and retention in treatment, our study was aimed to contribute to the literature. As far as we have searched, there is no study in the literature comparing all of these functions and including two different substance groups and controls.

METHODS: Our study was conducted with 35 patients diagnosed with methamphetamine use disorder(MUD) according to DSM-5, 38 patients diagnosed with heroin use disorder(HUD) and 30 healthy controls(HC) without a diagnosis of substance use disorder who were treated in the AMATEM outpatient clinic and AMATEM service of Pamukkale University and who agreed to participate in the study. Sociodemographic data form, Hamilton Anxiety Scale(HAMA), Hamilton Depression Scale(HAMD), Adult Attention Deficit Hyperactivity Disorder Scale(ASRS), Barratt Impulsivity Scale(BIS), and Childhood Trauma Scale(CTS) were applied to the participants. Stroop Test(ST), Wisconsin Test(WT), Go/NoGo Test and Mind Reading Through Eyes Test(MRT) for social cognition were applied as neuropsychological tests to evaluate executive functions. Early remission status of the patients was evaluated three months after the tests and scales were performed. Sociodemographic data, initial scales and tests were evaluated in the remission and non-remission groups. Ethics committee approval was notified to us by Pamukkale University Ethics Committee with the petition numbered E-60116787-020-228479.

RESULTS: Heroin, methamphetamine and control groups were similar in terms of age, gender, years of smoking and alcohol use, alcohol use status, presence of chronic disease, family history of alcohol/substance abuse and psychiatric illness($p>0,05$). Statistically significant differences were found between the groups in marital status, region of residence, employment status, smoking and educational status of the participants included in the study. ($p=0,043$; $p=0,004$; $p<0,0001$; $p<0,0001$; $p<0,0001$). On the HAMA and HAMD; HUD and MUD scores were significantly higher compared to HC($p<0,050$). In the total score, emotional abuse, physical abuse,sexual abuse,physical neglect and emotional neglect sub-dimensions of the CTS, HUD and MUD scores were higher compared to HC($p<0.0001$). In terms of the total score and inability to make a plan sub-dimension of the BIS, the scores of HUD and MUD were higher than HC.($p<0.0001$). The total and motor impulsivity score, ASRS total score and hyperactivity/impulsivity subscale of MUD were higher than the scores of HUD and HC($p<0,0001$; $p=0,001$; $p=0,004$; $p<0,0001$). No significant relationship was found between the groups with the ST, which examines executive functions. In the WT, the number of completed categories, correct responses and conceptual level responses were lower in HUD and MUD compared to HC; the total number of incorrect responses and perseverative errors were higher in HUD and MUD compared to HC and a significant difference was found between the groups($p=0,004$;$p<0,0001$;$p<0,0001$; $p<0,0001$;$p=0,005$). In the Go/NoGo test, the total number of correct answers in HUD and MUD was lower than in K($p=0.035$).The MRTscore was significantly higher in controls than in substance users($p=0.017$). Years of substance use was significantly higher in HUD than in MUD($p=0.037$). The ST test partC/D(high interference sensitivity) was significantly higher in substance users who were not in early

remission compared to those who were(p=0.040). The substance used and VSTC/D which were evaluated as significant in the basic analyses, and Go/NoGo test scores in terms of age, gender, education, marital status, employment status, years of substance use and impulsivity, which are defined as risk factors for relapse in substance use in the literature, were evaluated with logistic regression model as independent variables. Staying in remission for three months was included in the analysis as the dependent variable. Accordingly, staying in early remission was affected by education, employment status, substance used and VSTC/D scores. Failure to remain in early remission was approximately 7,5 times lower in primary school graduates than in high school and university graduates, and 8 times lower in non-workers than in workers. It was found that each unit increase in interference sensitivity increased the inability to stay in remission 14 times and methamphetamine use 9 times more than heroin use.

CONCLUSIONS: Scores in the HAMA, HAMD, CTS, BDI, ASRS scales were found to be higher in substance users compared to healthy controls.It was found that people with HUD and MUD showed lower performance in social cognition and executive functions compared to healthy individuals. It is suggested that the type of substance used is effective in the case of early remission, MUD are in less early remission and executive functions may be related to their deficiencies,especially in the field of cognitive flexibility. Considering the results of our study, it is thought that it may contribute to the literature in terms of planning pharmacological and cognitive treatment interventions that can be applied and staying in treatment in people with substance use.

REFERENCES

Cristofori I, Cohen-Zimerman S, Grafman J (2019) Executive functions. Handb Clin Neurol 163:197–219.

Evren C, Türkiye Psikiyatri Derneği Alkol ve Madde Kullanım Bozuklukları Çalışma Birimi (2019) Alkol ve Madde Kullanım Bozuklukları Temel Başvuru Kitabı, Ankara, s.1.

Grady CL, Keightley ML (2002) Studies of altered social cognition in neuropsychiatric disorders using functional neuroimaging. The Canadian Journal of Psychiatry 47(4):327–36.

Rolland B, D'Hondt F, Montègue S et al (2019) A patient-tailored evidence-based approach for developing early neuropsychological training programs in addiction settings. Neuropsychol Rev. 29(1):103–15.

Keywords: executive functions, heroin, methamphetamine

Table. Investigation of independent variables that may be negative risk factors for early remission with logistic regression model

Age	Early remission status OR	Early remission status 95% GA	Early remission status 95% GA	Early remission status p
Age	0,934	0,829	1,051	0,256
Gender*	2,246	0,392	12,886	0,364
Education**	0,168	0,031	0,917	0,039
Marital status**	0,598	0,145	2,467	0,477
*Working status****	0,191	0,042	0,877	0,033
Year of substance use	1,101	0,872	1,390	0,420
VST C/D (high interference susceptibility)	14,039	2,123	92,850	0,006
Substance used+	8,976	2,236	36,026	0,002
Go no Go - total true	0,951	0,900	1,006	0,081

*Based on being male compared to being female, **Based on having primary education compared to having high school and higher education ***Based on being single/divorced compared to being married ****Based on not working compared to being working
+Methamphetamine use compared to heroin use
OR: Odd's ratio, 95% CI: 95% Confidence interval
Model Fit: Overall Percentage=74%; -2 Log likelihood=72.886; Nagelkerke R Square=0.411

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WAIS-R VERBAL RANGE AS A POTENTIAL SCREENING TOOL FOR BROAD AUTISM PHENOTYPE IN PARENTS OF CHILDREN WITH AUTISM SPECTRUM DISORDER

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BACKGROUND AND AIM: Social cognition—the capacity to perceive, interpret, and respond appropriately to social cues—is central to psychosocial functioning. Autism Spectrum Disorder (ASD) is characterized by marked impairments in social skills, and its subclinical manifestations in relatives are described as the Broad Autism Phenotype (BAP). Although several assessment tools (e.g., the Autism Diagnostic Interview-Revised) are available for ASD, their administration can be time consuming. In Türkiye, the Wechsler Adult Intelligence Scale-Revised (WAIS-R) is routinely used for cognitive assessment. Previous research has examined WAIS-R profiles in ASD populations; however, no study has specifically addressed whether the discrepancy between the highest and lowest WAIS-R subtest scores—here defined as the "range"—can serve as a proxy for social skill deficits associated with BAP. Moreover, gender differences may be key, as literature suggests that women are more likely to camouflage autistic traits. The present study aims to determine whether the verbal-performance discrepancy—and particularly the verbal range score—predicts social skills deficits in parents of children with ASD, with analyses performed separately for mothers and fathers.

METHODS: This case-control study included 24 parents of children with ASD (BAP group) and 28 healthy controls matched for age, gender, education, and IQ (all participants had WAIS-R IQ scores >80). Parents were recruited from the Department of Child and Adolescent Psychiatry at Selcuk University and from the Selçuklu Foundation for the Education of Individuals with Autism through an established collaboration, while controls were recruited via public advertisement. All participants were between 18 and 65 years old and literate. Exclusion criteria included any psychiatric disorder (as determined by the Structured Clinical Interview for DSM-5—Clinician Version), neurological or systemic illnesses, sensory impairments, or a history of substance use disorder. Each participant underwent a diagnostic interview using the SCID-5-CV and completed the Autism Spectrum Quotient (AQ) to assess autistic traits. The WAIS-R was administered by the same clinical psychologist for consistency. For each participant, the "total range" was calculated as the difference between the highest and lowest subtest scores; the same procedure was applied separately for the verbal and performance scales, yielding "verbal range" and "performance range" scores. Statistical analyses included Student's t-tests (both overall and stratified by gender), effect size estimation using Cohen's d, logistic regression analysis (controlling for age and years of education), and receiver operating characteristic (ROC) analysis to identify an optimal cutoff for the verbal range. A post hoc power analysis confirmed an adequate sample size (power = 0.80) for the verbal range comparisons. Ethical approval was obtained from Selçuk University Local Ethics Committee, Decision Number: 2025/91

RESULTS: AQ data revealed that parents of children with ASD scored significantly higher on both the AQ social skills subscale and the total AQ scores compared with healthy controls ($p < .05$). When the results were stratified by gender, a marked difference emerged: while no significant differences in WAIS-R verbal range scores were observed among mothers, the subgroup of fathers of children with ASD exhibited significantly higher verbal range scores than their counterparts in the control group ($p < .05$). Further statistical examination using logistic regression analysis—adjusting for age and years of education—provided additional insight into the relationship between WAIS-R performance and autism spectrum features. It was also found that each 1-point increase in verbal range was associated with a 1.55-fold increased likelihood of being in the fathers of children with ASD group ($p = .032$, Beta = 0.443, OR = 1.557, 95% CI: 1.039–2.333). In addition, ROC analysis was conducted specifically for the fathers' subgroup to assess the discriminative power of the verbal range score. The analysis yielded an area under the curve (AUC) value of 0.74 (95% CI: 0.554–0.934), indicating a good level of discrimination. The optimal cutoff point for the WAIS-R verbal range was determined to be 7.5, which provided a sensitivity of 58.3% and a specificity of 71.4% for distinguishing fathers of children with ASD from those in the healthy control group.These detailed findings support the hypothesis that an elevated discrepancy in WAIS-R verbal subtest performance—reflected by a higher verbal range score—is associated with greater autism spectrum features, particularly in fathers of children with ASD. This observation underscores the potential of the WAIS-R verbal range as a useful cognitive marker for identifying individuals who may benefit from further evaluation of social skills deficits and autism spectrum characteristics.

CONCLUSIONS: The present findings suggest that the WAIS-R verbal range score may serve as a practical, cost-effective cognitive marker for flagging potential social skills deficits and autism spectrum features in individuals undergoing the WAIS-R for any reason. Although our study initially sampled parents of children with ASD, the underlying principle—that an unusually wide discrepancy between the highest and lowest verbal subtest scores may reflect subtle impairments in social cognition—could have broader clinical applications. In routine cognitive assessments, a verbal range exceeding 7.5 may prompt clinicians to conduct a more detailed evaluation of social communication abilities and related autism spectrum features. A plausible neurobiological explanation for this observation is that the verbal subtests of the WAIS-R predominantly engage left hemisphere functions, which are critically involved in language processing and social cognition. Previous neuroimaging studies have documented left-hemisphere dysfunction in individuals with ASD, supporting the "left hemisphere dysfunction theory." Therefore, an expanded verbal range might reflect underlying neurocognitive differences that contribute to social communication difficulties. Although gender differences emerged—with male participants exhibiting more pronounced verbal range discrepancies—the potential utility of this screening measure should be explored in more diverse samples, irrespective of gender or clinical referral reason. This study has several strengths, including standardized administration of the WAIS-R and thorough diagnostic assessments. However, limitations such as the modest sample size and cross-sectional design warrant caution. Future research should replicate these findings in larger, more heterogeneous samples and ideally incorporate neurobiological measures (e.g., functional neuroimaging) to further elucidate the relationship between verbal range and social cognitive functioning. Moreover, while our results indicate that a verbal range threshold of 7.5 could serve as a preliminary screening tool, prospective studies are needed to determine its predictive validity in various clinical populations.

Table 1. Comparison of demographic data, scores of AQ and WAIS-R

Variables	Total Sample BAP (n=24) M (SD)	Total Sample HC (n=28) M (SD)	Total Sample t	Total Sample p	Total Sample d	Male BAP (n=12) M (SD)	Male HC (n=14) M (SD)	Male t	Male p	Male d	Female BAP (n=12) M (SD)	Female HC (n=14) M (SD)	Female t	Female p	Female d
Age	39.83 (6.81)	37.67 (9.08)	0.954	.345	.265	41.83 (7.14)	38.14 (10.76)	1.010	.322	.397	37.83 (6.11)	37.21 (7.41)	.230	.820	.090
Years of Education	14.3 (2.68)	14.57 (3.44)	-.274	.785	.076	15.16 (1.99)	14.85 (3.73)	.257	.800	.101	13.50 (3.08)	14.28 (3.24)	-.629	.535	.248
Autism Spectrum Quotient Scores															
Social Skills	2.87 (1.80)	1.82 (1.51)	2.290	.026*	.637*	3.33 (1.87)	1.57 (1.69)	2.515	.019*	.989*	2.41 (1.67)	2.07 (1.32)	.586	.563	.230
Attention Switching	4.45 (2.04)	4.71 (1.82)	-0.477	.635	.133	4.75 (2.26)	4.71 (2.23)	.040	.968	.016	4.16 (1.85)	4.71 (1.38)	-.867	.397	.330
Attention to Detail	5.58 (1.97)	4.96 (1.66)	1.226	.226	.341	6.00 (1.75)	4.85 (1.74)	1.658	.110	.652	5.16 (2.16)	5.07 (1.63)	.127	.900	.050
Communication	2.79 (1.91)	2.25 (1.69)	1.084	.283	.302	2.66 (1.72)	2.14 (1.35)	.869	.394	.342	2.91 (2.15)	2.35 (2.02)	.683	.501	.269
Imagination	3.3 (1.83)	2.53 (1.59)	1.676	.100	.446	3.41 (1.92)	2.78 (1.76)	.872	.392	.343	3.15 (1.81)	2.28 (1.43)	.516	.144	.595
AQ Total Scores	19.04 (5.99)	16.28 (5.38)	1.747	.043*	.486*	20.16 (5.81)	16.07 (6.09)	1.745	.047*	.686*	17.91 (6.21)	16.50 (4.78)	.656	.518	.258
WAIS-R Scores															
Verbal Scale	103.73 (15.38)	109.25 (13.29)	-1.383	.173	.385	110.08 (12.78)	114.86 (12.04)	-.980	.337	.385	97.42 (15.62)	103.64 (12.41)	-1.132	.269	.445
Performance Scale	102.75 (15.23)	102.25 (13.65)	.125	.901	.035	108.50 (15.47)	104.57 (14.49)	.668	.511	.263	97.00 (13.17)	99.93 (12.86)	-.572	.573	.225
Total Score	103.54 (15.35)	106.32 (12.73)	-.714	.479	.199	110.00 (14.12)	110.50 (12.29)	-.097	.924	.038	97.08 (14.21)	102.14 (12.17)	-.978	.338	.385
Verbal Range	9.87 (3.40)	7.78 (3.22)	2.279	.028*	.631*	9.91 (3.70)	6.57 (2.92)	2.572*	.017*	1.012*	9.83 (3.24)	9.00 (3.13)	.665	.513	.262
Performance Range	5.50 (1.95)	5.28 (2.81)	.314	.755	.087	5.91 (2.23)	6.00 (3.11)	-.077	.939	.30	5.08 (1.62)	4.57 (2.37)	.630	.535	.248
Total Range	11.20 (2.70)	11.25 (3.09)	-.051	.959	.014	11.83 (2.48)	11.50 (2.82)	.317	.754*	.125	10.58 (2.87)	11.00 (3.44)	-.332	.743	.130

AQ: Autism Spectrum Quotient; WAIS-R: Wechsler Adult Intelligence Scale-Revised; BAP: Broad Autism Phenotype; HC: Healthy Controls; d: Cohen's d effect size.
* Indicates statistical significance at p <.05. Student's t-test was performed.

Table 2. Logistic Regression and ROC Analysis of Verbal Range in Males

WAIS-R Variable	Beta (Coef.)	Standard Error	Wald Z	p	OR	95% CI Lower	95% CI Upper	Closest Cutoff	Sensitivity	Specificity	AUC (95% CI)
Verbal Range	.443	.206	4.609	.032*	1.557	1.039	2.333	7.50	.583	.714	.744 (.554 to.934)

OR = Odds Ratio; CI = Confidence Interval;
Covariates: Age, Years of Education.
An odds ratio > 1 indicates that individuals are more likely to belong to the Broad Autism Phenotype group.
WAIS-R = Wechsler Adult Intelligence Scale–Revised;
AUC = Area Under the ROC Curve.
* Indicates statistical significance at p <.05.

REFERENCES

Di Mento B, John JR, Diaz AM et al. (2024) Sex differences in the broad autism phenotype: insights from the Australian Biobank. J Autism Dev Disord 1–11.

Nayar K, Sealock JM, Maltman N et al. (2021) Elevated polygenic burden for autism spectrum disorder is associated with the broad autism phenotype in mothers of individuals with autism spectrum disorder. Biol Psychiatry 89(5): 476–485.

Wood-Downie H, Wong B, Kovshoff H et al. (2021) Sex/gender differences in camouflaging in children and adolescents with autism. J Autism Dev Disord 51: 1353–1364.

İlkmen YS (2023) Development of normative data for Wechsler Adult Intelligence Scale-Revised (WAIS-R) vocabulary subtest. SSRJ Soc Sci Res J 12(10): 1234–1242.

Sezgin N, Baştuğ G, Karaağaç SY et al. (2014) Wechsler Adult Intelligence Scale Revised Form WAIS-R Turkey Standardisation: a preliminary study. Ankara Univ J Fac Lang Hist Geogr 54(1): 451–480.

Keywords: Autism spectrum disorder, broad autism phenotype, social skills, WAIS-R, verbal IQ range

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COMPARISON OF BILATERAL ACCELERATED THETA BURST AND UNILATERAL ACCELERATED THETA BURST STIMULATION FOR TREATMENT-RESISTANT DEPRESSION: A RANDOMIZED SHAM-CONTROLLED TRIAL

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BACKGROUND AND AIM: Treatment-resistant depression (TRD) is a disabling illness that causes significant personal suffering and economic costs. Approximately 44% of patients with depression do not respond to two consecutive antidepressant treatments. Furthermore, TRD is an important clinical challenge due to its association with high suicide risk and loss of functioning. Many methods have been used to assess TRD. Intermittent theta burst stimulation (iTBS) targeting the left dorsolateral prefrontal cortex (DLPFC) for up to 6 weeks has been approved by the US Food and Drug Administration (FDA) for the treatment of TRD. To reduce the financial and temporal burden of iTBS, accelerated iTBS with higher doses and multiple sessions per day have been developed. aiTBS protocol known as Stanford neuromodulation therapy (SNT) has shown promising results, with a response rate of 64.3% at 4-week follow-up in TRD patients. The SNT involves 10 iTBS sessions per day (1800 pulses per session), delivered to the left DLPFC with 50-minute inter-session intervals over 5 consecutive days. This has been shown to be equivalent to 30 standard iTBS sessions per day. In addition to iTBS, continuous TBS (cTBS) delivered to the right DLPFC has shown therapeutic efficacy in patients with TRD. Due to its inhibitory effect on the cerebral cortex, cTBS is increasingly being investigated to manage anxiety symptoms. It is noteworthy that anxiety shows a moderate covariance with suicide risk. We predicted that both accelerated cTBS (a-cTBS) and a-iTBS may be strong candidates for the treatment of suicidal ideation and depression in individuals with TRD. In our study, we compared the clinical efficacy of accelerated left DLPFC iTBS and right DLPFC cTBS versus left DLPFC iTBS and right DLPFC pseudo-cTBS in TRD patients with moderate to severe suicidal ideation. Both of these protocols were administered for 10 consecutive working days. It was hypothesized that both protocols would reduce symptoms of depression, but bilateral administration would potentially be more effective than in the sham control group. This study also represents the first comparison of bilateral and unilateral practice.

METHODS: We conducted a double-blind randomized controlled trial using a 1:1 ratio in a parallel design. The study was prospectively registered in the US Clinical Trials Registry. All procedures were performed in accordance with the ethical standards stated in the Declaration of Helsinki. Our study was approved by the Turkish Medicines and Devices Agency with the registration number 24-AKD-135. All participants gave written informed consent before participating in any study procedures. Participants; Between 18 and 65 years of age, diagnosed with Major Depressive Disorder (MDD) according to DSM 5, with a severity of illness of 7 points or more according to the Maudsley staging method, unresponsive to 2 different antidepressant, Patients with Hamilton Depression Rating Scale-17 [HDRS-17] and Montgomery Asberg Depression Rating Scale [MADRS] scores of 20 or higher, right hand dominance, and who had used the same antidepressant at the same dose for the last 4 weeks were selected. In our study, left and right dorsolateral prefrontal cortex (DLPFC) were targeted using scalp measurements. A group of 20 patients (group A) received a total of 50 sessions, 5 sessions per day, 5 days a week for 2 weeks. At least 30 minutes rest time was given between each session. One session in group A consisted of a high-frequency (5 Hz) intermittent theta burst (iTBS) protocol with 1800 pulses to the left DLPFC at 90% motor threshold, followed by a continuous theta burst (cTBS) protocol with 600 pulses at 5 Hz to the right DLPFC at 80% motor threshold. The other patient group (Group B) consisting of 20 people received a total of 50 sessions, 5 sessions per day, 5 days a week for 2 weeks. A minimum of 30 minutes of rest was given between each session. One session applied to Group B included first a application of high-frequency (5 Hz) intermittent theta burst (iTBS) containing 1800 pulses at 90% motor threshold to the left DLPFC, followed by a sham application of continuous theta burst (cTBS) containing 600 pulses at 5 Hz frequency to the right DLPFC at 80% motor threshold. Response to treatment was defined as ≥50% decrease in MADRS score and remission as MADRS score ≤10; HDRS-17 score was defined as ≥50% decrease in HDRS-17 score and remission as HDRS-17 score ≤7.

RESULTS: There were no significant differences in age, gender, body mass index, years of education, age at onset of depression, last depressive episode, history of suicide attempt, number of suicide attempts, MSM, depression and anxiety scores and functioning score. No serious side effects (epileptic seizures, suicide attempts, etc.) were observed in patients in both groups during treatment and follow-up.

CONCLUSIONS: Bilateral application did not have a significant difference in terms of depression, anxiety, suicidal thoughts

and functionality compared to unilateral application; The fact that cTBS did not provide additional contribution in terms of suicidal and anxiety scores was the most important different result that we found in contrast to the recent study. It was found that bilateral application did not make a significant difference in terms of depression, anxiety, suicidal thoughts and functionality compared to unilateral application; both bilateral and unilateral application were found to be tolerable and safe. The fact that cTBS was administered in 600 pulses, no sham coil was used, and errors in the detection of the right DLPFC region may have led to this result. There is a need for randomized sham-controlled studies with larger samples, longer follow-ups and increased number of cTBS pulses.

REFERENCES

Eleanor J Cole, Katy H Stimpson, Brandon S Bentzley et al. (2020) Stanford Accelerated Intelligent Neuromodulation Therapy for Treatment-Resistant Depression. Am J Psychiatry 177: 716-26.

Zhao H, Jiang C, Zhao M et al. (2024) Comparisons of Accelerated Continuous and Intermittent Theta Burst Stimulation for Treatment-Resistant Depression and Suicidal Ideation. Biol. Psychiatry 96:26-33

Keywords: Treatment-Resistant Depression, Accelarated Transcranial Magnetic Stimulation, Theta Burst Stimulation, Response, Remission

Table 1. Demographic and Clinical Variables of Participants

Variables	iTBS +cTBS (n= 20)	iTBS + Sham cTBS (n = 20)	
Age	40.70 ± 10.60	40.70 ± 13.24	1,00
Female /Male	12/8	16/4	0,16
BMI	28,08 ± 4,96	28,32 ± 6,25	0,89
Education years	8,90 ± 4,67	10,20 ± 5,17	0,46
Age at Onset of Depression, Years	29,25±9,62	30,55±12,52	0,71
Duration of Current Depressive Episode, Months	17,05±16,21	13,20±11,92	0,51
Number of Suicide Attempt History	1,05±1,32	0,50±0,83	0,18
Maudsley Staging Method	9,60±1,39	9,10±1,94	0,35
Baseline HDRS-17 score	27,60±5,65	26,80±4,65	0,62
Baseline MADRS score	37,90±8,85	34,45±6,53	0,16
Baseline HDRS Item 3 (Suicide-item) score	2,35±0,75	2,00±0,56	0,13
Baseline MADRS Item 10 (Suicide-item) score	3,85±0,99	3,30±1,13	0,13
Baseline HAM-A score	27,25±7,85	25,20±4,70	0,32
Baseline FAST score	54,25±15,89	50,21±14,27	0,25

BMI: Body Mass Index, HDRS-17: Hamilton Depression Rating Scale, MADRS: Montgomery-Åsberg Depression Rating Scale, FAST: Functioning Assessment Short Test, HAM-A:Hamilton Anxiety Scale

Table 2. Comparison of response and remission rates of depression, anxiety and suicide between two groups after treatment

Variables	Variables	T1	T2	T3	T4
Scales	Groups	Response Remission	Response Remission	Response Remission	Response Remission
HDRS-17	iTBS +cTBS	%55	%80	%80	%93.75
HDRS-17	iTBS +cTBS	%40	%70	%80	%93.75
HDRS-17	iTBS + Sham cTBS	%55	%100	%95	%100
HDRS-17	iTBS + Sham cTBS	%20	%75	%85	%94.72
MADRS	iTBS +cTBS	%45	%85	%85	%93.75
MADRS	iTBS +cTBS	%25	%65	%75	%93.75
MADRS	iTBS + Sham cTBS	%55	%100	%95	%94.12
MADRS	iTBS + Sham cTBS	%25	%80	%75	%94.12
HAM-A	iTBS +cTBS	%45	%80	%80	%88.2
HAM-A	iTBS +cTBS	%15	%60	%45	%82.4
HAM-A	iTBS + Sham cTBS	%55	%95	%85	%94.1
HAM-A	iTBS + Sham cTBS	%20	%60	%55.6	%76.5
Scales	Groups	Remission	Remission	Remission	Remission
HAMD Item 3 (Suicide-item)	iTBS +cTBS	%25	%65	%70	%87.5
HAMD Item 3 (Suicide-item)	iTBS + Sham cTBS	%45	%80	%90	%94.1
MADRS Item 10 (Suicide-item)	iTBS +cTBS	%10	%55	%65	%87.5
MADRS Item 10 (Suicide-item)	iTBS + Sham cTBS	%20	%65	%85	%88.9

HDRS-17: Hamilton Depression Rating Scale, MADRS: Montgomery-Åsberg Depression Rating Scale, HAM-A:Hamilton Anxiety Scale.
iTBS: intermittent Teta Burst Stimulation cTBS: continuous Teta Burst Stimulation
T1: end of the 1st week after the start of treatment
T2: end of the 2nd week after the start of treatment
T3: end of the 3rd week after the start of treatment
T4: end of the 4th week after the start of treatment

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A PROSPECTIVE STUDY OF RISK FACTORS AND NEW PREDICTION MODEL FOR INPATIENT AGGRESSION IN A TURKISH FORENSIC PSYCHIATRIC COHORT WITH PSYCHOTIC ILLNESS

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BACKGROUND AND AIM: Inpatient violence and aggression are critical concerns in forensic and general psychiatry, leading to injuries, trauma, and care disruptions while also impacting secure transitions and post-release violence risk, underscoring the need for structured risk assessment tools. While static factors (e.g., criminal history, age) contribute to aggression, dynamic factors (e.g., impulsivity, medication adherence) offer opportunities for intervention. However, existing tools lack practicality, predictive accuracy, or integration of modifiable factors, limiting their clinical utility. The Forensic Oxford Web (FOxWeb) tool was developed to systematically track dynamic risk factors, supporting real-time risk assessment and intervention planning. However, it lacks external validation in diverse forensic populations, and its predictive accuracy across different healthcare systems remains uncertain. Additionally, its applicability in non-Western settings has not been established. In Türkiye, structured risk assessments remain underutilized, and research on inpatient aggression risk factors is limited. This study evaluates the association between FOxWeb risk items and inpatient aggression in a Turkish forensic psychiatric cohort, adapting the model (FOxWeb-TR) to address sociocultural and healthcare system differences.

METHODS: This prospective cohort study was conducted in a forensic psychiatry inpatient unit, enrolling adults under compulsory court-ordered treatment due to criminal irresponsibility or diminished responsibility. Only patients with psychotic disorders (ICD-10 F20-F29) were included, while those without consent, an eligible diagnosis, or scheduled for discharge within a month were excluded. The study assessed static (e.g., age, history of violence, baseline anger, substance use) and dynamic risk factors using the FOxWeb tool, translated into Turkish and back-translated for accuracy. Dynamic factors were recorded biweekly by trained nursing staff based on electronic patient records and multidisciplinary ward rounds to track meaningful changes over time. A researcher reviewed assessments for consistency and accuracy. The primary outcome was any verbal or physical aggression incident, verified through routine incident reports. (IRB approval date: 24.03.2023, number: 23/129). The relationship between static risk factors and aggression outcomes (occurrence and frequency of incidents) was assessed using univariable analyses. Univariable and multivariable multilevel regression analyses examined the association between each dynamic factor and aggression occurrence (logistic regression) and frequency (negative binomial regression) across all assessments. Multivariable models adjusted for age, high baseline anger—identified as predictors in univariable analysis—and the round effect. A series of models were developed to assess the clinical utility of the total dynamic score in risk prediction, incorporating both static and dynamic factors. Variables significantly associated with inpatient aggression were included as covariates. Model performance was evaluated using the area under the receiver operating characteristic curve (ROC AUC) with a 95% confidence interval (CI). Model 1 employed fixed effects, including age, baseline anger, the round effect, and the total dynamic score. Model 2 included the same fixed effects but excluded the total dynamic score. Model 3 applied random effects, incorporating age, baseline anger, the round effect, and the total dynamic score. These models aimed to determine the role of dynamic risk factors in aggression prediction and compare their predictive accuracy. A calibration plot was generated to assess how well predicted probabilities aligned with observed outcomes across deciles.

RESULTS: A total of 102 forensic psychiatric inpatients were prospectively followed for 4 months, resulting in 811 separate assessment rounds. The study sample had a mean age of 45.1 years, with 67% diagnosed with schizophrenia and 86% having a history of interpersonal violence. A total of 588 aggression incidents were recorded, involving 43% of patients. Younger age and high baseline anger were strongly linked to increased aggression risk. Multivariable multilevel logistic regression analyses identified non-adherence to medication, greater aggression, impulsivity, anger related to psychotic symptoms, increased anxiety, and total dynamic scores as significant predictors of both the occurrence and frequency of aggressive incidents. While non-adherence to therapy, paranoid/persecutory delusions, and hallucinations did not predict the occurrence of aggression, they significantly predicted the number of incidents. In univariable analysis, a total dynamic score >0 predicted the number of aggressive incidents; however,

dichotomized scores (>0 vs. 0 or >4 vs. ≤4) were not predictive in other analyses. Across all models, high baseline anger and the round effect remained the strongest predictors of aggression, outweighing the influence of age. The AUC of the main model for predicting the occurrence of aggressive incidents was 0.84 (95% CI: 0.81 – 0.87), incorporating fixed effects such as age, baseline anger, the round effect, and the total dynamic score. When the fixed-effects model included only age, high baseline anger, and the round effect, without the total dynamic score, the AUC decreased to 0.73 (95% CI: 0.69–0.77). When the first model incorporated random effects instead of fixed effects, the AUC was 0.95 (95% CI: 0.94–0.96). Model calibration was deemed acceptable. For the main model, the positive predictive value (PPV) and negative predictive value (NPV) were 0.47 and 0.93, respectively.

CONCLUSIONS: To our knowledge, this is the first study to examine risk factors for inpatient aggression in a Turkish forensic psychiatric population, integrating static and dynamic risk factors into a structured risk prediction model. This study is also the first to refit previously developed FOxWeb risk assessment models to existing data exclusively from Turkish forensic psychiatric inpatients with psychotic illness, establishing a new population-specific risk assessment model. We evaluated the predictive accuracy of several statistical models for both aggression occurrence and frequency. The FOxWeb-TR model, incorporating fixed effects and the total dynamic score, demonstrated strong discriminative ability and robust calibration for predicting aggressive incidents. This model also outperformed a version that excluded the total dynamic score, reinforcing the importance of incorporating dynamic factors in risk assessment. Key differences from the original study include forensic-only patients, psychotic disorder specificity, and biweekly assessment intervals (3). The continuous dynamic score provided better predictive performance than dichotomized versions, highlighting the importance of tracking incremental risk changes. However, limitations such as sample size, lack of inter-rater reliability, and absence of external validation underscore the need for further research and larger studies to confirm FOxWeb-TR's clinical utility.

REFERENCES

Camus, D., Dan Glauser, E. S., Gholamrezaee, M., Gasser, J., & Moulin, V. (2021). Factors associated with repetitive violent behavior of psychiatric inpatients. Psychiatry Research, 296:113643.

Ramesh, T., Igoumenou, A., Vazquez Montes, M., & Fazel, S. (2018). Use of risk assessment instruments to predict violence in forensic psychiatric hospitals: a systematic review and meta- analysis. European Psychiatry, 52, 47–53.

Fazel, S., Toynbee, M., Ryland, H., Vazquez-Montes, M., Al-Taiar, H., Wolf, A., Aziz, O., Khosla, V., Gulati, G., & Fanshawe, T. (2023). Modifiable risk factors for inpatient violence in psychiatric hospital: prospective study and prediction model. Psychological Medicine, 53(2), 590–596

Keywords: Inpatients, prediction, psychosis, riskassessment, schizophrenia

Table 1. Static risk factors for occurrence and number of aggressive incidents of 102 patients in a forensic psychiatry unit

			Occurrence(a)			No. of incidents(b)	
			OR (95% CI)	p		IRR (95% CI)	p
	Age in years, mean (S.D.)	45.10±10.12	0.92 (0.85, 1.00)	0.042		0.95 (0.90, 1.00)	0.047
	Female sex, n (%)	5 (5%)	5.41 (0.19, 153)	0.32		3.20 (0.37, 27.6)	0.29
Historical risk factors, n (%)							
	Conviction for interpersonal violence	89 (87%)	4.22 (0.44, 40.8)	0.21		2.67 (0.55, 13.0)	0.22
	Civil commitment	83 (81%)	1.77 (0.24, 13.2)	0.58		1.76 (0.46, 6.66)	0.41
	Substance use disorder	28 (27%)	1.28 (0.23, 7.20)	0.78		1.12 (0.36, 3.46)	0.84
	Alcohol use disorder	11 (11%)	0.53 (0.04, 6.68)	0.62		0.69 (0.13, 3.65)	0.66
	High baseline anger*	56 (55%)	31.4 (6.75, 146)	<0.001		10.3 (3.69, 28.6)	<0.001
	History of self-harm	20 (20%)	4.20 (0.64, 27.5)	0.14		2.64 (0.79, 8.79)	0.11

(a) Univariable logistic binomial regression
(b) Univariable negative binomial regression

Table 2. Associations between dynamic risk factors and occurrence of aggressive incidents

	Univariable		Multivariable†	
	OR (95% CI)	p	OR (95% CI)	p
1. Non-adherence with therapy	1.21 (0.90, 1.63)	0.20	1.23 (0.91, 1.67)	0.18
2. Non-adherence with medication	2.38 (1.74, 3.26)	<0.001	1.99 (1.42, 2.78)	<0.001
3. Greater aggression (verbal or physical)	2.34 (1.78, 3.08)	<0.001	1.91 (1.43, 2.56)	<0.001
4. Greater impulsivity	1.87 (1.39, 2.53)	<0.001	1.61 (1.17, 2.21)	0.003
5. Paranoid/persecutory delusions	1.06 (0.90, 1.26)	0.47	1.10 (0.92, 1.30)	0.30
6. Hallucinations	1.24 (0.96, 1.60)	0.10	1.15 (0.88, 1.50)	0.31
7. Anger due to psychotic symptoms	2.02 (1.54, 2.66)	<0.001	1.65 (1.24, 2.21)	<0.001
8. Drug misuse	5.75 (0.00, inf)	>0.99	5.55 (0.00, inf)	>0.99
9. Alcohol misuse	1.23 (0.42, 3.62)	0.71	1.27 (0.29, 5.58)	0.75
10. Increase in anxiety	1.85 (1.38, 2.47)	<0.001	1.66 (1.22, 2.26)	<0.001
Total dynamic score (n = 811)	1.13 (1.08, 1.19)	<0.001	1.10 (1.05, 1.16)	<0.001
Total dynamic score > 0 (v. 0 score)	10.8 (0.80, 145)	0.07	4.90 (0.28, 84.6)	0.27
Total dynamic score > 4 (v. < = 4 score)	2.45 (0.93, 6.45)	0.07	1.89 (0.70, 5.10)	0.21

Note: Occurrence of any aggressive incident as the outcome (Multilevel logistic binomial regression) for 811 separate assessments
† Included age, high baseline anger and the round effect

RAC-008
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COMPARISON OF BIPOLAR DISORDER SYMPTOMS WITH PARKINSON'S DISEASE PATIENTS, ANXIETY DISORDER PATIENTS AND HEALTHY CONTROLS

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BACKGROUND AND AIM: Parkinson's disease (PD) is the most common neurodegenerative movement dysfunction. As the world's population continues to age, the incidence of the disease is expected to rise significantly, doubling in the next two decades (Simon et al., 2020). Motor symptoms are at the forefront for the diagnosis of PD. However, with recent developments, it is now considered as a complex neuropsychiatric dysfunction (Weintraub et al., 2022). Recognizing the non-motor symptoms of PD is crucial, as it increases the likelihood of earlier treatments to improve the prognosis of patients (Leite Silva et al., 2023). PD is associated with a variety of neuropsychiatric disorders. Neuropsychiatric symptoms are the most common nonmotor symptoms in PD. At the time of PD diagnosis, the most common neuropsychiatric symptoms accompanying PD are depression and anxiety. Depression shows a more correlated course with the severity of PD, whereas anxiety is more stable in the course of PD compared to depression. There are recent studies showing a genetic, transcriptional, ion channel, protein, enzymatic, mitochondrial and ER level relationship between PD and Bipolar Disorder(BD). There is increasing evidence that BD may be a predictor of the development of PD later in life. A study conducted in 2024 investigating whether BB patients develop PD in the future found an increased risk (Xu et al., 2024). Only the BD group was evaluated, and the relationship with anxiety patients and PD was not examined. In addition, the diagnosis of dementia was not excluded. In 2020, a meta-analysis published in the Jama Network aimed to evaluate the association of BD with a subsequent diagnosis of idiopathic PD. It was found that a previous diagnosis of BD increased the likelihood of a subsequent diagnosis of idiopathic PD (Faustino et al., 2020). In this study, anxiety patients were not included and comorbid anxiety depression dementia diagnosis was not excluded in the group who developed PD. This study included patients diagnosed with PD according to the British Parkinson's Disease Society Brain Bank clinical diagnostic criteria who were admitted to the general neurology outpatient clinic, patients diagnosed with anxiety according to DSM V in the psychiatry outpatient clinic, and healthy controls. There are publications indicating that Parkinson's disease symptoms are increased in patients with bipolar disorder and anxiety group before the onset of Parkinson's disease. However, the results of these publications, which were not controlled for depression, age, and different phenomenological features of bipolar disorder symptoms, are inconsistent. We investigated whether the symptoms seen in BD are frequently seen in PD by comparing them with anxiety disorders and healthy control groups.

METHODS: The study included 39 PD patients, 39 anxiety patients and 30 healthy controls. Study groups were matched for age, gender and years of education. Past diagnoses of depression, anxiety and dementia were excluded in the PD group. In the anxiety patients group, past depression and dementia diagnoses were excluded. Sociodemographic data of the study groups were evaluated with a sociodemographic data form. In addition, HAD scale was applied for anxiety and depression levels of the study groups. Young Mania Rating scale(YMRS), Brief Psychiatric Rating Scale(BPRS), Nonmotor Symptoms Scale(NMSS) and Symptom Checklist-90(SCL-90) scales were applied for mental symptoms and nonmotor symptoms. Chi-square analysis was used to compare non-numerical data between groups. In the comparisons of numerical data, Kruskal-Wallis analysis was used since there was no normal distribution. Mann Whitney U was used to determine the source of the difference. Spearmann Correlation analyses were performed separately for each group. The results were compared between the groups.

RESULTS: In the evaluation between Parkinson's patients, anxiety patients and healthy control groups, YMRS scores were found to be statistically significantly higher in the PD group compared to the other groups ($p<0.001$). In the Parkinson's patients group, a significant positive correlation was found between YMRS scores and NMSS ($p<0.05$, $r=0.378$). In the anxiety and healthy control groups, no correlation was found between YMRS scores and NMSS ($p>0.05$). In the Parkinson's disease group, a significant positive correlation was found between CFS-A and NMSS ($p<0.05$, $r=0.537$). The strength of this relationship was found to be higher in the PD group than in the anxiety group ($p<0.05$, $r=0.495$). In the healthy control group, no correlation was found between CFS-A and NMSS ($p>0.05$). In the Parkinson's patients group, a moderate positive correlation was found between the HAD-D and NMSS scores ($p<0.05$, $r=0.461$). In the correlation analysis between the CFS-D and SCL-90 total score in the Parkinson's disease group, a moderate positive correlation was found ($p<0.05$, $r=0.431$). In the PD group, positive correlations were found between YMRS scores and somatization ($p<0.05$, $r=0.376$), obsessive-compulsive features ($p<0.05$, $r=0.353$) and paranoid ideation ($p<0.05$, $r=0.498$). In the Parkinson's patients

group, although depression and anxiety diagnoses were excluded, a moderate positive correlation was found between HAD-A and HAD-D scores ($p<0.05$, $r=0.453$).

CONCLUSIONS: To the best of our knowledge, our study is the first study to compare the symptoms of BD in PD without a psychiatric diagnosis compared to anxiety patients without a past diagnosis of depression and healthy controls. Our hypothesis that "Parkinson's patients have more symptoms of BD than patients with anxiety" was confirmed in more specific diagnostic samples than in the literature. Based on our findings regarding the relationship between anxiety and PD, further clinical studies between these groups are needed. Our hypothesis that "Parkinson's patients have more symptoms of BD compared to healthy controls" was confirmed and data were presented to the literature. Recognizing the findings related to BB and PD in the healthy population will contribute to the development of treatment methods that will minimize the development of these diseases in the future. Strong findings were found to support our hypothesis that 'In PD, BD symptoms are higher than anxiety disorders and healthy controls even when depression symptoms are controlled'. Significant associations for our hypothesis that 'BD symptoms are associated with nonmotor symptoms in PD' were found in PD, anxiety and healthy controls.

REFERENCES

Faustino, P.R., et al., Risk of Developing Parkinson Disease in Bipolar Disorder: A Systematic Review and Meta-analysis. JAMA Neurol, 2020. 77(2): p. 192-198.

Leite Silva, A.B.R., et al., Premotor, nonmotor and motor symptoms of Parkinson's Disease: A new clinical state of the art. Ageing Res Rev, 2023. 84: p. 101834.

Simon, D.K., C.M. Tanner, and P. Brundin, Parkinson Disease Epidemiology, Pathology, Genetics, and Pathophysiology. Clin Geriatr Med, 2020. 36(1): p. 1-12.

Weintraub, D., et al., The neuropsychiatry of Parkinson's disease: advances and challenges. Lancet Neurol, 2022. 21(1): p. 89-102.

Xu, X., et al., Prospective study of bipolar disorder and neurodegenerative diseases. NPJ Parkinsons Dis, 2024. 10(1): p. 184.

Keywords: Anxiety, bipolar, parkinson

Table. BPRS, YMRS, HAD and NMSS comparisons of Parkinson's patients, anxiety patients and healthy control groups

	groups	groups	groups	p	difference
	parkinson	anxiety	healthy	p	difference
	n=39	n=39	n=30	p	difference
BPRS	5(6)	5(7)	2.5(11)	p=0.196*	
YMRS	7(8)	0(2)	0(1)	p<0.001*	1>2,3**
HAD-D	5(6)	5(7)	4(5)	p=0.471*	
HAD-A	3(6)	7(7)	5.5(5.25)	p=0.003*	2>1,3**
NMSS	9(8)	10(7)	5(4.25)	p<0,001*	1,2>3**
p<0.05	*Kruskal Wallis	**Mann-Whitney U	1:Parkinson, 2:Anxiety, 3: Heathy		

The median value of the YMRS scores of the Parkinson's patient group was higher than the median values of the anxiety patient group and the healthy control group. There was a significant difference between the groups in terms of YMRS total score ($p<0.05$). YMRS total score was statistically higher in Parkinson's disease patients compared to anxiety and healthy control groups ($p<0.05$). No significant difference was found between anxiety and healthy control groups ($p>0.05$)

ORAL & POSTER PRESENTATIONS

OP-001 https://doi.org/10.5080/kes27.abs1

THE RELATIONSHIP BETWEEN FEAR OF MISSING OUT (FOMO) ON SOCIAL MEDIA AND SLEEP PATTERNS AMONG MEDICAL STUDENTS

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BACKGROUND AND AIM: Fear of Missing Out (FoMO) refers to a type of anxiety arising from the fear of missing out on events or updates on social platforms. This can lead individuals to constantly check their social media accounts, disrupting their sleep patterns. Our study aimed to determine the levels of FoMO on social media and its relationship with their sleep patterns.

METHODS: The online survey study was conducted on 258 medical students who voluntarily participated and had no axis 1 diagnosis. Participants completed the FoMO on Social Media and Pittsburgh Sleep Quality Index scales. The relationship between the level of FoMO on social media and sleep patterns was examined. Ethical approval was obtained from Tokat Gaziosmanpaşa University Ethics Committee (Approval number: 83116987-486).

RESULTS: The mean FoMO score was 21.43±10.09 for females and 18.13±9.39 for males. Students with a sleep latency of more than 30 minutes in the past month had FoMO scores of 23.92±11.00, 19.29±9.41 for those with a sleep latency of less than 30 minutes. Those who usually woke up after 08:00 had FoMO scores of 21.05±9.91, 18.18±9.94 for those who woke up before 08:00. Students who rated their sleep quality as "poor" had FoMO scores of 23.51±10.95, those who rated their sleep quality as "good" scored 18.54±8.89. In our study, FoMO scores were significantly higher among females (p=0.013), students with a sleep latency of more than 30 minutes (p=0.002), those who woke up after 08:00 (p=0.05), and those who rated their sleep quality as "poor" (p<0.001).

CONCLUSIONS: Our study revealed that individuals with higher levels of FoMO on social media had longer sleep latencies, rated their sleep quality as poorer, and generally woke up later in the morning. These findings indicate that FoMO on social media may negatively affect individuals' sleep patterns.

Keywords: FoMO, sosyal medya, uyku düzeni

OP-002 https://doi.org/10.5080/kes27.abs2

EFFECTIVENESS OF TRANSCRANIAL MAGNETIC STIMULATION TREATMENT IN UNIPOLAR AND BIPOLAR DEPRESSION

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BACKGROUND AND AIM: Transcranial Magnetic Stimulation (TMS) is a non-invasive neuromodulation technique that stimulates neural circuits in the brain without requiring anesthesia. Standard TMS with round and figure-of-eight (Fo8) coils has been shown to be effective in treating depression when applied to the dorsolateral prefrontal cortex (DLPFC). This study aims to evaluate the effectiveness of TMS in patients with unipolar and bipolar depression treated in our clinic.

