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TÜRKİYE SİNİR VE RUH SAĞLIĞI DERNEĞİ

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İçindekiler | Contents

PSYCHIATRIC ASSOCIATION OF TÜRKİYE ANNUAL MEETING AND 4TH INTERNATIONAL 28TH NATIONAL CLINICAL EDUCATION SYMPOSIUM

TÜRKİYE PSİKİYATRİ DERNEĞİ YILLIK TOPLANTISI VE 4. ULUSLARARASI 28. ULUSAL KLİNİK EĞİTİM SEMPOZYUMU

ABSTRACTS / *BİLDİRİ ÖZETLERİ*

Hoş Geldiniz | Welcome

Değerli Meslektaşlarımız,

Türkiye Psikiyatri Derneği Yıllık Toplantısı 4. Uluslararası 28. Ulusal Klinik Eğitim Sempozyumu'nu, siz değerli uzman ve uzmanlık öğrencisi meslektaşlarımızın katılımıyla 19–22 Nisan 2026 tarihleri arasında, Antalya Pine Beach Hotel'de gerçekleştireceğiz.

Yirmi dokuz yıl önce, derneğimizin tüm organlarının bir araya gelerek yıllık çalışmalarını değerlendirebilecekleri, çalışma birimlerinin etkileşim içinde gelişebilecekleri ve üyelerimizin dernek politikalarına doğrudan katkı sunabilecekleri ortak bir platforma duyulan ihtiyaçla başlatılan Bahar Sempozyumları; bugün, Türkiye Psikiyatri Derneği'nin 30 yıllık kurumsal birikimi, meslek alanımızın ortak emeği ve sizlerin değerli katkılarıyla uluslararası nitelik kazanmış güçlü bir bilimsel toplantıya dönüşmüştür. Bu gelişim yolculuğunda hep birlikte ilerlemekten büyük mutluluk duyuyoruz.

Sempozyumumuzun bilimsel içeriğini zenginleştirecek etkinlik önerilerinizin, araştırmalarınızın, olgu sunumlarınızın, sözel ve poster bildirilerinizin alana önemli katkılar sağlayacağına inanıyoruz. Tüm etkinlik önerileri hakem kurulunca titizlikle değerlendirilerek her zaman olduğu gibi deneyimlerin ve birikimlerin paylaşılacağı, yeni sorularla yeni araştırmaların temellerinin atılacağı sadece bilimsel içeriği ile değil meslektaşlarımızla bir araya gelme fırsatı sunan farklı toplantı ve sosyal programları ile belleklerimizde yer edecek bir sempozyumda buluşmanın hazırlıkları içindeyiz.

Mesleğimizin ve derneğimizin geleceği olan genç uzmanlık öğrencilerimizin mesleki yolculuklarına katkı sunmak amacıyla, Sözel Bildiri Burs Desteği bu yıl da devam edecektir. Ayrıca bilimsel üretimi ve araştırmaya yönelimi teşvik etmek için verilen Araştırma Bildiri Ödülü ve Araştırma Projesi Teşvik Ödülü'nü de hatırlatmak isteriz.

Sempozyum sürecinde bir arada olmanın yarattığı güç ve dayanışmayı önemsiyoruz. Bu nedenle etkinlik önerisi sunan tüm konuşmacılarımızın yüz yüze katılımlarını bekliyoruz. Çevrim içi katılımı tercih eden meslektaşlarımız için ise belirlenecek salondaki tüm oturumlar eş zamanlı olarak dijital ortamdan izlenebilir olacaktır.

Hedefimiz, ulaşılabilir, etkileşimi yüksek, güçlü bilimsel niteliğe sahip bir kongre deneyimini paylaşmak ve derneğimizin 30 yıldır bilim, etik ve dayanışma ilkeleriyle sürdürdüğü mesleki buluşmalara hep birlikte bir sayfa daha eklemek. Katkılarınızla güçlenecek bu buluşma için şimdiden heyecan duyuyor, sizleri dayanışma ve bilimsel paylaşım dolu bir toplantıda, Antalya'da ağırlamayı diliyoruz.

Sağlıkla, umutla ve mesleki dayanışmayla, buluşmak üzere…

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AN ALTERNATIVE APPROACH FOR DETECTING PROBLEMATIC ALCOHOL USE: DEVELOPING A NEW RISK SCORE MODEL FOR UNIVERSITY STUDENTS USING AI-ASSISTED MACHINE LEARNING

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BACKGROUND AND AIM: Problematic alcohol use in university students is a critical public-health issue because it is associated with academic disruption, high-risk behaviors, and psychological burden. While established tools (e.g., AUDIT, CAGE, RAPS4-QF) are widely used, student populations may exhibit early functional harms (academic decline, dangerous situations, financial strain, mood and sleep problems) before classical dependence patterns become apparent. Therefore, a brief, multidimensional, and practically implementable risk score that reflects both consumption intensity and real-world impairment may improve early detection and targeted intervention.

We aimed to develop and validate an AI-assisted Alcohol Risk Score for university students, and to examine its reliability, convergent validity with established instruments, and machine-learning (ML) classification performance for actionable risk stratification.

METHODS (Ethics Committee Approval must be obtained and the number should be specified.): A cross-sectional survey was conducted in collaboration with a university Center for Combating Addiction. The questionnaire captured a wide range of alcohol-related domains, including demographics and contextual variables, alcohol use patterns (lifetime, past year/month/week; weekly frequency; standard drink amount; binge drinking), and alcohol-related psychosocial/health factors (e.g., academic impact, dangerous situations, help-seeking, mood changes, perceived harms, and intention to quit). The overall conceptual framework deliberately extended beyond consumption to include functional impairment, psychological correlates, and readiness-to-change indicators—dimensions particularly salient in student populations. Ethics approval was obtained from the institutional ethics committee (05.06.2024, 2024/05-08).

AI-assisted item selection and model construction:

The initial candidate pool included 72 raw items, consolidated and refined into 59 unique items after removing conceptually duplicate or non-informative candidates. These items were evaluated using an AI-assisted scoring approach (OpenAI ChatGPT 4.5 API) based on predefined criteria reflecting screening suitability, clinical relevance, clarity, and discriminatory potential. From this AI-ranked pool, a preliminary set of 20 items was created, followed by expert review by four authors; items with strong consensus and relevance were retained, resulting in a final 15-item risk score model.

Scoring and risk stratification:

The model includes binary (0/1) items and two frequency/intensity items scored from 0–4, generating a total score range of 0–27. Risk categories were defined as 0–5 (low risk), 6–12 (moderate risk), and 13–27 (high risk), designed to create actionable strata for screening and triage.

Validation and machine learning evaluation:

Convergent validity was assessed via associations with established screening tools (AUDIT, CAGE, and RAPS4-QF). Internal consistency reliability was tested using Cronbach's alpha and McDonald's omega. For classification performance, multiple ML algorithms were evaluated (logistic regression, support vector machines, random forest, and k-nearest neighbors). Models were assessed using accuracy and class-wise F1 scores; additional evaluation included cross-validation and ROC-AUC estimates via a one-vs-rest strategy. Feature contributions were examined using permutation importance to identify the most informative items in final risk score.

RESULTS:A total of 599 university students were included (mean age 20.84 ± 3.27 years), with 66.8% women; 37.2% were first-year students and 42.6% were enrolled in medical school. Past-month alcohol consumption was reported by 45% of participants; 9.8% consumed alcohol three or more days per week during same period. Binge drinking (≥5 standard drinks at a time; ≥4 for women) was observed in 6.7% overall, with a significantly higher rate in men than women.

Risk score distribution and clinical gradients:

The new 15-item risk score produced a mean of 3.65 ± 3.64, with men scoring higher than women (4.37 ± 3.75 vs 3.27 ± 3.54, $p<0.001$). Based on predefined thresholds, 74.6%

(n=447) were classified as low risk, 22.9% (n=137) as moderate risk, and 2.5% (n=15) as high risk. Proportion of women was higher in the low-risk category, while men were relatively more represented in the moderate-risk group; the high-risk category proportion was similar across genders.

Crucially, risk categories demonstrated meaningful clinical differentiation: moderate/high-risk students reported more psychological complaints, higher smoking rates, and greater family alcohol consumption (all p<0.001). The high-risk category showed striking elevation in harm-related outcomes, including academic impairment, alcohol-related medical needs, dangerous situations or legal issues, inability to attend classes, missing exams/assignments, neglecting professional responsibilities, financial difficulties, sleep disturbances, alcohol-related mood changes, and perceiving alcohol as a serious problem (all p<0.05). Notably, binge drinking in the last month was 80% in the high-risk group vs 4.9% in the low-risk group (p<0.001), supporting the model's ability to detect a clinically severe subgroup despite its small prevalence.

Reliability and convergent validity:

The risk score demonstrated strong internal consistency (Cronbach's alpha = 0.811; McDonald's omega = 0.831). Convergent validity was robust, with high correlation to AUDIT (r = 0.861, p<0.001) and substantial correlations to RAPS4-QF (r = 0.793, p<0.001) and CAGE (r = 0.631, p<0.001), indicating alignment with established screening constructs while preserving broader functional coverage.

Machine learning performance:

Among tested algorithms, logistic regression achieved the best overall performance, with 93.5% accuracy and strong class discrimination (F1 low = 0.97; F1 moderate = 0.94; F1 high = 1.00). Other algorithms also performed well but were consistently lower (SVM accuracy 90.9%; random forest 88.3%; KNN 80.5%). ROC-AUC analyses demonstrated high separability, particularly for low risk (AUC=0.96), while maintaining strong discrimination for moderate (AUC=0.88) and high risk (AUC=0.93). Permutation importance highlighted the model's most influential indicators: feelings of guilt/regret, average drinking amount, financial difficulties, and physical health impact, supporting both interpretability and face validity.

CONCLUSIONS:This study developed and validated a brief, AI-assisted 15-item alcohol risk score that captures multidimensional nature of problematic alcohol use among university students by combining consumption intensity with functional, psychosocial, and harm-related indicators. The model demonstrated high reliability, strong convergent validity with established tools, and excellent ML classification performance, particularly using logistic regression. Importantly, risk categories were not merely statistical strata; they mapped onto clinically meaningful gradients of academic impairment, dangerous behaviors, psychological complaints, and other adverse outcomes—features that are central to early intervention in student populations.

Because the tool is concise, interpretable, and grounded in real-world consequences, it offers a pragmatic pathway for scalable screening, early detection, and triage in university health services. Beyond identifying severe dependence signals, this model is positioned to detect earlier-stage risk profiles where prevention and brief interventions may yield the highest impact. Future research should test external validity across diverse universities and longitudinally examine whether baseline risk scores predict incident harms and service utilization.

Keywords: risky alcohol use, alcohol use disorder, artificial intelligence, machine learning, logistic regression, screening

Table 1. The 15-item new risk model

Items	Score Range
1. Have you used alcohol in the last year?	No = 0, Yes = 1
2. How many days a week did you use alcohol in the last month?	None = 0, 1–2 days = 1, 3–4 days = 2, 5+ days= 3
3. How much alcohol do you consume on average at a time (standard drink)?	None = 0, 1–2 standard = 1, 3–4 standard = 2, 5–9 standard = 3, 10 + standard = 4
4. Have you ever felt that you needed medical (psychological or physical) help with alcohol use?	No=0, Yes=1
5. Do you experience physical health problems due to alcohol use?	No=0, Yes=1
6. Have you ever been in dangerous situations after drinking alcohol (e.g., accidents, injuries, offences, unprotected sex)?	No=0, Yes=1
7. Does your alcohol use affect your attendance at classes/work?	No=0, Yes=1
8. Do you experience financial challenges due to alcohol use?	No=0, Yes=1
9. Do you think there is a relationship between alcohol use and your depression or anxiety symptoms?	No=0, Yes=1

Table 1. Continued

Items	Score Range
10. Do you think you should give up alcohol in the future?	No=0, Yes=1
11. How many times this year have you been unable to stop drinking alcohol after starting to drink? (binge drinking)	None = 0, 1–2 hands = 1, 3–5 hands = 2, 6–10 hands = 3, 10 + hands = 4
12. How many times this year have you felt guilty or regretful after drinking alcohol?	None = 0, 1–2 hands = 1, 3–5 hands = 2, 6–10 hands = 3, 10 + hands = 4
13. Do you feel like you are doing something bad or wrong because you drink?	No=0, Yes=1
14. In the last year, has a friend or family member told you about things you have said or done while drinking that you cannot remember (memory loss, loss of consciousness, etc.)?	No=0, Yes=1
15. Have you ever drunk alcohol first thing in the morning to wake up and feel refreshed or to relieve hangover symptoms?	No=0, Yes=1
Total score	*0- 27*

Table 2. The new risk model's performance

Algorithm	Accuracy	F1 (low)	F1 (medium)	F1 (high)
Logistic Regression	93.5%	0.97	0.94	1.00
SVM	90.9%	0.93	0.85	1.00
Random Forest	88.3%	0.91	0.78	1.00
KKN	80.5%	0.86	0.59	1.00

SVM: Support Vector Machines; KNN: K-Nearest Neighbors.

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SELF-ESTEEM INSTABILITY IN MAJOR DEPRESSIVE DISORDER: A COMPUTATIONAL ANALYSIS OF EXPECTATION UPDATING IN RESPONSE TO PERFORMANCE FEEDBACK

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BACKGROUND AND AIM: Major Depressive Disorder (MDD) has long been associated with low self-esteem in the existing literature (Beck, 1967; Sowislo & Orth, 2013). Although cognitive models of MDD propose low self-esteem as a risk factor for the onset and persistence of depression (Beck, 1967), recent studies emphasize the importance of self-esteem stability rather than merely its level (Kernis, 2005; Franck & De Raedt, 2007). This research is grounded in Hierometer Theory, which conceptualizes self-esteem functions as a gauge that enables individuals to effectively navigate social hierarchies by also motivating adaptive status-seeking behavior (Mahadevan et al., 2019). Within this framework, environmental factors such as social comparison and performance feedback induce dynamic shifts in self-evaluation. Although the cognitive model of depression posits a negative bias in information processing (Beck, 1967), there has been a notable lack of research using objective, experimental tasks to examine how MDD patients update their expectations in response to social-hierarchy-based feedback. Previous studies often relied on self-report measures, which are susceptible to social desirability bias and fail to capture automatic or unconscious regulatory processes. Therefore, this study aimed to investigate how receiving positive and negative social performance feedback affects self-esteem dynamics in MDD patients compared to healthy controls using a novel computational analysis. Consistent with the negative bias framework of the cognitive model, we hypothesized that patients with depression will exhibit significantly higher sensitivity to negative rather than positive social performance feedback compared to healthy controls.

METHODS (Ethics Committee Approval must be obtained and the number should be specified.): The study procedure was initiated with the clinical characterization of 90 participants, comprising 60 patients diagnosed with Major Depressive Disorder (MDD) and 30 healthy controls. To ensure diagnostic accuracy, clinical statuses were validated using the Structured Clinical Interview for DSM-5 (SCID-5), while depressive symptom severity was quantified via the Hamilton Depression Rating Scale (HAM-D) and the Beck Depression Inventory (BDI). Simultaneously, baseline self-esteem levels were established through the Rosenberg Self-Esteem Scale (RSES) to provide a comparative psychological baseline. Subsequently, participants were transitioned to a computer-based setting to participate in an in-house developed digital paradigm. At the beginning of the experiment, to reinforce the social-competitive environment, eleven AI-generated competitors were introduced, and participants were asked to report their initial rank expectations ($g_{(t=0)}$) regarding their performance in the task. The experiment was structured into 24 blocks, each consisting of a total of 6 trials. Each trial sequence comprised a question screen where participants viewed various dice combinations, followed by a response screen where they identified the frequency of a specific target number. Upon completion of each 6-trial block, participants received ranking feedback (r_t) on a vertical scale ranging from 1 (highest) to 12 (lowest), indicating their performance in that block. Immediately following the feedback screen, participants were queried regarding their expected rank for the subsequent block ($g_{(t+1)}$). In the analysis phase, the discrepancy between this feedback and the participant's prior expectation was formalized as a prediction error, $\delta_t=g_t-r_t$. Expectation updating was modeled as $g_{(t+1)}=g_t-\beta_t$, where the update magnitude (β_t) is the product of the prediction error (δ_t) and an individual-specific sensitivity coefficient (k), defined as $\beta_t=k\times\delta_t$. To account for asymmetries in belief updating, separate sensitivity parameters ($k_{positive}$) and ($k_{negative}$) were estimated for feedback better or worse than expected. Within an active inference framework, these coefficients reflect the precision of self-related beliefs and their susceptibility to environmental input. Ethical approval was obtained from the Ege University Faculty of Medicine Clinical Research Ethics

Committee under approval number 23-2.1T/43, approval date February 23, 2023.

RESULTS:The MDD and control groups were statistically comparable regarding age, sex, and education duration (Table 1). While the MDD group demonstrated significantly lower baseline self-esteem, as measured by the Rosenberg Self-Esteem Scale (RSES), and lower initial rank expectations compared to controls, objective task performance metrics—including accuracy and reaction times—showed no significant intergroup differences (Table 2). Regardless of feedback direction, the sensitivity coefficient (k_mean) at which MDD patients updated their performance predictions based on feedback was significantly higher than that of healthy controls ($U = 1435.0$, $p = 4.76 \times 10^{-6}$, $r = -0.594$). When receiving positive feedback better than their prediction, the MDD group exhibited a significantly higher coefficient for updating performance expectations compared to controls ($U = 1096.5$, $p=0.0009$, $r=-0.450$). The MDD group also demonstrated a significantly higher update coefficient compared to controls when receiving negative feedback worse than expected ($U = 1374.5$, $p = 4.97 \times 10^{-5}$, $r = -0.527$). Examination of the within-group distribution revealed that k_positive values in the MDD group showed a right-skewed distribution, with some patients developing extreme sensitivity (outliers) to feedback. While patients differed from controls in both feedback types, the effect size for k_negative ($r =-0.53$) was stronger than for k_positive ($r = -0.45$).

CONCLUSIONS:This study demonstrates that self-esteem in Major Depressive Disorder is marked by instability in response to environmental feedback. Our findings suggest that MDD treatment should not solely aim to raise self-esteem levels but must also focus on regulating hypersensitivity to external stimuli and promoting self-esteem stability. Psychotherapeutic interventions that train patients to attribute feedback to specific task conditions rather than viewing it as a reflection of personal inadequacy may be effective in achieving stability and lasting remission. Future research should validate these computational findings in larger clinical cohorts.

REFERENCES

Beck, A. T. (1967). Depression: Clinical, experimental, and theoretical aspects. Harper & Row.

Franck, E., & De Raedt, R. (2007). Self-esteem reconsidered: Unstable self-esteem outperforms level of self-esteem as vulnerability marker for depression. Behaviour Research and Therapy, 45(7), 1531–1541. https://doi.org/10.1016/j.brat.2007.01.003

Kernis, M. H. (2005). Measuring self-esteem in context: The importance of stability of self-esteem in psychological functioning. Journal of Personality, 73(6), 1569–1605. https://doi.org/10.1111/j.1467-6494.2005.00359.x

Mahadevan, N., Gregg, A. P., & Sedikides, C. (2019). Is self-regard a sociometer or a hierometer? Self-esteem tracks status and inclusion, narcissism tracks status. Journal of Personality and Social Psychology, 116(3), 444–466. https://doi.org/10.1037/pspp0000189

Sowislo, J. F., & Orth, U. (2013). Does low self-esteem predict depression and anxiety? A meta-analysis of longitudinal studies. Psychological Bulletin, 139(1), 213–240. https://doi.org/10.1037/a0028931

Keywords: Major depressive disorder, self-esteem, self-esteem instability,performance feedback

Table 1. Demographic and clinical characteristics of MDD and control groups.

Variable	MDD (N=60)	Controls (N=30)	Statistics
Age, mean years (SD)	37.3 (10.8)	39.9 (12.7)	t = -0.96 df = 88 P = 0.34
Sex, n (%) Male Female	12 (20%) 48 (80%)	6 (20%) 24 (80%)	X2 =0.00 df =1 P > 0.99
Education, median years (SD)	12.8 (3.1)	13.5 (3.3)	t = -0.93 df = 88 P = 0.35
Current medication, n (%) Antidepressant (Total) SSRIs SNRIs NDRI Tricyclics	 60 (100%) 38 (63.3%) 19 (31.7%) 9 (15.0%) 1 (1.7%)	 NA NA NA NA NA	 NA NA NA NA NA
HAMD Total Score, mean (SD)	16.6 (3.8)	NA	NA
BDI Total Score, mean (SD)	24.1 (4.4)	NA	NA

Abbreviations: MDD: Major Depressive Disorder; N: Sample size; SD: Standard Deviation; HAM-D: Hamilton Depression Rating Scale; BDI: Beck Depression Inventory; SSRI: Selective Serotonin Reuptake Inhibitor; SNRI: Serotonin-Norepinephrine Reuptake Inhibitor; NDRI: Norepinephrine-Dopamine Reuptake Inhibitor; NA: Not Applicable.

Table 2. Baseline self-esteem, initial performance expectations, and task performance metrics

Variable	MDD (N=60)	Controls (N=30)	Statistics
RSES Total Score, mean (SD)	13.5 (5.4)	26.5 (2.7)	t = -15.18 df = 88 P= < 0.001
Baseline Performance Expectation ($g_{t=0}$), mean (SD)	3.9 (1.2)	2.0 (0.6)	t = -7.53 df = 88 P= < 0.001
Number of Correct Responses Per Block, mean (SD)	4.1 (1.2)	4.5 (0.9)	t = 1.35 df = 88 P= 0.18
Reaction Time Per Block, mean (SD) (ms)	1213.3 (540.0)	1056.7 (440.0)	t = -1.21 df = 88 P= 0.25

Abbreviations: RSES: Rosenberg Self-Esteem Scale; g(t=0): Baseline rank expectation; ms: Milliseconds; SD: Standard Deviation.

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STRUCTURED RISK ASSESSMENT OF VIOLENT REOFFENDING OVER 24 MONTHS AFTER DISCHARGE IN A FORENSIC PSYCHIATRY COHORT

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BACKGROUND AND AIM: Violence after discharge from psychiatric services represents a major clinical and public safety concern, and in forensic psychiatry violent reoffending is particularly salient during the early- to mid-post-discharge period when risk is highest.

Accurate violence risk assessment is essential to inform discharge decisions, post-discharge management, and resource use (1). In Turkiye, although the number of forensic psychiatric institutions has increased, the inflow of patients has risen disproportionately, leading to greater clinical heterogeneity and high patient turnover, with premature discharge constituting the main practical challenge rather than the avoidance of prolonged hospitalisations. Despite these pressures, structured risk assessment tools are not routinely used in Turkish forensic psychiatric practice, leaving clinicians with substantial challenges in assessing violence risk and making empirically informed discharge decisions. To address this gap, this study examines violent reoffending over 24 months after discharge in a forensic psychiatry cohort using a structured actuarial approach based on the Forensic Psychiatry and Violence tool Oxford (FoVOx), a brief and freely available risk assessment tool developed using large national Swedish register data (2), to evaluate its performance in a Turkish sample and support risk-informed clinical practice.

METHODS (Ethics Committee Approval must be obtained and the number should be specified.):This retrospective cohort study was conducted in a forensic psychiatry inpatient unit in Istanbul and included adult patients under compulsory court-ordered treatment due to criminal non-responsibility or diminished responsibility who were discharged from the hospital within a six-month inclusion period. Patients were excluded due to incomplete records, interruption of the index admission because of transfer to prison, absconding, or death, death within two years after discharge, inability to contact the patient or their relatives, or lack of consent. Data were collected retrospectively from clinical records, institutional databases, and through contact with patients or their relatives (IRB approval date: 21.08.2025; approval number: 16/30).

The primary outcome was violent reoffending within 24 months after discharge, with 12-month outcomes also examined, defined as the occurrence of any recorded violent offense during fixed follow-up periods and analyzed as a binary outcome (yes/no).

Violence risk was assessed using the FoVOx model, and individual risk estimates were calculated as percentage probabilities using the original online FoVOx calculator (3). Risk factors included in the model were age at discharge; male sex; prior violent and serious violent offending; primary diagnosis at discharge; drug and alcohol use disorder at hospitalisation or discharge; personality disorder at discharge; employment status before admission; ≥5 previous inpatient episodes; lifetime drug use disorder; and length of inpatient stay ≥1 year. Discriminative performance was evaluated using the area under the receiver operating characteristic curve (AUC). In addition, clinically relevant FoVOx risk thresholds of 5% and 20% were applied to calculate sensitivity, specificity, positive predictive value (PPV), and negative predictive value (NPV) with 95% confidence intervals.

RESULTS: The study sample consisted of 273 forensic psychiatric patients discharged from inpatient care. The majority were male (82.4%), with a mean age at discharge of 39.8 ± 11.1 years. Schizophrenia spectrum disorders were the most common primary diagnosis (67.8%). Violent reoffending occurred in 5.9% of patients within 12 months and in 17.6% within 24 months after discharge. In binary comparisons, patients who reoffended within 24 months were more likely to be male, younger at discharge, and to have a history of substance use disorder at or prior to admission, personality disorder, and previous violent offending. FoVOx-calculated original risk estimates ranged from 0% to 51% for the 24-month horizon (mean 12.39%) and from 0% to 33% for the 12-month horizon (mean 7.35%). When violent reoffending rates were examined across FoVOx risk categories, no violent reoffending was observed in the low-risk group (≤5%) at either 12 or 24 months, whereas reoffending rates reached 38.5% at 12 months and 55.8% at 24 months in the high-risk group (≥20%) (Table 1). At 24 months, the FoVOx model showed good discrimination (AUC = 0.87, 95% CI: 0.83–0.92). Sensitivity, specificity, PPV, NPV and AUC at the 5% and 20% risk thresholds for both follow-up periods are presented in Table 2. At 24 months, calibration was acceptable,

with predicted risk (12.4%) lower than observed outcomes (17.6%; Brier score = 0.118).

CONCLUSIONS: In this forensic psychiatry cohort, violent reoffending occurred within 12 months and increased at 24 months after discharge, confirming the post-discharge period as a clinically critical window for violence risk management. Violent reoffending was more common among younger male patients and those with substance use disorder, personality disorder, and prior violent offending, consistent with existing evidence. FoVOx risk estimates showed a clear gradient, with no reoffending in the low-risk group (≤5%) and markedly higher rates in the high-risk group (≥20%), reaching 55.8% at 24 months, consistent with the original model development study (2).

These findings highlight the model's strong discriminative power, particularly in reliably identifying very low-risk individuals, and its potential utility in informing less restrictive discharge and follow-up strategies. However, the higher false-positive rate at the upper end of the risk spectrum suggests that contextual model updating may be needed to balance public safety with patient rights (4). Limitations include the retrospective single-centre design, potential under-ascertainment of outcomes due to limited access to official judicial records, and the use of fixed follow-up periods rather than time-to-event data. The findings suggest that FoVOx, as an actuarial approach, shows promising clinical utility in a Turkish forensic psychiatry context. In settings where structured violence risk assessment tools are not routinely used and clinicians face increasing pressure due to high patient turnover and unclear discharge thresholds, a simple, feasible, and clinically relevant model may provide meaningful support, particularly given the recent introduction of regulations for high-security forensic psychiatry centers in Turkiye. When applied alongside clinical judgment, it may promote more consistent, transparent, and risk-informed discharge decisions. Model updating and practical integration into routine forensic psychiatric practice in Turkiye remain important considerations.

REFERENCES
1. Ramesh T vd. Eur Psychiatry 2018;52:47–53.
2. Wolf A vd. Eur Psychiatry 2018;47:88–93.
3. http://oxrisk.com/fovox/
4. Ogonah MGT vd. Lancet Psychiatry 2023;10:780–789.

Keywords: actuarial risk models, forensic psychiatry, offending, violence risk assessment

Table 1. Risk categories and observed violent reoffending rates

Follow-up	Risk category	Violent reoffending, % (n/N)
12 months	Low (≤5%)	0% (0/109)
	Moderate (5–20%)	7.3% (11/151)
	High (≥20%)	38.5% (5/13)
24 months	Low (≤5%)	0% (0/50)
	Moderate (5–20%)	11.1% (19/171)
	High (≥20%)	55.8% (29/52)

Table 2. Discriminative performance of the risk model at clinically relevant thresholds

Follow-up	Threshold	Sensitivity % (95% CI)	Specificity % (95% CI)	PPV % (95% CI)	NPV % (95% CI)	AUC (95% CI)
12 months	5%	100 (79–100)	42 (36–48)	10 (6–17)	100 (96–100)	0.85 (0.77–0.94)
12 months	20%	31 (12–58)	97 (94–99)	38 (15–65)	96 (92–99)	0.85 (0.77–0.94)
24 months	5%	100 (92–100)	22 (17–28)	21 (15–29)	100 (97–100)	0.87 (0.83–0.92)
24 months	20%	60 (45–74)	90 (85–93)	56 (41–69)	91 (86–95)	0.87 (0.83–0.92)

Note: Sensitivity (true positive rate) = TP/(TP+FN), Specificity (true negative rate) = TN/(TN+FP), Positive Predictive Value (PPV) = TP/(TP+FP), Negative Predictive Value (NPV) = TN/(TN+FN), and Area Under the Receiver Operating Characteristic Curve (AUC) indicates overall discriminative performance; where TP = true positives (violent reoffending correctly predicted), FP = false positives (reoffending predicted but not observed), TN = true negatives (no reoffending correctly predicted), and FN = false negatives (reoffending not predicted but observed).

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BEING A WOMAN IN CONFLICT AREAS: THE COMPARATIVE IMPACT OF TRAUMA BURDEN ON PTSD, DEPRESSION, AND ANXIETY SYMPTOMS AMONG WOMEN IN GAZA STRIP AND THE WEST BANK

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BACKGROUND AND AIM: In conflict areas, mental health disorders such as depression, anxiety, post-traumatic stress disorder (PTSD), bipolar disorder, and schizophrenia impact approximately onMaltepe123.e in five individuals, emerging as a critical global concern in the past decade.(WHO 2025) The psychological impact of conflict varies significantly across populations, for instance women experience higher levels of psychological distress and health issues driven by physiological, hormonal, and social factors.(Türkkan 2026; Jain et al. 2022) Despite widespread trauma, few studies focus on the effects of war on Palestinian women's mental health.(Jain et al. 2022, Ahmed et al. 2024) This study investigates the impacts of the cumulative trauma exposure on the prevalence and severity of psychiatric symptoms – including anxiety, depression, and PTSD - among Palestinian women in Gaza and the West Bank after the 7 October 2023 escalation.

METHODS (Ethics Committee Approval must be obtained and the number should be specified.):This cross-sectional study (Nov 2025-Jan 2026) included 438 Palestinian women (aged ≥ 18) from the West Bank and Gaza. Data were collected using sociodemographic questions and standardized scales (PHQ-9, GAD-7 and PCL-5).

Participants were also assessed on nine conflict-related trauma items, including direct exposure to life-threatening situations (e.g. shooting, shelling, or injury); experiences of torture or physical assault; witnessing others being killed and injured; loss of a loved; loss of personal property or home; displacement; loss of income; lack of access to food or water; and exposure to sexual violence. (Carpiniello 2023) Validated Arabic versions were administered via online interviews. Due to security concerns and the participants' reluctance to share personal information in the conflict zone, surveys were completed anonymously, and verbal informed consent was obtained. The study was approved by the Maltepe University Clinical Research Ethics Committee (No. 2025/21-12).

Data were analyzed using SPSS 30.0. Descriptive statistics summarized the sample; the variables between the West Bank and Gaza were compared using independent samples t-tests or the Mann-Whitney U test were utilized based on distribution. Spearman's correlation assessed relationships between trauma types and the clinical scores, as well as correlations between scales.

RESULTS: Of the 438 participants: 61.9% were from the West Bank and 38.1% from Gaza. Most were aged between 18 and 40 (73.3%), university-educated (55.7%) and had middle-income (73.3%). Marital status was evenly split between single (45.2%) and married (44.7%). In terms of residential setting, 58.4% lived in cities, 27.2% in villages or towns, and 14.4% (n=63) in refugee camps.

The mean scores of the sample were 14.89 on the PHQ-9 (moderate-to-severe depression), 13.55 on the GAD-7 (moderate anxiety), and 44.74 on the PCL-5 (high probability of PTSD). Participants in Gaza had notably higher mean scores (PHQ-9: 17.56; GAD-7: 16.24; PCL-5: 54.4) compared to those in the West Bank (PHQ-9: 13.24; GAD-7: 11.9; PCL-5: 38.78). Gazan women scored significantly higher on all measures (p<.001).

A focused subgroup analysis was conducted on participants residing in refugee camps (n=63; Gaza n=51, West Bank n=12). Within this group, women in Gaza exhibited significantly higher symptom severity across all measures. Mean scores in Gaza camps vs. West Bank camps were 19.37 vs. 13.66 for depression (PHQ-9; p=.007), 16.72 vs.

12.41 for anxiety (GAD-7; p=.004), and 56.05 vs. 36.50 for PTSD (PCL-5; p<.001). These findings highlight a particularly severe psychological burden among refugee camp residents in the Gaza Strip compared to their counterparts in the West Bank.

In study population, Spearman correlation analysis revealed significant positive correlations among psychiatric scales (p<.001), indicating common depression, anxiety and PTSD symptoms. Regarding the trauma exposure, 73.1% of participants reported witnessing the injury or death. Significant proportions of the sample also faced deprivation and displacement, with 66% reporting difficulty accessing food and water, 65.7% experiencing loss of employment or income, and 39.3% being forcibly displaced. In terms of direct life-threatening attacks, 54.4% of the women had lost a loved one during the conflict and 47.6% had survived a direct life-threatening attack. Furthermore,

47% had lost their homes or personal property. In addition a notable number of women reported physical assault or torture (10.2%) and sexual assault (6.3%).

CONCLUSIONS:The study findings reveal the substantial psychological burden among Palestinian women. Our sample primarily consisted of young, educated, and middle-income urban residents, nearly all of whom reported chronic trauma exposure, resulting in moderate-to-severe psychiatric symptoms. Reflecting conflict severity, Gazans women exhibited significantly higher psychopathology scores across all measures compared to those in the West Bank (p<.001).

Due to communication difficulties in conflict zones, reaching women living in refugee camps was challenging, leading to a limited sub-sample size (n=63). Despite this limitation, our findings revealed that women in refugee camps experienced significantly higher trauma and more severe symptoms of depression, anxiety, and PTSD than those living in cities or villages. Although half of the sample were urban residents, over 50% reported witnessing severe trauma, job loss, unable to meet basic needs. That indicates the widespread impact of modern warfare on urban life beyond active conflict zones.

In conclusion, our analysis confirms that chronic trauma exposure contributes to the persistent psychiatric symptoms observed in these women. These findings require urgent social interventions to prevent a long-term mental health crisis. Additionally, further analyses on the predictors of symptom severity are ongoing and will be shared in our future presentations.

REFERENCES

Odacı H, Türkkan T (2026) Gender and mental health: challenges faced by women and a feminist perspective. Psikiyatride Güncel Yaklaşımlar–Current Approaches in Psychiatry 18(2): 400–413.

World Health Organization (2025) Mental health in emergencies. World Health Organization. https://www.who.int/news-room/fact-sheets/detail/mental-health-in-emergencies on January 24, 2026.

Ahmed SH, Zakai A, Zahid M et al. (2024) Prevalence of post-traumatic stress disorder and depressive symptoms among civilians residing in armed conflict-affected regions: a systematic review and meta-analysis. General Psychiatry 37: e101438.

Jain N, Prasad S, Czárth ZC, et al. (2022) War Psychiatry: Identifying and Managing the Neuropsychiatric Consequences of Armed Conflicts. Journal of Primary Care & Community Health 13:1-11.

Carpiniello, B. (2023) The Mental Health Costs of Armed Conflicts—A Review of Systematic Reviews Conducted on Refugees, Asylum-Seekers and People Living in War Zones. International Journal of Environmental Research and Public Health, 20(4).

Keywords: Armed conflict, palestinian women, post-traumatic stress disorder

Table 1. Depression, Anxiety, Cumulative trauma

REGION	STATISTIC	PHQ-9	GAD-7	PCL-5
West Bank	Mean	13.2472	11.9041	38.7897
	N	271	271	271
	Std. Deviation	5.93309	5.36501	14.06743
Gaza Strip	Mean	17.5689	16.2455	54.4072
	N	167	167	167
	Std. Deviation	5.66056	4.83893	13.38096
Total	Mean	14.8950	13.5594	44.7443
	N	438	438	438
	Std. Deviation	6.19167	5.57987	15.74652

Comparison of Depression, Anxiety, and PTSD Scores Between the West Bank and the Gaza Strip

Table 2. Frequency and Percantages of Trauma Types

TRAUMA TYPE	FREQUENCY (n)	PERCENTAGE (%)
Witnessing injury or death	320	73.1%
Lack of access to food and water	289	66.%
Loss of employment or income	288	65.7%
Loss of a loved one	238	54.4%
Direct life-threatening attack	208	47.6%
Loss of home or personal property	206	47.0%
Forced displacement	172	39.3%
Physical assault or torture	45	10.2%
Sexual assault	28	6.3%

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TIME PERCEPTION DEFICITS AND PROCRASTINATION IN ADULTS WITH ADHD: A CASE–CONTROL STUDY

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BACKGROUND AND AIM:Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder characterized by attentional difficulties, impulsivity, and hyperactivity that begins in childhood and often persists into adulthood. ADHD symptoms may change over time, and their presentation can become less evident with age. Thus, identifying secondary features in adult ADHD that are not fully reflected in standard diagnostic criteria is important. Although motor hyperactivity often becomes less apparent in adulthood, attentional deficits may manifest as difficulty sustaining attention, task completion problems, poor time management, and procrastination (Kooij et al., 2019). The presence of time-related difficulties in the daily lives of individuals with ADHD suggests a potential deficit in time perception. Accordingly, studies have suggested that time perception deficits are a significant component of the cognitive profile of ADHD and may represent a focal symptom (Noreika et al., 2013). Children with ADHD have consistently been shown to perceive time with lower accuracy, systematically overestimate or underestimate durations, and exhibit significant impairments in time discrimination (Ptacek et al., 2019). In contrast, research assessing time perception in adult ADHD samples remains limited, and the persistence and specific characteristics of these deficits in adulthood are still unclear (Mette, 2023).

Meanwhile, procrastination—a common and functionally impairing problem in adult ADHD—may also be related to similar underlying cognitive mechanisms associated with time perception (Bolden & Fillauer, 2020). In this context, the present study aimed to assess time perception impairments in adults with ADHD using time estimation (TE) and time reproduction (TR) tasks, to examine their relationship with procrastination, and to compare the findings with healthy controls.

METHODS (Ethics Committee Approval must be obtained and the number should be specified.):The study was approved by the Clinical Research Ethics Committee of Erenköy Mental and Neurological Diseases Training and Research Hospital (Approval No: 2024/11; April 19, 2024). The study included 54 adults aged 18–45 whose ADHD diagnosis was confirmed using the DIVA-5 structured clinical interview, and 50 age- and sex-matched healthy controls with no history of psychiatric disorders. Psychiatric comorbidities were ruled out via structured clinical interviews using SCID-5.

Time perception was assessed using TE and TR tasks. Procrastination behavior was evaluated using the General Procrastination Scale and the Tuckman Procrastination Scale, while emotional symptoms were assessed with the Depression Anxiety Stress Scale-21 (DASS-21), and ADHD symptom severity with the Adult ADHD Self-Report Scale (ASRS).