METHODS: Retrospective analysis was conducted on sociodemographic data forms, Beck Depression Inventory (BDI), and Beck Anxiety Inventory (BAI) scores collected before and after treatment from patients receiving TMS in our clinic. Data from 23 unipolar and 8 bipolar depression patients who completed the forms were included. TMS was applied to the DLPFC using an Fo8 coil. Wilcoxon Signed-Rank Test was used to assess treatment response. Ethical approval was obtained on 26/11/2024 (decision number: 615535).

RESULTS: Among unipolar depression patients, 15 (65.2%) were female, and 8 (34.8%) were male, with a mean age of 47.56±17.57. TMS was applied at 10 hertz for 21 patients and 50 hertz for 2 patients, with a mean of 21.56±6.37 sessions. Pre-treatment BDI and BAI scores were 34.41±10.75 and 20.77±15.15; post-treatment scores were 25.13±12.2 and 16.68±13.42, respectively. Among bipolar depression patients, 4 (50%) were female, and 4 (50%) were male, with a mean age of 42.62±16. All received 10 hertz TMS with a mean of 19.75±0.7 sessions. Pre- treatment BDI and BAI scores were 31.13±13.06 and 9.57±7.02; post-treatment scores were 18.69±1.01 and 8.7±6.27, respectively. BDI scores significantly decreased in unipolar depression patients ($p<0.001$), while the reduction in bipolar depression patients was at the significance threshold ($p=0.05$). No significant decrease was observed in BAI scores for either group.

CONCLUSIONS: TMS significantly reduced depressive symptoms in unipolar depression patients, while its effectiveness in bipolar depression patients was at the threshold of significance.

Keywords: TMS, unipolar depression, bipolar depression

OP-003 https://doi.org/10.5080/kes27.abs3

ASSOCIATIONS BETWEEN MUSCLE DYSMORPHIA, EATING DISORDERS, NARCISSISTIC TRAITS, AND ANTISOCIAL BEHAVIORS IN GYM-GOERS

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BACKGROUND AND AIM: Muscle dysmorphia (MD), a subtype of body dysmorphic disorder, is prevalent among gym-goers and often coexists with psychological constructs such as eating disorders, narcissistic traits, and antisocial behaviors. This study aims to explore the interrelationships between these constructs in gym-goers in Turkey to identify predictive factors of MD.

METHODS: This cross-sectional study included 418 gym-goers (81.1% male) aged 18–45, recruited from fitness centers in Turkey. Data were collected using the Muscle Dysmorphic Disorder Inventory (MDDI), Eating Disorder Examination Questionnaire (EDE-Q), Narcissistic Personality Inventory (NPI), and Antisocial Personality Questionnaire (APQ). Statistical analyses included descriptive statistics, Pearson correlations, and multiple regression to examine predictors of MD symptoms. Ethical approval was obtained from the Institutional Review Board of Istanbul Nişantaşı University (Approval Number: 2024/02).

RESULTS: Participants demonstrated moderate levels of MD (M=50.12, SD = 10.74), eating disorder symptoms (M = 49.83, SD=11.48), narcissistic traits (M =50.02, SD=10.81), and antisocial behaviors (M = 50.39, SD= 11.58). MD symptoms were significantly correlated with eating disorders ($r = 0.681$, $p < .001$), narcissistic traits ($r = 0.772$, $p < .001$), and antisocial behaviors ($r = 0.681$, $p < .001$). Regression analysis revealed that narcissistic traits ($\beta = 0.60$, $p < .001$), eating disorders ($\beta = 0.55$, $p < .001$), and antisocial behaviors ($\beta = 0.25$, $p < .001$) significantly predicted MD symptoms.

CONCLUSIONS: The findings highlight the intricate connections between MD, eating disorders, narcissistic traits, and antisocial behaviors in gym-goers. Integrated psychological interventions are essential to address these co-occurring conditions, emphasizing the need for comprehensive assessments and targeted treatments.

Keywords: Muscle dysmorphia, eating disorders, narcissistic personality traits, antisocial behaviors, gym-goers

OP-004 https://doi.org/10.5080/kes27.abs4

PREDICTORS OF PSYCHOLOGICAL DISTRESS AND WELL-BEING IN ANTICIPATION OF A MAJOR EARTHQUAKE: A CROSS-SECTIONAL STUDY IN ISTANBUL

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BACKGROUND AND AIM: Anticipation of a major earthquake can significantly affect psychological well-being, increasing vulnerability to PTSD, anxiety, and depression. This study aimed to identify predictors of psychological distress and well-being among Istanbul residents, focusing on sociodemographic variables and psychiatric history.

METHODS: This study has been approved by the İstanbul Nişantaşı University Ethical Committee, Number: 20240502-77. A cross-sectional survey was conducted with 814 participants (51.4% male, 48.6% female) residing in Istanbul. Validated scales, including the Beck Depression Inventory-II (Mean = 44.68, SD = 23.58), Beck Anxiety Inventory (Mean = 44.71, SD = 23.53), PTSD Checklist for DSM-5 (Mean = 51.22, SD = 12.89), Warwick-Edinburgh Mental Well-being Scale (Mean = 44.38, SD = 23.51), and ICD-10 Symptom Rating Scale (Mean = 46.39, SD = 23.55), were used. Structural Equation Modeling (SEM) and regression analyses identified significant predictors of psychological outcomes.

RESULTS: Higher income (β = -0.15, p = 0.003) and education (β=0.20, p<0.001) predicted lower psychological distress. Psychiatric history correlated with increased PTSD (β = 0.08, p<0.05), Anxiety (β = 0.09, p < 0.05), and Depression (β = 0.09, p <0.05). Traumatic experiences strongly predicted PTSD (β = 0.60, p<0.001) and Depression (β = 0.45, p<0.001). Anxiety predicted higher depression (β = 0.35, p<0.001) and lower well-being (β = -0.50, p < 0.001).

CONCLUSIONS: The findings highlight the need for mental health interventions targeting vulnerable groups, including individuals with low socioeconomic status, psychiatric history, and traumatic experiences. Enhancing community resilience and improving access to psychological services are critical for mitigating earthquake-related distress.

Keywords: Earthquake, psychological distress, PTSD, anxiety, depression, well-being

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RETROSPECTIVE ANALYSIS OF PATIENTS REFERRED TO PSYCHIATRY FROM THE EMERGENCY DEPARTMENT IN A UNIVERSITY HOSPITAL

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BACKGROUND AND AIM: This study aimed to evaluate psychiatric consultations requested for patients presenting to the emergency department of Aydın Adnan Menderes University Hospital.

METHODS: (Ethics Committee Approval No:2024/225) Consultation requests 07.11.2023-07.11.2024 were retrospectively reviewed through the hospital's patient record system. Sociodemographic data, whether hospitalization was recommended, the purpose of the recommended hospitalization, the patient's acceptance or refusal of hospitalization and whether the patient required another psychiatric consultation in the emergency department within three months were analyzed.

RESULTS: Psychiatric consultations were requested for 217 male and 326 female patients. Hospitalization was recommended for 367 patients, of whom 237 accepted the recommendation.52 of the 543 patients presented to the psychiatric outpatient clinic within three months. The mean age of female patients (39.44 ± 16.49) was significantly higher than that of male patients (36.03 ± 13.71)($p = 0.035$).Hospitalization was recommended for 236 female and 131 male patients ($p = 0.003$), with 169 female and 68 male patients refusing hospitalization ($p < 0.0001$).Overall 330 patients were consulted for suicide attempts, 117 for aggressive behavior, and 96 for other psychiatric reasons.Among the suicide cases, 79.7% refused hospitalization ($p < 0.0001$), while 79.1% of aggression cases ($p = 0.003$) and 61.5% of other cases ($p < 0.0001$) accepted hospitalization.Of the suicide cases,68.0% of women and 52.4% of men refused hospitalization ($p = 0.006$).

CONCLUSIONS: The findings indicate that a substantial proportion of patients who received psychiatric consultations in the emergency department were recommended for hospitalization, yet many refused admission, particularly female patients and those presenting after a suicide attempt.Patients with suicide attempts exhibited the highest refusal rates compared to those with aggressive behavior or other psychiatric reasons. According to the results of this study, we may suggest that women are more likely than men to decline hospitalization. This high risk groups mayneed extra support, education, or intervention strategies to encourage them to accept hospitalization when necessary.

Keywords: Emergency, psychiatric, consultations

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COMPARISON OF INFLAMMATORY MARKERS IN PATIENTS AGED 65 AND OLDER WITH BIPOLAR DISORDER AND SCHIZOPHRENIA

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BACKGROUND AND AIM: This study aims to compare the levels of neutrophil-to-lymphocyte ratio (NLR), monocyte-to-lymphocyte ratio (MLR), platelet-to-lymphocyte ratio (PLR), systemic immune-inflammatory index (SII), and systemic inflammation response index (SIRI) in patients aged 65 and older with bipolar disorder and schizophrenia. To date, no studies have examined these biomarkers in this specific geriatric patient population. This research seeks to contribute to the literature by providing a better understanding of the role of inflammation in these psychiatric disorders.

METHODS: This retrospective study included 166 patients (bipolar disorder: 87, schizophrenia: 79) aged 65 and older who presented to the Ankara University Geriatric Psychiatry Clinic between 01.01.2018-31.12.2024. All patients were diagnosed according to DSM-5 criteria and were in remission. NLR, MLR, PLR, SII, and SIRI values were calculated from routine hemogram results. Normality was assessed using the Kolmogorov-Smirnov test, group comparisons were performed using the Mann-Whitney U test, and Spearman's test was used for correlation analyses. Ethical approval was obtained from the Ankara University Medical Faculty Ethics Committee (Date: 29.01.2025, No: İ01-40-25).

RESULTS: The schizophrenia group had significantly higher NLR (p=0.044) and PLR (p=0.002) values compared to the bipolar disorder group. Additionally, in bipolar disorder patients, a weak correlation was found between the number of depressive episodes in the past five years and PLR values (r=0.346; p=0.016), as well as between the number of manic episodes in the past five years and SIRI values (r=0.368; p=0.01).

CONCLUSIONS: These findings suggest that inflammation plays a significant role in both schizophrenia and bipolar disorder in elderly patients, with a more pronounced effect in schizophrenia. The potential clinical utility of inflammatory biomarkers should be evaluated, and further studies are needed to confirm their prognostic value.

Keywords: Bipolar disorder, geriatric psychiatry, Neutrophil-to-Lymphocyte Ratio (NLR), Platelet-to-Lymphocyte Ratio (PLR), Schizophrenia, Systemic Inflammation Response Index (SIRI).

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PSYCHIATRIC COMORBIDITIES IN ADULT ADHD: PATTERNS AND PREVALENCE

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BACKGROUND AND AIM: Attention-deficit/hyperactivity disorder (ADHD) is a neurodevelopmental disorder frequently coexisting with psychiatric comorbidities, significantly influencing diagnosis and treatment. Gender differences in ADHD extend to comorbidity patterns, with men exhibiting more externalizing disorders while women present more internalizing disorders. This study examines the prevalence and distribution of psychiatric comorbidities in adult ADHD patients.

METHODS: This retrospective study analyzed 70 adult ADHD patients (60% female, 40% male, aged 18–60) from Koru Ankara Hospital (April 2022–September 2023). Diagnoses were based on DSM-5 criteria, ASRS, and WURS-25, with psychiatric comorbidities classified as externalizing (alcohol/substance use, impulse control, personality disorders) or internalizing (anxiety, depression, eating, and OCD-related disorders). Patients' comorbidities were screened through electronic patient files, considering that the ICD diagnosis codes entered into the electronic record system might be incomplete or misleading. Statistical analyses included t-tests, Mann- Whitney U, and chi-square tests, with statistical significance set at $p<0.05$.The hospital's Ethics Committee approved the study on 13.10.2023 (No. 2413).

RESULTS: 71.4% of patients had at least one psychiatric comorbidity (69% females, 75% males, $\chi^2=0.292$, $p=0.589$). Most common comorbidities: anxiety disorders (34.3%), mood disorders (20%), including major depressive disorder (15.4%), bipolar disorder (2.9%), and dysthymia (1.4%). Men demonstrated significantly higher rates of alcohol/substance use disorders and externalizing disorders ($\chi^2=6.404$, $p=0.011$, $\chi^2=7.202$, $p=0.007$), while internalizing disorders showed no gender difference ($\chi^2=0.087$, $p=0.768$). Patients with both internalizing and externalizing disorders were mostly male ($\chi^2=5.955$, $p=0.015$).

CONCLUSION: Consistent with prior research, psychiatric comorbidities were highly prevalent in adult ADHD. Externalizing disorders were significantly higher in men, while internalizing disorders showed no gender difference, diverging from previous studies. The 11.4% prevalence of neurodevelopmental disorders, though lower than reported elsewhere, remains clinically relevant. Lower alcohol/substance use rates (11.4%) may reflect cultural differences. Study limitations, including small sample size and reliance on electronic records, highlight the need for larger prospective studies.

Keywords: Adult ADHD, comorbidity, externalizing disorder, internalizing disorder

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THE RELATIONSHIP OF COGNITIVE BEHAVIOURAL GROUP THERAPY WITH SYMPTOM SEVERITY, SOCIAL AND NEUROCOGNITIVE FUNCTIONS IN OBSESSIVE COMPULSIVE DISORDER PATIENTS IN THE LONG TERM

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BACKGROUND AND AIM: Obsessive-Compulsive Disorder (OCD) is a psychiatric disorder characterized by obsessions and compulsions that affect the person's family, academic, occupational, and social functioning. Cognitive Behavioural Therapy (CBT) has been widely adopted in clinical practice, and there is strong evidence that it is an effective method in the treatment of OCD. However, data on the long-term efficacy of CBT are limited. Previous studies have shown that individuals with OCD perform poorer than healthy controls in various neuropsychological domains. Data on changes in neurocognitive functions after CBT in OCD are contradictory and limited. In the literature, OCD is associated with impaired theory of mind. This study aimed to investigate the long-term effects of Cognitive Behavioural Group Therapy (CBGT) on symptom severity, social and neurocognitive functions in individuals with OCD. Another aim of the study was to compare the long-term effects of CBGT on symptom severity, social cognition, neurocognitive functions, and quality of life in OCD patients who completed and did not complete CBGT.

METHODS:The research group consisted of individuals diagnosed with Obsessive Compulsive Disorder who participated in Aybüke Aydın's medical specialty thesis study titled "Relationship between Cognitive Behavioural Group Therapy and Neurocognitive Functions in Obsessive Compulsive Disorder" completed in 2018. Six years after the therapy, 21 out of 37 participants were re-evaluated. They included 13 participants who finished CBGT and eight participants who did not finish CBGT. The Structured clinical interview for DSM-5 disorders (SCID-5), Yale-Brown Obsessive Compulsive Scale (YBOCS), Beck Depression Inventory (BDI), Obsessive Compulsive Inventory-Revised (OCI-R), Obsessive Beliefs Questionnaire-44 (OBQ-44), Short Form-36 (SF- 36), Autism Spectrum Quotient (ASQ), Rey Auditory Verbal Learning Test (RAVLT), Wisconsin Card Sorting Test (WCST), Trail Making Test (TMT), Stroop Test and Reading the Mind in the Eyes Test were applied to the participants. Scale scores and test performances were compared with the data from Aybüke Aydın's study. Ethical approval for the study was obtained from the Ethics Committee of Medical Research at Ege University Faculty of Medicine with the decision number 23-12T/19, dated December 14, 2023. This study was supported by the Office of Scientific Research Projects at Ege University. Project Number: 32282.

RESULTS: No statistically significant difference was found between the groups who completed and did not complete CBGT regarding sociodemographic characteristics, clinical characteristics, medical characteristics and characteristics during the follow-up period. The group that completed Cognitive Behavioral Group Therapy (CBGT) showed statistically significant changes in the obsessions, compulsions, and total scores of the YBOCS, the insight- related 11th item of the YBOCS, the BDI scores, and the differences in hoarding, checking, obsessing, and washing subscale scores of the OCI-R, as well as the responsibility/threat estimation and importance/control of thoughts subscale scores of the OBQ-44, before therapy (T0), after finishing therapy (T1), and six years after therapy (T2). In the group that completed CBGT, no changes were found in social and neurocognitive tests at T0, T1, and T2 evaluations. When comparing the clinical assessment scales of participants who completed CBGT and those who did not, before therapy (T0) and six years after therapy (T2), the changes in obsessions, compulsions, total scores of the YBOCS, the OCI-R subscale scores, the OBQ-44 subscale scores, and the Beck Depression Inventory scores were found to be similar. When social and neurocognitive tests of the groups were compared at T0 and T2, no significant differences were found between the groups at the measurement times.

CONCLUSIONS: This study shows that treatment gains obtained after CBGT in OCD patients are maintained in the long term. The fact that there were clinically significant improvements in the group that did not complete CBGT and that this group continued to use medication at a high rate suggests that long-term continuation of any treatment strategy in OCD patients may be associated with favorable outcomes. In OCD patients who completed CBGT, no change or improvement was observed in social and neurocognitive tests six years after the therapy. There was also no significant difference between the completion and non-completion groups. These findings suggest that CBGT has no effect on social and neurocognitive functions in the long term.

Keywords: Obsessive compulsive disorder, cognitive behavioural group therapy, neurocognition, social cognition, follow-up

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THE RELATIONSHIP BETWEEN DEPRESSIVE SYMPTOMS, ANGER EXPRESSION, ANXIOUS DISTRESS, AND RUMINATION IN MAJOR DEPRESSIVE DISORDER

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BACKGROUND AND AIM: Anxious distress (AD), rumination, and anger are associated with poor outcome in major depressive disorder (MDD). However, the relationship between anger and AD in MDD is not well understood. This study aims to investigate the relationship between anger, rumination, and AD.

METHODS: The study included 48 MDD patients [age=33±11.17 years, 62.5% females, 24 AD+] and age- and gender-matched 48 healthy controls (HCs) [age=29.21±8.95 years; 54.2% females]. All participants were administered Hamilton Depression Severity Scale (HDRS-17), Hamilton Anxiety Scale (HAMA), DSM-5 Anxious Distress Rating Scale (ADRS), Ruminative Responses Scale, and the State-Trait Anger Scale. Since the data were normally distributed, comparisons between MDD with AD (MDD-AD+), MDD without AD (MDD-AD-), and HCs were conducted with ANOVA. The effects of rumination, AD, and anger on depressive symptoms were assessed using multiple linear regression analysis. Then, causal mediation analysis examined AD's mediator role in the relationship between controlled anger (CA) and melancholic features (MF). Analyses were conducted with R-4.4.1. Ethics approval was obtained from Baskent University (Project no and date: KA24/254-18.09.2024).

RESULTS: The total and subscale scores of HDRS-17 and HAMA were highest in the MDD-AD+ and lowest in the HCs. The CA [$F(2,93)=8.86$, $p<0.001$] and ADRS score [$F(2,93)=135.4$, $p<0.001$] were higher in the MDD-AD+, while there was no difference between the MDD-AD- and HCs. In patients, the ADRS score was significantly correlated with CA ($r=0.455$, $p=0.001$) and brooding ($r=0.396$, $p=0.005$). At the same time, ADRS ($ß=0.83$, $t=7.69$, $p<0.001$) and CA ($ß=-0.73$, $t=-7.35$, $p<0.001$) predicted MF. Mediation analysis showed that both direct ($p<0.001$) and total effect ($p=0.002$) of CA on MF were negative, while the indirect effect through AD was positive ($p<0.001$).

CONCLUSIONS: Our findings indicate that anger control may have various effects on melancholic features through different mechanisms. Further studies are needed to investigate the confounding effects in the relationship between anger and depressive symptoms.

Keywords: Major depressive disorder, anxious distress, anger, rumination, anxiety, melancholic features

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EXAMINING THE EFFECT OF MENTALIZATION ON SOMATIZATION IN BORDERLINE PERSONALITY DISORDER

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BACKGROUND AND AIM: Somatization can be frequently observed in patients with borderline personality disorder(BPD). BPD also presents with disruptions in the self and other dimensions of mentalization capacity. The aim of this study was to examine the effect of self- and other- mentalizing on somatization tendency in BPD where attachment insecurity is high.

METHODS: 164 individuals (82 BPD patients, 82 healthy controls) participated in our study between August 2023 and March 2024. Somatization Scale(SS), Experiences in Close Relationships-Revised, clarity of feelings subscale(CF) of Trait Meta-Mood Scale, Reading the Mind in the Eyes Test(RMET) were used to assess somatization, dimensions of attachment insecurity, self-mentalizing, and other-mentalizing, respectively. Model 15 in the PROCESS v4.2 macro added to the SPSS v26.0 was used in the moderated mediation analysis. The study was approved by the Istanbul University–Cerrahpasa Clinical Research Ethics Committee(No:743969).

RESULTS: The significant positive effect of attachment anxiety(AA) on SS (B=1.500, SE=0.603, t=2.487, 95% CI=[0.308, 2.692], p=0.014) disappears due to moderation of BPD (t=-.032, p=0.974). The significant negative relationship between CF and SS (B=-0.264, SE=0.079, t=- 3.361, 95% CI=[-0.419, -0.109], p=0.001) is not moderated by BPD. The nonsignificant relationship between RMET and SS (t=0.609, p=0.543) becomes a significant negative relationship in moderation of BPD (B=-0.493, SE=0.200, t=-2.471, 95% CI[-0.887, -0.099], p=0.015). The indirect effect of AA on somatization through CF is independent of BPD and is not moderated (B=-0.102, SE=0.333, 95% CI=[-0.765, 0.568]). The indirect effect of AA on somatization through RMET becomes significant in moderation of BPD (B=0.253, SE=0.153, 95% CI=[0.013, 0.605]).

CONCLUSIONS: Our findings show that deficiencies in self- and other-mentalizing mediate increased somatization associated with attachment anxiety in BPD patients, whereas only self- mentalizing mediates this in healthy controls. Identity diffusion, impairments in self-other distinction and in the sense of self-agency/ownership, which are associated with disruptions in self- and other-mentalizing, may lead to increased somatization in BPD patients.

Keywords: Borderline personality disorder, mentalization, somatization

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DO AUTISTIC TRAITS PREDICT OBSESSIVE-COMPULSIVE SYMPTOMS? A COMMUNITY-BASED STUDY

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BACKGROUND AND AIM: Obsessive Compulsive Disorder and Autism Spectrum Disorder share similar characteristics. People with one disorder are more likely to meet the diagnosis of the other. This study investigated whether autistic traits predicted obsessive-compulsive symptom subtypes, controlling for demographic features and clinical variables.

METHODS: This study included 460 students from two universities and their family members. Subjects completed a sociodemographic form, the Vancouver Obsessional Compulsive Inventory (VOCI), Autism-Spectrum Quotient (AQ), Beck Depression Inventory(BDI), and Beck Anxiety Inventory(BAI). The relationship between autistic and obsessive-compulsive symptoms was assessed using linear regression analysis, controlling for age, sex, depression, anxiety scores, and a history of frequent childhood upper respiratory tract infections (URTIs). Approval was obtained from Pamukkale University, Faculty of Medicine ethics committee on 22.02.2022 (number 185844). Written informed consent was obtained from all participants.

RESULTS: The study group consisted of 55.7% women and 44.3% men. The mean age was 37.14± 14.79 years. The AQ attention-switching score was associated with hoarding, just-right, indeciveness and total VOCI scores ($p<0,05$). AQ subscale scores other than attention-switching were not associated with VOCI scores. Age was negatively associated with obsessions, just- right, indecisiveness, and total VOCI score ($p<0,05$). BDI and BAI total scores were positively associated with all VOCI scores ($p<0,05$). Checking, just-right, and total VOCI scores were higher significantly in the group with frequent childhood URTIs ($p<0,05$).

CONCLUSIONS: Jiujias et al. reported that these disorders share common characteristics. Meier et al. reported that people diagnosed with ASD were twice as likely to be diagnosed with OCD, and people diagnosed with OCD were four times as likely to be diagnosed with ASD. Individuals with OCD symptoms may exhibit attention-switching deficits similar to those of individuals with ASD symptoms, suggesting a subgroup of OCD that shares features with ASD. Attention- switching deficits should be further investigated in terms of the relationship between ASD and OCD.

Keywords: Obsessive compulsive symptoms, autistic spectrum disorder, autistic traits in healty population, anxiety

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INVESTIGATION OF PHYSICIANS' PSYCHIATRIC CHARACTERISTICS AND ATTITUDES TOWARD THE MEDICAL PROFESSION

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BACKGROUND AND AIM: In recent years, it has been reported that physicians' susceptibility to mental illnesses and suicide attempts have increased due to the increase in workload and psychosocial burdens of the medical profession. In this study, the psychiatric and occupational characteristics of physicians were analyzed.

METHODS: The research was conducted with 315 physicians working in Denizli. Data were collected via online platforms. Physicians completed a sociodemographic data form and the Patient Health Questionnaire-4. The study was approved by the Ethics Committee (decision number E-60116787-020-510938).

RESULTS: The rates of depression and anxiety were approximately 45% and 40% for residents, 38% and 32% for specialists, and 50% and 45% for academicians, respectively. The rate of seeking psychiatric help was 52% and antidepressant use was 23%. 42 physicians had suicidal ideation and 4 attempted suicide. There was a significant correlation between hesitation to seek psychiatric help and suicidal ideation, depression and anxiety (p=0.000, p=0.020, p=0.000). One-third of the physicians hesitated to consult a psychiatrist because of feelings of inadequacy and one-tenth of them because of fear of being recorded. 42% of the participants stated that they were thinking of quitting the medical profession, %21 were planning to go abroad, and %42.7 stated that they would not choose medicine if they had a second chance. Those who stated that they wouldn't choose medicine again had significantly higher depression and anxiety symptoms (p=0.000, p=0.010). It was reported that the most fundamental problems of medicine were poor working conditions with 34% and inadequate salaries with 25%. Almost 80% of the physicians stated that they had been subjected to verbal or physical violence by patients or their relatives.

CONCLUSIONS: The mental health of physicians can be protected and public health strengthened by improving working and living conditions through appropriate health policies and by providing regular psychiatric support.

Keywords: Medicine, mental health, physician, profession

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COMORBIDITY OF METHAMPHETAMINE USE DISORDER AND ADULT ATTENTION DEFICIT HYPERACTIVITY DISORDER AND ASSOCIATED CLINICAL FACTORS

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BACKGROUND AND AIM: Associations between adult attention-deficit/hyperactivity disorder (ADHD) and methamphetamine use disorder (MUD) have been reported (1). This study aims to investigate the co-occurrence of ADHD and related clinical factors in MUD.

METHODS: This is a cross-sectional study. A total of 78 patients with MUD, 78 patients with non- methamphetamine substance use disorder (NMSUD), and 78 healthy controls were included. All participants were evaluated using a sociodemographic data form, the Short Form-36 Health Survey, the Adult ADHD Self-Report Scale, the Hospital Anxiety and Depression Scale, the Barratt Impulsiveness Scale-11, and the Structured Clinical Interview for DSM-5 Disorders,Clinician Version. Ethical approval for the study was obtained on January 25, 2024, with decision number TBAEK-6.

RESULTS: The prevalence of ADHD based on SCID-5 was 29.5% in the MUD group, 19.2% in the NMSUD group, and 5.1% in the healthy control group. As a result of logistic regression analysis; Methamphetamine use was found to be 2.844 times more likely (p=0.002) in individuals with ADHD diagnosis according to SCID-5, 3.206 times more likely (p=0.001) in those with a high probability of ADHD according to ASRS scores, 2.671 times more likely (p=0.005) in those with HADS Anxiety scores >10, and 2.010 times more likely (p=0.001) in those with HADS Depression scores >7. Methamphetamine use increased by 1.248 times (p<0.001) with a 1-unit increase in the BIS-11 Non-Planning Impulsivity score, 1.310 times (p<0.001) with a 1-unit increase in the BIS-11 Motor Impulsivity score, 1.234 times (p<0.001) with a 1-unit increase in the BIS-11 Attentional Impulsivity score, and 1.152 times (p=0.013) with a 1-unit increase in the SF-36 Physical Functioning score.

CONCLUSIONS: Associations between ADHD, impulsivity, and MUD have been reported in the literature (2, 3). Our study demonstrates that methamphetamine use is significantly predicted by ADHD, impulsivity, depression, and anxiety.

Keywords: Methamphetamine use disorder, attention-deficit/hyperactivity disorder, impulsivity, depression, anxiety

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MEDIATOR ROLES OF DYSFUNCTIONAL COPING MODES IN THE RELATIONSHIP BETWEEN PARENTAL FAVORITISM AND VULNERABLE AND GRANDIOSE NARCISSISM

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BACKGROUND AND AIM: This study aimed to examine the mediating role of dysfunctional schema coping modes in the relationship between perceived parental favoritism and vulnerable and grandiose narcissism.

METHODS: The sample included 506 participants (354 females and 150 males), aged 18-65, all of whom had at least one sibling. Data were collected using a Demographic Information Form, questions on parental favoritism, the Schema Mode Inventory, and the Pathological Narcissism Inventory, following approval from the Research Ethics Committee (E-85646034-604.01-78043). RESULTS: Correlation analysis revealed significant positive relationships among the variables. The differences in vulnerable and grandiose narcissism, schema overcompensation, surrender and avoidance scores according to the presence of parental favoritism in the family were examined with MANOVA tests. Significant group differences were found in terms of vulnerable narcissism ($p<.025$) and schema avoidance ($p<.017$). In order to examine the mediating role of schema coping modes in the relationship between parental favoritism and narcissism types, two parallel mediation models were tested. According to the results of the analysis, it was found that parental favoritism in the family was not directly related to grandiose ($B = .52$, $p>.05$) and vulnerable ($B = 2.67$, $p>.05$) narcissism, but indirectly related to the mediating effect of schema surrender and schema overcompensation ($p<.05$).

CONCLUSIONS: The findings suggest that perceived parental favoritism from at least one parent is associated with increased level of schema surrender and schema overcompensation coping modes. These schema coping modes, in turn, predict increased level of vulnerable and grandiose narcissism. Clinical implications of the present study indicate the importance of addressing perceived parental favoritism, along with schema surrender and overcompensation, when working with narcissistic personality patterns.

Keywords: Dysfunctional coping modes, grandiose narcissism, parental favoritism, schema therapy, vulnerable narcissism

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THE EVALUATION OF THE RELATIONSHIP OF EARLY MALADAPTIVE SCHEMAS AND ADULT ATTACHMENT STYLES TO ALCOHOL USE IN INDIVIDUALS DIAGNOSED WITH ANXIETY DISORDER

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BACKGROUND AND AIM: This study aims to evaluate the differences between the groups with and without risky alcohol use (RAU) in terms of sociodemographic characteristics, anxiety level, Adult Attachment Styles (AAS), and Early Maladaptive Schemas (EMS) in individuals diagnosed with anxiety disorder (AD). Furthermore, we aimed to investigate whether risky alcohol use in individuals with anxiety disorders can be explained by early maladaptive schemas or adult attachment styles.

METHODS: This is a prospective study that complies with the Declaration of Helsinki. It was approved by the Zonguldak University Clinical Studies Ethical Committee on 11/01/2023, with approval number 2020/23. Written informed consent was obtained prior to the interviews. A total of 128 individuals diagnosed with AD were divided into two groups based on the Michigan Alcoholism Screening Test (MAST) cut-off score (≥5). The scores of the Adult Attachment Style Scale, Young Schema Questionnaire, and Beck Anxiety Inventory (BAI) along with sociodemographic and clinical features were compared between the two groups.

RESULTS: The group with RAU had higher ratios of having a child, smoking, suicide history, and higher scores on abandonment and unrelenting standards (US) schemas. Abandonment and US schema scores increased RAU while approval-seeking (AS) and self-sacrifice schema scores decreased RAU. MAST scores negatively correlated with the scores of pessimism, AS, and punitiveness schemas in the group without RAU and positively correlated with the scores of emotional deprivation, failure to achieve, pessimism, social isolation, AS, dependence, abandonment, vulnerability schemas, and BAI in those with RAU. Our study indicates that 42% of MAST scores can be explained by AAS and EMS scores. The scores of emotional inhibition, defectiveness, and vulnerability schemas and anxious attachment style significantly explained MAST scores.

CONCLUSIONS: Our data supports that RAU in individuals with AD is associated with AAS and EMS. Abandonment, US, defectiveness, vulnerability schemas, and anxious attachment styles should be emphasized specifically.

Keywords: Anxiety disorder, attachment, early maladaptive schemas, risky alcohol use

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A RESEARCH ON SOCIODEMOGRAPHIC AND CLINICAL CHARACTERISTICS OF PATIENTS EVALUATED DUE TO SUICIDE ATTEMPT IN A UNIVERSITY HOSPITAL EMERGENCY DEPARTMENT

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Emergency departments frequently encounter individuals attempting suicide, with %40 of suicide deaths preceded by an emergency department visit within a year. This study analyzes patient characteristics following suicide attempts at our hospital's emergency department, aiming to identify risk factors and contribute to suicide prevention efforts.

Ethics committee approval has been obtained. The number is 2024-SAEK-0048. A retrospective analysis was conducted on the sociodemographic and clinical data of patients who visited the emergency department, between July 1, 2023, and July 1, 2024, due to a suicide attempt and were referred to the psychiatry department. Data was collected from the hospital's software system, and statistical analysis was performed using SPSS 20.0, with the chi-square test applied to assess relationships between sociodemographic and clinical variables.

Among the 228 patients aged 18 and over who presented to our emergency department and were consulted by psychiatry, the mean age was 34.13 years, with 109 (%47,8) females and 119 (%52,2) males. Previous suicide attempts were reported in %55.7 of cases. Males were more likely to use sharp objects, firearms, or hanging, while females tended to use drugs or toxins ($p<0.005$). Male suicide attempts were also more planned than impulsive ($p<0.05$).

When our study results are compared with general literature information, it is consistent that suicide attempts are more frequent in single individuals, those with a history of psychiatric diagnosis, and those with alcohol and substance use. It also aligns with findings that women more often attempt suicide using drugs and toxic substances, as well as self-harm with sharp objects, while men more often attempt suicide by hanging and firearm injuries. This study investigates the relationship between the psychiatric status, sociodemographic characteristics, and clinical presentation of individuals who have attempted suicide, providing revealing data for developing effective suicide prevention strategies.

Keywords: Emergency department, sociodemographic and clinical variables, suicide attempt

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FROM CHILDHOOD TO ADULTHOOD: REVISITING AUTISTIC BEHAVIORS, PSYCHIATRIC DIAGNOSES AND PSYCHOSOCIAL FUNCTIONING IN AUTISM SPECTRUM DISORDER

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BACKGROUND AND AIM: Autism Spectrum Disorder (ASD) is a lifelong neurodevelopmental condition with varying symptoms across time, where autistic individuals face greater challenges transitioning to adulthood (Howlin & Magiati, 2017) and maintaining social functioning compared to those with other psychiatric disorders (Barneveld et al., 2014). This study aims to examine how the long-term psychiatric and psychosocial outcomes of individuals with ASD initially evaluated in childhood for baseline autistic behaviors between 2004 and 2006 (T1) relate to current autistic behaviors (T2) and social functioning outcomes while considering the influence of age at diagnosis and psychiatric comorbidities.

METHODS: Participants diagnosed with ASD and assessed using the Autism Behavior Checklist (ABC) during 2004–2006 (T1) were recontacted and invited for reassessment (T2). A total of 28 individuals (85.7% male, mean age: 25.54 ± 2.66) agreed to participate. Sociodemographic data, psychiatric diagnoses according to DSM-5 criteria, and updated ABC scores were recorded. Social functioning was measured using the Social Functioning Scale (SFS), completed by participants' parents. Statistical analyses were conducted using Wilcoxon signed-rank tests to assess changes in ABC scores, Spearman's rank-order correlations to examine relationships between key variables. For mediation analysis, the R software environment (Version 2023.12.1) was utilized. Specifically, mediation models were constructed to examine whether current autistic behaviors (ABC T2) mediated the relationship between baseline autistic behaviors (ABC T1) and social functioning (SFS Total). Models accounted for covariates, including age at autism diagnosis and comorbid psychiatric conditions, which were categorized based on the literature into "mild" (e.g., anxiety disorders, OCD) and "severe" (e.g., schizophrenia, bipolar disorder). Indirect, direct, and total effects were estimated using bootstrapped confidence intervals to assess the mediation effect, with statistical significance determined at p <.05.This study received ethics committee approval (23-7.1T/30).

RESULTS: The mean duration between initial and current assessments was 18 years. Educational attainment varied, with 50% completing middle school and 32.1% completing high school. All participants resided in family-owned homes (100%), and while all were single, 42.9% had reported previous romantic relationships. Psychiatric comorbidities were present in 57.1% of participants, with anxiety disorders (28.6%) being the most common, followed by schizophrenia (10.7%), bipolar disorder (7.1%), and obsessive-compulsive disorder (3.6%). Family psychiatric histories were prevalent, with 89.3% reporting a diagnosed psychiatric condition in a family member. All participants (100%) had attended special education programs, with a majority (85.7%) currently holding an official disability report. Longitudinal analysis of ABC scores revealed a significant increase in the Sensory subscale rising from 9.54 (SD=4.87) at T1 to 15.25 (SD=6.01) at T2 (W = 36.5,p<.001). No significant changes were observed in other subscales or the total ABC score (W = 155.5,p =.428). Correlation analyses demonstrated that increased autistic behaviors at T1 negatively correlated with key social functioning domains, Social Engagement (r = -.484,p<.01), Independence- Competence (r = -.657,p<.001), and Independence-Performance (r = -.657,p<.001). Stronger negative correlations were observed at T2 across all SFS subscales, indicating that currentautistic behaviors had a stronger impact on social outcomes than baseline behaviors. Age at starting special education showed a positive correlation with SFS Total (r=.429,p<.05), suggesting higher social functioning with later starts, while duration of special education was not correlated with SFS or ABC T1 or T2 scores. Age at autism diagnosis was positively correlated with SFS Total (r=.537, p<.01) and negatively with ABC Total (T2) (r=–.469, p<.05), showing better social functioning and fewer maladaptive behaviors with later diagnoses. Finally, age at first words correlated negatively with SFS Total (r=–.523, p<.01), indicating lower social functioning with delayed speech milestones, and positively with ABC Total (T2) (r=.409, p<.05), reflecting higher maladaptive behaviors associated with delayed first words. Correlation analyses are summarized in Table 1.

A mediation analysis examined the relationship between baseline autistic behaviors (ABC Total at T1) and social functioning (SFS Total) through current autistic behaviors (ABC Total at T2). Age at autism diagnosis was included due to its correlation with SFS Total, while comorbidities were categorized as mild (e.g., anxiety, OCD) or severe (e.g., schizophrenia, bipolar disorder) based on prior literature. Baseline autistic behaviors significantly predicted current autistic behaviors (B = 0.58, SE = 0.22, p =.015), indicating that an increase in autistic behaviors at T1 was associated with higher maladaptive autistic behaviors at T2. However, age at autism diagnosis was not a significant predictor of ABC T2. In the outcome model, maladaptive autistic behaviors at T2 strongly and negatively affected social functioning (B = -1.93,

SE = 0.38, p <.001). Neither mild (B= -30.7, SE = 28.26, p =.29) nor severe (B = -138.33, SE = 101.1, p =.186) comorbidities independently impacted SFS Total. The indirect effect of ABC T1 on SFS Total via ABC T2 was significant (B = -0.81, 95% CI [-1.65, -0.15], p =.014), while the direct (B = 0.17, 95% CI [-0.50, 0.85], p =.62) and total (B = -0.64, 95% CI [-1.52, 0.31], p =.174) effects were not. This suggests that current maladaptive autistic behaviors fully mediate the relationship between baseline autistic behaviors and social functioning. Mediation analyses are summarized in Table 2.

CONCLUSIONS: Transitioning from adolescence to adulthood is particularly challenging for autistic individuals and is often associated with insufficient planning and lack of appropriate support (Friedman & Parish, 2013). Anxiety, mood, and schizophrenia spectrum disorders are common co-occurring conditions that significantly affect adult outcomes (Lugo-Marín et al., 2019). Our sample also reported high rates of psychiatric comorbidities, including bipolar disorder, schizophrenia, anxiety, and OCD, although they were not significantly associated with social functioning in adult life in our study. While early social engagement and less severe autism symptoms in childhood are known to predict better adult outcomes (Woodman et al., 2015), our findings offer a different perspective. Specifically, childhood maladaptive autistic behaviors do not directly predict social functioning in adulthood; rather, their effects are mediated by the maladaptive autistic behaviors. This study underscores the persistent influence of maladaptive autistic behaviors on adult social functioning, emphasizing the necessity for sustained, individualized interventions beyond childhood.

Keywords: Autism spectrum disorder, autistic behaviors, developmental trajectory, mediation effect, psychiatric comorbidities, social functioning

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EVALUATION OF THE RELATIONSHIP BETWEEN MINDFULNESS, SELF-COMPASSION, AND MENTALIZATION AMONG MEDICAL FACULTY RESIDENTS

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BACKGROUND AND AIM: Medical faculty residents work under intense stress and pressure in addition to their professional responsibilities. These conditions emphasize the importance of psychological skills impacting individual well-being and professional performance. Mentalization is a critical competency for effective interpersonal interactions,enhancing professional and personal quality of life. Research has shown that mindfulness and self-compassion positively contribute to mentalization capacity. The aim of this study was to investigate the relationships among these three concepts in medical faculty residents.

METHODS: Residents from Ataturk University Faculty of Medicine were invited to participate via institutional email lists. Participants then completed an online survey consisting of the Freiburg Mindfulness Inventory (FMI), the Short Form of the Self-Compassion Questionnaire (SCQ-SF), the Mentalization Scale (MentS), and a sociodemographic data form. Ethical approval was obtained on 27.12.2024/B.30.2.ATA.0.01.00/725.

RESULTS: Out of the 100 participants, 65 were female and 35 were male.The mean age was 29.76±3.75 years.Positive correlation was observed between MentS score and FMI score ($r=0.416$, $p<0.001$), MentS score and SCQ-SF score ($r=0.405$, $p<0.001$) and SCQ-SF score and FMI score ($r=0.723$, $p<0.001$). In the regression analyses,FMI score was significantly associated with MentS score ($b=0.674$, $p=0.004$). Further subgroup analysis comparing surgical and medical specialties showed no statistically significant differences in MentS, FMI, or SCQ-SF scores between these groups ($p>0.05$). According to the mediation analysis,no direct relationship was identified between the SCQ-SF score and MentS score ($b=0.001$, $p>0.005$). However, the SCQ-SF score was found to have a positive indirect effect on the MentS score through increased FMI score ($b=0.454$,$p=0.001$).

CONCLUSIONS: This study found that mentalization capacity in medical faculty residents is associated with mindfulness and self-compassion. Mediation analysis revealed that the effect of self-compassion on mentalization occurs indirectly through mindfulness. This finding underscores the need to support self-compassion with mindfulness-enhancing strategies to improve individuals' mentalization capacity. The literature highlights the critical role of mentalization capacity in enhancing both professional and personal quality of life.In conclusion, a holistic approach is needed to support mentalization as a key factor in coping with professional stress.

Keywords: Mentalization, mindfulness, self-compassion

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(COVID-19) SARS-COV-2-CATATONIA SYNDROME; DOES IT EXIST? LONGITUDINAL EVIDENCE

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BACKGROUND AND AIM: Catatonia is a complex neurobehavioral syndrome related with several psychiatric and medical conditions. Dysfunction of cortical-subcortical motor regulation systems, including GABA, dopamine, and glutamate, or increased and sympathetic freezing response may be some of the mechanisms. Neuropsychiatric symptoms due to SARS-CoV-2 (COVID-19) develop as complications, such as anosmia, thrombotic events, cognitive and attention disorders, depression and psychosis. Catatonic conditions occurring secondary to COVID-19 are found in the literature when there is no underlying psychiatric etiology. In this study, we aimed to investigate catatonia retrospectively in the period of 2 years before and after the pandemic.

METHODS: The study has been designed as a restrospective chart review. The data was investigated by three psychiatrists for the period of 2 years before and after the released first COVID-19 case as two groups in 2022. Individuals diagnosed with 'Catatonia' according to DSM-5-TR who applied to the emergency department, outpatient and inpatient clinics of Erenköy Mental Health Hospital Ethics approval was taken by the committee with the number of 186700 in 10/05/2022.

RESULTS: Forty patients were included in the study, consisting of 20 females (50.00%) and 20 males (50.00%). There was no significant difference in pre-(n:21) and post-COVID 19 (n:19) cases according to age, gender, underlying cause, treatment applied in two groups ($p<0.05$). In addition, symptom diversity of catatonia was not statistically significant in both groups ($p<0.05$). The difference in severity of catatonia cases in the two periods was not statistically significant according to the Bush-Francis Catatonia scale ($p<0.05$).

DISCUSSION: While cases of catatonic syndrome developing during COVID-19 infection are reported in the literature, there are also patients with 'delayed' or 'excited-induced' catatonia after infection and a patient presenting with catatonia clinic 6 weeks after COVID-19 infection.

Keywords: Catatonia, COVID-19 pandemia, psychosis

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EVALUATION OF CASES APPLYING TO THE FORENSIC MEDICINE POLYCLINIC DUE TO SUICIDE ATTEMPTS

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BACKGROUND AND AIM: Suicide attempt is not only a personal mental health issue but also an action influenced by sociocultural and socioeconomic factors. This study aims to retrospectively evaluate the clinical data of individuals who presented after a suicide attempt, focusing on their sociodemographic characteristics, preferred methods of suicide, and underlying etiological factors.

METHODS: In the study, 78 cases who presented to our polyclinic for suicide attempts between 01.01.2017-01.09.2021 and for whom forensic reports were prepared were examined retrospectively. The sociodemographic characteristics and suicide-related data of the cases were retrieved from forensic reports and medical records in the hospital's electronic system. Based on the characteristics of the study sample, suicide methods have been classified into drug ingestion and other methods. The study was approved by the Adıyaman University Non-Interventional Clinical Research Ethics Committee (Decision number: 2021/07-27, dated 21.09.2021).

RESULTS: Of these, 33.3% (n=26) are men, and 66.7% (n=52) are women. The primary method of attempt is drug intake, with 60 cases (76.9%). When suicide methods were categorized into drug intake and other methods, it was determined that the distribution of attempt methods was similar between sex ($\chi^2(1) = 0.325$, $p = 0.569$). Among the cases in which the reasons for suicide were identified (n=42), the most common reasons were partner-related in 15 cases (35.7%) and family-related in 13 cases (31.0%). A history of suicide attempt was found in 21 cases (26.9%). It was noticed that in 35.9% of the cases (n=28), psychiatric consultation was not requested during their admissions.

CONCLUSIONS: It was observed that the cases were mostly female, young adults, and preferred taking medication as a method. Having a history of suicide attempts and a history of psychiatric illness are predisposing factors. Individuals who suicide attempt must undergo detailed psychiatric examinations and be included in a clinical follow-up process.

Keywords: Suicide attempt, forensic medicine, sociodemographic characteristic, suicide method

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THE RELATIONSHIP BETWEEN EXCESSIVE WORKLOAD, PSYCHIATRIC SYMPTOMS AND BURNOUT IN HEALTH WORKERS

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Burnout Syndrome is defined as a chronic response to stress. Compared to other professions,healthcare workers report a higher incidence of burnout due to working hours, working conditions etc. based on this, our study aimed to investigate the relationship between burnout and specific psychiatric symptoms in nurses, who represent most healthcare workers in our country, who face excessive workloads due to a lack of sufficient staff and are exposed to a higher workload per person. With this study, we believe that we can contribute to the literature,which has long examined the effects of burnout on nurses,by exploring both the relationship between psychiatric symptoms and burnout, as well as the impact of workload on burnout.

The study included nurses from University Hospital.Participants were administered the Demographic Data Form,Depression Anxiety Stress Scale-Short Form(DASS21), Work Overload Scale(WOS), Maslach Burnout Inventory(MBI). The research was approved by the Tokat Gaziosmanpaşa University Faculty of Medicine Clinical Research Ethics Committee(registration number24KAEK194). A total of 74 participants were included. The clinics where the participants worked were surgery(31), intensive care(11), emergency(6), internal medicine(26). None had a diagnosed psychiatric illness.The MBI scale results showed: emotional exhaustion (19.47±3.89), desensitization (6.70±4.82), personal accomplishment (20.32±3.79), and total score (46.48±7.55). Although there is no cutoff score for this scale, moderate levels of emotional exhaustion and depersonalization were observed in the subscales, high levels of burnout were seen in personal achievement. It was found that as individuals workloads increased, their burnout rates, as well as depression, anxiety, stress levels also increased. A negative correlation was also observed between the personal achievement/failure subscale of the MBI and the workload scale scores.

Based on the emergence of excessive workload, burnout and accompanying psychiatric symptoms,it is thought that determining the burnout levels of nurses and their relationship with psychiatric symptoms would be beneficial in taking individual and institutional measures to reduce existing burnout and enable early intervention. Protecting the mental health of healthcare workers will help prevent the increasing number of resignations, psychiatric treatment admissions, self-medication, suicide attempts in recent years.

Keywords: Health worker, workload, burnout, depression, anxiety

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ORTHOREXIA NERVOSA AND ASSOCIATED FACTORS IN PREGNANT WOMEN

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BACKGROUND AND AIM: Orthorexia nervosa (ON) is an obsession with healthy eating, which can lead to physical, psychological, and social difficulties. Pregnancy involves changes that may influence eating behaviors. This study evaluates the prevalence of ON and associated factors among pregnant women at Selçuk University Faculty of Medicine.

METHODS: This cross-sectional study was conducted between August 2 and August 16, 2024, with 99 pregnant women from the obstetrics outpatient clinic. Participants completed a 14-item sociodemographic questionnaire and the 24-item Orthorexia Nervosa Inventory (ONE). Assessed variables included age, education, employment status, family income, pregnancy count, gestational age, pre- pregnancy weight, height, smoking status, daily meal frequency, folic acid use in the first trimester, and iron, vitamin D, and multivitamin supplementation in the second trimester. Ethical approval was obtained from the Selçuk University Local Ethics Committee (Approval number: 2024/426). Statistical analyses included correlation and group comparisons.

RESULTS: Participants were aged 17–44 years, with a mean ONI score of 41 ± 8.3. Those in the second trimester who did not use iron had higher ONI disturbance subscale scores ($p = 0.024$). Pregnant women who did not use vitamin D had higher total ON scores ($p = 0.047$) and higher ONE disorder subscale scores ($p = 0.036$). A positive correlation was observed between age and ONI total scores ($r = 0.202$, $p = 0.045$), as well as between pre-pregnancy body weight and emotional stress ($p = 0.048$, $r = 0.202$) and disturbance subscale scores($p = 0.023$, $r = 0.232$).

CONCLUSIONS: The findings suggest that ON risk in pregnant women is influenced by sociodemographic and psychological factors. The increased ON tendencies in those not using vitamin D and iron suggest a potential link between nutrition and ON risk. Nutritional and psychological counseling during pregnancy may help mitigate these risks.

Keywords: Eating disorders, orthorexia nervosa, pregnancy

OP-023 https://doi.org/10.5080/kes27.abs23

MALADAPTIVE DAYDREAMING AND ACADEMIC PROCRASTINATION: THE RELATIONSHIP WITH PSYCHOLOGICAL SYMPTOMS IN MEDICAL STUDENTS

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BACKGROUND AND AIM: Maladaptive Daydreaming (MD) is an excessive and immersive form of daydreaming that can interfere with daily life and mental well-being. Academic procrastination, another common issue among students, negatively affects academic performance and psychological health. However, the relationship between MD and procrastination remains unclear. This study examines the associations between MD, academic procrastination, and psychological distress in medical students.

METHODS: This cross-sectional study was conducted among medical students from Çanakkale Onsekiz Mart University and Karamanoglu Mehmetbey University during the 2023-2024 academic year. Data were collected via Google Forms. Participants completed the sociodemographic data form, Maladaptive Daydreaming Scale (MDS-16), Tuckman Academic Procrastination Scale (TPS), and Depression Anxiety Stress Scale (DASS-21). Axis I psychiatric diagnoses were determined based on self-reports rather than structured clinical assessments. Ethical approval was obtained from the Karamanoglu Mehmetbey University Ethics Committee (19.12.2023, IRB no: 12-2023/03). Statistical analyses were performed using SPSS v27.

RESULTS: The study included 201 students (42.8% male, 57.2% female). MDS-16 scores correlated positively with depression ($r=0.245$, $p<0.01$), anxiety ($r = 0.222$, $p<0.01$), stress ($r = 0.216$, $p<0.01$), and academic procrastination ($r=0.181$, $p<0.05$). Maladaptive daydreamers (MDers) had significantly higher depression ($p = 0.002$), anxiety ($p=0.003$), stress ($p=0.018$), and procrastination ($p= 0.034$) scores but did not differ in grade point average (GPA) ($p= 0.319$). Academic procrastination negatively correlated with GPA ($r = -0.216$, $p< 0.01$).

CONCLUSIONS: MD is associated with greater procrastination and psychological distress, suggesting that excessive daydreaming may serve as an emotional escape. Increased procrastination in MDers may result from difficulties managing time and responsibilities, reinforcing stress and avoidance behaviors. Although MD did not impact GPA, its link to distress highlights the need for interventions. Future research should explore coping mechanisms to help students manage MD's academic consequences.

Keywords: Maladaptive daydreaming, academic procrastination, depression, anxiety, medical students

OP-024 https://doi.org/10.5080/kes27.abs24

ARE ADVERSE CHILDHOOD EXPERIENCES ASSOCIATED WITH METABOLIC SYNDROME IN PATIENTS WITH SCHIZOPHRENIA AND BIPOLAR DISORDER?

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BACKGROUND AND AIM: Adverse childhood experiences (ACEs) are defined as a set of experiences,including sexual, physical and emotional abuse or neglect,that occur before the age of 18. Studies indicate that approximately one-third of patients with psychosis and 30–50% of those with bipolar disorder have experienced childhood trauma.This study aims to investigate the relationship between ACEs and MetS in patients with schizophrenia (Sch) and bipolar disorder (Bp)

METHODS: The study included patients aged 18–65 who had been diagnosed with Bp or Sch followed for at least six months, and visited our outpatient clinic between July and August 2024. Participants completed a sociodemographic questionnaire and the Turkish version of the Adverse Childhood Experiences Scale (ACE-TR). MetS was assessed using the NCEP-ATP III criteria. (MetS will be diagnosed based on the presence of three or more of the following: abdominal obesity, hypertriglyceridemia, low HDL, high blood pressure, and fasting hyperglycemia)The study was approved by our university's ethics committee (2024/6177)

RESULTS: The study included 27 female (39.71%) and 41 male (22.06%) patients,with a mean age of 43.16±10.78 years. Among them, 26 (38.24%) had Sch, and 42 (61.46%) had Bp.MetS was present in 57.1% of Bp and 30.7% of Sch patients.The ACE-TR total scores were significantly higher in patients diagnosed with MetS ($p<0.001$). MetS prevalence was also higher in unmarried individuals ($p = 0.043$) those with a greater number of hospitalizations ($p=0.030$) and those with more suicide attempts ($p=0.012$)($p<0.05$)

CONCLUSIONS: Our study demonstrated a significant association between ACEs and MetS in Bp and Sch patients. The increasing treatment costs associated with MetS will create a significant burden on the country's economy, leading to a serious deterioration in the quality of life for patients.Therefore, paying attention to patients who experience adverse childhood experiences,providing treatment support,taking measures to reduce risks,will offer significant benefits both individually and socially.

Keywords: Schizophrenia, bipolar affective disorder, metabolic syndrome, adverse childhood experiences

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AN EXAMINATION OF CLIMATE CHANGE ANXIETY AND ITS VARIABLES IN PATIENTS DIAGNOSED WITH MAJOR DEPRESSIVE DISORDER

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BACKGROUND AND AIM: Major depressive disorder (MDD) is a prevalent psychiatric disorder and accompanying mental complaints are known to influence the prognosis and treatment approach of MDD. Climate change anxiety (CCA) encompasses the negative emotions arising from climate change, warranting detailed examination both within the holistic evaluation of depressive patients and as a distinct mental health concern. This study aims to assess the level of CCA in patients with MDD, examine how demographic variables, tolerance to uncertainty, and coping attitudes relate to CCA, and contribute to the literature on this emerging topic.

METHODS: The study included 82 patients diagnosed with MDD and 80 healthy controls. Written informed consent was obtained from all participants, and the research was conducted with the approval of the local ethics committee with the number of 2022/465. Data were collected usingthe Sociodemographic and Clinical Data Form, Beck Depression Scale, Climate Change Worry Scale, Climate Change Hope Scale, Intolerance of Uncertainty Scale, and Coping Orientation to Problems Experienced Scale. Statistical analyses were performed using SPSS software version 22.0.

RESULTS: The study found that CCA increased with higher levels of education, and age and intolerance of uncertainty were positively correlated to CCA ($p<0.05$). There was no statistically significant difference in CCA levels between patients with MDD and the control group ($p>0.05$). It was observed that individuals with greater concern about climate change also had more hope that this phenomenon could be mitigated ($p<0.05$). Additionally, CCA was not related to gender ($p>0.05$); however, variations in anxiety levels were associated with different preferred coping attitudes ($p<0.05$).

CONCLUSIONS: To our knowledge, this is the first study to define CCA by comparing it with a patient group and healthy controls. Our findings suggest that demographic factors and intolerance of uncertainty play a role in CCA, but the presence of MDD does not significantly alter CCA levels.

Keywords: climate change anxiety, coping attitudes, eco-anxiety, intolerance of uncertainty, major depressive disorder

OP-026
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THE RELATIONSHIPS BETWEEN MIND-WANDERING, INSOMNIA, CHRONOTYPE AND THEORY OF MIND IN PATIENTS DIAGNOSED WITH ATTENTION-DEFICIT/ HYPERACTIVITY DISORDER

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BACKGROUND AND AIM: Attention-deficit/hyperactivity disorder (ADHD) is a neurodevelopmental disorder that typically manifests in childhood and can persist into adulthood. A short attention span, hyperactivity, and impulsivity characterize ADHD. It can cause significant functional impairments in various domains of life, including psychological, social, academic, and occupational functioning. Recent studies have shown a growing interest in exploring not only the behavioral symptoms but also the cognitive symptoms and internal experiences of individuals with ADHD. One of the frequently reported internal experiences of ADHD patients is continuous mental activity and constantly shifting thoughts, their thoughts are often uncontrollable, and multiple thoughts may co-occur. This condition, referred to as mind wandering, manifests as difficulty in focusing on one's targeted tasks, with thoughts involuntarily and extensively scattered across different topics. Understanding this condition is crucial for gaining insights into the mental functioning of individuals with ADHD. Studies have also indicated that 43% to 80% of adults with ADHD experience symptoms of insomnia, a common sleep disorder that makes it difficult to fall or stay asleep or causes early awakening accompanied by an inability to return to sleep. In dividuals with sleep problems may also exhibit ADHD symptoms. Evidently, insomnia may play a crucial role in the management and treatment of ADHD. Chronotype, or circadian preference, refers to the time of day when an individual is most efficient in performing daily activities. Individuals with ADHD, research indicates, tend to exhibit a later chronotype, leaning more toward the evening type compared to the general population. The studies that investigated the relationship between ADHD and chronotype found that the evening chronotype is mainly associated with inattention, hyperactivity, impulsive behaviors, and sleep problems. Chronotype is thus also an important factor in understanding and treating ADHD. The theory of mind (ToM) concept refers to the ability to understand the mental and emotional states of others. Crucial for successful social interactions, it involves recognizing that others may hold beliefs different from one's own and may act according to those beliefs. According to a meta-analysis conducted by Bora and Pantelis, while individuals with ADHD perform better on ToM tests than individuals with autism, they perform worse than healthy controls. Research indicates that a lack of ToM skills can produce difficulties in various areas, such as attention, learning, social interaction, and communication. For neurodevelopmental disorders such as ADHD, training programs aimed at improving one's ToM skills can positively impact one's social functioning. Based on our literature review, we identified that chronotype and ToM association and mind- wandering's associations with the ToM, chronotype, and insomnia have not been explored in adult ADHD patients. Additionally, we aimed to assess which of the mainly explored factors in our study (mind wandering, ToM, and chronotype) would mediate the association between one's severity of ADHD symptoms and insomnia.

METHODS: The study included 125 patients diagnosed with ADHD without comorbid psychiatric disorders. They were assessed using the structured clinical interview for DSM-5 (SCID-5), a sociodemographic and clinical data form, the adult ADHD self-report scale (ASRS), the mind excessively wandering scale (MEWS), the insomnia severity index (ISI), the morningness- eveningness questionnaire (MEQ), the Dokuz Eylul theory of mind scale (DEToMS), and the reading the mind in the eyes test (RMET). Ethical approval was obtained from the Ataturk University Faculty of Medicine Clinical Research Ethics Committee (decision number 40, dated May 2, 2023, and numbered B.30.2.ATA.0.01.00/307). The Ataturk University Scientific Research Projects Commission supported the study (project ID number: 13784). All the participants' informed consent was obtained before the study commenced.

RESULTS: Out of the 125 participants, 49.6% (n=62) were female. The median age was 24 years (interquartile range: 22–29; range:18–46). According to the MEQ classification, 44.8% of the participants (n=56) were identified as having an evening chronotype, 44.0% (n=55) as having an intermediate chronotype, and 11.2% (n=14) as having a morning chronotype. While 55.2% of the participants (n=69) had a history of a psychiatric diagnosis before being diagnosed with ADHD, 46.4% of the participants (n=58) had a history of self-mutilation. Additionally, 37.6% of the participants (n=47) were using medication for ADHD. According to the results of the correlation analysis, the ASRS total score was positively correlated with the MEWS score ($r=0.702$; $p<0.001$), ISI score ($r=0.386$; $p<0.001$), and DEToMS total score ($r=-0.193$; $p=0.031$), while it was negatively correlated with the MEQ score ($r=-0.284$; $p=0.001$). The MEWS score was positively correlated with the ISI score ($r=0.477$; $p<0.001$) but negatively correlated with the MEQ score (r=- 0.267; p=0.003)

and the DEToMS total score (r=-0.217; p=0.015). The ISI score was negatively correlated with both the MEQ score (r=-0.320; p<0.001) and the DEToMS total score (r=-0.203; p=0.023). The DEToMS total score was positively correlated with the RMET score (r=0.257; p=0.004). According to the mediation analysis results, no direct relationship was identified between the total ASRS and ISI scores (β=0.106; p=0.356). However, the total ASRS score indirectly affected the ISI score through increased MEWS scores (β=0.386; p<0.001).

CONCLUSIONS: Our results revealed the factors associated with mind wandering, insomnia, chronotype, and ToM in individuals with ADHD. Mind wandering was found to be positively correlated with ADHD symptom severity and insomnia; in contrast, it was negatively correlated with the ToM skills and morning chronotype characteristics. The full mediating role of mind wandering in the relationship between ADHD symptoms and insomnia levels is a noteworthy finding that should be considered in adult ADHD patients with insomnia symptoms. Addressing mind wandering in adult ADHD patients could thus be a crucial target for improving insomnia. Overall, our findings emphasize the need for a multidimensional approach when evaluating and treating ADHD, considering not only its core symptoms but also its associated cognitive and sleep-related impairments. Further longitudinal and interventional studies are needed to validate these relationships and to explore potential treatment strategies for adult ADHD. Our results may serve as a valuable reference for interventions targeting areas such as mind wandering, insomnia, chronotype, and the ToM in adult ADHD patients.

Keywords: Attention deficit hyperactivity disorder, chronotype, insomnia, mind wandering, theory of mind

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EVALUATION OF THE RELATIONSHIP BETWEEN EATING BEHAVIOR AND CLINICAL AND DEMOGRAPHIC DATA IN INDIVIDUALS DIAGNOSED WITH OBESITY USING THE DUTCH EATING BEHAVIOR QUESTIONNAIRE (DEBQ)

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BACKGROUND AND AIM: Inappropriate eating behaviors such as emotional eating, restrictive eating, and external eating have been shown in previous studies to be risk factors for both obesity and eating disorders. These eating behaviors can be measured reliably and validly using self-report scales such as the Dutch Eating Behavior Questionnaire (DEBQ). This study aimed to examine the relationship between eating behaviors and clinical and demographic characteristics of individuals diagnosed with obesity.

METHODS:This study was conducted with 220 volunteers with a body mass index (BMI) ≥30 kg/m2 who applied to the obesity center of Etlik City Hospital. SCID 1, sociodemographic data form and Dutch Eating Behavior Questionnaire (DEBQ) were applied to the participants.The study's ethics committee approval was obtained from the Etlik City Hospital scientific and research ethics committee (Ethics committee no: 2024-871) and P value <0.05 was considered statistically significant.

RESULTS: The average age of the participants was 42 and 86.4% were female. A positive significant relationship was found between the participants' ages and restrictive eating, and a negative significant relationship was found between emotional eating and age. In addition, a positive significant relationship was found between the duration of obesity and restrictive eating. The female mean was found to be higher than the male mean in restrictive eating and emotional eating scores. In addition, regression analyzes were conducted to determine the effect of participant characteristics on emotional eating and restrictive eating scores.

CONCLUSIONS: In this study, it was aimed to determine the correlation of eating behaviors with clinical and demographic characteristics using DEBQ subscales. Increasing similar research will enable the identification of risk groups for the development of obesity and thus the possibility of early intervention before the disease develops.

Keywords: DEBQ, emotional eating, external eating, restraint eating, obesity

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ASSOCIATION BETWEEN AUTISTIC TRAITS AND RETROSPECTIVE COURSE OF OBSESSIVE-COMPULSIVE DISORDER

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BACKGROUND AND AIM: Autistic traits are frequently observed in obsessive-compulsive disorder (OCD) and are associated with disorder severity. This study aims to assess autistic traits in OCD using the Autism Spectrum Quotient (AQ) and examine their relationship with retrospective OCD severity and its reduction following treatment.

METHODS: Individuals diagnosed with OCD at the Dinar State Hospital Psychiatry Clinic were assessed using the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) at their initial visit and follow-ups. Thirty-seven participants (Age: 42.20; Male: 14/37) who continued regular follow-ups and met the inclusion criteria were administered AQ and Y-BOCS at the sixth-month visit. Exclusion criteria included psychotic disorders, bipolar disorder, alcohol/substance use disorder, and significant cognitive impairment. Data were analyzed using repeated measures ANOVA (IBM SPSS v.25). Ethical approval: AFSÜ, 13.12.2024, T-2024/11.

RESULTS: Y-BOCS total scores showed a significant linear reduction over time (p<.001). This reduction correlated with AQ total (p =.005) and Social Skill (p=.019), Attention Switching (p=.010), and Communication (p=.024) subscales. The reduction in the obsession subscale correlated with AQ total (p=.018) and Attention Switching (p =.040), while the reduction in the compulsion subscale correlated with AQ total (p =.002), Communication (p =.012), Social Skill (p =.036), and Attention Switching (p =.003).

CONCLUSIONS: Findings suggest that autistic trait severity in OCD is significantly linked to a less reduction in disorder severity after treatment, with a more pronounced impact on compulsion severity. These findings imply that severe autistic traits may influence treatment response in individuals with OCD. Additionally, the well-established link between OCD treatment resistance and factors such as subtle neurological symptoms, biological factors, and neurodevelopmental disorders suggests that a similar connection may exist between treatment resistance and severe autistic traits.

Keywords: Autistic trait, treatment response, obssesive-compulsive disorder

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THE RELATIONSHIP BETWEEN DEPENDENCY IN ROMANTIC RELATIONSHIPS AND CHILDHOOD TRAUMA AMONG MEDICAL STUDENTS

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BACKGROUND AND AIM: Childhood traumas negatively impact later life, contributing to psychological, interpersonal, and social difficulties. These adverse experiences may also affect romantic relationships, leading to emotional and social challenges between partners. This study aims to determine the prevalence of romantic relationship dependency among medical students and examine its relationship with childhood traumas.

METHODS: The study was conducted during the 2022–2023 academic year with 366 medical students. Data were collected online using a sociodemographic questionnaire, the Romantic Relationship Dependency Scale (RRDS), and the Childhood Trauma Questionnaire (CTQ). Ethical approval was obtained from PAÜ (E-60116787-020-374157, 31.05.2023).

RESULTS: Among the 366 participants, 63.1% were female, and 36.9% were male. The most common maternal and paternal education levels were university or higher (41.3% and 57.7%, respectively). Most participants (83.6%) came from nuclear families, while 6% had extended families, and 10.4% had divorced parents. A total of 49.7% were in a romantic relationship, with an average duration of 21.9±20.7 months (range: 1–100 months). Psychiatric and chronic illness histories were reported by 23.5% and 14.2% of students, respectively. RRDS scores were significantly higher in males (26.8±7.4) than females (24.6±7.3) ($p=0.006$). However, CTQ total and subscale scores showed no significant gender differences ($p>0.05$). Participants without relationships had significantly higher CTQ total, emotional abuse, and physical abuse scores ($p=0.024$, $p=0.044$, $p=0.049$). Students with psychiatric histories also had significantly higher CTQ total, emotional neglect, and abuse scores ($p=0.009$, $p=0.005$, $p=0.002$). A weak but positive correlation was found between RRDS and CTQ scores ($p>0.05$), indicating that higher trauma scores were associated with greater dependency in romantic relationships.

CONCLUSIONS: Males had higher relationship dependency scores, a finding consistent with some studies but contradictory to others. Childhood traumas increase susceptibility to dependent romantic relationships and may contribute to psychiatric vulnerabilities in adulthood.

Keywords: Dependency, romantic relationships, childhood trauma

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INVESTIGATION OF THE EFFECTS OF VORTIOXETINE AND DULOXETINE ON COGNITIVE FUNCTIONS IN MAJOR DEPRESSIVE DISORDER: AN 8-WEEK PROSPECTIVE STUDY

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BACKGROUND AND AIM: Major depressive disorder (MDD) is associated with cognitive deficits in attention, memory, and executive functions, persisting even in remission and contributing to functional impairment. This study aimed to compare the effects of duloxetine and vortioxetine on cognitive functions in MDD patients.

METHODS: In this 8-week study, 103 participants were included: 35 MDD patients treated with vortioxetine (10-20 mg), 34 with duloxetine (60-90 mg), and 34 healthy controls. Assessments included the Hamilton Depression Rating Scale (HDRS), Hamilton Anxiety Rating Scale, Clinical Global Impression Scale, Stroop TBAG form, Trail Making Test, and Auditory Verbal Learning Test (AVLT). Patients with comorbid anxiety disorders were excluded. Statistical analyses included Kruskal-Wallis variance analysis, Mann-Whitney U test, and Wilcoxon test. The study was approved by the Clinical Research Ethics Committee (Decision 115/21, July 21, 2021).

RESULTS: No significant differences were found between groups regarding age, education, depression onset age, or episode count ($p>0.05$). At baseline, HDRS scores were similar (duloxetine: 20.44±4.93, vortioxetine: 21.43±5.04, $p=0.354$), and both treatments significantly reduced scores by week 8 ($p<0.05$). At baseline, MDD patients performed worse than controls on cognitive tests. By week 8, vortioxetine improved all cognitive domains, reducing Trail Making Test A and B times, Stroop Test 1-5 times, and increasing AVLT recall. Duloxetine reducing Trail Making Test A times, Stroop Test 1 and 4 times, and increasing AVLT recall. Cognitive scores in both treatment groups remained lower than in controls, possibly due to residual symptoms or the endophenotypic nature of depression. Limitations include unknown pre-illness cognitive capacities, an 8-week study period, and a small sample size.

CONCLUSIONS: Both drugs improved cognitive function, although not to the same level as healthy controls, but vortioxetine had a greater effect on attention and executive function than duloxetine.

Keywords: Depression, cognition, vortioxetine, duloxetine

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CAN TREATMENT RESPONSE AND LENGTH OF HOSPITAL STAY BE PREDICTED USING STAGING METHODS IN TREATMENT-RESISTANT DEPRESSION?

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BACKGORUND AND AIM: Treatment-resistant depression (TRD) is defined by inadequate response to antidepressants (AD), yet its criteria vary, requiring standardized staging models for treatment planning. This study investigates the predictive validity of five TRD staging methods in determining initial treatment response and length of hospital stay (LOS) in psychiatric inpatients.

METHODS: A retrospective analysis was conducted on psychiatric inpatients diagnosed with major depression at Hacettepe University (2012-2014). TRD status before admission and response to initial inpatient treatment were determined through chart review and researchers' consensus. Patients were staged using five models: Thase & Rush (T&R) (five levels based on AD failure, including tricyclics, MAOIs, and ECT), European Staging Method (ESM) (staging by number of AD trials, duration, and augmentation), Maudsley Staging Method (MSM) (severity scoring based on AD failures, augmentation, ECT/TMS, symptom severity, and illness duration), MGH-S (cumulative points for failed AD trials, augmentation, optimization, and ECT), and Conway Staging Method (STAR-D-based staging by failed AD/psychotherapy trials). The Institutional Review Board approved the study (GO 20/771, 01.09.2020).

RESULTS: Among 49 patients, 77.6% (n=38) responded to treatment, with a mean LOS of 48.95(±21.10) days. Patients were classified as treatment-resistant by 18.8% based on ESM, 14.6% based on MGH-S, 98% on MSM, 65.3% on T&R, and 22.9% on Conway. Logistic regression showed no staging method predicted treatment response when age and gender were included. However, ECT as the initial AD trial was significantly associated with response ($p < 0.05$). Linear regression showed T&R explained 18.7% of LOS ($p=0.002$), with higher scores linked to longer hospitalization ($B = 10.59$). Similar patterns were observed for MGH-S, ESM, and Conway, where higher scores predicted longer hospitalization ($p < 0.05$).

CONCLUSION: While none of the staging models predicted treatment response, T&R, MGH-S, ESM, and Conway significantly predicted hospital LOS, suggesting their relevance in clinical decision-making.

Keywords: Severity of illness, treatment-resistant, depression, antidepressants

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SLEEP QUALITY IN OBESE INDIVIDUALS: THE ROLE OF NIGHT EATING BEHAVIOR

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BACKGROUND AND AIM: Night eating behavior (NEB) is considered a contributing factor to the etiology of obesity and may negatively impact sleep quality. However, the relationship between NEB and sleep quality in obese individuals has not been fully explored. This study aims to investigate the relation between NEB and sleep quality.

METHODS:Sixty-five participants with obesity, bariatric surgery candidates, were evaluated retrospectively at Selçuk University Faculty of Medicine Consultation-Liaison Psychiatry Clinic between January 1, 2024, and January 1, 2025. As part of the routine assessment battery used to evaluate bariatric surgery candidates, participants completed the Sociodemographic Data Form, Night Eating Questionnaire (NEQ), and Pittsburgh Sleep Quality Index. Forty-seven participants who fully completed the scales were included in the analysis. This study presents preliminary findings from an ongoing research project. Statistical analysis was performed using SPSS. The study was approved by the Ethics Committee (Approval number: 2025/57).

RESULTS: The sample was 74.5% female (n=35), with a mean age of 32.9±10.37 years and a mean BMI of 42.25±7.27. Among the participants, 59.6% (n=28) were morbidly obese, and 38.3% (n=18) had a psychiatric history. Participants were divided into two groups based on NEQ scores: below 25 and 25 or higher (high night eating behavior group). In the high-score group (n=9), impaired sleep quality was significantly higher (U=68, p=0.005). The high-score group also had significantly higher scores on the sleep disturbances subscale (U=101.5, p=0.039).

CONCLUSIONS: A relationship exists between night eating behavior and impaired sleep quality in obese individuals. Focusing on both night eating behavior and sleep disturbances in the treatment of obesity could be a valuable clinical approach.

Keywords: Obesity, night eating behavior, sleep quality

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EVALUATION OF PLASMA ATHEROGENIC INDEX, CASTELLI RISK INDEX, AND ATHEROGENIC COEFFICIENT IN PATIENTS WITH PANIC DISORDER: A CASE-CONTROL STUDY

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BACKGROUND AND AIM: The plasma atherogenic index (AIP) and atherogenic coefficient (AC) have been reported to be significantly higher in patients with depression and bipolar disorder compared to a healthy control group. This study aims to evaluate AIP, Castelli Risk Index (CRI), and AC in patients with Panic Disorder (PD) and compare them with a healthy control group.

METHODS: This case-control study was conducted between December 18, 2024, and February 1, 2025, with 54 PD patients receiving active treatment and 53 age- and sex-matched healthy controls. The disease duration of PD patients included in the study ranged from 3 months to 2 years. In all participants, total cholesterol (TC), triglycerides (TG), high-density lipoprotein cholesterol (HDL-C), low-density lipoprotein cholesterol (LDL-C), AIP, AC, and CRI were evaluated. The study was approved by the Adıyaman University Non-Interventional Clinical Research Ethics Committee (Decision No: 2024/10-2, dated 17/12/2024).

RESULTS: The mean cholesterol level in the case group (184.63±54.21 mg/dL) was significantly higher than in the control group (166.92±33.57 mg/dL) (t = 2.027, p=0.045). Similarly, the mean LDL level in the case group (109.98±31.31 mg/dL) was higher than in the control group (98.53±25.97 mg/dL) (t=2.057, p=0.042). The mean PD severity score was 15.76±5.53. Significant positive correlations were found between PD severity and AC (r=0.307, p<0.05) and CRI-I (r=0.320, p<0.05).

CONCLUSIONS: These findings suggest that increases in AC and CRI-I were positively associated with PD severity, whereas other parameters had no significant effect. There was no significant difference between the case and control groups in terms of PAI, CRI or AC. It is recommended that PD patients should be monitored more frequently and closely for cardiovascular disease risk.

Keywords: Panic disorder, plasma atherogenic index, castelli risk index, atherogenic coefficient

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EXAMINATION OF HOARDING BEHAVIOR IN ADULTS DIAGNOSED WITH ATTENTION DEFICIT AND HYPERACTIVITY DISORDER

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BACKGROUND AND AIM: Attention deficit and hyperactivity disorder (ADHD) is a neurodevelopmental disorder that is characterized by attention deficit, hyperactivity and impulsivity. Recent studies suggest hoarding behavior is more common in ADHD patients, though influencing factors remain unclear. In the current study, we aimed to examine the relationship between hoarding behavior and attention deficit, impulsivity and executive function deficits and the relationship between quality of life and hoarding behavior in patients with ADHD.

METHODS: The study sample was selected from patients diagnosed with ADHD according to DSM-5 diagnostic criteria and healthy controls. Sociodemographic data form, SCID-5, Adult Attention Deficit Hyperactivity Disorder Self-Report Scale (ASRS), Barratt Impulsivity Scale Short Form (BIS-11-SF), Saving Inventory-Revised (SI-R), Adult Executive Functions Inventory (ADEXI) and World Health Organization Quality of Life Scale Short Form (WHOQOL-BREF) were used as data collection tools. Ethics committee decision number: 736, ethics committee date: 01.08.2024 (Istanbul Medipol University)

RESULTS: A total of 180 participants (90 ADHD, 90 controls) were analyzed. SI-R scores ($p<0.001$) were higher in the patient group than in healthy controls and 2 patients were diagnosed with hoarding disorder. SI-R scores were correlated with ASRS inattention ($p<0.001$), ASRS hyperactivity/impulsivity ($p=0.002$), BIS-11-SF ($p=0.001$), and ADEXI scores ($p=0.001$), but the main predictor was inattention ($p<0.001$). In the patient group, SI-R scores were found to be the main predictor of WHOQOL-BREF physical and environmental sub-dimension scores ($p=0.001$, $p=0.017$, respectively), SI-R and ASRS attention deficit scores were significant in predicting WHOQOL-BREF psychological sub-dimension scores ($p=0.037$, $p=0.015$, respectively), and the scores examined in predicting WHOQOL-BREF social sub-dimension scores were not statistically significant ($p=0.167$).

CONCLUSIONS: Our findings showed that hoarding behavior was more common in the ADHD patient group and was associated with low quality of life, and it was shown that hoarding behavior is a phenomenon that should be evaluated during the monitoring process of patients.

Keywords: Attention deficit hyperactivity disorder, executive functions, hoarding, impulsivity

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RELATIONSHIP BETWEEN PSYCHOLOGICAL RESILIENCE, EARTHQUAKE FEAR AND TRAUMA AFTER THE EARTHQUAKE IN PSYCHIATRIC OUTPATIENTS

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BACKGROUND AND AIM: Natural disasters are major life events that can lead to severe mental health problems. Among these, earthquakes are one of the most significant disasters with mass impact. Although the primary victims are those directly affected in the earthquake zone, individuals who travel to provide aid, those who witness traumatic events through mass media, and individuals with loved ones in the affected region may also experience earthquake-related psychological distress. Mental health disorders such as depression, anxiety, and post-traumatic stress disorder (PTSD) are commonly observed post-earthquake. In addition to diagnostic categories, post-earthquake social adaptation problems, grief reactions, and uncategorized traumatic experiences may also occur. Challenging life events, such as earthquakes, can have varying levels of impact on individuals due to different social and psychological conditions. The reaction of an individual to such stressors is influenced by external factors such as the magnitude, frequency, and timing of the trauma, as well as by personal resilience. There are also studies that have examined the role of individual resilience in mental disorders. Some studies suggest that resilience serves as a protective factor against mental illness, while others indicate a multidimensional relationship between resilience and mental health. The psychosocial effects of an earthquake can persist in the long term. By conducting this study approximately one year after the earthquake, we aim to assess whether individuals' concerns and fears regarding the earthquake persist despite the resolution of its acute effects. This study investigates the effects of individual resilience and sociodemographic differences on post-earthquake traumatic experiences and earthquake-related fear. We aimed to compare resilience, post-earthquake traumatic experiences, and earthquake fear between psychiatric patients who had previously been diagnosed with depression or anxiety disorders (currently in remission) and healthy individuals with no prior psychiatric illness.

METHODS: Patients who volunteered to participate in the study and signed an informed consent form were recruited from a psychiatric outpatient clinic. The inclusion criteria required participants to have been diagnosed with depression or anxiety disorder more than one year prior and to be clinically in remission, as confirmed by the Beck Anxiety Inventory (BAI) and the Hamilton Depression Rating Scale (HAM-D). Participants completed the Sociodemographic and Clinical Data Form, the Fear of Earthquake Scale (FES), the Level of the Trauma after the Earthquake (TAES) Scale, and the Resilience Scale for Adults (RSA). The psychiatric patient group was compared with a control group consisting of individuals with no psychiatric diagnosis or treatment history, verified through a brief psychiatric interview. The study included a total of 59 patients, consisting of 37 cases with remitted anxiety disorder and 22 cases of remitted depression, and 59 healthy controls. Ethical approval was obtained with the decision of Fırat University Non-Interventional Research Ethics Committee dated 01.08.2024 and numbered 2024/11-41.

RESULTS: Pairwise comparisons revealed that the depression group had significantly lower median scores on RSA total (p=0.019), family cohesion subscale (p=0.012), and self-perception subscale (p=0.005) compared to the control group. Additionally, the depression group had significantly higher median scores on FES (p=0.026), TAES (p=0.012), BAI (p<0.001), and HAM-D (p=0.001) compared to the control group. Pearson correlation analysis showed a statistically significant positive correlation between FES and BAI scores in the psychiatric population (r=0.273, p=0.036). A statistically significant negative correlation was found between TAES scores and RSA (r=-0.263, p=0.044) as well as self-perception (r=-0.263, p=0.044) scores. Additionally, TAES scores were positively correlated with BAI scores (r=0.589, p<0.001). Hierarchical linear regression analysis revealed that RSA scores were not significant predictors of FES scores in the psychiatric population (F=0.01, p=0.924). However, when BAI and HAM-D scores were added to the regression Model 1, 15% of the variance in FES scores was significantly explained by RSA, BAI, and HAM-D scores (F=3.17, p=0.032). In the final Model 2, only BAI (p=0.010, CI: 0.050-0.353) and HAM-D (p=0.048, CI: -2.158 to -0.010) scores were significant predictors of FES scores (table1). In the control group, RSA scores were not significant predictors of FES scores (F=3.04, p=0.087). However, when BAI scores were added to Model 1 of the control group, 20% of the variance in FES scores was significantly explained by RSA and BAI scores (F=6.77, p=0.002). In Model 2 for the control group, only BAI scores (p=0.002, CI: 0.085-0.379) were significant predictors of FES scores (table1). Hierarchical linear regression analysis showed that 7% of the variance in TAES scores

in the psychiatric population was significantly explained by RSA scores (F=4.24, p=0.044)(table2). When BAI and HAM-D scores were added to Model 1, 39% of the variance in TAES scores was significantly explained by RSA, BAI, and HAM-D scores (F=11.47, p<0.001). In Model 2, only BAI scores (p<0.001, CI: 0.484-1.082) were significant predictors of TAES scores. In the healthy control group, 6% of the variance in TAES scores was significantly explained by RSA scores (F=4.44, p=0.040). When BAI scores were added to Model 1, 30% of the variance in TAES scores was significantly explained by RSA and BAI scores (F=13.26, p<0.001). In Model 2, only BAI scores (p<0.001, CI: 0.327-0.846) were significant predictors of TAES scores.

CONCLUSIONS: A negative correlation was found between psychological resilience scores and both earthquake fear and post-earthquake traumatic experience scores (p<0.05). However, hierarchical linear regression analysis in TAES P2 model showed that while resilience was initially associated with traumatic experience scores, this relationship lost its significance when anxiety and depression scores were included in the analysis (F=11.47, p<0.001). Therefore, psychiatrists should consider individual resilience when addressing post-earthquake mental health, but prioritize assessing and managing depression and anxiety symptoms. This is a promising result, when considering the fact that psychological resilience is harder to ameliorate compared to depression and anxiety in the clinical setting.

Keywords: Depression, anxiety, earthquake, resilience, trauma

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SOCIODEMOGRAPHIC AND CLINICAL CHARACTERISTICS OF SCHIZOPHRENIA OR PSYCHOTIC DISORDER CASES REFERRED FOR INPATIENT TREATMENT FROM A COMMUNITY MENTAL HEALTH CENTER

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BACKGROUND AND AIM: This study aimed to investigate the sociodemographic and clinical characteristics of patients with Schizophrenia or Psychotic Disorders who were monitored for at least six months at the SBÜ İzmir Bozyaka Training and Research Hospital Community Mental Health Center (CMHC) and referred for inpatient treatment at İzmir City Hospital.

METHODS: [For our current research, ethical approval has been obtained from İzmir Bozyaka Training and Research Hospital with the decision number 2025/10.|]The study included 30 patients aged 18-65 years who were followed at the CMHC for at least six months. Data from patients hospitalized between May 1, 2024, and November 1, 2024, were retrospectively analyzed using a structured form. Positive and Negative Syndrome Scale (PANSS) scores were assessed during the first and last weeks of hospitalization. Data were analyzed using SPSS 25.0, and paired sample t-tests evaluated PANSS scores ($p<0.05$).

RESULTS: The mean age of patients was 41.4±10.63 years, with an average CMHC follow-up of 2.16±2.59 years and illness duration of 8.21±8.56 years. Most patients (90%) lived with family, while 10% lived alone. Diagnoses included Schizophrenia (53.3%) and Psychotic Disorders (46.7%). Before hospitalization, 73.3% discontinued medication, and 93.3% were on polypharmacy. Long-acting injectable antipsychotics were used by 76.7% during hospitalization. PANSS positive symptom scores significantly decreased from 23.33 at admission to 20.23 at discharge ($t=3.046$, $p=0.005$). General psychopathology scores improved ($t=2.223$, $p=0.034$), but negative symptom scores showed no significant change ($t=1.383$, $p=0.177$). Total PANSS scores dropped from 86.66 to 76.53 ($t=2.564$, $p=0.016$).

CONCLUSIONS: Since 2009, CMHCs have been established in our country for the treatment of mental illnesses and psychosocial support. The aim of these centers is to improve the treatment processes by enhancing patients' psychosocial support.. CMHCs are essential for post- discharge follow-up and addressing caregiver needs. Limitations include the retrospective design and lack of data on the frequency of CMHC service utilization.

Keywords: Communitiy mental healt centere, schizophrenia, psychotic disorder, psychosocial support

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COMPARISON OF TRAUMATIC STRESS, ANXIETY, DEPRESSION, AND SLEEP QUALITY IN PSORIASIS PATIENTS AFFECTED BY EARTHQUAKE WITH HEALTHY CONTROL GROUP AFFECTED BY EARTHQUAKE

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BACKGROUND AND AIM: Based on the fact that traumatic events such as earthquakes do not affect everyone in the same way, the main research question of our study was whether individuals with psychosomatic diseases like psoriasis are affected by earthquakes in the same way as those without such diseases. In our study, we aimed to compare the level of impact of the February 6, 2023 earthquakes on psoriasis patients with that of a healthy control group affected by the earthquake.

METHODS: Ethical approval for the research was obtained from the Adıyaman University Non- Interventional Clinical Research Ethics Committee (Decision number: 19/03/2024, date: 2024/3-3). This cross-sectional and comparative study was conducted through face-to-face interviews with psoriasis patients affected by the February 6, 2023, earthquakes and healthy individuals affected by the earthquake, who visited the dermatology outpatient clinic of a tertiary hospital located in Adıyaman, one of the provinces affected by the earthquake, between April and August 2024. Data for the study were collected using Sociodemographic questions, the PTSD Checklist for DSM-5, the Pittsburgh Sleep Quality Index, the Beck Depression Inventory (BDI), and the Beck Anxiety Inventory (BAI).

RESULTS: It was found that the education and employment status of psoriasis patients were significantly lower than the control group ($p<0.001$, $p<0.001$, respectively). A statistically significant negative correlation was found between age and depression, anxiety, sleep quality in psoriasis patients (r:-0.285; p:0.008, r:-0.302; p=0.005, r:-0.307; p=0.004, respectively).

CONCLUSIONS: It was concluded that there was no significant difference in the severity levels of depression, anxiety, PTSD, and sleep disorders between psoriasis patients and healthy controls. It was found that as age increased in psoriasis patients, the severity of depression, anxiety, insomnia, and PTSD symptoms decreased. Early diagnosis of mental disorders through collaboration with psychiatric clinics in individuals with psychodermatological diseases like psoriasis, affected by the earthquake, may positively impact the success of treatment.

Keywords: Earthquake, psoriasis, post-traumatic stress disorder

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PROBABILISTIC REASONING (JTC) BIAS IN SCHIZOPHRENIA: META-ANALYSIS OF ITS ASSOCIATION WITH DELUSIONS, NEGATIVE SYMPTOMS AND IQ

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BACKGROUND AND AIM: Probabilistic reasoning bias ('jumping to conclusions', JTC) has been studied in schizophrenia for over 30 years. While its presence in the disorder has been amply confirmed, some studies have failed to find evidence of an association with delusions, and its relationship to other aspects of the clinical picture remains uncertain. Given the publication of new studies (some of them large), an updated meta-analysis aimed at examining the relationship of JTC bias in schizophrenia spectrum disorders (SSD) to delusions, negative symptoms and cognitive function is justified.

METHODS: Databases searched included PubMed, PsycINFO, Embase, and ProQuest Dissertations and Theses Global; the grey literature was also searched. Studies were required to be carried out on patients meeting diagnostic criteria for SSD, to use recognized tasks for assessing JTC (e.g the beads task) and to report scores for delusions, negative symptoms or cognitive function (as indexed by current IQ). This meta-analysis was preregistered on OSF, DOI: 10.17605/OSF.IO/89RTV, OSF project: osf.io/jec69 (ethics committee approval is not required for meta-analyses).

RESULTS: After title/abstract screening, 2,746 of 2,947 records were excluded, leaving 201 reports for retrieval. Of these, 199 could be located, and 51 studies were considered includable after full text screening. There were 29 studies reporting on the association between JTC and delusions (with 7 more potentially includable, eg after requesting data from authors), 6 studies on the association with negative symptoms, and 5 (+ 2 more potentially includable) on the association with current IQ. Full meta-analytic findings will be presented.

CONCLUSIONS: This study will provide an up-to-date overview of the relationship of JTC bias to key clinical and cognitive features of schizophrenia. Findings should help clarify the 'state' vs 'trait' characteristics of this reasoning bias.

Keywords: Jumping to conclusions, probabilistic reasoning bias, schizophrenia, delusions, negative symptoms, cognitive function

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EXAMINATION OF FACTORS PREDICTING RESPONSE TO LITHIUM TREATMENT AND THE ROLE OF MONOCYTE/HIGH-DENSITY LIPOPROTEIN RATIO

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BACKGROUND AND AIM: Lithium is the gold standard for bipolar disorder treatment, but predicting response remains challenging. The monocyte/HDL ratio (MHR), a biomarker of inflammation and oxidative stress, has been studied in inflammation-related diseases. As inflammation's role in bipolar disorder gains support, higher MHR levels have been linked to disease severity. This study evaluates the effects of sociodemographic factors, clinical severity, and MHR on lithium response.

METHODS: This retrospective study included 97 bipolar disorder patients using lithium, meeting inclusion criteria, and visiting our hospital between 01.01.2024 and 01.12.2024. Sociodemographic data (gender, age, smoking status, education level), Hamilton Depression Rating Scale (HAM-D), Young Mania Rating Scale (YMRS), thyroid function tests, lithium levels, and MHR were recorded. Scales were administered during the last three months in the euthymic period. Based on the Alda Scale for Lithium Response, patients were classified as good (n=59) or poor responders (n=38). Groups were compared in terms of sociodemographic and clinical features, as well as MHR. The study protocol was approved by the Ethics Committee (protocol code: 2024-TBEK 2025/01-08).

RESULTS: 33% of patients were male (n=32) and 67% were female (n=65), with a mean age of 41.1 ± 12.2 years. Gender, age, and smoking status showed no significant differences between groups. MHR did not predict lithium response, but regression analysis (R^2=0.097, F=5.066, p=0.008) indicated MHR predicted HAM-D scores (B=100.753, p=0.009). A moderate negative correlation was found between Alda Scale and HAM-D (R=0.45, p<0.001). Logistic regression showed low education level and high HAM-D scores predicted poor response (p=0.004, x^2=25.8, R^2=31.7).

CONCLUSIONS: Subthreshold depressive symptoms may be linked to poor lithium response. Early assessment is crucial. MHR's potential as a biomarker for response prediction warrants further research

Keywords: Bipolar disorder, lithium response, alda scale, MHR, inflammation

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EXAMINATION OF THE FACTORS INFLUENCING POST-TRAUMATIC SYMPTOMS IN THE LONG-TERM AFTERMATH OF THE FEBRUARY 6TH KAHRAMANMARAŞ EARTHQUAKE

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BACKGROUND AND AIM: The objective of this study was to ascertain the prevalence of trauma symptoms in individuals residing within the seismic region 18 months after the February 6th 2023, Maraş earthquake, and to examine the factors contributing to these symptoms.

METHODS: The study included 339 participants who experienced the earthquake. The participants were administered sociodemographic data form, Traumatic Stress Symptom Scale (TSSC), and Earthquake Stress Coping Scale (ESCS). Ethical approval was obtained from NEU Ethics Committee(199-2024/5025).