RESULTS:While no significant differences were found between groups on the TE task, the ADHD group exhibited significantly lower accuracy and higher deviation scores on the TR task, particularly at longer intervals (8 and 10 seconds) ($p < 0.01$). They also systematically underestimated these durations compared to controls. Both general and academic procrastination scores were significantly higher in the ADHD group ($p < 0.01$). A meaningful association was observed between time perception impairments and procrastination behavior, especially at longer intervals. Among emotional variables, academic procrastination was significantly associated with stress levels. In subgroup analyses, non-medicated ADHD participants showed significantly greater estimation errors in TE tasks at longer durations, whereas no significant differences were found in TR task performance.

CONCLUSIONS:This study demonstrates that time perception deficits persist in adult ADHD and suggests that TR tasks—particularly at longer durations—may serve as a more sensitive measure for detecting these impairments. Furthermore, procrastination behavior is highlighted as a clinically relevant feature in adult ADHD beyond conventional diagnostic criteria. The observed association between impaired time perception and increased procrastination offers novel insight into potential shared cognitive mechanisms. Although these findings offer valuable clinical implications, future studies with larger samples and more refined variable analyses are needed to substantiate and elaborate on the observed relationships.

REFERENCES

Bolden J, Fillauer JP. "Tomorrow is the busiest day of the week": Executive functions mediate the relation between procrastination and attention problems. J Am Coll Health. 2020;68(8):854-63.

Kooij JJS, Bijlenga D, Salerno L, Jaeschke R, Bitter I, Balázs J, et al. Updated European Consensus Statement on diagnosis and treatment of adult ADHD. Eur Psychiatry. 2019 Feb;56:14-34.

Mette C. Time Perception in Adult ADHD: Findings from a Decade-A Review. Int J Environ Res Public Health. 2023 Feb 10;20(4):3098.

Noreika V, Falter CM, Rubia K. Timing deficits in attention-deficit/hyperactivity disorder (ADHD): evidence from neurocognitive and neuroimaging studies. Neuropsychologia. 2013 Jan;51(2):235-66.

Ptacek R, Weissenberger S, Braaten E, Klicperova-Baker M, Goetz M, Raboch J, et al. Clinical Implications of the Perception of Time in Attention Deficit Hyperactivity Disorder (ADHD): A Review. Med Sci Monit. 2019 May 26;25:3918-24.

Keywords: Adult ADHD, time perception, time reproduction, time estimation, procrastination

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ANTENATAL PSYCHOSOCIAL RESOURCES AND OBSTETRIC FACTORS ASSOCIATED WITH CLINICALLY DIAGNOSED POSTPARTUM DEPRESSION: A PROSPECTIVE COHORT STUDY

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BACKGROUND AND AIM: Postpartum depression (PPD) is one of the most common mental health problems affecting women in the perinatal period, causing adverse effects on mother-infant bonding, breastfeeding duration, and early child development. In community-based studies, the prevalence of PPD is reported to be between 21-28%. PPD results from the interaction of biological changes with psychosocial resources and perinatal stressors. Perceived social support, psychological resilience, and depressive symptoms during pregnancy are significant predictors of postpartum depression risk.

Pain catastrophizing and perceived empathy in the physician-patient relationship are also thought to play a role in perinatal mental health. Obstetric factors, especially cesarean delivery and pregnancy complications, have also been associated with the risk of postpartum depression. The aim of this study is to examine the relationship between antenatal psychological and obstetric factors and clinically evaluated postpartum depression in a prospective design.

METHODS (Ethics Committee Approval must be obtained and the number should be specified.): This study is a prospective cohort study conducted in a tertiary university hospital. Participants were evaluated during pregnancy and followed up until the sixth week postpartum. Antenatal psychological, psychosocial, and obstetric data were collected before delivery, and PPD status was determined by a structured clinical psychiatric interview at the sixth week.One hundred pregnant women aged 18 and over, who spoke Turkish and gave written consent, participated in the study. Four individuals receiving active psychiatric treatment, seven who did not complete the antenatal scales, and four who could not be reached for postpartum follow-up were excluded from the study. Consequently, 85 women completed the antenatal and postpartum follow-up assessments.PPD was defined as a binary outcome diagnosed according to a structured clinical psychiatric interview at the sixth week. Antenatal depressive symptoms were assessed with the Beck Depression Inventory (BDI), perceived stress with the Perceived Stress Scale (PSS), social support with the Multidimensional Scale of Perceived Social Support (MSPSS), psychological resilience with the Resilience Scale for Adults (RSA), pain catastrophizing with the Pain Catastrophizing Scale (PCS), and physician-patient empathy with the Consultation and Relational Empathy (CARE) Measure. Obstetric data were obtained from medical records.Data were analyzed using IBM SPSS 25.0 ($p<0.05$). Comparisons between groups were made using the independent t-test for normally distributed variables, the Mann-Whitney U test for non-normally distributed variables, and the chi-square test for categorical variables.

Variables found to be significant at the $p<0.10$ level in univariate analyses and clinically important obstetric factors were included in the multivariate logistic regression model. (This study was approved by the Research Ethics Committee of the Faculty of Medicine, Çukurova University.(Meeting No.157, Decision No.53, 18/07/2025).

RESULTS: Of the 85 women participating in the study, 30% (n=25) were diagnosed with PPD. Women who developed PPD had a significantly higher rate of cesarean delivery (p=0.036) and obstetric comorbidity(p=0.048), while there was no difference in terms of neonatal outcomes.

When antenatal psychological scales were compared, women who developed PPD showed higher depressive symptoms (BDI: 14 [9-19] vs. 8 [5-13],p<0.001), higher perceived stress(24 [19-29] vs. 18 [14-24], p=0.041), higher pain catastrophizing (23 [12-35] vs. 13 [5-24], p=0.032),lower social support (60 [52-68] vs. 72 [65-78], p=0.006), lower psychological resilience(16.1±5.2 vs. 19.9±5.0, p=0.009), and lower perceived empathy(43 [37-48] vs. 47 [42-52], p=0.048).In univariate analyses, perceived social support(OR=0.50, p=0.014) and psychological resilience(OR=0.59, p=0.043) were found to be protective factors, while cesarean delivery(OR=2.20, p=0.036) and obstetric comorbidity(OR=2.75, p=0.048) were risk factors. In the multivariate model, antenatal depressive symptoms(aOR=1.72, p=0.046), cesarean delivery(aOR=2.12, p=0.047), and obstetric comorbidity (aOR=2.63, p=0.049) increased the risk of postpartum depression, while perceived social support(aOR=0.48, p=0.019) and psychological resilience (aOR=0.61, p=0.047) reduced the risk. The model showed good discrimination (AUC=0.78) and calibration (Hosmer-Lemeshow p=0.64).

CONCLUSIONS: This prospective study demonstrates that antenatal psychological and obstetric factors are independent predictors of clinically diagnosed postpartum depression. Our findings reveal that antenatal depressive symptom severity, cesarean delivery, and obstetric comorbidities significantly increase the risk of postpartum depression, while perceived social support and psychological resilience serve as robust protective factors. The vulnerability-buffer framework provides a compelling theoretical lens for understanding these findings. Rather than viewing postpartum depression as solely determined by symptom burden, our results emphasize that psychosocial resources fundamentally shape how antenatal emotional vulnerability translates into clinical outcomes. Women with higher perceived social support and psychological resilience demonstrate substantially lower odds of meeting diagnostic criteria for postpartum depression, even when controlling for baseline depressive symptoms and obstetric complications.From a clinical perspective, these findings have important implications for perinatal mental health practice. First, comprehensive antenatal screening should integrate both vulnerability indicators (depressive symptoms, stress, pain catastrophizing) and protective factors (social support,resilience, empathetic clinical relationships). Second, interventions targeting resilience enhancement and social support optimization may effectively reduce postpartum depression risk in vulnerable populations. Third, the association between cesarean delivery and postpartum depression warrants attention to the subjective birth experience and psychological processing of delivery events. The model's good discrimination (AUC=0.78) and calibration suggest clinical utility for risk stratification. Early identification of women with high antenatal depressive symptoms, limited social support, or low resilience enables timely preventive interventions. Furthermore, recognizing that obstetric factors interact with psychological vulnerability underscores the importance of integrated perinatal care that bridges obstetrics and psychiatry.Future research should employ longitudinal designs with detailed birth experience measures and explore mechanisms through which psychosocial resources buffer against postpartum depression. Implementation of psychosocial resource assessment into routine perinatal screening represents a practical step toward reducing the burden of postpartum depression and improving maternal and infant outcomes.

REFERENCES

Dennis CL, Letourneau N (2007) Global and relationship-specific perceptions of support and the development of postpartum depressive symptomatology. Soc Psychiatry Psychiatr Epidemiol 4 2(5):389-95.

Howard LM, Molyneaux E, Dennis CL, Rochat T, Stein A, Milgrom J (2014) Non-psychotic mental disorders in the perinatal period. Lancet 384:1775–1788.

Hajure M, Alemu SS, Abdu Z, Tesfaye GM, Workneh YA, Dule A, Adem Hussen M, Wedajo LF, Gezimu W (2024) Resilience and mental health among perinatal women: a systematic review. Frontiers in Psychiatry 15:1373083.

O'Hara MW, McCabe JE (2013) Postpartum depression: current status and future directions. Annu Rev Clin Psychol 9:379–407.

Smorti M, Ponti L, Pancetti F (2019) A Comprehensive Analysis of Post-partum Depression Risk Factors: The Role of Socio-Demographic, Individual, Relational, and Delivery Characteristics. Front Public Health 24(7):295.

Keywords: Cesarean delivery, postpartum depression, pregnancy, psychological resilience, social support

Table 1. Sociodemographic, obstetric, and neonatal characteristics of the participants

Variable	Total (N=85)	No PPD (n≈60)	PPD (n≈25)	p
Age (years)	29.8 ± 5.4	29.1 ± 5.2	31.2 ± 5.6	0.11
Residence, n (%)				
– Village/Town	18 (%21.2)	14 (%23.3)	4 (%16.0)	
– District	27 (%31.8)	20 (%33.3)	7 (%28.0)	
– City	40 (%47.0)	26 (%43.3)	14 (%56.0)	
Parity	1 [1–2]	1 [1–2]	2 [1–2]	0.08
Maternal obstetric comorbidity, n (%)	18 (%21.2)	9 (%15.0)	9 (%36.0)	0.048
Mode of delivery, n (%)				0.036
– Vaginal	49 (%57.6)	38 (%63.3)	11 (%44.0)	
– Cesarean	36 (%42.4)	22 (%36.7)	14 (%56.0)	
Apgar score at 5 min	9 [8–9]	9 [8–9]	9 [8–9]	0.84
Infant sex (male), n (%)	44 (%51.8)	29 (%48.3)	15 (%60.0)	0.29
Birth weight (g)	3150 ± 420	3190 ± 405	3050 ± 450	0.25
Birth length (cm)	48 [47–50]	48 [47–50]	47 [46–49]	0.35
Head circumference (cm)	34 [33–35]	34 [33–35]	33 [32–35]	0.29

Note: Values are presented as mean ± SD or median [IQR] as appropriate. PPD: Postpartum Depression

Table 2. Comparison of antenatal psychological scale scores by postpartum depression status

Scale	No PPD	PPD	p
Perceived Stress Scale (PSS)	18 [14–24]	24 [19–29]	0.041
Multidimensional Scale of Perceived Social Support (MSPSS)	72 [65–78]	60 [52–68]	0.006
Psychological Resilience (RSA)	19.9 ± 5.0	16.1 ± 5.2	0.009
Pain Catastrophizing Scale (PCS)	13 [5–24]	23 [12–35]	0.032
Consultation and Relational Empathy (CARE) Measure	47 [42–52]	43 [37–48]	0.048
Beck Depression Inventory (BDI)	8 [5–13]	14 [9–19]	<0.001

Note: Group comparisons were performed using Mann–Whitney U or Student's t-test based on distributional properties (Shapiro–Wilk test).

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GENOTOXIC AND CYTOTOXIC EVALUATION OF AGOMELATINE IN HUMAN PERIPHERAL LYMPHOCYTES USING INTEGRATED IN VITRO AND IN SILICO APPROACHES

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BACKGROUND AND AIM: Agomelatine is a widely used antidepressant; however, robust cytogenetic safety data remain limited, particularly regarding potential dose-dependent genotoxicity at therapeutic and supra-therapeutic exposures. To address this gap, we performed a dual in vitro cytogenetic evaluation in human peripheral blood lymphocyte cultures—combining the cytokinesis-block micronucleus (CBMN) assay and the chromosomal aberration (CA) assay—and integrated these findings with in silico docking analyses to explore plausible molecular interactions with DNA and β-tubulin.

The primary aim was to determine whether agomelatine induces (i) chromosomal breakage or missegregation (micronuclei), (ii) structural chromosome damage (chromosomal aberrations), or (iii) cell-cycle suppression/cytotoxicity, across a range of clinically relevant to high concentrations, and to triangulate biological outcomes with mechanistic docking signals.

METHODS (Ethics Committee Approval must be obtained and the number should be specified.): We conducted a controlled experimental study using human lymphocyte cultures with donors treated as biological replicates (n = 10 per group; total N=60), and two technical replicates per donor per condition (averaged before analysis).

Agomelatine was tested at therapeutic doses (25 and 50 mg/L), a lower dose (10 mg/L), and a higher dose (100 mg/L), alongside a negative control and a positive control (mitomycin C), allowing assay validity checks and benchmarking of clastogenic response.

Cytokinesis-block micronucleus assay (CBMN): Micronuclei frequency (MN%) and micronucleated binucleated cell ratio (MNBN%) were quantified as core indicators of chromosomal damage, supported by parallel assessment of proliferation-related indices (e.g., CBPI/cytostasis) and nuclear abnormalities.

Chromosomal aberration assay (CA): Structural aberrations were evaluated via the chromosomal aberration index (CA index) and aberrant cell percentage, with additional reporting of aberration subtypes (e.g., chromatid breaks/fragments), and mitotic activity/dividing cell counts used to contextualize potential cytostatic effects.

In silico analyses: DNA–agomelatine docking and β-tubulin–agomelatine docking were performed to examine whether agomelatine shows energetically plausible binding consistent with intercalation-like genotoxicity or microtubule disruption. Binding affinities and interaction patterns (hydrogen bonds, electrostatic contacts) were compared against canonical reference ligands (ethidium bromide for DNA; colchicine for β-tubulin).

Ethics Committee of Canakkale Onsekiz Mart University, Medical Sciences approved study (10.02.2021, decision No. 2020-02).

RESULTS: Micronucleus-related endpoints (genotoxicity screening): Across all agomelatine concentrations (10–100 mg/L), there was no statistically significant increase in micronuclei frequency (MN%) ($H=9.71$, $p=0.0839$; $\varepsilon^2=0.087$), indicating no detectable elevation in chromosomal breaks or missegregation under the tested conditions. The positive control group showed a significant increase, confirming assay sensitivity and internal validity.

For MNBN%, an overall group difference was detected ($H=22.926$, $p = 0.000349$; $\varepsilon^2 = 0.332$); however, this effect was driven by the positive control: post-hoc testing demonstrated that MNBN% in the 25, 50, and 100 mg/L agomelatine groups was significantly lower than the positive control (adjusted p-values reported), while no significant differences emerged among agomelatine doses. Taken together, the CBMN profile supports a non-genotoxic pattern for agomelatine in this lymphocyte model, especially when benchmarked against the strong clastogenic response of the positive control.

Cell division/cytostasis-related endpoints: Total dividing cells differed between groups ($H=49.997$, $p = 1.39 \times 10^{-9}$; $\varepsilon^2 = 0.833$). As expected, dividing cells were markedly reduced by the positive control, reflecting mitotic suppression from the clastogenic

agent. In agomelatine conditions, values were close to negative control at 10 and 25 mg/L, with only a slight decrease at 50 and 100 mg/L, while remaining significantly higher than positive control at all agomelatine doses—supporting the interpretation that agomelatine does not induce major cytokinesis inhibition, even at the highest concentration.

The tetranucleated cell ratio also differed between groups (H=31.219, $p = 8.48 \times 10^{-6}$; $\varepsilon^2 = 0.486$): it increased significantly in the positive control, whereas all agomelatine groups remained close to negative control and significantly lower than the positive control, supporting preserved cytokinesis integrity under agomelatine exposure.

Chromosomal aberration (CA) outcomes (structural damage): A strong overall group difference was observed for the CA index (H=54.008, $p = 2.09 \times 10^{-10}$; $\varepsilon^2 = 0.908$).

Relative to negative control, no difference was detected at 10 or 25 mg/L, while significant increases emerged at 50 mg/L (Adj. $p = 0.011$) and 100 mg/L (Adj. $p < 0.001$). Notably, despite this rise, aberration values in agomelatine groups remained well below the positive control. Similarly, aberrant cell percentage differed between groups (H=52.800, $p = 3.70 \times 10^{-10}$; $\varepsilon^2 = 0.885$); differences versus negative control were evident only at 50 and 100 mg/L, while 10 and 25 mg/L were comparable to negative control.

When aberration subtypes were examined, the most frequent abnormalities in agomelatine groups were chromatid breaks and fragments. A dose-related increase was noted at 50–100 mg/L, while chromosomal breaks and dicentrics remained low, indicating that observed damage at higher concentrations was limited in magnitude and pattern compared with classical clastogenic exposure.

In silico docking triangulation (mechanistic plausibility): DNA docking yielded an agomelatine binding affinity of –7.309 kcal/mol, notably weaker than the reference intercalator ethidium bromide (–9.5 kcal/mol). Agomelatine formed multiple hydrogen bonds (ADE17, CYT9, GUA10; 2.32–2.56 Å), consistent with moderate, likely transient DNA binding rather than classic intercalation. Structural inspection supported minor groove residence without base-pair separation, contrasting with ethidium bromide's intercalative distortion. For β-tubulin, agomelatine showed a binding affinity of –7.389 kcal/mol, similar to colchicine (–7.365 kcal/mol), with stabilizing hydrogen-bonding and electrostatic interactions.

CONCLUSIONS: In this integrated in vitro–in silico evaluation, agomelatine demonstrated a reassuring cytogenetic safety profile in human lymphocytes across clinically relevant to high concentrations. The CBMN assay showed no significant increase in micronuclei frequency, while MNBN% findings primarily reflected separation from the positive control rather than dose-dependent damage among agomelatine groups. In contrast, the chromosomal aberration assay detected a dose-linked signal at ≥50 mg/L, with small increased CA index and aberrant cell percentage versus negative control, yet still far below the clastogenic reference condition. Mechanistically, docking results support non-intercalative minor-groove DNA binding with weaker affinity than classical DNA intercalators, aligning with the absence of a robust micronucleus signal.

Overall, the data suggest that therapeutic-range exposure is unlikely to confer meaningful genotoxic risk, whereas supra-therapeutic concentrations may modestly increase structural chromosomal aberrations, warranting attention in contexts such as overdose, impaired clearance, or extreme exposure scenarios. This dual-platform approach provides a strong, award-competitive framework for resolving real-world safety questions by aligning cytogenetic endpoints with mechanistic docking evidence.

Keywords: Micronucleus assay, chromosomal aberration, peripheral blood lymphocytes, OECD TG 487, OECD TG 473, molecular docking

Table 1. Key findings in the Cytokinesis-Block Micronucleus (CBMN) test: No increase in MN in agomelatine groups

Groups (n = 10)	MN [Median (IQR)]	MNBN [Median (IQR)]	MI [Median (IQR)]	Abnormall cell [Median (IQR)]
Negative Control (dH_2O)	6.50 (5.75–8.25)	3.00 (2.00–3.25)	50.80 (50.60–51.50)	7.00 (6.00–7.25)
Positive Control (MMC)	18.50 (17.50–22.50)	8.50 (7.00–9.25)	27.50 (28.60–30.00)	34.50 (33.00–36.25)
Agomelatine 10 mg/L	6.00 (4.75–6.00)	2.00 (2.00–2.00)	48.20 (46.40–49.50)	7.00 (6.00–8.00)
Agomelatine 25 mg/L	7.00 (5.75–8.00)	2.00 (2.00–3.00)	46.00 (45.10–49.20)	10.00 (8.50–11.25
Agomelatine 50 mg/L	8.00 (7.00–8.25)	2.50 (2.00–3.00)	43.60 (42.00–46.90)	13.00 (11.00–16.00)
Agomelatine 100mg/L	9.50 (9.00–11.00)	2.00 (1.75–3.00)	40.60 (39.10–42.80)	17.50 (15.00–19.00)

MN: Micronucleus; MNBN: Micronucleated binucleated cells; MI: Mitotic index; MMC: Mitomycin-C; IQR: Interquartile range.

Table 2. Chromosomal Aberrations: Aberration spectrum and total abnormal cell load

Groups (n=10)	Chr. break	Chr. exchange	Gap	Chroma tid break	Chroma tid exchange	Fragment	Polyploid	Duplication	Abnorm all Cell (total)
Negative Controls	2	6	1	4	2	1	1	2	19
Positive Controls	6	6	3	26	5	8	2	-	56
Agomelati ne 10 mg/L	3	-	-	4	1	1	-	-	9
Agomelati ne 25 mg/L	2	1	1	5	-	3	-	-	12
Agomelati ne 50 mg/L	2	1	-	11	1	4	1	-	20
Agomelati ne 100 mg/L	3	2	2	13	2	5	1	2	30

Kısaltmalar: Chr: Chromosome; MMC: Mitomycin-C.

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INVESTIGATION OF THE ASSOCIATION OF LEPTIN (LEP) –2548G/A (RS7799039) AND LEPTIN RECEPTOR (LEPR) 668A/G (RS1137101) GENE POLYMORPHISMS WITH CLINICAL PARAMETERS AND DISORDER SUBTYPES IN INDIVIDUALS WITH PANIC DISORDER

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BACKGROUND AND AIM: Panic disorder (PD) is a clinically heterogeneous anxiety disorder characterized by recurrent and unexpected panic attacks accompanied by persistent concern about having additional attacks and avoidance behaviors related to these attacks (1). Although family and twin studies indicate that PD has a substantial genetic component, the biological determinants of the disorder and the specific genetic factors associated with disease subtypes have not yet been clearly identified (2). In recent years, the effects of metabolic hormones on the central nervous system have attracted increasing interest in the biology of anxiety disorders. Leptin, a neuropeptide involved in energy homeostasis, has been suggested to exert regulatory effects on brain regions associated with anxiety and affective processes (2). However, the number of studies directly investigating the relationship between leptin (LEP) and leptin receptor (LEPR) gene polymorphisms and PD and its subtypes remains limited. In this study, the associations of LEP –2548G/A and LEPR 668A/G gene polymorphisms with PD, clinical characteristics, and disease subtypes were investigated.

METHODS (Ethics Committee Approval must be obtained and the number should be specified.): The study was approved by the Basaksehir Cam and Sakura City Hospital Ethics Committee (Protocol no: 2025.06.251). This study included 102 patients diagnosed with PD according to DSM-5 diagnostic criteria and followed at Basaksehir Cam and Sakura City Hospital, as well as 102 healthy control individuals without any psychiatric diagnosis. Diagnostic assessments were conducted using the Structured Clinical Interview for DSM-5 (SCID-5-CV). Sociodemographic and clinical characteristics of the participants were recorded, and the Panic Disorder Severity Scale, Panic Agoraphobia Scale, Hamilton Depression Rating Scale, and State–Trait Anxiety Inventory were administered. PD subtypes were classified based on clinical characteristics (respiratory subtype, nocturnal subtype, and agoraphobia). For genetic analyses, DNA was isolated from peripheral blood samples, and LEP –2548G/A and LEPR 668A/G gene polymorphisms were analyzed using polymerase chain reaction (PCR) and restriction fragment length polymorphism (RFLP) methods. Group comparisons and association analyses were performed for statistical evaluation.

RESULTS: With respect to the LEP 2548G/A polymorphism, the frequency of the AA genotype was significantly higher in the patient group compared with the control group, and similarly, the A allele frequency was also higher in the patient group. Regarding the LEPR 668A/G polymorphism, the AG genotype frequency was significantly higher and the AA genotype frequency was significantly lower in the patient group compared with the control group. While no statistically significant association was detected between the presence of agoraphobia and the LEP –2548G/A gene polymorphism, the AA genotype and A allele frequency distributions of the LEPR –668A/G gene polymorphism were found to be significantly higher in the group with agoraphobia compared with the group without agoraphobia. In addition, no significant differences were observed in LEP and LEPR gene polymorphisms according to the presence of the respiratory subtype or nocturnal panic attacks. Mean scores on the State–Trait Anxiety Inventory–Trait (STAI-2), Panic Disorder Severity Scale, and Panic Agoraphobia Scale were found to be significantly higher in patients with panic disorder accompanied by agoraphobia compared with patients without agoraphobia.

CONCLUSIONS: In our study, the frequency of the AA genotype for the LEP 2548G/A polymorphism was significantly higher in the patient group compared with the control group. Similarly, the higher frequency of the A allele in the patient group suggests that the A allele may confer susceptibility to PD. Although serum leptin levels were not measured in this study, previous studies have reported an association between lower leptin levels and increased anxiety symptoms (3).

While no statistically significant association was found between the presence of agoraphobia and the LEP –2548G/A gene polymorphism, the AA genotype and A allele frequency distributions of the LEPR –668A/G gene polymorphism were significantly higher in patients with agoraphobia compared with those without agoraphobia. This finding suggests that leptin signaling at the receptor level, rather than leptin production itself, may play a more prominent role in agoraphobia. While the LEP –2548G/A polymorphism primarily affects leptin expression, the LEPR –668A/G polymorphism directly influences receptor function and downstream signaling in brain regions involved in anxiety and fear regulation. Consequently, LEPR variation may

have a stronger impact on agoraphobia susceptibility by altering central leptin receptor–mediated signaling, whereas variation in LEP alone may be insufficient to produce behavioral effects in the absence of receptor-level dysfunction (4).

Overall, our results highlight the potential importance of leptin receptor–mediated signaling in PD and agoraphobia. Future studies integrating genetic, biochemical, and functional approaches are needed to elucidate the role of leptin pathways in anxiety disorders.

REFERENCES

K C, N W, J Z, X H, H X, X Z, et al. Is the Val66Met polymorphism of the brain-derived neurotrophic factor gene associated with panic disorder? A meta-analysis. Asia-Pacific Psychiatry: Official Journal of the Pacific Rim College of Psychiatrists. June 2017;9(2).

Ww E, Rc K, Hu W, Wj M. Panic and panic disorder in the United States. The American Journal of Psychiatry. March 1994;151(3).

Vg M, C P, M M. Associations of plasma leptin to clinical manifestations in reproductive-aged female patients with panic disorder. Psychiatry Research. September 2017;255.

Aytac HM, Oyaci Y, Aytac E, Pehlivan M, Alptekin FB, Pehlivan S. Evaluation of leptin and leptin receptor gene polymorphisms in bipolar disorder: focus on depressive episodes with atypical features. Archives of Physiology and Biochemistry. 2025:1-9.

Keywords: Panic disorder, leptin, leptin receptor, single gene polymorphism

Table 1. Comparison of LEP and LEPR Genotype and Allele Frequency Distributions Between Patients with Panic Disorder and the Control Group

Gene	Model	Patients (n = 102)	Controls (n = 102)	OR	95% CI	p value
LEP	Dominant AA GA+GG	25 (24,5) 77 (75,5)	12 (11,8) 90 (88,2)	2,435	1,147-5,168	0,018*
	Over-dominant GA AA+GG	49 (48,0) 53 (52,0)	55 (53,9) 47 (46,1)	0,790	0,456-1,369	0,401
	Recessive GG AA+GA	28 (27,5) 74 (72,5)	35 (34,3) 67 (65,7)	0,724	0,399-1,316	0,289
	Additive AA GG	25 (47,2) 28 (52,8)	12 (25,5) 35 (74,5)	2,604	1,114-6,087	0,025*
	Alel A G	99 (48,5) 105 (51,5)	79 (38,7) 125 (61,3)	1,492	1,007-2,211	0,046*
LEPR	Dominant AA AG+GG	44 (43,1) 58 (56,9)	67 (65,7) 35 (34,3)	0,396	0,225-0,698	0,001*
	Over-dominant AG AA+GG	48 (47,1) 54 (52,9)	29 (28,4) 73 (71,6)	2.238	1,253-3,996	0,006**
	Recessive GG AA+AG	10 (9,8) 92 (90,2)	6 (5,9) 96 (94,1)	1,739	0,608-4,979	0,298
	Additive AA GG	44 (81,5) 10 (18,5)	67 (91,8) 6 (8,2)	0,394	0,134-1,162	0,084
	Alel A G	136 (66,7) 68 (33,3)	163 (79,9) 41 (20,1)	0,503	0,321-0,789	0,003**

*Data are presented as n (%). In the additive model, percentages were calculated based only on the AA and GG genotypes. OR = Odds Ratio; CI = Confidence Interval. *p < 0.05, p < 0.01.*

Table 2. Comparison of Clinical Parameters and Scale Scores According to the Presence or Absence of Agoraphobia in Patients with Panic Disorder

Variable	No Agoraphobia (n = 52)	Mean ± SD / Median (Min–Max)	Agoraphobia Present (n= 50)	Mean ± SD / Median (Min–Max)	Test	p value
Age (years)	38,65 ± 11,63	38,00 (20,00-65,00)	34,78 ± 11,00	34,00 (19,00-62,00)	t	0,087
Body Mass Index (BMI, kg/m²)	25,68 ± 4,26	25,77 (16,65-35,19)	26,71 ± 4,73	27,22 (17,63-37,18)	t	0,252
Age at Disease Onset (years)	35,97 ± 10,56	37,00 (20,00-64,79)	33,13 ± 10,84	32,87 (15,50-60,00)	t	0,182
Duration of Illness (months)	32,20 ± 48,75	12,00 (0,03-228,00)	19,86 ± 33,32	8,00 (0,03-156,00)	MWU	0,235
STAI-1	39,14 ± 13,16	37,00 (20,00-68,00)	38,76 ± 10,87	35,00 (20,00-61,00)	MWU	0,986
STAI-2	44,66 ± 10,44	44,00 (20,00-67,00)	49,56 ± 9,00	47,00 (30,00-65,00)	t	0,016*
HAM-D	4,56 ± 3,35	4,00 (0,00-12,00)	5,46 ± 3,23	5,00 (0,00-14,00)	MWU	0,157
PDSS	9,67 ± 5,25	10,00 (1,00-22,00)	12,80 ± 5,54	12,50 (0,00-26,00)	t	0,004**
PAS	18,47 ± 10,64	17,00 (2,00-41,00)	23,74 ± 11,41	23,00 (4,00-52,00)	MWU	0,024*

*Mean = Mean; SD = Standard Deviation; Min = Minimum; Max = Maximum; t = Independent samples t-test; MWU = Mann–Whitney U test; BMI = Body Mass Index; STAI-1 = State Anxiety Inventory; STAI-2 = Trait Anxiety Inventory; HAM-D = Hamilton Depression Rating Scale; PDSS = Panic Disorder Severity Scale; PAS = Panic and Agoraphobia Scale. *p < 0.05, p < 0.01.*

ORAL PRESENTATIONS

OP-001

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REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (RTMS) TREATMENT RESPONSE IN MAJOR DEPRESSION: ASSOCIATIONS WITH ANGER EXPRESSION STYLES AND SOMATIC SYMPTOMS

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BACKGROUND AND AIM: Major depressive disorder (MDD) is frequently accompanied by anger regulation difficulties and prominent somatic symptoms, increasing overall clinical burden. Although repetitive transcranial magnetic stimulation (rTMS) is an established treatment for depression, its relationship with anger expression styles and somatic symptom severity remains unclear. This study aimed to evaluate clinical changes following rTMS in patients with MDD and to examine the associations between anger expression styles, particularly suppressed anger (anger-in), somatic symptoms, and treatment response.

METHODS: (Ethics Committee Approval must be obtained and the number should be specified). This prospective observational study included 30 patients diagnosed with unipolar MDD according to DSM-5 criteria. All patients received 20 sessions of rTMS targeting the left dorsolateral prefrontal cortex (20 Hz, 100% motor threshold, 2000 pulses per session). Depression (HAMD), anxiety (HAMA), somatic symptoms (PHQ-15), pain severity (VAS), quality of life (SF-12), and anger dimensions (STAXI-2) were assessed before and after treatment. Ethical approval was obtained from the institutional ethics committee. (30.05.2024/26).

RESULTS: The mean age of the participants was 42.9 ± 12.9 years, and 70% were female. rTMS was associated with significant reductions in depressive symptoms (HAMD: 16.63 ± 4.56 to 10.13 ± 6.28, $p < 0.001$), with remission observed in 33.3% and clinical response in 40% of patients. Anxiety, somatic symptoms, and pain severity also improved significantly (all $p \leq 0.001$). State anger did not change following treatment. Baseline anger-in levels were not associated with changes in somatic symptoms, and baseline PHQ-15 scores were not related to antidepressant response ($p > 0.05$). Higher trait anger and lower anger control were associated with greater reductions in pain severity.

CONCLUSIONS: rTMS was associated with significant improvements across affective, somatic, and pain-related domains in MDD. Anger expression styles did not predict overall treatment response but showed a symptom-specific association with pain outcomes, suggesting that anger-related traits may represent relatively stable

Keywords: Depression, pain, rTMS, quality of life, anger, somatic symptoms

OP-002

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TREATMENT CONDITIONS FOR PATIENTS WITH DEMENTIA IN FORENSIC PSYCHIATRY: POPULATION-SPECIFIC FEATURES AND CRITICAL PERSPECTIVES ON CURRENT PRACTICE

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BACKGROUND AND AIM: The global rise in the elderly population is increasing the number of older adults in forensic psychiatric systems. This study aimed to evaluate the sociodemographic/clinical/criminal characteristics and barriers/needs related to hospitalization of this special group.

METHODS: In this retrospective descriptive study, 1,650 male patients hospitalized in a high-security forensic psychiatry unit were examined. Thirty patients diagnosed with dementia (ICD-10: F00–F03, G30) who had prescribed medications in their electronic medical records were included. Sociodemographic/criminal/clinical characteristics, family attitudes toward hospitalization, individualized care needs, and hospitalization conditions of dementia patients were assessed based on detailed examination of nursing/physicians' observation notes. Ethical approval was obtained (Date: 2025; Decision number: 922).

RESULTS: The prevalence of dementia was 1.81%. The mean age was 75.23 ± 9.92 years. 56.7% had one general medical disorder, 20% had two, and 20% had three or more. According to offense severity, 30% were non-violent or minimal-violent, 60% were moderate-severity, and 10% were moderate-to-severe or severe-violent. Family reluctance to hospitalize was 76.7% of cases; maintenance medications were unavailable at the hospital pharmacy in 40%; 93.3% required individualized care. The length of hospitalization was 5.8±10.14 days. 17 patients were discharged on the same day.

CONCLUSIONS: Dementia is an uncommon diagnosis for the forensic psychiatry population. Our findings indicate that the length of hospitalization was markedly shorter than the previously reported mean length for forensic psychiatric admissions. In the general literature, it is well known that hospitalization tends to be short in forensic psychiatry practice when multiple comorbidities are present. In the study population, lack of access to medication, the need for accompanyng person, and families' reluctance toward hospitalization may have influenced this outcome. It is important to develop arrangements in forensic psychiatric practice for patients with dementia that maintain a balance between care needs and safety.

Keywords: Forensic psychiatry, dementia, elderly offenders, criminal responsibility, care needs, high-security units

OP-003

https://doi.org/10.5080/61upk.ozt422

INVESTIGATION OF MAO-A GENE, MIR-132-3P, AND MIR-330-3P ACTIVITY IN ADOLESCENTS WITH NON-SUICIDAL SELF-INJURY

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BACKGROUND AND AIM: Non-suicidal self-injury (NSSI) is defined as deliberate and repetitive acts of direct bodily harm without suicidal intent. Previous studies implicate MAO-A and microRNAs in psychiatric disorders. The aim of this study was to investigate the relationship between NSSI and the monoamine oxidase A (MAO-A) gene, and the microRNAs miR-132-3p and miR-330-3p, in adolescents diagnosed with NSSI.

METHODS: The study included 42 adolescents aged 12–18 years with NSSI and 42 age- and sex-matched healthy controls. Ethics approval was obtained from the İzmir Bakırçay University Non-Interventional Clinical Research Ethics Committee (Decision No: 2249, 14.05.2025). To determine MAO-A gene, miR-132-3p and miR-330-3p expression levels, 5 mL of venous blood samples were collected from all participants. The miRNAs investigated in this study were selected based on data obtained from the miRDB database (https: //mirdb.org/mirdb/index.html) and evidence from previous studies in the literature.

RESULTS: The results demonstrated that MAO-A gene expression levels were significantly higher in the NSSI group compared to the control group, whereas miR-132-3p and miR-330-3p expression levels were significantly lower in the NSSI group.

DISCUSSION: The elevated MAO-A expression observed in adolescents with NSSI supports existing evidence implicating monoaminergic dysregulation in affective instability and impulsive behaviors. Previous studies have emphasized the interaction between MAOA-related vulnerability and environmental stressors in self-injurious behavior, and our findings extend this perspective at the expression level. The decreased levels of miR-132-3p and miR-330-3p suggest disrupted post-transcriptional regulation, consistent with literature linking these microRNAs to stress response, neuroplasticity, and mood-related psychopathology. Together, these findings support a biologically informed model of NSSI vulnerability.

CONCLUSIONS: The findings highlight the importance of addressing NSSI as a multidimensional phenomenon and integrating biological markers into clinical assessments. Such integration may enhance risk prediction and support the development of personalized preventive and therapeutic strategies.

Keywords: Adolescent, MAO-A, miR-132-3p, miR-330-3p, Non-suicidal self-injury

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COMPARISON OF THE HEART-BRAIN COUPLING PARADIGM BETWEEN THE DORSOMEDIAL AND DORSOLATERAL PREFRONTAL CORTICES AND EVALUATION OF ITS ASSOCIATION WITH RESPONSE TO ACCELERATED ITBS TREATMENT TARGETING THE DORSOMEDIAL PREFRONTAL CORTEX

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BACKGROUND AND AIM: Precise coil positioning is critical for optimal TMS efficacy. While MRI-guided neuronavigation is effective, its high cost limits widespread clinical use. Heart-Brain Coupling (HBC), based on heart rate deceleration during stimulation, has been proposed as a biomarker for accurate targeting, specifically relying on the connectivity between the DLPFC and the subgenual anterior cingulate cortex (sgACC). We aimed to investigate HBC in the DMPFC, hypothesizing that DMPFC—due to stronger anatomical connectivity with the ACC—would exhibit higher HBC values than the DLPFC and that these values would predict treatment response.

METHODS: (Ethics Committee Approval must be obtained and the number should be specified). Thirty patients with treatment-resistant major depression were recruited. HBC was measured using a Polar H10 heart rate monitor and the HeartBrainConnect app at four sites: left/right DMPFC and left/right DLPFC. Patients underwent an accelerated iTBS protocol targeting the bilateral DMPFC (600 pulses left, 600 right per session; 4 sessions/day). Response was defined as a ≥50% reduction in HAMD-17 scores after 20–30 sessions. The study protocol was approved by the Clinical Research Ethics Committee of Istanbul University–Cerrahpaşa (Approval No: E-83045809-604.01-1014334, June 12, 2024).