RESULTS: According to the TSSC, 20% (n:68) of the 339 participants were determined to have possible PTSD (pPTSD). In the pPTSD group, rate of damage or destruction in the home (p=0.003), rate of women (p=0.006), rate of loss of life in relatives (p=0.003), rate of property loss(p<0.001), and rate of receiving psychiatric support(p=0.012) were significantly higher. The pPTSD group demonstrated significantly lower positive reappraisal (p<0.001) and seeking social support (p=0.018) subscores compared to the non-PTSD group. TSSC scores were negatively correlated with positive reappraisal (r=-0.26, p<0.001), seeking social support (r=0.14, p=0.01), and religious coping (r=-0.19, p=0.03) subscores of the ESCS among all participants. Regression analyses revealed that the presence of long-term pPTSD was predicted with being female(Exp (B)=2.1, p=0.02), loss of life in relatives (Exp(B)=1.84, p=0.49), property loss (Exp(B)=2.26, p=0.01), and the need for psychiatric support (Exp(B)=2.59, p=0. 002). Additionally, positive reappraisal(Exp(B)=1.12, p=0.006) and seeking social support (Exp(B)=1.14, p=0.03) coping mechanisms were shown to decrease the risk of developing pPTSD.

CONCLUSIONS: Current research suggest that traumatic symptoms may persist long after major natural disasters. Consequently, the provision of psychological support services, the enhancement of social support networks, and the dissemination of stress management methods following disasters such as earthquakes should be sustained over an extended period in high-risk regions. It is anticipated that the findings of this study will serve as a guide for researchers, clinicians, and policymakers, facilitating the development of effective strategies for the management of post-disaster mental health needs.

Keywords: Coping mechanism, earthquake, post-traumatic symptoms

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THE PREDICTIVE ROLE OF INFLAMMATORY MARKERS IN METHAMPHETAMINE-INDUCED PSYCHOSIS

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BACKGROUND AND AIM: Existing literature suggests a potential predictive role of inflammatory parameters in individuals diagnosed with psychosis. This study aims to investigate the diagnostic and predictive value of clinical and inflammatory markers in the development of psychosis among individuals presenting to our clinic with methamphetamine use.

METHODS: Patients presenting with methamphetamine use were included in this study. Participants were divided into two groups according to the development of psychosis: Group 1 (with psychosis development), Group 2 (without psychosis development). Demographic data such as age, gender, alcohol and tobacco use, hemogram and biochemical parameters, and inflammation markers such as Neutrophil-Lymphocyte Ratio (NLR), Platelet-Lymphocyte Ratio (PLR), Absolute Granulocyte Count Ratio (AGR), Systemic Immune Inflammation Index(SII), Systemic Inflammation Response Index (SIRI), and presepsin levels were evaluated. Binary logistic regression analysis was performed to evaluate the predictive value of these parameters in the development of psychosis and to create a predictive model. Ethics committee approval was obtained from Çam and Sakura City Hospital (KAEK/13.12.2023.646).

RESULTS: The study population comprised Group 1(n=41) and Group 2(n=19). The average age of participants was 32 years, with 90%(n=54) being male. A significant proportion of the participants reported a history of tobacco use (90%,n=54), while 53.3% (n=32) reported a history of alcohol use. Significant differences were found between the groups in PANSS-P ($p<0.001$), PANSS-N ($p=0.003$), PANSS-G ($p=0.002$), and PANSS-Total ($p<0.001$) scores. Group 1 exhibited higher mean scores across all subscales and the total score. Univariate analysis revealed significant associations for smoking (OR:14.28,$p=0.020$), WBC>10.5 (OR:18.9, $p=0.006$), and HGB>15.8 (OR:9.3, $p=0.038$). Multivariate analysis confirmed WBC>10.5 (OR:13.4, $p=0.018$). No difference was found in terms of presepsin levels. The limitation of this study is the difference in sample size between the two groups due to variations in hospitalization rates.

CONCLUSIONS: This study highlights the significant role of clinical and inflammatory markers in predicting psychosis development among individuals using methamphetamine. Elevated WBC (>10.5) emerged as an independent predictor in multivariate analysis, underscoring its diagnostic value.

Keywords: Inflammatory markers, methamphetamine, psychosis

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PRISM-RII AS A VISUAL MEASUREMENT TOOL FOR INTERNALIZED STIGMATIZATION IN PATIENTS WITH SCHIZOPHRENIA

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BACKGROUND AND AIM: Stigmatization in schizophrenia negatively impacts quality of life and disease progression. Internalized stigma, wherein patients incorporate societal prejudices into their self-concept, can exacerbate symptoms, hinder treatment adherence, and reduce social functioning. Traditional assessments may not fully capture these subjective experiences. The Pictorial Representation of Illness and Self Measure Revised II (PRISM-RII) offers a visual, easy-to-apply, and practical tool to assess both perceived illness burden and internalized stigma. This study aims to evaluate the effectiveness of PRISM-RII in measuring internalized stigmatization among patients with schizophrenia.

METHODS: Fifty-three patients with schizophrenia were recruited from the outpatient clinic of Bakırköy Prof.Dr. Mazhar Osman Training and Research Hospital. Participants provided informed consent and completed a sociodemographic form, PANSS, the Internalized Stigma of Mental Illness Inventory(ISMI), and PRISM-RII. Ethical approval was obtained from the Bakırköy Dr. Sadi Konuk Training and Research Hospital Ethics Committee(decision number 2020-14-14).

RESULTS: Of 53 participants, 16 were women(30.2%), with a mean age of 38.7±11.5 and illness duration of 14.8±9.6 years. Regarding disc size selection representing illness, 24 participants (45.3%) chose the small disc, 14(26.4%) the medium disc, and 15(28.3%) the large disc. Total ISMI scores differed significantly across disc sizes(Kruskal-Wallis-H(2)=15.44,p<0.001). Post- hoc analyses showed that those selecting the small disc had lower ISMI scores compared to medium and large disc groups, with no significant difference between the latter two. A negative correlation was found between Self-Illness Separation(SIS) values and ISMI(r=-0,39,p=0.004).

CONCLUSIONS: PRISM-RII effectively assesses internalized stigma in schizophrenia. The correlation between disc size selection and ISMI scores suggests that patients with higher stigma levels perceive their illness as more central to their identity. The negative correlation between SIS values and stigma levels highlights PRISM-RII's potential to capture the nuanced relationship between self-perception and illness. Visual tools like PRISM-RII may enhance clinicians' understanding of stigma's psychological impact, aiding in more personalized treatment strategies.

Keywords: Stigmatization, schizophrenia, PRISM-RII, internalized stigma, illness burden, shared decision making

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RELATIONSHIP BETWEEN GAMBLING BEHAVIOR AND SUICIDE PROBABILITY AND HOPELESSNESS

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BACKGROUND AND AIM: It is reported that the mental health of individuals with gambling disorder is negatively affected. This study aimed to investigate the frequency of gambling behavior (GB) in society and the relationship between GB and suicide probability and hopelessness.

METHODS: This cross-sectional study was conducted via an online survey and 1057 people were reached through a community-based random sample. South Oaks Gambling Screen (SOGS), Beck Hopelessness Scale (BHS) and Suicide Probability Scale (SPS) were applied to all participants. Ethics committee approval was received on 02.01.2025 with the decision number TBAEK-44.

RESULTS: The mean age of all participants is 37.45±11.34 (min: 18-max: 71) years. 48.0% are female (n=507). 30.7% of the participants (n=325) stated that they played at least one gambling game (casino, lottery, betting, etc.). The rate of pathological gambling, based on the SOGS cutoff score, is 4.9% (n=52). Those who gamble show significantly higher scores on the BHS and SPS compared to non-gamblers ($p<0.001$ for both). Pathological gamblers also have higher BHS and SPS scores than non-pathological gamblers ($p<0.001$ for both). In the multivariate linear regression analysis, factors that predict SOGS scores include a history of legal issues (OR=0.55, p=0.06), smoking history (OR=0.73, $p<0.001$), SPS score (OR=0.04, $p<0.001$), family gambling history (OR=0.73, $p<0.001$), and a history of suicide attempts (OR=1.19, p=0.002).

CONCLUSIONS: As a result of our study, it can be said that individuals with GB have more hopelessness and suicide probability. Similarly, in the literature, it is reported that adults with GB have a high risk of suicide. We think that the risk of suicide is an important problem in individuals with GB. Considering the rapid increase in gambling addiction in recent years, suicide is an important problem in these patients and should be evaluated in detail in each patient.

Keywords: Gambling, suicide, hopelessness, addiction

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THE RELATIONSHIP BETWEEN BDNF RS6265 (VAL66MET) POLYMORPHISM AND SERUM BDNF LEVEL IN ANXIETY DISORDERS

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BACKGROUND AND AIM: Our study aims to investigate serum BDNF levels and BDNF rs6265 (Val66Met) polymorphism in individuals with anxiety disorders and healthy volunteers and uncover the role of serum BDNF levels and Val66Met polymorphism in the etiology of anxiety disorders, evaluate their relationship with symptom severity, and determine the effects of Val66Met polymorphism on serum BDNF levels.

METHODS: The study included 64 patients diagnosed with at least one of the disorders under the umbrella of anxiety disorders, according to DSM V-TR criteria, and 64 healthy volunteers. Participants were recruited from the Psychiatry Policlinic of Balıkesir University Health Application and Research Hospital. Blood samples collected from participants were analyzed in biochemistry and genetics laboratories using ELISA and RT-PCR methods. Prior to participation, informed consent was obtained from all participants. They were then asked to fill out a Sociodemographic and Clinical Information Form, and all participants underwent SCID-5-CV, HAM-A, HADS, and Level 2 Somatic Symptom Scales. The ethical approval for the study was granted by the Clinical Research Ethics Committee of Balıkesir University, Turkey, on May 10, 2023, under decision number 2023/71.

RESULTS: The median (min-max) serum BDNF levels in the patient and control groups were found to be 1.50 (0.19-3.28) ng/mL and 1.62 (1.05-9.50) ng/mL, respectively, with a statistically significant difference between the two groups (p=0.007). A negative correlation was identified between serum BDNF levels and HAM-A, HADS, and Level 2 Somatic Symptom Scale scores (rs= -0.386, rs= -0.317, rs= -0.224, respectively). When the diagnostic performance of serum BDNF levels was evaluated using the ROC curve, a cutoff value of 1.54 ng/mL was found to have a sensitivity of 59.4% and a specificity of 57.8%, indicating significant discriminative power for disease detection. No significant difference was observed between the patient and control groups regarding the presence of Val66Met polymorphism (p=0.843). Additionally, no statistically significant relationship was found between serum BDNF levels and Val66Met polymorphism (p=0.215).

CONCLUSIONS: In our study, serum BDNF levels were found to be associated with anxiety disorders and symptom severity. This finding supports the idea that BDNF is related to the biological basis of anxiety disorders, and due to its relationship with symptom severity, serum BDNF levels could be used as a helpful biomarker in the diagnosis and treatment of these disorders (Suliman et al. 2013). In our study, the presence of Val66Met and other variants (Val/Val and Met/Met) was not associated with anxiety disorders. Therefore, the genetic risk associated with Val66Met and other variants was not considered to be specific to anxiety disorders. Although the presence of any genomic variant in anxiety disorders has not been definitively established, we believe that our findings could contribute to future studies comparing the Val66Met polymorphism across populations. The findings from our study reveal that the rs6265 (Val66Met) polymorphism and other allele variants do not affect serum BDNF levels in either healthy controls or anxiety disorder patients. The inconsistent results found in different studies regarding the effect of the Val66Met polymorphism on serum BDNF levels suggest that other factors influencing the synthesis and secretion of BDNF may exist (D'Sa et al. 2012). It should be considered that there may be other sources of BDNF in the serum that are not affected by the Val66Met polymorphism (Terracciano et al. 2013). The unique aspect of our study is that it includes patients with newly diagnosed anxiety disorders who have not yet received psychiatric treatment. This ensures that the potential effects of pharmacological interventions on biochemical and genetic outcomes are excluded. The inability to significantly confirm the effect of the Val66Met polymorphism on BDNF levels indicates that genetic variations should be examined in larger sample groups and different populations.

Keywords: Anxiety disorder, BDNF, polymorphism, rs6265, Val66Met

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EFFECTS OF INTERMITTENT HYPOXIA ON DEPRESSION-LIKE BEHAVIOR AND SEROTONERGIC SYSTEM IN RODENT MODEL

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BACKGROUND AND AIM: Hypoxia can affect many organ systems. The aim of the present study was to investigate the effects of intermittent hypoxia on serotonin levels and depression-like behaviors in different neuroanatomical regions.

METHODS: Sixteen adult Wistar albino female rats, 8 in the control group and 8 in the hypoxia group, were used in the experiment. Hypoxia group will be exposed to 3000 meters, 69.3 kPA, 3000 (520 mm-Hg, approximately 14% O2) protocol for 14 days, 5 hours a day. Locomotor activity with the open field test and depression-like behaviors with the forced swimming test were examined. The subjects were sacrificed under 50 mg/kg sodium thiopental anesthesia. Prefrontal cortex, striatum, thalamus, hypothalamus, hippocampus and serum were analysed for serotonin level by ELISA. Normal distribution was analysed by Shapiro Wilk test as a statistical method. The difference between the groups was analysed by Student-t test. All procedures were carried out under the approval of the Ankara University Experimental Animals Ethics Committee, and the approval reference number is 2023-9-79, meeting date: 10.05.2023.

RESULTS: Intermittent hypoxia induced no change in locomotor activity ($p>0.05$) but increased depression-like behavior ($p<0.05$). Swimming behavior associated with the serotonergic system was significantly reduced ($p<0.0001$). Intermittent hypoxia decreased serotonin levels in the prefrontal cortex ($p<0.005$), and striatum ($p<0.05$). No significant changes were seen in other anatomical regions and serum ($p>0.05$).

CONCLUSIONS: In the present study, intermittent hypoxia both induced depression-like behaviors and decreased serotonin levels in the prefrontal cortex and striatum. It should also be assessed for brain health, including hypoxic conditions seen in some diseases such as sleep apnea. More studies on hypoxia, behavior and serotonin are needed.

Keywords: Depression-like behavior, forced swimming test, intermittent hypoxia, prefrontal cortex, serotonin, striatum

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SENSORY PROFILE AND CAREGIVER BURDEN IN YOUNG CHILDREN WITH AUTISM SPECTRUM DISORDER

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BACKGROUND AND AIM: Autism Spectrum Disorder (ASD) is associated with sensory processing difficulties and increased parental stress. This study aims to examine the relationship between sensory profiles, autism symptom severity, and caregiver burden among mothers of young children with ASD.

METHODS: The study included 73 children with ASD (aged 3–6 years) and their mothers, alongside a control group of 73 typically developing children matched for age and gender. Assessments included the Sensory Profile (SP), Childhood Autism Rating Scale (CARS), Aberrant Behavior Checklist (ABC), Zarit Caregiver Burden Interview (ZBI), DENVER II Test, Beck Depression Inventory, and Beck Anxiety Inventory. A child and adolescent psychiatrist conducted diagnostic interviews based on DSM-5 criteria, with confirmation from a panel of three child and adolescent psychiatry specialists. The ethical approval for the study was obtained from the Clinical Research Ethics Committee of T.C. Sağlık Bilimleri Üniversitesi, Bakırköy Dr. Sadi Konuk Training and Research Hospital on 01.11.2021 with the protocol number 2021/513.

RESULTS: Sensory processing difficulties were present in at least one domain in 77% of children with ASD. Mothers of children with ASD had significantly higher depression, anxiety, and caregiver burden scores compared to controls. A negative correlation was found between children's SP scores and maternal caregiver burden ($p<0.05$). In a hierarchical regression analysis, 63% of the variance in caregiver burden was explained by a model consisting of SP scores, CARS scores, ABC scores, and maternal depression and anxiety scores ($F=6.68$, $p<0.001$). Among sensory domains, vestibular and visual processing scores significantly predicted caregiver burden ($p<0.05$).

CONCLUSIONS: Sensory processing difficulties are highly prevalent in young children with ASD and contribute to increased caregiver burden in mothers. Addressing these sensory challenges may help alleviate parental caregiver burden.

Keywords: Autism spectrum disorder, sensory processing, sensory profile, caregiver burden

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LIFETIME AND CHILDHOOD TRAUMA PREVALENCE AND ITS RELATIONSHIP WITH WEIGHT LOSS IN PATIENTS APPLYING TO AN OBESITY CLINIC

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BACKGROUND AND AIM: Although the link between childhood adversity and obesity is known, partner or family violence exposure in obese patients has been less studied. The aim of our study is to determine the prevalence of childhood traumas and lifetime domestic violence in female patients with obesity and to investigate the relationship of these experiences with weight loss.

METHODS: A total of 176 obese female patients were interviewed using the Structured Clinical Interview(SCID 5-CV).16 patients with anxiety, 42 with depression, and 29 who did not complete the forms were excluded. 89 participants were included.A domestic violence questionnaire, and a childhood trauma scale were used Weight was recorded at baseline and three months later.Patients who lost more than 5% of their weight and those who did not were compared based on their responses to the scales and forms. The study was approved by the Izmir Katip Celebi University Ethics Committee with decision number and date 2024/0095.

RESULTS: The mean age of the participants was 42.96±9.53 years. Among them, 34.5% reported experiencing physical, 36.8% emotional, 36.8% economic, and 23% sexual violence during their lifetime.The most common perpetrator was the partner. Additionally, 44.5% of participants reported experiencing emotional abuse, 80% emotional neglect, 28.3% physical abuse, 58.8% physical neglect, and 28.2% sexual abuse during childhood. Patients who lost more than 5% of their weight had lower rates of lifetime exposure to physical violence (χ^2:7.365 p=0.024),economic violence(χ^2:10.888 p=0.003),and sexual violence (χ^2:6.893p=0.036). Weight loss was significantly lower in patients who had experienced emotional abuse (χ^2:0.045 p=0.045) and sexual abuse (χ^2:6.124 p=0.031) during childhood. The majority of participants stated that healthcare professionals had never asked them about violence before.

CONCLUSIONS: Our study highlights that exposure to various types of lifetime violence is common among patients with obesity and that such experiences have a negative relation on weight loss. It is important for clinicians to address adverse life experiences in clinical settings.Further research with larger sample sizes will contribute to the literature.

Keywords: Childhood trauma, intimate partner violence, obesity

OP-048 https://doi.org/10.5080/kes27.abs48

A PERSPECTIVE OF MENTAL CAPACITY AND ALEXITHYMIA ON MEDICATION ADHERENCE IN PATIENTS APPLYING TO PSYCHIATRY OUTPATIENT CLINIC

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BACKGROUND AND AIM: Medication adherence is crucial for treatment effectiveness, significantly impacting success rates. Many studies explore factors influencing adherence to improve treatment outcomes and enhance overall effectiveness. In present study, we aimed to investigate the relationship between alexithymia levels, mental capacity and medication adherence in patients admitted to a psychiatry clinic regardless of their diagnosis.

METHODS: Current study included 62 patients from Necmettin Erbakan University Faculty of Medicine psychiatry clinic who volunteered to participate. Participants were asked to fill out a sociodemographic form, Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), Liverpool University Antipsychotic Side Effect Rating Scale (LUNSERS), Medication Adherence Rating Scale (MARS), Toronto Alexithymia Scale (TAS), National Adult Reading Test-Turkey (NART-TR). Research necessary permissions were obtained from the local ethics committee(IRB Date/Number:2025/5492).

RESULTS: Of the 62 patients, 27 were diagnosed anxiety disorder, 17 deppression, 6 obsessive- compulsive disorder, 5 attention deficit hyperactivity disorder, 4 bipolar disorder and 3 psychotic disorder. According to MARS scores, 32 patients had poor medication adherence. No significant difference was found between patients with and without medication adherence in terms of gender, marital status, family history(p=0.851, p=0.611, p=0.362, respectively). Significant differences were observed in BAI, BDI, LUNSERS mean scores between the groups with and without medication adherence (p=0.004, p=0.013, p=0.006, respectively). However, no significant difference was found between the two groups in TAS and NART-TR scores. Correlation analysis revealed a statistically significant negative correlation between MARS scores and LUNSERS, BAI and BDI(r=-0.408, r=-0.387, r=-0.344, respectively). However, no significant correlation was found between the MARS score and the TAS and NART-TR scores(r=-0,144, r=- 0,112 respectively).

CONCLUSIONS: Consistent with the literature, the results of present study support that BDI, BAI, LUNSERS scores significantly affect medication adherence. However, alexithymia and mental capacity didn't have a positive or negative effect on medication adherence in our study. Further studies with larger samples are needed to investigate these effects.

Keywords: Alexithymia, medication adherence, mental capacity

OP-049 https://doi.org/10.5080/kes27.abs49

PREVALENCE OF DIABETES MELLITUS IN INPATIENTS OF A FORENSIC PSYCHIATRY CLINIC AND QUALITATIVE CHARACTERISTICS OF CRIMES COMMITTED BY INDIVIDUALS WITH DIABETES

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BACKGROUND AND AIM: The higher prevalence of diabetes mellitus (DM) in individuals with psychiatric disorders is linked to unhealthy lifestyles, physical inactivity, psychotropic medication use, and limited medical care access. Hypoglycemia in DM can cause altered consciousness, impaired self-regulation, anger dyscontrol, and impulsivity, while long-term glucose fluctuations may lead to cognitive impairment. This study examines the association between DM and the qualitative characteristics of criminal behavior in forensic psychiatric inpatients, thereby contributing to the assessment process of forensic cases.

METHODS: We retrospectively analyzed 115 forensic cases (aged 18–70) hospitalized at the High-Security Forensic Psychiatry Clinic/Bursa City Hospital in 2024. Among them, 45 had comorbid DM. Sociodemographic data and variables related to diabetes/psychiatric disorders, and criminal behavior were recorded. Group comparisons were conducted using the Chi-Square Test, Independent Samples t-Test, and Multivariable Binary Logistic Regression. Analyses were performed with IBM SPSS 26.0. The study was approved by the Bursa City Hospital Ethics Committee on 22/01/2025 (Decision No: 2025-2/11).

RESULTS: The DM group (30 females, 15 males; mean age 49.18±10.65 years) exhibited significantly higher antipsychotic (p=0.019) and antidepressant (p=0.049) use than the control group (53 males, 17 females; mean age 41.54±11.23 years). Crime type (premeditated vs. impulsive) (p=0.002) and employment status (p=0.016) also differed significantly by DM status, with higher impulsivity and unemployment in DM. Independent Samples t-Test revealed higher mean age and blood glucose levels closest to the time of the offense in DM cases (p<0.001). Multivariable Binary Logistic Regression showed presence of DM increased impulsive crime risk by 4.45 times (p=0.004, OR=4.455, 95% CI [1.627–12.199]), while substance use disorder reduced it by ~70% (p=0.019, OR=0.294, 95% CI [0.106–0.815]).

CONCLUSIONS: These findings indicate that diabetes-related blood glucose dysregulation significantly increase the rate of impulsive criminal behavior. We believe that considering the diagnosis of diabetes and blood glucose fluctuations in the forensic evaluation of individuals committing impulsive crimes is notable in assessing criminal responsibility.

Keywords: diabetes mellitus, forensic psychiatry, crime, hypoglycemia, impulsivity

OP-050 https://doi.org/10.5080/kes27.abs50

INVESTIGATION OF HEALTH LITERACY LEVELS IN PATIENTS APPLYING TO OBESITY CENTER

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BACKGROUND AND AIM: Obesity is a chronic disease that develops through the interaction of metabolic, genetic, sociocultural and behavioral factors. The term "Health Literacy" is defined as the use and understanding of information that will improve health and the skills that affect individuals' access to health services. Health literacy may be important in the awareness and treatment of obesity. The aim of our study is to measure the health literacy levels of obese individuals.

METHODS: Our research is a descriptive and cross-sectional study conducted with individuals over the age of 18, with a body mass index≥30 kg/m^2, who applied to Etlik City Hospital Obesity Center between August-December 2024, were informed about the research, agreed to participate, and gave informed consent (ethics committee approval date 14.08.2024 and decision number AEŞH-BADEK-2024-659). Individuals were given a form that evaluated their sociodemographic information, Turkey Health Literacy Survey-32 (TSOY-32), and mental status examinations were performed.

RESULTS: Of the participants included in the study, 82.3% (n=191) were female and 38.8% (n=90) were high school graduates, 49.1% (n=114) were unemployed, 68.5% (n=159) were married, 61.2% (n=142) had known comorbidities, and 69.8% (n=162) were in the BMI>40 group. In the general score, 3.0% (n=7) of the participants had insufficient (0-25), 23.7% (n=55) problematic- limited (26-33), 47.8% (n=111) sufficient (34-42), 24.6% (n=57) excellent (43-50) health literacy levels. In the health care domain score, 2.2% (n=5) of the participants had insufficient, 12.9% (n=30) problematic-limited, 57.3% (n=133) sufficient, 26.3% (n=61) excellent levels. In the disease prevention and health promotion domain score, 6.9% (n=16) of the participants had insufficient, 9.1% (n=21) had problematic-limited, 43.5% (n=101) had sufficient, and 29.3% (n=68) had excellent levels.

CONCLUSIONS: Identifying the psychological and individual factors associated with obesity, and increasing health literacy can contribute to a more efficient, permanent and sustainable weight loss process for obese patients.

Keywords: Health literacy, obesity, treatment

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INVESTIGATION OF SOMATIZATION, MENTAL CAPACITY AND VERBAL FLUENCY IN ALEXITHYMIC AND NON- ALEXITHYMIC PATIENTS APPLYING TO PSYCHIATRY OUTPATIENT CLINIC

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BACKGROUND AND AIM: A review of the literature shows a significant relationship between alexithymia and somatization, with growing interest in recent years. Identifying mediating factors is key to understanding the underlying mechanism. This study compares somatization symptoms, mental capacity, and verbal fluency in patients with and without alexithymia, independent of diagnosis.

METHODS: Current study included 72 patients who consecutively applied to Necmettin Erbakan University Faculty of Medicine psychiatry outpatient clinic. Informed consent was obtained. Participants completed a sociodemographic form, Patient Health Questionnaire(PHQ-15), Beck Depression Inventory(BDI), Beck Anxiety Inventory(BAI), Verbal Fluency Test, National Adult Reading Test-Turkey(NART-TR), Toronto Alexithymia Scale (TAS-20). Research necessary permissions were obtained from the local ethics committee(IRB Date/ Number:2025/5493).

RESULTS: A total of 72 patients were included: 31 with Anxiety Disorder, 20 with Major Depressive Disorder, 7 with Obsessive-Compulsive Disorder, 6 with Attention Deficit Hyperactivity Disorder, 4 with Bipolar Affective Disorder, and 4 with Psychotic Disorder. When evaluated based on the TAS-20 cutoff score, 27 were alexithymic. No significant differences were found between groups in gender, marital status, living arrangements, or employment (p=0.950, p=0.301, p=0.410, p=0.369, respectively). The mean age of the patient group with alexithymia and the presence of family history were found to be low(p=0.044, p=0.025, respectively). The alexithymic group had higher mean scores on the BAI, BDI, and PHQ-15(p=0.003, p=0.000, p=0.004, respectively). However, no statistically significant differences were found in the NART-TR and verbal fluency subscales (p=0.884, p>0.05). Nevertheless, a moderate positive correlation was observed between alexithymia and somatization scores (r=0.540), while no significant correlation was found between alexithymia with NART-TR and verbal fluency scores (r=-0.094, r=0.097, respectively).

CONCLUSIONS: The result of present study support the relationship between alexithymia and somatization, consistent with the literature. However, the relationship between alexithymia and verbal fluency or mental capacity was non-significant, contrary to our expectations. Further studies with larger and more homogeneously designed samples across patient groups are needed.

Keywords: Alexithymia, depression, NART-TR, somatization, verbal fluency

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PSYCHOMETRIC PROPERTIES OF THE TURKISH VERSION OF THE MILD BEHAVIORAL IMPAIRMENT CHECKLIST IN PEOPLE WITH SUBJECTIVE COGNITIVE DECLINE

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BACKGROUND AND AIM: The Mild Behavioral Impairment Checklist (MBI-C) has been developed for the assessment and standardization of neuropsychiatric symptoms. The Turkish version has been shown to be valid and reliable in cognitively impaired patients. The aim of this study was to examine the psychometric properties of the MBI-C in patients with subjective cognitive decline.

METHODS: The study sample consisted of 180 people with no cognitive impairment on standardized tests who consented to participate in the study; 80 of these people had subjective cognitive decline, and 100 people had no subjective cognitive decline. The participants were assessed using the Subjective Memory Complaints Questionnaire, the Standardized Mini-Mental State Examination (MMSE), the Geriatric Depression Scale (GDS)-15, the MBI-C, and the Neuropsychiatric Inventory (NPI). Ethics committee approval was obtained with protocol number 2023/41 from Kocaeli City Hospital.

RESULTS: In the reliability analysis, the Cronbach alpha value for the MBI-C was found to be 0.902. In the ROC analysis performed on the total score of The MBI-C, the area under the curve (AUC) was calculated as 0.756 and the cut-off score was determined as 6.5; the sensitivity was calculated as 0.72 and the specificity as 0.68. A strong positive correlation was found between the MBI-C and the NPI scores ($\rho = 0.960$, $p < 0.001$). A significant positive correlation was found between the MBI-C total score, the GDS-15 total score, and the Subjective Memory Complaints Questionnaire total score, but no significant correlation was found with the MMSE total score ($p<0.001$, $\rho=0.585$; $p<0.001$, $\rho=424$; $p=0.144$). In both the mild behavioral impairment and non- mild behavioral impairment groups, 45 (50%) were female. Psychiatric history was significantly higher in the mild behavioral impairment group ($p<0.001$).

CONCLUSIONS: The Turkish version of the MBI-C has good reliability and validity in detecting mild behavioral impairment in people with subjective cognitive decline but no cognitive impairment.

Keywords: Mild behavioral impairment, mild behavioral impairment checklist, subjective cognitive decline

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THE ASSOCIATION OF SLEEP QUALITY WITH DECISION MAKING AND EXECUTIVE FUNCTİONS IN PATIENTS WITH PANIC DISORDER FOLLOWED FOR THREE MONTHS

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BACKGROUND AND AIM: Panic disorder (PD) is an anxiety disorder characterized by sudden and unexpected panic attacks that manifest with both physical and cognitive symptoms. These attacks can be debilitating, leading to increased distress and avoidance behaviors. Sleep disturbances frequently accompany PD, negatively impacting quality of life and exacerbating anxiety symptoms. Studies indicate that PD patients often report difficulty falling and staying asleep, as well as experiencing fragmented sleep patterns, which contribute to heightened emotional distress and cognitive impairment. Additionally, chronic sleep disturbances may lead to greater emotional instability, increased stress sensitivity, and long-term neurocognitive deficits. Executive functions are complex cognitive processes that enable goal-directed behavior, including planning, working memory, inhibition control, cognitive flexibility, reasoning, and problem-solving. Impairments in sleep quality have been associated with deficits in these cognitive abilities. Sleep deprivation or poor sleep quality may reduce the brain's ability to regulate emotions and make adaptive decisions. Studies indicate that individuals with PD experience impairments in visuospatial memory, verbal memory, short-term memory, working memory, and executive functioning. These cognitive impairments not only affect daily functioning but may also contribute to the persistence of anxiety symptoms and hinder effective coping mechanisms. PD is not limited to anxiety symptoms but is closely related to neurocognitive dysfunctions and sleep disturbances, which can significantly impact overall functionality. This study aims to evaluate the relationship between sleep quality and cognitive function impairments in PD patients. Additionally, it investigates whether cognitive deficits persist despite symptomatic improvement after treatment and whether functional recovery occurs alongside symptom resolution. The findings may contribute to an improved understanding of cognitive impairments in PD and highlight the importance of sleep management in the treatment of anxiety disorders.

METHODS: The ethical approval for the study was obtained from the Non-Interventional Clinical Research Ethics Committee of Balıkesir University Rectorate, Republic of Turkey, on August 15, 2023, with decision number 2023/75. The study included 81 volunteer patients diagnosed with PD and 81 healthy control. To be included in the patient group, individuals had to be between 18-65 years old and voluntarily participate in the studyThey were required to meet the DSM-5 diagnostic criteria for panic disorder, not have used psychotropic medication for at least one month before the study, and possess adequate physical and mental capacity to complete the assessments. The treatment process of the patients was monitored in accordance with the routine procedures of the psychiatry outpatient clinic at our hospital. No modifications or interventions were made to the treatment protocols within the scope of this study. At the initial assessment, patients were administered the Sociodemographic Data Form, Pittsburgh Sleep Quality Index (PSQI), Panic Disorder Severity Scale (PDSS), Montgomery- Asberg Depression Rating Scale (MADRS), Wisconsin Card Sorting Test (WCST), and Iowa Gambling Task (IGT). Over the three-month psychiatric treatment and follow-up period, 43 patients discontinued participation for various reasons. Consequently, PSQI, PDSS, MADRS, WCST, and IGT were re-administered to the remaining 38 PD patients who continued treatment and follow-up.

RESULTS: Correlation analyses revealed a significant positive correlation between PSQI and MADRS and between MADRS and PDSS ($p<0.001$). However, no statistically significant correlation was found between PSQI and PDSS scores ($p=0.079$). PDSS scores showed a significant negative correlation with WCST parameters, including total correct responses, total categories completed, and conceptual level response percentage ($p<0.05$). In contrast, PDSS was positively correlated with total errors, perseverative responses, perseverative errors, and perseverative error percentage ($p<0.05$). After treatment, WCST results showed an increase in total correct responses and a significant decrease in total errors and perseverative errors ($p<0.001$). However, no significant changes were observed in the number of trials to complete the first category, failure to maintain set, or learning-to-learn scores ($p>0.05$). Post-treatment IGT scores increased significantly. A significant positive correlation was found between post-treatment PSQI and MADRS scores and between PSQI and PDSS scores ($p<0.001$). Generalized Estimating Equations (GEE) modeling indicated that PSQI significantly affected IGT performance, with each one-point decrease in PSQI associated with a 0.156-point increase in IGT score ($p=0.013$).

CONCLUSIONS: Comparison of WCST results between PD patients and healthy controls revealed that the patient group exhibited lower performance in executive functions, including cognitive flexibility, problem-solving, and abstract thinking. PD patients demonstrated impaired decision-making abilities,

favoring disadvantageous choices and struggling to avoid long-term negative outcomes. Additionally, PD severity was found to significantly impact cognitive functioning, with increased PD severity associated with diminished executive functions, particularly cognitive flexibility, set-shifting, abstraction, and inhibition. Poor sleep quality was associated with increased depression severity, which in turn exacerbated PD severity. Post-treatment assessments indicated improvements in sleep quality, depressive symptoms, and PD severity. Patients demonstrated enhanced problem-solving skills, cognitive flexibility, and adaptation to new rules. Improved abstraction skills and rule-following success suggested increased conceptual thinking and overall cognitive understanding. The observed reduction in perseverative errors indicated enhanced attention and executive function organization. Post- treatment, a decrease in risky decision-making tendencies and an improvement in long-term gain-focused decision-making were noted. A one-point decrease in PSQI score corresponded to an average increase of 0.156 points in IGT score. GEE analysis confirmed that the effect of sleep quality on IGT scores was independent of other variables. Failure to recognize and treat sleep disorders not only negatively affects cognitive functions and decision-making but also leads to a decline in overall functioning. However, the absence of direct acknowledgment of sleep disturbances in the DSM-5 diagnostic criteria for PD may cause this critical issue to be overlooked in clinical practice. Greater awareness and structured interventions targeting sleep disturbances in PD may enhance overall treatment outcomes and long-term cognitive stability. Regular assessment and management of sleep quality in outpatient and inpatient settings are essential for improving the quality of life and cognitive processes in individuals with PD. This study highlights the significance of treating sleep disturbances not only for managing PD symptoms but also for enhancing cognitive performance and decision-making processes. Addressing sleep disorders in PD patients may contribute to a broader approach in clinical psychiatry, promoting better patient outcomes and reducing the long-term functional impairments associated with cognitive decline.

Keywords: Cognitive functions, depression, decision-making, panic disorder, sleep quality

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INVESTIGATION OF DEPRESSION, SOCIAL ANXIETY DISORDER, FUNCTIONALITY, AND QUALITY OF LIFE LEVELS IN PATIENTS WITH PTERYGIUM: A CASE-CONTROL STUDY

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BACKGROUND AND AIM: Pterygium, a degenerative fibrovascular disease, can cause redness, reduced visual acuity, psychological distress, and aesthetic concerns. This study aims to assess the severity of social anxiety, depression, functionality, and health-related quality of life in patients with pterygium, and to compare their mental health with a control group.

METHODS: This case-control study was conducted between March 20, 2024, and August 20, 2024, involving 35 patients with pterygium and a control group of 35 age-, gender-, and chronic disease-matched individuals. All participants completed a sociodemographic data form, the Liebowitz Social Anxiety Scale (LSAS), the Sheehan Disability Scale (SDS), the Beck Depression Inventory (BDI), and the Short Form-36 questionnaire. The study was approved by the Adıyaman University Non-Interventional Clinical Research Ethics Committee (Decision number: 2024/3-9, dated 19/03/2024).

RESULTS: The patient group was found to have significantly lower scores in energy, vitality, and mental health compared to the control group ($t = 2.71$, $p = 0.008$; $t = 1.79$, $p=0.05$, respectively). Additionally, the patient group experienced significantly higher levels of social anxiety than the control group ($t = 1.97$, $p<0.05$). A positive correlation was observed in the patient group between the SDS social life scores and both the total LSAS scores ($r=0.428$, $p=0.01$) and BDI scores ($r=0.616$, $p<0.001$).

CONCLUSIONS: This study highlights that patients with pterygium exhibit significantly higher levels of social anxiety compared to the control group, along with notably lower quality of life scores in terms of energy, vitality, and mental health. Furthermore, the findings suggest that the degree of disability may increase the risk of social anxiety and depression. These results underscore the importance of incorporating psychological evaluation and support into the clinical management of pterygium patients to improve their overall well-being.

Keywords: Pterygium, social anxiety, depression

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THE EFFECT OF ONLINE MINDFULNESS-BASED STRESS REDUCTION ON MINDFULNESS, PAIN SEVERITY, FUNCTIONALITY, AND SOMATOSENSORY TEMPORAL DISCRIMINATION ABILITY IN PATIENTS WITH FIBROMYALGIA SYNDROME

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BACKGROUND AND AIM: Fibromyalgia syndrome (FMS) is a chronic condition characterized by widespread pain, sleep disturbances, mood disorders, and cognitive difficulties. Pharmacological treatments alone are often insufficient; therefore, multidisciplinary approaches are recommended. This study aimed to evaluate the effects of an online MBSR program in FMS patients.

METHODS: This parallel-group, randomized controlled trial included 94 FMS patients (18–65 years) and was approved by the Ethics Committee of Ankara Training and Research Hospital (23.11.2023, No: E-93471371-514.99-229969354). Participants were equally randomized into intervention (N=47) and control (N=47) groups. Only the intervention group completed the original 8-week MBSR program developed by Kabat-Zinn via an online platform, while both groups continued their standard treatments. Baseline and post-intervention assessments included validated clinical scales and somatosensory temporal discrimination threshold (STDT) measurements. Randomization and STDT evaluations were conducted in a blinded manner

RESULTS: Baseline sociodemographic and clinical characteristics, including BMI, MoCA scores, pain duration, FMS diagnosis duration, and medication use, did not differ significantly between the groups. Compared to the control group, the intervention group showed significant improvements in HADS, FIQ, PCS, VAS, and SSS scores ($P<0.001$ for all). Mindfulness subscales significantly increased in the intervention group ($P<0.001$ for all), except for Acting with Awareness. While no significant change was observed in STDT values in the control group, the intervention group exhibited significant improvement in STD ability. A moderate positive correlation was found between changes in STDT and PCS scores ($r = 0.300$, $P<0.05$).

CONCLUSIONS: Online MBSR positively influenced clinical symptoms, functionality, and pain catastrophizing in FMS patients. Significant improvements in depression, mindfulness, and pain severity were observed after completing at least seven sessions. Moreover, the reduction in pain catastrophizing was associated with enhanced STD ability. Online MBSR appears to be an effective and safe adjunctive treatment for FMS patients.

Keywords: Mindfulness, fibromyalgia syndrome, somatosensory temporal discrimination

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DETERMINATION OF IRON DEFICIENCY RATES IN MALE PATIENTS WITH DEPRESSIVE DISORDER: PRELIMINARY RESULTS

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BACKGROUND AND AIM: Iron deficiency may play a role in the aetiology of psychiatric disorders due to its role in neurotransmitter synthesis. Major depressive disorder is associated with low serum transferrin and iron levels.When the literature studies are analysed, there are few studies conducted in the adult male population. Generally, children, women and elderly populations have been focussed on. Therefore, with this study, we aimed to obtain data on young and middle- aged male individuals who are less studied.

METHODS: In our study, the files of 1348 male patients aged 25-60 years who applied to Balıkesir University Mental Health and Diseases Outpatient Clinic with various complaints between 01/01/2023 and 01/01/2024 were retrospectively scanned, 460 of them were diagnosed with depressive disorder and serum iron level was requested from 123 of them. Patients for whomFe levels were requested were divided into young age (25-44) and middle age (45-60) as defined by WHO (2015) and compared in terms of the rates of concomitant low serum Fe levels.(Ethicscommittee approval: 02/04/2024- 2024/56)

RESULTS: The rate of being diagnosed with depressive disorder in young and middle- aged male patients admitted to psychiatry outpatient clinic was 34.1% (460/1348), and the rate of low Fe level was 39.8% (48/123) in 123 patients in whom Fe level was requested. This rate was 32% (24/32) in the 25-44 age group and 50% (24/48) in the 45-60 age group. There was no statistically significant difference between the groups in terms of the rate of iron deficiency (P>0.05).

CONCLUSIONS: In our study in which we examined the relationship between depressive disorder diagnosis and iron deficiency in adult men, iron deficiency was found to be 40% and this rate was higher than the literature.In addition,it is noteworthy that there was no significant difference between the young male age group and the middle-aged male group. Therefore, it is recommended to add iron supplementation to the treatment in appropriate patients.

Keywords: Iron deficiency, major depressive disorder, young male patients.

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RELATIONSHIP BETWEEN SYSTEMIC INFLAMMATORY MARKERS AND LITHIUM RESPONSE IN BIPOLAR 1 DISORDER

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BACKGROUND AND AIM: Inflammatory processes play a role in the pathogenesis of bipolar disorder. Our study aimed to investigate the relationship between systemic inflammatory markers and lithium response in individuals with bipolar 1 disorder in remission.

METHODS: A total of 90 individuals who were being followed up at Prof. Dr. Timuçin Oral Mood Center, Bakirkoy Prof Mazhar Osman Training and Research Hospital for Psychiatry, Neurology, and Neurosurgery, were diagnosed with bipolar 1 disorder according to DSM-5 diagnostic criteria, were taking lithium medication, and were in remission were included in the study and the Sociodemographic and Clinical Data Form, Hamilton Depression Rating Scale (HDRS), Young Mania Rating Scale (YMRS), ALDA Lithium Response Scale (ALDA) were applied. White blood cell count, neutrophil-lymphocyte ratio (NLR), monocyte-lymphocyte ratio (MLR), platelet-lymphocyte ratio (PLR) values were measured. Bakırköy Dr. Sadi Konuk Training and Research Hospital Clinical Research Ethics Committee Decision No: 2023-09-18.

RESULTS: MLR value of poor lithium responders (n: 59, mean ± sd:0,22 ± 0,058) was higher than good lithium responders (n: 31, mean ± sd:0,18 ± 0,059) (t:3,10, df:88, p:0,003). A significant negative correlation was found between ALDA score and MLR value in the whole sample (r:-0,26, p:0,012). A positive correlation was found between the total number of past episodes and the number of past hypomanic episodes and MLR values (r:0,23, p:0,028; r:0,27, p:0,009).

CONCLUSIONS: In bipolar 1 disorder in remission, good response to lithium was found associated with low MLR values, and MLR values were also associated with the number of total and hypomanic episodes. This study shows that the effect of lithium on inflammatory system may play a role in longitudinal lithium response.

Keywords: Inflammation, lithium, mood disorders, mood stabilizers

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THE RELATIONSHIP BETWEEN ATTENTION DEFICIT HYPERACTIVITY DISORDER SYMPTOMS, TIME PERSPECTIVE PERCEPTION, AND SUICIDE IN UNIVERSITY STUDENTS

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BACKGROUND AND AIM: ADHD is a neurodevelopmental disorder characterized by various symptoms such as hyperactivity, inattention, and impulsivity. In this study, it was aimed to examine the potential relationship between ADHD symptoms and time perspective perception and suicide in university students.

METHODS: 79 university students who were accessed through the snowballing method on online platforms were included in the study. Sociodemographic data form, Adult Attention Deficit and Hyperactivity Disorder Self-Report Scale (ASRS), Zimbardo Time Perspective Scale (ZTPS), Suicide Probability Scale (SPS), and Depression Anxiety Stress Scale-21 (DASS-21) were applied. Approval was obtained from the ethics committee (2024-TBEK 2024/07-03) of our hospital.

RESULTS: The mean age of the participants was 22.97 years (SD=5.33). In the correlation analysis, a significant positive correlation was found between the SPS total and all scales. In the hierarchical regression analysis, Model 1 showed that the ASRS significantly predicted SPS scores ($\beta = 0.582$, $p < 0.001$). In Model 2, with the addition of the DASS-21 sub-dimensions, anxiety ($\beta = 0.525$, $p = 0.001$) and depression ($\beta = 0.370$, $p = 0.002$) significantly predicted SPS scores. In Model 3, with the addition of the TPS sub-dimensions, anxiety ($\beta = 0.396$, $p = 0.010$), past negative time perspective ($\beta = 0.364$, $p = 0.004$), and future time perspective ($\beta = -0.255$, $p = 0.016$) were found to be variables that significantly predicted SPS scores.

CONCLUSIONS: Present hedonistic and past negative time perceptions were found to be associated with ADHD symptoms. Individuals with suicidal ideation and suicide attempts were found to have high scores in past negative time and present fatalistic time perception. Psychotherapeutic interventions for time perspective perceptions are thought to be effective in preventing suicide in ADHD.

Keywords: Suicide, time perspective, adult attention deficit and hyperactivity disorder

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EVALUATION OF CASES REFERRED TO A FORENSIC PSYCHIATRY OUTPATIENT CLINIC IN TERMS OF DEMOGRAPHIC AND CLINICAL CHARACTERISTICS: A TWO-YEAR RETROSPECTIVE STUDY

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BACKGROUND AND AIM: Forensic psychiatry is a specialized branch of psychiatry that evaluates individuals guided by laws and institutional regulations, aiming to diagnose and treat mental disorders, provide medical opinions on criminal responsibility and legal capacity and contribute to public welfare. This study retrospectively examines the diagnoses, demographic characteristics, referral reasons and decisions made in cases presented to the forensic psychiatry outpatient clinic of a tertiary-level-non-high-security hospital.

METHODS: This study included 512 cases referred to the forensic psychiatry outpatient clinic of our hospital between January 1, 2022-June 1, 2024. These cases were retrospectively analyzed in terms of demographic characteristics, clinical diagnoses, referral reasons and the decisions made. Descriptive statistical methods were applied. Ethical approval was obtained from the hospital's ethics committee (2024-TBEK2024/08-05).

RESULTS: Among the 512 cases, 85.9%(n=440) were male and 14.1%(n=72) were female, with a mean age of 35.80±12.20 years.A history of substance use was present in 52.3% of the cases, with 94.8% of these being male.The most common referral reason was the evaluation of involuntary hospitalization under Article 432 of the Turkish Civil Code (TMK)(69.3%), followed by the assessment of guardianship necessity (36.5%) and the evaluation of criminal responsibility under Article 32 of the Turkish Penal Code (TCK) (16.2%). Requests for the evaluation of involuntary hospitalization and guardianship under Article 432 of TMK were most frequently associated with substance use disorders and related psychiatric conditions. The most common diagnoses made during the study included substance use disorders and associated psychopathologies, atypical psychosis, mood disorders. Among individuals evaluated for criminal responsibility, 32.5% were deemed fully responsible, while 33.7% were determined to require further forensic psychiatric observation.