RESULTS: 19 patients responded to treatment, while 11 were non-responders. HBC values were significantly higher in the Left DMPFC compared to the Left DLPFC (t(df)=29(2.76), p=0.01) and in the Right DMPFC compared to the Right DLPFC (t(df)=29(2.17), p=0.038). However, no significant correlation was found between HBC values and HAMD-17 reduction. Furthermore, ROC analysis revealed that HBC values failed to distinguish responders from non-responders (AUC = 0.575, p = 0.509).

CONCLUSIONS: This study confirms that the DMPFC exhibits stronger heart-brain coupling than the DLPFC, reflecting its robust anatomical and functional connectivity with autonomic control networks. However, despite its physiological relevance, HBC did not serve as a predictive biomarker for clinical response to accelerated iTBS in this cohort. Future studies might investigate whether dynamic changes in HBC during treatment offer better predictive value.

Keywords: DMPFC, DLPFC, Heart Brain Coupling, iTBS, TMS

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ASSOCIATIONS BETWEEN SUICIDE ATTEMPT SEVERITY AND ROUTINE INFLAMMATORY AND HEMATOLOGICAL MARKERS

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BACKGROUND AND AIM: Evidence for inflammation's role in suicidal behavior is growing, with peripheral inflammatory markers linked to suicide risk across psychiatric disorders. This study examined the relationship between suicidal behavior and clinically accessible, cost-effective inflammatory markers in individuals with prior suicide attempts.

METHODS: (Ethics Committee Approval must be obtained and the number should be specified). Among patients aged ≥18 presenting to the Emergency Department with a suicide attempt between 01.01.2020 and 01.07.2025, the association between attempt severity and routine hematological and biochemical parameters was investigated.

Hemogram values from the prior six months, including WBC, RBC and indices, platelets, WBC differential counts, iron, TIBC, ferritin, and lipid profiles, were collected retrospectively. NLR, PLR, MLR, and MHR were calculated. The study was approved by the institutional ethics committee (E-70632468-050.01-1054662).

RESULTS: Of the 132 patients, 59% were female (n = 78), mean age 32.45 ± 12.89 years. The most common method was drug-overdose (56%, n = 74), followed by cutting (20.5%, n = 24) and jumping from height (9.1%, n = 12). Cutting, jumping, hanging, and firearm use were classified as lethal methods, whereas drug overdose was classified as non-lethal. Lethal attempts were more frequent among males (p = 0.09; χ^2 = 9.73); hanging more common in males, drug-overdose more common in females (p=0.022; χ^2 = 13.53). In the lethal group, MLR (p = 0.013) and MCHC (p = 0.019) were higher, whereas TIBC (p = 0.053) and platelet levels (p = 0.016) were higher in the non-lethal group. Logistic regression controlling for age and sex showed lower platelet count associated with lethal attempts (p = 0.038; OR = 0.989; 95% CI = 0.98–0.99), explaining 23.6% of the variance.

CONCLUSIONS: Markers derived from routine laboratory tests are cost-effective and may offer insight into biological mechanisms. However, their clinical utility in suicide risk assessment remains limited without concurrent psychosocial evaluation and requires validation in large prospective studies.

Keywords: Suicide attempt, Peripheral inflammatory markers, Neutrophil-to-lymphocyte ratio (NLR), Platelet-to-lymphocyte ratio (PLR), Monocyte-to-HDL ratio (MHR), Inflammation

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POST-TRAUMATIC STRESS DISORDER AND COMPLEX POST-TRAUMATIC STRESS DISORDER IN FIBROMYALGIA: A PILOT STUDY

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BACKGROUND AND AIM: Fibromyalgia is a chronic pain syndrome characterized by widespread pain and multisomatic symptom burden and is frequently accompanied by psychological distress. Within the ICD-11 framework, Complex Post-Traumatic Stress Disorder (CPTSD) includes core Post-Traumatic Stress Disorder (PTSD) symptoms together with disturbances in self-organization (DSO), reflecting affective dysregulation and negative self-concept. While PTSD symptoms have been examined in fibromyalgia, the potential contribution of CPTSD-related self-organization disturbances remains unclear. This pilot study examined probable ICD-11–consistent PTSD and CPTSD symptom profiles and their associations with fibromyalgia symptom severity, hypothesizing that DSO domains would demonstrate additional associations beyond core PTSD symptoms.

METHODS: Adults with fibromyalgia (N = 34; age 18–65 years) completed the Symptom Severity Scale (SSS), International Trauma Questionnaire (ITQ), Patient Health Questionnaire-4, and a sociodemographic form. The ITQ assessed PTSD and CPTSD symptom clusters using validated ICD-11–aligned scoring algorithms. Classifications represented probable symptom profiles rather than formal clinical diagnoses, as structured diagnostic interviews were not conducted. Pearson correlation analyses and hierarchical linear regression predicting fibromyalgia symptom severity were performed. Ethical approval was obtained from the Scientific Research Ethics Committee of Kartal Dr. Lütfi Kırdar City Hospital (Approval: 27.08.2025;20251010.99.1913).

RESULTS: Probable ICD-11–consistent PTSD and CPTSD symptom profiles were identified in 14.7% of participants. Fibromyalgia symptom severity correlated with re-experiencing (r =.397), avoidance (r =.363), affective dysregulation (r =.498), and negative self-concept (r =.461). PTSD symptoms explained 13.8% of variance in symptom severity (R^2 =.138), whereas addition of DSO symptoms produced a modest but non-significant increase (R^2 =.189; ΔR^2 =.051, p =.172).

CONCLUSIONS: Trauma-related symptom dimensions were associated with fibromyalgia severity. Although CPTSD-related disturbances showed limited additional explanatory value beyond PTSD symptoms, findings highlight the potential clinical relevance of trauma-informed psychiatric assessment in fibromyalgia and require confirmation in larger studies using structured diagnostic evaluation.

Keywords: complex, post-traumatic stress disorder, fibromyalgia

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ASSOCIATION BETWEEN SMARTPHONE ADDICTION AND ATTENTION PERFORMANCE

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BACKGROUND AND AIM: Smartphone addiction (SA) is a form of behavioral addiction that has become widespread with technological developments and is associated with negative psychological, physical, and cognitive effects. This study aimed to evaluate the relationship between SA, increased screen time, and attention performance.

METHODS: The study included 123 healthy volunteers aged 18–35 years with no known psychiatric disorders. Participants were divided into three groups based on their daily average smartphone screen time and clinical diagnosis of addiction: low screen time (<3 hours), high screen time (>3 hours), and SA group. All participants completed the Smartphone Addiction Scale–Short Form (SAS-SF), Smartphone Overuse Screening Questionnaire (SOS-Q), Depression Anxiety Stress Scales-21 (DASS-21), Barratt Impulsiveness Scale–Short Form (BIS-11-SF), Adult ADHD Self-Report Scale (ASRS), and Maslach Burnout Inventory (MBI). Attention performance was assessed using the Stroop Test TBAG Form, Trail Making Test, Cancellation Test, and Digit Span Test. Objective smartphone usage data, including daily average screen time and number of phone unlocks, were recorded. Ethical approval was obtained from Bursa City Hospital Ethics Committee (Decision Number: 2024-21/15).

RESULTS: No significant differences in attention performance were observed among the groups. However, the SA group showed significantly higher daily screen time ($p<0.001$) and phone-checking frequency ($p<0.001$) than the other groups. The SA group also scored significantly higher in addiction ($p<0.001$), impulsivity ($p<0.047$), and attention deficit symptoms ($p<0.024$). Stress levels were significantly higher in the high screen time group compared to the low screen time group($p<0.025$). Correlation analyses revealed that problematic or addictive smartphone use was positively associated with depression, stress, impulsivity, and attention deficit symptoms.

CONCLUSIONS: SA was not associated with impaired attention performance in this sample. Nevertheless, SA was strongly related to increased screen time, impulsivity, attention difficulties, and higher stress levels. These findings suggest that interventions should focus on improving efficient smartphone use and addressing accompanying psychiatric symptoms rather than solely reducing screen time.

Keywords: Addiction medicine, addictive behavior, attention, smartphone, smartphone addiction, technology addiction

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METABOLIC SYNDROME SHOWS AN INDEPENDENT ASSOCIATION WITH COMORBID MAJOR DEPRESSIVE DISORDER IN SCHIZOPHRENIA REMISSION: A CROSS-SECTIONAL STUDY

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BACKGROUND AND AIM: Major depressive disorder (MDD) is common in schizophrenia. Metabolic syndrome (MetS) is also frequent, but its independent association with comorbid MDD is uncertain. We estimated comorbid MDD prevalence in remitted schizophrenia and tested whether MetS is independently associated with MDD. METHODS: This cross-sectional study evaluated 218 individuals with DSM-5 schizophrenia (July 2022–July 2023). Remission required ≥6 months of stability, PANSS item scores ≤3 for P1, P2, P3, N1, N4, N6, G5, and G9, and no psychiatric hospitalization within the past year. MDD was defined as CDSS ≥7 with DSM-5–based clinical confirmation in the same encounter by a psychiatrist; ambiguous cases were reviewed with a senior clinician and resolved by consensus. MetS was defined per NCEP ATP III (≥3): waist circumference >102 cm (men) or >88 cm (women); triglycerides ≥150 mg/dL; HDL <40 mg/dL (men) or <50 mg/dL (women); blood pressure ≥130/85 mmHg or antihypertensive use; fasting plasma glucose ≥100 mg/dL or treatment for hyperglycemia. Anthropometrics and blood pressure were measured directly; fasting glucose, triglycerides, and HDL were taken from records within 6 months. Multivariable logistic regression included univariate covariates without multicollinearity. Ethical approval: Ethics Committee of the University of Health Sciences Dr. Abdurrahman Yurtaslan Ankara Oncology Training and Research Hospital (Decision No: 2022-06/1907; 22 June 2022).

RESULTS: Comorbid MDD prevalence was 33.0%. MetS was more frequent with MDD than without (55.6% vs 30.8%, p<0.01). MetS remained independently associated with MDD (adjusted OR=2.79, 95% CI 1.46–5.32, p=0.002), along with PANSS positive symptoms (per-point adjusted OR=1.17, 95% CI 1.09–1.26, p<0.001), prior suicide attempt (adjusted OR=2.45, 95% CI 1.16–5.16, p=0.019), and antidepressant use (adjusted OR=2.87, 95% CI 1.46–5.67, p=0.002).

CONCLUSIONS: MDD is frequent in remitted schizophrenia and shows an independent association with MetS. Screening for depression and cardiometabolic risk is warranted; longitudinal studies should clarify temporality and mechanisms.

Keywords: Schizophrenia, major depressive disorder, metabolic syndrome, calgary depression scale, cardiometabolic risk

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THE RELATIONSHIP BETWEEN MENTAL SYMPTOMS AND BODY PERCEPTION AND SELF-ESTEEM IN PATIENTS WITH NASAL SEPTAL DEVIATION

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BACKGROUND AND AIM: Nasal septal deviation (NSD) is a common condition that may lead to chronic nasal obstruction. Sleep disturbances,reduced quality of life,and persistent somatosensory stimulation associated with chronic nasal blockage have been reported to be related to psychological symptoms, particularly anxiety and depression. However,studies simultaneously evaluating psychological symptoms,body image,and self-esteem in patients with NSD are limited. This study aimed to investigate the relationship between anxiety and depressive symptoms,body image,self-esteem, and perceived severity of nasal obstruction in patients with NSD.

METHODS: (Ethics Committee Approval must be obtained and the number should be specified). This cross-sectional study included 60 patients diagnosed with NSD through clinical and endoscopic examination at an otorhinolaryngology outpatient clinic and 60 healthy controls without NSD. Participants completed a sociodemographic data form, the Turkish Nose Obstruction Symptom Evaluation(T-NOSE) scale, the Hospital Anxiety and Depression Scale(HADS), the Rosenberg Self-Esteem Scale,and the Body Image Scale. Statistical analyses were performed using the Mann–Whitney U test,independent samples t-test, chi-square test,and Fisher's exact test, as appropriate. Statistical significance was set at $p<0.05$. Ethical approval was obtained from the faculty ethics committee (Approval No: 2023/189).

RESULTS: T-NOSE scores were significantly higher in the NSD group compared to controls (9.97±5.33 vs. 2.12±3.41; $p<0.001$). Mean HADS-Anxiety scores were significantly higher in patients with NSD(7.00±3.90 vs.5.07±3.73; $p=0.004$), and clinically elevated anxiety levels were more frequent in the NSD group (28.3% vs. 10.0%; $p=0.011$). Although mean HADS-Depression scores were higher in the NSD group (5.95±3.35 vs. 4.65±3.28; $p=0.040$),no significant difference was observed regarding the proportion of individuals above the clinical cutoff (38.3% vs. 28.3%; $p=0.245$). Mean self-esteem scores did not differ significantly between groups (22.30±5.01 vs. 23.90±4.88; $p=0.063$). Body image scores were significantly lower in the NSD group (154.88±24.60 vs. 164.88±24.30; $p=0.033$), and low body image was more frequent among patients with NSD (21.7% vs. 8.3%; $p=0.041$).

CONCLUSIONS: Patients with NSD exhibited greater perceived nasal obstruction, higher anxiety levels, and lower body image satisfaction. These findings suggest that the psychological impact of NSD is particularly pronounced in relation to anxiety and subjective body image processes. Considering psychiatric dimensions in the evaluation of patients with NSD may contribute to a more comprehensive clinical approach.

Keywords: Anxiety, body perception, Nasal septal deviation

OP-010 https://doi.org/10.5080/61upk.ozt429

INVESTIGATION OF ANHEDONIA, ANXIETY SENSITIVITY, AND MAGNIFICATION OF BODILY SENSATIONS IN PATIENTS WITH BENIGN PAROXYSMAL POSITIONAL VERTIGO

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BACKGROUND AND AIM: Benign paroxysmal positional vertigo (BPPV) is the most common cause of peripheral vertigo and is characterized by brief episodes triggered by head movements. Vestibular dysfunction constitutes its primary pathophysiological mechanism. BPPV has been associated with reduced quality of life as well as anxiety and depressive symptoms.

However, studies investigating anhedonia, anxiety sensitivity, and bodily sensation amplification in individuals with BPPV remain limited. This study aimed to compare anhedonia, anxiety sensitivity, and bodily sensation amplification between patients diagnosed with BPPV and individuals in whom BPPV was excluded.

METHODS: This cross-sectional study included 30 patients diagnosed with BPPV based on clinical evaluation and positional maneuver tests in an otorhinolaryngology outpatient clinic and 30 individuals in whom BPPV was excluded. Psychological assessments were conducted using the Body Sensations Amplification Scale (BSAS), the Anxiety Sensitivity Index-3 (ASI-3), and the Turkish version of the Snaith–Hamilton Pleasure Scale (SHAPS).Stress-triggered exacerbation of vertigo was evaluated through a yes/no response to the question: "Do your dizziness symptoms increase during periods of stress?"Independent samples t-test and Mann–Whitney U test were used for continuous variables, and Pearson's chi-square test or Fisher's Exact test for categorical variables. Statistical significance was set at $p < 0.05$ (Ethics Approval No: 2023/280).

RESULTS: A history of previous psychiatric admission was more frequent in the BPPV group ($\chi^2(1)=9.77$, $p=0.002$). Total ASI-3 scores were significantly higher ($U=245.00$, $p=0.010$), and the physical concerns subscale was elevated ($U=170.00$, $p<0.001$). Stress-related symptom exacerbation was reported more frequently in the BPPV group ($\chi^2(1)=28.84$, $p<0.001$). Some patients referred to psychiatry reported subjective improvement.

CONCLUSION: Psychological characteristics were higher in individuals with BPPV. However, given the cross-sectional design, causality cannot be determined. The absence of structured psychiatric assessment in the comparison group, reliance on subjective improvement reports, and lack of control for concurrent vestibular treatment changes limit interpretability.

Keywords: Anxiety sensitivity, benign paroxysmal positional vertigo, bodily sensations

OP-011 https://doi.org/10.5080/61upk.ozt430

RELATIONSHIP BETWEEN SOCIAL MEDIA ADDICTION, IMPULSIVITY, EMOTION REGULATION AND CYBERBULLYING AMONG MEDICAL STUDENTS

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BACKGROUND AND AIM: Social media use is widespread among young adults, and excessive use may lead to social media addiction, negatively affecting academic performance, well-being and social functioning. Individual factors such as impulsivity and difficulties in emotion regulation may contribute to problematic use by reducing behavioral control and increasing reliance on online platforms for coping. Increased exposure to online interactions may also be associated with higher levels of cyberbullying and cyber-victimization. This study aimed to examine the relationship between social media addiction, impulsivity, emotion regulation difficulties and cyberbullying among medical students.

METHODS: (Ethics Committee Approval must be obtained and the number should be specified). This descriptive, cross-sectional study was conducted among Selçuk University Faculty of Medicine students. Participants completed a sociodemographic form, the Hospital Anxiety and Depression Scale (HADS), Social Media Addiction Scale, Cyberbullying and Cyber-victimization Scales for University Students, Barratt Impulsiveness Scale, and the Difficulties in Emotion Regulation Scale–Short Form (DERS-16). Ethical approval was obtained from the Selçuk University Local Ethics Committee. (Decision no: 2025/542) Data were analyzed using SPSS; descriptive statistics, group comparisons, correlation and regression analyses were performed.

RESULTS: Students with emotion regulation difficulties had significantly higher impulsivity scores ($p=0.03$, $r=0.192$). Age was positively correlated with cyber-victimization scores ($p=0.048$, $r=0.127$). Cyberbullying scores were positively correlated with cyber-victimization scores ($p<0.001$, $r=0.341$). Depression scores were also positively correlated with cyberbullying scores.

CONCLUSIONS: Findings suggest that emotion regulation difficulties are related to higher impulsivity, which may increase vulnerability to problematic online behaviors. The strong association between cyberbullying and cyber-victimization indicates that these roles may overlap in online environments. In addition, the relationship between depressive symptoms and cyberbullying highlights the potential contribution of emotional distress to maladaptive digital interactions. These results emphasize the importance of preventive interventions targeting emotion regulation skills, self-control and digital awareness among university students.

Keywords: Cyberbullying, emotion regulation, impulsivity, social media addiction

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EFFICACY OF RTMS TREATMENT IN TREATMENT-RESISTANT MAJOR DEPRESSIVE DISORDER: THE ROLE OF SOCIODEMOGRAPHIC CHARACTERISTICS AND DURATION OF ILLNESS ON TREATMENT RESPONSE

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BACKGROUND AND AIM: Major Depressive Disorder (MDD) is a chronic condition where full remission remains elusive for a significant portion of patients despite standard interventions. The objective of this study was to examine the efficacy of high-frequency Repetitive Transcranial Magnetic Stimulation (rTMS) applied to the left dorsolateral prefrontal cortex (DLPFC) on depressive symptoms in patients with treatment-resistant MDD, and to evaluate the impact of factors such as age, gender, and duration of illness on treatment response.

METHODS: Approved by the Ondokuz Mayıs University Clinical Research Ethics Committee (Decision No: 2026/29), this retrospective study included 24 patients (18 female, 5 male; mean age: 47.65 ± 11.29 years) diagnosed with treatment-resistant MDD. Patients underwent 20 rTMS sessions (5 days/week for 4 weeks). Treatment efficacy was analyzed by comparing Hamilton Depression Rating Scale (HAM-D) scores assessed immediately before the first and after the final session. All patients received concurrent psychopharmacological treatment. However, due to the retrospective design and heterogeneity/missing data regarding medication usage, between-group comparisons based on dose equivalence were not performed.

RESULTS: The mean pre-treatment HAM-D score was 15.62 ± 5.59, which significantly decreased to 7.75 ± 6.39 following rTMS treatment ($p<0.001$), representing a mean improvement of 7.87 points. No statistically significant relationship was found between treatment response and age ($p=0.41$), duration of illness ($p=0.08$), gender ($p=0.87$), or marital status ($p=0.37$).

CONCLUSIONS: Our results confirm that high-frequency rTMS applied to the left DLPFC is highly effective in reducing symptom severity in treatment-resistant depression.

Crucially, treatment response was not influenced by age, gender, or illness duration. This suggests that rTMS remains a robust therapeutic option even for chronic, long-standing cases, supporting its use across a diverse patient demographic

Keywords: Major depressive disorder, treatment-resistant depression, Repetitive transcranial magnetic stimulation (rTMS), Sociodemographic factors, duration of illness, treatment efficacy

OP-013 https://doi.org/10.5080/61upk.ozt432

RETROSPECTIVE ANALYSIS OF THE EFFECT OF SOCIODEMOGRAPHIC FACTORS AND DISEASE DURATION ON YALE-BROWN SCALE SCORES IN PATIENTS WITH TREATMENT-RESISTANT OBSESSIVE-COMPULSIVE DISORDER WHO HAD TRANSCRANIAL MAGNETIC STIMULATION AT THE PSYCHIATRY CLINIC

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BACKGROUND AND AIM: Obsessive-Compulsive Disorder (OCD) is a chronic psychiatric disorder that significantly impairs an individual's functioning. rTMS is a non-invasive neuromodulation method. This study aims to examine the effect of repetitive transcranial magnetic stimulation (rTMS) treatment administered to patients with treatment-resistant OCD on Y-BOCS scores and to evaluate the role of basic clinical-sociodemographic variables such as age, gender, and disease duration in treatment response.

METHODS: (Ethics Committee Approval must be obtained and the number should be specified). This study was conducted as a retrospective study to examine the effect of rTMS treatment in patients diagnosed with treatment-resistant OCD. The study sample consisted of patients diagnosed with OCD according to DSM-5 and treated with TMS at the Psychiatry Clinic. The patients' basic clinical and sociodemographic characteristics, such as age, gender, and duration of illness, as well as their Yale–Brown Obsessive-Compulsive Scale (Y-BOCS) scores before and after TMS, were obtained from patient records. Ethics committee approval no. 2026/33 has been obtained for the study.

RESULTS: A total of 19 patients were included in the study, 10 of whom were women and 9 were men. The mean age was 34.95 years, the mean disease duration was 8.6 years, and none had a history of previous TMS. The mean YBOCS Scale scores were 28.37 before treatment and 21.63 at the end of treatment. A mean decrease of 6.74 points in the Yale-Brown scale scores was observed with treatment. The decrease in YBOCS scores with TMS treatment was 6.10 on average in women and 4.78 in men, which was not found to be significant ($p > 0.05$). No significant relationship was found between the patient's age and illness duration.

CONCLUSIONS: In line with numerous studies in the literature, it has been demonstrated that age, gender, or duration of illness are not determining factors in the response to TMS treatment.

Keywords: Obsessive-compulsive disorder, transcranial magnetic stimulation, treatment resistance

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SEXUAL SATISFACTION, GUILT, AND SHAME IN WOMEN WITH OBSESSIVE–COMPULSIVE DISORDER AND GENERALIZED ANXIETY DISORDER

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BACKGROUND AND AIM: Obsessive–compulsive disorder(OCD) is characterized by recurrent intrusive thoughts, urges, or mental images accompanied by repetitive behaviors, whereas generalized anxiety disorder (GAD) involves persistent and excessive worry related to everyday events and associated physical symptoms. Both disorders may impair sexual functioning, including sexual satisfaction. In individuals with OCD, sexual satisfaction may be influenced by feelings of shame and guilt, as well as by depressive symptoms, medication-related sexual side effects, and cultural factors. The present study aimed to compare patients with OCD and GAD with respect to sexual satisfaction, shame, and guilt, and to examine whether shame and guilt are associated with diagnostic group and sexual satisfaction.

METHODS: This study has been approved by the Ankara University Faculty of Medicine Ethics Committee (Approval date and number: 05.05.2025, I04-351-25). This ongoing cross-sectional study includes 10 patients diagnosed with OCD(mean age: 38.00±4.78) and 29 patients diagnosed with GAD(mean age: 35.67±5.30). All participants completed a sociodemographic data form, the The Golombok-Rust Inventory of Sexual Satisfaction (GRISS), Offence-Related Shame and Guilt Scale (ORSGS), and the Hamilton Depression Rating Scale(HAM-D). In addition, to assess illness severity, the Hamilton Anxiety Rating Scale was administered to the GAD group, and the Yale–Brown Obsessive Compulsive Scale was administered to the OCD group.

RESULTS: In the OCD and GAD groups, GRISS, ORSGS, and HAM-D scores were 45.60±9.03 vs. 40.46±18.96, 36.90±15.96 vs. 39.96±15.20, and 9.10±5.64 vs. 8.82±6.32, respectively. Mann–Whitney U analyses revealed no significant group differences in GRISS, HAM-D, or ORSGS scores, and no significant correlations were observed between age, ORSGS, and disease severity in either group (all $p>0.05$).

CONCLUSIONS: In this preliminary analysis, no statistically significant associations were observed between guilt, shame, and sexual satisfaction in individuals. However, these findings should be interpreted as preliminary. Future analyses based on a larger sample may provide clearer insights into these relationships.

Keywords: Generalized anxiety disorder, obsessive–compulsive disorder, sex guilt, sexual satisfaction, sexual shame

OP-015

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FACTORS AFFECTING ATTITUDES TOWARD SEEKING PSYCHOLOGICAL HELP, SELF-STIGMA, AND SOCIAL STIGMA AMONG UNIVERSITY STUDENTS: A CROSS-SECTIONAL ANALYSIS

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BACKGROUND AND AIM: This study examined how self-stigma and social stigma influence attitudes toward seeking psychological help among university students and explored demographic and contextual factors shaping these variables.

METHODS: (Ethics Committee Approval must be obtained and the number should be specified). A cross-sectional design was conducted with 457 students at a large public university between January–June 2024. Participants completed the Attitudes Toward Seeking Psychological Help Scale–Short Form, the Self-Stigma of Seeking Psychological Help Scale, and the Social Stigma for Receiving Psychological Help Scale. Analyses included t-tests, ANOVA, correlations, and multiple linear regression ($p < 0.05$). Ethical approval was obtained from the Gaziantep University Non-Interventional Research Ethics Committee (Decision No: 2023/163).

RESULTS: Help-seeking attitudes (ASSPH-SF) were significantly higher among female students ($p = 0.001$), while males reported greater social stigma (SSRPH) ($p = 0.007$). Significant interfaculty differences were found for both attitudes ($p = 0.033$) and social stigma ($p = 0.008$). Higher income correlated with increased social stigma ($p = 0.001$), and lower income with reduced self-stigma ($p = 0.045$). Family history ($p = 0.001$) and personal psychiatric diagnosis ($p = 0.023$) were linked to more positive help-seeking attitudes. Self-stigma and social stigma were positively correlated ($r = 0.38$) and negatively predicted help-seeking attitudes ($r = -0.23$, $r = -0.15$). Social stigma declined with age ($r = -0.14$). Regression models explained significant variance for ASSPH-SF ($R^2=0.292$), SSSPH ($R^2=0.435$), and SSRPH ($R^2=0.419$), with key demographic and stigma variables as significant predictors.

CONCLUSIONS: The findings suggest that a positive attitude toward seeking psychological help reduces stigma, whereas self-stigma and social stigma function as key, mutually reinforcing barriers to psychological help-seeking among university students. Targeted stigma-reduction strategies, particularly contact-based and cognitive interventions, should be prioritized.

Keywords: Psychological help-seeking, self-stigma, public stigma, university students, attitude

OP-016

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COGNITIVE FACTORS ASSOCIATED WITH BELIEFS ABOUT PSYCHIATRY AMONG MEDICAL INTERNS: A TRANSDIAGNOSTIC PERSPECTIVE

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BACKGROUND AND AIM: Future physicians' beliefs about psychiatry influence their clinical approach to mental illness. While medical training shapes these views, pre-existing cognitive traits at the start of clinical practice remain under-examined. This study adopted a transdiagnostic perspective to investigate the associations between anxiety-related cognitive styles, emotional distress, and beliefs about psychiatry among medical interns at the onset of their clinical clerkship.

METHODS: (Ethics Committee Approval must be obtained and the number should be specified). This cross-sectional study assessed 110 sixth-year medical students on their first clinical clerkship day. Participants completed the Beliefs About Mental Illness Scale, the Anxious Thoughts Inventory (meta, social, and health anxiety subscales), and the Depression Anxiety Stress Scale–21 (DASS-21). Statistical analyses included Pearson correlations and hierarchical linear regression. Emotional distress was entered in the first step of the regression, followed by anxiety-related cognitive dimensions in the second step to identify independent factors associated with beliefs about psychiatry.

The study was approved by the Tokat Gaziosmanpaşa University Faculty of Medicine Non-Interventional Scientific Research Ethics Committee (Approval No: 24-MOBAEK-019; Date: 13.12.2024).

RESULTS: Beliefs about psychiatry were moderately associated with baseline meta-anxiety ($r=-.32$, $p<.05$) and social anxiety ($r=.29$, $p<.05$), whereas associations with depression and general anxiety were weak and not statistically significant. In the hierarchical regression model, baseline psychological characteristics accounted for a meaningful proportion of variance in beliefs about psychiatry ($R^2=.116$, $p=.044$). Higher levels of meta-anxiety were independently associated with less favorable beliefs ($\beta=-.42$, $p=.034$), while higher social anxiety was associated with more favorable beliefs ($\beta=.39$, $p=.017$), after controlling for depression, anxiety, and stress levels.

CONCLUSIONS: At the very beginning of clinical training, beliefs about psychiatry appear to be shaped less by overall emotional distress and more by how individuals cognitively and metacognitively relate to anxiety. These findings suggest that transdiagnostic cognitive factors—particularly meta-anxiety and social anxiety—may play a meaningful role in shaping interns' professional attitudes toward psychiatry even before prolonged clinical exposure begins.

Keywords: Beliefs about psychiatry, medical-intorns, meta-anxiety

OP-017

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CLINICAL EFFICACY OF ELECTROCONVULSIVE THERAPY IN HOSPITALIZED PATIENTS WITH DEPRESSIVE EPISODE

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OBJECTIVE: This study aims to evaluate the clinical efficacy of Electroconvulsive Therapy (ECT) in inpatients diagnosed with unipolar or bipolar depressive episodes and to identify the demographic and clinical factors influencing treatment response.

METHODS: Data from 35 patients treated at the Ondokuz Mayıs University Psychiatry Clinic between 2020 and 2025 were retrospectively analyzed. Ethical approval was obtained from the Ondokuz Mayıs University Clinical Research Ethics Committee (Project No: 2026/8, 2026000008). Treatment efficacy was assessed using the 17-item Hamilton Depression Rating Scale (HAM-D) administered before and after the ECT course. Statistical analyses included bivariate correlations followed by a multiple regression model adjusted for baseline HAM-D scores, gender, and the number of depressive episodes.

RESULTS: The mean age of the participants was 53.7 ±13.2 years, with 62.9% being female. A statistically significant mean improvement of 9.6 ±5.4 in HAM-D scores was observed following treatment ($p<0.001$). Multiple regression analysis ($R2=0.395$, $p=0.020$) revealed that age was the only significant independent predictor of clinical improvement ($B = 0.209$, $t=3.15$, $p = 0.004$). Baseline depression severity, gender, number of episodes, and length of hospital stay did not significantly impact the treatment response ($p>0.05$).

DISCUSSION: Our findings align with the literature suggesting that older age is associated with superior ECT response. The persistence of age as an independent predictor, even when controlling for baseline HAM-D scores, suggests that biological factors or clinical characteristics unique to older populations may enhance ECT's therapeutic effects.

CONCLUSION: ECT is a highly effective intervention for reducing symptom severity in hospitalized depressive patients. The finding that older age predicts better clinical outcomes, regardless of baseline severity, underscores ECT's role as a potent and primary therapeutic option for the elderly population.

Keywords: depressive episode, electroconvulsive therapy, treatment response

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CONSTRUCTION AND ANALYSIS OF A PSEUDOGENE-CENTERED RNA-RNA INTERACTION NETWORK FOR GUSBP2 IN GENERALIZED ANXIETY DISORDER: A BIOINFORMATICS APPROACH

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BACKGROUND AND AIM: A remarkable portion of the human genome is transcribed into non-coding RNAs including long non-coding RNAs (lncRNAs), microRNAs (miRNAs) and pseudogene-products, which interact in cluster networks to regulate cellular processes, such as gene expression. Through DNA-chip analysis, we previously showed that the expression of GUSBP2, a member of the glucuronidase-beta pseudogene family, was significantly downregulated in generalized-anxiety disorder (GAD). Our aim in this study is to generate a GUSBP2-centered pseudogene-RNA interaction network to identify co-regulated gene clusters and associated pathways, which may contribute to the pathogenesis of GAD.

METHODS: (Ethics Committee Approval must be obtained and the number should be specified). Candidates for the network were predicted using the ENCORI/starbase database. Alignment scores (AS) of the putative binding sites were calculated by the Smith-Waterman algorithm. Network maps of the pseudogene-mRNA interactome were constructed and cluster analysis was performed using the STRING database. Nested-hubs within the primary clusters were identified using the built-in DBSCAN algorithm.

Gene ontology (GO) enrichment analysis was performed using the STRING database. Raw data was obtained from web-based open-source applications, therefore no ethics commitee approval was required.

RESULTS: A total of 13 lncRNAs and 36 mRNAs were identified as candidates for the GUSBP2-centered network. Among the lncRNAs, the top scoring pairings were of GUSBP1 (AS=23,5), GUSBP16 (AS=18), MALAT1 (AS=17,5) and miRNA-host gene

MIR31HG (AS=16). Furthermore, the network map of the pseudogene-mRNA interactome covering all candidate mRNAs (moderate-to-high confidence cut-off value=0,67; p-value<10-16) was significantly enriched in functional GO terms such as “sensory_perception_of_chemical_stimulus” (FDR=1,02x10-8) and “olfactory_receptor_activity” (FDR=4,55x10-7). Cluster analysis predicted the presence of a nested-hub of 8 novel genes within the “olfactory_transduction” cluster, which was significantly enriched in the category of “morphine_addiction” (FDR=1,53x10-6).

CONCLUSIONS: Our findings suggest that molecular pathways contributing to the pathogenesis GAD and opioid abuse might be interlinked via GUSBP2-co-regulated gene-hubs. This is the first computational study in literature to describe a novel GUSBP2-mediated network bridging the two aforementioned psychiatric disorders.

Keywords: GAD, bioinformatics, lncRNA, RNA-RNA interaction network, enrichment, cluster analysis

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RETROSPECTIVE EVALUATION OF NEUROLOGY CONSULTATIONS, NEUROLOGICAL DIAGNOSES, INVESTIGATIONS, AND TREATMENTS IN ADULT INPATIENTS HOSPITALIZED IN THE PSYCHIATRY SERVICE OF PAMUKKALE UNIVERSITY HOSPITAL

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BACKGROUND AND AIM: Neurological findings and investigations in patients hospitalized in psychiatry services are important for differential diagnosis and treatment. This study aims to examine the demographic characteristics, psychiatric and neurological diagnoses, neurological investigations, and their results in psychiatric inpatients.

METHODS: (Ethics Committee Approval must be obtained and the number should be specified). Sociodemographic and medical information of patients hospitalized in the Psychiatry Service of Pamukkale University between October 1, 2024 and September 30, 2025 were retrospectively reviewed. Approval for the study was obtained from the university ethics committee (E-60116787-020-767207).

RESULTS: Of the 211 patients included in the study, 97 (46%) were female, with a mean age of 38.5±16.96 years.

Known neurological comorbidity was present in 18 patients (8.5%), most commonly epilepsy (5.2%). Neurology consultation was requested for 17.5% of the patients.

Neurological investigations were requested for 19.4% of all patients,with pathological findings in 48.8% of investigated patients.

The mean age of patients referred for organic exclusion was 58.6±14.55 years, while the mean age of those referred for treatment regulation was 41.8±14.15 years. A statistically significant difference was found between the two groups ($Z = -3.35$; $p = 0.001$).

Psychotic disorder was the most common diagnosis among patients who required neurology consultation (19.4%). Neurology consultation for organic exclusion was more common among patients with psychotic and bipolar disorders.

CONCLUSIONS: Neurology consultations and investigations were common among psychiatric inpatients. The higher mean age and increased rate of imaging abnormalities in patients consulted for organic exclusion are consistent with neurological disorders being more common in advanced age. Although abnormalities were detected in approximately half of the patients, most findings were chronic or nonspecific.

Consultation indications differed according to psychiatric diagnosis. The findings highlight the importance of integrating neurological and psychiatric approaches in the clinical evaluation of psychiatric patients. Collaboration between psychiatry and neurology supports differential diagnosis and clinical decision-making.

Keywords: Neurology consultation, psychiatric inpatients, neurological investigations

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EVALUATION OF OBSESSIVE BELIEFS IN ORTHOREXIA NERVOSA

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BACKGROUND AND AIM: Orthorexia Nervosa (ON) is a relatively new concept introduced by Steven Bratman, characterized by an excessive and rigid preoccupation with healthy eating. Although it is not formally classified within current diagnostic systems, increasing evidence suggests that ON shares important cognitive and behavioral features with Obsessive–Compulsive Disorder (OCD). Intrusive thoughts related to food purity, strict dietary rules, and ritualized food preparation and consumption resemble compulsive patterns observed in OCD and often result in significant time consumption, emotional distress, and functional impairment. The present study aimed to examine the prevalence of orthorexia among university students and to investigate its relationship with clinical characteristics and obsessive beliefs.

METHODS: (Ethics Committee Approval must be obtained and the number should be specified). This cross-sectional, descriptive study was approved by the Ethics Committee of Tekirdağ Namık Kemal University (December 31, 2024; protocol no: 2024.319.12.03). Initially, 124 students were assessed; 28 were excluded due to a history of psychiatric disorders. The final sample consisted of 96 students aged 18–65 years. Participants completed a Sociodemographic Data Form, the Beck Depression Inventory, Beck Anxiety Inventory, Eating Disorder Examination Questionnaire, Eating Attitudes Test, Obsessive Beliefs Questionnaire (OBQ-44), and ORTO-15.

RESULTS: According to the ORTO-15 (cutoff ≤40), 66 participants (68.8%) were classified as orthorexic, while 32 (31.2%) were non-orthorexic. Orthorexic participants demonstrated significantly higher obsessive beliefs. Scores on the OBQ-44 subscales—responsibility/threat estimation (54.6±17.7), perfectionism/certainty (65.2±18.9), and importance/control of thoughts (34.0±11.5)—were all significantly higher in the orthorexic group compared with the non-orthorexic group (43.7±15.2; 52.2±17.3; 26.3±10.7) (p=0.004, p=0.001, and p=0.003, respectively). The OBQ-44 total score was also significantly elevated among orthorexic individuals (154.0±41.3;122.3±39.2) (p=0.001).

CONCLUSIONS: These findings support a strong association between orthorexia and obsessive beliefs, reinforcing the conceptualization of ON within the obsessive–compulsive spectrum disorders.

Keywords: Disordered eating, obsessive beliefs, obsessive compulsive disorder, orthorexia nervosa,

OP-021 https://doi.org/10.5080/61upk.ozt440

UNDERSTANDING FEAR OF POSITIVE EVALUATION IN SOCIAL ANXIETY: ASSOCIATIONS WITH PERFECTIONISM, SELF-ESTEEM AND PERCEIVED PARENTAL ATTITUDES

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BACKGROUND AND AIM: Recent research suggests that fear of positive evaluation (FPE), in addition to fear of negative evaluation (FNE), plays a significant role in social anxiety. This study examined the relationships among FPE, FNE, and social anxiety, and investigated whether perfectionism, self-esteem, and perceived parental attitudes were associated with and predictive of FPE in a non-clinical sample.

METHODS: The sample consisted of 161 volunteer undergraduate and associate degree students in Istanbul (2023–2024). Participants completed the Liebowitz Social Anxiety Scale (LSAS), Fear of Positive Evaluation Scale (FPES), Fear of Negative Evaluation Scale–Brief Form (FNES-BF), Frost Multidimensional Perfectionism Scale (FMPS), Rosenberg Self-Esteem Scale (RSES), and the Perceived Parental Attitudes Scale (EMBU). Pearson correlation analyses examined associations among variables. Multiple regression analyses were conducted to identify predictors of FPE (dependent variable). Mediation analysis tested whether FNE mediated the relationship between FPE (independent variable) and social anxiety (dependent variable). Ethical approval was obtained (Approval No: 2024-03-13).

RESULTS: The mean LSAS score was 42.35 (SD = 26.95). FPE was strongly correlated with social anxiety and showed a stronger association than FNE. Maladaptive perfectionism and low self-esteem significantly predicted higher FPE, whereas adaptive perfectionism negatively predicted FPE. Rejection and overprotective parental attitudes were positively associated with FPE, while emotional warmth showed a negative association. Mediation analysis indicated that FNE mediated the relationship between FPE and social anxiety.

CONCLUSIONS: Consistent with emerging literature suggesting that fear of positive evaluation represents a distinct but related construct within social anxiety, our findings highlight its clinical relevance. Addressing fear of positive evaluation, alongside fear of negative evaluation, may enhance assessment and intervention strategies in social anxiety.

Keywords: Fear of positive evaluation, parental attitudes, perfectionism, self-esteem, social anxiety

OP-022

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THE RELATIONSHIPS BETWEEN OBSESSIVE–COMPULSIVE PERSONALITY TRAITS, NEUROTICISM, AND SOMATIZATION SYMPTOMS AMONG MEDICAL FACULTY RESIDENTS

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BACKGROUND AND AIM: Medical faculty residents are at higher risk for somatization symptoms due to heavy workloads and academic stress. Personality traits are believed to significantly influence this process. This study aims to examine the relationship between obsessive–compulsive personality traits, neuroticism, and somatization symptoms among medical faculty residents.

METHODS: (Ethics Committee Approval must be obtained and the number should be specified). In this study, residents at Atatürk University Faculty of Medicine were evaluated using the Obsessive–Compulsive Personality subscale of the Short Form of the Personality Belief Questionnaire (PBQ-SF-OCP), the Neuroticism subscale of the Revised Short Form of the Eysenck Personality Questionnaire (EPQ-RS-N), the Somatization subscale of the Symptom Checklist-90-Revised (SCL-90-R-S), and a sociodemographic data form. Ethical approval was obtained (approval no. B.30.2.ATA.0.01.00/455).

RESULTS: Of the 146 participants, 63.7% were female (n=93) and 36.3% were male (n=53), with a mean age of 32.54 ± 3.83 years. According to the SCL-90-R-S cutoff score (>1), somatization was identified in 30.82% of the participants (n=45). Significant positive correlations were found between SCL-90-R-S scores and both the PBQ-SF-OCP subscale ($r = 0.298$, $p = 0.017$) and the EPQ-RS-N subscale ($r = 0.351$, $p<0.001$). In linear regression analysis, EPQ-RS-N scores were independently and positively associated with SCL-90-R-S scores ($b = 0.994$, 95% CI: 0.492–1.495, $p<0.001$).

CONCLUSIONS: In this study, somatization symptoms among medical faculty residents were shown to be independently associated particularly with the level of neuroticism. Our findings suggest that individual personality traits may play a determining role in the emergence of psychosomatic responses. Based on the results obtained in this specific sample, our study may provide a foundation for future longitudinal and intervention-based research and contribute to the development of preventive mental health programs that take personality traits into account. Additionally, the detection of somatization in nearly one-third of the participants (30.82%) represents a noteworthy finding that warrants attention.

Keywords: Neuroticism, obsessive compulsive personality traits, somatization

OP-023 https://doi.org/10.5080/61upk.ozt442

CROSS SECTIONAL STUDY OF CAREGIVER BURDEN, EMOTIONAL DISTRESS, AND DELIRIUM SEVERITY

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BACKGROUND AND AIM: Delirium is a frequent and clinically challenging condition in hospitalized older adults, often placing a substantial burden on caregivers. While caregiver burden and emotional distress are common in this context, their associations with delirium severity remain insufficiently clarified. This study aimed to examine the relationships between caregiver burden, emotional distress (depression, anxiety, and stress), and delirium severity, and to determine whether emotional factors linked to delirium severity beyond the effect of caregiver burden.

METHODS: This cross-sectional study, involving 108 patient-caregiver pairs diagnosed with delirium according to DSM-5 criteria, assessed delirium severity using the Delirium Severity Scale, caregiver burden using the Zarit Burden Interview, and caregiver emotional distress using the Depression, Anxiety, and Stress Scale-21(DASS-21). The scales were administered simultaneously to patients and caregivers. Inclusion criteria for caregivers included providing primary care throughout the illness and hospital stay. Pearson correlation analyses were used to examine bivariate associations. Hierarchical linear regression analysis was conducted to identify independent correlates of delirium severity. The study was approved by the Tokat Gaziosmanpaşa University Faculty of Medicine Ethics Committee (decision date: May 2, 2024; decision number: 83116987).

RESULTS: Delirium severity showed significant positive correlations with caregiver burden and all emotional distress measures. In the hierarchical regression analysis, caregiver burden significantly predicted delirium severity ($R^2 = 0.10$). The addition of depression, anxiety, and stress scores significantly improved the model ($\Delta R^2 = 0.07$). In the final model, perceived stress emerged as the only emotional variable that independently predicted delirium severity, whereas caregiver burden and other emotional factors were no longer significant.

CONCLUSIONS: These findings suggest that delirium severity is associated not only with caregiving burden but also with the caregiver's emotional context, particularly perceived stress. Addressing caregiver stress may be considered as a potential supportive component of comprehensive delirium management.

Keywords: Caregiver burden, delirium severity, emotional distress

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NEUROCOGNITIVE PROFILE HETEROGENEITY IN ADULTS WITH ADHD: WAIS-R VERBAL AND PERFORMANCE RANGES

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BACKGROUND AND AIM: This study examined whether adults with ADHD show a more "spiky" WAIS-R subtest profile than controls and whether this is reflected in the Verbal Range (SA) and Performance Range (PA).

METHODS: (Ethics Committee Approval must be obtained and the number should be specified). Adults with ADHD (n=55) presenting to the Selçuk University Faculty of Medicine, Department of Psychiatry, Neurodevelopmental Disorders Outpatient Clinic and diagnosed via the Structured Clinical Interview for DSM-5 Disorders–Clinician Version (SCID-5-CV), and healthy controls (n=42) were included. Participants completed the Adult ADHD Self-Report Scale (ASRS), the Wender Utah Rating Scale (WURS),

WAIS-R, and a neurocognitive battery (e.g., Stroop, Wisconsin Card Sorting Test). In WAIS-R, SA was defined as the difference between the highest and lowest scores across verbal subtests, and PA as the corresponding difference across performance subtests. The protocol was approved by the Selçuk University Local Ethics Committee (Decision No: 2025/53). Written informed consent was obtained from all participants prior to study inclusion.

RESULTS: The ADHD group was younger (24.65±6.56; 18–43) than controls (32.57±9.18; 21–55) (t=4.741, p<0.001). No between-group differences were found in WAIS-R total score or educational level. Compared with controls, the ADHD group had higher ADHD symptom severity in childhood (t=6.315, p<0.05) and adulthood (t=11.55, p<0.05) and performed worse on neurocognitive tests. In the overall sample, SA and PA did not differ between groups. In sex-stratified analyses, SA was higher in males with ADHD than in male controls (t=1.77, p<0.05), whereas PA did not differ; females showed no group differences in SA or PA.

CONCLUSIONS: Increased SA in males indicates cognitive-profile heterogeneity in ADHD and suggests that considering SA in WAIS-R reports may facilitate clinical planning. The lack of differences in females may relate to possible masking/compensatory strategies; age mismatch is the main limitation. Further studies are needed to determine whether SA differences index the neurodevelopmental spectrum.

Keywords: Cognitive heterogeneity, ADHD, performance range, verbal range, WAIS-R

OP-025

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MISOPHONIA, OBSESSIVE–COMPULSIVE PERSONALITY TRAITS, AND EMOTION REGULATION IN INDIVIDUALS WITH BIPOLAR DISORDER IN REMISSION: A CASE–CONTROL STUDY

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BACKGROUND AND AIM: Misophonia is increasingly understood as a condition characterized by heightened emotional reactivity rather than a purely auditory sensitivity. Difficulties in emotion regulation are a core feature of bipolar disorder and may persist even during remission. The role of misophonia and obsessive–compulsive personality traits in emotion regulation among individuals with bipolar disorder remains insufficiently explored. This study aimed to compare misophonia symptoms, obsessive–compulsive personality traits,and mood dysregulation between individuals with bipolar disorder in remission and healthy controls,and to examine their associations within the bipolar group.

METHODS: (Ethics Committee Approval must be obtained and the number should be specified). The sample consisted of 42 individuals diagnosed with bipolar affective disorder in remission and 46 healthy control participants.Gender data were complete for both groups;o verall, 51 participants (58.0%) were male.Participants completed the Misophonia Symptom List,an Obsessive–Compulsive Personality Disorder screening scale,the Mood Dysregulation Scale, and the Beck Depression Inventory. Group comparisons were conducted using independent samples t-tests.Pearson correlation and multiple linear regression analyses were performed within the bipolar group. The study was approved by the Tokat Gaziosmanpaşa University Faculty of Medicine Ethics Committee(Approval Number: 25MOBAEK163).

RESULTS: The bipolar group was significantly older than the control group (48.52±12.27 vs.25.20±6.12 years, p<.001). Misophonia scores were higher in the bipolar group compared to controls (0.74 ± 0.66vs.0.57±0.31), although this difference did not reach statistical significance (p=.132). No significant group differences were observed in obsessive–compulsive personality traits(p=.358). Mood dysregulation scores were significantly higher in the control group (2.62±0.87 vs. 2.05±1.00, p=.006). Despite being in remission, individuals with bipolar disorder showed higher depressive symptom levels than controls (p=.004). Within the bipolar group,misophonia was not significantly associated with mood dysregulation (r=–.12, p=.44),and regression analysis indicated that misophonia,obsessive–compulsive traits, and depressive symptoms did not significantly predict mood dysregulation (R^2=.12,p=.196).

CONCLUSIONS: These findings suggest that misophonia may not represent a stable or disorder-specific characteristic in bipolar disorder during remission.İts relationship with emotion regulation appears to be indirect and influenced by multiple clinical factors.Further studies with age-matched samples and longitudinal designs are needed to clarify the transdiagnostic relevance of misophonia in affective disorders.

Keywords: Bipolar disorder, emotion regulation, misophonia

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AN INVESTIGATION OF THE RELATIONSHIPS BETWEEN DISSOCIATIVE EXPERIENCES, CHILDHOOD TRAUMA AND RUMINATION IN INDIVIDUALS DIAGNOSED WITH MAJOR DEPRESSIVE DISORDER

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BACKGROUND AND AIM: Major Depressive Disorder (MDD) is frequently accompanied by dissociative symptoms, anxiety, and maladaptive cognitive processes such as rumination. Childhood trauma and adulthood traumatic experiences have been suggested as contributors to dissociation and depressive severity. This study aimed to investigate the relationships between dissociative experiences, childhood trauma, rumination, and clinical characteristics in individuals diagnosed with MDD.

METHODS: (Ethics Committee Approval must be obtained and the number should be specified). The study included 157 patients diagnosed with MDD and 79 healthy controls. Patients with MDD were grouped according to their Dissociative Experiences Scale–Taxon (DES-T) scores. All participants completed a Case Report Form, Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), Dissociative Experiences Scale (DES), Ruminative Thought Style Questionnaire (RTSQ), and Childhood Trauma Questionnaire (CTQ-28). Group comparisons, correlation analyses, and multiple regression analyses were performed. This study was approved by the Zonguldak Bülent Ecevit University Ethics Committee on April 9, 2025 (2025/07).

RESULTS: The dissociative MDD group had significantly lower income levels, younger age, earlier age at onset of MDD, and a higher frequency of adulthood trauma. This group also showed significantly higher BDI, BAI, RTSQ, DES, and CTQ-28 scores. BDI scores were positively correlated with dissociation across all groups. CTQ-28 scores were positively associated with dissociation but were not significantly related to BDI or RTSQ scores. BAI scores were positively correlated with all other clinical scales. Predictors of DES total scores were BAI, BDI, younger age, male sex, and family history of psychiatric illness. Predictors of RTSQ were BAI and BDI, whereas age and the presence of chronic medical illness were negative predictors. Predictors of BDI scores included DES total, CTQ-28, RTSQ, and age.9

CONCLUSIONS: Findings indicate the importance of assessing dissociative symptoms in patients presenting with severe depressive symptoms. In this group, anxiety and rumination levels, as well as childhood and adulthood trauma, age, and family psychiatric history, should be evaluated together.

Keywords: Adult trauma, childhood trauma, dissociative experiences, major depressive disorder, rumination

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COMPARISON OF INFLAMMATORY BURDEN INDEX (IBI) VALUES ACROSS DIAGNOSTIC GROUPS IN PSYCHIATRIC INPATIENTS

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BACKGROUND AND AIM: Recently, the role of inflammation in the etiology and pathophysiology of mental disorders has become a major focus of research. This study aimed to examine whether basic inflammatory biomarkers and the Inflammatory Burden Index (IBI) differ across diagnostic groups among psychiatric inpatients and to investigate the relationship between these biomarkers, symptom severity, and length of hospitalization.

METHODS: The study included 184 patients hospitalized in the psychiatry clinic (Major Depression: 51, Bipolar Disorder: 43, Anxiety: 41, Schizophrenia: 38). On the first day of hospitalization, laboratory values for leukocytes, neutrophils (NEU), lymphocytes (LYM), and C-reactive protein (CRP) were obtained. The Inflammatory Burden Index was calculated as CRP*(NEU/LYM). Symptom severity was assessed using the Beck Depression Inventory, Beck Anxiety Inventory, Montgomery–Åsberg Depression Rating Scale, Young Mania Rating Scale, and the Positive and Negative Syndrome Scale.

Comparisons of inflammatory parameters among diagnostic groups were performed using the Kruskal–Wallis test, while correlations between clinical variables were analyzed using Pearson or Spearman correlation analyses. A significance level of $p<0.05$ was considered for all analyses. Research necessary permissions were obtained from the local ethics committee(IRB Date/Number: 2025/197).

RESULTS: No significant differences were found among diagnostic groups in terms of inflammatory parameters ($p>0.05$). There were no significant correlations between CRP, LYM, or IBI values and clinical variables. However, WBC and NEU levels showed a significant positive correlation with both length of hospitalization ($r=0.214$ and $r=0.209$, respectively) and MADRS scores ($r=0.220$ and $r=0.223$, respectively).

CONCLUSION: The findings suggest that inflammation may represent a transdiagnostic biological process rather than a marker specific to a single psychiatric disorder.

Responsive inflammatory markers such as WBC and NEU appear to be associated with both the duration of hospitalization and the severity of depression. Studies with repeated measurements are needed to clarify the longitudinal changes in inflammatory biomarkers and their relationship with symptom dynamics across psychiatric diagnoses.

Keywords: Burden, index, inflammatory, IBI

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A ONE-YEAR RETROSPECTIVE EXAMINATION OF THE SOCIODEMOGRAPHIC AND CLINICAL CHARACTERISTICS OF PATIENTS WHO ADMITTED TO THE EMERGENCY DEPARTMENT OF KARABÜK TRAINING AND RESEARCH HOSPITAL DUE TO SUICIDAL IDEAS OR ATTEMPTS

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BACKGROUND AND AIM: Suicidal behavior is a complex behavioral pattern affecting the individual, their environment, and society, involving a combination of biological, psychological, and social factors. Evaluating mental disorders and sociodemographic data in individuals exhibiting suicidal behavior is crucial for understanding and preventing it. Our study aimed to determine the rates of admissions to Karabük Training and Research Hospital due to suicidal ideation or attempts, and to identify clinical and sociodemographic variables in suicidal ideation or behavior..

METHODS: (Karabük University Non-interventional Clinical Trials Ethics Committee Approval No: 2026/2712)

Consultation requests of 222 individuals, 126 of whom (56.8%) were male, between January 1, 2025 and January 1, 2026 were retrospectively examined through the patient record system. In the study, sociodemographic data, stressful life events, history of self-harm, method of suicide attempt, whether hospitalization was recommended, and diagnosis after evaluation were analyzed.

RESULTS: There was no significant difference in mean age between women (32.97 ± 12.902) and men (33.09 ± 11.072). 55% of those who attempted suicide had depressive disorder, 19.8% had anxiety disorder, and 13.5% had conduct disorder. Regarding the gender distribution of diagnoses, depressive disorder was more common in women and conduct disorder was more common in men than expected (p=0.001).

Men were more likely to attempt suicide by sharp objects, firearms, or hanging, while women were more likely to attempt suicide by taking medication (p<0.001).

A history of self-harm behavior and alcohol or substance use was more common in men (p<0.05).

A history of experiencing stressful events was more common in women (p=0.033).

CONCLUSIONS: Our study is consistent with general literature data, showing that suicide attempts are more frequent in single individuals and those with a history of psychiatric treatment. It also aligns with findings that women more often attempt suicide using medication, while men more often attempt suicide by hanging, stabbing, or shooting.

Keywords: Emergency department, suicide attempt, consultations

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ASSOCIATION OF PSYCHIATRY CLERKSHIP COMPLETION WITH STIGMA AND ANTICIPATED STIGMA AMONG MEDICAL STUDENTS

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BACKGROUND AND AIM: Stigma toward mental illness reduces help-seeking and treatment engagement. Medical students' attitudes may shape future clinical practice. We examined the association between completion of a psychiatry clerkship and levels of general stigma and anticipated stigma, considering sex, smoking, and sociodemographic factors.

METHODS: (Ethics Committee Approval must be obtained and the number should be specified). This cross-sectional comparative study was conducted at Selcuk University Faculty of Medicine. Participants were students who had completed the psychiatry clerkship (Years 5–6) and those who had not (Years 1–4). Data were collected using a Sociodemographic Form, the Stigma Scale, and the Anticipated Stigma Scale. Analyses used t tests/ANOVA, Pearson correlation, and multivariable regression. Ethics approval was obtained (decision no: 2024/609).

RESULTS: A total of 354 students participated; 58.5% were female (n=207) and mean age was 21.05±2.71 years. Awareness of the stigma concept was higher in the clerkship group ($p<0.001$). Stigma Scale scores did not differ between groups (40.67±10.84 vs 40.45±8.26; $p>0.05$). Anticipated stigma scores were higher among students who completed the clerkship (36.64±8.73) than among those who had not (34.54±7.95; $p=0.033$). Stigma and anticipated stigma were positively correlated ($r=0.396$). General stigma scores were higher in male students than in female students ($p<0.001$) and higher among students who smoke ($p=0.003$). Anticipated stigma was higher in students with middle-to-high socioeconomic status. Clerkship completion remained associated with anticipated stigma in the multivariable model (model $R^2=0.05$).

CONCLUSIONS: Clerkship completion was linked to greater conceptual awareness but not to lower general stigma, and it was associated with higher anticipated stigma. The quality of clinical contact, role modeling, and the "hidden curriculum" may contribute to defensive distancing. Structured, contact-based and reflective anti-stigma modules should be integrated into the curriculum; longitudinal studies are needed to clarify causal pathways.

Keywords: Medical education, psychiatry clerkship, stigma, anticipated stigma, attitudes, hidden curriculum

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THE IMPACT OF FACIAL VITILIGO ON SOCIAL APPEARANCE ANXIETY: A CASE-CONTROL STUDY

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BACKGROUND AND AIM: Vitiligo is a chronic depigmenting disorder that can lead to significant psychosocial burden, particularly when lesions involve the face. Facial vitiligo may impair social functioning and self-perception due to its high visibility; however, the relationship between facial lesion characteristics and social appearance anxiety (SAA) has not been sufficiently explored.

METHODS: (Ethics Committee Approval must be obtained and the number should be specified). In this cross-sectional case–control study included 156 adults with non-segmental facial vitiligo and 143 healthy controls matched for age, sex, and education level.. Participants completed the Social Appearance Anxiety Scale (SAAS) and the Hospital Anxiety and Depression Scale (HADS). Vitiligo patients additionally completed the Dermatology Life Quality Index (DLQI) and a Visual Analog Scale (VAS) for perceived disease severity. Facial lesions were anatomically classified as forehead, periorbital, perioral, or mandibular. Group comparisons, correlation analyses, subgroup analyses by lesion location, and moderation analysis (PROCESS Model 1) were performed. Ethics statement: Approval No: 2020/02-13, dated 21/02/2020

RESULTS: Patients with facial vitiligo had significantly higher SAAS scores than controls (55.20 ± 9.17 vs. 19.70 ± 8.40; $p<0.001$; Cohen's $d = 4.16$). Within the vitiligo group, SAAS scores showed strong positive correlations with anxiety, depression, impaired quality of life, and perceived disease severity (all $p<0.01$). Subgroup analysis revealed that periorbital and perioral involvement was associated with significantly higher SAA compared with forehead or mandibular lesions ($p<0.05$). Moderation analysis demonstrated that general anxiety significantly amplified the relationship between perceived disease severity and social appearance anxiety (interaction $p<0.01$).

CONCLUSIONS: Facial vitiligo is associated with markedly elevated social appearance anxiety, particularly when lesions affect socially expressive facial regions. General anxiety acts as an important vulnerability factor that intensifies appearance-related distress. These findings highlight the need for lesion-specific and anxiety-informed psychosocial interventions in the management of facial vitiligo.

Keywords: Body image, psychodermatology, social appearance anxiety, vitiligo

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VIOLENCE BEHIND CLOSED DOORS: THE PREVALENCE OF VIOLENCE AGAINST WOMEN AND UNDERREPORTED CASES TO JUDICIAL AUTHORITIES

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BACKGROUND AND AIM: Based on observations, domestic violence is becoming normalized and underreported to judicial authorities, thus going unpunished. This study aimed to determine the rate of women presenting to the psychiatry outpatient clinic who have been exposed to (verbal and/or physical) violence.

METHODS: (Ethics Committee Approval must be obtained and the number should be specified). The study was approved by the Iğdır University Ethics Committee (February 28, 2024;No. 6/8). Written consent was obtained from participants. Literate women aged 18-65 who consecutively visited the outpatient clinic at Iğdır State Hospital for psychiatric symptoms were included. Patients with psychotic or bipolar disorders were excluded. Sociodemographic data was collected, and a 5-question survey was administered. Fifty participants were included.

RESULTS: The mean age was 35.56±11.64 years. 60%(n=30) were married. Depressive symptoms were reported by 40%(n=20) and anxiety symptoms by 56%(n=28).

Twenty participants (40%) reported the presence of domestic violence (verbal and/or physical) in the family during childhood, and 17(34%) reported direct expose to violence by in childhood. Nineteen participants (38%) reported exposure to verbal and/or physical violence within the past three months; only three (6%) reported this to the police.

Half of married participants (n=15) (p=0.032); 55% of participants with depressive symptoms (n=11) (p=0.043); 55% of participants who reported the presence of domestic violence during childhood (n=11) (p=0.043); 58.8% of participants exposed to violence in childhood (n=10) (p=0.029) reported being exposed to violence in the last 3 months.

In binary logistic regression analysis, it was observed that married individuals (Odds Ratio-OR: 118.7; p=0.003) had an increased risk of experiencing violence, and that this risk decreased with age (OR: 0.88; p=0.021). The effect of depressive symptoms approached statictical significance (OR: 5.9; p=0.06).

CONCLUSIONS: Young women presenting with depressive symptoms, particularly those who are married, should be routinely assessed for domestic violence risk. Despite a high prevalence of recent violence, the low reporting rate suggests that violence remains hidden and unpunished. Future studies should investigate why violence victims do not report to judicial authorities.

Keywords: Domestic violence, failure to report, intimate partner violence, law enforcement

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THE HIDDEN BURDEN OF VISIBILITY: SOCIAL APPEARANCE ANXIETY IN PATIENTS WITH ALOPECIA AREATA – A COMPARATIVE CROSS-SECTIONAL STUDY

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BACKGROUND AND AIM: Alopecia Areata (AA) is a chronic autoimmune dermatologic disorder characterized by non-scarring hair loss in visible regions such as the scalp, eyebrows, and eyelashes. Although medically benign, AA may impose a substantial psychosocial burden due to its impact on appearance. We hypothesized that lesion visibility would be more strongly associated with social appearance anxiety than with generalized anxiety or depressive symptoms.]

METHODS: This comparative cross-sectional study included 129 patients with AA and 142 age- and sex-matched healthy controls (18–65 years). Participants completed the Social Appearance Anxiety Scale (SAAS; 16 items, total score range 16–80) and the Hospital Anxiety and Depression Scale (HADS). AA patients additionally completed the Dermatology Life Quality Index (DLQI) and a Visual Analog Scale (VAS) assessing perceived disease severity. Dermatologists evaluated lesion localization and visibility. Group comparisons, one-way ANOVA, and correlation analyses were conducted.(Protocol No: 020/02-14; February 21, 2020)

RESULTS: Patients with AA demonstrated significantly higher SAAS scores compared to controls (65.32±8.45 vs. 21.45±9.32; $p<0.001$), corresponding to a very large effect size (Cohen's d ≈ 3.4).Scores were within the validated SAAS range (16–80), indicating a substantial difference in appearance-related distress between groups. No significant differences were observed in HADS-Anxiety or HADS-Depression scores. Within the AA group, SAAS scores showed a moderate positive correlation with perceived severity (VAS; $r = 0.304$, $p<0.05$). ANOVA analyses indicated significantly higher SAAS scores in patients with facial involvement, particularly eyebrow and eyelash involvement, compared to less visible regions. DLQI scores were more strongly associated with perceived severity and visibility than with lesion count or total affected area.

CONCLUSIONS: Social appearance anxiety in AA appears more closely associated with lesion visibility and subjective illness perception than with generalized psychopathology. These findings underscore the importance of assessing appearance-related distress in dermatology settings, particularly in patients with involvement of visible sites.

Keywords: Alopecia areata, body image disturbance, chronic skin disorders, psychodermatology, quality of life, social appearance anxiety

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CHANGES IN STIGMATIZING ATTITUDES TOWARD SCHIZOPHRENIA BEFORE AND AFTER PSYCHIATRIC TRAINING IN MEDICAL STUDENTS

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BACKGROUND AND AIM: Stigma toward individuals with schizophrenia remains a major barrier to mental health care and social inclusion. This study aimed to examine whether psychiatric education and clinical exposure reduce stigmatizing attitudes toward individuals with schizophrenia among medical students.

METHODS: This cross-sectional study included two independent groups: 170 fourth-year medical students assessed before starting their psychiatry rotation (no prior psychiatric training or patient contact) and 119 sixth-year medical students assessed during their internship after completing psychiatric training. Participants completed a 20-item stigma questionnaire developed by the authors, based on selected items from the ATIDQ (Attitudes Toward Intellectual Disability Questionnaire) short form and the

SSRPP (Social Distance Scale Revised for People with Psychiatric Problems). Responses were recorded as "agree," "partly agree," or "disagree." Group differences between

fourth- and sixth-year students were analyzed using chi-square or Fisher's exact tests. Benjamini–Hochberg correction was applied for multiple comparisons. The study was approved by the institutional ethics committee (2025, No: 895) and conducted per the Declaration of Helsinki.

RESULTS: After Benjamini–Hochberg correction for multiple comparisons, 9 of 20 items remained statistically significant (adjusted $p < 0.05$). Sixth-year students demonstrated significantly lower stigmatizing attitudes compared to fourth-year students, particularly regarding employment in socially interactive roles ($p<0.001$), perceived dangerousness and crime risk ($p=0.001$), inability to live independently ($p=0.002$), and perceived incurability with reduced life quality ($p=0.002$). Additional significant differences were observed in attitudes toward institutionalization ($p=0.004$), social participation ($p=0.008$), and the need for separate healthcare services ($p=0.005$), reflecting a consistent pattern of reduced exclusionary beliefs among students who had completed psychiatric training.

CONCLUSIONS: Psychiatric education with clinical exposure is associated with reduced stigmatizing attitudes toward schizophrenia among medical students. These findings support structured psychiatric training and direct patient contact in reducing stigma.

Keywords: Medical student, schizophrenia, stigma

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ASSOCIATIONS BETWEEN EMOTIONAL DYSREGULATION AND CHILDHOOD AND ADULT ADHD SYMPTOMS IN ADULTS WITH ADHD: A MULTIVARIABLE REGRESSION ANALYSIS

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BACKGROUND AND AIM: Emotional dysregulation (ED)—including emotional lability, low frustration tolerance, and heightened emotional reactivity—is common in adults with ADHD and contributes to greater clinical severity and comorbidity. Although ED has increasingly been conceptualized as a core dimension of ADHD, its associations with both childhood and adult ADHD symptom characteristics remain insufficiently examined. In light of these considerations, this study aimed to investigate how childhood and adult ADHD characteristics influence emotional dysregulation.

METHODS: (Ethics Committee Approval must be obtained and the number should be specified). This retrospective study included 242 adults(mean age = 23.72 ± 5.88, 145 female) diagnosed with ADHD who attended a psychiatry clinic between 2021 and 2024. The Wender Utah Rating Scale (WURS), the Self-Report Wender-Reimherr Adult Attention Deficit Disorder Scale (SR-WRAADDS), and the Hospital Anxiety and Depression Scale (HADS) were administered. Data were analyzed using hierarchical multiple linear regression models to examine factors associated with ED (as measured by the SR-WRAADDS ED subscale) while controlling for sex, HADS subscales, and psychotropic medication use.(Approval number: I01-06-26)

RESULTS: Female participants had significantly higher SR-WRAADDS ED scores than males (U=5857.5,p=0.028). Individuals not receiving medication had significantly higher SR-WRAADDS ED scores than those receiving stimulant treatment(U=1580.50, p=0.004) Hierarchical regression analyses demonstrated that SR-WRAADDS ED subscale score was differentially predicted across models. In the model including WURS subscales, female sex(β=−0.13, p=0.035), HADS anxiety(β=0.22,p=0.001), HADS depression(β=−0.28, p<0.001), and combined treatment(β=0.20,p=0.002) emerged as significant predictors, whereas none of the WURS subscales independently predicted. In contrast, in the second model, the SR-WRAADDS attention deficit (β=0.52), impulsivity/hyperactivity (β = 0.21), and temperament traits (β=0.20) subscales were the strongest independent predictors (p<0.001), while sex, anxiety and depressive symptoms were no longer significant.

CONCLUSIONS: The present findings indicate that ED is more strongly associated with adult ADHD symptom domains than with childhood ADHD characteristics. Clinically, these results underscore the importance of focusing on current ADHD symptom profiles and treatment status when assessing and managing emotional dysregulation in adults.

Keywords: Attention-deficit/hyperactivity disorder, childhood ADHD symptoms, emotional dysregulation, multivariable regression analysis

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FREQUENCY OF POST TRAUMATIC STRESS DISORDER AND ASSOCIATED FACTORS AMONG SURVIVORS OF VAN AVALANCHE: 6-MONTH FOLLOW-UP STUDY

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BACKGROUND AND AIM: Avalanche disasters are life-threatening events that may cause severe and long-lasting psychological consequences. Post-Traumatic Stress Disorder (PTSD) is one of the most frequently observed psychiatric outcomes following disasters. Although avalanches occur relatively often in Turkey, particularly in the eastern regions, there is a lack of research examining their psychiatric effects. Rescue workers, especially volunteers, are exposed to intense trauma during disaster response and may be at increased risk for PTSD.

METHODS: (Ethics Committee Approval must be obtained and the number should be specified). This study included 35 male rescue workers who were trapped under two consecutive avalanches that occurred in Van's Bahçesaray district in 2020. Participants were assessed through face-to-face clinical interviews at two and six months after the disaster. PTSD diagnosis was made according to DSM-5 criteria using clinical evaluations and the Post-Traumatic Stress Disorder Symptom Scale–Self Report (PSS-SR). Trauma severity was measured using the Impact of Event Scale (IES). Sociodemographic and disaster-related risk factors were also recorded.(Ethics Committee Approval no: 2020/03-27)

RESULTS: PTSD prevalence was 71.4% at two months and decreased to 57.1% at six months after the avalanche. Longer duration under the avalanche (more than 30 minutes), being a volunteer rescuer, and having no prior disaster exposure were identified as significant risk factors for PTSD. Although symptom severity decreased over time, PTSD symptoms remained common, particularly among volunteer rescuers.

CONCLUSIONS: Avalanche disasters are associated with a high and persistent risk of PTSD among rescue workers. Professional training, psychological preparedness, and prior disaster experience may have protective effects. These findings highlight the need for early psychosocial interventions, regular mental health screening, and sustained psychological support for individuals involved in disaster response.

Keywords: Avalanche, psychiatric disorders, post-traumatic stress disorder

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ASSOCIATION BETWEEN COGNITIVE EMOTION REGULATION STRATEGIES AND DEPRESSION AND ANXIETY IN INFERTILE WOMEN

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BACKGROUND-AIM: Infertility is a significant psychosocial stressor for women.Cognitive emotion regulation strategies may shape perceptions of this process and emotional responses; therefore, this study examined their relationship with depression and anxiety levels in infertile women.

METHODS: This study included 64 infertile women who attended the Pamukkale University In Vitro Fertilization Center and completed the sociodemographic information form, the Cognitive Emotion Regulation Questionnaire (CERQ), the Beck Depression Inventory (BDI), and the Beck Anxiety Inventory (BAI). Inclusion criteria were a diagnosis of infertility, age ≥18, literacy, and voluntary participation. Exclusion criteria included age <18, refusal to participate, severe psychiatric disorders (e.g., psychotic or bipolar disorders, substance dependence, dementia, or psychotic depression), significant medical or neurological illness, intellectual disability, physical or neurological conditions that impair communication, and illiteracy.Psychotropic medication use was recorded. Ethical approval for the study was obtained from the university ethics committee (E-60116787-020-811463).

RESULTS: The mean age of the participants was 30.11 ± 4.45 years, and the mean duration of marriage was 4.73 ± 2.92 years. The rate of receiving psychological support was 4.7%; 35.9% reported that they would like to receive support, while 59.4% stated that they did not wish to receive psychological help. The mean BDI score was 8.85 ± 7.80, and the mean BAI score was 11.45 ± 9.69. Age was positively associated only with the acceptance and blaming others subscales. BDI scores were positively correlated with self-blame, rumination, catastrophizing, and blaming others, whereas BAI scores were positively correlated with self-blame, rumination, and catastrophizing.

CONCLUSION: Consistent with the literature, depression and anxiety levels in infertile women are associated with maladaptive cognitive emotion regulation strategies. In particular, self-blame, rumination, and catastrophizing were significantly linked to both depression and anxiety. The association between age and certain strategies suggests that coping patterns may change across the lifespan.

Keywords: Infertility, emotion regulation, depression, anxiety

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A RETROSPECTIVE EVALUATION OF ANTIPSYCHOTIC SELECTION IN PATIENTS DIAGNOSED WITH DELIRIUM DURING PSYCHIATRIC CONSULTATIONS AT PAMUKKALE UNIVERSITY HOSPITAL OVER THE LAST YEAR

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BACKGROUND AND AIM: Delirium is a clinically significant condition associated with adverse outcomes. This study aimed to identify key clinical features and treatment approaches in delirium by retrospectively examining recommended antipsychotic treatments, psychiatric comorbidities, re-consultation needs, and selected laboratory findings.

METHODS: Sociodemographic and medical data of patients diagnosed with delirium and consulted to the psychiatry department between 01.01.2025 and 01.01.2026 were retrospectively reviewed from hospital records. Reviewed variables included survival status, psychiatric comorbidities, selected laboratory findings, treatments recommended after consultation, and re-consultation status. Continuous variables were presented as mean ± standard deviation and categorical variables as number and percentage (%). Categorical comparisons were performed using the chi-square test. Ethical approval was obtained (E-60116787-020-811452).

RESULTS: Among 342 patients, 58.5% were male and 41.5% female; mean ages were 70.9 ± 12.7 and 74.2 ± 12.0 years. In-hospital mortality was 22.1%. Dementia was present in 17%, and other psychiatric comorbidities in 40.6%. Antipsychotic treatment was recommended in 97.7% of cases; haloperidol (oral drops) was most frequently prescribed (88.6%), followed by quetiapine (6.3%). Re-consultation during hospitalization occurred in 25.1% of patients. A significant association was found between antipsychotic use within the previous six months and re-consultation (χ^2=12.704; p<0.001). Mean initial doses were 1.40 ± 0.65 mg for haloperidol, 38.10 ± 27.52 mg for quetiapine, 3.93 ± 2.34 mg for olanzapine, and 1.0 ± 0.0 mg for risperidone.

CONCLUSION: Consistent with the literature, haloperidol was the most frequently preferred antipsychotic in delirium management, as supported by Wilson et al. and the NICE guideline. The relatively low doses suggest that a cautious titration strategy was adopted, considering the mortality and cardiovascular risks emphasized by Tomlinson et al. Increased re-consultation among patients with prior antipsychotic use may reflect dopaminergic adaptation. Given the multifactorial nature of delirium, individualized treatment and close monitoring remain essential.

Keywords: Delirium, antipsychotic, haloperidol

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LACTOSE INTOLERANCE SYMPTOMS, IRRITABLE BOWEL SYNDROME AND SYMPTOM SEVERITY IN PATIENTS WITH MAJOR DEPRESSIVE AND ANXIETY DISORDERS UNDER ANTIDEPRESSANT TREATMENT

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BACKGROUND AND AIM: There is increasing evidence for a bidirectional interaction between MDD, anxiety disorders and GI dysfunctions. This study aims to evaluate the prevalence of GI symptoms in patients with MDD and anxiety disorders using lactose-containing antidepressants, the relationship between IBS symptoms and psychiatric symptom severity and the association of lactose intolerance symptoms with the lactose content of medications.

METHODS: (Ethics Committee Approval must be obtained and the number should be specified). This study was conducted using a hybrid design incorporating both cross-sectional and prospective cohort methodologies. The sample consisted of 300 participants with MDD, anxiety disorders and healthy controls. Antidepressants were classified as lactose-containing or lactose-free based on excipient information obtained from official database of the TITCK. A subgroup of patients reporting lactose intolerance symptoms was re-evaluated after a 6–8 week lactose-free diet and continued antidepressant therapy. Patients reporting lactose intolerance symptoms received standardized information regarding lactose-containing foods. Those who did not adhere to recommendations and lactose intake during follow-up were excluded to minimize external lactose exposure as a confounding factor. It was approved by the Ethics Committee for Scientific Research of the University of Health Sciences Gulhane with decision no: 2024-73 (14.11.2024).