CONCLUSIONS: Substance use and related psychiatric disorders occupy an important place in forensic psychiatry. Our study highlights the need for more comprehensive assessment processes in criminal responsibility evaluations. The development of early intervention and treatment programs for substance use disorders may contribute to improvements in both legal and clinical procedures.

Keywords: Criminal responsibility, forensic psychiatry, legal capacity, mental disorders, substance use

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SOCIODEMOGRAPHIC AND CLINICAL CHARACTERISTICS OF OLDER PATIENTS ADMITTED TO AN INPATIENT PSYCHIATRY CLINIC

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BACKGROUND AND AIM: Aging is associated with increased illness prevalence and healthcare utilization. Geriatric patients often present with complex medical comorbidities, prolonged hospitalizations, and unique treatment requirements. The aim of this study is to evaluate the sociodemographic and clinical characteristics of geriatric patients who were admitted to a psychiatric clinic.

METHODS: This retrospective study analyzed the records of 163 patients aged 65 years and older who were hospitalized in Zonguldak Bülent Ecevit University's psychiatric clinic between 2012 and 2022. Sociodemographic data, medical history, psychiatric diagnoses, treatment modalities, and length of stay (LOS) were examined. All data were obtained retrospectively from the hospital's electronic system records. Due to repeated admissions, 219 hospitalizations were reviewed. It was approved by the Zonguldak University Clinical Studies Ethical Committee on 28/12/2022, with approval number 2022/23.

RESULTS: The mean age of patients was 70.9(±5.2) years, with 49.7% female and 50.3% male participants. Most patients lived with their spouses and children(85.9%). Physical illnesses were present in 62% of patients, with cardiovascular diseases (52.1%) being the most common comorbidity. The most frequent psychiatric diagnoses were mood disorders (48.9%), psychotic disorders (16.4%), and cognitive impairments (11.0%). The mean LOS was 19.9(±13.4) days, with over 26% staying more than 25 days. Electroconvulsive therapy (ECT) was administered to 16.4%,primarily for mood and psychotic disorders. However, no significant relationship was found between ECT and LOS. Medication use included antipsychotics (65.0%),antidepressants (64.4%), anxiolytics (23.9%), and mood stabilizers (12.9%).

CONCLUSIONS: Geriatric patients present with complex medical and psychiatric profiles, requiring tailored care approaches. The findings highlight the need for enhanced planning and resource allocation to address prolonged LOS and diverse treatment needs. Future research should focus on interventions that optimize care and improve outcomes for this growing population.

Keywords: Elderly inpatients, electroconvulsive therapy, geriatric psychiatry, pyschiatric treatment, psychotropic medications

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MULTISCALE ENTROPY ANALYSIS OF ORAL MOVEMENTS IN PATIENTS DIAGNOSED WITH DEPRESSION: PRELIMINARY RESULTS

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BACKGROUND AND AIM: Depression is a common psychiatric disorder affecting emotional, cognitive, and motor functions, leading to changes in facial expressions and mouth movements. These oral movements reflect emotional states and cognitive processes. Recently, techniques like multiscale entropy (MSE) have become valuable tools for analyzing the complexity of biological systems.This study aims to assess the entropy of oral movements in depression patients using MSE, offering preliminary insights into the motor symptoms of depression.

METHODS: A total of 21 participants were included in both the depression and control groups. Oral movements were measured using MediaPipe (Google, n.d.) from images captured by POV glasses during natural interactions.Participants described their daily routine, allowing for the capture of spontaneous facial expressions and mouth movements.The complexity of these movements was quantified using MSE, a method for analyzing the irregularity of time series data at multiple scales. The study was approved by the Ethical Committee for Clinical Studies of Zonguldak Bülent Ecevit University,with approval number 2024/21.

RESULTS: There was no significant difference in age between the two groups (mean age for the depression group: 42.4,mean age for the control group: 41.2, p = 0.751), nor in gender distribution (depression group: 10 males,11 females; control group: 9 males,12 females,p = 0.757). However, the MSE analysis of oral movements revealed a statistically significant difference between the two groups (p = 0.016).The depression group had a mean rank of 16.95, while the control group had a mean rank of 26.05, indicating a greater complexity in the motor patterns of the control group compared to the depression group.

CONCLUSIONS: This preliminary study shows that there is a significant difference in the complexity of oral movements between the two groups, as assessed through MSE analysis. These findings provide valuable insight into the potential use of MSE as a tool for evaluating motor symptoms in depression, though further research with larger samples is needed to confirm these results and explore their clinical implications.

Keywords: Facial expressions, depression, multiscale entropy, oral movements

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ASSESSMENT OF PERSONALITY TRAITS, IMPULSIVITY, AND GAMBLING-RELATED COGNITIONS IN PATIENTS WITH GAMBLING DISORDER

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BACKGROUND AND AIM: Gambling disorder (GD) is a psychiatric disorder that has increased in frequency in recent years and brings with it serious psychiatric and social problems. GD is associated with many etiological causes. In this study, some of these possible factors, impulsivity, personality traits and underlying cognitions, will be evaluated, and their relationship with the severity of gambling disorder will be assessed.

METHODS: The study included 43 patients with GD who applied to Ondokuz Mayıs University Faculty of Medicine Psychiatry Clinic and Samsun Mental Health and Diseases Hospital AMATEM Clinic between 01.10.2024 and 01.02.2025. The participants included in the study completed the sociodemographic data form prepared for the study, South Oaks Gambling Screening Test, Patient Health Questionnaire-9 (PHQ-9), Generalized Anxiety Disorder-7 Test (GAD-7), Gambling-Related Cognitions Scale (CRGS), Barratt Impulsivity Scale Short Form (BIS) and Eysenck Personality Inventory. Approval for the study was received from the Ondokuz Mayıs University Clinical Research Ethics Committee with the number 2025/27.

RESULTS: Most participants (40/43) were male. The mean age of the participants was 32.7±8.5, 24 of them were single and 16 of them were self-employed. The mean age at which the participants started gambling was 26.7±8.3. A low positive correlation (r: 0.326, p: 0.040) was found between the severity of gambling disorder and the CRGS- interpretative control/bias subscale. A low negative correlation was found between the age of GD onset and the GRCS- gambling-related expectancies (r: -0.427, p: 0.006) subscale and the BIS lack of planning (r: - 0.341, p: 0.031) subscale.

CONCLUSIONS: The age of onset in GD may be related to different clinical features of GD. GD seen at an older age is considered a more isolated type of addiction. Since cognitions are the underlying and sustaining factors of GD, they are also one of the critical targets in treatment.

Keywords: Gambling disorder, Gambling-related cognitions, impulsivity, onset age, personality traits

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SOCIODEMOGRAPHIC AND DIAGNOSTIC CHARACTERISTICS OF PATIENTS WITH SCHIZOPHRENIA AND RELATED DISORDERS HOSPITALIZED IN THE MALE PSYCHOSIS CLINIC OF A STATE HOSPITAL

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BACKGROUND AND AIM: Schizophrenia is a chronic psychotic disorder affecting approximately 1% of the population. This study aims to analyze the sociodemographic and clinical characteristics of individuals diagnosed with schizophrenia and related disorders.

METHODS: A retrospective file review was conducted on 176 inpatients diagnosed with schizophrenia and related disorders at the Psychiatry Clinic of Ankara Etlik City Hospital between January 2023 and June 2024. Clinical data, such as age of onset, disease duration, level of insight, substance use history, comorbid diagnoses, family history, hospitalization duration, medication adherence, and treatment characteristics, were recorded using asociodemographic and clinical evaluation form. Descriptive statistical analyses frequency and percentage for categorical variables and mean and standard deviation for continuous variables. Ethical approval was granted by the Ankara Etlik City Hospital Ethics Committee (Decision Number: AEŞH-BADEK-2024-864,dated5.09.2024).

RESULTS: The mean age of the patients was 35.19±11.15 years. 39.2% had completed highschool, 78% were single, 74.4% lived with their parents, 65.9% were unemployed. Clinical characteristics revealed that 80.7% had a diagnosis of schizophrenia, with a mean onset age of 23.95±7.94 years, 68.2% had repeated hospitalizations, 24.4% had a comorbid psychiatric disorder, most commonly personality disorders or alcohol/substance addiction. Voluntary hospitalizations accounted for 54.5% of cases, while 58.5% of patients lacked insight into their illness. Substance use history was reported in 64.2% of cases. The mean duration of current hospitalization was 26.02±15.68 days. Prior poor treatment adherence was noted in 83% of patients. During hospitalization, 80.1% were treated with second-generation antipsychotics, 62.5% received monotherapy, 39.7% were prescribed oral medication, 33.0% received long-acting injections, and 26.7% underwent combined treatment.

CONCLUSIONS: Studies have shown that schizophrenia usually occurs in males in early adulthood and that these individuals experience a more chronic disease progression, social isolation and reduced functionality. This epidemiological data from male patients gathered will contribute to the development of more targeted and effective treatment strategies.

Keywords: Schizophrenia, sociodemographics, clinical features

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SOMATIC COMORBIDITIES IN ADULTS WITH ADHD: PREVALENCE AND CLINICAL ASSOCIATIONS

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BACKGROUND AND AIM: Attention-Deficit/Hyperactivity Disorder (ADHD) is a common neuropsychiatric disorder that persists from childhood into adulthood. While psychiatric comorbidities in ADHD present major clinical and public health challenges, somatic comorbidities are also prevalent but less studied. These may stem from shared etiological mechanisms or ADHD-related lifestyle factors. The limited research on somatic conditions in ADHD creates a gap in diagnosis and treatment, despite evidence linking ADHD to early mortality and reduced life expectancy. This study aims to assess the prevalence of somatic comorbidities in adults with ADHD and their associations with clinical characteristics.

METHODS: We retrospectively reviewed medical records of 358 adults diagnosed with ADHD at the Adult Neurodevelopmental Disorders Clinic, Department of Psychiatry, Selçuk University. Demographic and clinical data were extracted and statistically analyzed. The study was approved by the Selçuk University Ethics Committee (Decision No: 2024/425).

RESULTS: Of the patients, 51.1% were female and 48.9% male, with a mean age of 23.7±6.01 years (range: 16–49). ADHD was diagnosed before age 18 in 29.7% and in adulthood in 70.3%, with a mean diagnosis age of 20.7±8.07 years. Somatic comorbidities were present in 22.3%, most commonly obesity (10.3%) and asthma, followed by allergies, migraines, celiac disease, and thyroid disorders. Cardiac, metabolic, and allergic/autoimmune conditions were found in 3.4%, 5.3%, and 8.7% of cases, respectively. Somatic comorbidities were significantly more frequent in females and in those diagnosed at a younger age.

CONCLUSIONS: This study underscores the strong link between ADHD and somatic comorbidities, highlighting the need for an integrated clinical approach. Obesity and asthma were most common, likely influenced by shared etiology, ADHD-related lifestyle factors, or high comorbidity rates. Somatic conditions may affect treatment decisions, requiring careful monitoring of stimulant use. Routine screening in both directions could improve clinical outcomes.

Keywords: Asthma, Attention-Deficit/Hyperactivity Disorder (ADHD), obesity, somatic comorbidities

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THE ROLE OF LOW ANXIETY SCORES ON NOVELTY RESPONSES IN PRECLINICAL ALZHEIMER'S GROUPS

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BACKGROUND AND AIM: This study aims to explore the relationship between anxiety scores and amygdala novelty responses across different stages of preclinical AD.

METHODS: (Ethic Committee: 20190327_SOP-DM- 14_A01_V01_Antrag_auf_Abgabe_von_Daten_Biomaterialproben Page): The study included 185 participants categorized into Healthy Controls (n = 56), Subjective Cognitive Decline (n = 86), and Mild Cognitive Impairment (n = 43). SCD and MCI diagnoses were made according to Jessen et al. 2014 and NIAA-AA 2011 diagnostic criterias, respectively. Anxiety levels were assessed using the short form of the Geriatric Anxiety Inventory (GAIS-SF), while functional MRI (fMRI) measured amygdala responses to novel stimuli. Every groups in the study were divided into two; the first group consisted of people with a GAI-SF score of 0; the second group consisted of people with a score of 1 and above. Cerebrospinal fluid (CSF) biomarkers, including p-Tau and t- Tau, were used to classify tau pathology. Preclinical Alzheimer's Cognitive Composite 5 (PACC5) designed to detect subtle cognitive changes in the preclinical stage of Alzheimer's disease.

RESULTS: Anxiety symptoms were significantly elevated in the SCD and MCI groups compared to healthy controls ($p < 0.001$). Despite this, there was no significant association between anxiety severity and amygdala novelty responses across diagnostic groups. Furthermore, tau pathology (p-Tau, t-Tau) did not show a significant interaction with anxiety symptoms in predicting amygdala activity. The absence of a clear relationship may be influenced by the generally low severity of anxiety symptoms within the study cohort, potentially limiting the detection of neural alterations.

CONCLUSIONS: This study suggests that how anxiety scores do not significantly alter amygdala novelty responses. The low anxiety scores are due to the fact that people with major psychiatric disorders were not included in the study. This narrows the scope of the study and can be considered as a limitation. It's thought that this situation will shed light on future studies.

Keywords: Anxiety, novelty response, tau, alzheimer

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THE RELATIONSHIP BETWEEN ATTACHMENT STYLE AND AGGRESSION AND ADDICTION SEVERITY IN PEOPLE WITH SUBSTANCE USE DISORDERS

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BACKGROUND AND AIM: Evidence for a relationship between substance use disorder (SUD), insecure attachment, and aggression has been presented. Recent studies have examined factors that may predict aggression in individuals with SUD. In this study, we aimed to investigate the relationship between addiction severity and attachment style, aggression, and inflammatory markers in SUD.

METHODS: Ethical approval for the study was obtained from Kütahya Health Sciences University Non-Interventional Clinical Research Ethics Committee (17.05.2024, 2024/07-22). The study included 86 male and 12 female patients aged 18-65 years with a diagnosis of SUD who agreed to participate. Sociodemographic Information Form, Addiction Profile Index, Experiences in Close Relationships Scale-Revised, and Buss-Perry Aggression Questionnaire (BPAQ) were administered to the participants. In addition, the patients' test results were evaluated for systemic inflammation.

RESULTS: As a result of statistical analyses, patients with SUD were classified into three groups as low, moderate, and high severity according to total BPAQ scores. When the groups were compared in terms of total BPAQ scores, a significant difference was found between the three groups ($p=0.001$). It was concluded that there was no significant difference between the groups in terms of anxious and avoidant attachment dimensions ($p>0.05$). Correlational analysis revealed that there was a positive relationship between attachment severity and physical aggression, anger, and total aggression scores ($p=0.008$, $p=0.006$, $p=0.031$). There was also a positive relationship between the anxious attachment dimension and scores on the physical aggression, anger, hostility, and total aggression scales ($p=0.043$, $p=0.003$, $p<0.001$, $p=0.002$). No difference was found between the groups with regard to inflammatory parameters ($p>0.05$).

CONCLUSIONS: Anger and aggression may increase with the severity of addiction in individuals with SUD. Insecure attachment, particularly anxious attachment, may play a role in increasing anger and aggression. Addressing both attachment styles and anger control may play a positive role in the treatment process.

Keywords: Aggression, attachment style, substance abuse, systemic inflammation

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INVESTIGATION OF STRESS, ANXIETY AND COPING STRATEGIES IN PATIENTS WITH VERTIGO

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BACKGROUND AND AIM: Vertigo, defined as a feeling of dizziness and imbalance, is a symptom that can significantly affect an individual's quality of life. It is known that patients with vertigo may also suffer from various psychological problems. The aim of this study was to investigate perceived stress, anxiety levels and coping strategies in patients with vertigo.

METHODS: The study included 270 patients who applied to Necmettin Erbakan University (NEU) otorhinolaryngology outpatient clinic with vertigo symptoms and 73 healthy controls. The participants were administered sociodemographic data form, perceived stress scale (PSS), state-trait anxiety inventory (STAI), ways of coping inventory (WCI) and anxiety sensitivity index (ASI). Ethical approval was obtained from NEU Ethics Committee (204-2024/5201).

RESULTS: Compared to the control group, trait-anxiety (48.87±7.06 p=0.003), ASI (25.58±15.7 p<0.001), optimistic coping (14.89±2.58 p=0.003), confident coping (22.15±3.48 p<0.001), helpless coping (19.1±4.56 p=0.039), submissive coping (14.18±3.23 p<0.001), problem- focused coping (48.62±6.34 p<0.001) and emotion-focused coping (33.31±6.68 p=0.004) scores were significantly higher in patients with vertigo. Medication use was 56.3% among the patients. In the patient group, there were positive correlations between PSS and trait-anxiety score (r=0.200 p<0.001), emotion-focused coping score (r=0.348 p<0.001) and ADI (r=0.372 p<0.001). There was a negative correlation between PSS and problem-focused coping score (r=-0.164 p=0.007). A strong positive correlation was also demonstrated between the emotion-focused coping score and the trait-anxiety score (r=0.443 p<0.001) and the ASI score (r=0.505 p<0.001). Regression analyses revealed that being married predicted emotional coping mechanisms in the patient group (ExpB=1.079 p=0.014).

CONCLUSIONS: Anxiety sensitivity and anxiety symptoms have been shown to be high in patients with vertigo. Perceived stress was associated with anxiety and maladaptive coping strategies. Addressing psychological factors is of great importance in managing treatment and improving the quality of life of individuals with vertigo.

Keywords: Anxiety, stress, vertigo, dizziness, coping

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IMPULSIVITY AND REWARD-RELATED EATING IN OBESITY: IS PREMEDITATION A DETERMINING FACTOR?

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BACKGROUND AND AIM: Obesity is a disease with increasing prevalence that negatively affects quality of life, shortens life expectancy, and poses a threat to public health. Previous studies have shown that increased impulsivity in individuals with obesity makes it harder to control eating behavior. However, studies evaluating impulsivity and reward-related eating together are limited. This study aims to examine the relationship between obesity, impulsivity, and reward- related eating.

METHODS: A total of 46 obese individuals evaluated before bariatric surgery at the Consultation- Liaison Psychiatry Clinic of Selçuk University Faculty of Medicine between January 1, 2024, and January 1, 2025, were included in the study. As part of the routine assessment battery for bariatric surgery candidates, participants completed the Sociodemographic Data Form, Reward-Related Eating Scale (RED-13), and UPPS-P Impulsive Behavior Scale. This study presents preliminary findings from an ongoing research project. Statistical analyses were performed using SPSS. The study was approved by the Ethics Committee (Approval number: 2025/56).

RESULTS: Among the participants, 73.9% were female (n = 34), with a mean age of 32.35±9.53 years and a mean BMI of 41.90±6.95. Of the participants, 58.7% (n=27) were morbidly obese, and 39.1% (n = 18) had a history of psychiatric disorders. The analyses revealed no significant relationship between the RED-13 and the total UPPS-P score (p=0.880); however, a significant positive correlation was found between the RED-13 and the UPPS-P premeditation subscale (r=0.29; p=0.049).

CONCLUSIONS: Findings suggest that impulsivity and reward-related eating levels may play a crucial role in the assessment of individuals with obesity. In particular, impairments in the "premeditation" dimension of impulsivity may lead to an increased tendency to engage in reward-related eating by disregarding long-term consequences, thereby elevating the risk of obesity. Further studies with larger sample sizes are needed to better elucidate these relationships.

Keywords: Obesity, impulsivity, reward-related eating

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COMPARISON OF CAROTID MEDIA INTIMA THICKNESS AND ANKLE-BRACHIAL PRESSURE INDEX IN PATIENTS DIAGNOSED WITH SCHIZOPHRENIA OR BIPOLAR DISORDER WITH HEALTHY CONTROLS

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BACKGROUND AND AIM: Schizophrenia and bipolar disorder are serious mental illnesses that also increase the risk of cardiovascular disease (CVD). CVD is a leading cause of mortality and morbidity worldwide, with atherosclerosis as its primary factor. Carotid intima-media thickness (CIMT) and ankle-brachial index (ABI) are key clinical markers for early detection of atherosclerotic changes. This study aims to assess atherosclerosis risk by comparing CIMT and ABI values in schizophrenia and bipolar disorder patients with dizziness and syncope but no known CVD, to those of healthy individuals.

METHODS: This prospective, cross-sectional study was conducted at a university hospital with ethics committee approval (reference: 2023/4-7). The study included 29 schizophrenia patients, 29 bipolar disorder patients, and 32 healthy individuals aged 18–40 years. The patient group consisted of individuals followed in psychiatry and referred to neurology for dizziness and syncope. Inclusion criteria required the absence of cardiovascular and cerebrovascular disease. CIMT and ABI were measured, and routine biochemical and hemogram parameters were evaluated. Statistical significance was set at $p<0.05$.

RESULTS: Schizophrenia patients were older than healthy controls ($p=0.014$). Their education level was lower than that of bipolar and healthy controls ($p=0.024$), and their employment rate was significantly lower ($p<0.001$). Schizophrenia patients had lower platelet levels ($p=0.031$), while neutrophil-to-lymphocyte ratio (NLR) was significantly higher in schizophrenia and bipolar groups ($p=0.017$). However, CIMT, ABI, arterial flow, and blood pressure showed no significant differences among groups ($p>0.05$).

CONCLUSIONS: No significant differences in CIMT and ABI were found between schizophrenia and bipolar disorder patients and healthy controls. However, the higher NLR in schizophrenia and bipolar patients suggests inflammation's role. The study is limited by its small sample size and cross-sectional design. Future large-scale studies will better clarify the relationship between these disorders and cardiovascular risk factors.

Keywords: Bipolar disorder, schizophrenia, ankle-brachial index

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EATING BEHAVIORS, ORTHOREXIA, SELF-ESTEEM, AND LIFE SATISFACTION IN INDIVIDUALS WITH CELIAC DISEASE

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BACKGROUND AND AIM: Celiac disease (CD) is an autoimmune disease that develops as a result of sensitivity to gluten and generally progresses with absorption problems. Patients must follow a strict gluten-free diet for life. In this study, we aimed to compare the eating behaviors, orthorexia, self-esteem and life satisfaction of individuals with CD with healthy controls (HC).

METHODS: This cross-sectional study included 387 individuals with CD and 402 HC. All participants completed Eating Disorder Examination Questionnaire-Short Form (EDE-Q-13), Eating Attitudes Test (EAT-40), Ortho-15 Test (O-15), Self-Esteem Evaluation Scale-Short Form (SERS-SF), and Satisfaction with Life Scale (SWLS). Ethical approval was obtained on 02.01.2025 with decision number TBAEK-44.

RESULTS: The mean age was similar between individuals with CD (30.13±8.92 years) and HC (29.57±10.30 years) (p=0.068). Among individuals with CD, 94.8% were female, compared to 91.8% in the HC group (p=0.088). Individuals with CD had significantly lower scores in O- 15 (p<0.001), EDE-Q-13 weight concern (p=0.006), EDE-Q-13 restrained eating (p=0.029), O-15 emotional eating (p<0.001), and SWLS (p=0.009), whereas their EAT-40 (p=0.002) and positive SERS-SF scores (p=0.002) were significantly higher. Correlation analysis showed that as the duration of CD diagnosis increased, O-15 scores (r=-0.184, p<0.001) and negative SERS-SF scores (r=-0.115, p=0.023) significantly decreased. Regression analysis indicated that CD was associated with SWLS (OR=1.062, 95% CI: 1.023-1.102, p=0.001), positive SERS-SF (OR=0.982, 95% CI: 0.968-0.996, p=0.011), and O-15 emotional eating (OR=1.336, 95% CI: 1.129-1.581, p<0.001).

CONCLUSIONS: Our findings suggest that individuals with CD have a higher risk of orthorexia and experience difficulties in certain eating behaviors. Previous studies have also reported that orthorexia is a significant concern among individuals with CD. Additionally, issues related to quality of life and self-esteem have been documented in this population. In line with the existing literature, our study found lower life satisfaction and self-esteem in individuals with CD.

Keywords: Celiac disease, eating attitudes,life satisfaction, orthorexia, self-esteem

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DEVELOPMENT OF A NOVEL TASK TO ASSESS FAST AND SLOW THINKING IN SCHIZOPHRENIA

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BACKGROUND AND AIM: Delusions in schizophrenia have been linked to probabilistic reasoning bias ('jumping to conclusions', JTC), but experimental support has been mixed. Recently, Ward and Garety have proposed a broader abnormality in use of Kahneman's 'fast' thinking (ie using simplifying heuristics) and 'slow' (ie based on full consideration of evidence) underlies delusions. Specifically, they argue that an overreliance on fast thinking and/or reduced engagement of slow thinking underlies the initial development of delusional interpretations of everyday events, and also makes them harder to be corrected. To develop a task to investigate the fast vs slow thinking theory of delusions for use in behavioural and functional imaging studies of schizophrenia.

METHODS: A battery of 137 experimental questions (where fast thinking leads to incorrect answers) was generated from multiple sources, including examples of the base rate and conjunction fallacies, the cognitive reflection test (CRT, three types), trick questions, and syllogisms. The questions were administered online to 176 healthy volunteers using PsychoPy software, with 15 experimental and 15 control questions randomly assigned to each participant. Next, similar sets of 15 experimental and control questions were administered to DSM-5 schizophrenia patients (N=15) on laptop computer. All participants gave written informed consent prior to participation. The study was approved by the ethics committee for the relevant hospitals (PR-2023-25, 31/01/2023).

RESULTS: Both the healthy controls and the patients showed markedly more errors to experimental questions than to control questions ($p<0.001$ in both cases). In the healthy controls, response latency for the experimental questions was also higher than for the control questions by approximately 1-3 secs ($p=.004$), apart from in one category (CRT3). The same pattern was observed in the patients with schizophrenia ($p=.003$).

CONCLUSIONS: Results from a large sample of healthy participants indicate that a battery of questions can be feasibly developed to reliably detect fast thinking.

Keywords: Delusion, fast and slow thinking, JTC, schizophrenia

OP-072 https://doi.org/10.5080/kes27.abs72

WHITE MATTER RESEARCH IN SCHIZOPHRENIA, SCHIZOAFFECTIVE DISORDER, AND BIPOLAR BISORDER: A BIBLIOMETRIC ANALYSIS VIA WEB OF SCIENCE

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BACKGROUND AND AIM: White matter hyperintensities (WMH) are small, non-mass effect hyperintensities detected on MRI in T2 or FLAIR sequences. Their prevalence increases with age, vascular risk factors, cardiovascular disease, stroke, and dementia.

METHODS: This study was approved by the Ethics Committee of Elazığ Fethi Sekin City Hospital (2025/2-1). Articles indexed in Web of Science (WoS) on schizophrenia (SCZ), schizoaffective disorder (SAD), and bipolar disorder (BD) in relation to WMH were analyzed using bibliometric methods. The sample included studies from 1990 to 2025 indexed in SCI-E, SSCI, and ESCI. Reviews, case reports, letters, book chapters, and conference proceedings were excluded.

RESULTS: As of 09/02/2025, a search for "WMH" in WoS yielded 6,878 results, with 5,358 research articles. Research in this field has grown significantly since 2008 but declined in 2024. In 2022, 483 studies were published, 450 in 2023, and 472 in 2024. There were 66 studies on SCZ, 98 on BD, and only one on SAD. A total of 602 studies addressed psychiatric disorders. The most prolific author was Howard J. Aizenstein, the leading institution was the University of California System, and the U.S. had the highest number of publications.

CONCLUSIONS: Research on WMH in psychiatric disorders increased after 2008 but declined in 2024. SCZ and BD have received more attention, while SAD remains underexplored. BD studies may be more frequent due to its pronounced neurovascular changes. In SCZ, WMH is linked to cognitive decline and disease progression. Future studies should use larger samples and robust methodologies to clarify WMH's role in these disorders.

Keywords: White matter hyperintensity, magnetic resonance imaging, schizophrenia, bipolar disorder, schizoaffective disorder

OP-073 https://doi.org/10.5080/kes27.abs73

CAUSES OF DEATH IN SCHIZOPHRENIA PATIENTS WITH REGULAR FOLLOW-UP AND TREATMENT; KADIKÖY TRSM

Haluk Usta

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Schizophrenia is a serious psychiatric disorder that affects the thoughts,feelings and behaviours of individuals.While the quality of life of individuals can be significantly improved with effective treatment and regular follow-up,it is known that mortality rates in these patients are higher than in the general population. Understanding the causes of death in schizophrenia patients is critical for developing treatment and care strategies.The aim of this study was to investigate the causes of death in schizophrenia patients with regular follow-up.

The study was initiated with the approval of Erenköy Mental and Neurological Diseases Training and Research Hospital's ethics committee meeting dated 20.02.2025 and numbered 18. Since2016, the retrospective causes of death of schizophrenia patients with KadıköyTRSM follow-up who were removed from the records due to death were determined by analysing the hospital records(Kortex, the follow-up system approved by the Ministry of Health).

Age factor has a determining effect on the causes of death in schizophrenia patients. Although suicide was reported to be the most common cause of death in psychotic patients in older sources (15%),this rate is lower in follow-up patients(7%) compared to other studies. MI is the most common cause of death in all age groups and in both sexes (58%), cancer (19%) ranks second. Another important point that the study shows us is that the suicide rate decreases significantly in both sexes and in all age groups as the follow-up period increases.

Under regular follow-up and treatment, the causes of death in schizophrenia patients are largely due to physical health problems.Therefore, a treatment that includes not only psychiatric treatment but also comprehensive and frequent check-ups to maintain their physical health is needed.Early diagnosis and management of cardiovascular and metabolic diseases,smoking cessation interventions, promotion of physical activity and psychosocial crisis management to reduce the risk of suicide play a critical role in improving the living conditions of these patients.

Keywords: Şizofreni, ölüm, düzenli takip edilen hastalar

OP-074 https://doi.org/10.5080/kes27.abs74

VALIDITY AND RELIABILITY OF THE TURKISH VERSION OF THE NINE-ITEM AVOIDANT/ RESTRICTIVE FOOD INTAKE DISORDER SCALE (NIAS) IN ADULTS

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BACKGROUND AND AIM: Avoidant/Restrictive Food Intake Disorder (ARFID) is an eating disorder characterized by restricted dietary intake without body image concerns. The Nine-Item ARFID Screen (NIAS) is a tool for detecting ARFID symptoms; however, its psychometric properties in Turkish adults remain unexplored. This study assessed the factor structure, reliability, and validity of the Turkish NIAS by examining its associations with anxiety, depression, and disordered eating.

METHODS: A total of 212 adults (42.9% male; mean age = 37.24 ± 11.19 years) completed the Turkish NIAS, Generalized Anxiety Disorder-7 (GAD-7), Patient Health Questionnaire-9 (PHQ-9), and Eating Attitudes Test-26 (EAT-26) and provided BMI data. Principal Axis Factoring with Oblimin rotation explored the factor structure, and internal consistency was assessed using Cronbach's alpha. Pearson correlations and t-tests examined associations between NIAS scores and other measures. The study was approved by the Baskent University Ethics Committee (Project no: KA24/301,16.10.2024).

RESULTS: The mean NIAS score was 11.42 ± 8.48, with no significant gender differences ($p = 0.61$). Females scored higher on PHQ-9 ($p=0.002$) and GAD-7 ($p<0.001$). Exploratory factor analysis revealed a three-factor solution (picky eating, low appetite, fear of aversive consequences), explaining 73% of the variance (KMO = 0.80; Bartlett's test, $p<0.001$) with strong internal consistency ($\alpha = 0.85$). BMI inversely correlated with the appetite subscale ($r = –0.15$, $p=0.04$), while NIAS total scores did not significantly correlate with EAT-26 ($r = –0.10$, $p = 0.17$), indicating minimal overlap with weight concerns.

CONCLUSIONS: The Turkish NIAS demonstrates a robust three-factor structure and strong reliability, confirming its validity for ARFID screening. These findings support its use in clinical and research settings and inform targeted interventions.

Keywords: Avoidant restrictive food intake disorder, eating disorder, reliability, validity

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ANALYSIS OF PUPIL MOBILITY IN PATIENTS DIAGNOSED WITH DEPRESSION: PRELIMINARY RESULTS

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BACKGROUND AND AIM: Pupil movements have been assessed in depression in terms of pupil dilation; however, they have not been sufficiently evaluated in terms of overall pupil mobility. Our study aims to determine whether pupil mobility in patients with depression differs from that in healthy individuals, with pupil movement analyzed using MediaPipe on visual data.

METHODS: The study was approved by the Zonguldak Bülent Ecevit University Clinical Studies Ethical Committee with approval number 2024/21. A total of 22 participants were included in the depression group and 22 in the healthy control group. In our study, we used MediaPipe (Google,n.d.) to measure pupil movements from images captured by POV glasses, documenting naturalistic interactions. Participants were asked the following question: Could you describe how your day goes from when you wake up in the morning until you go to bed at night? We then measured the total pupil movement by combining the movements of both the right and left pupils.

RESULTS: There was no significant difference in age between the groups (mean age for depression group: 37.1, mean age for control group:37.3, p=0.96), nor in gender distribution (depression group:11 males,11 females; control group:11 males,11 females, p=1). The difference in total pupil movement between the depression and control groups was not statistically significant (p=0.32), with a mean rank of 24.36 for the depression group and 20.64 for the control group.

CONCLUSIONS: In our study, no significant difference was found between the two groups regarding pupil mobility. The absence of any differences and the slightly higher mean rank of the control group in the preliminary results maybe attributed to the fact that the control group established more eye contact and refrained from moving their eyes during the face-to-face interview, or it could be due to the relatively small sample size in our study.

Keywords: Depressive symptoms, facial expression, gaze behavior, pupil movement, visual attention

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INVESTIGATION OF THE RELATIONSHIP BETWEEN EMOTION DSYREGULATION AND CLINICAL VARIABLES IN ADULTS WITH ADHD

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BACKGROUND AND AIM: ADHD is a childhood-onset neurodevelopmental disorder characterized by inattention, hyperactivity, and impulsivity, with over 50% of individuals continuing to experience clinically significant symptoms into adulthood. Emotional dysregulation is a common and burdensome feature of ADHD. This study examines the relationship between emotion regulation difficulties and clinical variables by comparing adults with ADHD to healthy controls (HC).

METHODS: The study included 168 adults with ADHD from the Adult Neurodevelopmental Disorders Clinic, Selçuk University and 106 HC. Diagnoses were established using the Structured Clinical Interview for DSM-5. Participants completed the Difficulties in Emotion Regulation Scale (DERS), Adult ADHD Self-Report Scale (ASRS), Mind Excessively Wandering Scale (MEWS), Hospital Anxiety and Depression Scale (HADS), and Childhood Trauma Questionnaire (CTQ). Ethical approval was obtained from the Selçuk University Local Ethics Committee (Decision Number: 2022/354).

RESULTS: The mean age was 24.28 ± 6.5 years in the ADHD group and 25.55 ± 7.66 years in the HC group, with no significant differences in age or gender. The ADHD group exhibited greater severity in all self-reported symptoms compared to healthy controls. DERS scores correlated positively with ASRS, MEWS, HADS, and CTQ in both groups. A linear regression model explained 49.1% of the variance in emotion dysregulation ($F=38.61$; $p<0.001$). Higher CTQ ($t=2.17$; $p=0.03$), ASRS ($t=2.15$; $p=0.03$), MEWS ($t=2.19$; $p=0.03$), and HADS ($t=5.72$; $p<0.001$) scores were associated with greater emotion dysregulation, regardless of ADHD diagnosis.

CONCLUSIONS: This study confirms significant emotion regulation difficulties in adults with ADHD. The associations between emotion dysregulation and clinical measures underscore the broad impact of emotional dysregulation. Further studies with larger samples are needed to explore underlying mechanisms and inform targeted interventions.

Keywords: Attention Deficit Hyperactivity Disorder (ADHD), emotional dsyregulation, Difficulties in Emotion Regulation Scale (DERS)

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METABOLIC EFFECTS OF LONG-ACTING INJECTABLE ANTIPSYCHOTIC USE IN PATIENTS WITH SCHIZOPHRENIA: A RETROSPECTIVE STUDY

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BACKGROUND AND AIM: Schizophrenia requires long-term antipsychotic treatment, which can lead to metabolic side effects like weight gain, dyslipidemia, and insulin resistance. Long-acting injectable(LAI) antipsychotics improve treatment compliance, and this study examines the prevalence of MetS in patients.

METHODS: This study was conducted in the Psychotic Disorders Outpatient Clinic of Selcuk University Faculty of Medicine. Patients aged 18-65 were screened between 2020-2025. Sociodemographic, clinical and body measurement data were collected from hospital medical records. Ethical approval was obtained from the Selcuk University Ethics Committee (2023-434).

RESULTS: A total of 113 schizophrenia patients were included in the study, 40 of the patients were female (64.6%) and 73 were male (35.4%); mean age was 41.74 ± 11.50 years. The 11.5% (n= 13) of patients were treated with first-generation (FGA)-LAI: haloperidol (n=9, 8%) and zuclopenthixol (n=4, 3.5%). The remaining 88.5% (n= 100) of the sample was treated with second-generation (SGA)-LAI: paliperidone monthly (n=41, 36.3%), paliperidone 3 monthly (n=30, 26.5%), aripiprazole (n=26, 23%) and risperidone (n=3, 2.7%). 50 patients (44.2%) met the criteria for MetS. Among the different LAI antipsychotics used, paliperidone three-monthly had the highest MetS prevalence (60.0%), followed by aripiprazole (57.7%) and haloperidol (55.6%), paliperidone monthly (26.8%). No statistically significant difference was found between the average long-acting usage times and ages of patients of those with and without MetS (5.10±2.5 and 5.53±2.97, $p<0.05$; 42.4±10.8 and 41.2±12.3, $p<0.05$). There was no difference between genders in terms of MetS. FGA-LAI or SGA-LAI didn't differ in terms of MetS.

CONCLUSIONS: Studies have shown that patients with schizophrenia have a significantly higher risk of developing MetS compared to the general population. This study further emphasizes the high prevalence of MetS among schizophrenia patients treated with LAI antipsychotics. Given the well-documented complications associated with MetS, routine metabolic screening, early detection, and preventive interventions should be an integral part of schizophrenia treatment.

Keywords: Long-acting injectable antipsychotics, metabolic syndrome, schizophrenia

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INVESTIGATION OF SOCIODEMOGRAPHIC AND CLINICAL DATA OF PATIENTS WHO HOSPITALIZED IN CLOSED ALCOHOL AND SUBSTANCE ADDICTION TREATMENT CENTER

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The prevalence of substance use disorders and comorbid psychiatric conditions is increasing both globally and in Turkey In this patient group, compulsory treatment decisions can be made through the court system. The establishment of specialized treatment centers where compulsory treatment decisions can be enforced is currently on the agenda.Understanding the sociodemographic and clinical characteristics of patients admitted for inpatient treatment will contribute to improving the effectiveness of this integrated service model.

The sociodemographic data and clinical characteristics of 160 cases admitted to the our unit between July 31, 2023, and December 31, 2024, were retrospectively analyzed using the Hospital Information Management System PROBEL software. (Ethics Committee Approval Number:2025 SAEK-0116)

All 160 patients in the study were male and were hospitalized at the treatment center. The mean age of the patients was 32.88 ± 8.82 years,while the mean age at first admission to the AMATEM outpatient clinic was 26.93 ± 7.83 years. Among the 148 cases with substance use,the mean age of substance initiation was 17.44 ± 5.92 years.In the psychiatric evaluations conducted during hospitalization, 56.8% (n=84) exhibited persecutory delusions,and 50% had reference delusions. During post-discharge outpatient visits, 47.3% of the patients no longer exhibited psychotic symptoms. Patients were discharged with diagnoses of bipolar disorder in 7.4% (n=10), psychotic disorder in 29.4%(n=40),first-episode substance-induced psychosis in 14.7% (n=20),recurrent substance-induced psychosis in 39% (n=53),depression in 2.9%(n=4),anxiety disorder in 3.7% (n=5), and obsessive-compulsive disorder in 2.2% (n=3). In this study, the difference between the mean age of substance initiation and the age of first consultation was striking. After discharge, nearly half of the patients showed a regression of psychotic symptoms, which was considered consistent with the literature.Since these findings are comorbid conditions triggered by substance use, it is important to organize treatments in these centers that will keep the person away from the substance

Keywords: Alcohol and drugs, closed alcohol and substance addiction treatment center, compulsory hospitalization

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EVALUATION OF WEIGHT, BLOOD LIPIDS, CRP, HEMOGRAM VALUES IN THE FIRST 4 WEEKS OF PATIENTS WHO STARTED CLOZAPINE TREATMENT: A RETROSPECTIVE STUDY

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BACKGROUND AND AIM: Clozapine is a gold standard second generation antipsychotic in treatment resistant schizophrenia that has a limited usage due to side effects such as weight gain, dyslipidemia, impaired glucose metabolism, tachycardia, sedation, agranulocytosis and myocarditis. Metabolic side effects, which increase cardiovascular risk and decrease quality of life, increase mortality and morbidity are important in clinical practice. In our study, we aimed to determine the predictors of metabolic side effects such as weight gain and dyslipidemia in the first 4 weeks of treatment in patients started on clozapine.

METHODS: In our study, the records of 45 patients who were hospitalized and started on clozapine were evaluated retrospectively. Weight, body mass index, blood lipids, fasting blood sugar, hemogram in the 0th and 4th weeks were compared. The study protocol was approved by the ethics committee (approval number: 2024-TBEK 2024/11-09).

RESULTS: The mean age of 45 patients included in our study was 38,13 years (77.7% male, 22.2% female). The mean clozapine dose reached at the end of week 4 was 318,33 mg/day. Statistically significant changes between week 0th and 4th were observed in eosinophils ($p<0.001$), weight ($p<0.001$), body mass index ($p<0.001$), triglycerides ($p=0.002$), very low density lipoprotein ($p=0.002$), alanine aminotransferase ($p=0.027$) and total cholesterol ($p=0.004$). As a result of ANCOVA analysis, body mass index ($p<0.001$ $\eta^2=0.95$) and white blood cell count ($p=0.01$ $\eta^2=0.17$) on the week 0 are effective on body mass index on week 4.

CONCLUSIONS: In our study, weight gain in patients using clozapine was found to be associated with initial WBC and BMI. These markers can be considered as predictors of weight gain in patients starting clozapine. Our study provides enlightening results about the metabolic side effects when starting clozapine treatment. Long-term follow-up studies with larger samples are needed to predict side effects in patients starting clozapine treatment, to determine which patients should be more careful, and thus to better manage side effects.

Keywords: Antipsychotic, clozapine, weight gain

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EVALUATION OF DIFFERENT SYSTEMIC INFLAMMATORY MARKERS, CRP AND TROPONIN LEVELS IN PATIENTS INITIATED ON CLOZAPINE TREATMENT IN A TRAINING AND RESEARCH HOSPITAL

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BACKGROUND AND AIM: One of the serious adverse effects of clozapine use is acute myocarditis. In our study, we aim to compare different systemic inflammatory markers, and CRP and Troponin levels, which are important markers for the risk of acute myocarditis, in patients who started clozapine treatment over a two-year period at a training and research hospital. Based on the comparison, we aim to identify statistically significant markers for risk assessment in clinical practice.

METHODS: A retrospective analysis was conducted on 92 patients who started clozapine treatment. Data on CRP (C-reactive protein), troponin, HDL (high-density lipoprotein), albumin, lymphocytes, neutrophils, platelets, monocytes, CALLY (Superiority of CRP Albumin Lymphocyte Index) (Albumin*Lymphocyte/CRP), SIRS (Systemic Inflammatory Response Syndrome) (Platelet*Neutrophil/Lymphocyte), monocyte/lymphocyte ratio, neutrophil/lymphocyte ratio, platelet/lymphocyte ratio and monocyte/HDL ratio (MHR), along with sociodemographic characteristics, were extracted from the hospital system.Inflammatory markers were assessed at weeks 0, 1, 2, and 4 after initiating clozapine treatment,and statistical analyses were performed to determine significant changes.The study was approved by the ethics committee (Protocol Code: 2024-TBEK 2024/09-08).

RESULTS: Among the 92 participants,71.7% were male and 28.3% were female, with a mean age of 38.32 (SD = 10.60) years. A history of chronic disease was present in 26.1% of participants while 73.9% had no chronic illness.A significant increase was observed in troponin ($p<0.001$), platelet ($p=0.003$) and albumin ($p=0.015$) levels. However, no statistically significant changes were detected in CRP, HDL, neutrophils, lymphocytes or monocytes. According to Friedman test results, the monocyte/HDL ratio was 0.01(SD=0.01) at baseline and increased to 0.03 (SD=0.01) by week 4, with this increase being statistically significant ($p=0.024$). Other changes, apart from MHR, were not statistically significant. None of the recorded inflammatory indexes was found to be a predictor of troponin increase.

CONCLUSIONS: Recent studies suggest that MHR,a non-invasive inflammatory marker,is a novel prognostic factor for cardiovascular diseases.Clozapine use for 12-14 days increases pro-inflammatory cytokines, boosting inflammation.Inflammation and oxidative stress are key in myocarditis development.While MHR may aid in assessing acute myocarditis,the impact of clozapine on the immune system requires further investigation.

Keywords: Clozapine, inflammatory markers, monosit/HDL, myocarditis

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EVALUATION OF SOCIODEMOGRAPHIC CHARACTERISTICS, DISEASE CHARACTERISTICS AND TREATMENTS OF BIPOLAR DISORDER

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BACKGROUND AND AIM: In the current treatment guidelines, single drug treatment is recommended for the treatment of BD, and combination treatments are frequently used in clinical practice. This study aimed to retrospectively determine psychotropic drug use in the long-term follow-up of BD patients and to investigate its place in daily clinical practice by correlating it with the sociodemographic and disease characteristics of the patients.

METHODS: The sociodemographic, disease-related characteristics and medications used by 141 patients followed up with the diagnosis of BD in ALKÜ were retrospectively examined. ALKÜ ethics committee approval was received dated 22.01.2025 and numbered 02-12

RESULTS: 82 (58.2%) of the patients were female, mean age was 35.64±11.77 years. 47.5% of the patients were married and 44% were working. The age of onset of BD was 24.99±10.19. 51.8% of the patients had a family history of BD. The first illness period was determined to be mania in 41.1% (n: 58) of the patients and depression in 52.5% (n: 74). The first illness episode of 44.7% (n: 63) of the patients was psychotic. In their first episode, 17% of the patients were treated with a combination of mood stabilizers (MS) and antipsychotics (AP), and 19.9% (n: 28) were treated with only AP monotherapy. In their current treatments, 73% of the patients were treated with a combination of MS and AP.

CONCLUSIONS: The recommended treatment for BD is to use MS or AP the disease periods and to continue the treatment with only MS during the remission periods. However, it has been stated that in recent years, the use of AP has increased and the duration of use has been extended, both as AP, AD and MS. In a similar study, it was determined that 95.4% of patients used AP and MS in their treatment.

Keywords: Bipolar disorder, antipsychotics, sociodemographic characteristics, drugs

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THE TIES BETWEEN STRESS, RUMINATION, AND RESILIENCE IN PHYSICIANS

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BACKGROUND AND AIM: Rumination, initially defined by Nolen-Hoeksema, refers to repetitive and passive thinking. This study examines the impact of rumination on psychological resilience among physicians, a group frequently exposed to occupational stressors that may affect their mental well-being. Understanding factors that contribute to resilience in this population is crucial for addressing mental health challenges within the medical profession.

METHODS: An online survey was conducted with 205 physicians, collecting data through a sociodemographic questionnaire and measures of rumination, perceived stress, and resilience. Correlation and regression analyses were performed to explore the relationships among these variables. Institutional review board approval was obtained from Pamukkale University (E.494675).