RESULTS: Increased IBS severity was associated with HADS-Anxiety, HADS-Depression and SDQ-20, whereas SSAS scores did not differ significantly between IBS severity groups. Furthermore, patients using lactose-free antidepressants showed more prominent reductions in lactose intolerance symptoms particularly gas, bloating, nausea/vomiting and belching within 6–8 weeks compared to those using lactose-containing medications. Multivariate logistic regression analysis identified age, HADS-Depression, SSAS and SDQ-20 scores as independent risk factors for IBS.

CONCLUSIONS: Patients with IBS complaints exhibited increased psychiatric symptoms and heightened somatic sensitivity; age, depression scores, dissociative symptoms and somatic amplification were identified as important predictors of IBS. Although the lactose content of antidepressants is relatively low, heightened visceral sensitivity may render excipient exposure clinically significant.

Keywords: Major depressive disorder, anxiety disorder, lactose intolerance, irritable bowel syndrome

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EXTRAPYRAMIDAL SYMPTOM SEVERITY ACROSS NEUROANATOMICAL SUBTYPES OF SCHIZOPHRENIA IDENTIFIED BY MACHINE LEARNING

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BACKGROUND AND AIM: Machine-learning approaches have identified distinct neuroanatomical subtypes of schizophrenia. However, the clinical relevance of these subtypes for extrapyramidal symptoms (EPS) has received limited attention. Given the role of basal ganglia circuits in EPS, examining EPS across neuroanatomical subtypes may provide translational insight. Based on schizophrenia subtypes derived using the HYDRA (Heterogeneity Through Discriminative Analysis) algorithm, we compared EPS across two neuroanatomical subtypes.

METHODS: (Ethics Committee Approval must be obtained and the number should be specified). Structural MRI data from 222 participants (136 schizophrenia; 86 healthy controls) were analysed. Two HYDRA-defined schizophrenia subtypes were examined: Subtype 1 with cortical atrophy (n=75) and Subtype 2 with preserved cortical morphology and enlarged subcortical volumes (n=61). EPS were assessed using the Extrapyramidal Symptom Rating Scale (ESRS). Demographic, clinical, and ESRS scores were compared using the Mann–Whitney U test. EPS severity was analysed using linear regression models with log-transformed ESRS scores, adjusting for age, sex, chlorpromazine-equivalent dose, and subtype. Additional region-of-interest analyses examined bilateral volumes of the putamen, pallidum, caudate, and nucleus accumbens in separate models adjusted for age, sex, chlorpromazine-equivalent dose, total intracranial volume, and subtype. Ege University Ethics Committee approval number: 19–12T/42.

RESULTS: ESRS scores were available for 108 of 136 patients (79.4%), and availability did not differ between subtypes (Subtype 1 vs 2: 84.0% vs 73.8%; p=0.142). Subtypes were comparable in demographic and clinical characteristics. ESRS total scores were significantly higher in Subtype 1 than Subtype 2 (median: 8 vs 5; U=1000.5, p=0.009).

EPS prevalence did not differ significantly between Subtype 1 and Subtype 2 (93.7% vs 82.2%; p=0.062). In linear regression analyses, subtype remained independently associated with ESRS severity (Subtype 2 vs 1: β=-0.41, p=0.019), and age showed a positive association with ESRS severity (β=0.01, p=0.037). No basal ganglia structures were associated with ESRS (p>0.05).

CONCLUSIONS: Neuroanatomical subtypes of schizophrenia differed in EPS severity. This difference, independent of antipsychotic dose and basal ganglia volumes, suggests subtype-specific vulnerability of motor circuits.

Keywords: Extrapyramidal system, machine learning, neuroimaging, schizophrenia, structural magnetic resonance imaging, subtypes

OP-040

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A RETROSPECTIVE ANALYSIS OF THE CLINICAL CHARACTERISTICS, SUBSTANCE USE PROFILES, AND DISCHARGE TREATMENTS OF PATIENTS HOSPITALIZED IN THE AMATEM SERVICE

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BACKGROUND AND AIM: Alcohol and substance use disorder (ASUD) is a chronic, relapsing condition with significant individual and societal consequences. This study examined the clinical characteristics, substance use profiles, and post-discharge treatments of patients treated at an AMATEM.

METHODS: (Ethics Committee Approval must be obtained and the number should be specified). Sociodemographic and medical data of patients hospitalized at Pamukkale University AMATEM between01.12.2020and01.12.2025wereretrospectivelyreviewed; ethical approval was obtained(No.E-60116787-020-811471).

RESULTS: A total of 632 patients were included; 87.3% were male and 55.2% were single.The mean age was 29.37±9.42 years, with 2.07±1.55 hospitalizations and a hospitalization duration of 16.27±11.55 days.The mean age at onset was 17.65±5.64 years, the duration of use was 11.70±8.29 years, and the longest abstinence period was 10.50±12.84 months. Opioids were most common in current use (56.3%), and cannabis in past use (67.2%).Legal involvement, intravenous use, and a family history of substance use were present in 22%, 26.7%, and 16.9% of patients, respectively.Polysubstance use disorder was the most common discharge diagnosis (35.9%), followed by opioid (32.1%) and alcohol use disorder (17.2%).Acamprosate was used in 39.7% of patients with alcohol use disorder, while the mean daily buprenorphine/naloxone dose at discharge was 10.1 mg for opioid use disorder.31% of patients (n=196) were discharged before completing treatment; most refused treatment (85.7%). Age at onset was negatively correlated with hospitalizations and positively with longest abstinence ($p<0.001$).Patients in the opioid group were younger, had earlier onset, and more frequent hospitalizations than other ASUD patients.Within the opioid group, those with a history of IV use had more hospitalizations, earlier onset, and longer use duration.Alcohol patients were older, had later onset and longer use duration; they had fewer hospitalizations, longer stays, and shorter longest abstinence.

CONCLUSIONS: In this study, the clinical and demographic characteristics of AMATEM patients were evaluated, demonstrating distinct clinical profiles of alcohol and opioid use disorders; consideration of real-world data in treatment planning is recommended.

Keywords: Addiction, alcohol, amatem, substance

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COGNITIVE SUBTYPING IN SCHIZOPHRENIA: AN ANALYSIS OF NEUROPSYCHOLOGICAL PROFILES, CLINICAL SYMPTOMATOLOGY, AND THE IMPACT OF ILLNESS DURATION USING THE COBRE DATASET

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BACKGROUND AND AIM: Cognitive impairment, a hallmark feature of schizophrenia, is known to exhibit significant heterogeneity among patients. Classification studies often reveal three primary clusters based on deficit severity. This study aimed to categorize patients with schizophrenia using the COBRE dataset, examining the relationship between cognitive clusters, sociodemographic variables, and clinical findings.

METHODS: (Ethics Committee Approval must be obtained and the number should be specified). Data from 68 patients with schizophrenia and 67 healthy controls were analyzed. Cognitive categories were established via K-means clustering based on seven MATRICS domains. Groups were compared using independent samples t-tests and one-way ANOVA. Pearson correlation assessed the relationship between clinical parameters and the MATRICS overall composite score. Data processing and statistical analyses were facilitated by Python libraries and the Antigravity software. The COBRE dataset is a publicly accessible repository released under a Creative Commons Attribution–Non-Commercial license; written informed consent was obtained from all participants in compliance with the University of New Mexico (UNM) Institutional Review Board (IRB) protocols.

RESULTS: Three distinct cognitive clusters emerged: Relatively Preserved (n=23), Moderately Impaired (n=22), and Severely Impaired (n=19). No statistically significant differences were found between groups regarding age, gender, education, PANSS total scores, illness duration, or antipsychotic medication dosage. However, the Severely Impaired group exhibited significantly higher scores on PANSS "Disorientation" ($p=0.021$) and "Lack of Judgment and Insight" ($p=0.043$). While the Severely Impaired group showed a 4.6-point IQ decrease compared to estimated premorbid levels, no significant decline was detected in other groups. A very strong positive correlation was identified between age of onset and overall cognitive performance ($r=0.77$, $p<0.001$).

CONCLUSIONS: These findings indicate that cognitive impairment in schizophrenia does not depend on illness chronicity, aligning with existing literature that deficits emerge early and stabilize over time. Additionally, the 'Severely Impaired' cluster appears to follow a unique trajectory defined by an earlier onset of illness, impaired insight, and severe neurocognitive deficits.

Keywords: Cognitive impairment, k-means clustering, scizophrenia,

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STATE ANXIETY AND UNCERTAINTY PROCESSING: A HIERARCHICAL GAUSSIAN FILTER STUDY IN GENERALIZED ANXIETY DISORDER

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BACKGROUND AND AIM: Generalized Anxiety Disorder (GAD) is characterized by persistent worry and heightened sensitivity to uncertainty. Computational models suggest that anxiety may involve excessive belief updating rather than impaired learning. The Hierarchical Gaussian Filter (HGF) quantifies learning under uncertainty through the tonic volatility parameter (ω^2). This study examined how state anxiety relates to uncertainty processing in individuals with GAD.

METHODS: (Ethics Committee Approval must be obtained and the number should be specified). Thirty-six participants, comprising 18 individuals with Generalized Anxiety Disorder and 18 age and education matched healthy controls, completed a probabilistic reversal learning task. Belief updating was modeled using a Hierarchical Gaussian Filter with higher-level volatility fixed to assess tonic environmental volatility (ω^2). Participants completed the State–Trait Anxiety Inventory (STAI) and the Intolerance of Uncertainty Scale (IUS-12). Group differences were examined using Mann–Whitney U tests, and associations were assessed using Spearman rank-order correlations. The study was approved by the Ondokuz Mayıs University Clinical Research Ethics Committee (Approval No: 2026/43).

RESULTS: Individuals with Generalized Anxiety Disorder exhibited significantly higher ω^2 values than healthy controls (U=51.0, p<.001), indicating increased sensitivity to environmental volatility. They showed lower win-stay and higher lose-shift behavior (both p <.001), while overall task accuracy showed a smaller but statistically significant group difference (p =.033). Volatility sensitivity was associated with state anxiety (STAI-S; ρ = 0.42, p =.010), intolerance of uncertainty (IUS-12; ρ=0.39, p =.020), and lose–shift behavior (ρ = 0.55, p<.001). The association with trait anxiety (STAI-T) was weaker and did not reach statistical significance (ρ = 0.32, p =.059).

CONCLUSIONS: Individuals with Generalized Anxiety Disorder tend to update beliefs excessively under uncertainty rather than exhibiting generalized learning deficits. State anxiety was more closely related to uncertainty processing than trait anxiety, particularly following negative feedback. Computational models of uncertainty may help clarify mechanisms underlying anxiety and inform targeted interventions.

Keywords: Generalized anxiety disorder, hierarchical gaussian filter, belief updating, uncertainty processing, reversal learning

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THE EFFECT OF SHIFT WORK ON EMOTION REGULATION AND LIFE SATISFACTION IN HEALTHCARE WORKERS

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BACKGROUND AND AIM: This study aimed to identify clinical, sociodemographic, and emotion regulation difficulties, life satisfaction, depression, anxiety, and stress variables in healthcare workers working in shifts, to compare these variables with those of healthcare workers working outside of shifts, and to determine the differences between at-risk populations and occupational groups.

METHODS: (Ethics Committee Approval No. 2026/2705). This study was created by collecting data from healthcare professionals working at Karabük Training and Research Hospital who agreed to participate between January 1, 2026 and January 23, 2026, through face-to-face interviews. Sociodemographic data, the Depression Anxiety Stress Scale-21, the Life Satisfaction Scale, and the Emotion Regulation Difficulty Scale-Short Form were examined.

RESULTS: No significant age difference was found when comparing shift-working (n=53) and non-shift-working (n=50) healthcare workers [28 (28–48) vs 28.5 (23–56); p=0.678]. The presence of comorbidities was higher in the non-shift-working group (p=0.013), and occupational distribution showed a significant difference between the groups (p<0.001). When scale scores were evaluated, the DDGO score was higher in shift-working employees [35 (18–80) vs 25 (16–56); p<0.001]. DASS depression, anxiety, and stress subscale scores were also found to be higher in shift-working employees (p<0.001 for each). Although the YDO score tended to be lower in the shift-working group, no statistically significant difference was found between the groups [26 (11–35) vs 28 (9–35); p=0.495].

CONCLUSIONS: When our study results were compared with literature data, we found that healthcare workers on shifts had significantly higher levels of emotion regulation difficulties, depression, anxiety, and stress, while life satisfaction tended to be lower compared to those working non-shifts; however, this difference was not statistically significant. These findings suggest that shift work may have negative effects on the mental health of healthcare workers and highlight the importance of planning preventive and supportive mental health interventions, especially for at-risk groups.

Keywords: shift work, life satisfaction, healthcare worker, emotion regulation

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EMOTIONAL, BEHAVIORAL AND SOCIAL FUNCTIONING IN CHILDREN OF PARENTS WITH ALCOHOL AND SUBSTANCE USE DISORDERS: A CASE–CONTROL STUDY

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BACKGROUND AND AIM: Parental alcohol and substance use disorders (AUD/SUD) can impair parental capacity and lead to emotional and behavioral difficulties. This study compared emotional-behavioral problems and social skills in children of parents with AUD and SUD versus healthy controls.

METHODS: This study included parents with AUD or SUD attending the AMATEM clinic of Izmir Katip Çelebi University Atatürk Training and Research Hospital and their children aged 4-15 years and matched healthy controls. Sociodemographic data were collected from children and parents. Parents completed the Strengths and Difficulties Questionnaire (SDQ) and the SOBECE (Social Skills Assessment Scale) for their children. Ethical approval was obtained (2024-SAEK-0017)

RESULTS: Ninety children (mean age 9.31 ± 3.62 years) were categorized into three groups (n = 30 each): children of parents with AUD, SUD, and healthy controls.

Significant intergroup differences were found in SDQ hyperactivity (χ^2 = 9.10, p = 0.011), peer problems (χ^2 = 10.29, p = 0.006) and total SDQ scores (χ^2 = 6.87, p = 0.032), with higher scores in the SUD group compared to healthy controls. Significant differences were also observed in SOBECE total scale scores (χ^2 = 12.80, p = 0.002) and subscales, including assertiveness (χ^2 = 7.16, p = 0.028), problem solving (χ^2 = 6.67, p = 0.036), planning (χ^2 = 7.05, p = 0.029), group interaction and task management (χ^2 = 16.65, p < 0.001), and coping with aggression and impulses (χ^2 = 14.72, p < 0.001). The SUD group scored lower across all SOBECE domains than healthy controls.

CONCLUSIONS: Children of parents with SUD demonstrate greater emotional-behavioral difficulties and poorer social skills than healthy controls. Our findings highlight the need for routine mental health screening in children of parents receiving treatment for use disorders. Early intervention strategies such as parenting support, resilience-building, and school-based interventions may improve long-term developmental outcomes.

Keywords: Alcohol and Substance Use Disorders, Social Skills, Children, Strengths and Difficulties Questionnaire, Parental Addiction

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ASSESSING MENTALIZATION VIA SELF-REPORT MEASURES IN BORDERLINE PERSONALITY DISORDER: HOW SELF-MENTALIZING IMPACTS OTHER-MENTALIZING

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BACKGROUND AND AIM: Mentalization, the ability to interpret intentional mental states, is an umbrella term that includes concepts such as theory of mind and emotional awareness. Evaluating the sub-dimensions of mentalization can be challenging. This study aims to comparatively investigate self- and other-mentalizing in patients with borderline personality disorder(BPD) and healthy controls.

METHODS: (Ethics Committee Approval must be obtained and the number should be specified). Our study included 82 BPD patients and 82 healthy controls matched for age, sex, education level. Mentalization Scale(MentS), Trait Meta-Mood Scale(TMMS), Reading the Mind in the Eyes Test(RMET) were used. Statistical analysis was performed with the SPSS v26. MODEL 16 in the PROCESS macro was used for moderated mediation analysis. Istanbul University–Cerrahpasa Clinical Research Ethics Committee approved this study with decision number 743969, dated 01.08.2023.

RESULTS: Significant relationships were found between MentS-Self and attention to feelings(AF) (p=0.001), clarity of feelings(CF) (p<0.001), and mood repair (p<0.001) subscales of TMMS. In contrast, no significant relationship was found between MentS-Other and RMET (p=0.231). CF had a significant positive effect (B=0.689, 95% CI[0.038, 1.340]), whereas AF had a significant negative effect (B=-0.578, 95% CI[-1.118, -0.037]) on MentS-Other. The mediation of AF in the effect of MentS-Self on MentS-Other is partially moderated by MentS-Motivation (B=0.004, 95% CI[0.000-0.009]) in BPD patients.

CONCLUSIONS: Our findings show that RMET and MentS-Other may evaluate different areas of mentalizing regarding others based on behavioral and self-report characteristics, respectively. Self- and other-mentalizing interact with each other by their developmental nature. Also, other-mentalizing may be influenced by self-mentalizing due to asses via self-report. Furthermore, the intertwining of self- and other-mentalizing in BPD patients may be dissipating when the motivation for mentalizing is high.

Keywords: Self-mentalizing, other-mentalizing, mentalization, borderline personality disorder

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PERSONALITY FUNCTIONING, MENTALIZATION, AND SYMPTOMATIC RECOVERY IN ACCELERATED TRANSCRANIAL MAGNETIC STIMULATION TREATMENT OF MAJOR DEPRESSIVE DISORDER: PRELIMINARY FINDINGS

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BACKGROUND AND AIM: Impairments in personality functioning and mentalization are closely related to depression, yet their treatment response remains understudied. This study investigates changes in these constructs in major depressive disorder patients undergoing accelerated transcranial magnetic stimulation(TMS) treatment.

METHODS: (Ethics Committee Approval must be obtained and the number should be specified). 23 patients receiving accelerated TMS treatment targeting the dorsomedial prefrontal cortex were evaluated before and after treatment using Hamilton Depression Rating Scale(HAMD), Beck Depression Inventory(BDI), Level of Personality Functioning Scale–Brief Form 2.0(LPFS-BF 2.0), and Mentalization Scale(MentS). Independent samples t-tests, Pearson correlations, and linear mixed models were applied to examine relationships and pre–post changes in depression(HAMD, BDI), personality functioning(LPFS-BF 2.0), and mentalization(MentS). Istanbul University–Cerrahpasa Clinical Research Ethics Committee approved the study with decision number 1210653, dated 23.01.2025.

RESULTS: No significant differences were found in baseline LPFS-BF 2.0 ($p=0.15$) or MentS ($p=0.65$) scores when participants were grouped by post-treatment HAMD severity (≥8 vs <8). Improvement in HAMD was correlated with improvement in LPFS-BF 2.0 ($r=0.54$, $p=0.008$), whereas improvement in BDI was correlated with improvement in MentS ($r=0.67$, $p<0.001$). HAMD and LPFS-BF 2.0 scores showed significant reductions (21.4→9.1, 29.0→23.6, respectively) with a significant time and measure interaction ($F(1,22)=21.57$, $p<0.001$) that implies a reduction in HAMD significantly greater than that in LPFS-BF 2.0. BDI score showed a significant reduction (28.7→17.8), whereas MentS score increased modestly (80.1→82.3) without reaching significance, and a significant time and measure interaction was found ($F(1,22)=12.92$, $p=0.002$).

CONCLUSIONS: Baseline LPFS-BF 2.0 and MentS scores did not differentiate between remitted and non-remitted patients. While depressive symptoms show a strong response to treatment, improvements in personality functioning and mentalization are more limited. Correlation between improvements in LPFS-BF 2.0 and HAMD scales underscores the interaction between personality dysfunction and depression, while relationship between changes in mentalization and BDI scores may reflect patients' capacity to recognize their symptomatology as reported in self-assessment measures. Despite the small sample, these preliminary findings offer valuable insights, warranting research in larger populations.

Keywords: Personality dysfunction, mentalization, major depressive disorder, transcranial magnetic stimulation

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DIGITAL ETHICAL ATTITUDES AMONG MEDICAL STUDENTS: PHYSICIANS' USE OF SOCIAL MEDIA

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BACKGROUND AND AIM: Digital technologies and social media in healthcare increase ethical challenges in patient confidentiality, data security, and professionalism and expose medical students to dilemmas early in training. These challenges are particularly salient in psychiatric practice, where therapeutic relationships rely heavily on trust, confidentiality, and clearly defined professional boundaries. This study aimed to evaluate medical students' attitudes toward digital medical ethics scenarios and online privacy awareness, and to examine associations with clinical training level, social media use, and exposure to digital patient data.

METHODS: Cross-sectional study of 153 medical students. Measures: sociodemographic questionnaire; five researcher-developed digital medical ethics scenarios addressing patient confidentiality and professional boundaries, rated on a five-point Likert scale (Cronbach's α=0.795–0.890); and the Online Privacy Awareness Scale. Ethical approval was obtained on January 13, 2026 (Approval No: E-60116787-020-811447).

RESULTS: In S2 (communication with patients via social media), clinical students demonstrated stricter ethical attitudes (p=0.013). In patient image (S1) and patient–clinician dialogue (S3) scenarios, students with higher social media use exhibited more flexible attitudes (p=0.003 and p=0.006). Students preferring surgical specialties showed more flexible attitudes in S3 (p=0.042). Regression analyses indicated that stricter attitudes in S1 were associated with social media use duration (β=–0.259, p=0.001) and exposure to digital patient data (β=–0.160, p=0.049), whereas stricter attitudes in S2 were associated with the communication subdimension of online privacy awareness (β=0.480, p<0.001).

CONCLUSION: Digital medical ethics attitudes are associated with clinical training level, social media use, and digital exposure. Given the central role of confidentiality and professional boundaries in psychiatric practice, digital environments may increase vulnerability to ethical risk. These findings support the integration of structured, case-based digital ethics education into medical curricula to safeguard therapeutic relationships in mental health care. Clear institutional policies and consistent role modeling may further enhance ethical sensitivity and professional responsibility in digital contexts

Keywords: Digital medical ethics, online privacy awareness, social media

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ANXIETY AND AGGRESSION LEVELS IN PATIENTS WITH BIPOLAR DISORDER WITH AND WITHOUT CRIMINAL INVOLVEMENT

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BACKGROUND AND AIM: This study aims to identify factors associated with anxiety and aggression levels in patients diagnosed with bipolar disorder with and without a history of criminal involvement

METHODS: (Ethics Committee Approval must be obtained and the number should be specified). Patients with a history of criminal involvement were bipolar disorder patients hospitalized in the High-Security Forensic Psychiatry Unit of our hospital. Patients without criminal involvement were recruited from those receiving inpatient treatment in the general psychiatry ward and/or attending psychiatry outpatient clinic. All participants completed sociodemographic data form, the Beck Anxiety Inventory, and the Buss–Perry Aggression Questionnaire. Study was approved by the Non-Interventional Ethics Committee of Elazığ Fethi Sekin City Hospital (Approval No: 2025/13-6; Date: 24 July 2025).

RESULTS: A total of 111 patients (93 males, 18 females) were included: 60 with and 51 without criminal involvement. No statistically significant differences were found between the groups in age, sex, marital status, place of residence, educational level, history of suicide attempts, tobacco and alcohol use. Both groups showed mild anxiety levels, with no significant difference. Similarly, no significant differences were observed in the BPAQ subscales of physical aggression, hostility, anger, or verbal aggression ($p = 0.386$, $p = 0.541$, $p = 0.780$, $p = 0.205$). In the criminally involved group, Beck Anxiety scores showed moderate positive correlations with physical aggression, hostility, anger, verbal aggression, and total aggression scores ($r=0.366$, $r=0.428$, $r=0.340$, $r=0.343$, $r=0.413$). In non-criminally involved group, moderate positive correlations were found between Beck Anxiety, Buss-Perry hostility and anger subscales ($r=0.318$, $r=0.311$).

CONCLUSIONS: No significant differences were identified between patients with and without criminal involvement in terms of anxiety and aggression levels. However, significant differences were observed in certain sociodemographic factors, such as occupation and substance use. Positive correlations between anxiety and aggression were present in both groups, indicating a complex and multifactorial relationship. Further large-scale and longitudinal studies are needed to better clarify these associations.

Keywords: Aggression, anxiety, bipolar disorder, crime

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THE RELATIONSHIP BETWEEN REFUSAL OF ANTENATAL SCREENING TEST AND MOTHER-FETUS ATTACHMENT

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BACKGROUND AND AIM: Mothers experience prenatal attachment by viewing the fetus as a distinct entity, resulting in meaningful emotional attachment. Antenatal screening test (AST) decisions shaped not only by emotional attachment but also by cognitive assessments, risk perception, socioeconomic status, and health literacy (1). We studied the relation between double/triple test (DTT) and oral glucose tolerance test (OGTT) uptake willingness and prenatal attachment, depression, and anxiety.

METHODS: Under ethical approval 2023/05-52, 112 pregnant women recommended for AST (mean age 28.32±5.99; mean gestational age 19.85±7.98) joined this study. Participants were administered Prenatal Attachment Inventory (PAI), Beck Depression Scale (BDS), Beck Anxiety Scale (BAS).

RESULTS: 57.1% of participants wanted to take the DTT, 33.9% wanted to take the OGTT. No significant correlations occurred between DTT/OGTT willingness and PAI, BDS, or BAS scores (p>0.05). PAI correlates weakly and negatively with BDS (r=-0.215; p=0.023). PAI weakly correlates with gestational age (r=0.216, p=0.022) and stillbirth rate (r=0.229, p=0.015). BDS scores correlate with duration of marriage (r=0.287, p=0.002), pregnancies (r=0.307, p=0.001), and child count (r=0.305, p=0.001).Willingness for DTT was higher among university graduates (p=0.022).

Sociodemographics didn't correlate with OGTT testing willingness. Higher family incomes (p=0.022) and university-educated spouses (p=0.015) predicted superior PAI scores. BAS scores were higher in those with extended families (p=0.016), those with poor relationships with their spouse's family (p=0.005), and those without knowledge of infant care (p=0.029).

CONCLUSIONS: The findings show that willingness to undergo AST is independent of the prenatal attachment level. This suggests that the decision to undergo testing may be related to cognitive and sociodemographic factors rather than emotional attachment (2,3). The negative relationship between prenatal bonding and depression supports the idea that depressive symptoms during pregnancy may weaken the bonding process, which is consistent with studies (4,5).

Keywords: Prenatal attachment, depression, anxiety

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EVALUATION OF CHATGPT, GEMINI, MICROSOFT COPILOT, AND DEEP SEEK'S PERFORMANCE IN THE PSYCHIATRY OFFICIAL BOARD EXAMS

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BACKGROUND AND AIM: Large language models(LLMs) using deep learning have advanced significantly in processing language. Potential applications of LLMs in medicine include research, education, and practice, especially as decision aids.The aim of this study was to investigate and compare the performance of LLMs and psychiatrists on board exam questions in various psychiatry association.

METHODS: (Ethics Committee Approval must be obtained and the number should be specified). 175 multiple-choice board questions were collected from websites of the Turkish Psychiatric Association, American Board of Psychiatry and Neurology, European Psychiatric Association and Royal College of Psychiatrists. Ethics committee approval was waived, as it used only publicly available online questions and did not involve human participants. Questions were input into LLMs with input prompt as follows: "As a highly experienced professor of psychiatry, you assist in psychiatry questions. Your role is determine the correct answer". Two psychiatrists also answered the questions without knowing the answers of LLMs. Results were analyzed using descriptive statistics and chi-square test.

RESULTS: ChatGPT had an accuracy rate of 79.4%, Gemini 82.3%, Copilot 85.1% and DeepSeek 85.7%. Psychiatrists with 5 and 12 years of experience have accuracy rate of 88.6% and 90.1%.Only one of the 8 questions that no LLMs could solve was answered incorrectly by both psychiatrists.Of the 8 questions answered incorrectly by both psychiatrists, 7 were answered incorrectly by all LLMs.Only one of the questions was answered correctly by neither psychiatrists nor LLMs.No statistically significant difference was observed comparing the accuracy for Turkish and English questions ($p>0.05$).There was no statistically significant difference in performance of the large language models in accuracy assessment according to whether questions contained cases or no ($p>0.05$).

CONCLUSIONS: LLMs performed very close to psychiatrists both short and case questions in different languages. It has also shown in literature LLMs perform close to physicians in multiple-choice-exams of medical fields. However, their performance in image and open-ended questions have shown varying. Future research is needed to demonstrate their potential impact on patients.

Keywords: Large language models, board exam, artificial intelligence, deep learning

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COGNITION, DIGITAL ENGAGEMENT, AND FUNCTIONING IN EMERGING ADULTS WITH DEPRESSION: EVIDENCE FOR A DEPRESSION-MEDIATED PATHWAY

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BACKGROUND AND AIM: Emerging adulthood is a critical developmental period characterized by heightened emotional sensitivity and intensive digital engagement. Although social media use (SMU) has been linked to psychological distress, its role in shaping cognitive and functional outcomes in clinical populations remains unclear. This study examined the relationships among SMU, cognitive failures, depressive symptoms, and real-life functioning in emerging adults with major depressive disorder (MDD), focusing on mediating mechanisms

METHODS: (Ethics Committee Approval must be obtained and the number should be specified). This cross-sectional study included 56 patients with DSM-5–diagnosed MDD and 56 age- and sex-matched healthy controls (aged 18–35 years). SMU duration was obtained from smartphone application usage logs. Participants completed the Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), Cognitive Failures Questionnaire (CFQ), Social Media Use Integration Scale (SMUIS), and the Functioning Assessment Short Test (FAST). Ethical approval was obtained from the Necmettin Erbakan University Ethics Committee (IRB: 2025/6069).

RESULTS: Compared with controls, patients showed higher BDI (22.6±12.8 vs. 10.4±6.7, $p<0.001$), BAI (23.4±15.8 vs. 8.3±8.7, $p<0.001$), CFQ (34.2±14.1 vs. 26.2±11.9, $p=0.001$), and FAST scores (25.3±14.6 vs. 11.8±11.8, $p<0.001$). Patients spent more time on WhatsApp ($p=0.012$) and Instagram ($p=0.035$), but the total SMU did not differ ($p=0.156$). In the regression analysis, depressive symptoms were the only independent predictor of functionality ($\beta=0.68$, $p=0.007$; adjusted $R^2=0.26$). Mediation analysis showed a significant indirect effect of cognitive failures on functionality through depression ($\beta=0.31$, $p<0.001$), whereas SMU and anxiety were not mediators.

CONCLUSIONS: Functional impairment in emerging adults with MDD may be driven by the severity of depressive symptoms rather than cognitive failures or digital exposure time. Cognitive difficulties indirectly affect daily functioning by intensifying depressive symptoms. Interventions should prioritize emotional and cognitive regulation, alongside guidance for adaptive digital engagement, to enhance functional recovery during this vulnerable developmental period.

Keywords: Cognition, depression, digital engagement, social media

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PSYCHIATRIC EVALUATION IN ARMED AND UNARMED PRIVATE SECURITY APPLICATIONS: HEALTH BOARD ASSESSMENT AND OUTCOMES

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BACKGROUND AND AIM: According to the Regulation on the Implementation of the Law on Private Security Services, candidates applying for armed or unarmed private security positions are required to obtain a medical board report, including a psychiatric evaluation, stating that they are fit to work as private security officers. Psychiatric assessment is essential to ensure individual suitability and public safety. This study aimed to describe the sociodemographic and clinical characteristics of applicants, compare approved and rejected outcomes, and identify factors associated with negative medical board decisions.

METHODS: (Ethics Committee Approval must be obtained and the number should be specified). This retrospective study included 133 individuals who applied to Karabük Training and Research Hospital between October 1 and December 31, 2025, for a private security officer certificate. Data were obtained from the hospital information system.

Ethical approval was granted by the Karabük University Non-Interventional Clinical Research Ethics Committee (Application No: 2026/2707).

RESULTS: The median age of applicants was 23 years (range: 18–45), and 53.4% were female. Most were high school (54.1%) or university (43.6%) graduates, and 83.5% were single. More than half (55.6%) were employed. A psychiatric disorder within the previous two years was identified in 4.5% of cases. Alcohol use was reported by 1.5%, and a history of judicial or administrative incidents by 3.0%, with no history of substance use or suicide attempts. The Hacettepe Personality Inventory was valid in 99.2% of evaluations. Overall, 92.5% of applications were approved and 7.5% were rejected. Male gender was significantly associated with a negative outcome (OR = 5.11; 95% CI: 1.04–25.06; p = 0.045), and a recent psychiatric history was a strong predictor of rejection ($p<0.001$).

CONCLUSIONS: Male gender and recent psychiatric illness were significantly associated with negative medical board decisions, highlighting the importance of systematic psychiatric evaluation and assessment of recent psychiatric history in private security officer applications.

Keywords: Private security, medical board, sociodemographic characteristics, Hacettepe personality inventory

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THE HIDDEN FACE OF EMERGENCIES: PSYCHIATRIC CONSULTATIONS IN THE EMERGENCY DEPARTMENT - PREDICTORS OF PSYCHIATRIC ADMISSION AND TREATMENT REFUSAL

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BACKGROUND AND AIM: Psychiatric presentations to emergency departments (EDs) constitute a heterogeneous, high-risk group associated with prolonged waiting times compared to general medical presentations. Understanding their characteristics is essential for effective service planning. This study aimed to describe the profiles of patients referred for ED psychiatric consultation and identify factors associated with psychiatric inpatient admission and treatment refusal.

METHODS: This retrospective descriptive study included all patients aged 18 years and older referred for ED psychiatric consultation between 6 October 2022 and 1 March 2024 (n=2.146). Presentations on different days by the same patient were counted separately, whereas multiple visits for the same clinical episode were analyzed as a single presentation. Diagnoses were established via structured clinical interviews according to DSM-5 criteria. Data extracted from hospital records included sociodemographic variables, clinical characteristics, consultation reasons, and treatment outcomes. Descriptive statistics and multivariable logistic regression analyses were performed. The study was approved by the Ankara Etlik City Hospital Ethics Committee (AEŞH-BADEK-2024-838).

RESULTS: Women comprised 53.9% of the sample, and 70.7% of consultations occurred outside regular working hours. The most common consultation reason was suicide attempt (21.0%), predominantly via drug overdose (81.1%). Psychotic disorders (22.9%), depressive disorders (19.3%), and anxiety disorders (16.9%) were the most frequent diagnoses. Overall, 4.5% of patients were admitted to a psychiatric ward, while 5.6% were discharged following treatment refusal. Psychiatric admission was more likely among patients with psychotic disorders, bipolar disorder in manic or hypomanic episodes, and drug-related suicide attempts. Management without psychotropic medication predicted lower admission rates. Treatment refusal was significantly higher among patients with an unclear psychiatric history and lower among those with documented diagnoses.

CONCLUSIONS: Emergency psychiatric consultations involve a clinically complex population requiring rapid risk assessment and coordinated care. Strengthening communication-focused and person-centered interventions may be worth exploring and could be considered in future interventions to improve emergency psychiatric outcomes.

Keywords: Emergency departments, emergency psychiatric services, hospital admission, treatment refusal, suicide

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COPING ATTITUDES AND INTOLERANCE OF UNCERTAINTY IN INDIVIDUALS WITH SUBSTANCE USE DISORDER: A CROSS-SECTIONAL STUDY

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BACKGROUND AND AIM: Substance use disorder (SUD) negatively affects individuals' ability to cope with stress and regulate emotions. Dysfunctional coping strategies may contribute to the initiation and maintenance of substance use. Intolerance of uncertainty has also been associated with maladaptive coping and emotional regulation difficulties across various psychiatric conditions. However, its role in SUD remains insufficiently clarified. This study aimed to compare coping attitudes and intolerance of uncertainty between individuals with SUD and healthy controls.

METHODS: This cross-sectional study included 78 patients with SUD and 90 healthy volunteers. Coping attitudes were assessed using the COPE Inventory, and intolerance of uncertainty was evaluated with the Intolerance of Uncertainty Scale (IUS). Ethical approval was obtained from the Akdeniz University Scientific Research Ethics Committee (TBAEK-787, 28.08.2025). Group comparisons were performed using appropriate statistical analyses.

RESULTS: The SUD group was younger than controls (32.49±7.74 vs. 39.8±10.79 years, $p<0.001$), and males were overrepresented (86.3% vs. 45.6%, $p<0.001$). Controls scored higher on COPE self-help, approach, adaptation subscales, and total COPE scores (all $p \leq 0.001$), indicating stronger functional coping strategies. No differences were observed in avoidance or self-punishment. Prospective anxiety scores were higher in controls ($p=0.030$), whereas inhibitory anxiety and total IUS scores did not differ significantly. Given demographic differences between groups, this finding should be interpreted cautiously.

CONCLUSIONS: Individuals with SUD exhibit weaker functional coping than healthy controls, supporting the role of maladaptive coping in substance use maintenance. Overall intolerance of uncertainty levels were comparable between groups. Higher prospective anxiety in controls may reflect greater future-oriented cognitive processing rather than increased psychopathology, whereas impulsivity and present-focused decision-making in SUD may attenuate anticipatory concern. Ongoing data collection and planned adjusted analyses are expected to strengthen the robustness and generalizability of these findings.

Keywords: Coping behavior, intolerance of uncertainty, substance-related disorders

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THE ASSOCIATION BETWEEN HEMATOLOGICAL INFLAMMATORY MARKERS AND CLINICAL DIAGNOSES AND DISEASE CHARACTERISTICS IN INPATIENTS AT THE PSYCHIATRY DEPARTMENT OF AYDIN ADNAN MENDERES UNIVERSITY HOSPITAL

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BACKGROUND AND AIM: Low-grade systemic inflammation has been implicated in major psychiatric disorders. Hematological inflammatory markers derived from routine complete blood count (CBC) parameters provide accessible indices of inflammatory burden. We aimed to compare NLR (neutrophil-to-lymphocyte ratio), MLR (monocyte-to-lymphocyte ratio), PLR (platelet-to-lymphocyte ratio), SII (platelet×neutrophil/lymphocyte), and SIRI (neutrophil×monocyte/lymphocyte) across primary diagnostic categories in psychiatric inpatients hospitalized over one year. In the absence of a contemporaneous healthy control group, we evaluated the prevalence of values above published population-based upper reference thresholds (97.5th percentile).

METHODS: This retrospective observational study included all adult patients hospitalized in a university psychiatry clinic between January 1 and December 31, 2025, classified by primary discharge diagnosis. Admission CBC results obtained within the first 24 hours were analyzed. Patients with active infection, autoimmune disease, malignancy, acute inflammatory conditions, or systemic corticosteroid use were excluded where documented in records. Diagnostic-group comparisons were performed using Kruskal–Wallis tests. Ethics Committee Protocol Number: 2026/45. As a limitation of routine retrospective data, comorbidities, medication exposure, illness duration, and standardized symptom severity measures were not uniformly documented and were therefore not analyzed.

RESULTS: A total of 423 patients were included: major depressive disorder 29.8%, bipolar disorder manic episode 18.2%, bipolar depressive episode 11.8%, psychotic disorders 11.6%, anxiety disorders 10.6%, substance use disorder 7.8%, obsessive–compulsive disorder 3.5%, bipolar mixed episode 2.6%, and other diagnoses 4.0%. No statistically significant differences were observed among diagnostic groups in NLR, MLR, PLR, SII, or SIRI (p=0.767, 0.404, 0.145, 0.287, 0.360). Using published upper reference thresholds, 57.7% had ≥1 index above the 97.5th-percentile threshold; SIRI showed the highest exceedance (56.7%).

CONCLUSION: Hematological inflammatory markers did not differ by diagnosis, supporting a transdiagnostic inflammatory pattern in psychiatric inpatients. Elevated indices—particularly SIRI—suggest substantial inflammatory burden and warrant prospective studies with standardized clinical severity and comorbidity/medication assessment.