RESULTS: The sample consisted of 205 physicians (125 women, 61%; 80 men, 39%) with a mean age of 34.92 years (SD = 6.03). Most participants (77.1%, n=158) worked in public institutions. Regarding career intentions, 28.8% never considered leaving the profession, while 30.2% rarely thought about it; smaller proportions reported thinking about it occasionally (22.9%), monthly (11.7%), weekly (3.4%), or almost daily (2.9%). Female physicians reported significantly higher perceived stress ($p=0.02$) and lower resilience ($p=0.02$) than males, though no significant gender difference was observed in rumination ($p=0.73$). Greater work-life satisfaction was associated with lower stress ($p=0.002$) and rumination ($p<0.001$), along with higher resilience ($p<0.001$). Higher perceived stress ($r=-0.573$, $p<0.01$) and rumination ($r=-0.580$, $p<0.01$) correlated with lower resilience. Regression analysis identified rumination ($B = -0.069$, $p<0.001$, $\beta = -0.378$) and perceived stress ($B = -0.180$, $p<0.001$, $\beta = -0.366$) as significant negative predictors of resilience.

CONCLUSIONS: Addressing rumination and reducing perceived stress are key factors in enhancing resilience. Given the higher stress and lower resilience reported by female physicians, targeted interventions to improve workplace satisfaction and manage stress may be particularly beneficial for this group.

Keywords: Rumination, stress, resilience, physicians

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UNIPOLAR MANIA AND BIPOLAR DISORDER: EVALUATION FROM OBSSESIVE BELIEFS AND IMPULSIVITY PERSPECTIVE

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BACKGROUND AND AIM: Bipolar disorder (BD) is a chronic mood disorder characterized by manic/hypomanic and depressive episodes. A diagnosis of Bipolar I Disorder (BD-I) requires at least one manic episode. Unipolar mania (UM) is defined by the presence of only manic episodes. Studies in the literature suggest that patients classified as UM should be considered a separate diagnostic group from classical BD patients. Impulsivity is defined as a tendency to react quickly and without planning. Obsessive beliefs involve misinterpretation of intrusive, unwanted thoughts. This study aims to compare UM and BD-I patients on obsessive beliefs, impulsivity, and their clinical features.

METHODS: Our study received ethical approval (No.24/157) from UHS Hamidiye Scientific Research Ethics Committee on February, 2024. The study included 31 patients with euthymic BD-I and 20 patients with UM. Patients were assessed using sociodemographic data forms,Young Mania Rating Scale, Beck Depression Inventory, Positive and Negative Syndrome Scale, Barratt Impulsiveness Scale, and Obsessive Beliefs Questionnaire.

RESULTS: Suicide attempts were significantly more common in BD-I group (46.7%) than in UM group (0%) ($p<0.05$). No significant differences were found in impulsivity and obsessive belief scores, except for perfectionism and intolerance of uncertainty subscale, which were higher in BD-I ($p<0.05$). Patients with a history of suicide attempts had higher planning subscale scores ($p<0.05$), but other impulsivity subscale scores showed no significant differences ($p>0.05$).

CONCLUSIONS: Despite small sample size, our findings suggest that while UM and BD-I patients share similar levels of impulsivity and obsessive beliefs overall, BD-I patients exhibit significantly higher levels of perfectionism and intolerance of uncertainty. Additionally, a history of suicide attempts was markedly more common in BD-I patients. Furthermore, patients with a history of suicide attempts demonstrated higher impulsivity in the planning subscale.

Keywords: Bipolar disorder, impulsivity, unipolar mania

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EVALUATION OF MENTAL AND COGNITIVE SYMPTOMS AND PERCEIVED SOCIAL SUPPORT IN MOTHERS OF CHILDREN WITH MENTAL DISABILITIES

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BACKGROUND AND AIM: Increased care burden, lack of social support, social isolation and economic difficulties are common in mothers caring for children with intellectual disability (ID). This study aimed to examine the effects of socio-demographic factors, cognitive abilities and perceived social support on mental health in mothers of children with ID.

METHODS: Mothers of children with intellectual disability participated in our study. Sociodemographic Data Form, Multidimensional Scale of Perceived Social Support (MSPSS) and Symptom Checklist-90-Revised (SCL-90-R) scales were given to all participants, and Benton Visual Memory Test (BVRT) was also administered. (Ethics committee approval number 2023/05-05 was obtained).

RESULTS: Sixty-four mothers participated in our study. Income level showed a significant relationship with the mean MSPSS score (p=0.005). BVRT score was significantly associated with history of chronic disease (p=0.013), income level (p=0.043), education level (p=0.000) and maternal age (p=0.039). BVRT score was negatively correlated with somatization (p=0.001) and anxiety (p=0.030). MSPSS total scores were moderately negatively correlated with SCL-90 overall mean (p=0.009), somatization (p=0.003), interpersonal relationships (p=0.000), anxiety (p=0.000) and depression (p=0.005). Multiple regression analyses showed that MSPSS and BVRT scores were significant predictors of somatization level ($p<0.01$). MSPSS mean score was a significant predictor of anxiety level ($p<0.01$).

CONCLUSIONS: In our study, it was found that low income level negatively affected the perception of social support, and history of chronic disease and low education level were associated with a decrease in cognitive functions. The negative correlation of BVRT scores with somatization and anxiety suggests that cognitive functions may be related to psychological symptoms. The negative correlation of social support with depression, anxiety and somatization suggests that it may be a protective factor for mental health. In this context, it is important to strengthen social support systems and increase psychosocial interventions to support psychological well-being in mothers of children with intellectual disabilities.

Keywords: Intellectual disability, disability, maternal mental health, perceived social support, general mental symptoms, visual memory

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INVESTIGATING THE RISK AND PROTECTIVE FACTORS DETERMINING OCCUPATIONAL BURNOUT LEVEL OF HOSPITAL STAFF IN PERIODS OF CRISIS

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BACKGROUND AND AIM: This study aims to focus on "risk" factors, besides "protective" factors associated with burn-out in hospital staff in the period of coronavirus outbreak since these factors are considered to be important for possible epidemics ahead.

METHODS: Brief Symptom Scale-25 (BSS-25), COVID-19 Fear Scale, Gratitude Scale, Meaning in Life Scale, Brief Psychological Resilience Scale, Maslach Burnout Scale were used in the study. The study was conducted with 105 participants. Multiple Regression Analysis was performed to examine which factors predict the burnout patterns of hospital employees. Ethics committee approval (GO 21/1019) was obtained from Hacettepe University Health Sciences Research Ethics Committee.

RESULTS: According to the results of the analyses, higher psychiatric symptomatology was associated with higher levels of emotional exhaustion subdimension of burnout (B =.11; p<.001). Psychological resilience has been found to be associated with emotional exhaustion (B = -.35; p<.05) and personal accomplishment subdimensions of burn out (B = -.21; p<.05), but not with depersonalizastion subdimension of burnout. Higher levels of presence of meaning in life were found to be associated with higher levels of personal accomplishment (B = -.21; p<.05).

CONCLUSIONS: Psychiatric symptomatology was found to be a possible risk factor for emotional exhaustion. It can also be suggested that psychological resilience may be protective against emotional exhaustion and lack of personal accomplishment. Besides, meaning in life may be protective against the lack of personal accomplishment. Since no risk or protective factor was identified for the depersonalisation subdimension, it was thought that this dimension required to be handled differently from the other dimensions of burnout. The oral presentation will focus on the development of an intervention plan that addresses the occupational burnout experienced by hospital employees during possible future crisis periods, integrating the factors from both psychiatric symptomatology and positive psychology.

Keywords: Burn-out, resilience, exhaustion, gratitude, hospital staff

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EVALUATION OF THE RELATIONSHIP BETWEEN NEUTROPHIL/LYMPHOCYTE, PLATELET/LYMPHOCYTE AND MONOCYTE/LYMPHOCYTE RATIOS AND THE TYPE OF MOOD DISORDER IN PATIENTS PRESENTING TO THE PSYCHIATRY OUTPATIENT CLINIC DURING A DEPRESSIVE EPISODE

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BACKGROUND AND AIM: Interest in the role of the inflammatory response in mood disorders is increasing. Considering that depressed patients with BD show higher subclinical inflammation than MDD patients, the use of inflammatory parameters in differential diagnosis becomes importance. The aim of this study was to evaluate the relationship between Neutrophil/Lymphocyte, Platelet/Lymphocyte and Monocyte/Lymphocyte ratios measured during the depressive period in patients with unipolar depression and mania/hypomania that may develop during the follow-up period.

METHODS: The data of individuals over the age of 18 diagnosed with depressive disorders and followed up at the Psychiatry Outpatient Clinic of Selçuk University Faculty of Medicine Hospital between 01/01/2019 and 01/01/2025 were retrospectively analyzed. NLR, PLR and MLR were calculated retrospectively from complete blood count tests. Ethics committee approval was obtained (2025/138).

RESULTS: Our sample of 40 people consisted of 62.5% women, with a mean age of 46.3±16.1 years and a mean age of depression onset of 35.2±13.7 years.The mean HDRS-17 during the first depressive episode was 21.0±6.2.The average follow-up duration was 4.4±3.1 years.During follow-up 17.5% of the patients experienced a manic/hypomanic episode.There was no significant relationship between the presence of a manic episode during follow-up and the inflammatory markers measured during the first depressive episode including NLR1(p=0.33), PLR1(p=0.84), MLR1(p=0.86), SII (platelet × neutrophil/lymphocyte)(p=0.63) and SIRI (neutrophil× monocyte/lymphocyte) (p=0.88). When the ratios of inflammatory blood parameters between the last depressive/manic episode and the first episode were examined, no significant relationship was found between NLR2/1(p=0.10), PLR2/1 (p=0.52), MLR2/1(p=0.19) and SIRI2/1(p=0.49) and diagnostic conversion.However a significant relationship was observed with SII2/1(p=0.045).

CONCLUSIONS: Although we are still far from identifying a molecular biomarker to distinguish unipolar and bipolar depression, the rate of change in inflammatory blood parameters may provide insights into the position of the disease within the mood disorder spectrum. Beyond this study larger and longitudinal studies are needed.

Keywords: Depression, inflammation, mood disorder

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ANALYSIS OF SUPREME COURT DECISIONS REGARDING POST-TRAUMATIC STRESS DISORDER FROM A MENTAL HEALTH PERSPECTIVE

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BACKGROUND AND AIM: Forensic psychiatry has developed since the 1990s to examine the legal aspects of mental illnesses, especially their effects on legal proceedings. PTSD, a psychiatric disorder that arises after traumatic events, is a major focus. The disability rate and the causal relationship between trauma and legal issues in PTSD cases are frequently discussed in forensic psychiatry. This study aims to analyze Supreme Court decisions regarding PTSD- diagnosed cases from the second half of 2024 from a psychiatrist's perspective.

METHODS: On January 31, 2025, a detailed search was conducted on the Supreme Court's decision database (https://karararama.yargitay.gov.tr/) using the terms "post-traumatic stress disorder" and "trauma-related disorder," filtering for decisions from the last six months of 2024. The obtained cases were analyzed. As the data is publicly available, ethical approval was not required.

RESULTS: The study analyzed 19 cases, including 11 related to sexual abuse, 7 to incapacity, and 1 to intentional injury. In 10 cases, PTSD diagnoses were rejected due to insufficient information, such as the lack of a psychiatric expert report, unclear links between the trauma and PTSD, no evidence of whether the condition would persist or could improve with treatment, and no specified disability rate. In 9 cases, the health report with a PTSD diagnosis was accepted as valid. Of these, 4 cases considered PTSD as evidence of the event and influenced the court's decision, while in 5 cases, the report had no impact. No common feature was found in the preparation of the accepted reports.

CONCLUSIONS: The study highlights the importance of a precise diagnosis and thorough documentation of trauma-related psychiatric disorders for the healthy progression of legal proceedings. Health reports should include details on the victim's mental state, the possibility of improvement with treatment, and a clear connection to the traumatic event, as these factors can help prevent potential future legal issues for psychiatrists.

Keywords: PTSD, post-traumatic stress disorder, forensic psychiatry, supreme court decisions, post-traumatic stress disorder

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PSYCHIATRIC SYMPTOMS AND THEIR PREDICTORS IN AGING PARENTS OF ADULTS WITH AUTISM SPECTRUM DISORDER

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BACKGROUND AND AIM: Autism Spectrum Disorder(ASD) has devastating effects on parental mental health(MH). While effects of this chronic disorder on parental MH during childhood have been studied, there is limited information regarding the parental MH of increasing adult ASD population. Therefore, we aim to determine the psychiatric symptoms levels(PSL) of parents of adult with ASD, to compare the PSL between mothers and fathers, to investigate the predictors of parental PSL.

METHODS: Mothers(aged:39-62) and fathers(aged:42-69) of 77 adult ASD patients(aged:18-39) were included. Parental PSL was assessed with the Brief Symptom Inventory, behavioral problems of patients was assessed with the Aberrant Behavior Checklist, independence level of patients(IL) was measured with the Lawton Instrumental Activities of Daily Living Scale, and social functioning level of patients(SFL) was evaluated with the Social Functioning Scale. Variables related to patients(age/gender/independent toileting and self-care skills/functional speech ability/literacy learning status/intellectual disability(ID)/medical and psychiatric comorbidity/psychotropic use/behavioral problems/autism severity) and parents(age/education/working status/medical diagnosis) included in the regression models. Approval was obtained from Kocaeli University(No:2022/20.21).

RESULTS: Mothers were the most frequent caregiver. Mothers' labor force participation rate was significantly lower, somatization and depression were significantly higher than fathers'. As IL increased, paternal depression and negative self-concept(NSC) significantly decreased. When SFL increased, maternal anxiety, depression, somatization and paternal NSC significantly decreased. Parents of patients with psychiatric comorbidity and ID, who was dependent on self- care and toileting skills, and illiterate had significantly higher PSL. In regression analysis; increased patient's irritability was associated with increased maternal anxiety, NSC and paternal anxiety, depression, somatization, hostility; increased hyperactivity was associated with increased maternal depression and hostility; increased irritability and presence of medical disease in the mother and patient, increased maternal somatization; increased irritability and social withdrawal were associated with increased paternal NSC.

CONCLUSIONS: This study contributes to better understanding of the protective and risk factors of adult ASD cases parents' psychopathology.

Keywords: Autism spectrum disorder, adult, parents, psychiatric symptom

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EVALUATION OF THE OUTCOME OF INDIVIDUALS WITH AUTISM SPECTRUM DISORDER IN ADULTHOOD AND FACTORS PREDICTING PROGNOSIS

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BACKGROUND AND AIM: Autism spectrum disorder (ASD) is a lifelong disorder that core symptoms continue into adulthood with partial changes. Prognosis is mostly poor, but there are also cases who lose the diagnosis. There are a limited number of studies evaluating the ASD in adulthood; results are inconsistent, and datas are often shared from western. We aimed to evaluate the outcome of ASD in adulthood, taking into account the opportunities of our country, and to investigate the predictors of the outcome of ASD and loss of diagnosis(LD).

METHODS: Approval was received from Kocaeli University(GOKAEK-2022/20.21). 87 cases who were diagnosed with ASD in childhood and who were over 18 years old included. Outcome evaluated with Rutter/Howlin criteria.

RESULTS: 49.4% of the cases were diagnosed with Autistic Disorder (AD), 20.7% with Atypical Autism (AA), 24.7% with Asperger Syndrome (AS) and 5.7% with LD. First sentence formation age in AS was lower than AD and AA (p=0.005). None of AD case could speak fluently, two-thirds of AA cases could talk albeit disjointedly, two-thirds of AS and all LD cases could speak fluently. LD's age at starting special education was lower than others' (p=0.001) and their IQ were above 70 (p<0.001). In 9/10 of the cases, autism core symptoms were persisted. Outcome was very good/good in 14.9%, fair in 24.2%, and poor/very poor in 60.9%. In regression analysis; absence of intellectual disability predicted LD and poor/very poor outcome associated with presence of intellectual disability.

CONCLUSIONS: Our article is the first study to comparatively evaluate autism subtypes in adulthood, shows autism subtype is an important predictor of outcome, and there are cases that lose the diagnosis. IQ is the most important prognostic factor; age of development of language skills and age of starting special education are also important. There is a need for longitudinal studies evaluating adult ASD cases that clinicians will encounter frequently in coming years.

Keywords: Autism spectrum disorder, adulthood, prognosis, outcome

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NEUROANATOMICAL DEVIATIONS IN SCHIZOPHRENIA: A NORMATIVE MODELING APPROACH

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BACKGROUND AND AIM: Schizophrenia is linked to widespread structural brain abnormalities, but individual variability complicates their characterization. Traditional case-control studies show group-level differences but miss personalized deviations. Normative modeling refines this by establishing a reference brain structure distribution in healthy individuals and identifying patient-specific deviations. This approach helps detect neuroanatomical abnormalities at the individual level and reveals schizophrenia subtypes based on structural variation. By comparing patient data to a normative model, we can assess significant changes in volume, cortical thickness, or surface area, offering insights into schizophrenia's pathophysiology.

METHODS: Structural MRI data from 92 schizophrenia patients (mean age: 38.3±9.5 years; 69.6% male) were analyzed using a centile brain-based normative model. MRI preprocessing was performed using FreeSurferv7.4.1, following standard ENIGMA pipeline recommendations. Deviations were classified as either supranormal (increased volume or thickness) or infranormal (reduced volume or thickness), with thresholds set at Z-scores of 1.96(supranormal) and -1.96 (infranormal). The frequency and distribution of these deviations were assessed across multiple brain regions. We utilized the open-access ENIGMA Centile Brain Group's normative model for comparison. The study was approved by Ege University Ethics Committee (approval number: 19-12T/42, approval date: 11.12.2019; additional ethics committee clarification approval: 24-3T/89, approval date: 13.03.2024)

RESULTS: The most pronounced deviations were observed in the pallidum(right), accumbens (left), and frontal pole (left). Specifically, the right pallidum (Rpal) exhibited the highest rate of supranormal deviations (32.6%), indicating increased volume compared to the normative model. Conversely, the left accumbens (Laccumb) showed the highest rate of infranormal deviations (31.5%), reflecting reduced volume. Additionally, the left pallidum (Lpal) and left frontal pole exhibited significant supranormal deviations (25%), while the right thalamus (Rthal) also showed notable supranormal deviations (14.1%).

CONCLUSIONS: These findings highlight distinct neuroanatomical deviations in schizophrenia, particularly in subcortical structures associated with motor and cognitive processing. The observed supranormal increases in the pallidum and thalamus, alongside infranormal reductions in the accumbens, suggest potential alterations in basal ganglia and limbic system function. Further research is needed to explore the clinical implications of these structural changes in schizophrenia.

Keywords: Schizophrenia, normative modeling, structural MRI, basal ganglia, neuroanatomical deviations

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RELATIONSHIP BETWEEN PSYCHOLOGICAL WELL-BEING AND SMARTPHONE ADDICTION, MIND- WANDERING, AND PROCRASTINATION IN MEDICAL STUDENTS

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BACKGROUND AND AIM: Smartphone addiction is a behavioral addiction characterized by excessive smartphone use that negatively affects daily life. Procrastination is defined as the unnecessary delay of priority activities. Mind-wandering refers to a shift in attention away from the external environment toward thoughts that are stimulus-independent and unrelated to the task at hand. Smartphone addiction, procrastination, and mind-wandering behaviours in medical students might be related. These behaviours can cause negative psychiatric processes. This study examines the relationship between psychological well-being and smartphone addiction, mind-wandering, and procrastination in medical students.

METHODS: A cross-sectional online survey was conducted, collecting data from medical students enrolled at Atatürk University. The study utilized a socio-demographic data form, the Smartphone Addiction Scale-Short Form (SAS-SF), the Adult Procrastination Inventory (API), the Mind Excessively Wandering Scale (MEWS), and the Psychological Well-Being Scale (PWBS). Ethical approval was obtained from the Atatürk University Ethics Committee (Decision date: 31.01.2025, Decision No:11).

RESULTS: The study included 325 participants (202 women, 123 men). Significant negative correlation was found between SAS-SF and PWB scores ($p<0.001$, $r = -0.351$). API score indicated significant negative correlation with PİOÖ score ($p<0.001$, $r = -0.313$). Similarly, significant negative correlation was shown between MEWS and PWB scores ($p<0.001$, $r = -0.352$). Additionally, positive correlations were noted between MEWS and SAS-SF scores ($p<0.001$, $r = 0.568$), SAS-SF and API scores ($p<0.001$, $r = 0.408$), and MEWS and API scores ($p<0.001$, $r=0.412$).

CONCLUSIONS: The correlation analysis suggests that increased procrastination, mind- wandering, and smartphone addiction may be associated with a decline in psychological well- being. Interventions targeting procrastination, mind-wandering, and smartphone addiction could be effective in improving the psychological well-being of medical students.

Keywords: Smartphone addiction, mind excessively wandering, psychological well-being

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GENERAL PSYCHOPATHOLOGY, STRESS, SELF-ESTEEM, ALEXITHYMIA AND TRAUMA RELATIONSHIP IN PATIENTS WITH PSORIASIS AND NEURODERMATITIS

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BACKGROUND AND AIM: This study aimed to investigate the levels of general psychopathology, perceived stress, self-esteem, alexithymia and post-traumatic stress disorder (PTSD) in patients with psoriasis and neurodermatitis, and to determine how these psychosocial factors affect the course of chronic dermatological diseases. Chronic skin disorders, characterized by periods of remission and exacerbation, adversely affect not only the physical health of patients but also their social, emotional and psychological well-being.

METHODS: The study was conducted with 32 psoriasis,32 neurodermatitis patients and 32 healthy controls who presented at the Dermatology Outpatient Clinic of Cumhuriyet University Faculty of Medicine.Ethical approval was obtained on 18.11.2020 with decision number 2020-11/06.Each participant was informed about the study and provided with an informed consent form.Participants first completed a socio-demographic data form, followed by the administration of the SCL-90-R, the Perceived Stress Scale, the Rosenberg Self-Esteem Scale(RSES), the Toronto Alexithymia Scale(TAS-20), and the PTSD Checklist for DSM-5(PCL-5).

RESULTS: When the SCL-90-R subscales were compared,the prevalence of psychopathology was found to be statistically significantly higher in psoriasis and neurodermatitis patients compared to the control group ($p<0.05$). Among psoriasis patients, 65.6% had the highest scores on the interpersonal sensitivity subscale, followed by OCD and depression. Among neurodermatitis patients, 78.1% had the highest scores on depression and OCD subscales,followed by somatization and anger.When examining perceived stress test scores,psoriasis patients (17.96±8.09) had scores similar to the control group (14.53±6.56), but a significant difference was observed between neurodermatitis patients (21.06±7.37) and the control group ($p=0.002$). When analyzing RSES test scores, psoriasis patients(1.84±1.13) and the control group (1.25±1.27) showed similar scores, but the neurodermatitis group (2.9±2.08) had significantly higher scores compared to the other groups ($p=0.001$). When comparing TAS-20 and PCL-5 test scores, the difference was due to the control group participants, whose test scores were significantly lower than those in the other groups (TAS-20: $p=0.001$,PCL-5: $p<0.001$).

CONCLUSIONS: These findings emphasize the necessity of considering not only the physical symptoms but also the psychosocial aspects in the treatment of chronic dermatological diseases.

Keywords: Alexithymia, general psychopathology, neurodermatitis, posttraumatic stress disorder, psoriasis, self-esteem

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EMPATHY, GENDER PERCEPTIONS, AND ATTITUDES TOWARD VIOLENCE AGAINST WOMEN AMONG RESIDENT PHYSICIANS

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BACKGROUND AND AIM: Gender roles, molded by natural and social elements, influence individuals responsibilities and behaviors in society. From an early age, socialization processes build up gender norms, often leading to inequalities. Masculinity is frequently associated with physical strength and aggression, which can contribute to the normalization of violence against women (VAW). Empathy, the ability to understand and internalize another person's emotions and experiences, has been linked to more egalitarian gender perceptions and a lower tolerance for VAW.This study examines the relationship between empathy, gender perceptions, and attitudes toward VAW among resident physicians.

METHODS: The study surveyed resident physicians at Atatürk University Research Hospital through an online questionnaire. The dependent variable empathy was measured using the Toronto Empathy Scale, gender perceptions through the Perceptions of Gender Scale and attitudes toward VAW via the ISKEBE Violence against Women Attitude Scale. Multivariate regression analysis tested the associations between these variables, controlling for age, gender, marital status, and medical specialty. This study was approved by the Atatürk University Ethical Board (Decision Date: 31/01/2025/ Decision Number:10).

RESULTS: This study included 100 participants (76 women, 24 men), aged 24-50, Mean±SD (31.17±5.01). Specialties: 6 surgical, 89 internal medicine, 5 basic sciences. Marital status: 39 single, 58 married. Preliminary findings show positive and statistically significant relations between gender perceptions and empathy scores (β=0.211, p=0.017). However, the lower tolerance toward VAW has a negative and insignificant impact on empathy scores (p =0.076). Additionally, we observed a strong correlation between gender perception and lower acceptance of violence against women. ($p<0.001$, r=0.851).

CONCLUSIONS: These results suggest that physicians with more progressive gender attitudes exhibit stronger empathetic tendencies, which may influence their professional attitudes.

Keywords: Empathy, gender perceptions, attitudes toward violence against women

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INVESTIGATION OF THE PREVALENCE OF POSSIBLE COMORBID NIGHT EATING SYNDROME AND THE EFFECT OF NIGHT EATING SYNDROME COMORBIDITY ON CLINICAL COURSE IN PATIENTS TREATED IN A PSYCHIATRIC INPATIENT WARD: A PRELIMINARY STUDY

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BACKGROUND AND AIM: Night Eating Syndrome(NES) is a psychiatric disorder that has been included in the diagnostic system with DSM-5 and needs to be examined in different patient populations. This study aimed to determine the prevalence of probable NES among psychiatric inpatients and examine its association with clinical parameters.

METHODS: The sample size for the study was calculated to be at least 237 participants considering the prevalence of night eating syndrome in psychiatric population as 19.8%. However, in this oral presentation, the data of the first 38 patients taken as a preliminary study was presented. A total of 38 patients with 10 psychosis, 9 bipolar disorder, 9 major depression, 5 anxiety disorder, and 5 other psychiatric diagnoses were included in the study. Clinical variables, including disease severity, duration of hospitalization, Generalized Anxiety Disorder-7(GAD-7), Patient Health Questionnaire-9(PHQ-9), Patient Health Questionnaire-15 (PHQ-15), Patient Health Questionnaire-Panic Disorder(PHQ-P5) and Night Eating Questionnaire(NEQ) were analyzed. Necessary permissions for the study were obtained from the local ethics committee (IRB: 05.04.2024- 195)

RESULTS: Probable NES was identified in 39% of the inpatients. However, no significant differences were found between patients with and without probable NES regarding disease severity(CGI) (p=0,281), length of hospitalization (p=0,674), GAD-7 (p=0,447), PHQ-9 (p=0,501), PHQ-15 (p=0,940), and P5 scores (p=0,733). Similarly, no significant correlations were detected between NES scores and these clinical variables.

CONCLUSION: While NES was relatively common among psychiatric inpatients, it did not demonstrate a significant relationship with disease clinical course and characteristics. Future research with larger sample sizes is needed to further explore the potential clinical implications of NES in psychiatric populations

Keywords: Eating disorder, night eating syndrome (NES), disease prognosis, hyperphagia, anxiety symptoms

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THE FREQUENCY AND ASSOCIATED FACTORS OF DEPRESSION COMORBIDITY IN ADULTS WITH ADHD

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BACKGROUND AND AIM: ADHD, a prevalent childhood neurodevelopmental disorder, is marked by inattention, impulsivity, and hyperactivity. Adults with ADHD often face higher rates of psychiatric comorbidities, with depression affecting up to 50%. This co-occurrence significantly reduces quality of life and complicates treatment. Understanding ADHD-depression comorbidity is vital for effective clinical management. This study examines the frequency and factors associated with depression in adults with ADHD.

METHODS: The study included 358 individuals diagnosed with ADHD at Selçuk University's Adult Neurodevelopmental Disorders Clinic. Sociodemographic and clinical data were collected, and diagnoses were confirmed through the Structured Clinical Interview for DSM-5. Participants completed the Adult ADHD Rating Scale, Wender Utah Rating Scale, Hospital Anxiety and Depression Scale, Mind Excessively Wandering Scale, and Suicidal Ideation Scale. Ethical approval was obtained from Selçuk University's Local Ethics Committee.(2025/83)

RESULTS: The mean age of participants was 23.78 years, with 51.1% (n=183) being female, and an average education level of 14.68 years. Depression comorbidity was present in 28.5% (n=102) of adults with ADHD, with a higher prevalence among females (55.9%, n=57) than males (44.1%, n=45). ADHD patients with depression comorbidity showed significant associations with smoking (χ^2=4.8, p<0.05), additional psychiatric comorbidities (χ^2=65.7, p<0.001), and suicide attempts (χ^2=19.7, p<0.001). No significant relationships were found with alcohol use, substance use, or other medical conditions. Additionally, no differences were observed in self-report scales or other scale evaluations between those with and without depression comorbidity.

CONCLUSIONS: This study highlights the prevalence of depression comorbidity in individuals with ADHD, particularly among women, aligning with existing literature. Depression comorbidity is linked to psychiatric disorders, smoking, and suicide attempts, suggesting that emotional regulation difficulties and impulsivity may foster maladaptive coping strategies. The cross- sectional design limits causal inferences, necessitating future longitudinal studies.

Keywords: ADHD, depression, comorbidity

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INVESTIGATION OF FACTORS ASSOCIATED WITH REDUCTION IN HAMILTON DEPRESSION SCALE SCORES IN INPATIENTS DIAGNOSED WITH DEPRESSION AT A UNIVERSITY HOSPITAL

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BACKGROUND AND AIM: Evaluating treatment response in inpatients diagnosed with major depressive disorder is crucial for clinical management. This study aimed to identify sociodemographic, clinical, and biochemical factors associated with changes in Hamilton Depression Rating Scale (HAM-D) scores in patients hospitalized at the Selçuk University Psychiatry Department. The findings are expected to contribute to understanding the course of depression and developing personalized treatment strategies.

METHODS: A retrospective analysis was conducted on 78 patients aged 18 years and older, hospitalized for depression between January 1–31, 2024. Due to missing data, 57 patients were included in the final analysis. Data included sociodemographic characteristics, psychiatric and medical history, laboratory findings, and treatment protocols. HAM-D scores at admission and discharge were the primary outcome measure. Variables associated with HAM-D score reduction were examined through bivariate analyses, and significant factors were further analyzed using multivariate linear regression. Ethics committee approval number 2025/107 was obtained.

RESULTS: Of the included patients, 52.6% were female, with a mean age of 34.8±14.9 years and an average of 3±1.4 depressive episodes. Suicide attempts were reported in 47.4% of the sample, comorbid psychiatric disorders in 41.4%, and a family history of depression in 26.3%. The mean HAM-D score decreased from 22.9±6.4 at admission to 8.9±5.35 at discharge, reflecting a 61.1% reduction in depression severity. Bivariate analyses identified associations between HAM-D score reduction and depression severity, past suicide attempts, psychotic symptoms, comorbid conditions, and certain biochemical parameters. However, multivariate regression analysis revealed that only the number of previous depressive episodes was significantly associated with HAM-D score reduction (p=0.015,t=-2.573).

CONCLUSIONS: This study assessed factors related to HAM-D score reduction in inpatients with depression and found that only the number of depressive episodes was a significant predictor of treatment response. These findings suggest that recurrent episodes may limit treatment efficacy, highlighting the importance of considering clinical history in depression management.

Keywords: Depression, depressive episodes, hamilton depression rating scale, inpatient treatment

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CAN EXECUTIVE FUNCTIONS AND SEVERITY OF ATTENTION DEFICIT HYPERACTIVITY DISORDER PREDICT SYMPTOM LEVELS OF DEVELOPMENTAL COORDINATION DISORDER IN CHILDREN WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER? A PRELIMINARY STUDY

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BACKGROUND AND AIM: Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder characterized by inattention, hyperactivity, impulsivity, and executive functioning difficulties. Developmental Coordination Disorder (DCD) is another neurodevelopmental disorder involving motor coordination impairments, making common motor tasks challenging. ADHD is the most frequent comorbidity of DCD, and even when not reaching diagnostic levels, DCD symptoms can impact daily functionality. This study aims to explore the relationship between DCD symptoms, ADHD severity, and executive functions in children and adolescents diagnosed with ADHD but without a DCD diagnosis.

METHODS: The study sample included children aged 7-15 years diagnosed with ADHD, evaluated at the Child and Adolescent Psychiatry outpatient clinic of Selçuk University. Exclusion criteria included medical conditions requiring physical therapy, neurological disorders, diagnosed DCD, tic disorders, movement disorders, autism spectrum disorder, and intellectual disability. ADHD severity was assessed using the Turgay Disruptive Behavior Disorders Screening and Evaluation Scale based on DSM-IV. Executive functions were evaluated using the Stroop Test. The Revised Developmental Coordination Disorder Battery was used to assess DCD symptoms. Ethical approval was granted by the Selçuk University Faculty of Medicine Local Ethics Committee (2024/411).

RESULTS: The study included 31 girls and 41 boys (mean age: 10.39±2.49 years). DCD symptoms correlated with the Turgay total scale (p=0.020, r=-0.403) and Stroop Test errors in stage five (p=0.043, r=-0.359).

CONCLUSIONS: This study examined the relationship between ADHD severity, executive functions, and DCD symptoms in children and adolescents with ADHD. Findings suggest that DCD symptoms may be associated with ADHD severity rather than executive functioning difficulties. However, the single-center design and small sample size limit generalizability. Future research with larger samples is necessary to further investigate these associations.

Keywords: ADHD, Turgay, developmental coordination disorder

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THE RELATIONSHIP BETWEEN TYPE D PERSONALITY, BEDTIME PROCRASTINATION, STRESS-RELATED INSOMNIA RESPONSE, AND SLEEP QUALITY IN PATIENTS WITH DEPRESSION

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BACKGROUND AND AIM: The Type D personality is characterized by a tendency to experience negative emotions and inhibit their expression. Depression, on the other hand, is a common mood disorder marked by negative affectivity. Sleep problems are frequently observed in both individuals with depression and those with Type D personality traits. This study aims to examine the relationship between Type D personality traits, bedtime procrastination behavior, and insomnia response to stress in individuals diagnosed with depression, as well as to investigate the effects of these factors on sleep quality.

METHODS: All outpatients aged 18-65 with depression were invited, and 40 participated. Participants completed a sociodemographic data form, the Type D Personality Scale (DS-14), the Bedtime Procrastination Scale (BPS), the Ford Insomnia Response to Stress Test (FIRST), the Pittsburgh Sleep Quality Index (PSQI), the Beck Depression Inventory (BDI) and the Beck Anxiety Inventory (BAI). Ethics committee approval number 2025/107 was obtained.

RESULTS: The mean age of participants was 31.6 years, and 60% were female. Type D personality traits were observed in 65% of participants. Bedtime procrastination was positively correlated with depression severity ($r=0.19$, $p<0.05$). Type D personality traits were significantly associated with social isolation ($r=0.28$, $p<0.05$) and stress-related insomnia response ($r=0.45$, $p<0.01$). Increased bedtime procrastination and stress-related insomnia response were linked to lower sleep quality ($r=-0.28$, $p<0.05$; $r=-0.31$, $p<0.05$). No significant relationship was found between depression and anxiety levels and sleep quality ($p>0.05$).

CONCLUSIONS: Individuals with Type D personality traits exhibit higher bedtime procrastination and stress-related insomnia responses, which are associated with poorer sleep quality. However, no direct relationship was found between Type D personality and sleep quality, suggesting that depression and stress response may act as mediators. These findings emphasize the importance of addressing Type D personality traits and sleep hygiene in depression treatment. Further studies with larger samples are needed to establish causal relationships.

Keywords: Depression, sleep quality, type D personality

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FOLLOW-UP OF COGNITIVE FUNCTIONS, ANXIETY, DEPRESSION AND QUALITY OF LIFE LEVELS IN HEART FAILURE PATIENTS PLANNED FOR LEFT VENTRICULAR ASSIST DEVICE IMPLANTATION OR HEARTTRANSPLANTATION

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BACKGROUND AND AIM: The challenges in the transplantation process have made left ventricular assist devices (LVADs) an important therapeutic option in HF management. In this context, a multidisciplinary approach is crucial. Psychiatric issues such as depression, anxiety, and cognitive impairments, which are frequently observed in HF patients, can negatively impact the course of the disease and complicate treatment adherence. Psychiatry plays a key role in identifying harmful behaviors, providing psychotherapeutic interventions, assessing social support systems, facilitating adherence to treatments like LVAD or transplantation, delivering psychoeducation, and offering supportive interventions when needed. The presence of cognitive function impairments, psychiatric issues such as anxiety and depression, and deteriorations in quality of life in patients with heart failure (HF) has been extensively examined in the literature. However, the findings regarding the changes in these symptoms over time and the effects of treatments such as LVAD on these processes are still limited and inconsistent.This study aims to evaluate and monitor the cognitive functions, quality of life, anxiety, and depression in patients with heart failure who are under follow-up and are planning to undergo left ventricular assist device (LVAD) implantation or heart transplantation by the cardiology or cardiovascular surgery unit. Another objective of the study is to retrospectively identify the medical factors affecting cognitive functions, anxiety, depression, and quality of life during the follow-up period.

METHODS: A total of 37 heart failure patients, who were referred for psychiatric evaluation to the Consultation-Liaison Psychiatry unit for consideration of LVAD implantation or heart transplantation by the cardiology or cardiovascular surgery unit, and who met the inclusion criteria, were included in the study. Of these, 22 patients were followed for six months (initial visit (T0) and 1, 3, and 6 months after the initial visit (T1-T2-T3)), while 12 patients completed the three-month follow-up. Since all 22 patients had threemonth data, the analyses for the three-month follow-up were conducted with a total of 34 patients, and the six-month follow-up analyses were performed with 22 patients. SCID-5 was administered for diagnostic psychiatric assessments at the initial assessment. Self-report scales, including the Hospital Anxiety and Depression Scale (HADS), Short Form 36 (SF-36), Minnesota Living with Heart Failure Questionnaire (MLHFQ), and Multidimensional Scale of Perceived Social Support (MSPSS), were completed by the participants at each follow-up visit. Additionally, the Montreal Cognitive Assessment (MoCA) test was performed at all time points to assess cognitive functions. At the end of the study, all data on the patients' medical and psychiatric conditions over the six-month follow-up period were retrospectively collected from their medical records, and their relationship with the neuropsychological test results was analyzed. In this study, statistical analyses were conducted as follows: Categorical variables were presented as frequencies and percentages, while continuous variables were reported using mean and standard deviation, as well as median with minimum and maximum values. For the comparison of more than two repeated measurements, Repeated Measures ANOVA was employed, and in cases where a significant difference was detected, Bonferroni correction was applied as the post hoc test. The Student's t-test was used to compare the means of continuous variables between two independent groups, whereas One-Way ANOVA was conducted for comparisons involving more than two independent groups. To evaluate the interaction between time and LVAD status, Two- Way Repeated Measures ANOVA was applied. The relationships between continuous variables were assessed using Pearson's correlation coefficient. A p-value of <0.05 was considered statistically significant. All statistical analyses were performed using IBM SPSS Statistics 25.Ethical approval for the study was obtained from the Ethics Committee of Ege University Faculty of Medicine with the decision number 24-3T/75, dated 07.03.2024.

RESULTS: The mean age of our sample was 48.1±12.5 years, with 81.1% being male, 64.9% married. The majority were classified in NYHA stage II and III. The mean ejection fraction was 20.51±8.42%, the 6-minute walk test distance was 386.58±89.74 meters, and peak VO2 was 11.53±3.19 ml/kg/min. At the beginning of the study, it was observed that the mean values of biochemical parameters, except for LDH and direct bilirubin, were within the reference range. At the end of six months, all patients who were approved for LVAD and/or transplantation were listed for transplantation, and 37.1% underwent LVAD implantation. At the initial assessment,

48.6% of patients were diagnosed with a psychiatric disorder according to SCID-5 (27% major depressive disorder, 16.2% anxiety disorder). During the three-month follow-up of 34 patients, no significant changes were observed in the scale scores over time. Similarly, no significant changes were found during the six-month follow-up of 22 patients.Temporal analyses were repeated by grouping patients according to whether they underwent LVAD implantation. In the three-month follow-up, LVAD-implanted patients had lower SF-36 social function and physical role limitation scores at T1 compared to those without LVAD, but this difference disappeared in the subsequent follow-up period. In the six-month follow-up of 22 patients, significant group- time interactions were found in the quality of life scales between the LVAD and non-LVAD groups. This difference was particularly observed at T3. The SF-36 social function scale was similar at both three and six months, but when the LVAD group was evaluated within itself at six months, a significant increase in social function was observed. In the MLHFQ and HADS scores, the non-LVAD group showed almost no change between T0 and T3, while the LVAD group showed a downward trend, although not statistically significant. Similarly, while the scores of the non-LVAD group remained stable over time, the MoCA scores of the LVAD group showed an increasing trend, although no statistically significant group-time interaction was observed. Significant correlations were also found between biochemical parameters and functional capacity indicators with the scales during the follow-up period.

CONCLUSIONS: No patients underwent transplantation during the study period, but those who received LVAD showed better quality of life outcomes at six months compared to those who did not. Although clinical improvements were observed in anxiety, depression levels, and cognitive functions, these improvements did not reach statistical significance. This suggests that larger sample sizes and longer follow-up periods are needed to more clearly demonstrate emotional and cognitive improvements.

Keywords: Anxiety, cognitive impairment, depression, follow-up; LVAD, heart failure, quality of life

OP-100 https://doi.org/10.5080/kes27.abs100

THE RELATIONSHIP BETWEEN ANTIPSYCHOTIC DOSE AND BLOOD IMMUNE MARKERS IN ACUTE PSYCHOTIC EPISODE PATIENTS REQUIRING HOSPITALIZATION: A RETROSPECTIVE STUDY

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BACKGROUND AND AIM: The role of the immune system in psychotic disorders dates back to 1967, with several studies showing its involvement.Inflammatory ratios like NLR and LMR are useful and inexpensive biomarkers.No studies have explored the relationship between NLR and LMR in hospitalized psychosis cases. This study examines the association between these immune markers and the need for acute intervention due to agitation, hypothesizing that this will be reflected in the equivalent doses of antipsychotics and benzodiazepines.Thus, it is hypothesized that immune biomarkers could help determine the optimal drug dose for pharmacological intervention in acute agitation in psychiatric patients, thereby preventing the administration of unnecessarily high doses of medication.

METHODS: The study included 100 patients admitted to psychiatric wards between July- December 2024, diagnosed with schizophrenia or non-organic psychosis and requiring acute pharmacological intervention.Blood samples were analyzed for hemogram parameters; NLR and LMR were calculated.The study protocol was approved by the Ankara University Faculty of Medicine Ethics Committee (Date:29.01.2025 No:İ01-58-25) and conducted following the Declaration of Helsinki. Statistical analyses were performed using SPSS, with normality assessed via skewness and kurtosis tests.For the correlation and comparison of the data, t-test and Pearson tests were used for parametric cases, while Mann-Whitney-U and Spearman tests were applied for nonparametric cases.

RESULTS: No statistically significant correlation was observed between LMR and Equivalent Antipsychotic Dose (p=0.388) or Equivalent Benzodiazepine Dose (p=0.136).Similarly, the correlation between NLR and Equivalent Antipsychotic Dose (p=0.960) or Equivalent Benzodiazepine Dose (p=0.356) was not found to be statistically significant.There was no statistically significant difference in NLR (p=0.826) and LMR (p=0.136) values between psychotic cases requiring acute intervention and those not requiring it.

CONCLUSIONS: The correlation between NLR, LMR, and equivalent antipsychotic and benzodiazepine doses on the first day of hospitalization was evaluated.Findings were inconclusive, highlighting the need for further studies on immunity in acute agitation during psychotic episodes.

Keywords: Acute intervention, LMR, NLR, psychotic attack

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PROFILE OF PATIENTS CONSULTED TO PSYCHIATRY BY THE EMERGENCY DEPARTMENT OF KARTAL DR. LÜTFI KIRDAR CITY HOSPITAL

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BACKGROUND AND AIM: Psychiatric emergencies are conditions that require urgent intervention and involve thought, emotion, and behavior disorders that may pose a threat to individuals or their surroundings. Consultation-liaison psychiatry (CLP) plays a crucial role in the holistic management of psychiatric disorders. The aim of our study is to examine the demographic characteristics, psychiatric diagnoses, and reasons for hospitalization of patients who presented to the emergency department of our hospital and were referred for psychiatric consultation.

METHODS: This retrospective, single-center study analyzed the medical records of 1,288 patients referred to psychiatry from the emergency department over two years (2021–2023). Ethical approval was obtained on 12.04.2023 (No: 2023/514/247/10).

RRESULTS: The analysis revealed that 660 (51.2%) of cases were female and 628 (48.8%) were male. The most common age group was 25–35 years (27.02%), and the majority (40.83%, n=526) were high school graduates. Among those referred from the emergency department to psychiatry and recommended for hospitalization, Major Depressive Disorder was the most common diagnosis (28.1%, n=83), followed by Bipolar Disorder (24.8%, n=73) and Schizophrenia (8.1%, n=24). Of the 171 patients hospitalized after a suicide attempt, Major Depressive Disorder was the most frequent diagnosis (37.4%, n=64). Drug ingestion was the most common suicide method in all groups and genders, with women using it more frequently (34%, n=58), while sharp object injuries were more common in men.

CONCLUSION: The review showed that 660 (51.2%) of the cases were female and 628 (48.8%) were male. According to our findings, the consultation rate among women was higher than that of men. The higher number of female patients may be associated with gender roles, as women tend to seek psychiatric support more frequently. Systematizing CLP practices and strengthening collaboration between medical specialties can help prevent unnecessary hospitalizations and contribute to more effective healthcare planning.

Keywords: Consultation liaison psychiatry, psychiatric emergencies, suicide

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INVESTIGATING THE RELATIONSHIP BETWEEN SLEEP CHARACTERISTICS, DISSOCIATIVE EXPERIENCES AND RUMINATION IN ADULTS

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BACKGROUND AND AIM: Sleep deprivation has been widely linked to the exacerbation of dissociative symptoms. Insufficient sleep weakens cognitive control, making individuals more prone to negative thoughts.This study aimed to explore the relationship between sleep quality, dissociation, and ruminative thoughts in young adults.

METHODS: This field study at Selçuk University involved 647 volunteer students from 36 faculties, selected through random sampling. Using a descriptive research design, participants completed a semi-structured sociodemographic questionnaire and self-report measures, including the Dissociative Experiences Scale (DES), the Ruminative Thinking Style Questionnaire (RTSQ) and the Pittsburgh Sleep Quality Index (PSQI). Ethical approval was granted by the Selçuk University Local Ethics Committee (2024/63).

RESULTS: Correlation analyses revealed significant positive associations between RTSQ and DES ($r = 0.441$, $p<0.001$), RTSQ and PSQI ($r = 0.338$, $p < 0.001$), and DES and PSQI ($r=0.309$, $p<0.001$). Logistic regression identified RTSQ (OR=1.031, p=0.000) and PSQI (OR = 1.145, p = 0.000) as significant predictors of DES. Among PSQI subscales, sleep disturbance (OR = 1.889, p=0.001) was particularly significant. Mediation analysis showed that PSQI had both direct ($\beta = 2.019$, $p= 0.000$) and indirect ($\beta = 0.982$, $p = 0.01$) effects on RTSQ via DES.

CONCLUSIONS: Our findings suggest that dissociative experiences may result from involuntary transitions between waking and sleep-related consciousness due to emotional stress. Poor sleep quality not only increases dissociation but also contributes to rumination, both directly and indirectly. Sleep disturbances play a central role in this effect. However, limitations exist: childhood trauma, depression, and anxiety—factors strongly linked to dissociation—were not assessed. Those with psychiatric illness were not excluded. The study also relied on self-reports and had a cross-sectional design, limiting causal inferences. Future research should investigate these relationships prospectively.

Keywords: Discosiation, rumination, sleep

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EVALUATION OF THE RELATIONSHIP BETWEEN OBSESSIVE BELIEFS AND ANXIETY AND SEXUAL DYSFUNCTION IN MEN WITH PSYCHOGENIC ERECTILE DYSFUNCTION

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BACKGROUND AND AIM: The presence of various myths and beliefs about sexuality in individuals with erectile dysfunction creates a predisposition for the development of the difficulty experienced. Psychogenic causes are performance anxiety, negative cognitive beliefs, anxiety disorders, and psychotic disorders. These beliefs can affect sexuality by influencing individuals' attitudes and behaviors. This study aimed to evaluate the relationship between obsessive beliefs, anxiety, and sexual dysfunction in men with psychogenic erectile dysfunction.

METHODS: Twenty-three individuals evaluated at the Urology outpatient clinic were referred to the Psychiatry outpatient clinic when there was no organic reason for erectile dysfunction. Sociodemographic data form, International Index of Erectile Function-15 (IIEF-15), Obsessive Beliefs Questionnaire-44 (OBQ-44), and State-Trait Anxiety Inventory (STAI) were applied to all participants with correlation analysis. Approval was received from the ethics committee with the date 28.12.2023 and decision number 2023/112.

RESULTS: The mean age of the men included in the study was 35.61±4.51 and the mean years of education was 19.26±3.68. There is a negative relationship between the two sub-dimensions of IIEF-15 and OBQ-44, namely increased perception of responsibility/exaggerated perception of threat (OBQ- RT) (p=0.02, r=-0.64), giving importance to thoughts/control of thoughts (OBQ-ICT) (p=0.03, r=- 0.61) and STAI (p=0.02, r=-0.55).

CONCLUSIONS: In studies, one of the factors underlying male sexual functions is cognitive beliefs and myths. In a study conducted in our country, sexual beliefs about sexual intercourse and orgasm were found to be higher in men with erectile dysfunction than in those without. Our findings show that state anxiety and obsessive beliefs may be related to sexual dysfunction in men with psychogenic erectile dysfunction. It can be suggested that understanding the role of sexual dysfunctions, obsessive beliefs, and anxiety in individuals with psychogenic erectile dysfunction is important for the development of psychotherapeutic interventions.

Keywords: Obsessive beliefs, anxiety, International Erectile Function Index-15.

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TREATMENT APPROACHES IN GERIATRIC PATIENTS PRESENTING WITH SOMATIC SYMPTOMS

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BACKGROUND AND AIM: Somatic symptoms(SB) are common in the geriatric population. While the world population is aging rapidly, older adults constitute 10.0% of the world population and 10.3% of the population of Turkey. Considering the sociodemographic data of the increasing elderly population in our country, treatment options and follow-up for cognitive or somatic symptoms were analysed.

METHODS: Ethics Committee approval has been made (2025-YÖNP-0100). The symptoms of patients over 65 years of age with primary complaint of SB who applied to the geriatric psychiatry outpatient clinic of COMU Hospital between 2024- 2025 were evaluated with DSM-5- oriented psychiatric interview and their data were analysed as retrospective archive review. Diffuse body aches, headaches with no organic cause, numbness and gastrointestinal symptoms were accepted as SB. Patients diagnosed with Alzheimer's dementia, bipolar disorder, psychotic disorders and depression with psychotic features and patients with no SB were excluded from the study. Due to exclusion criteria, 271 patients over 65 years of age who applied to the outpatient clinic were not included in the study.A total of 60 patients were included in the study and their subsequent outpatient clinic visits were recorded.

RESULTS: Follow-ups were performed for a mean of 5.00 ± 4.14 months and patients had a mean of 3.00 ± 2.67 follow-up visits. SSRIs were used in 69.4%, SNRIs in 33.2%, antipsychotics in 6% and atypical antidepressants in 18.3% of the patients. When the diagnoses of the patients were analysed, 55.7% were diagnosed with depressive disorder, 32.7% with anxiety disorder. Dementia accompanying depressive symptoms was considered in 8.4% of the patients.

CONCLUSIONS: Somatic complaints are the main symptom of depression and anxiety disorders in geriatric patients. It is important to evaluate geriatric patients with SB as their primary complaint from a psychiatric point of view, not to overlook these symptoms in CLP applications, and to screen these complaints routinely even if the patient doesn't report somatic complaints.

Keywords: Somatic symptoms, geriatric patients, depressive disorders, anxiety disorders

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TRANSCRANIAL MAGNETIC STIMULATION TREATMENT PRACTICES IN A UNIVERSITY HOSPITAL

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BACKGROUND AND AIM: Transcranial magnetic stimulation (TMS) is a non-invasive, well- tolerated treatment modality that does not require anesthesia and has no serious side effects. TMU has been indicated in depression and obsessive-compulsive disorder, but its use in schizophrenia, post-traumatic stress disorder and substance use disorder is under investigation.In this study, we aimed to present one-year TMU treatment experiences in a university hospital.

METHODS: The files of patients who received TMU treatment in our TMU unit in the last one year were reviewed.Descriptive analyses of sociodemographic, clinical and TMU protocol information were performed. Our study was approved by Atatürk University Faculty of Medicine Ethics Committee (07.06.2024/100).

RESULTS: 175 TMU application files were accessed, but 9 of these files were excluded from the study because they were re-application to the same patient, and a total of 166 patient files were included in the study. The mean age of the patients was 39.50±14.42 years (min-max:18- 83), 62.7% were female (s=104) and 37.3% were male(s=62). The most common diagnoses of patients who underwent TMU were unipolar depression (s=88,53%), obsessive-compulsive disorder (s=36,21.7%), and bipolar depression (s=15,9%), respectively. In 31.3% (s=52) of patients who underwent TMU,TMU was administered during hospitalization.The most common TMU protocol was intermittent theta burst to the left dorsalateral prefrontal cortex (DLPFC) with continuous theta burst to the right DLPFC (s=48,28.9%) and TMU was most commonly applied to the left and right DLPFC regions (s=81,48.8%). Accelerated TMU treatment of more than one session per day was applied to 42.8% of patients (s=71).During TMU treatment, 67.8% (s=61) of the patients who were followed up with clinical scales responded to the treatment. 44 patients (26.5%) discontinued TMU treatment and the most common side effect during TMU treatment was headache (s=19,11.4%).

CONCLUSIONS: In our clinic, short-term sessions and TMU treatment to DLPFC were preferred in order to reach more patients. Considering that TMU is applied to resistant patients, it is another important result that the response rate to treatment was quite high in our study.

Keywords: Theta burst stimulation, accelerated transcranial magnetic stimulation, DLPFC

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EXAMINATION OF THE RELATIONSHIP BETWEEN PSYCHOSOMATIC DIAGNOSIS AND INTERPERSONAL RELATIONSHIPS IN PATIENTS WITH FUNCTIONAL NEUROLOGICAL SYMPTOM DISORDER

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BACKGROUND AND AIM: Functional Neurological Symptom Disorder (FNSD) is characterized by motor, sensory or cognitive changes that do not correspond with existing neurological or medical conditions. These changes may include symptoms such as non-epileptic seizures, abnormal movements or loss of strength. Since the beginning of the millennium, the focus on neurobiological causes in the etiology of FNSD has begun to expand old psychological theories and investigate new psychological factors (Edwards et al. 2012, Fobian and Elliott 2019). In our study, we aimed to examine attachment styles, interpersonal relationships and problems, which are some of the areas where there is not enough data in the literature in patients with FNSD. In addition, taking into account the close relationship of this disorder with diseases characterized by other psychosomatic symptoms, we aimed to contribute to the FNSD literature with additional findings on the psychosomatic profiles of FNSD patients with the Diagnostic Criteria for Psychosomatic Research (DCPR), which was developed by an international group of researchers working in the field of psychosomatics and which transforms psychosocial variables into individual diagnostic tools. In this context, studies on subgroups of FNSD, especially Psychogenic Non-Epileptic Seizures (PNES) and other forms of PNSD are usually compared in clinical basis (Erro et al. 2016). However, in our study, we aimed to examine PNES and non-PNES patients from a multidimensional perspective by evaluating not only clinical differences but also psychosocial factors.

METHODS: 65 patients who were referred to Istanbul University Istanbul Faculty of Medicine (İUFOM) Department of Psychiatry, Division of Consultation-Liaison Psychiatry (CLP) by İUFOM Department of Neurology; who had been followed up for a while with a diagnosis of FNSD at the CLP or general psychiatry outpatient clinic, who were referred to İUFOM Department of CLP for further examination by Koç University Faculty of Medicine, Department of Neurology, who were diagnosed with FNSD by a psychiatrist or neurologist; and 65 healthy controls were included. Participants were assessed using sociodemographic and clinical data, Structured Clinical Interview for DSM-5 Disorders-Clinician Version (SCID-5-CV), Experiences in Close Relationships-Relationship Structures (ECR-RS), and Inventory of Interpersonal Problems- Circumplex Scales Short Form (IIP-32). Psychosomatic diagnoses were examined by the Diagnostic Criteria for Psychosomatic Research (DCPR) only in the patient group. Statistical analyses in the study were performed with NCSS 2007 (Number Cruncher Statistical System) software. Descriptive statistics (mean, standard deviation, median, IQR) were calculated and normality was evaluated by Shapiro-Wilk test. Independent t-test was used for normally distributed data, Mann-Whitney U test was used for non-normally distributed data, Chi-square and Fisher reality test were used for qualitative data, and Pearson correlation was used for relationships between variables ($p<0.05$ was considered significant). Ethical Approval: Ethical approval was obtained from the İstanbul University İstanbul Faculty of Medicine Clinical Research Ethics Committee (Protocol number: 2023/2344).

RESULTS: In the patient group, the rate of females and males was 80% and 20%, respectively. The mean age of the patient group was 35.54 ± 11.47 years. Forty-seven patients (72.3%) were diagnosed with psychogenic non-epileptic seizures (PNES), while the remaining 18 patients (27.7%) had other types of FNSD (14 patients were diagnosed with functional movement disorder, 2 patients with psychogenic vertigo and 2 patients with functional speech disorder). At least one active psychiatric comorbidity was detected in 61.54% of FNSD patients. The most common comorbidities were major depressive disorder (29.23%), anxiety disorders (24.62%) and somatic symptom and related disorders other than FNSD (20%). Comorbidity rate of PNES and epilepsy was 44.62% (27 patients). A number of differences were found between the patients with FNSD and the control group. The rate of individuals with a past psychiatric history was significantly higher in the patient group compared to the control group ($p=0.0001$). According to the DCPR results, the most common DCPR diagnoses in the patient group were conversion symptoms (87.7%), persistent somatization (63.1%), type A behaviour (41.5%), lack of resistance (40%) and alexithymia (38.46%). In general, attachment anxiety in relationships was found to be significantly higher in the patient group, and anxiety and avoidance levels related to the partner were also found to be higher compared to the control group. In terms of interpersonal problems, dominant controlling, vindictive egocentric,

intrusive needy and cold distant interpersonal patterns were more prominent in the patient group, and the levels of social inhibition and inability to defend oneself were also higher. In addition, certain correlations were found between the scales. In the patient group, the number of DCPR diagnoses showed significant positive correlation with the total score and various subscale scores of the IIP-32, and with the scores of the maternal anxiety dimension (r=0.317, p=0.010) and the partner anxiety dimension (r=0.379, p=0.002) of the ECR-RS. Partner anxious attachment dimension stands out as the attachment dimension showing the strongest relationship with interpersonal problems. Significant positive correlations were found especially with the cold distant, socially withdrawn, unassertive and overly agreeable subscales of the IIP-32, and it was also positively correlated with the total score. As a result of the comparison of PNES and non-PNES subgroups, the rate of complaint-free periods lasting at least three months was found to be significantly higher in PNES patients than in non-PNES patients (p=0.002). No significant difference was found between the two subgroups in terms of attachment dimensions and styles, interpersonal problems and psychosomatic profiles.

CONCLUSIONS: In this study, it was determined that problems in interpersonal relationships and high levels of attachment anxiety were observed together in patients with FNSD. The prevalence of conversion symptoms, persistent somatization and type A behavior, according to the DCPR diagnoses, indicates that FNSD has a complex structure based on a psychosomatic basis. In the comparison between PNES and non-PNES subgroups, no significant difference was found in terms of interpersonal problems, attachment styles and dimensions, and psychosomatic profiles, suggesting that different subtypes of FNSD may share a common psychopathological background. Our results reveal that FNSD patients have significant problems in their interpersonal relationships. Therefore, taking psychosomatic diagnoses into account and focusing on the effects of interpersonal problems on symptoms in the clinical evaluation and treatment processes of FNSD patients may increase treatment success.

Keywords: Attachment styles, DCPR (Diagnostic Criteria for Psychosomatic Research), Functional Neurological Symptom Disorder (FNSD), Interpersonal problems, Psychogenic Non-Epileptic Seizures (PNES)

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EARLY-ONSET PSYCHOSIS FOLLOWING METHYLPHENIDATE USE IN A PATIENT WITH ADHD DIAGNOSIS

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OBJECTIVE: Methylphenidate is widely used in the treatment of Attention-deficit and hyperactivity disorder(ADHD). However, it is known to cause psychotic symptoms even at therapeutic doses. Furthermore, diagnostic confusion can arise due to the overlap in symptoms between ADHD and schizophrenia. This case report discusses a patient who was previously diagnosed with ADHD, treated with methylphenidate, and subsequently experienced recurrent psychotic episodes. Written and verbal informed consent was obtained from the patient.

CASE: A 27-year- old male patient was admitted to our inpatient unit with hallucinations, delusions, and disorganized behavior. Upon admission, he presented with irritability and euphoria The patient's first psychiatric consultation occurred in 2012, at a child psychiatry clinic, due to hyperactivity and inappropriate behaviors. He was diagnosed with ADHD and started on methylphenidate. However, he never achieved full remission. In 2015, he experienced his first psychotic episode and was diagnosed with atypical psychosis. Since 2016, he has had four psychiatric hospitalizations due to recurrent psychotic episodes and was treated with various antipsychotics, both as an inpatient and outpatient. In 2024, he was admitted to our unit again due to a psychotic episode.

DISCUSSION: Studies have shown that ADHD is the most frequent comorbid condition in children and adolescents with schizophrenia. The neuropsychological changes hypothesized for these two disorders partially overlap, leading to diagnostic confusion in early stages. Methylphenidate, a commonly used medication in ADHD treatment, requires careful consideration. Its effects on the brain are similar to those of cocaine, as it rapidly penetrates the brain and stimulates dopamine release. Dopamine plays a significant role in the development of psychosis. In summary, ADHD should be diagnosed with caution, particularly in childhood, and medication choices should be made with sensitivity. For mild to moderate cases, alternative medication options should be considered before initiating psychostimulants.

Keywords: Methylphenidate, psychosis, schizophrenia, ADHD

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POSTPARTUM PSYCHOSIS FOLLOWING ECLAMPSIA: EARLY FOLLOW-UP OF A CASE

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OBJECTIVE: The postpartum period predisposes women to various psychiatric disorders. Postpartum psychiatric conditions such as postpartum blues, postpartum depression, and postpartum psychosis (PP) can emerge during this period. PP, though rare in the general population (0.89-2.6 per 1000 births), is a psychiatric emergency requiring prompt evaluation and intervention due to its severe outcomes. This paper discusses a case of PP, analyzed with informed consent and in light of the literature.

CASE: A 32-year- old woman, 38 weeks pregnant, was referred for psychiatric evaluation on the second postpartum day. The patient exhibited symptoms including withdrawal, refusal to care for her baby, nonsensical speech, and visual hallucinations starting on the first postpartum day. Her history revealed epilepsy treated with 800 mg/day carbamazepine during pregnancy, hypertensive progression, and emergency cesarean delivery due to eclampsia. On psychiatric examination, she presented with distressed affect, irritable mood, visual, auditory, and tactilehallucinations, persecutory delusions, circumstantial speech, and aggression for the past week. Routine laboratory tests and EEG results were normal. The patient was admitted to the psychiatric ward with a preliminary diagnosis of PP. Treatment with 10 mg/day olanzapine was initiated. By the 14th day, her hallucinations subsided, but persecutory delusions persisted. At the 40-day follow-up, she showed no positive psychotic symptoms.

DISCUSSION: PP typically manifests within the first two weeks postpartum. In this case, symptoms began on the second postpartum day. Cesarean delivery is a known risk factor for PP, and emergency cesarean due to eclampsia was a contributing factor in this case. Eclampsia has been reported as a significant risk factor for PP development(7). Literature highlights olanzapine, quetiapine, and risperidone as primary treatments for PP(8). Consistent with this, 10 mg/day olanzapine effectively alleviated psychotic symptoms in our patient.

Keywords: Postpartum psychosis, postpartum period, eclampsia

PP-003 https://doi.org/10.5080/kes27.abs109

BIPOLAR DISORDER TYPE II DEPRESSIVE EPISODE AND ANOREXIA NERVOSA RESTRICTIVE TYPE COMORBIDITY: A CASE OF RECURRENT SUICIDE ATTEMPTS

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OBJECTIVE: Anorexia Nervosa (AN) is frequently comorbid with mood disorders such as Bipolar Disorder and depression. Suicide ideation should be routinely assessed in patients with comorbid disorders, regardless of the severity of eating disorder or depressive symptoms. This study presents a case of a patient with Bipolar Affective Disorder Type II (Bipolar II) and comorbid AN, who had recurrent suicide attempts, with consent obtained. The case is discussed in light of current literature, emphasizing the increased suicide risk and the need for a multidisciplinary treatment approach.

CASE: Consent has been obtained from the patient. A 19-year-old female with a history of AN and Bipolar II presented with depressive symptoms and recurrent suicide attempts. She had received initial AN treatment in 2020, followed by the diagnosis of Bipolar Disorder. Upon admission, the patient exhibited one month of depressive symptoms and restrictive eating behaviors. Treatment was initiated, leading to improvements in both depressive and eating disorder symptoms. After discharge, however, the patient made a second suicide attempt and was readmitted. Psychotherapy and pharmacotherapy continued, and the patient showed improvement.

DISCUSSION: The comorbidity of eating disorders and Bipolar Disorder suggests shared pathophysiological mechanisms. Patients with both conditions tend to experience higher rates of depression, suicide attempts, and other psychiatric comorbidities. In this case, childhood sexual abuse was considered a significant factor in triggering suicidal behavior. Mood stabilizers such as lamotrigine and lithium were effective in treating both disorders. In conclusion, treatment and psychotherapy strategies for comorbid Bipolar Disorder and eating disorders must be carefully planned, considering the unique clinical characteristics of both conditions.

Keywords: Anorexia nervosa, bipolar disorder type-II, suicid attemps, mood disorders

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BEHAVIORAL VARIANT OF ALZHEIMER'S DISEASE: AN ATYPICAL CASE SUPPORTED BY CSF BIOMARKERS

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OBJECTIVE: Alzheimer's disease(AD) is the most common cause of dementia and is typically characterized by progressive memory loss.However, behavioral variant AD(bvAD) is a rare clinical subtype that manifests with prominent behavioral symptoms and executive dysfunction.This variant is often confused with the bvFTD.Neuropsychological assessment, imaging techniques, and CSF biomarkers play a crucial role in diagnosis.This presentation discusses a case highlighting the importance of biomarkers in the diagnosis of bvAD.

CASE: A 73-year- old-female patient presented to our clinic in October-2024 with symptoms of irritability, forgetfulness, inappropriate social behaviors, and food hoarding.Her daughter reported that, over the past year, the patient had been giving her phone number to strangers and inviting them home, engaging in socially inappropriate speech, mistaking olives for raisins and boiling them, and collecting bird food in the house.Before these symptoms, she had no history of such behaviors, but she had begun experiencing increasing difficulties in remembering dates, forgetting names, and exhibiting short-term memory loss, especially in the last six months.Neuropsychological evaluation revealed MMSE:19/30, CDT:2/5, and FAB:10/18. Brain MRI showed medial temporal atrophy classified as stage 2(MTA2).Brain PET imaging demonstrated reduced glucose metabolism in the left medial temporal lobe (Z-score:-3.48). CSF analysis revealed elevated phosphorylated-Tau181(41.66pg/ml), increased total-Tau(475pg/ml), elevated phosphorylated-Tau181/AmyloidBeta42 ratio(0.0369), and increased total- Tau/AmyloidBeta42 ratio(0.4207).These CSF biomarkers provided neuropathological support for the diagnosis of bvAD.During follow-up, the patient's treatment regimen was adjusted to sertraline200mg/day, trazodone50mg/day, donepezil10mg/day, and memantine20mg/day.Verbal informed consent for the case presentation was obtained from the patient and her relatives.

DISCUSSION: This case demonstrates that bvAD can be mistaken for other neurodegenerative disorders.CSF biomarkers enhance diagnostic accuracy.While MTA and increased total-Tau/AmyloidBeta42 ratio are indicative of typical AD, the lateralized PET findings, behavioral symptoms, and frontal lobe dysfunction suggest atypical variant.The use of advanced biomarkers, such as CSF analyses, plays a critical role in the accurate diagnosis and management of atypical cases.

Keywords: Behavioral variant Alzheimer's disease, CSF biomarkers, frontotemporal dementia.

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A CASE STUDY: MYOSITIS DUE TO CLOZAPINE USE

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OBJECTIVE: Myositis is a chronic inflammation of the skeletal muscle, leading to muscle weakness. Clozapine-induced myositis is a rare side effect reported in the literature. We present a schizoaffective disorder patient followed-up for 19 years, who has used clozapine for one year. After reporting lower extremity weakness, elevated creatine kinase (CK) levels led to a neurology consultation. Upon myositis diagnosis, this rare side effect was documented to contribute to the literature.

CASE: The patient was a 53-year-old male with schizoaffective disorder for the past 19 years. His initial symptoms included apathy, lack of motivation, and fear of harm, with psychotic episodes. He had multiple depressive episodes requiring hospitalization. Despite treatment with various psychotropics, he showed only partial improvement. In February 2024, clozapine was initiated and increased to 200 mg/day, leading to functional improvement and reduced depressive symptoms. In November 2024, he reported leg weakness. Blood tests revealed CK: 1939 U/L, CK-MB: 62.08 U/L, C-reactive protein: 5.03 mg/L, alanine aminotransferase: 77.5 U/L, and aspartate aminotransferase: 97.8 U/L. Recent infections, cardiac pathologies, and acute conditions like neuroleptic malignant syndrome were excluded. Neurology consultation and electromyography found no alternative cause for the myositis. The clozapine was gradually tapered and transitioned to olanzapine. CK levels were monitored:

200 mg/day: CK 1939 U/L

150 mg/day: CK 1847 U/L

100 mg/day: CK 1193 U/L

One month after discontinuation: CK 248 U/L (within normal range)

Written informed consent was obtained from the patient and his relatives for the case report.

DISCUSSION: To confirm clozapine-induced myositis, other causes must be excluded. As a dose-independent effect, CK normalization after discontinuation strongly supports a drug-induced etiology. Though rare, clinicians should consider myositis in clozapine-treated patients with musculoskeletal symptoms.

Keywords: Clozapine, myositis, creatine kinase, antipsychotic medication

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THE EFFICACY OF ARIPIPRAZOLE IN MANAGING TOURETTE SYNDROME WITH COMORBID OCD AND MOOD DISORDERS: A CASE STUDY

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OBJECTIVE: We aimed to evaluate mood disorder and obsessive-compulsive disorder accompanying Tourette syndrome and to present the effects of Aripiprazole treatment in a patient with these two comorbidities.

CASE: A 28-year- old female patient presented to the psychiatric emergency department following thoughts of death and a suicide attempt with medication. After evaluation in the emergency department, she was admitted to the hospital due to the risk of suicide. Through a psychiatric interview, the patient's psychiatric history was identified. She had been diagnosed with Tourette Syndrome due to motor and vocal tics that began at the age of six. It was learned that she had also been followed up with a diagnosis of obsessive-compulsive disorder in her psychiatric history. In this patient, auditory and visual hallucinations accompanied depressive symptoms at the time of admission. Additionally, distractibility, insomnia, flight of ideas, increased speech and speed, and psychomotor agitation were observed, leading to the consideration of a bipolar mixed episode. Therefore, the previously prescribed Aripiprazole 30 mg/day was discontinued, and treatment was switched to Haloperidol 20 mg/day and Quetiapine 200 mg/day.While the patient was receiving haloperidol treatment, depressive symptoms improved; however, an increase in tics as well as a worsening of obsessive thoughts was observed.Therefore, the decision was made to resume treatment with aripiprazole 30 mg/gün. During follow-up with aripiprazole therapy, a significant reduction in tics and a significant notable decrease in obsessive thoughts were observed. Informed consent was obtained from patient.

DISCUSSION: This case illustrates the critical need for personalized treatment in TS, particularly when intertwined with OCD and mood disorders. Aripiprazole's partial dopamine agonist properties effectively addressed the wide range of neuropsychiatric symptoms, unlike traditional dopamine antagonists like Haloperidol, which worsened specific symptoms. Further research is recommended to explore Aripiprazole's broader applications in TS with psychiatriccomorbidities.

Keywords: Tourette syndrome, obsessive-compulsive disorder, mood disorder, aripiprazole, haloperidol, comorbidity management

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MANIC SHIFT TRIGGERED BY ESCITALOPRAM IN AN ELDERLY PATIENT WITH LONG-TERM MOOD STABILITY

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OBJECTIVE: Antidepressant-induced manic shift is a known risk, even in patients without a recent history of mood episodes. In this case report, we will present a case of manic shift triggered by escitalopram use in an 88-year-old woman.

CASE: An 88-year-old woman presented with depressive symptoms that emerged following the death of her daughter one year prior. Her symptoms included frequent reminiscing, crying spells, anger outbursts, restlessness, insomnia, fear of death, and self-harm. A review of the patient's medical history revealed that she has maintained mood stability without psychiatric treatment despite a two-month hospitalization over 55 years ago. However, neither the patient nor her family knew the exact diagnosis from her previous hospitalization. Initial treatment with escitalopram 5 mg/day and zopiclone 7.5 mg/night was prescribed for her current complaints but proved ineffective. Consequently, her regimen was adjusted to escitalopram 10 mg/day, mirtazapine 15 mg/day, and medazepam 10 mg/day. Two weeks into the revised treatment, the patient inadvertently took 20 mg of escitalopram instead of the prescribed 10 mg. This resulted in increased talkativeness, excessive energy, irritability, frequent singing, dancing, and psychomotor agitation. She was admitted to the psychiatric clinic with a preliminary diagnosis of mania. During hospitalization, escitalopram was tapered off while medazepam was continued. Olanzapine was introduced at 2.5 mg/day and gradually increased to 2.5 mg three times daily. After eight days of treatment, her symptoms remitted, and she was discharged with follow-up recommendations. Informed consent was obtained from the patient for the case report.

DISCUSSION: This case highlights the risk of antidepressant-induced mania in elderly patients, even with prolonged mood stability. Age-related changes in metabolism and neurophysiology may increase this risk, making older patients more sensitive to relatively higher antidepressant doses. Therefore, tailored dosing, regular monitoring, and prompt intervention are essential to prevent psychiatric complications.

Keywords: Antidepressant adverse effects, elderly patients, manic shift

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TURKISH ADAPTATION OF EVERYDAY DISCRIMINATION SCALE WITH A TRANS AND GENDER DIVERSE SAMPLE

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BACKGROUND AND AIM: Discrimination experienced by trans and gender diverse (TGD) individuals is closely associated with their mental health, well-being, and life satisfaction. Therefore, there is an increasing amount of research focused on discrimination in TGD. Everyday Discrimination Scale (EDS) is one of the prominent scales to assess individually perceived trans discrimination. This study aimed to investigate the psychometric properties of the Turkish version of the nine-item EDS in a sample of transgender and gender diverse people.

METHODS: Ninety-two volunteering TGD respondents (69.7% recruited in a tertiary hospital setting) completed an online battery of questionnaires assessing sociodemographic and gender- affirming information, EDS, Perceived Individual-Based Discrimination Subscale (PIDS), Depression Anxiety Stress Scale-21 (DASS-21). The Institutional Review Board at Hacettepe University approved the study (22.11.2022).

RESULTS: Confirmatory factor analysis indicated a single-factor structure for the nine-item EDS in TGD people (χ^2=(25)=41.31, p<.05) with acceptable fit indices (χ^2=/df=1.65; RMSEA =.09; CFI =.97; GFI =.92). Moreover, positive and significant correlations were found between EDS and PIDS (r =.77, p<.01) and the subscales of the DASS-21, i.e., depression (r =.50, p<.01), anxiety (r=.55, p<.01), and stress (r =.51, p<.01). These findings respectively supported convergent and concurrent validities. The internal consistency Cronbach's alpha coefficient (.91) and corrected item-total correlations (r =.57 -.79) suggested reliability. The test-retest correlation was investigated in a smaller group (n = 7) within an eight-week interval, and it was significant (r =.95, p<.01).

CONCLUSIONS: The current study provides initial findings on the psychometric properties of EDS in TGD populations and provides a valid and reliable research tool for further research on the discrimination and associated features in Turkish-speaking TGD people.

Keywords: Transgender, discrimination, scale, validity, reliability

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PANCREATIC DISEASES AND ANXIETY&DEPRESSION COMORBIDITY: FOUR CASES IN A FAMILY

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OBJECTIVE: The relationship between pancreatic diseases and psychiatric disorders has been widely studied. Depression rates in pancreatic disease patients range from 33% to 55%, and pancreatic cancer has the highest incidence of major depression among gastrointestinal tumors. This presentation aims to examine a case of anxiety and depression co-occurring with pancreatic disease and explore psychiatric comorbidities in relatives with various pancreatic diseases.

CASE: A 57-year- old male patient presented with symptoms of inner distress, restlessness, unhappiness, anhedonia, reluctance to leave the house, and suicidal thoughts. His mental status examination revealed symptoms of major depressive disorder (HAM-D: 31) and severe anxiety (HAM-A: 27). He was receiving mirtazapine 30 mg/day, olanzapine 2.5 mg/day, clonazepam 2 mg/day, and paroxetine 30 mg/day. Due to nausea, loss of appetite, and more than 10% weight loss in the past two months, lab results showed amylase 110 U/L, lipase 102 U/L, glucose 113 mg/dL, and GGT 199 mg/dL. A gastroenterology consultation revealed "Acute Edematous Pancreatitis" and hyperintense contrast in liver segments. Given liver dysfunction, psychiatric treatment was changed to escitalopram 20 mg/day and mianserin 30 mg/day.The patient's history included his mother being treated with ECT for major depressive disorder before being diagnosed with pancreatic cancer, and his maternal uncle experiencing chronic pancreatitis with mild to moderate anxiety. His maternal aunt had depressive episodes related to her pancreatic disease, and his cousin's daughter had died by suicide. Following symptomatic treatment, laboratory findings and clinical symptoms improved. The patient's HAM-A and HAM-D scores also decreased, and he was discharged with recommendations for follow-up. Informed consent was obtained for this case report.

DISCUSSION: Psychiatric comorbidity in pancreatic diseases is linked to both endocrine and exocrine secretions. Neuropeptide-Y and cholecystokinin-4 and -8 are potential mediators. CCK receptors have been shown to affect panic attacks and depressive symptoms. This family provides supporting evidence for these findings.

Keywords: Pancreas, depression, anxiety, genetics

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THE ROLE OF AUTISTIC TRAITS IN THE COURSE OF PANIC DISORDER: A RETROSPECTIVE STUDY

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BACKGROUND AND AIM: Autism Spectrum Disorder (ASD) research has identified subclinical autistic traits (Broad Autism Phenotype, BAP), which negatively impact quality of life and psychiatric symptoms. Given the avoidance behaviors, sensory processing differences, and social-cognitive deficits in PD, exploring the role of autistic traits in disorder severity is warranted. This retrospective study examines autistic features in PD using the Autism Spectrum Questionnaire (AQ) and their relationship with changes in disorder severity over time.

METHODS: This study employed a retrospective design, utilizing medical records from individuals diagnosed with PD at the psychiatry outpatient clinic of Dinar State Hospital. The Panic Disorder Severity Scale (PDSS) was administered at initial consultation (baseline) and at a one-month follow-up, as recorded in patient files. At the six-month visit, among those who continued regular follow-ups, 51 participants (Age: 42.2±10.2; M/F: 19/32) consented to completing the Autism Spectrum Questionnaire (AQ) alongside PDSS reassessment. Exclusion criteria included past or current psychotic disorders, bipolar disorder, alcohol/substance use disorder, and cognitive impairments affecting questionnaire completion. Data were analyzed using repeated-measures ANOVA in IBM SPSS (v25). Ethics approval: AFSU, 13.12.2024, T- 2024/11.

RESULTS: A significant linear reduction was observed in PDSS total scores across three time points ($p < .001$). AQ Attention Shifting scores were significantly associated with this reduction ($p = .042$). PDSS Agoraphobia sub-scores also showed significant linear reduction ($p < .001$), correlating with AQ Total Score ($p = .037$), Communication ($p = .041$), Social Skills ($p = .045$), and Attention Switching ($p = .010$).

CONCLUSIONS: The findings of this study suggest that the presence of more severe autistic traits may exert differential effects on the treatment resistance of PD, particularly in the domain of agoraphobia. In conclusion, higher autistic trait levels were associated with a less pronounced decrease in treatment in PD severity, particularly in the domain of agoraphobia.

Keywords: Autistic traits, broad autism phenotype, panic disorder

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UNRAVELING THE DIAGNOSIS: PROGRESSIVE SUPRANUCLEAR PALSY AND FRONTOTEMPORAL DEMENTIA PRESENTING AS A PSYCHIATRIC DISORDER

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OBJECTIVE: Frontotemporal lobar degeneration (FTLD) encompasses Frontotemporal Dementia (FTD) and Progressive Supranuclear Palsy (PSP). Of these two clinical conditions that may accompany each other, FTD is characterized by personality changes and executive dysfunction, while PSP is marked by vertical gaze palsy, postural instability, and early falls. Presenting with neuropsychiatric symptoms often leads to misdiagnosis as a psychiatric disorder, especially when early neurological examinations and imaging are unremarkable. This case addresses a patient initially diagnosed with conversion disorder but later identified as having PSP and FTD.

CASE: A 59-year- old woman presented with dizziness, imbalance, and frequent falls for two years, along with weight loss, fatigue, low mood, and anhedonia. Neurological and otorhinolaryngological evaluations were unremarkable. Due to persistent symptoms and preceding psychosocial stress, a psychiatric assessment suggested conversion disorder, and antidepressant treatment was initiated. Subsequently, she was hospitalized with ongoing and worsened symptoms to our clinic.Psychiatric examination revealed impaired self-care, reduced facial expression, anxious affect, hypophonic speech with poor rhythm and prosody, and echolalic repetition of the last syllables of her words. Her thoughts were concrete and simplistic, given her background.Her falls were without self-protective behavior or loss of consciousness. Montreal Cognitive Assessment (MoCA) score was 17, and the clock drawing test was poor. Neurological consultation was requested, revealing vertical gaze restriction, left eyelid ptosis, hypophonic speech, echolalia, bilateral bradykinesia, mild rigidity, impaired tandem gait, postural instability, and hyperactive deep tendon reflexes. Neuropsychological testing indicated deficits in visuospatial skills, executive function, and memory. PET/MRI and DAT-SCAN confirmed frontotemporal lobar degeneration. Informed consent was obtained from the patient and her relative.

DISCUSSION: This case highlights the challenge of differentiating neuropsychiatric symptoms of neurodegenerative diseases from primary psychiatric disorders. An interdisciplinary approach is essential for precise diagnosis and effective management.

Keywords: Conversion disorder, frontotemporal lobar degeneration, misdiagnosis, progressive supranucleer palsy, frontotemporal dementia

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REFUSAL OF SURGICAL TREATMENT FOR SUBDURAL HEMATOMA IN A PATIENT WITH SCHIZOPHRENIA: A CASE REPORT AND DISCUSSION OF CLINICAL DILEMMA

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OBJECTIVE: Subacute Subdural Hematoma (SDH) is characterized by detection of hematoma usually 3 days to 3 weeks after head injury. Burr hole surgery is the main treatment intervention for chronic SDH. We present a case of a subacute SDH in a patient with schizophrenia, and the patient refused surgical interventions for SDH. Our aim is providing clinicians insight about this difficult situation managed with ciritical decisions of the patient, family and treating physicians.

CASE: The patient was a 32-year-old female with 8-year history of schizophrenia and she was admitted to the inpatient clinic because of treatment refusal. Her psychiatric examination revealed blunted affect, dysphoric mood, grandiose delusions, auditory and visual hallucinations, and disorganized speech with the absence of insight. Positive and Negative Syndrome Scale (PANSS) score was 91 upon admission. In cranial MRI, subacute SDH with a size of 25 mm in left frontoparietal location; leading to mild shift midline structures was detected. There was no neurological symptoms. Despite neurosurgical consultation recommending surgery, the patient refused any surgical intervention, but she complied with non-surgical treatments. Given that the surgery was not urgent, decision was made for close neurological monitoring. The initial psyhciatric treatment was olanzapine 20 mg/day; later, aripiprazol up to 30 mg/day was added because of treatment resistance regarding positive symptoms. During discharge after 55 days of psychiatric hospitalization, the SDH had regressed to 16 mm, and there was minimal improvement in psychotic symptoms (PANSS score: 81). In the outpatient follow-up examination after a month with regular antipsychotic treatment; there was complete regression of the SDH and her control PANSS score was 77. (The patient's legal representative provided written informed consent for publication of this case.)

DISCUSSION: Treatment refusal in psychotic patients presents ethical challenges. Clinicians must balance respecting patient and caregiver desicions with ensuring appropriate medical interventions.

Keywords: Schizophrenia, subdural hematoma, treatment refusal, olanzapine, aripiprazole, comorbidity

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THE ONSET OF DIABETES INSIPIDUS (DI) IN A PATIENT USING LITHIUM FOR YEARS

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OBJECTIVE: Lithium is the gold standard for treating bipolar affective disorder. However, its narrow therapeutic range and side effects limit its use. This case report aims to discuss the development of nephrogenic diabetes insipidus (NDI) due to irregular lithium use and a weight loss drug containing borax pentahydrate.

CASE: A 46-year- old female patient, diagnosed with bipolar affective disorder 25 years ago, was admitted with a manic episode. She had been using lithium regularly for two years but began using it irregularly over the last two months. Additionally, she had taken a weight loss drug containing borax pentahydrate, purchased online. During clinical follow-up, laboratory tests revealed hypernatremia, hyperchloremia, and a decreased glomerular filtration rate (GFR). Following a nephrology consultation, NDI was diagnosed, and lithium treatment was discontinued. The patient received intravenous hydration, and both GFR and electrolyte levels normalized within two weeks. However, polyuria and polydipsia persisted for about a month. Written consent was obtained for the case report.

DISCUSSION: NDI can occur in patients using lithium and is usually reversible. However, in some cases, recovery may take months or even be permanent, as seen here. The weight loss drug used by the patient contained not only borax pentahydrate but also Epsom salt, magnesium, zinc, mate leaf extract, and potassium sorbate. The effects of these substances and their combinations are poorly understood. Borax pentahydrate, in particular, can be toxic to kidneys, as it is absorbed in the gastrointestinal system and excreted through the kidneys. This case suggests that the weight loss drug exacerbated lithium's nephrotoxic effects. This report emphasizes the risk of unregulated supplements and the importance of monitoring renal function in lithium users.

Keywords: Bipolar affective disorder, lithium, nephrogenic diabetes insipidus, borax pentahydrate

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RABBIT SYNDROME WITH LURASIDONE IN A PATIENT WITH RECURRENT CATATONIA

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OBJECTIVE: Rabbit syndrome is a movement disorder characterized by involuntary, fine, rhythmic, perioral extrapyramidal movements associated with use of neuroleptics. It is more commonly observed in middle-aged and elderly patients, as well as in women. This case aims to present rabbit syndrome in a female patient with recurrent catatonia who was started on lurasidone due to depressive symptoms.

CASE: A 68-year- old female patient presented to our clinic with complaints of anxiety, anhedonia, mutism, and refusal to eat or drink following a knee prothesis surgery. She had experienced similar symptoms after a cholecystectomy surgery in 2018. The patient was admitted to our service with the diagnosis of "bipolar disorder; depressive episode with catatonic features". She scored 20 on the Bush-Francis Catatonia Rating Scale. Since oral diazepam treatment was ineffective, 11 sessions of electroconvulsive therapy administered, and the catatonic symptoms improved. Initial medications were olanzapine 10 mg/day and escitalopram 20 mg/day, however, as her depressive symptoms continued, olanzapine and escitalopram were discontinued, and lurasidone 80 mg/day was initiated. Five days after initiating lurasidone, rhythmic tremor-like movement were observed in the perioral muscles and the mandible, consistent with rabbit syndrome. Symptoms resolved four days after discontinuing lurasidone. The abnormal involuntary movement scale score decreased from 18 to 0. Her outpatient treatment was finalized as ketiapin 300 mg/day and duloxetine 60 mg/day. (Written informed consent was obtained for the publication of case).

DISCUSSION: In the literature, there is also another case of rabbit syndrome associated with lurasidone (Reichenberg et al. 2017). While rabbit syndrome is often a late-onset side effect of antipsychotics, its appearance on the 5th day is noteworthy. Our case highlights that lurasidone can also cause extrapyramidal side effects (EPS), requiring caution, especially in patients with a prior history of EPS or catatonia.

Keywords: Catatonia, lurasidone, rabbit syndrome

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SUCCESSFUL USE OF NALTREXONE MONOTHERAPY IN A PATIENT WITH TRICHOTILLOMANIA: A CASE REPORT

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OBJECTIVE: Trichotillomania (hair-pulling disorder) is a chronic psychiatric condition characterized by recurrent, compulsive hair-pulling resulting in hair loss, significant distress, and impaired functioning. Although selective serotonin reuptake inhibitors (SSRIs) and atypical antipsychotics have been commonly utilized in treatment, their efficacy remains limited. This report presents a case of trichotillomania successfully treated with naltrexone monotherapy, with clinical response objectively evaluated using the Massachusetts General Hospital Hairpulling Scale (MGH-HS).

CASE: An 18-year- old single female with a 3-year history of trichotillomania was referred for evaluation. The patient had no comorbid psychiatric or medical disorders. Previous trials with sertraline (100 mg/day), escitalopram (20 mg/day), and risperidone (1 mg/day) failed to yield significant improvement. Naltrexone was initiated at 25 mg/day, with the dose increased to 50 mg/day after one week. Symptom severity was assessed using the MGH-HS, with an initial score of 20, indicating severe hair-pulling behavior. By the second week of treatment, a significant reduction in symptoms was noted, with the MGH-HS score decreasing to 13. At the end of two months, the patient achieved marked improvement, reflected in an MGH-HS score of 5, indicating mild residual symptoms. No adverse effects were reported during the course of treatment. (Informed consent was obtained from the patient.)

DISCUSSION: This case highlights the potential utility of naltrexone, an opioid receptor antagonist, in the management of trichotillomania. Naltrexone's efficacy may be linked to its modulation of the endogenous opioid system, which plays a critical role in reward-related behaviors. The patient's rapid clinical response, objectively supported by a significant reduction in MGH-HS scores, underscores the therapeutic potential of naltrexone in trichotillomania, particularly in treatment-resistant cases. Further controlled trials are warranted to establish its efficacy, optimal dosing, and long-term safety profile in this population.

Keywords: Trichotillomania, naltrexone, monotherapy, treatment

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THE COMORBIDITY OF EATING DISORDERS IN BIPOLAR DISORDER; A CASE REPORT

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OBJECTIVE: The prevalence of comorbid bipolar disorder (BD) and eating disorders (ED) ranges from 1.9% to 35.8%. A systematic review found varying BD-ED comorbidity rates across ED subtypes: binge eating disorder (12.5%), bulimia nervosa (7.4%), and anorexia nervosa (3.8%). BD patients are more likely to have binge/purge ED subtypes, linked to impulsivity and emotion dysregulation. This co-occurrence complicates treatment and leads to poorer outcomes, higher suicide risk, and lower quality of life.

CASE: A 20-year- old female patient diagnosed with BD is treated with valproic acid 1500 mg/day and aripiprazole 10 mg/day. Due to the seasonal nature of her illness, she experiences depressed mood, anhedonia and anergy during the winter. And sertraline 50 mg/day was added to her treatment. Binge eating episodes occurred during the depressive episodes. The patient didn't show laxative or purgative use, excessive exercise, or self-induced vomiting after binge eating. Therefore, naltrexone 50 mg/day was added to the treatment and the aripiprazole dose was increased to 15 mg/day for impulse control. Cognitive behavioural therapy (CBT) was started to treat depressed mood and binge eating. During follow-up, binge eating symptoms decreased when the depressive episode entered remission. Informed consent was obtained from that patient.

DISCUSSION: BD and ED share significant phenomenological similarities in mood, weight maintenance, altered eating behavior, impulses, and activity control. Patients with BD and ED may require specific treatment considerations. At the psychotherapeutic level, as McElroy et al. have argued, CBT or schema-based approaches, which are effective for ED and could be applied for patients with BD as comorbidity. At the pharmacotherapy level, medication selection should consider the metabolic side effects of mood stabilizers and antipsychotics. BD patients should be assessed for comorbid EDs to ensure an optimal treatment program. These findings highlight the need for tailored interventions and comprehensive clinical management for individuals with both disorders.

Keywords: Binge eating, eating disorders, bipolar disorder

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TREATMENT OF RESTLESS GENITAL SYNDROME WITH DULOXETINE: A CASE REPORT

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OBJECTIVE: Restless Genital Syndrome (RGS) is defined as "spontaneous, intrusive and unwanted genital arousal in the absence of sexual interest and desire." RGS is conceptualized as a somatosensory dysfunction resulting from dysfunction in the terminal sensory branches of the pudendal nerve or pelvic vasocongestion. Here, we present a case referred from a gynecology clinic to psychiatry due to RGS symptoms. Written and verbal consent was obtained from the patient.

CASE: A 32-year- old female, married for three years, presented to the gynecology clinic with complaints of genital arousal occurring without sexual desire/urge, persisting even after sexual intercourse, causing discomfort, lasting throughout the day, and impairing functionality, which was ongoing for approximately five months. Gynecological examination and ultrasonographic evaluations were deemed normal. She was referred to psychiatry with a diagnosis of RGS. At an external center, the patient was prescribed "hyoscine-N-butyl bromide and medazepam" at a dose of 1*1. Due to the risk of dependency, the current treatment was discontinued. One week later, following an increase in symptoms, Duloxetine 30 mg at a dosage of 1*1 was initiated. Approximately one month later, the patient's symptoms completely resolved, and she remained in remission.

DISCUSSION: Neurological, psychological, or vascular theories are suggested in the etiology of RGS. Various treatment options for RGS include local anesthetics, pelvic floor exercises, pharmacotherapy (e.g., dopamine agonists, antidepressants). Duloxetine, which is a serotonin and norepinephrine reuptake inhibitor, is commonly used for depression, anxiety disorders, diabetic neuropathy-related pain, and fibromyalgia. The efficacy of Duloxetine in this case might be attributed to its ability to increase the tone of descending inhibitory pain pathways in the brain and spinal cord through monoamines. Additionally, it may exert an inhibitory effect on sacral and/or thoracolumbar neurons involved in genital sexual arousal and orgasm.