Keywords: Inflammations, lymphocyte, neutrophil, pychopathology

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VALPROATE IS ASSOCIATED WITH LOWER INFLAMMATORY BURDEN IN EUTHYMIC BIPOLAR DISORDER: EVIDENCE FROM NOVEL COMPOSITE INFLAMMATORY INDICES

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BACKGROUND AND AIM: Systemic inflammation is increasingly recognized as a core component of the pathophysiology and neuroprogression of bipolar disorder (BD). Novel composite hematologic indices, including the systemic immune-inflammation index (SII), systemic inflammation response index (SIRI), and pan-immune-inflammation value (PIV), offer accessible measures of the inflammatory burden. However, the effects of mood stabilizers on these parameters remain unclear. This study aimed to examine the association between lithium and/or valproate (VPA) treatment and systemic inflammatory burden in euthymic patients with BD.

METHODS: (Ethics Committee Approval must be obtained and the number should be specified). A total of 520 euthymic patients with DSM-5–diagnosed BD were included and classified into four groups: no lithium/VPA, VPA, lithium, and lithium+VPA. Sociodemographic and clinical variables, complete blood count parameters, and derived inflammatory indices (SII, SIRI, and PIV) were compared. This study was approved by the Ethics Committee of Necmettin Erbakan University (IRB: 2025/5925).

RESULTS: The groups were largely comparable in terms of sociodemographic features. The lithium+VPA group exhibited a more severe illness course, including longer disorder duration and higher episode and hospitalization counts (all p≤.001). The VPA group demonstrated significantly lower neutrophil counts and reduced SII, SIRI, and PIV values than the lithium and no lithium/VPA groups (all p<.001). In the regression analysis, VPA use independently predicted lower SII levels (β=–0.168, p=.021), whereas lithium use showed no significant association (p=.481). Inflammatory indices were not correlated with illness duration, number of episodes, or hospitalization history.

CONCLUSIONS: Valproate treatment was associated with a reduced systemic inflammatory burden in euthymic BD, independent of clinical severity. In contrast, lithium was not associated with lower inflammatory indices. These findings suggest that VPA may exert an anti-inflammatory effect beyond mood stabilization, highlighting the relevance of immuno-inflammatory mechanisms in treatment selection and the long-term course of BD.

Keywords: Systemic inflammation, bipolar disorder, valproate

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CARDIAC ELECTROPHYSIOLOGICAL CHANGES IN PATIENTS WITH METHAMPHETAMINE AND CANNABIS USE DISORDER: A COMPARATIVE ECG STUDY

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BACKGROUND AND AIM: Methamphetamine exerts strong sympathomimetic and direct cardiotoxic effects, whereas the electrophysiological impact of cannabis remains less clearly defined. This study aimed to compare electrocardiographic markers of cardiac depolarization and repolarization among individuals with methamphetamine use disorder, cannabis use disorder, and healthy controls.

METHODS: This cross-sectional study included 53 patients with methamphetamine use disorder, 54 with cannabis use disorder, and 51 healthy controls without substance use. The study was approved by the Institutional Ethics Committee (Approval No: 2023-15142). All participants underwent standard 12-lead electrocardiography. Analyzed parameters included corrected QT interval (QTc), QT dispersion (QTd), corrected JT interval (JTc), JT dispersion (JTd), Tp–e interval, Tp–e/QTc ratio, P-wave dispersion, frontal QRS axis, heart rate, PR interval, and fragmented QRS complexes (fQRS). Continuous variables were expressed as median (interquartile range) and analyzed using the Kruskal–Wallis test with Bonferroni-adjusted post hoc comparisons. Categorical variables were compared using chi-square or Fisher's exact tests.

RESULTS: Significant intergroup differences were observed in ventricular repolarization parameters. QTc values were significantly higher in the methamphetamine group compared with both cannabis users and controls (p=0.004). QT dispersion was increased in methamphetamine users compared with controls (p=0.006). JT dispersion showed the most pronounced difference, with significantly higher values in the methamphetamine group than in the other groups (p<0.001). The prevalence of fragmented QRS complexes was also higher in methamphetamine users compared with controls (p = 0.032).

CONCLUSIONS: Methamphetamine use is associated with prolonged QTc, increased QT dispersion, elevated JT dispersion, and a higher prevalence of fragmented QRS complexes, indicating increased arrhythmogenic potential. Cannabis use was not associated with significant electrocardiographic alterations compared with controls, although a trend toward greater repolarization heterogeneity was observed.

Keywords: Methamphetamine use disorder; cannabis use disorder; electrocardiography; ventricular repolarization; QT interval; JT dispersion; arrhythmia risk

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PSYCHOLOGICAL RESILIENCE AND SUICIDALITY IN BIPOLAR DISORDER: EXPLORING THE IMPACT OF METABOLIC SYNDROME

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BACKGROUND AND AIM: Bipolar disorder (BD) is associated with high suicidality, decreased psychological resilience, and an increased prevalence of metabolic syndrome (MetS). However, the combined role of metabolic parameters and psychological resilience in suicidality remains underexplored. The aim of this study was to compare psychological resilience and suicidality between BD patients with and without metS, and to evaluate the predictive value of metabolic markers for suicide risk.

METHODS: A total of 174 patients with BD were included (87 with MetS, 87 without) in the study. Sociodemographic and clinical data, metabolic parameters (TG, HDL, LDL, total cholesterol, fasting blood glucose [FBG], waist circumference, systolic and diastolic blood pressure), Hamilton Depression Rating Scale, Young Mania Rating Scale Columbia Suicide Severity Rating Scale, and Resilience Scale for Adults (RSA) were assessed.Lifetime suicide attempts were present in 19 patients with MetS and 17 without MetS. Group comparisons were conducted using χ^2 and Mann–Whitney U tests.Correlation analyses were performed using Pearson or Spearman coefficients, as appropriate.Two logistic regression models (enter method) were performed: Model 1 examined associations between metabolic parameters and suicidal ideation; Model 2 evaluated RSA subscales and metabolic parameters as predictors of lifetime suicide attempts.The protocol of the study was approved by the Institutional Ethics Committee of the University of Health Sciences Bakirkoy Sadi Konuk Training and Research Hospital (Number 2023/71,2023/06/02).

RESULTS: MetS status was not associated with suicidality or overall RSA scores. In the MetS group, patients with suicide attempts had higher LDL levels (p=0,031, Z=-2,153). Higher FBG was independently associated with lower odds of suicidal ideation (p=0.019, OR=0,983). Higher Structured Style (p=0.025, OR=1,163) and lower Perception of Self scores (p=0.006, OR=1,248) predicted lifetime suicide attempts.

CONCLUSIONS: Although MetS was not directly associated with suicidality, specific metabolic parameters and resilience dimensions demonstrated significant relationships.These findings should be interpreted with caution given the possibility of medication-related confounding.

Keywords: Bipolar disorder, resilience, suicidality, metabolic syndrome, biomarkers

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THE RELATIONSHIP BETWEEN SLEEP QUALITY, CHRONOTYPE, AND RESILIENCE AND SUICIDE RISK IN MAJOR DEPRESSION

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BACKGROUND AND AIM: Major depressive disorder (MDD) is associated with a substantially increased risk of suicide. Although sleep quality, chronotype, and psychological resilience have each been linked to suicide risk in MDD, their combined effects remain unclear. This study examined the associations of these factors with suicide risk and their potential direct and indirect effects.

METHODS: (Ethics Committee Approval must be obtained and the number should be specified). Two hundred patients with MDD were consecutively recruited from inpatient and outpatient clinics. Written informed consent was obtained from all participants (IRB: 2025.03.98). Sociodemographic and clinical data were collected, and depression severity and suicide risk were assessed using the Hamilton Depression Rating Scale and the Columbia–Suicide Severity Rating Scale. Sleep quality, chronotype, and psychological resilience were evaluated using the Pittsburgh Sleep Quality Index (PSQI), Morningness–Eveningness Questionnaire, and Connor–Davidson Resilience Scale.

Multivariable linear regression analyses were performed to identify independent predictors of suicide risk. Mediation and moderation analyses were conducted using GLM-based models with 5,000 bootstrap resamples. Statistical significance was set at $p< 0.05$.

RESULTS: Most participants (89.5%) had poor sleep quality (PSQI > 5). Poor sleep quality was associated with greater depression severity and lower resilience. An evening chronotype was linked to earlier illness onset, higher depression severity, poorer sleep quality, and reduced resilience. In multivariable analyses, number of hospitalizations and depression severity independently predicted suicide risk (Adj. $R^2 = 0.215$). Sleep quality had a direct effect on suicide risk, while resilience did not mediate but significantly moderated the relationship between depression severity and suicide risk.

CONCLUSIONS: These findings highlight sleep disturbance and chronotype as clinically relevant features associated with suicide risk in MDD. Importantly, higher psychological resilience attenuated the adverse impact of depression severity on suicide risk, suggesting that resilience-enhancing interventions, alongside systematic assessment of sleep and chronotype, may offer meaningful clinical benefit, particularly in patients with severe depressive symptoms.

Keywords: Depression, suicide, sleep quality, chronotype, psychological resilience

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INVESTIGATION OF THE ASSOCIATION OF LEPTIN (LEP) –2548G/A (RS7799039) AND LEPTIN RECEPTOR (LEPR) 668A/G (RS1137101) GENE POLYMORPHISMS WITH CLINICAL PARAMETERS AND DISORDER SUBTYPES IN INDIVIDUALS WITH PANIC DISORDER

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BACKGROUND AND AIM: Panic disorder (PD) has a substantial genetic component, yet specific biological markers remain unclear.Leptin, a neuropeptide regulating energy balance, influences neuroplasticity and anxiety-related behaviors through limbic brain regions and interactions with the hypothalamic–pituitary–adrenal axis.Although LEP and LEPR variants have been linked to several psychiatric disorders, their role in PD has not been directly examined. This study compared the genotype and allele distributions of LEP–2548G/A (rs7799039) and LEPR 668A/G (rs1137101) polymorphisms between individuals with PD and healthy controls and evaluated associations with PD subtypes and clinical parameters.

METHODS: The study was approved by the Başakşehir Çam and Sakura City Hospital Ethics Committee (Protocol no: 2025.06.251). A total of 204 participants(102 PD patients;102 controls) were included. Diagnoses were established using SCID-5-CV.PDSS, PAS, HDRS, and STAI were administered. Genotyping was performed using PCR–RFLP.Categorical variables were analyzed using chi-square or Fisher's exact tests, and continuous variables using appropriate parametric or nonparametric tests.Odds ratios (OR) with 95% confidence intervals (CI) were calculated.A p value <0.05 was considered statistically significant.

RESULTS: For LEP –2548G/A, the AA genotype was more frequent in PD patients (OR=2.435; p=0.018), and the A allele frequency was also higher (p=0.046).For LEPR 668A/G, the AA genotype was less frequent (OR=0.396; p=0.001), whereas the AG genotype was more frequent (OR=2.238; p=0.006). Clinical variables and scale scores did not differ by genotype.No differences were observed for respiratory or nocturnal subtypes; however, patients with agoraphobia had higher frequencies of the LEPR AA genotype (OR=2.417; p=0.030) and A allele (OR=1.928; p=0.029).

CONCLUSIONS: LEP and LEPR gene polymorphisms were associated with PD in this sample.The LEP AA genotype was associated with increased PD risk, whereas the LEPR AA genotype was associated with reduced PD risk.Agoraphobia was also associated with the LEPR AA genotype and A allele. Replication in larger and independent samples is warranted.

Keywords: Panic disorder, leptin, leptin receptor, single gene polymorphism

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COMPARISON OF THE READABILITY LEVELS OF PACKAGE INSERTS OF COMMONLY USED ANTIDEPRESSANT AND ANTIPSYCHOTIC MEDICATIONS IN TURKEY

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BACKGROUND AND AIM: Patient adherence in psychiatric treatment depends on the provision of clear and comprehensible written information. Although drug package inserts are the primary written source of information for patients, complex language may negatively affect treatment adherence and patient safety. This study aimed to objectively evaluate the readability levels of package inserts of frequently prescribed antidepressant and antipsychotic medications in Türkiye using the Ateşman Readability Index.

METHODS: This cross-sectional descriptive study included 20 active substances, comprising 10 antidepressants and 10 antipsychotics commonly prescribed in Türkiye. As nationwide prescribing data were not accessible, medications were identified based on the most frequently prescribed drugs in our outpatient clinic.

For each active substance, one original product was selected. To ensure methodological standardization, 100-word text samples were extracted from the "How to Use" section of the most up-to-date patient information leaflet available on the official website of the Turkish Medicines and Medical Devices Agency (TİTCK). This section was chosen because it directly relates to treatment adherence and appears under a standardized heading in all inserts.

A starting sentence was determined using a random number generator, and a consecutive 100-word text segment was analyzed. Readability levels were calculated using the Ateşman Readability Index formula (Score = 198.825 – [40.175 × L] – [2.610 × S]). Ethics committee approval was not required, as only publicly available documents were analyzed.

RESULTS: The mean readability score corresponded to the "Moderate Difficulty" category. Approximately a high school level of education was required to understand both antidepressant and antipsychotic package inserts.

CONCLUSION: Consistent with studies in Turkey, findings align with research from the United Kingdom, Ireland, the United States, Iran, and Qatar using Flesch Reading Ease and Flesch-Kincaid Grade Level, indicating antidepressant and antipsychotic leaflets remain difficult for lower-educated patients.

Keywords: Psychopharmacology, ateşman readability index, patient adherence

OP-062

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EFFECTS OF ELECTROCONVULSIVE THERAPY ON HEMOGRAM-DERIVED INFLAMMATORY INDICES IN BIPOLAR MANIA: A CASE–CONTROL STUDY

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BACKGROUND AND AIM: Bipolar mania has been linked to peripheral immune activation and low-grade inflammation, while the mechanisms of ECT remain unclear. Hemogram-derived indices(e.g., NLR,PLR,MLR) and composite measures such as SII,SIRI,PIV are practical, low-cost surrogates of systemic inflammation(1). We compared these indices between manic bipolar patients and healthy controls and assessed pre–post ECT changes.

METHODS: (Ethics Committee Approval must be obtained and the number should be specified). The study included 34 patients with bipolar disorder who received ECT during the manic phase and 42 healthy controls. Pre- and post-ECT blood samples were collected to assess Hemogram-Derived Inflammatory Indices including neutrophil-lymphocyte ratio(NLR), platelet-lymphocyte ratio(PLR), monocyte-lymphocyte ratio(MLR), neutrophil-platelet ratio(NPR), systemic immune-inflammation index(SII), systemic inflammation response index (SIRI) and pan-immune-inflammation value(PIV). Clinical outcomes were measured using the Young Mania Rating Scale(YMRS) and Clinical Global Impression(CGI) scale (Ethics Committee Approval No: 2011-KAEK-25 2019/04-19).

RESULTS: Before ECT, the bipolar mania group differed significantly from healthy controls in terms of NLR(p = 0.015), NPR(p = 0.018), MLR(p=0,001), SII(p=0.024), SIRI (p<0,001), and PIV(p=0,001). Following ECT, no significant changes were detected in NLR (p=0.122), PLR(p=0.149), NPR(p=0.185), MLR(p=0.713), SII(p=0.139), SIRI(p=0.675) or PIV(p=0,884) within the bipolar mania group.

CONCLUSIONS: Despite marked clinical improvement after ECT, hemogram-derived indices showed no significant pre–post change. Consistent with our null pre–post changes in hemogram-derived indices, prior bipolar ECT case–control data likewise found no significant change in NLR or PLR and reported that NLR remained higher than in healthy controls after ECT (1-3). The stronger statistical separation between the mania and healthy control groups observed for monocyte-inclusive indices (MLR, SIRI, and PIV) may indicate a predominantly monocyte-driven inflammatory signal in bipolar mania and suggest that these composite measures are more sensitive to case–control differences than classical ratios such as NLR or PLR. Future studies should standardize timing, use multiple time points, and add CRP- and monocyte- based measures.

Keywords: Bipolar disorder, electroconvulsive therapy, inflammation, inflammatory indices

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SOCIOTELISM AND PSYCHIATRIC SYMPTOMS IN MEDICAL FACULTY STUDENTS

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BACKGROUND AND AIM: Phubbing is defined as "an individual's act of paying attention to a smartphone, engaging with a smartphone, and withdrawing from interpersonal communication while interacting with another person or persons". The concept of phubbing is referred to as "Sociotelism" in our national literatüre. In the long term, this situation triggers psychological problems at the individual level and increases the risk of conflict and disconnection in social relationships. The aim was to examine sociotelism, which has become a significant problem among medical students today with the prevalence of technology, according to the level of psychological symptoms.

METHODS: (Ethics Committee Approval must be obtained and the number should be specified). Between December 2025 and January 2026, the Sociodemographic Data Form, Brief Symptom Inventory (BSI), and General Sociotelism Scale (GSS) were administered online to 175 medical students aged 18-30. Statistical analysis of the data was performed using the SPSS-25 program. Ethical committee approval was obtained from the Kırıkkale University Non-Interventional Research Ethics Committee at its meeting dated 10.12.2025, numbered 2025/17, with decision number 2025.12.10.

RESULTS: In participants whose scores on all global and subscales of the KSE were above the cutoff value, it was found that the GSE level was statistically significantly higher, (for all global and sub-scales p-value <0.01).

CONCLUSIONS: According to our study results, individuals with a high level of psychological symptoms, a greater number of psychological symptoms, and greater distress from their psychological symptoms had higher levels of sociotelism compared to those without these symptoms. Indeed, a previous study also reported that socioteism is associated with depression, anxiety, and stress symptoms. The current study results may help us better understand sociotelism, one of the factors that negatively affect mental health. Furthermore, our research may guide future studies that examine causality and identify other factors associated with the level of sociotelism.

Keywords: Sociotelism, phubbing, psychiatric symptoms

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EVALUATION OF THYROID DISEASE IN INPATIENT PSYCHIATRIC PATIENTS: A RETROSPECTIVE REVIEW

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BACKGROUND AND AIM: Thyroid hormones play a critical role in the proper development and functioning of multiple tissues, particularly the brain. Thyroid dysfunction has been associated with several psychiatric disorders, especially mood disorders. However, data regarding the prevalence of thyroid disease among psychiatric inpatients and its relationship with clinical and treatment-related variables remain limited. This study aimed to determine the prevalence of thyroid disease in hospitalized psychiatric patients and to examine its associations with age, psychiatric diagnosis, psychotropic treatment, and medical comorbidities.

METHODS: In this retrospective study, 187 psychiatric inpatients hospitalized between January 1 and August 1, 2025 were analyzed. Patients with and without thyroid disease were compared in terms of sociodemographic and clinical variables. Recorded variables included age, sex, length of hospital stay, primary psychiatric diagnosis based on DSM-5 criteria, psychotropic medications used during hospitalization (antidepressants, antipsychotics, mood stabilizers, anxiolytics), and medical comorbidities (cardiovascular and other endocrine disorders). Ethical approval was obtained (Approval No: 2026/01). Statistical comparisons were performed using appropriate tests, and $p<0.05$ was considered statistically significant.

RESULTS: Thyroid disease was identified in 36 patients (19.3%). Patients with thyroid disease were significantly older than those without (50.31±15.48 vs. 43.86±14.17 years; $p=0.017$). No significant differences were found regarding sex distribution, length of stay, or diagnostic categories; depression was the most common diagnosis in both groups. Thyroid disease was more frequent among patients receiving mood stabilizers and anxiolytics ($p<0.05$). Cardiovascular ($p=0.037$) and other endocrine comorbidities ($p<0.001$) were significantly more prevalent in the thyroid disease group.

CONCLUSIONS: Approximately one-fifth of psychiatric inpatients had thyroid disease. Thyroid disorders were associated with older age, medical comorbidities, and the use of mood stabilizers and anxiolytics. However, due to the retrospective design, causal relationships cannot be established. Prospective longitudinal studies are needed to clarify the direction and underlying mechanisms of these associations.

Keywords: Thyroid disease, psychiatric disorders, comorbidity

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THE ROLE OF PSYCHOLOGICAL PAIN TOLERANCE, ANGER RUMINATION, AND AUTISTIC TRAITS IN DETERMINING SUICIDAL BEHAVIOR IN MEDICAL STUDENTS

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BACKGROUND AND AIM: Medical students are reported to have higher estimated rates of suicide attempts compared with the general population, highlighting the need for studies examining suicide-related risk factors in this group. Autistic traits have been associated with suicidality among medical students; however, psychological pain/psychache—a construct with strong explanatory value for suicidality—and tolerance for mental pain have not been sufficiently examined regarding autistic traits and anger rumination. We aimed to evaluate the relationship between psychache and tolerance for mental pain, autistic characteristics, and anger rumination in medical students.

METHODS: : This cross-sectional study was conducted between December 2025 and January 2026 and included medical students aged 18–30 years. Sociodemographic Data Form, Orbach and Mikulincer Mental Pain Scale–8 (OMMP-8), Tolerance for Mental Pain Scale–10 (TMPS-10), Anger Rumination Scale (ARS) and Adult Autism Spectrum Quotient (AQ) were administered as online questionnaires. Statistical analyses were performed using SPSS version 25. Ethical committee approval was obtained from the Kırıkkale University Non-Interventional Research Ethics Committee at its meeting dated 14.01.2026, numbered 2026/01, with decision number 2025.12.42.

RESULTS: The presence of psychiatric disorder is 8,4%, 10,2% had history of psychiatric disorder and 2,7% history of suicide attempts. There is a positive correlation between ARS and AQ scores ($r=0.185$, $p<0.001$). OMMP-8 scores are negatively correlated with TMPS-10 at a low-to-moderate level ($r=-0.447$, $p<0.001$), positively correlated with ARS at a moderate level ($r=0.581$, $p<0.001$) and AQ at a low level ($r=0.247$, $p<0.001$). TMPS-10 scores are negatively correlated at a low level with both ARS and AQ (AQ: $r=-0.224$, $p<0.001$).

CONCLUSIONS: Increased autistic traits and anger rumination are associated with increased psychache and decreased tolerance for menthal pain. Our results highlight the importance of early identification of suicidal risk factors such as autistic traits and anger rumination in medical students. Our results provide a scientific basis for developing intervention programs for suicide among medical students.

Keywords: Tolerance for psychological pain, psychological pain, pychache, anger rumination, autistic traits

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SUICIDE IN ADVANCED-STAGE CANCER PATIENTS FROM THE PERSPECTIVE OF THE INTERPERSONAL THEORY OF SUICIDE

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BACKGROUND AND AIM: Cancer and suicide are major public-health concerns, with suicide risk among cancer patients at least 1,5 times higher than in the general population. The Interpersonal Psychological Theory of Suicide (IPTS) suggests that thwarted belongingness, perceived burdensomeness, and acquired capability increase suicide risk. However, studies evaluating suicidal behavior in cancer patients using the full IPTS framework are limited. This study investigated all IPTS components in advanced-stage cancer patients

METHODS: (Ethics Committee Approval must be obtained and the number should be specified). A total of 89 patients aged 18–65 years with advanced-stage cancer were assessed using the Sociodemographic Data Form, Beck Anxiety Inventory (BAI), Beck Depression Inventory (BDI), Interpersonal Needs Questionnaire (INQ), and Acquired Capability for Suicide–Fearlessness About Death Scale (ACSS-FAD). Data were analyzed with SPSS-25. (Ethical committee approval was obtained from the Kırıkkale University Non-Interventional Research Ethics Committee no: 2026.02.31)

RESULTS: There were no participants who had previously applied to psychiatry-outpatient clinic. Among the participants, 68.5% and 56.2% exceeded the BAI and the BDI cut-off value (Table2). ACSS-FAD scores were significantly higher with patients higher BAI cut-off values. (p=0,002). Correlation analyses showed moderate positive relationships between BDI and ACSS-FAD (r=0,468, p<0,001) and INQ (r=0,317, p=0,003), as well as between BAI and ACSS-FAD (r=0,358, p=0,001) and INQ (r=0,320, p=0,002). ACSS-FAD also showed low positive correlations with BAI (r=0,224, p=0,05), perceived burdensomeness (r=0,259, p=0,014), and INQ total scores (r=0,259, p=0,014),

CONCLUSIONS: Although none of the participants had a previous psychiatric-outpatient visit, more than 50% of them were found to have high levels of anxiety and depressive symptoms. This may indicate a low rate of psychiatric help-seeking among patients with advanced-stage cancer. Anxiety and depression correlate with perceived burdensomeness, with higher anxiety specifically associated with the acquired capability for self-harm. Consequently, integrating early psychosocial assessments and interventions into holistic palliative care is essential for mitigating suicide risk in this population.

Keywords: Advanced-stage cancer, interpersonal theory of suicide, thwarted belongingness, perceived burdensomeness

OP-067

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INVESTIGATION OF THE RELATIONSHIPS BETWEEN CHRONOTYPE, LONELINESS, LOW SELF-ESTEEM, AND INTERNET GAMING DISORDER: A CROSS-SECTIONAL STUDY

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BACKGROUND AND AIM: Internet Gaming Disorder (IGD) is a multifaceted behavioral condition influenced by psychological and individual difference factors. While associations with personality traits and mood symptoms are well documented, the relative contributions of chronotype, self-esteem, and loneliness remain unclear. This cross-sectional study examined the independent associations of chronotype, self-esteem, loneliness, and gender with IGD severity, while statistically adjusting for anxiety and depressive symptoms.

METHODS: (Ethics Committee Approval must be obtained and the number should be specified). This cross-sectional investigation included 211 healthy adult volunteers (123 women, 88 men), who completed the Morningness–Eveningness Questionnaire (MEQ), Rosenberg Self-Esteem Scale, Hospital Anxiety and Depression Scale (HADS), UCLA Loneliness Scale–Version III, and the Internet Gaming Disorder Scale–Short Form (IGDS9-SF). Hierarchical linear regression analyses were conducted to identify variables independently associated with IGD severity. The study was approved by the Afyonkarahisar Health Sciences University Non-Interventional Ethics Committee (03.05.2024, No: 111/2024-3).

RESULTS: The final regression model explained a significant proportion of the variance in IGD severity ($R^2 = 0.224$, $F=19.89$, $p < 0.001$). Eveningness was the strongest variable associated with higher IGD scores, accounting for approximately 15% of the variance ($\beta = -0.353$, $p < 0.001$), followed by male gender (4%; $B = 3.468$, $p < 0.001$) and lower self-esteem (2%; $\beta = -0.179$, $p = 0.006$). After including these variables, anxiety, depressive symptoms, and loneliness were no longer independently associated with IGD severity.

CONCLUSIONS: In this cross-sectional sample, greater IGD severity was independently associated with an evening-oriented chronotype, male gender, and lower self-esteem, while mood-related variables showed no independent association after adjustment. These findings suggest that IGD severity may be more closely linked to relatively stable individual traits than to current emotional symptoms. Future longitudinal studies are needed to clarify the temporal and potentially causal relationships among chronotype, self-esteem, and problematic gaming behavior.

Keywords: Behavioral addiction, chronotype, eveningness, gender, internet gaming disorder, self-esteem

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EVALUATION OF INFLAMMATORY MARKERS IN PATIENTS WITH CHRONIC PSYCHOTIC DISORDER AND FIRST-EPISODE PSYCHOSIS COMPARED TO A HEALTHY CONTROL GROUP

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BACKGROUND AND AIM: Recently, the importance of inflammatory processes in the etiology of psychotic disorders has been increasingly emphasized.In this context, this study aimed to compare the values of accepted inflammatory markers, including neutrophil-lymphocyte ratio (NLR), monocyte-lymphocyte ratio (MLR), and platelet-lymphocyte ratio (PLR), among patients with initial diagnosis of psychosis, patients with chronic psychotic disorders, and a healthy control group.

METHODS: : (Karabük University Faculty of Medicine Ethics Committee Application Number: 2026/2711).The retrospective study included 215 patients in total: 52 patients admitted to the psychiatry ward of Karabük Training and Research Hospital between January 1, 2021, and December 31, 2025, who had no prior antipsychotic use and were diagnosed with psychosis for the first time; 163 patients with chronic psychotic disorders who had been followed up for at least one year; and 215 healthy control subjects who applied to the family medicine outpatient clinic for health screening.Participants with a history of alcohol or substance use, chronic or inflammatory disease, and cancer were excluded.NLR, MLR, and PLR levels obtained from complete blood count samples taken on the date of admission were compared with a healthy control group of 215 individuals matched for age and gender

RESULTS: Of the participants, 243(56.5%) were male, with an average age of 40.1±11.9 years. In three-group comparison, patients with initial diagnosis of psychosis had lower lymphocyte counts and higher NLR, MLR, and PLR values compared to the control group ($p<0.05$). Patients with chronic psychotic disorder had lower platelet counts and higher MLR values compared to the control group ($p<0.05$). PLR levels were higher in patients with initial diagnosis of psychosis compared to those with chronic psychotic disorder ($p=0.019$).

CONCLUSIONS: The significantly higher values of peripheral markers of inflammation, such as NLR and MLR, in psychotic patients compared to a healthy control group suggest that inflammation may play an important role in the etiopathogenesis of the disease.

Keywords: Psychosis, inflammation, monocyte-lymphocyte ratio, neutrophil-lymphocyte ratio, platelet-lymphocyte ratio

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BODY IMAGE, QUALITY OF LIFE AND THE RELATIONSHIP BETWEEN GENDER-AFFIRMING CARE AND DEPRESSIVE SYMPTOM SEVERITY IN TRANS MEN FOLLOWED AT THE GENDER IDENTITY CLINIC OF KOCAELI UNIVERSITY

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BACKGROUND AND AIM: This study examined relationships among body image, quality of life, and depression in trans men followed at the Gender Identity Clinic of Kocaeli University and identified variables predicting depressive symptom severity. It also aimed to clarify the role of body image in psychological and functional outcomes within gender-affirming treatment.

METHODS: (Ethics Committee Approval must be obtained and the number should be specified). This cross-sectional study included 51 trans men receiving follow-up care at the Gender Identity Clinic of Kocaeli University. Data were collected using the Body Image Scale for Transsexuals, the World Health Organization Quality of Life–Brief Form, and the Beck Depression Inventory. Ethical approval was obtained from the Kocaeli University Faculty of Medicine Ethics Committee (Project No: KÜ GOKAEK 2026/39).

RESULTS: Employment, hormone use, longer duration of hormone therapy, and having undergone mastectomy and total abdominal hysterectomy with bilateral salpingo-oophorectomy were associated with lower body image–related distress. Older age, partner presence, hormone use, longer hormone exposure, mastectomy, and longer real-life experience in the affirmed gender were positively associated with quality of life. Depressive symptom severity was lower among participants who were older, employed, and had longer smoking histories and real-life experience. Total body image scores were negatively correlated with total quality of life scores, while quality of life scores were negatively correlated with depression scores. Quality of life strongly predicted depressive symptom severity, whereas body image predicted depression indirectly through quality of life.

CONCLUSIONS: Depressive symptoms in trans men appear to be shaped primarily through perceived quality of life rather than directly by medical interventions. Hormone therapy and surgical procedures may contribute indirectly to improved quality of life by alleviating body image–related distress. These findings underscore the need for treatment approaches extending beyond symptom reduction and prioritizing comprehensive strategies that enhance overall quality of life. Such an approach may improve long-term psychosocial functioning and support sustained wellbeing across life domains.

Keywords: Body image, depression, gender-affirming treatment, quality of life, trans men

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THE ROLE OF HYPOMENTALISATION AND PAIN CATASTROPHIZING IN MIGRAINE-RELATED DISABILITY

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BACKGROUND AND AIM: Beyond a neurovascular condition, migraine is conceptualised as a complex biopsychosocial disorder involving altered pain processing, limbic system dysregulation, and psychosocial vulnerabilities. Pain catastrophising is one of the strongest predictors of migraine-related disability. Mentalisation, defined as the capacity to understand bodily and emotional experiences in terms of mental states, may play a key role in shaping maladaptive pain appraisals. We hypothesised that, hypomentalisation would be associated with higher pain catastrophising and migraine-related disability. This study aims to examine whether hypomentalisation is associated with migraine-related disability through pain catastrophising as a potential mediator.

METHODS: (Ethics Committee Approval must be obtained and the number should be specified). This cross-sectional study was conducted at a neurology outpatient clinic in Sincan Education and Research Hospital between July and October 2025. The study was approved by the hospital's ethics committee (02.06.2025-BAEK-2025-21). A total of 196 participants were aged 18–65 and diagnosed with migraine according to ICHD-3 criteria. Reflective functioning was assessed using the RFQ-6, pain catastrophising using PCS-13, and migraine-related disability using the HIT-6. Pearson correlations were calculated, followed by bootstrapped mediation analyses (5,000 resamples) controlling for age and gender.

RESULTS: Higher RFQ-6 score was significantly associated with greater pain catastrophising (r =.35) and migraine-related disability (r =.26). PCS-13 score correlated with HIT-6 (r =.52), with the Helplessness subscale the strongest correlation (r =.57).

Mediation analyses indicated that PCS-13 significantly mediated the relationship between hypomentalisation and migraine-related disability (ACME = 0.57), accounting for 71% of the total effect. When PCS-13 Helplessness was tested as the mediator, the indirect effect increased (ACME = 0.69), explaining 87% of the total effect, while direct effects remained non-significant.

CONCLUSIONS: These findings support a process-based model of migraine-related disability in which hypomentalisation may be associated with functional impairment primarily through pain catastrophising, particularly perceived helplessness.

Keywords: hypomentalisation, migraine, pain catastrophising

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CLINICAL CHARACTERISTICS OF GAMBLING DISORDER IN A TERTIARY PSYCHIATRY CLINIC

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BACKGROUND AND AIM: Gambling disorder is a behavioral addiction that affects individual's, and it has become an increasing public health concern. The widespread use of internet and mobile technologies has led to an increase in online gambling, resulting in earlier onset and a higher rate of clinical presentations. This study aimed to describe the sociodemographic and clinical characteristics of individuals presenting with gambling-related problems to the Cerrahpaşa Department of Psychiatry, including active gamblers and first-degree relatives of gamblers.

METHODS: This study was conducted with approval from the Ethics Committee (Decision No: 1566935; Date: 03.02.2026). A total of 20,545 initial psychiatric evaluations between 2023 and 2025 were screened. Cases were identified through electronic record searches for "gambling" and related terms in clinical notes.

RESULTS: Among 20,545 psychiatric evaluations, 112 patients presented with gambling-related problems, of whom 92 met diagnostic criteria for gambling disorder and included in the analysis. The sample was predominantly male (93.5%). The proportion of gambling disorder cases increased over time, accounting for 0.28% of all psychiatric admissions in 2023, 0.45% in 2024, and 0.67% in 2025. Most patients had completed high school (56.6%) or higher education (30.3%). Nearly half (48.9%) had no psychiatric comorbidity, while depression (28.3%) and anxiety disorders (12.0%) were the most frequent comorbid conditions. Online gambling was reported by 88.7%, and gambling-related debt was present in 85.1%. Follow-up attendance was observed in 43.2% of patients, while 56.8% did not return for follow-up. Among individuals who presented for psychiatric evaluation because a first-degree relative was engaged in gambling behavior (n = 51), the majority were female (%84.1). Depression and anxiety disorders were the most frequently identified diagnoses.

CONCLUSIONS: Gambling-related psychiatric presentations have increased over time, particularly among active online gamblers. These findings highlight the substantial clinical and familial burden of gambling disorder and emphasize the need for early identification, targeted interventions, and family-oriented treatment approaches.

Keywords: Gambling disorder, addiction, pathological gambling

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THE TWO FACES OF THE FUTURE IN DEPRESSION: ANTICIPATORY PLEASURE MEDIATES THE PROTECTIVE EFFECT OF FUTURE-POSITIVE ORIENTATION

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BACKGROUND AND AIM: Major depressive disorder (MDD) is characterized by pervasive dysfunction in reward and motivation systems. Time Perspective theory provides a framework for understanding cognitive-emotional orientations along the past-present-future axis. A crucial distinction exists between Future-Positive (FP) and Future-Negative (FN) orientations. This study investigated how these orientations relate to MDD severity through distinct anticipatory and consummatory hedonic mechanisms.

METHODS: (Ethics Committee Approval must be obtained and the number should be specified). A total of 135 medication-naïve MDD outpatients (Mean age: 33.29±9.95 years) participated in this cross-sectional study. Participants completed the Beck Depression Inventory (BDI), GAD-7, Temporal Experience of Pleasure Scale, and Short Zimbardo Time Perspective Inventory. Mediation models were tested using structural equation modeling in R, specifically adjusting for anxiety as a covariate. The protocol was approved by the Gazi University Ethics Committee (No: 2025-1143).

RESULTS: The mean BDI score was 29.64±10.18. FP orientation significantly predicted higher anticipatory pleasure (β=0.419,p<0.001). Anticipatory pleasure partially mediated the relationship between FP and lower depression (indirect effect: β=−0.089,p=0.024,95%CI[−0.165,−0.013]). Conversely, FN orientation showed a direct positive association with depression severity (β=0.179,p=0.017). Consummatory pleasure demonstrated no significant mediation effects (p>0.05).

CONCLUSIONS: Our findings distinguish the "valence of the future" as two separate cognitive-emotional axes in depression. The protective role of FP orientation is driven by positive mental simulation, which channels motivational energy specifically into the "wanting" (anticipatory) component of reward processing. This enhances the capacity to imagine and emotionally invest in rewards, acting as a critical cognitive-motivational defense line. Conversely, FN orientation functions through threat-based avoidance pathways and rumination rather than primary motivational deficits. Clinically, future-oriented cognitive techniques specifically targeting positive prospection may restore anticipatory motivation and help disrupt the maintenance of depressive pathology.

Keywords: anhedonia, anxiety, depression, reward processing, time perspective

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THE SMART THERAPY HYPOTHESIS: A THEORETICAL FOUNDATION FOR A FOURTH WAVE OF ASSESSMENT-DRIVEN, INTEGRATIVE PSYCHOTHERAPY

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BACKGROUND AND AIM: Despite the evolution from second-wave METHODS: to third-wave approaches like Acceptance and Commitment Therapy, psychotherapy continues to face challenges such as high dropout rates and treatment resistance. A primary obstacle is the "research-practice gap": while research supports standardized, singular protocols, clinicians often prefer unstandardized, eclectic methods. This study aims to propose the "Smart Therapy Hypothesis" as a theoretical foundation for the "Fourth Wave" of psychotherapy, bridging this gap through an assessment-driven, integrative model.

METHODS: (Ethics Committee Approval must be obtained and the number should be specified). The Smart Therapy hypothesis is conceptualized as an Integrated Multimodal Biopsychosocial Intervention. The methodology shifts the focus from standardizing the treatment protocol to standardizing the assessment process. Interventions are "dosed" based on a component analysis of their "active ingredients," recognizing therapy as a neurobiological process. The assessment logic is driven by three primary clinical drivers:

(1) biological prerequisites, (2) "hardware/pattern" issues (trauma/personal history), and (3) "software/habit" issues (e.g., Cognitive Attentional Syndrome).

RESULTS: The resulting Smart Therapy model offers a five-level framework. Level 1 introduces the "Compass" for goal-setting and value alignment. Level 2 addresses "Biological Prerequisites" such as neuroinflammation or HPA axis dysfunction. Level 3 delivers the core psychological "dose," targeting either "software" (e.g., MCT, ACT) or "hardware" (e.g., EMDR, Psychodynamic) based on the assessment. Levels 4 and 5 incorporate doses of behavioral activation and systemic interventions. This structure provides a neurobiologically informed, personalized treatment pathway.