Keywords: Duloxetine, restless genital syndrome, sexual disorder

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RAPID-ONSET POSTPARTUM MANIA IN TWIN PREGNANCY

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OBJECTIVE: Bipolar disorder is a chronic, recurrent affective disorder marked by manic, hypomanic, and depressive episodes. In women, childbirth significantly influences its onset and trajectory. Clinical and genetic evidence suggests postpartum psychosis represents a bipolar manifestation. This case explores the rapid onset of postpartum mania with psychotic features following twin delivery, highlighting the interplay between perinatal factors and bipolar disorder's pathophysiology.

CASE: A 26-year-old married woman, a university graduate and mother of two, was brought to the emergency department with irritability and excessive talking. Her symptoms began after the cesarean delivery of her monozygotic twins. Within two weeks, she developed persecutory and grandiose delusions, alongside manic symptoms such as irritability, pressured speech, and behavioral changes. She was admitted for further evaluation. Laboratory tests, EEG, and MRI were unremarkable. There was no personal or family psychiatric history. She was diagnosed with manic attack with psychotic features with peripartum onset and treated with Olanzapine (5 mg/day), Biperiden (2 mg/day), Haloperidol (2.5 mg/day), and Quetiapine (12.5 mg/day). Her symptoms improved significantly within six days, allowing discharge with continued outpatient treatment. Informed consent was obtained.

DISCUSSION: The etiology of postpartum mood disorders and psychotic episodes is multifactorial, with hormonal changes playing a crucial role. During pregnancy, estrogen and progesterone levels rise exponentially and drop sharply after delivery. Estrogen influences the hypothalamic dopaminergic system, and its decline may increase dopamine receptor sensitivity, potentially triggering psychotic symptoms. Animal studies suggest postpartum glucocorticoid secretion is regulated by the dopaminergic system. High oxytocin metabolite levels have been detected in postpartum mania. In this case, the rapid onset of psychotic mania following twin delivery suggests a hormonal trigger. Postpartum psychosis is primarily linked to bipolar disorder, often coinciding with reproductive years. In our case, a manic episode with psychotic features and peripartum onset was the most appropriate diagnosis.

Keywords: Hormonal changes, postpartum mania, postpartum psychosis, rapid-onset mania, twin pregnancy

PP-019 https://doi.org/10.5080/kes27.abs125

ARCHETYPAL PROCESSING OF SCHEMAS

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OBJECTIVE: This study presents a case report examining how the subjugation schema can be transformed using Archetypal Processing of Schemas Technique. The client struggled with acting independently against his father's authority, and experiential techniques were used to work with unconscious imagery. Dysfunctional schemas were externalized through Jungian archetypes.

CASE: Informed consent was obtained from the 35-year-old male patient. This approach allowed the client to engage with the schema in a less direct yet deeply immersive manner.

Session Dialogue:

Therapist: Close your eyes and imagine yourself on a journey through nature. You are surrounded by trees, the sound of the wind, and the scent of the earth. As you walk, notice what form the schema you carry within takes.

Now, recall one of the difficult moments in your life. Visualize the scene from last week when you were sitting across from your father at work. What did you feel in that moment?

Now, What images does nature bring to you? Simply observe the images that your mind naturally creates. What do you see?

Client: I see a river. But there is a huge rock in front of it. The river wants to flow, but the rock is blocking its way.

The river and rock metaphor represented the client's internal conflict and feelings of being blocked by his father's authority. Archetypal Processing of Schemas facilitated the externalization and transformation of the client's inner conflicts through metaphors. In the following sessions, the client's resistance was resolved.

DISCUSSION: Archetypal Processing of Schemas developed by Serdar Atik in 2021, provided a structured approach for externalizing and transforming the subjugation schema through symbolic imagery. By utilizing Jungian imagery and experiential techniques, this method allowed the client to process their schema in a less confrontational yet deeply impactful manner, leading to a shift in their internal experience and emotional response.

Keywords: Schema therapy, jungian therapy, archetypal processing

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ELEVATION OF MOOD OBSERVED IN A MANIC PATIENT FOLLOWING SUBINSULAR AREA INFARCT

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OBJECTIVE: Insula in various experimental and clinical studies; has been shown to be linked to mood. This case will present a patient diagnosed with who experienced an infarction in the subinsular region during a manic episode and the elevation observed in her mood following the infarction.

CASE: A 56-year- old, single female patient was diagnosed with Bipolar Affective Disorder 22 years ago. She was admitted to our service with a manic episode. During the psychiatric evaluation at admission, her mood was elevated and euphoric. On the 26th day of her hospitalization, her euphoria had diminished, her mood and affect were labile, she had no irritability. On the 27th day of her hospitalization, she presented with complaints and findings of inability to articulate, difficulty in finding words, and facial asymmetry, leading to a diffusion MRI. The diffusion MRI reported a focal active stage ischemic focus extending from the right lateral ventricle body to the subinsular region, with diffusion restriction. The patient was referred to neurology, and treatment with acetylsalicylic acid 100 mg and clopidogrel 75 mg was initiated. Follow-up psychiatric evaluations revealed irritability, psychomotor agitation, and excitation in the patient. On the first day of hospitalization, the young mania score was 27, 18 before the infarction, and 27 after the infarction. A significant regression was observed in manic symptoms after infarction treatment. Written informed consent was obtained.

DISCUSSION: It has been documented in the literature that subinsular region infarction is rare and occurs in 0.4% of all ischemic brain infarctions. The elevation in mood observed in this patient following an infarction in the subinsular area demonstrates the importance of the insular cortex in emotional functions.

Keywords: Manic episode, bipolar disorder, insula, infarct

PP-021 https://doi.org/10.5080/kes27.abs127

CLOZAPINE INDUCED EOSINOPHILIC MYOCARDITIS: A CASE REPORT

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OBJECTIVE: This case report details presentation of myocarditis occurring on the 12th day of clozapine administration in a patient with treatment-resistant bipolar disorder manifesting as a psychotic manic episode, subsequently diagnosed as schizoaffective disorder.

CASE: 32-years-old, single, female patient with no medical history and complaints of grandiosity, diminished sleep requirement, erotomanic and persecutory delusions, admitted to the inpatient service with diagnosis of first attack psychotic manic episode. Patient demonstrated therapeutic unresponsiveness to lithium, olanzapine, risperidone, paliperidone and aripiprazole. On the 53rd day of hospitalization, while maintained on lithium 1200mg/day and olanzapine 20mg/day, it was planned to discontinue olanzapine and initiate clozapine. On day 12 of clozapine treatment, while taking a dose of 175mg/day clozapine, patient developed fever up to 38°c and reported no complaints other than fatigue, there were no findings other than hypotension and fever. Tests revealed CRP: 10,33 mg/L, WBC: 20110 g/L, Neutrophil: 17920 g/L, Eosinophil: 460 g/L. No active infection focus was found, echocardiography was normal. On day 15, hypotension and fever up to 40°c developed. Tests showed CRP: 139,87 mg/L, WBC: 19130 g/L, Neutrophil: 15550 g/L, Eosinophil: 830 g/L, Troponin T: 49,39 mg/mL. Echocardiography revealed a left ventricular ejection fraction of 40%, and clozapine was stopped due to suspected perimyocarditis. On day 18, tests revealed Eosinophil: 2190 g/L, Troponin T: 12,44 mg/mL and the patient's complaints regressed. On day 21, the values were Eosinophil: 4770 g/L, CRP: 11,03 mg/L, Troponin T: 4,68 mg/mL. Myocarditis was confirmed by subsequent cardiac MRI. Written informed consent was obtained from patient.

DISCUSSION: In our case, echocardiography and CRP values were normal on the day the fever started. It was observed that eosinophil levels may not serve as a reliable early indicator, with eosinophilia potentially manifesting several days after elevation of troponin levels, and potentially continuing to increase even following the discontinuation of clozapine.

Keywords: Clozapine, eosinophilic, myocarditis

PP-022 https://doi.org/10.5080/kes27.abs128

MANAGEMENT OF TREATMENT REFUSAL IN AN HIV-POSITIVE PATIENT PRESENTING WITH A MANIC EPISODE OF BIPOLAR DISORDER

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OBJECTIVE: Manic episodes in bipolar disorder often lead to lack of insight and treatment refusal, complicating management. In HIV-positive patients, this poses additional risks, as adherence to both psychiatric medication and antiretroviral therapy (ART) is crucial. This case report discusses the clinical and ethical challenges of treatment refusal in an HIV-positive patient experiencing a manic episode, emphasizing a multidisciplinary approach.

CASE: A 41-year- old, single, university-educated female was diagnosed with HIV in 2014 and bipolar disorder in 2018. She had a history of poor medication adherence and was brought to the emergency department due to manic symptoms. Upon admission, her lithium level was <0.05 mEq/L, and ART adherence was poor. Treatment was initiated with olanzapine 20 mg/day, lithium 600 mg/day, Biktarvy 1x1, and LT4 125 mcg/day, considering potential drug interactions. However, the patient refused all oral medications, including ART, during the first week. She exhibited negativistic behavior and excitability. Due to persistent refusal, IM formulations were initiated. Following IM treatment, the patient showed reduced agitation, decreased negativistic behavior, and improved receptiveness to psychoeducation. Medication adherence improved gradually, and by day 8, she resumed oral treatment.

DISCUSSION: Treatment refusal is common in manic episodes, especially in patients lacking insight. In HIV-positive individuals, it also affects immune function and ART adherence. In cases where patients pose a risk to themselves or others, involuntary treatment may be considered under the Turkish Civil Code and Penal Code No. 5237. When choosing antipsychotics and mood stabilizers, drug interactions with ART should be carefully evaluated. Multidisciplinary management is essential for ensuring both psychiatric stability and ART adherence.

Keywords: HIV, bipolar, treatment refusal, ART

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CASE PRESENTATION OF SOMATIC SYMPTOM DISORDER WITH PSYCHOTIC SYMTOMPS

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OBJECTIVE: DSM-5 defines Somatic Symptom Disorder (SSD) as excessive worry and time spent on symptoms for at least six months. Risk factors include female gender, low education, low socioeconomic status, and health anxiety. This case presents a patient with suspected SSD and delusional disorder having somatic.

CASE: Before preparing this poster, Informed written consent was obtained from the patient. A 62-year-old woman presented to the emergency department with a 2-year history of inner restlessness, difficulty staying alone, going outside, abdominal pain, trouble swallowing, and only being able to drink liquids. She believed these symptoms were a punishment related to an argument with her daughter-in-law. Despite multiple imaging and lab tests for her throat, stomach, and intestines, no organic cause was found. The patient had no psychiatric history in herself or her family. One year ago, she was prescribed Alprazolam and Mirtazapine, but she refused to take them, leading to her admission. She was started on haloperidol drops (3-5 mg/day), later switched to Risperidone (2 mg/day) and Mirtazapine (7.5 mg/day). By the end of the first week, she began solid foods, spent more time alone, and her abdominal pain resolved. A treatment plan was made according to her wishes, and she was discharged with plans for follow-up visits.

DISCUSSION: The main reason for BBB admission is pain, followed by nausea, vomiting, swallowing difficulty, weakness, shortness of breath, and menstrual issues. Our case, a woman with abdominal pain, nausea, and swallowing difficulty, fits these symptoms. After ruling out physical causes, BBB was diagnosed. The case showed negative attitude, environmental and somatic delusions, initially suggesting psychosis. Improvement with atypical antipsychotics and antidepressants confirmed BBB. This case highlights the need to consider psychosocial stress and somatic symptom disorder in psychosis with refusal to eat.

Keywords: Delusional disorder having somatic, somatization, refusal to eat, medication refusal.

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ASSOCIATION WITH PERSONALITY PATTERNS OF PATIENTS WITH EARLY-ONSET RESILIENT MOOD DISORDER AND BENEFIT FROM ECT

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OBJECTIVE: Bipolar disorder and related conditions are among the most common psychological disorders worldwide, with typical onset during early adulthood. Triggers include stressful life events, obstetric complications, physical illnesses, and substance use. Treatment involves mood stabilizers, benzodiazepines, antipsychotics, antidepressants, and electroconvulsive therapy (ECT). This report presents a case of early-onset bipolar disorder exacerbated by stress caused by the patient's mother's chronic illness and multiple suicide attempts.

CASE: A 19-year- old woman had attempted suicide multiple times since the age of 15. Despite treatment with various mood stabilizers, antipsychotics, and antidepressants in multiple hospitals, her symptoms persisted. Her mood disorder worsened due to the stress related to her mother's illness. Previous child psychiatry evaluations indicated impulsive suicidal behaviors, unstable relationships, intense anger, and emotional dysregulation, suggesting borderline personality traits. While staying in a nursing home, she impulsively broke a window with the intent of suicide. She reported auditory hallucinations stating that everything would go wrong. A mental state examination revealed self-harm marks, dysphoric mood, fluctuating emotions, and passive suicidal thoughts. She was using Lithium, Lamotrigine, Aripiprazole, Olanzapine, Haloperidol, Biperiden, and Quetiapine. Due to the persistence of symptoms, depot antipsychotics (Zuclopenthixol, Paliperidone) and ECT were administered. After ECT, her mood stabilized, and suicidal thoughts decreased. Her Young Mania Score decreased from 35 to 10. ECT was performed using the Thymatron device, starting at 35% energy and increasing by 5% each time, completing 12 sessions and finishing at 90% energy. An EEG showed 25 seconds of effective electrophysiological activity. 10 out of 12 sessions were effective. Written consent was obtained from the patient.

DISCUSSION: This case emphasizes the interaction between bipolar disorder and borderline personality traits, and how stress caused by the mother's chronic illness exacerbated the condition. ECT provided a dramatic response.

Keywords: Bipolar disorder, ECT, borderline

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DEVELOPMENT OF GAMBLING DISORDER IN AN INDIVIDUAL WITH AUTISM SPECTRUM DISORDER FOLLOWING METHYLPHENIDATE USE: A CASE REPORT

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OBJECTIVE: Psychostimulants are widely used for ADHD treatment, but their adverse effects require careful monitoring. Their misuse by individuals without ADHD is a recognized concern, and some populations may be more vulnerable to their neuropsychiatric effects.In this case, methylphenidate misuse in an individual with autism spectrum disorder (ASD) appeared to trigger gambling disorder.This case highlights the potential for psychostimulant misuse to induce gambling disorder, particularly in neurodevelopmental conditions, emphasizing the importance of careful monitoring.

CASE: A 21-year- old male patient was diagnosed with autism spectrum disorder at the age of four.Despite not using any psychotropic medication, he had been able to maintain a high level of functioning through various support programs. However, over the past five months, despite having no prior history of gambling, he began engaging in online gambling.He reported that he was unable to discontinue this behavior despite experiencing financial losses and deterioration in his relationship with his family, leading him to seek psychiatric consultation. Based on the history obtained and the psychiatric evaluation, it was learned that the patient had started taking methylphenidate at a dose of 18 mg/day eight months ago, despite not having a diagnosis of attention-deficit/hyperactivity disorder (ADHD). As the patient had no ADHD diagnosis and gambling disorder emerged after starting methylphenidate, discontinuation was recommended.Behavioral strategies were also provided. During follow-up, he initially experienced gambling urges but managed to resist them and applied the strategies. After three months, he reported a significant decrease in cravings and had abstained from gambling for six months. (Informed consent was obtained from the patient.)

DISCUSSION: This case suggests that the misuse of psychostimulant medications may trigger gambling behavior in individuals with autism spectrum disorder. Future studies are necessary to understand the underlying mechanisms of this relationship and to develop risk assessment and prevention strategies.

Keywords: Methylphenidate, gambling disorder, side effect, autism spectrum disorder

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WALKING ON A TIGHTROPE WITH LITHIUM: ACUTE NEUROTOXICITY IN BIPOLAR DISORDER

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OBJECTIVE: Bipolar disorder (BD) is a chronic psychiatric illness characterized by recurrent mood episodes, with a global lifetime prevalence of 0.4% to 2.4%. Lithium, a widely used mood stabilizer, is effective in managing mood episodes and reducing suicidal risk. However, its therapeutic mechanisms remain unclear, and its narrow therapeutic range increases the risk of toxicity, particularly in long-term use. This report presents a case of a BD patient who developed delirium due to acute lithium elevation.

CASE: A 24-year- old woman with BD was hospitalized with psychotic mania. Her psychiatric history included a seven-year course with periods of remission and relapse, requiring lithium and electroconvulsive therapy. Non-adherence to medication led to another manic episode in 2023, necessitating hospitalization and lithium therapy. On evaluation, she exhibited irritability, pressured speech, grandiosity, persecutory delusions, and impaired insight. Her psychomotor activity was elevated, and neurological and physical exams were unremarkable. Treatment with lithium (900 mg/day), diazepam, and aripiprazole was initiated. During the third week, her psychotic symptoms persisted, and oral intake declined. She developed fluctuating disorientation, hand tremors, balance issues, and slowed speech. Laboratory tests revealed hypoglycemia, elevated uric acid, and a high lithium level (1.23 mEq/L). Lithium dosage was reduced to 600 mg/day, and hydration was initiated, leading to the resolution of symptoms. Patient consent was obtained.

DISCUSSION: Lithium toxicity can arise from overdose, dehydration, or medication interactions. In this case, toxicity was linked to reduced oral intake due to psychotic symptoms. Mild toxicity manifests as tremors and fatigue, whereas severe toxicity may cause irreversible neurotoxicity. Early recognition and dose adjustments are crucial. This case underscores the importance of monitoring not only lithium serum levels but also hydration and oral intake in BD patients to prevent complications.

Keywords: Bipolar disorder, lithium toxicity, neurotoxicity, delirium

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PSYCHIATRIC COMORBIDITIES IN WILSON DISEASE: THE ROLE OF TREATMENT-RESISTANT DEPRESSION IN NEURODEGENERATION

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OBJECTIVE: Wilson disease (WD) is a rare autosomal recessive disorder affecting copper metabolism, primarily manifesting with hepatic, neurological, and psychiatric symptoms. While psychiatric symptoms occur in 10–25% of cases, nearly all patients experience mood disturbances, personality changes, or psychosis at some point during the disease course.

CASE: We present the case of a 20-year-old female who was diagnosed with WD in 2015 who exhibited treatment- resistant depressive disorder and multiple suicide attempts. In 2022, she sought medical attention for persistent anxiety and depressive mood. Despite receiving adequate doses and treatment durations of multiple SSRIs (fluoxetine, escitalopram, paroxetine, sertraline) and antipsychotics (olanzapine, risperidone, aripiprazole), her depressive symptoms and self- mutilative behavior persisted, suggesting a treatment-resistant trajectory. In December 2024, she was admitted to our hospital's emergency department following a suicide attempt by medication overdose. During psychiatric evaluation, she reported anhedonia, guilt, and feelings of worthlessness.The patient was hospitalized for 40 days for further evaluation and treatment adjustment in our psychiatry clinic. Physical examination and laboratory findings were largely unremarkable, except for mildly elevated liver function markers (ALT, AST, LDH). She was prescribed duloxetine (60 mg/day) and alprazolam (1 mg/day). On cerebral MRI, supraventricular and parietal cerebral atrophy was observed. However, while her MRI scan from March 2023 was initially normal, subsequent imaging revealed early-onset cerebral atrophy. This suggests that treatment-resistant depressive episodes may have accelerated the neurodegenerative process, leading to structural brain changes earlier than expected. Informed constent was obtained from the patient and her relatives.

DISCUSSION: This case highlights the potential role of psychiatric comorbidities, particularly treatment-resistant depression, in accelerating cortical atrophy in WD. Since neurodegenerative changes are usually observed in later stages or untreated cases, the presence of early cerebral atrophy in this patient suggests that severe psychiatric symptoms might contribute to disease progression.

Keywords: Treatment-resistant depression, Wilson's disease, neurodegeneration

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THE SELF-FULFILLING PROPHECY: LATE-ONSET PSYCHOTIC DEPRESSION WITH SOMATIC DELUSIONS LEADING TO A CANCER DIAGNOSIS

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OBJECTIVE: Late-onset psychotic depression is frequently underdiagnosed and undertreated, especially when predominant somatic delusions lead to unnecessary medical evaluations and delayed psychiatric intervention. This case report presents a 66-year-old patient with late-onset psychotic depression and severe somatic delusions.

CASE: A 66-year-old male with no prior psychiatric history developed abdominal pain, social withdrawal, and anhedonia following a COVID-19 infection. His symptoms worsened over months, leading to severe somatic delusions, including believing he could not urinate or defecate and that eating would cause him to explode. Notably, his father had died of gastric cancer at a similar age, and despite one year of repeated medical evaluations with no pathology found, he remained convinced of having cancer. His fear progressively worsened, contributing to functional decline and significant weight loss. His family sought psychiatric consultation repeatedly; however, poor medication adherence led to no improvement. He was eventually hospitalized in a psychiatric unit and referred for ECT due to treatment-resistant psychotic depression. At admission, he was on venlafaxine 150 mg/day and olanzapine 10 mg/day. Venlafaxine was switched to sertraline 50 mg/day, and olanzapine was increased to 15 mg/day. The patient received eight ECT sessions, resulting in marked improvement—his weight increased from 51.6 to 58 kg, his somatic delusions resolved, and his self-care improved. During hospitalization, a cervical swelling was noticed after he resumed shaving. Initially suspected as an abscess, further imaging revealed hypoechoic, heterogeneous vascular lesions, later diagnosed as gingival squamous cell carcinoma. Despite the malignancy, he remained psychiatrically stable at follow-up with escitalopram 10 mg/day and olanzapine 5 mg/day.

DISCUSSION: Late-onset psychotic depression can present with severe somatic delusions, leading to misdiagnosis and delayed psychiatric care. This case highlights the role of ECT in treatment-resistant depression and the need for a multidisciplinary approach, as psychiatric symptoms may mask underlying medical conditions.

Keywords: Electroconvulsive therapy, late-onset depression, psychotic features, somatic delusions

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A CASE OF FRONTOTEMPORAL DEMENTIA

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OBJECTIVE: Frontotemporal dementia (FTD) is a neurodegenerative disorder characterized by progressive impairments in behavior, executive function, or language. It primarily affects individuals under 65 years of age. This case aims to highlight how FTD can be confused with depression.

CASE: A 52-year-old male patient, married and with an elementary school education, was brought to the emergency department with complaints of reduced appetite, behavioral changes, social withdrawal, aggression, and decline in self-care over the past six months. The patient's Hamilton Depression Rating Scale (HAM-D) score was 21, suggesting depression. He was admitted to the psychiatry department and started on sertraline 25 mg/day. The first symptoms were apathy and changes in behavior, including aggression toward his wife, collecting cardboard from trash bins, and even starting fires at work. He exhibited strange eating habits, only consuming snacks like chips and nuts. There was no family history of neurodegenerative or psychiatric diseases, and lab results were normal. Neurological examination revealed poor orientation, inappropriate behavior, and cachectic appearance. MRI of the brain showed significant volume loss in the orbitofrontal cortex and anterior temporal lobes, with atrophy in the hippocampus and cerebellum. The diagnosis was behavioral variant FTD. Despite no improvement in his symptoms, sertraline was continued, and olanzapine 10 mg/day and donepezil 5 mg/day were added. Follow-up outpatient visits continued post- discharge.

DISCUSSION: Psychiatric disorders can mimic frontotemporal dementia. The most prominent early signs of behavioral variant FTD are personality changes, disinhibition, and apathy, which can easily be confused with depression. Careful differential diagnosis is essential and requires a detailed history, family background, neuropsychological testing, laboratory workup, and neuroimaging to distinguish FTD from other conditions. This case emphasizes the importance of excluding organic pathology early in the diagnostic process.

Keywords: Depression, frontotemporal dementia, neurodegenerative diseases, personality changes

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HYPOGLYCEMIA INDUCED BY SSRI USE

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OBJECTIVE: Selective serotonin reuptake inhibitors (SSRIs) have been associated with hypoglycemia, though this adverse effect remains underrecognized. In this case report, we present a patient with empty sella syndrome who experienced worsening hypoglycemic episodes following sertraline initiation, which resolved after switching to vortioxetine.

CASE: A 42-year- old female with recurrent depressive episodes first sought psychiatric treatment 15 years ago. Between 2015 and 2020, she was intermittently treated with escitalopram, trazodone, mirtazapine, and reboxetine, leading to remission and eventual medication discontinuation. In 2019, she was diagnosed with partial empty sella syndrome and underwent three ventriculoperitoneal shunt surgeries over five years. She was on acetazolamide, acarbose, and levothyroxine sodium. She experienced occasional hypoglycemic episodes with dizziness and headaches but was not under continuous psychiatric follow-up. In 2022, she was prescribed escitalopram 10 mg for worsening depression but discontinued it due to suspected worsening of hypoglycemia, with glucose levels dropping to 40 mg/dL. Several months later, she presented with persistent symptoms, and sertraline 50 mg was initiated. Shortly after, she developed frequent and severe hypoglycemic episodes, with glucose levels dropping to 38 mg/dL. Due to suspected SSRI-induced hypoglycemia, sertraline was discontinued, and vortioxetine 10 mg was introduced. Subsequent glucose levels normalized to 78 mg/dL, and follow-ups showed stable glucose levels without further hypoglycemia. Informed consent was obtained.

DISCUSSION: SSRIs, particularly those with strong serotonin reuptake affinity like sertraline and fluoxetine, may exacerbate hypoglycemia through mechanisms such as increased insulin secretion, impaired counterregulatory hormone response, and suppressed hepatic gluconeogenesis. While this effect is well-documented in diabetic patients, cases in non- diabetic individuals remain rare and poorly understood. Clinicians should consider SSRI- induced hypoglycemia in patients with recurrent unexplained episodes, especially those with metabolic or endocrine disorders.

Keywords: Empty sella syndrome, hypoglicemia, sertraline

PP-031 https://doi.org/10.5080/kes27.abs137

PERIORBITAL OEDEMA INDUCED BY SERTRALINE

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OBJECTIVE: This case report presents periorbital oedema, a rare side effect of sertraline in a 60- year-old man. Although periorbital oedema is a known side effect of some drugs, it has not been commonly associated with sertraline.

CASE: A 60-year- old man presented with complaints of emotional fluctuations, crying, ruminative thoughts, restlessness and insomnia in 2021. Initially, escitalopram 10 mg/day was started and increased to 20 mg/day due to inadequate response. However, since the patient could not tolerate this dose, treatment was changed to sertraline 50 mg/day. Due to inadequate response, sertraline dose was increased to 100 mg/day and depressive symptoms improved. After sertraline 50 mg/day was started, periorbital oedema developed in both eyes. The patient was referred to related specialities but no underlying pathology was detected. After the dose of sertraline was increased to 100 mg/day, oedema became severe. The oedema regressed after the drug was discontinued. However, when depressive symptoms recurred, sertraline was restarted at 50 mg/day and oedema reappeared. Detailed investigations revealed no other cause. Considering the temporal relationship between sertraline use and the onset of symptoms, it was considered as sertraline-induced periorbital oedema.

DISCUSSION: Some psychotropic drugs, such as mianserin, fluoxetine, paroxetine, risperidone and olanzapine, have been associated with periorbital oedema. However, this side effect has rarely been reported with sertraline and the mechanism is not known. This case highlights the need to be aware of periorbital oedema as a potential side effect of sertraline use. It is recommended to consider this rare but important side effect when prescribing sertraline in clinical practice.[Informed consent has been obtained from the patient mentioned in this case report]

Keywords: Antidepressant adverse effects, sertraline, periorbital eodema

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THE DIAGNOSTIC CHALLENGE OF ORGANIC CATATONIA: A CASE OF CLN3 DISEASE PRESENTING WITH SEVERE NEUROLOGICAL AND PSYCHIATRIC SYMPTOMS

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OBJECTIVE: Organic catatonia is a life-threatening neuropsychiatric syndrome that may arise from numerous psychiatric disorders as well as general medical conditions, including neurodegenerative, metabolic, and genetic diseases. Early identification of catatonia due to organic causes is crucial, as delayed treatment may lead to permanent neurological impairment. This case report presents a 20-year-old female with progressive neurological deterioration and catatonia, ultimately diagnosed with CLN3 disease (Batten disease).

CASE: A 20-year- old female with a history of epilepsy, progressive visual impairment, and mild intellectual disability presented with a six-month history of worsening gait disturbance, cognitive decline, severe weight loss (~30 kg) along with increased seizure frequency. Three months prior, following an emotional stressor, she developed persecutory delusions, visual hallucinations, mutism, and food refusal. She became increasingly withdrawn, irritable, and physically aggressive, leading her family to seek medical attention. Neurological and psychiatric evaluations resulted in levetiracetam, quetiapine, and olanzapine prescriptions; however, medication adherence was poor. Fifteen days prior to admission, her symptoms deteriorated further with autonomic instability, spasticity, and worsening catatonic features. After her transfer to our facility, neuroimaging and laboratory tests were unremarkable. She was admitted to the ICU with a preliminary diagnosis of organic catatonia and treated with diazepam. Despite partial improvement, rigidity persisted, necessitating electroconvulsive therapy (ECT). Following 10 ECT sessions, her psychomotor rigidity significantly improved, and she regained some verbal and social engagement, yet she remained unable to walk. Subsequent genetic testing revealed homozygous CLN3 mutation, confirming Batten disease. Informed consent was obtained.

DISCUSSION: This case highlights the importance of recognizing organic causes in treatment- resistant catatonia, particularly in patients with neurodevelopmental disorders and progressive neurological symptoms. Early intervention with benzodiazepines and ECT remains crucial, yet underlying metabolic or genetic conditions should be explored when catatonia persists. A multidisciplinary approach is essential for accurate diagnosis and optimal management.

Keywords: Batten disease, CLN3 mutation, electroconvulsive therapy, organic catatonia

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HEALING HEARTS WITH AI: TRANSFORMING RELATIONSHIPS AFTER AN AFFAIR

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OBJECTIVE: This case study explores the integration of artificial intelligence (AI) in therapy for a married couple (Mrs. P, 32, and Mr. M, 39) recovering from infidelity. Both participants provided informed consent for the use of AI tools and the publication of anonymized findings. AI-driven tools were integrated with traditional therapy to help rebuild trust, restore intimacy, and improve emotional connection. Ethical guidelines from the American Psychological Association (APA) ensured responsible use of AI. This case underscores the potential of AI to complement traditional therapy in post-infidelity healing.

CASE: The therapeutic intervention followed three phases:

Assessment Phase: Baseline metrics were established using various inventories to track emotional and relational progress. These included:

Beck Depression Inventory (BDI)
Beck Anxiety Inventory (BAI)
Couples Satisfaction Index (CSI)
Trust Scale
Transgression-Related Interpersonal Motivations Inventory (TRIM)
Golombok-Rust Inventory of Sexual Satisfaction (GRISS)

Intervention Phase: AI tools such as ChatGPT-4, Paired, and Evergreen facilitated personalized exercises. These included writing apology letters, mood tracking, CBT-based interventions, and intimacy-building activities like sensate focus and creative writing.

Evaluation Phase: Progress was assessed at 4-week intervals, with AI dynamically adjusting interventions based on data trends. Significant improvements were noted:

40% decrease in BDI scores
35% decrease in BAI scores
50% increase in CSI scores
60% improvement in trust and forgiveness (TRIM)
45% improvement in sexual satisfaction (GRISS)

DISCUSSION:AI tools like Paired and Evergreen offer personalized interventions that enhance emotional connection and trust. Levin et al. (2020) highlighted Paired's role in improving communication, helping couples address issues like infidelity. Evergreen's tailored relationship plans also improve satisfaction (Smith et al., 2021). These tools foster vulnerability and empathy, essential for overcoming emotional barriers after infidelity (Shapiro & Gottman, 2019). This case demonstrates AI's transformative potential in promoting emotional intimacy, creativity, and resilience in couples healing from infidelity.

Keywords: AI-assisted therapy, artificial intelligence, couple therapy, emotional intimacy, infidelity, trust rebuilding

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IS THERE LIGHT AT THE END OF THE TUNNEL? THE MIRACULOUS EFFECT OF ACCELERATED TRANSCRANIAL MAGNETIC STIMULATION ON BIPOLAR DEPRESSION

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OBJECTIVE: Bipolar affective disorder is a recurrent, disabling and potentially lethal illness that typically begins early in life.The depressive episodes are more numerous, last longer and are more difficult to treat than the manias.Treatment options are limited for patients with bipolar depression.Antidepressants added to mood stabilizers even carry risks of precipitating mixed/manic episodes.Accelerated transcranial magnetic stimulation(aTMS) may provide a safe and effective option for these patients.We aim to present a patient with bipolar depression who benefited from aTMS.

CASE: A 23-year-old male patient was admitted with unhappiness, lack of pleasure, anhedonia and insomnia.He was diagnosed with Bipolar Affective Disorder, had a manic episode 1 year ago.We learned that his depressive symptoms had started 4-5 months ago and his current treatment was lithium carbonate 900 mg/day and aripiprazole 5 mg/day.We decided to apply aTMS to the patient and aTMS was applied to the left DLPFC (Dorsolateral prefrontal cortex) with intermittent theta burst stimulation (5 Hz,1800 pulses) and to the right DLPFC with continuous theta burst stimulation(5 Hz, 600 pulses) for 10 days with 3 sessions per day and 30-minute intervals for a total of 30 sessions. Hamilton Depression Rating Scale-17, Montgomery-Asberg Depression Rating Scale and İnsomnia Severity İndex scores decreased from 11,29 and 12 points to 2,2 and 0 points after treatment, respectively. No side effects were observed during aTMS. The patient, who is on lithium carbonate 900 mg/day has no active psychiatric complaints and continues to be followed up in our clinic with a remission for about six month.Verbal and written consent was obtained from the patient for the case report.

DISCUSSION: Considering literature, efficacy of aTMS in bipolar depression remains uncertain.In our case, significant improvement was observed following aTMS, with no side effects. Through the presentation of this case, it is emphasized that aTMS is a safe and effective treatment option for bipolar depression.

Keywords: Accelerated transcranial magnetic stimulation, bipolar depression, treatment

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THE SUCCESS OF BREXPIPRAZOLE IN A TREATMENT-RESISTANT DEPRESSION PATIENT AFTER FAILING TO ACCELERATED TRANSCRANIAL MAGNETIC STIMULATION

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OBJECTIVE: Approximately 50% of adults with major depressive disorder (MDD) who receive a first-line antidepressant treatment, at an appropriate dose, do not achieve an adequate response. Brexpiprazole is a novel serotonin-dopamine activity modulator in the second generation/atypical antipsychotic class that was approved by the Food & Drug Administration in 2015 for use as an adjunctive agent in the treatment of MDD inadequately responsive to antidepressant treatment.

CASE: A 52-year- old female patient who has been followed up for 2 years with a diagnosis of MDD. She was admitted to the psychiatry outpatient clinic with unhappiness, anhedonia, lack of pleasure and insomnia. In her history, we learned that she was unresponsive to sertraline 150 mg/day, quetiapine 50 mg/day and fluoxetine 40 mg/day. The patient's Hamilton Depression Rating Scale-17 (HDRS-17), Hamilton Anxiety Scale (HAM-A) and Montgomery-Asberg Depression Rating Scale (MADRS) scores were 27,25 and 44, respectively. We decided to apply accelerated transcranial magnetic stimulation (aTMS) to the patient. We applied bilateral stimulation (left dorsolateral prefrontal cortex iTBS 1800 pulses and right dorsolateral prefrontal cortex cTBS 600 pulses) for 10 days with 5 sessions per day and 30-minute intervals for a total of 50 sessions. HDRS-17, HAM-A and MADRS scores were 27,25 and 44 points, respectively after treatment.The patient was started on brexpiprazole 1 mg/day 2 weeks after the end of aTMS. The patient's HDRS-17, HAM-A and MADRS scores decreased from 25,26 and 40 points to 8,12 and 14 points, respectively, after 4 weeks. The scores remained 6,8 and 8 in the monthly follow-ups. Verbal and written consent was obtained from the patient for the case report.

DISCUSSION: Our findings in this case suggest that brexpiprazole may be an effective option for patients with treatment-resistant depression who are unresponsive to aTMS. In our case, there was no response to aTMS but significant improvement was observed following brexpiprazole.

Keywords: Accelerated transcranial magnetic stimulation, brexpiprazole, treatment-resistant depression

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COULD ACCELERATED TRANSCRANIAL MAGNETIC STIMULATION BE AN ALTERNATIVE TO ELECTROCONVULSIVE THERAPY IN PATIENTS WITH SEVERE SUICIDAL IDEATION?

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OBJECTIVE: Electroconvulsive therapy(ECT) is the most effective treatment of depression. In recent years, transcranial magnetic stimulation(TMS), which uses electrical brain stimulation, has emerged as an alternative to ECT in depression treatment and TMS applied more than once a day is called accelerated TMS(aTMS). We aim to present in this case raport a patient with depressive symptoms and suicidal thoughts who benefited from aTMS.

CASE: A 31-year-old man presented to the outpatient clinic with anhedonia, feeling worthless, suicidal thoughts and insomnia for three months and we learned that he had attempted suicide before coming to us. In his history, we learned that he had a depressive episode for 14 years and used varying doses of fluoxetine, venlafaxine, risperidone(for augmentation) and quetiapine(for sleep disorders) in the past.He was currently using venlafaxine 225 mg/day, quetiapine 400 xr mg/day + 100 mg/day.However, his depressive symptoms still continued and he had serious suicidal thoughts.Since the patient did not improve with drug treatments we applied bilateral stimulation(left dorsolateral prefrontal cortex iTBS 1800 pulses and right dorsolateral prefrontal cortex cTBS 600 pulses) for 10 days with 5 sessions per day and 30-minute intervals for a total of 50 sessions without changing the current drug doses.Hamilton Depression Rating Scale- 17(HDRS-17) and Montgomery-Asberg Depression Rating Scale(MADRS) scores decreased from 20 and 22 points to 6 and 2 points after treatment, respectively.Monthly follow-up was performed, at the end of 3 months, HDRS-17 and MADRS scored 1 and 0, respectively.Suicidal scores in HDRS-17 and MADRS decreased from 2 and 4 to 0, respectively.Verbal and written consent was obtained from the patient for the case report.

DISCUSSION: Rapid improvement in depression is very important, especially for preventing suicide. In this article,both depressive symptoms and suicidal thoughts improved rapidly in the patient treated with aTMS. We recommend that psychiatrists consider aTMS for the rapid treatment of depression.

Keywords: Accelerated transcranial magnetic stimulation, suicide, depression

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ECT IN TREATMENT-RESISTANT MIXED MANIC EPISODES

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OBJECTIVE: Bipolar disorder (BD) is a common and recurrent psychiatric illness, often challenging to diagnose. Mixed features involve simultaneous depressive and manic symptoms, leading to worse prognosis, higher treatment resistance, increased suicide risk, and greater comorbidities. Treatment options remain limited, with atypical antipsychotics, novel anticonvulsants, and electroconvulsive therapy (ECT) being primary choices.

CASE: A 39-year- old unemployed single male with bipolar I disorder for 18 years presented with irritability, insomnia, excessive spending, and anxiety. Over the past year, he had been hospitalized 15 times and showed persistent symptoms despite treatment. He had been on valproate (2500 mg/day), lithium (600 mg/day), quetiapine (600 mg/day), lamotrigine (50 mg/day), aripiprazole (20 mg/day), diazepam (5 mg/day), and recently started clozapine (25 mg/day). Due to ongoing anxiety and tremors, ECT was initiated. Lithium, valproate, and aripiprazole were gradually tapered off. After 4 ECT sessions, Young Mania Rating Scale (YMRS) scores dropped from 19 to 10. The patient completed 8 ECT sessions and was stabilized on quetiapine (400 mg/day) and valproate (1500 mg/day), with significant improvement in mood and reduced tremors. YMRS score was 2 at discharge. Informed consent was obtained from the patient for the publication of this case report.

DISCUSSION: Mixed manic episodes differ from classic mania due to dominant depressive symptoms, requiring careful differential diagnosis. Pharmacotherapy is challenging, as treatments for one pole may worsen the other. ECT is highly effective in treatment-resistant cases, with response rates between 56% and 93%. This case highlights the limitations of polypharmacy and the efficacy of ECT in severe mixed episodes. Treating mixed episodes is complex, requiring both mood stabilizers and antipsychotics. Antidepressants should be used cautiously. ECT remains a crucial option for resistant and severe cases.

Keywords: Bipolar disorder, mania, mixed-episode, electroconvulsive therapy, mood disorder, treatment-resistant bipolar disorder

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THE ASSOCIATION BETWEEN SERUM CLOZAPINE AND NORCLOZAPINE LEVELS AND METABOLIC PARAMETERS IN PATIENTS WITH SCHIZOPHRENIA

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BACKGROUND AND AIM: Monitoring clozapine blood levels is important as it may help minimize side effects and ensure optimal therapeutic response. There are few studies on this subject in our country. This study aimed to measure serum clozapine and norclozapine levels in schizophrenia patients undergoing treatment with clozapine and investigate their association with metabolic parameters.

METHODS: This study involved 80 patients (27 females, 53 males) with schizophrenia. Clinical assessments included interviews, the Positive and Negative Syndrome Scale (PANSS) to evaluate the severity of schizophrenia symptoms, and the UKU Side Effect Rating Scale to identify drug-related side effects. Measurements of waist circumference, body weight, height, and blood pressure were taken, and routine complete blood count and biochemical analyses were performed. Blood samples were collected for therapeutic drug monitoring, and serum levels of clozapine and norclozapine were determined using liquid chromatography-mass spectrometry (LC/MS-MS). The study was approved by Erciyes University Ethics Committee (2021/835) and funded by the Scientific Research Projects Unit (TTU-2022-11600).

RESULTS: Only 10% of patients had clozapine blood levels within the normal therapeutic range (350-600 ng/mL). Clozapine level in 71.25% of patients were higher than the recommended therapeutic range, despite administered standard doses. This patient group had also higher clozapine dose, norclozapine level, clozapine/norclozapine ratio and clozapine concentration/dose ratio as well as higher body weight, BMI and waist circumference. Patients with clozapine blood levels in the therapeutic range had better metabolic values than the other groups. Clozapine levels were positively correlated with BMI (r=0.249, p=0.026) and total cholesterol levels (r=0.247, p=0.027), but no association with other side effects.

CONCLUSIONS: The study revealed that therapeutic blood levels of clozapine can be effectively achieved with lower dosages in our country population. Additionally, maintaining clozapine blood levels within the therapeutic range through personalized dosing may help minimize metabolic side effects.

Keywords: Schizophrenia, clozapine, therapeutic drug monitoring, metabolic side effects

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MANAGEMENT OF MALLORY-WEISS SYNDROME IN A PSYCHIATRY CLINIC: A CASE REPORT

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OBJECTIVE: Delirium tremens (DT) is a fatal complication of alcohol withdrawal syndrome (AWS). Early psychiatric intervention is crucial for prognosis. In alhocol use disorder (AUD) poor insight complicates treatment and increases comorbid risks. This case indicates the relation of insight and treatment resistance in AUD which can cause more fatal complications like DT and Mallory-Weiss Syndrome (MWS).

CASE: Informed consent was obtained from the patient and relatives. A 43-year-old single male,university graduate, with a 20-year history of alcohol use. He consumes approximately 30 standard units of alcohol a day for 5 years. Patient admitted to the emergency clinic with melena, hematemesis, confusion and ataxia. CIWA-Ar score was 19. Detailed evaluation revealed MWS and DT. Benzodiazepine and Thiamine treatment started in emergency department. In fourth day of admission, patient was hemodynamicaly stabilized and transferred to psychiatry clinic for AUD management. Alcohol Use Awareness and Insight Scale score was 6,5 which indicates poor insight of illness. He was lack of knowledge about AUD. Insight intervention was conducted by taking inspiration from the problem-oriented, control-oriented, and environment-oriented sessions included in the brief intervention model. Cognitive restructuring helped the patient reassess his beliefs about alcohol use. By discharge, his insight had improved, and he showed openness to structured treatment

DISCUSSION: Poor insight in AUD hinders treatment adherence. Timely recognition and intervention in AWS reduce complications and mortality.This case highlights the importance of psychoeducation and motivational techniques in AWS management. Future research should focus on standardized approaches to improving insight and their impact on relapse prevention and treatment adherence. Strengthening multidisciplinary collaboration among psychiatry and other clinics is essential for comprehensive AWS management.

Keywords: Alcoholism, alcohol withdrawal syndrome, delirium tremens, insight, Mallory-Weiss Syndrome

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APPROACH TO A PATIENT DIAGNOSED WITH POST-TRAUMATIC STRESS DISORDER AND DEPRESSIVE DISORDER: A CASE PRESENTATION

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OBJECTIVE: The symptoms of post-traumatic stress disorder have been documented for a considerable number of patients even after 12 months. In this case report, we aimed to present a case diagnosed with "Post-Traumatic Stress Disorder" and "Depressive Disorder" and to emphasize that it occurs in a timely manner and place during natural disasters or catastrophes that frequently occur.

CASE: In this case report, we will talk about a 40-year-old female patient who was followed up and treated as an outpatient in our clinic and who applied to us 14 months after the February 6 Pazarcık earthquake. After the evaluation, we diagnosed the patient with post-traumatic stress disorder and depressive disorder, and the follow-up was started. In addition to pharmacotherapy, debriefing method was applied in each session, and cognitive behavioral therapy sessions were started. A significant regression was observed in the patient's Post-Traumatic Stress Disorder Inventory (CAPS), Beck Hopelessness Scale, and Beck Depression Inventory scores.

DISCUSSION:There are studies on the risk of developing post-traumatic stress disorder with some interventions made after traumatic experiences; "Trauma-focused brief methods behavioral psychotherapy" has been found to be effective in this regard.(4,5) As in our case, after major traumas, the failure to heal or break down within the required time leads to more complex and resistant clinical pictures. Depression also follows this process and is a very common clinical result. In addition to mental health professionals having the necessary knowledge and experience, it is also important to have easy access to treatment and active systems. Timely and appropriate interventions can help alleviate trauma.

Keywords: Trauma, earthquake, depression

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A LIFE IN THE SPIRAL OF ALCOHOL USE DISORDER AND EATING DISORDERS

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OBJECTIVE: Alcohol use disorder and eating disorders are interconnected psychiatric conditions that present significant diagnostic and therapeutic challenges. Their co-occurrence is often associated with impulsivity, impaired impulse control, and psychogenic polydipsia. This report discusses the case of a patient with both conditions, highlighting clinical management strategies and the importance of a multidisciplinary approach.

CASE: The patient's consent has been obtained. A 24-year-old female factory worker, living with her family, attempted suicide by ingesting multiple medications after excessive alcohol consumption. She was admitted to intensive care and later transferred to the psychiatry ward. Her history revealed a previous similar attempt, psychiatric follow-up since age 13, and treatment for anxiety and anger control. She was hospitalized in 2023 for alcohol use disorder and had recently experienced severe stress. Psychiatric evaluation indicated an anxious and dysphoric mood, auditory and visual hallucinations, delusions of reference, tremors, and cravings. Alcohol detoxification was initiated with benzodiazepines, olanzapine was increased to 10 mg/day for psychotic symptoms, and valproic acid was introduced for impulse control. As symptoms improved, olanzapine was reduced due to increased appetite, and risperidone was prescribed. During hospitalization, she developed alcohol withdrawal symptoms, hypotension, dizziness, and electrolyte imbalances, requiring replacement therapy. Further assessment revealed a history of self-induced vomiting since age 14, amenorrhea, and significant weight loss. Psychogenic polydipsia was diagnosed, requiring fluid restriction. Electrolyte balance improved with ongoing monitoring.

DISCUSSION: The strong link between alcohol use disorder and eating disorders involves genetic, neurobiological, and psychosocial factors. Impulsivity, anxiety, and emotional dysregulation contribute to this comorbidity. A comprehensive approach, integrating psychiatric stabilization, nutritional management, and pharmacological interventions, is crucial for effective treatment. This case highlights the need for individualized and multidisciplinary therapeutic strategies.

Keywords: eating disorders, substance use disorders, psychogenic polydipsia