CONCLUSIONS: This hypothesis proposes that standardizing assessment rather than protocols can effectively bridge the research-practice gap. The primary research goal is to test whether this "Hardware/Software" assessment-to-treatment model yields superior outcomes compared to monolithic protocols. Future research should move away from comparing broad protocols and focus on conducting component-based dismantling studies to refine the selection of therapeutic doses for individual patient profiles.

Keywords: Psychotherapy, integrative psychotherapy, etiology, assessment-driven, rumination, fourth wave psychotherapy

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THE EFFECT OF ELECTROCONVULSIVE THERAPY ON THE CHOROID LAYER IN PSYCHIATRIC DISORDERS: AN OPTICAL COHERENCE TOMOGRAPHY STUDY

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BACKGROUND AND AIM: Optical Coherence Tomography (OCT) is the optical analogue of ultrasonographic imaging. OCT obtains tomographic cross-sectional images from the choroid, the vascular layer of the eye. Electroconvulsive therapy (ECT) has been reported to enhance vascular endothelial growth factors and promote neuroplasticity. This study aimed to investigate the short- and long-term effects of ECT on the choroid and to examine the clinical factors that may influence these effects.

METHODS: : The study included inpatients aged 18–65 years with any psychiatric disorder for which ECT was indicated at a university hospital. Patients with systemic or neurological diseases affecting the eye were excluded. A minimum of eight effective ECT sessions were administered three times per week. Choroidal thickness was measured by OCT before ECT, immediately after ECT, and at the 12th week following ECT. Post-ECT assessments were completed in 31 patients, and 11 patients were evaluated at the 12-week follow-up. Due to the COVID-19 pandemic, the study lasted one year and the targeted sample size could not be reached. Ethical approval was obtained from the Pamukkale University Faculty of Medicine Ethics Committee (10.12.2019, No: 21).

RESULTS: Of the patients, 15 (48.4%) were male and 16 (51.6%) were female, with a mean age of 36.55 ± 13.12 years. Sixteen patients (51.7%) were diagnosed with schizophrenia and related disorders, forming a heterogeneous diagnostic group overall. After ECT, a statistically non-significant increase was observed in the right choroid ($p = 0.068$). At the 12-week follow-up, the change in left choroidal thickness was negatively correlated with age at illness onset ($p = 0.036$).

CONCLUSIONS: ECT was associated with a non-significant early increase in choroidal vascularity. Earlier age at onset was associated with left choroidal thinning in the long term and a reduced response to ECT. Left choroidal thinning in early-onset patients may represent an endophenotypic marker of neurodevelopmental microvascular pathology.

Keywords: psychiatric disorders, electroconvulsive therapy, optical coherence tomography, choroid plexus

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INDEPENDENCE AND SOCIAL FUNCTIONING LEVELS AND PREDICTORS IN ADULTS WITH AUTISM SPECTRUM DISORDER

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BACKGROUND AND AIM: This study investigated the levels of independence in daily living activities(IL) and social functioning(SFL) in adults diagnosed with autism spectrum disorder(ASD) in childhood and identified factors predicting these outcomes.

METHODS: 87 adults with ASD were evaluated.The Aberrant Behavior Checklist(ABC), Childhood Autism Rating Scale(CARS), Lawton Brody Instrumental Activities of Daily Living Scale(IADL), and Social Functioning Scale(SFS) were used.Group comparisons were performed using parametric and nonparametric tests.Correlations were assessed using Pearson and Spearman analyses.Predictors of IADL and SFS scores were examined using multiple linear regression analysis.Approval was obtained from Kocaeli University(No: 2022/333).

RESULTS: The majority of participants lived with their families, only 4.6% lived alone. The IADL and SFS scores were significantly lower in individuals with delays in motor development ($p<0.05$), illiteracy ($p<0.001$), lower IQ($p<0.001$), and comorbid psychiatric disorders ($p<0.05$). More than half of the participants were dependent on each assessed daily living activity (laundry, 71.3%; housekeeping, 66.7%; finances, 65.5%; transportation, 60.9%; food preparation, 60.9%; shopping, 57.5%; managing medications, 57.5%; telephone use, 51.7%).The IADL and SFS scores increased with older age, fewer siblings, higher birth order, earlier sentence formation, earlier acquisition of literacy, and lower CARS and ABC scores($p<0.05$).In regression analyses, the IADL score was significantly predicted by CARS score ($\beta = -0.25$, $p = 0.001$), IQ($\beta=3.12$, $p=0.001$), SFS score($\beta=0.03$, $p=0.033$), and age at first sentence formation($\beta=-0.02$, $p=0.046$).The SFS score was significantly predicted by CARS score ($\beta=-1.87$, $p=0.008$), IADL score ($\beta=2.67$, $p=0.018$), and age at literacy acquisition ($\beta=-4.54$, $p=0.026$).

CONCLUSIONS: Most adults with ASD are dependent on daily living activities and have limited social skills.IL was predicted by autism symptom severity, IQ, SFL, and age of first sentence formation, while SFL was predicted by autism symptom severity, IL, and age of literacy acquisition.Including individuals with a wide range of autism severity and IQ, this study provides comprehensive evaluation of adult outcomes using validated psychometric instruments and contributes valuable data to the literature.

Keywords: Autism spectrum disorder, independence, social functioning, adult

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BULLYING AND ABUSE IN AUTISM SPECTRUM DISORDER DIAGNOSED IN CHILDHOOD: LIFETIME ASSESSMENT IN ADULTHOOD

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BACKGROUND AND AIM: Individuals with autism spectrum disorder(ASD) are at an increased risk for peer bullying and various forms of abuse. However, adverse life events in individuals with ASD have predominantly been examined through childhood-based cross-sectional studies, while lifetime data extending into adulthood remain limited.

This study examined the prevalence of lifelong adverse life events and differences among ASD subgroups in adults diagnosed with ASD.

METHODS: 87 individuals diagnosed with ASD in childhood were evaluated in adulthood. Based on adult clinical assessment, participants were classified as Autistic Disorder(AD, 49.4%), Atypical Autism(20.7%), Asperger Syndrome(AS, 24.7%), and loss of ASD diagnosis(LAD, 5.7%). Lifetime exposure to peer bullying, emotional, physical, and sexual abuse, and criminal history were retrospectively assessed based on self- and/or caregiver-reports.Approval was received from Kocaeli University(GOKAEK-2022/20.21).

RESULTS: Peer bullying was reported by 49.4% of participants and differed significantly between diagnostic subgroups($p<0.001$), with the highest rates in AS (90.5%), followed by LAD (80.0%), and the lowest rates in AD (23.3%) group. Sexual abuse was reported by 3.4% of participants, and all individuals with a history of sexual abuse belonged to the AS group, resulting in a significant group difference($p=0.021$).Emotional abuse was reported by 55.2% of participants and showed significant differences between subgroups ($p=0.001$), with the highest prevalence in AS(81%) group.Physical abuse was reported by 28.7% of participants, and differed significantly between subgroups ($p<0.001$), with the highest rates in AS(61.9%) group. 2.3% of participants had a personal criminal history, with no significant difference between groups($p=0.467$).

CONCLUSIONS: In this sample, individuals with ASD reported substantial lifetime exposure to bullying and abuse.Higher rates in AS group may be related to greater social engagement combined with persistent difficulties in interpreting social cues. In contrast, lower rates in the AD group may reflect increased parental supervision and limited social exposure.These findings highlight the need for lifelong, subgroup-specific preventive and supportive strategies for individuals with ASD.

Keywords: Autism spectrum disorder, adult, peer bullying, abuse

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INVESTIGATION OF THE RELATIONSHIP BETWEEN EXPOSURE TO SECONDARY TRAUMATIC STRESS AND ATTITUDES TOWARD SEEKING PSYCHOLOGICAL HELP AMONG EMERGENCY PHYSICIANS IN ISTANBUL

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BACKGROUND AND AIM: Secondary traumatic stress (STS) is caused by indirect exposure to trauma through witnessing others' experiences or repeated occupational exposure to trauma narratives and is associated with adverse psychological outcomes. This study aimed to assess STS among emergency physicians and examine its relationship with attitudes toward seeking psychological help.

METHODS: This cross-sectional study was conducted between 2nd and 10th of June 2022, among physicians in nine emergency departments in Istanbul. Data were collected via an online questionnaire using convenience sampling and included sociodemographic items; the Secondary Traumatic Stress Scale (STSS) and the Attitudes Toward Seeking Psychological Help Scale–Short Form (ATSPH-SF). Ethical approval was obtained from the Istanbul Medipol University Non-Interventional Clinical Research Ethics Committee (Decision No: 10840098-772.02-3336).

RESULTS: Seventy emergency physicians participated. 54.3% were female, mean age 28.4 ± 4.5 years. Most had 0–4 years of experience (80.0%). A history of traumatic events was reported by 55.7%, most commonly emotional or physical abuse (20.0%). Most (74.3%) had no psychiatric diagnosis; 48.6% had never received psychological support. Based on STSS scores, 58.6% showed severe STS (49–85). Favorable help-seeking attitudes were present in 51.4%. STSS scores were higher in women ($p = 0.029$) and differed by trauma type ($p = 0.025$), with higher scores measured among those exposed to traumatic accidents. No correlation was found between STSS and ATSPH-SF ($r = 0.144$, $p= 0.255$).

CONCLUSION: Despite severe STS levels, no association was found between STS and help-seeking attitudes, suggesting individual and institutional factors influence help-seeking behavior. Further research is needed to clarify this gap and identify barriers to physicians' psychological help-seeking. As the study was conducted during the COVID-19 pandemic, marked by intense workload and frequent exposure to suffering and death, findings should be interpreted within this context, underscoring the importance of context-sensitive preventive interventions.

Keywords: Secondary traumatic stress, trauma exposure, seeking professional psychological help, emergency physicians

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PARENTAL PERCEIVED STRESS AND ADOLESCENTS' EMOTIONAL AND BEHAVIORAL PROBLEMS: FINDINGS FROM A COMMUNITY SAMPLE

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BACKGROUND AND AIM: Parental stress has consistently been associated with child and adolescent mental health outcomes. However, adolescence represents a distinct developmental period characterized by increased emotional reactivity and autonomy, which may alter the nature of parent-child dynamics. The present study aimed to investigate whether parental perceived stress predicts adolescents' internalizing and externalizing problems after controlling for key demographic factors (child age, child gender, parental education level, and country of residence).

METHODS: (Ethics Committee Approval must be obtained and the number should be specified). The sample consisted of 223 adolescents aged 12-18 years (52.9% girls) and their parents. Adolescents' problems were assessed using the Strengths and Difficulties Questionnaire (SDQ), yielding internalizing and externalizing composite scores. Parental perceived stress was measured using the 4-item Perceived Stress Scale (PSS-4).

Hierarchical regression analyses were conducted separately for internalizing and externalizing problems. Child age, gender, parental education, and country of residence were entered in the first step, followed by parental perceived stress. Ethical approval was obtained from the relevant institutional ethics committee (E-64577500-050.99-79416).

RESULTS: Parental perceived stress was significantly correlated with adolescents' internalizing problems (r=.17, p=.013) but not with externalizing problems (r=.12, p=.064). After controlling for demographic variables, parental perceived stress significantly predicted higher levels of internalizing problems (β=.14, p=.033), accounting for an additional 2% of the variance (ΔR^2=.020). In contrast, parental perceived stress did not significantly predict externalizing problems (β=.09, p=.202).

CONCLUSIONS: Findings indicate that parental perceived stress is specifically associated with adolescents' internalizing symptoms rather than externalizing behaviors. This pattern underscores the importance of considering developmental stage and symptom profiles when evaluating family-related risk factors, as emotional difficulties during adolescence may be more sensitive to parental stress. These findings suggest that interventions aimed at reducing parental stress and improving parental coping may play a protective role in adolescents' emotional well-being.

Keywords: perceived stress, adolescence, internalizing-externalizing problems

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THE RELATIONSHIP BETWEEN SOCIODEMOGRAPHIC AND FORENSIC HISTORY AND THE VICTIMIZATION STATUS OF PATIENTS WITH SCHIZOPHRENIA

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BACKGROUND AND AIM: Schizophrenia causes significant functional impairment and cognitive disturbances that weaken safety judgment. Consequently, patients are highly vulnerable to abuse and unpredictable events, especially during psychotic exacerbations. Although research often emphasizes patient violence, the risk of criminal victimization in this population is 2 to 100 times higher than the general public, driven by factors like homelessness and symptomatology. Analyzing the complex interactions of these risk factors requires computational power beyond traditional statistics. Machine learning excels at detecting hidden patterns and parameter weights within such datasets. Algorithms like Support Vector Machines (SVM) can identify predictive associations that classical METHODS: may overlook. This study evaluates the utility of machine learning in predicting criminal victimization among patients with schizophrenia.

METHODS: (Ethics Committee Approval must be obtained and the number should be specified). Approved by the Erenköy Ethics Committee (No: 2025/15), this cross-sectional study collected sociodemographic characteristic, clinical history, and forensic background data from schizophrenia patients (18–65 years) via semi-structured interviews. During the interview and consent phase, information regarding patients whose response reliability was clinically doubted was obtained from their relatives Machine learning models were developed in Python to predict victimization. SVM outperformed other algorithms and were optimized using 5-fold stratified cross-validation to handle class imbalance. Model performance was assessed via AUC-ROC metrics and feature importance analysis to identify risk factors.

RESULTS: The patient groups were analyzed in two categories: those who were victims of crime (n=50) and those who were not (n=50). No statistically significant differences were found between the groups regarding age, gender, educational status, or marital status ($p>0.05$).

The analysis process was conducted in a local computing environment using the Python programming language and its libraries. The research population consisted of 100 patients diagnosed with F20–29 according to ICD-10 diagnostic criteria. The target variable of the model was defined as "criminal victimization (Present/Absent)." During the data preprocessing stage, scaling was applied for feature standardization, and missing data were addressed using appropriate imputer methods; subsequently, model objects were saved for future analysis. To predict the risk of criminal victimization, analyses were performed using SVM algorithms. The RBF (Radial Basis Function) kernel was preferred in the SVM model to identify complex and non-linear relationships, and the regularization parameter was set to C=1.0 to prevent overfitting. The probability estimation feature was activated for the percentage expression of risk scoring. The relationship between variables and victimization was examined using Point-Biserial correlation analysis. According to the findings, a history of childhood abuse emerged as the strongest predictor in the model ($r=0.472$, $p<0.001$). Additionally, the use of first-generation depot antipsychotics was identified as a risk-increasing factor ($r=0.229$). The discriminative power of the models was evaluated using the AUC-ROC metric. The SVM model demonstrated an "acceptable/good" level of performance with a mean AUC score of 0.768 and an overall accuracy rate of 71%.

CONCLUSIONS: This study investigated the predictability of criminal victimization risk in patients diagnosed with schizophrenia using sociodemographic and clinical data through machine learning algorithms. It has been frequently reported in the literature that individuals with severe mental disorders are at a higher risk of being victims of violence rather than perpetrators compared to the general population; this situation is often associated with substance use, homelessness, and exacerbating psychotic symptoms—specifically mania and positive symptoms. However, most existing research relies on traditional regression analyses and remains limited in explaining complex, non-linear relationships.

The SVM model developed in our study, which demonstrated the highest performance with an AUC score of 0.768, identified a history of childhood abuse as the strongest predictor of criminal

victimization in adulthood, contrasting with the acute clinical variables emphasized in the literature. This finding is consistent with studies suggesting that early-life traumas leave individuals vulnerable to revictimization in adulthood.

Furthermore, our analysis identified unemployment and the use of first-generation depot antipsychotics (AP) as moderately correlated factors, while high educational attainment was found to be weakly correlated.

In the literature, the impact of pharmacological treatment modalities on violent victimization presents a complex picture. Although some studies state that the type of prescribed medication is not directly associated with victimization, treatment non-adherence is known to be a significant risk factor(3). Indeed, it has been shown that structured processes ensuring treatment continuity reduce the risk of victimization by decreasing substance use and providing clinical stabilization. In this context, methods ensuring treatment adherence are expected to serve a protective function. However, the findings of our study did not support this mechanism and failed to demonstrate that the use of depot antipsychotics is a protective factor against victimization. In contrast, polypharmacy—which likely indicates closer follow-up or better symptom control—was found to correlate with decreased criminal victimization.

The primary original contribution of this research lies in its association of victimization risk not only with immediate psychopathology but also with historical trauma burden, analyzing this relationship through a multivariate, machine learning-based model. Our findings indicate that in managing the risk of victimization in patients with schizophrenia, routinely screening for trauma history is as critical as symptom control.

Keywords: Artificial intelligence, crime victimization, forensic psychiatry, machine learning, schizophren

POSTER PRESENTATIONS

PP-001 https://doi.org/10.5080/61upk.ozt499

PERSISTENT GENITAL AROUSAL DISORDER IN A PATIENT WITH MAJOR DEPRESSIVE DISORDER: SYMPTOM IMPROVEMENT FOLLOWING ANTIDEPRESSANT DOSE OPTIMIZATION

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OBJECTIVE: Persistent Genital Arousal Disorder (PGAD) is a rare condition characterized by persistent physiological genital arousal without accompanying sexual desire. Due to limited awareness and absence of standardized treatment guidelines, it is frequently underdiagnosed. We present a case of PGAD comorbid with major depressive disorder (MDD) that improved following antidepressant dose optimization.

CASE: A 48-year-old woman presented with a two-year history of persistent genital discomfort, throbbing sensations, pelvic restlessness, and an intrusive urge to touch the genital area. Symptoms occurred multiple times daily, worsened while sitting, and caused significant social impairment. She reported no associated sexual pleasure or increased libido. Gynecological examination and laboratory investigations were unremarkable. Psychiatric evaluation revealed a five-year history of MDD treated with paroxetine 20 mg/day. In recent months, depressive symptoms had worsened. After exclusion of organic pathology, paroxetine was increased to 40 mg/day and olanzapine 2.5 mg/day was added.

Written informed consent was obtained for publication.

At two-month follow-up, depressive symptoms remitted, her mood was euthymic, and PGAD complaints markedly decreased, occurring only once or twice during the preceding month.

DISCUSSION: The pathophysiology of PGAD remains unclear, and various pharmacological and interventional treatments have been reported without consensus. In this case, symptom improvement may be related to enhanced serotonergic inhibition following paroxetine dose escalation. Serotonin is known to exert inhibitory effects on sexual arousal pathways. Additionally, remission of depressive symptoms may have reduced somatic hypervigilance and distress amplification. Dopaminergic modulation through low-dose olanzapine may also have contributed.

This case suggests that optimization of antidepressant therapy may represent a rational initial strategy in PGAD patients with comorbid depression. Increased awareness and further research are required to establish evidence-based treatment approaches.

Keywords: Olanzapine, paroxetine, persistent genital arousal disorder

PP-002 https://doi.org/10.5080/61upk.ozt500

DEMOGRAPHIC AND CLINICAL CHARACTERISTICS OF APPLICATIONS FOR THE SPECIAL NEEDS REPORT FOR CHILDREN (COZGER): A 3-MONTH RETROSPECTIVE EVALUATION

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BACKGROUND AND AIM: This study aimed to characterize the demographic, psychiatric, and medical profiles of children referred to the Outpatient Clinic for the Special Needs Report for Children (COZGER) and to examine the distribution of special needs levels, as well as to assess the implications of the COZGER process for child and adolescent psychiatric practice.

METHODS: (Ethics Committee Approval must be obtained and the number should be specified). This retrospective descriptive study analyzed hospital records of 444 children aged 0–18 years who applied to the COZGER outpatient clinic of İzmir City Hospital Child and Adolescent Psychiatry Department between August 15 and November 15, 2025. Cases with forensic reports, incomplete data, or unfinished COZGER processes were excluded. Demographic characteristics, psychiatric diagnoses, and special needs levels were evaluated overall.

RESULTS: The median age of the cases was 8 years, and 67.6% were male. At least one psychiatric diagnosis was identified in 76% of the children, with the most common diagnoses being Intellectual Disability (29%), Autism Spectrum Disorder (ASD) (19%), and Specific Learning Disorder (16.9%). Regarding levels of special needs, 75.9% of cases were classified as having "special needs," with 34.5% categorized as Special Needs (ÖGV) and 13.1% as Severe Special Needs (ÖKGV). Among children with ASD, 48.8% were evaluated at the Moderate Special Needs level and 51.2% at the Severe Special Needs level. Notably, approximately half of the cases (48.7%) with a special needs level of at least ÖGV had received their diagnosis for the first time. Ethical approval was obtained from the İzmir City Hospital Ethics Committee on December 3, 2025, under protocol number 2025/624.

CONCLUSIONS: This study shows that the COZGER system effectively differentiates children's developmental and psychiatric support needs and provides consistent classification, particularly for ASD. However, the retrospective single-center design limits generalizability, indicating the need for multicenter studies to standardize COZGER practices and strengthen early intervention processes overall future.

Keywords: COZGER, multidisciplinary approach, rehabilitation, special needs

PP-003 https://doi.org/10.5080/61upk.ozt501

MANAGEMENT OF ALCOHOL USE DISORDER IN A PATIENT WITH PARKINSON'S DISEASE: A CASE REPORT

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OBJECTIVE: Alcohol Use Disorder (AUD) is common in elderly populations; however, its management becomes more complex in the presence of neurological comorbidities such as Parkinson's disease. Limited data exist regarding safe detoxification and maintenance strategies for AUD in patients receiving dopaminergic treatment.

CASE: (The patient consent must be provided and specified with appropriate terms). Written informed consent was obtained from the patient.

A 64-year-old male, primary school graduate and retired, presented to the psychiatric outpatient clinic requesting treatment to discontinue alcohol use. He had a long history of alcohol consumption and had met diagnostic criteria for AUD for the past five years. Four years earlier, he was diagnosed with Parkinson's disease by neurology and was treated with levodopa 125 mg/day. The patient had been followed by psychiatry for three years due to insomnia and anxiety and was receiving sertraline 50 mg/day and quetiapine 50 mg/day with partial benefit. Recently, his alcohol consumption had progressively increased, and he reported tolerance and withdrawal symptoms including restlessness, insomnia, and irritability.

At admission, the patient's CIWA-Ar score was 11, indicating mild to moderate alcohol withdrawal.

Detoxification treatment was initiated with thiamine 300 mg/day and lorazepam 3 mg/day. Lorazepam was gradually tapered according to CIWA-Ar scores and discontinued as withdrawal symptoms subsided. The CIWA-Ar score progressively decreased and reached 0 during follow-up. For maintenance treatment, sertraline was increased to 100 mg/day due to persistent anxiety symptoms, and naltrexone 50 mg/day was initiated. At 1-, 3-, and 6-month follow-ups, the patient remained abstinent from alcohol, with a euthymic mood and no worsening of Parkinsonian symptoms.

DISCUSSION: This case demonstrates that CIWA-Ar–guided detoxification and naltrexone maintenance treatment can be safely and effectively applied in elderly patients with Parkinson's disease and AUD. This case supports the clinical feasibility of individualized AUD treatment strategies in neurologically complex elderly patients, emphasizing the importance of careful monitoring, standardized assessment tools, and appropriate pharmacological selection.

Keywords: Alcohol use disorder, elderly patients, CIWA-Ar, naltrexone

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SPINOCEREBELLAR ATAXIA ACCOMPANIED BY PSYCHOSIS: A CASE REPORT BASED ON NEURODEVELOPMENTAL AND STRUCTURAL FINDINGS

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OBJECTIVE: [Spinocerebellar ataxia (SCA) is a neurodegenerative disorder characterized by cerebellar degeneration that may affect individuals' cognitive processes, mood regulation, and motor functions. Psychosis accompanying SCA is rare. This case report evaluates a patient with spinocerebellar ataxia accompanied by psychotic disorder, sensorineural hearing loss, and intellectual disability in the context of neurodevelopmental and structural findings.

CASE: (The patient consent must be provided and specified with appropriate terms). A 28-year-old single male patient was admitted to our forensic psychiatry clinic due to psychotic symptoms and aggressive behaviors. He had a history of imbalance, speech difficulties, and hearing loss since early childhood. Neurological examination revealed dysarthria, dysmetria, ataxic gait, and prominent tremor. Brainstem Auditory Evoked Response testing demonstrated bilateral severe sensorineural hearing loss, while cranial MRI revealed cerebellar atrophy, ventriculomegaly, and a cavum septum pellucidum et vergae variation. Psychiatric evaluation showed erotomanic delusions and impaired impulse control. Initial treatment with risperidone and valproate was initiated; however, valproate was discontinued due to worsening ataxia and tremor. Following the addition of olanzapine, psychotic symptoms markedly improved. Written informed consent was obtained from the patient for the publication of this case report.

DISCUSSION: Psychiatric manifestations—particularly depression—may accompany SCA, whereas psychotic disorders are rarely reported. The psychotic features and disinhibited behaviors observed in our patient are consistent with the "cognitive dysmetria" model, attributing psychosis to disrupted cerebellar connections with frontal and limbic circuits. Neurodegenerative involvement affecting judgment and behavioral inhibition may increase forensic vulnerability in such patients. Impaired impulse control and aggressive behavior requiring forensic hospitalization highlight the relevance of cerebellar pathology in forensic psychiatric settings. Exacerbation of ataxia following valproate underscores the need for individualized pharmacological strategies. This case emphasizes the importance of recognizing neuropsychiatric symptoms in cerebellar disorders and adopting a multidisciplinary approach, particularly in evaluating forensic risk, criminal responsibility, and long-term institutional care needs.

Keywords: Spinocerebellar ataxia, psychosis, cerebellum, neurodevelopmental anomaly, cavum septi pellucidi

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FACTITIOUS DISORDER PRESENTING WITH RECURRENT VAGINAL BLEEDING AND SELF-INFLICTED INJURY: A CASE REPORT

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OBJECTIVE: Factitious disorder is a psychiatric condition characterized by the intentional production of physical symptoms without external incentives. Diagnosis is challenging, often resulting in repeated hospitalizations, unnecessary invasive procedures, and high healthcare utilization. In obstetrics and gynecology, recurrent vaginal bleeding without an identifiable organic cause represents a critical differential diagnosis. This case report presents the diagnostic process of a patient with recurrent vaginal bleeding and direct observation of self-harming behavior.

CASE: (The patient consent must be provided and specified with appropriate terms). A 31-year-old mother of two, with no psychiatric history, presented to multiple facilities over three years for recurrent vaginal bleeding. She was hospitalized in a gynecology department following an unplanned pregnancy; however, the bleeding was determined not to be pregnancy-related. Vaginal examinations revealed various bleeding sites occurring at different times, leading to repeated surgical interventions.

On the planned discharge day, bleeding recurred, and curettage was performed due to a hemoglobin level of 6.5g/dL. Post-procedure, the patient failed to respond to verbal stimuli. Neurological evaluation revealed no organic pathology, and a psychiatric consultation was requested for suspected conversion disorder. Mental status examination revealed only a depressed mood.

On the sixthday post-curettage, new bleeding areas appeared at sites inconsistent with obstetric interventions. Further history revealed long-standing admissions for vaginal bleeding and repeated presentations of her three-year-old child with unexplained penile bleeding. During clinical observation, the patient was caught injuring her vaginal area with a knife. Following gynecological treatment, she was transferred to the psychiatry ward with a diagnosis of factitious disorder. Paroxetine and diazepam were initiated.

Although no bleeding occurred during the first three days of psychiatric hospitalization, subsequent self-injury resulted in renewed bleeding, requiring a transfusion of two units of packed red blood cells.

DISCUSSION: This case highlights the importance of considering factitious disorder in patients presenting with recurrent unexplained vaginal bleeding and repeated invasive procedures. Written informed consent was obtained from the patient.

Keywords: Factitious disorder, unexplained vaginal bleeding, self-injurious behavior, recurrent hospital admissions, hospital shopping

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CASE REPORT OF A PSYCHOTIC DISORDER ACCOMPANIED BY EPILEPSY FOLLOWING TRAUMATIC BRAIN INJURY

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OBJECTIVE: Evidence regarding treatment options for neuropsychiatric symptoms secondary to traumatic brain injury (TBI) is limited.This case discusses the management of a psychotic disorder that developed following head trauma and in association with epilepsy in a forensic psychiatry service.

CASE: (The patient consent must be provided and specified with appropriate terms). A 32-year-old male with no prior psychiatric diagnosis suffered a head injury from a fall at age 24. He underwent decompressive craniotomy and cranioplasty of the left hemisphere due to an acute subdural hematoma. Neuroimaging revealed encephalomalacic changes in the left frontal and bilateral temporal regions. The patient experienced generalized tonic–clonic seizures; EEG findings were consistent with left frontocentrotemporal dysfunction and focal-onset epilepsy, and valproic acid 1000 mg/day was initiated. Subsequently, paranoid, persecutory, mystical, nihilistic, and grandiose delusions, along with aggression, emerged. The patient committed simple assault and was admitted to a High-Security Psychiatric Clinic due to lack of criminal responsibility. He was treated with olanzapine 20 mg/day, haloperidol 20 mg/day, and paliperidone palmitate 150 mg/month. During observation, delusions persisted (SANS: 62, SAPS: 101), leading to a diagnosis of treatment-resistant psychotic disorder secondary to traumatic brain injury. Clozapine was initiated, resulting in symptom reduction at 400 mg/day (SANS: 50, SAPS: 86) without increased seizure activity.

Delusions persisted with reduced dangerousness, and placement in a nursing home with close psychiatric monitoring was planned. Informed consent was obtained from the patient and legal guardian.

DISCUSSION: Psychotic cases developing after TBI, accompanied by epilepsy and frontal–temporal lesions, may exhibit a complex clinical course. Forensic psychiatric practice requires not only symptom control but also the management of aggression and the risk of reoffending. Although comorbid epilepsy limits treatment options, the ability to maintain this treatment without an increase in seizure activity highlights the importance of individualized assessments rather than rigid exclusion criteria.

Keywords: Post-traumatic psychosis, traumatic brain injury, treatment-resistant psychosis

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SUCCESSFUL MANAGEMENT OF NEUROLEPTIC MALIGNANT SYNDROME AND PSYCHOTIC SYMPTOMS WITH ARIPIPRAZOLE IN A FIRST-EPISODE PSYCHOSIS: A CASE REPORT

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OBJECTIVE: Neuroleptic malignant syndrome (NMS) is a rare but potentially life-threatening complication of antipsychotic treatment. Although typically characterized by hyperthermia, severe rigidity, elevated creatine kinase (CK), and autonomic instability, atypical presentations have been increasingly reported with second-generation antipsychotics. Management is particularly challenging when psychotic symptoms persist after discontinuation of antipsychotics. We report a patient with first-episode psychosis who developed atypical NMS following short-term antipsychotic exposure and was successfully treated with aripiprazole.

CASE: Written informed consent was obtained from the patient. A 23-year-old male with no psychiatric history presented with persecutory delusions, grandiosity, and auditory hallucinations. Zuclopenthixol acetate 50 mg IM was administered, and olanzapine 10 mg/day was initiated. During follow-up, he developed subfebrile fever, mild rigidity with cogwheel phenomenon, tachycardia (114/min), blood pressure elevation (142/75 mmHg), and elevated CK (2,348 U/L), AST (138 U/L), and ALT (210 U/L). Based on these findings and recent antipsychotic exposure, atypical NMS was diagnosed. Antipsychotics were discontinued, and hydration plus bromocriptine were initiated. As psychotic symptoms worsened, aripiprazole was cautiously introduced at 2.5 mg/day and titrated to 20 mg/day. CK levels normalized, and both NMS findings and psychotic symptoms markedly improved.

DISCUSSION: NMS has been reported with both first- and second-generation antipsychotics. Reintroduction of antipsychotics after NMS is clinically challenging due to recurrence risk. Aripiprazole, a D2 partial agonist, may modulate rather than profoundly block dopaminergic transmission. Although aripiprazole-associated NMS has been described, reports of its successful use following NMS remain limited. In this case, aripiprazole was associated with resolution of NMS manifestations and improvement of persistent psychosis. This case adds to the limited literature suggesting that aripiprazole may represent a viable therapeutic option in carefully selected patients when ongoing psychotic symptoms necessitate antipsychotic treatment. Careful titration and strict clinical monitoring remain essential to minimize recurrence risk.

Keywords: Aripiprazole, dopamine partial agonism, first-episode psychosis, neuroleptic malignant syndrome

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MANAGEMENT OF ECT-RESISTANT CATATONIA IN A PATIENT DIAGNOSED WITH BIPOLAR AFFECTIVE DISORDER: A CASE REPORT

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OBJECTIVE: Catatonia is a neuropsychiatric syndrome characterized by motor disturbances associated with changes in thought, mood, and consciousness.Studies suggest that catatonia is more prevalent among patients with mood disorders than those with schizophrenia.First-line treatments include benzodiazepines or electroconvulsive therapy (ECT)ECT is especially recommended for malignant catatonia, neuroleptic malignant syndrome, and benzodiazepine-resistant cases.This case report aims to contribute to the management of ECT-resistant catatonia.

CASE: A 28-year-old male presented with worsening depressive symptoms, psychomotor retardation, confusion, and suicidal ideation, leading to hospitalization. The patient had a history of bipolar disorder with multiple manic and depressive episodes treated with various mood stabilizers and antipsychotics. In May 2024, catatonic symptoms emerged, and ECT was initiated. Cognitive side effects, such as confusion and memory impairment, attributed to the combined use of ECT and lithium, led to a switch from lithium to valproic acid.Despite initial improvement, symptoms recurred within a month. Lithium was reintroduced along with further ECT sessions. However, cognitive impairments worsened, prompting neurological evaluations and brain imaging. Brain CT and MRI revealed a minimal subdural hematoma and bilateral temporal hyperintensities. Further investigations were performed. CSF findings were unremarkable; however, PET-CT revealed bilateral prefrontal and parietal hypometabolism, that may be observed in patients with catatonia.Based on these neurological findings and clinical features, the patient's condition was considered ECT-resistant catatonia. Due to the unavailability of lorazepam in Turkey, diazepam was initially administered with partial improvement.Following the procurement of lorazepam, significant remission was achieved. Additionally, owing to instability in serum lithium levels, treatment was switched to extended-release lithium obtained from abroad. The patient was discharged on lithium, lorazepam, and venlafaxine. Written informed consent was obtained from the patient for publication of this case report.

DISCUSSION: ECT is effective in over 80% of catatonic cases, yet some factors predict non-response, including comorbid neurological conditions.Lithium-ECT interactions may contribute to cognitive deficits.This case highlights the importance of individualized treatment and benzodiazepine availability in catatonia management.

Keywords: Bipolar disorder, electroconvulsive therapy, lithium

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TARDIVE DYSKINESIA IN GERIATRIC POPULATION: A CASE REPORT

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OBJECTIVE: Tardive dyskinesia (TD) is a syndrome comprising a range of iatrogenic movement disorders caused by dopamine receptor antagonism, including akathisia, dystonia, buccolingual stereotypy, chorea, tics, and other involuntary movements. Most commonly associated with antipsychotic treatment, TD is a persistent and distressing adverse effect. The geriatric population is particularly vulnerable, as advanced age is a well-established risk factor due to age-related neurobiological changes and diagnostic overlap with other movement disorders. Therefore, careful selection and monitoring of antipsychotic treatment are crucial in elderly patients. We present a geriatric patient who developed tardive dyskinesia following long-acting antipsychotic treatment.

CASE: (The patient consent must be provided and specified with appropriate terms). A 70-year-old male with a diagnosis of chronic schizophrenia presented with psychomotor retardation, blunted affect, bruxism, stereotyped pill-rolling hand movements, and repetitive oropharyngeal dyskinesia. These symptoms developed approximately two years after receiving a long-acting paliperidone injection. The patient had remained clinically stable without positive psychotic symptoms for nearly three years prior to symptom onset. He was hospitalized with a differential diagnosis of secondary parkinsonism versus tardive dyskinesia. Paliperidone and madopar were discontinued, with no subsequent clinical worsening suggestive of secondary parkinsonism. Follow-up evaluations supported a diagnosis of tardive dyskinesia, and antipsychotic treatment was switched to clozapine. Under clozapine therapy, TD symptoms improved clinically. The patient continues to be followed on a weekly basis. Consent was obtained from the patient and his son.

DISCUSSION: The onset, causative agent, and dosage associated with tardive dyskinesia are unpredictable, making it a treatment-limiting complication in clinical practice. Advanced age, prior extrapyramidal symptoms, high-dose or long-term antipsychotic use, psychotic disorders, and comorbid mood disorders are established risk factors. This case underscores the importance of appropriate antipsychotic selection and risk management in vulnerable geriatric patients. The observed clinical improvement further supports the role of clozapine in both reducing TD risk and managing established symptoms in high-risk populations.

Keywords: Tardive dyskinesia, geriatric patients, clozapine

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THERAPEUTIC-LEVEL LITHIUM NEUROTOXICITY: A CASE REPORT

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OBJECTIVE: Lithium remains a first-line mood stabilizer for the acute and maintenance treatment of bipolar disorder. However, its narrow therapeutic index and potential for neurotoxicity warrant close monitoring. Although toxicity is typically associated with elevated serum lithium levels, neurotoxic effects may also occur within the therapeutic range, a condition referred to as therapeutic-level lithium neurotoxicity or chronic lithium neurotoxicity.

CASE: (The patient consent must be provided and specified with appropriate terms). A 61-year-old woman with a 15-year history of bipolar disorder, treated with long-term lithium, presented with a one-month history of insomnia, speech slowing, depressive mood, irritability, and cognitive impairment. Mental status examination revealed confusion, apathy, psychomotor slowing, and reduced speech output. Neurological examination demonstrated prominent generalized tremor and confusion. Her medications included lithium 600 mg/day, quetiapine, aripiprazole, and propranolol.

Laboratory investigations showed a serum lithium level of 0.63 mEq/L, within the therapeutic range, with normal renal and thyroid function tests and unremarkable routine biochemistry. No alternative medical or neurological etiology was identified. Lithium-induced neurotoxicity was suspected, and lithium was discontinued.

Antipsychotic treatment was adjusted. Within one week, the patient exhibited complete resolution of tremor and confusion, with normalization of sleep and cognitive functioning.

Informed consent: Written and verbal informed consent was obtained from the patient for publication of this case.

DISCUSSION: Chronic lithium exposure may result in central nervous system accumulation, and brain lithium concentrations do not always correlate with serum levels. Elder age and polypharmacy may increase susceptibility to neurotoxicity.

Previous reports and pharmacokinetic studies have described similar discrepancies, emphasizing age-related renal decline, blood–brain barrier alterations, and drug–drug interactions as contributing factors. This case underscores the importance of prioritizing clinical assessment over serum lithium concentrations alone. Clinicians should maintain a high index of suspicion for lithium neurotoxicity in elderly patients, even when serum levels are in therapeutic range.

Keywords: Bipolar disorder, neurotoxicity, lithium, therapeutic-level toxicity

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A CASE OF SMITH–MAGENIS SYNDROME FOLLOWED FOR YEARS AS CONDUCT DISORDER AND ATYPICAL PSYCHOTIC DISORDER AND DIAGNOSED IN ADULTHOOD

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OBJECTIVE: Smith–Magenis syndrome (SMS) is a rare genetic disorder characterized by developmental delay, intellectual disability, distinctive dysmorphic facial features, behavioral dysregulation, and circadian rhythm disturbances. Due to its clinical overlap with attention-deficit/hyperactivity disorder, conduct disorder, autism spectrum disorder, and psychotic disorders, misdiagnosis is common and diagnosis is often delayed. We present a patient first evaluated at age 7 who received multiple psychiatric diagnoses throughout childhood and adulthood and was ultimately diagnosed with SMS at age 27, underscoring the importance of including SMS in psychiatric differential diagnosis, particularly in cases with longstanding behavioral and cognitive impairment.

CASE: After written informed consent was obtained from the patient and her relatives, history revealed referral to child and adolescent psychiatry at age 7 for learning difficulties, lagging behind peers, irritability, self- and hetero-aggression, and attention problems. She was managed for specific learning disorder, ADHD, and mild intellectual disability. Over time, anger outbursts, impulsivity, aggression, stereotypies, failure to achieve toilet training, and marked cognitive impairment became prominent. During childhood, multiple psychotropic treatments were administered. After age 18, she was followed in adult psychiatry with a diagnosis of atypical psychosis, and multiple antipsychotic treatments were administered for persistent behavioral and psychotic symptoms. Due to clinical worsening, she was hospitalized for reassessment and treatment adjustment.

Despite combined high-dose antipsychotic therapy, response was insufficient, and eight sessions of electroconvulsive therapy led to marked improvement. Physical examination revealed dysmorphic features, and phenotype-guided genetic testing confirmed SMS.

DISCUSSION: This case illustrates that SMS may remain unrecognized into adulthood in patients with chronic behavioral and psychotic symptoms, even after years of continuous psychiatric care. In early-onset behavioral problems accompanied by intellectual disability and sleep disturbance, careful assessment of dysmorphic features and a multidisciplinary diagnostic approach are essential for accurate diagnosis.

Keywords: Smith-Magenis syndrome, atypical psychosis, conduct disorder

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CLINICAL DETERIORATION AFTER ELECTROCONVULSIVE THERAPY: NEUROLEPTIC MALIGNANT SYNDROME OR INFECTION?

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OBJECTIVE: Neuroleptic malignant syndrome (NMS) is rare but potentially life-threatening condition associated with antipsychotic use and characterized by hyperthermia, muscle rigidity, altered mental status, autonomic instability.

Electroconvulsive therapy (ECT) is a safe and effective treatment option for severe psychotic symptoms, catatonia, and treatment-resistant conditions. However; fever, elevated creatine kinase (CK) levels, transient alterations in consciousness may occur after ECT, complicating the differential diagnosis between NMS and infectious etiologies. This case discusses whether clinical deterioration following ECT was attributable to NMS or secondary to an infectious process.

CASE: (The patient consent must be provided and specified with appropriate terms). 61 years old female patient with schizoaffective disorder was hospitalized due to one week of refusal of oral intake, inability to ambulate, aggressive behavior symptoms. Following intramuscular haloperidol administration, her CK level was 2229 U/L and emergency ECT was initiated under olanzapine treatment. After the first ECT session, CK decreased to 141 U/L, with marked clinical improvement.

After the second ECT session, the patient developed fever (37.8°C), altered mental status, autonomic instability, elevated CK levels (2778 U/L), raising suspicion for NMS. Due to clinical deterioration and unstable vital signs, patient was admitted to the ICU, where Influenza A infection was detected and antiviral therapy was initiated. During follow-up, CK levels increased to 6340 U/L. Given persistent clinical suspicion of NMS, bromocriptine treatment was initiated, resulting in a gradual decline in CK levels.

After clinical stabilization, the patient was transferred back to the psychiatric ward; aripiprazole was initiated, ECT was continued. Vital signs normalized, CK levels decreased to 485 U/L, oral intake resumed, improvement in psychiatric symptoms was observed. (Informed consent was obtained.)

DISCUSSION: This case demonstrates that fever, CK elevation following ECT don't necessarily indicate NMS and that infectious causes must be excluded. It highlights the dynamic nature of NMS diagnosis and underscores the importance of early treatment initiation in evolving or atypical presentations.

Keywords: Neuroleptic Malignant Syndrome (NMS), Schizoaffective Disorder, Electroconvulsive Therapy (ECT), catatonia, infection, bromocriptine

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FROM TRIGGER TO TRUST: UTILIZING THE FAMILY SYSTEM TO HEAL ATTACHMENT WOUNDS IN BORDERLINE PERSONALITY DISORDER

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OBJECTIVE: Borderline Personality Disorder (BPD) involves emotional dysregulation, fear of abandonment, and unstable relationships, often rooted in early attachment trauma. This poster presents a treatment case of an adopted woman with BPD, showing how systemic family therapy can address these core wounds.

CASE: A 26-year-old woman with self-harm, unstable relationships, and fear of abandonment (linked to learning of her adoption at age six) participated with her adoptive parents. Written consent was obtained. They completed 18 sessions of systemic family therapy with integrated individual skill-building over six months. The patient was not on psychotropic medication. The Borderline Symptom List-23 (BSL-23) tracks BPD symptom severity. Her score dropped from 2.8 (high) at intake to 1.1 (low) post-therapy. The Experiences in Close Relationships-Revised (ECR-R) assesses attachment anxiety and avoidance. Her scores moved from 5.2 to 3.4 on anxiety and from 4.8 to 3.1 on avoidance, indicating a shift towards greater security.

DISCUSSION: Therapy resulted in reduced self-harm, improved emotional control, and a more stable self-image. This dual approach allowed the family system to heal attachment injuries while individual skills managed acute symptoms. The BSL-23 and ECR-R provided objective, data-driven monitoring. Lasting recovery in complex BPD may depend on repairing the relational matrix while strengthening individual self-regulation.

Keywords: Borderline personality disorder, systemic family therapy, attachment trauma, adoption, BSL-23, ECR-R.

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KLINEFELTER SYNDROME ASSOCIATED WITH AUTISM SPECTRUM DISORDER: A FORENSIC CASE REPORT

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OBJECTIVE: Klinefelter syndrome (47, XXY)(KS) is a chromosomal aneuploidy associated with physical, cognitive, neurodevelopmental and psychiatric features. The aim of this case report is to evaluate, from clinical, neurodevelopmental and forensic psychiatric perspectives, an individual with KS who has symptoms of autism spectrum disorder(ASD) and to emphasize the importance of genetic etiology in the differential diagnosis.

CASE: A 20-year-old single male was admitted to the forensic psychiatry unit of İzmir City Hospital under Article 74 of the Turkish Criminal Procedure Code and Article 57/1 of the Turkish Penal Code(TPC). His background revealed deficits in social-emotional reciprocity, poorly integrated verbal-nonverbal communication, restricted and unusual interests, poor academic performance since childhood with no other complaint. Mental status examination showed deficient and impaired comminication, limited affect, apathy, poverty of thought content, reduced abstract thinking ability. The Wechsler Adult Intelligence Scale(WAIS) assessment indicated moderate intellectual disability. The patient obtained a high score on the Revised Autism Spectrum Quotient, indicating prominent autistic features. Physical examination revealed phenotypic characteristics consistent with KS, karyotype analysis confirmed as 47,XXY pattern. No psychotic symptoms were observed. At the end of the observation period, the case was evaluated under Article 32/1 of the TPC due to the offense history which is theft of women's clothes with certain features and throwing them into the garbage in a repetitive, ritualistic manner. Written informed consent was obtained from the patient for this case presentation.

Discussion: This case highlights the importance of genetic evaluation in individuals who has symptoms of ASD particularly in the presence of striking phenotypic findings. Early recognition of neurodevelopmental symptoms of KS may enhance clinical awareness, support accurate diagnosis and follow-up, contribute to multidisciplinary assessment and draws attention to evaluation of forensic cases and criminal histories exhibiting characteristics of ASD.

Keywords: Atypical autism, autism spectrum disorder, behavioral disorder, Klinefelter syndrome.

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ABDOMINAL PAIN RELIEVED BY ANTIPSYCHOTIC MEDICATION

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OBJECTIVE: Somatic Symptom Disorder is characterized by an excessive, disproportionate, and persistent focus on one or more bodily symptoms, accompanied by intense anxiety, thoughts, and behaviors related to these symptoms. This case highlights the diagnostic and therapeutic challenges in a 61-year-old male patient presenting with somatic complaints and chronic abdominal pain resistant to standard treatment protocols.

CASE: A 61-year-old, single, retired male patient presented with complaints of inner distress, fatigue, anxiety, and abdominal pain persisting for five years. He reported no periods of well-being during this time. Due to the severity of the abdominal pain, he was unable to maintain his social and occupational functioning. Functional impairment and decreased self-care were evident. His psychiatric history revealed that chronic abdominal pain and prominent anxiety began after a COVID-19 infection five years earlier. He had multiple admissions to various medical departments; however, no organic pathology was identified, and he did not benefit from symptomatic treatments.

Comprehensive evaluations conducted during hospitalization by Neurology, Gastroenterology, Cardiology, InternalMedicine, and GeneralSurgery revealed no organic cause. Treatment with duloxetine, venlafaxine, fluoxetine, paroxetine, and benzodiazepines provided no benefit. In contrast, he reported relief following intermittent intramuscular haloperidol/biperiden injections. The treatment regimen was adjusted to fluvoxamine 200 mg/day, olanzapine 20 mg/day, quetiapine 100 mg/day, and sulpiride titrated to 1200 mg/day. Intramuscular haloperidol was administered for episodic pain attacks. Under antipsychotic treatment, the patient's abdominal pain and somatic distress symptoms significantly improved. Informed consent was obtained.

DISCUSSION: The patient was evaluated as having Somatic Symptom Disorder and was followed with a treatment and psychotherapy plan. However, the lack of response to antidepressants and psychotherapy necessitated therapeutic reconsideration. As emphasized by Cruz et al. (Cureus2023) antipsychotic strategies should be considered, particularly in elderly patients with medically unexplained symptoms when standard treatments fail.

Keywords: Somatic symptom disorder, antipsychotics, abdominal pain

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IS CATATONIA A RISK FACTOR FOR NEUROLEPTIC MALIGNANT SYNDROME? A CASE REPORT

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INTRODUCTION: Catatonia and neuroleptic malignant syndrome (NMS) are severe neuropsychiatric conditions with overlapping features including altered consciousness,motor abnormalities, autonomic instability, and hyperthermia.NMS usually emerges shortly after antipsychotic initiation or dose escalation and is characterized by hyperthermia,muscle rigidity, autonomic instability, altered consciousness,and elevated CK.

Hypodopaminergic activity in catatonia may be exacerbated by dopamine blockade. Dehydration or inadequate oral intake may further precipitate NMS. We report NMS developing after antipsychotic treatment in a patient with schizophrenia presenting with prominent catatonic features.

CASE: A 30-year-old male with schizophrenia was admitted with standing motionless for hours, marked psychomotor retardation, unresponsiveness, refusal of oral intake, and perseverative religious-themed thought content after discontinuing antipsychotics one month earlier.

Evaluation revealed mutism,negativism,posturing, and decreased responsiveness consistent with stupor. According to DSM-5, at least four catatonic symptoms (mutism, negativism, posturing, stupor) were present. He was hospitalized with a diagnosis of catatonic syndrome.

Due to persecutory delusions, quetiapine XR300 mg/day,quetiapine IR50 mg/day, and vortioxetine 20 mg/day were initiated. On day two, he developed fever>38°C, sinus tachycardia, diaphoresis,and CK8,816U/L. With suspected NMS, he was transferred to intensive care.

Antipsychotics were discontinued. Because of absent oral intake, diazepam 2×10 mgIV was administered for four days instead of lorazepam. Dantrolene 20 mgIV and bromocriptine 2×2.5 mg were briefly added. Hyperthermia,rigidity,elevated CK,and autonomic instability gradually resolved.

Catatonic symptoms (mutism, posturing, negativism)persisted, and he returned to the psychiatry ward. Benzodiazepine treatment and supportive care were continued.

Consent: Written informed consent was obtained from the patient's relatives.

DISCUSSION: Catatonia and NMS overlap in motor symptoms,autonomic instability, and altered consciousness. Beyond symptomatic similarity, a possible pathophysiological association has been proposed.

Dopamine D2 receptor blockade underlies NMS,and dopaminergic dysfunction also contributes to catatonia. Antipsychotics may exacerbate catatonic symptoms,suggesting that initiating treatment during catatonia may increase vulnerability to NMS.

Reports describe interaction between antipsychotic-induced catatonia and NMS.In this case,NMS developed shortly after antipsychotic initiation in a patient with catatonic features,supporting the view that catatonia may represent a potential risk factor for NMS.Careful assessment before initiating antipsychotics in catatonic patients is therefore clinically essential.

Keywords: Catatonia, neuroleptic malignant syndrome, schizophrenia

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CATATONIA FOLLOWING TRAUMATIC BRAIN INJURY: A CASE REPORT RESPONDING TO LORAZEPAM AND TRANSCRANIAL DIRECT CURRENT STIMULATION

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OBJECTIVE: Catatonia is a neuropsychiatric syndrome characterized by motor, behavioral and autonomic symptoms and may accompany various psychiatric and medical conditions. In patients with traumatic brain injury (TBI), disturbances of consciousness are often attributed to structural brain damage and potentially reversible syndromes such as catatonia may therefore be overlooked in the differential diagnosis.

This case report aims to present the emergence of catatonia during follow-up after TBI and the clinical response to lorazepam combined with transcranial direct current stimulation (tDCS).

CASE: A 20-year-old female patient was monitored in the intensive care unit following TBI due to a fall from height. Brain magnetic resonance imaging revealed diffuse axonal injury involving the frontal cortex, thalamus and basal ganglia. Partial improvement in consciousness was initially observed; however, a marked deterioration developed in subsequent days. Psychiatric evaluation revealed stupor, rigidity, stereotyped motor behaviors and autonomic instability. A score of 10 on the Bush–Francis Catatonia Rating Scale supported a preliminary diagnosis of catatonia. Lorazepam treatment was initiated and concomitant anodal tDCS targeting the left dorsolateral prefrontal cortex was applied. Significant clinical improvement was observed within the first week, and the patient achieved full wakefulness by day 19. Written informed consent for publication of this case report was obtained from the patient and the patient's legally authorized representative. All reasonable efforts have been made to protect the patient's identity.

DISCUSSION: This case emphasizes that catatonia should be considered in the differential diagnosis of disorders of consciousness following traumatic brain injury. Despite limited evidence in the literature, the rapid response to lorazepam and the temporal association between clinical improvement and tDCS suggest a potential adjuvant role for non-invasive neuromodulation in selected cases. With early recognition and appropriate treatment, catatonia may represent a reversible condition even in TBI patients who appear to have severe neurological impairment.

Keywords: Catatonia, lorazepam, transcranial direct current stimulation, traumatic

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MANAGEMENT OF A RARE CASE OF MACULOPAPULAR EXANTHEMA WITH ESCITALOPRAM USE IN A PATIENT WITH ANXIETY AND RESTLESS LEG SYNDROME

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OBJECTIVE: Even though exanthemas are the most common adverse cutaneous reactions with psychotropic medications, escitalopram, a selective serotonin reuptake inhibitor(SSRI), is not typically associated. A rare case of escitalopram induced maculopapular rash in a patient with anxiety disorder and restless leg syndrome (RLS) is presented, emphasizing the pharmacological challenges due to concurrent morbidities and adverse effects.

CASE: (The patient consent must be provided and specified with appropriate terms). A 46-year-old female, who had been receiving treatment for hair loss from the dermatology clinic for five months, applied to the psychiatry outpatient clinic. She was married with three children and working in a government office. She complained of feeling heavy and worried. She was on hydroxychloroquine for hair loss and levothyroxin because of Hashimoto thyroiditis. Her affect was anxious. She described difficulty falling asleep, and a detailed anamnesis led to the diagnosis of RLS. International Restless Legs Study Group Rating Scale(IRLS) score, evaluating the severity of RLS, was 10 out of 40. Her biochemical parameters were unremarkable. She was started on escitalopram10 mg/d. On the 5th day, eruptions spread from her torso to the extremities and back. Oral prednisolone and an antihistamine were prescribed. Escitalopram was stopped. The patient was offered fluoxetine, with recommendations to discontinue if the rash recurs. After three weeks, the rash didn't recur, nor did the patient's symptoms improve. Fluoxetine was changed to venlafaxine 75 mg/d, and the patient's symptom severity decreased. She was advised on regular exercise, which is known to improve RLS symptoms. Her IRLS score didn't increase. The patient signed the written informed consent form.

DISCUSSION: SSRIs are the most common prescription for anxiety. The rate of drug-induced skin reactions due to antidepressants is <0.1%; reactions with escitalopram are relatively less among these. Serotonergic medication also exacerbates RLS, which limits treatment options. It's important to use validated instruments, like IRSL, in cases where management is complex.

Keywords: Skin reaction, maculopapular exanthema, escitalopram, RLS

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ACUTE PSYCHOTIC DISORDER TRIGGERED BY TRAUMATIC BEREAVEMENT AND MAJOR SELF-MUTILATION: A CASE REPORT

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OBJECTIVE: Major self-mutilation (MSM) in acute psychosis is an extreme phenomenon characterized by severe tissue damage and high lethality. This report presents a 39-year-old female who inflicted life-threatening cervical lacerations following traumatic bereavement. We aim to analyze the role of "cyber-phenomenology" and delusions of infamy in triggering extreme self-harm behavior (SHB).

CASE: (The patient consent must be provided and specified with appropriate terms). A 39-year-old female with no prior psychiatric history was admitted following a violent SHB attempt involving deep cervical and occipital incisions. Symptoms emerged six weeks after her husband's suicide, presenting as severe insomnia and persecutory delusions. The patient exhibited intense ideas of reference via social media, interpreting random digital stimuli as targeted threats. Initial PANSS score was P8N9G19.

Treatment included Risperidone (titrated to 6 mg/d), Olanzapine (5 mg/d), and Clonazepam (2 mg/d). Following rapid stabilization, parenteral treatments were discontinued by day 3. As symptoms remitted, the patient identified her motivation as a delusional belief regarding an irreversible loss of social status and moral integrity triggered by digital content. She was discharged on day 7 with outpatient follow-up.

Written informed consent was obtained from the patient.

DISCUSSION: Cervical and occipital injuries are hallmarks of MSM. According to Large et al. (2021), MSM in psychosis is distinct due to its high medical lethality and the direct influence of delusional systems. The patient's perceived loss of honor aligns with "delusions of infamy," identified by Nielssen et al. (2022) as a key risk factor for extreme SHB in first-episode psychosis.

This process was catalyzed by "cyber-paranoia," where digital stimuli crystallize delusional systems (Garety et al., 2023). Furthermore, Zisook et al. (2022) emphasize that bereavement-related psychosis can lead to "suicidogenic psychosis" through identification with the deceased or self-punishment. In conclusion, while rapid pharmacological intervention is life-saving, long-term management must focus on processing traumatic grief to prevent relapse.

Keywords: Acute psychosis, major self-mutilation, traumatic bereavement, cyber-paranoia.

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LONG-TERM OUTCOMES OF INTRANASAL ESKETAMINE IN TREATMENT-RESISTANT DEPRESSION: EVIDENCE FROM CLINICAL TRIALS AND REAL-WORLD STUDIES

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BACKGROUND AND AIM: Treatment-Resistant Depression (TRD) is defined as failure to respond to at least two adequate antidepressant trials in the current episode.

Esketamine, a non-competitive NMDA receptor antagonist, promotes synaptogenesis through mTORC1 activation and BDNF release. This study aims to evaluate esketamine's relapse prevention capacity, long-term safety (up to 6.5 years), and comparative efficacy by synthesizing data from clinical trials (SUSTAIN, ESCAPE-TRD) and real-world evidence (REAL-ESK).

METHODS: (Ethics Committee Approval must be obtained and the number should be specified). A comprehensive literature review was conducted using PubMed, Cochrane Library, and Google Scholar (2019–2025). Phase studies (SUSTAIN-1, SUSTAIN-2, SUSTAIN-3), comparative trials (ESCAPE-TRD), and observational real-world data (REAL-ESK) were included. Ethics committee approval is not required for systematic reviews.

RESULTS: In SUSTAIN-1 (N=297), esketamine reduced relapse risk by 70% ($p<0.001$) in stable responders and 51% ($p=0.003$) in stable remitters. SUSTAIN-2 reported a 58.2% remission rate at one year. In ESCAPE-TRD (N=676), esketamine demonstrated superiority over quetiapine, achieving 27.1% remission at week 8 ($p=0.003$) and 21.7% relapse-free remission through week 32. SUSTAIN-3 (N=1148) showed that remission rates approached 50% and were maintained for up to 6.5 years under intermittent dosing. REAL-ESK, a multicenter realworld cohort, reported a 40.6% remission rate; in the subsequent trajectory study ($n\approx78$), 55.1% of patients maintained clinical benefit during continuation treatment. Across studies, 40–50% non-response rates reflect the persistent clinical burden of TRD.

CONCLUSIONS: Esketamine represents an important long-term treatment option for TRD, supported by sustained efficacy and safety data from clinical trials and extension studies. Nevertheless, reported success rates should be interpreted considering enriched trial designs, open-label extensions, and potential sponsor relationships. This poster synthesizes long-term clinical and real-world data to provide a balanced overview of esketamine's role in sustained TRD management.

Keywords: Treatment-resistant depression, intranasal esketamine, long-term outcomes, real-world evidence

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ANHEDONIA AND INCREASED ALCOHOL CONSUMPTION FOLLOWING TIRZEPATIDE USE: A CASE REPORT

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OBJECTIVE: Tirzepatide is a dual glucose-dependent insulinotropic polypeptide (GIP) and glucagon-like peptide-1 (GLP-1) receptor agonist. Beyond appetite regulation, GLP-1–based therapies may modulate dopaminergic signaling within the brain's reward circuitry.

While selective GLP-1 receptor agonists primarily suppress appetite, dual GIP/GLP-1 receptor activation may exert broader neurobehavioral effects. We report a case of marked anhedonia temporally associated with tirzepatide use, followed by increased alcohol consumption and psychiatric hospitalization.

CASE: A 49-year-old male was initiated on tirzepatide in an endocrinology outpatient clinic for weight loss. During treatment, he developed prominent anhedonia, decreased motivation, appetite suppression beyond the expected pharmacological effect, sleep disturbance, and anxiety symptoms. In an attempt at self-medication, he began consuming approximately 7–8 standard alcoholic drinks per day. He subsequently discontinued tirzepatide on his own and presented to the psychiatry outpatient clinic.

He denied prior alcohol withdrawal symptoms, alcohol-related functional impairment, psychiatric diagnoses, or family psychiatric history. There was no suicidal ideation. Although he did not meet DSM-5 criteria for Alcohol Use Disorder, he was hospitalized due to worsening depressive symptoms, functional decline, and rapidly escalating alcohol consumption as a maladaptive coping strategy.

Mental status examination revealed dysphoric mood, restricted affect, psychomotor retardation, and reduced spontaneous speech without psychotic features. Following detoxification and supportive interventions, sertraline was initiated and titrated to 100 mg/day. Acamprosate 999 mg/day was added to prevent relapse. At discharge, he was euthymic and abstinent from alcohol.

Written informed consent was obtained.

DISCUSSION: Although clinical trials report a low incidence of major psychiatric adverse effects with tirzepatide, this case highlights possible individual vulnerability. Dual GIP/GLP-1 modulation may enhance inhibitory effects on mesolimbic dopaminergic pathways, potentially inducing a clinically significant "reward deficit." In susceptible individuals, such pharmacologically induced anhedonia may paradoxically promote compensatory alcohol use. Further research is warranted to clarify the neuropsychiatric safety profile of dual incretin agonists

Keywords: Alcohol use, anhedonia, case report, GLP-1 receptor agonist, reward system, tirzepatide

PP-022 https://doi.org/10.5080/61upk.ozt520

LITHIUM-INDUCED SEVERE HYPOTHYROIDISM PRESENTING WITH PSYCHOTIC MANIA IN A PATIENT WITH BIPOLAR DISORDER: A CASE REPORT

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Lithium is a mood stabilizer used as a first-line treatment for bipolar disorder and related conditions, and schizoaffective disorder. The effects of lithium on thyroid function have been recognized. Clinical and experimental studies show that lithium can impair thyroid hormone synthesis, release, and the thyroid gland's responsiveness to thyroid-stimulating hormone (TSH), leading to dysfunction ranging from subclinical hypothyroidism to severe myxedema. These endocrine disturbances may adversely affect mood stability. This case highlights the importance of considering lithium-induced endocrine abnormalities in acute mood exacerbations.

Informed written consent was obtained from the patient.

A 41-year-old male with a 15-year history of bipolar disorder was followed in outpatient psychiatric care. He had remained euthymic for the preceding three years while receiving lithium 1200 mg/day and quetiapine 300 mg/day. Over a 10-day period, he developed insomnia, increased rate and quantity of speech, elevated energy levels, psychomotor agitation, hostile and aggressive behavior, and paranoid ideation with suspiciousness and ideas of reference. Due to symptom severity, he was admitted to the psychiatric inpatient unit with a diagnosis of mania with psychotic features.

Laboratory investigations revealed severe thyroid dysfunction, with a TSH level of 73.7 mIU/mL and free T4 < 0.039 ng/dL, while other parameters were within normal limits. Hypothyroidism secondary to long-term lithium use was suspected, and an internal medicine consultation was obtained. Thyroid hormone replacement therapy was initiated. Given the severity of thyroid dysfunction, lithium was discontinued. The psychiatric regimen was revised to valproic acid 1000 mg/day, and the quetiapine dose was increased to 600 mg/day.

During follow-up, TSH levels gradually decreased, indicating improvement in thyroid function. In parallel, manic and psychotic symptoms resolved, and the patient achieved a euthymic mood state.

This case emphasizes recognizing lithium-induced hypothyroidism as a reversible contributor to acute manic episodes and the need for monitoring during long-term lithium therapy.

Keywords: Bipolar disorder, hypothyroidism, lithium

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COMBINED TREATMENT APPROACH IN HEALTH ANXIETY-THEMED OBSESSIVE RUMINATIONS: A CASE REPORT

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OBJECTIVE: Health anxiety-focused obsessive ruminations involve repetitive, functionally impairing mental preoccupations from realistic health risk perceptions. Triggers like medical imaging can intensify these cycles. This report examines combined pharmacological and psychotherapeutic efficacy in a patient with resistant ruminations following her child's computed tomography (CT) scan.

CASE: A 42-year-old woman presented with intense anxiety and ruminations regarding potential radiation-induced cancer in her son after a single CT.SCID-5-CV evaluation confirmed a DSM-5 diagnosis of Obsessive-Compulsive Disorder (OCD), Health Anxiety-Focused, with Good or Fair Insight. No comorbid depressive or anxiety disorders were identified; subclinical generalized anxiety symptoms were noted. Initial scores: Y-BOCS 28, BAI 25, BDI 9. The patient frequently searched scientific articles, providing temporary relief but perpetuating ruminations. Mental status showed ego-dystonic thoughts with partial insight. Following clinical unresponsiveness to sertraline (200 mg/day), fluoxetine (60 mg/day), and aripiprazole (15 mg/day), augmentation therapy was initiated. Per WFSBP guidelines and resistant OCD algorithms, venlafaxine was titrated to 300 mg/day and quetiapine to 600 mg/day. Concurrently, a structured 12-session Cognitive-Behavioral Therapy (CBT) protocol was implemented, including psychoeducation, cognitive restructuring (addressing catastrophizing and intolerance of uncertainty), managing reassurance-seeking, Exposure and Response Prevention (ERP), metacognitive techniques, and uncertainty exposure. At six months, Y-BOCS decreased to 10 and BAI to 8. However, ruminations flared when her son required a repeat CT for pneumonia; symptoms remitted after intensified supportive sessions and increased quetiapine dosage. Written informed consent was obtained.

DISCUSSION: This case demonstrates the efficacy of combined pharmacological and structured CBT in health anxiety-focused ruminations. CBT addressed cognitive distortions through ERP and metacognitive techniques. SNRI (venlafaxine) and atypical antipsychotic (quetiapine) augmentation for resistant symptoms aligns with current guidelines. Environmental triggers' role in relapse underscores the necessity of treatment continuity and relapse prevention. Combined therapy ensures sustainable clinical well-being in symptom control and relapse management.

Keywords: Combination therapy, health anxiety, obsessive rumination, reassurance-seeking behavior

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HIPPOCAMPAL SUBFIELD VOLUME ALTERATIONS IN SCHIZOPHRENIA: RELATIONSHIPS WITH SYMPTOM SEVERITY, VERBAL MEMORY PERFORMANCE AND OXIDATIVE STRESS

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BACKGROUND AND AIM: Hippocampal volume reduction is a well-documented phenomenon in schizophrenia. Multiple studies have shown the hippocampal subfield volume alterations. The hippocampus is one of the most vulnerable parts of the central nervous system to oxidative stress. This study investigates hippocampal subfield volume alterations in schizophrenia and their association with verbal memory performance, symptom severity, and oxidative stress markers.

METHODS: Using Magnetic Resonance Imaging and blood samples, 22 schizophrenia patients (first episode and chronic) and 22 healthy controls were assessed. The schizophrenia group was assessed using the Positive and Negative Syndrome Scale, the Clinical Global Impression Scale, and the Auditory Verbal Learning Test. (Ethics committee approval 7th April 2022 E-60116787-020-193267.)

RESULTS: All participants in schizophrenia group were taking antipsychotic medication and average duration of disease was 69 months. Bilateral hippocampal body volume was significantly decreased compared to healthy controls(right f(1-41)=5,306, p,=0,024, left f(1-41)=5,523, p=0,024). Additionally, a significant decrease seen in several subfields; bilateral subiculum body (left: f(1-41)=6,451, p=0,015, right: f(1-41)=4,378, p=0,043)., right presubiculum (head f(1-41)=4,322, p=0,044, body f(1-41)=5,563, p=0,023), right CA1 head (f(1-41)=4,387, p=0,042), and right posterior molecular layer of hippocampal plate volumes (f(1-41)=5,326, p=0,026) in schizophrenia group. While the volumes of several subfields of the hippocampal body were reduced in the schizophrenia group, only the right CA1 and presubiculum was reduced in hippocampal head. Hippocampal volumes were negatively correlated with negative symptoms and positively correlated with memory performance.

In schizophrenia group 8-hydroxy-2-deoxyguanosine levels were negatively correlated with the volume of right subiculum-head. However, we did not find any further evidence supporting our hypothesis that proposed oxidative stress as a causal factor in hippocampal volume loss. Neurotrophin-4 levels showed negative correlations with specific hippocampal subfields in the schizophrenia group.

CONCLUSIONS: These findings suggest that hippocampal volume alterations in schizophrenia are heterogeneous along its longitudinal axis and are associated with negative symptoms and verbal memory performance.

Keywords: Hippocampal subfields, oxidative stress, schizophrenia

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ANTON SYNDROME AND MANIC SWITCH: A CASE REPORT

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OBJECTIVE: In Bipolar Disorder (BD), particularly in advanced age, atypical presentations necessitate excluding organic pathology. Interpreting vegetative symptoms as depressive can delay recognizing cerebrovascular events, while antidepressant treatments may destabilize mood. Masking neurological findings with psychiatric symptoms or medication side effects complicates diagnosis. This study addresses diagnostic challenges in a patient whose neuropsychiatric symptoms from a left occipital stroke were initially misidentified as depression, leading to mania after venlafaxine administration.

CASE: (The patient consent must be provided and specified with appropriate terms). A 56-year-old male with a 35-year BD history presented with confusion and fatigue. Evaluated as depressive, venlafaxine was added to lithium, triggering a manic switch. Upon clinic admission, he exhibited disorientation and pressured speech. Initial neurological evaluation was clear, leading to psychiatric admission. Dysarthria and shuffling gait developed within a week, initially attributed to risperidone-induced extrapyramidal side effects. However, visual-motor deficits during self-care prompted detailed examination, revealing cortical blindness which the patient denied (Anton Syndrome). Computed tomography confirmed an ischemic lesion in the left occipital lobe. His expansive mood and grandiosity masked neurological anosognosia as psychotic denial, creating a diagnostic dilemma.Following manic symptom regression, he is maintained on olanzapine 30 mg/day. Consent was obtained.

DISCUSSION: The literature reports that venlafaxine carries a higher risk of manic switch compared to other antidepressants. In this case, the evaluation of the patient's initial complaints of confusion and lethargy as depressive and the subsequent addition of an antidepressant to the treatment not only led to a manic presentation but also masked the findings of Anton Syndrome due to a concurrently developing cerebrovascular event (CVE). The phenomenological similarity between the grandiose denial resulting from the expansive/manic mood and neurological anosognosia can lead to the interpretation of neurological deficits as manic psychosis. Findings such as acute-onset confusion, dysarthria, and gait disturbances in individuals with psychiatric illness must be evaluated with contrast-enhanced imaging methods to rule out organic etiology.

Keywords: Anosognosia, anton syndrome, bipolar disorder, manic switch

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DELUSIONAL INFESTATION (EKBOM SYNDROME) ASSOCIATED WITH POST-EARTHQUAKE TRAUMA AND SOCIAL ISOLATION

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OBJECTIVE: Delusional Infestation (DI), or Ekbom Syndrome, is a rare somatic delusion involving false beliefs of parasitic infestation. Patients often report itching and formication. Post-disaster stressors like PTSD, grief, and social isolation can trigger these delusions. This case discusses an Ekbom Syndrome patient living alone in a tent city after an earthquake, focusing on clinical characteristics and the significant challenges encountered in his treatment management.

CASE: (The patient consent must be provided and specified with appropriate terms). A 55-year-old male (Mr. E.), who lost his family in the earthquake and lacks social support, lives alone in a tent. Believing that insects were gnawing at his body, the patient caused deep excoriations on his feet by scratching his skin. Multiple dermatology visits revealed no evidence of parasites. The patient was brought to the psychiatry clinic by a hospital employee. During the examination, his presentation of dust particles on his glasses as "evidence" (Matchbox Sign) was notable. In the mental state examination, his self-care was diminished, affect was restricted, and mood was anxious. Somatic delusions and tactile hallucinations were prominent. The patient lacked insight, and his judgment was impaired. Laboratory tests and brain MRI were normal. Olanzapine (5 mg/day) was initiated. To ensure medication adherence and evaluate treatment response, a follow-up process has been planned in collaboration with local social services and shelter officials. To maintain ethical standards, the patient's identity was kept anonymous.

DISCUSSION: This case illustrates how severe psychosocial trauma can manifest as a somatic delusion. Self-mutilation via scratching reflects the intense anxiety generated by the delusional belief. The "Matchbox Sign" displayed via eyeglasses underscores the strength of the delusional system. Social isolation in disaster zones complicates treatment adherence, highlighting the importance of integrated social service networks in psychiatric care. In conclusion, our case emphasizes that chronic stress and grief in disaster settings can trigger rare somatic delusions.

Keywords: Delusional infestation, earthquake, somatic delusion, social isolation

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HOARDING BEHAVIOR IN FRONTOTEMPORAL DEMENTIA SUCCESSFULLY TREATED WITH BREXPIPRAZOLE: A CASE REPORT

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OBJECTIVE: Frontotemporal dementia (FTD) is a neurodegenerative disorder characterized by progressive changes in behavior, personality, and executive functioning. Behavioral symptoms such as disinhibition, compulsive behaviors, hyperorality, and hoarding are common and often highly burdensome for patients and caregivers. Pharmacological interventions for these behavioral disturbances are limited, and effective treatment options remain under-researched. The aim of this case report is to evaluate the efficacy and tolerability of brexpiprazole in a patient with FTD presenting with prominent hoarding behavior.

CASE: (The patient consent must be provided and specified with appropriate terms). A 65-year-old retired woman presented with hoarding behavior, irritability, nervousness, hyperphagia, reduced self-care, and socially inappropriate behaviors, including coprolalia. These symptoms had been present for seven years. She persistently collected discarded items at home and denied awareness of her actions. Two years prior, she was diagnosed with FTD based on clinical evaluation, neuroimaging findings, and neuropsychological testing. Psychiatric examination revealed impaired time orientation, reduced abstract thinking, loss of insight, and deficits in recent memory.

The Mini-Mental State Examination (MMSE) score was 20. Mirtazapine 15 mg/day and brexpiprazole 1 mg/day were initiated to manage behavioral symptoms and insomnia.After two months of treatment, the patient demonstrated significant improvement in hoarding behavior and agitation, with good tolerability and no notable adverse effects.

Informed consent: Written and verbal informed consent was obtained from the patient for the publication of this case report.

DISCUSSION: Brexpiprazole's favorable side-effect profile may be particularly advantageous in elderly patients with dementia-related behavioral disturbances. This case suggests that brexpiprazole may represent a potential therapeutic option for managing hoarding behavior and agitation in patients with FTD.

Keywords: Brexpiprazole, hoarding behavior, frontotemporal dementia

PP-028 https://doi.org/10.5080/61upk.ozt526

ATOMOXETINE-INDUCED AKATHISIA IN AN ADULT PATIENT USING FLUOXETINE: A CAUTIONARY CASE REPORT FOR DRUG INTERACTIONS

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OBJECTIVE: Atomoxetine is a non-stimulant approved by the FDA for the treatment of attention-deficit/hyperactivity disorder in patients aged 6 years and older. Medication-induced akathisia is a rare adverse effect of atomoxetine, and this case report describes akathisia that developed following atomoxetine use.

CASE: (The patient consent must be provided and specified with appropriate terms). A 49-year-old female patient with a 20-year history of major depressive disorder had been receiving fluoxetine 60 mg/day. Atomoxetine 60 mg/day was added to the treatment regimen as an augmentation strategy to improve cognitive symptoms. On the sixth day, she developed restlessness, inability to remain still, a constant urge to move, and involuntary motor movements. With worsening symptoms, she admitted to our emergency department three times; benzodiazepine and propranolol were administered respectively, and fluoxetine and atomoxetine were discontinued. At her last admission, persistent akathisia and suicidal ideation were noted, and she was hospitalized for suicidal risk with preliminary diagnoses of medication-induced akathisia and recurrent depressive episode. Treatment with mirtazapine 30 mg/day, diazepam 15 mg/day, and propranolol 60 mg/day was initiated; by day four, the BARNES Akathisia Rating Scale score decreased from 13 to 0, after which diazepam and propranolol were discontinued, and mirtazapine dose was increased. (Written informed consent was obtained for the publication of case)

DISCUSSION: Two cases of atomoxetine-induced akathisia have been reported in the literature, both in young patients; our case suggests that atomoxetine may also cause akathisia in adults. Atomoxetine is primarily metabolized by cytochrome CYP2D6, and fluoxetine is a potent CYP2D6 inhibitor. Their combination may increase atomoxetine levels, posing a risk for akathisia.Therefore, a lower starting dose and close monitoring are recommended when atomoxetine and fluoxetine are used in combination. In our case, the concomitant use of both drugs increased the risk of akathisia.

Keywords: Adverse effects, akathisia, atomoxetine, depression, fluoxetine

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PROGRESSIVE NEUROCOGNITIVE DECLINE IN MIDLIFE FOLLOWING LONG-TERM POLYSUBSTANCE USE: A CASE REPORT

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OBJECTIVE: Long-term substance use has been associated with impairments across cognitive domains, including memory, attention, executive functions, and orientation. In middle adulthood, substance-related cognitive impairment may present heterogeneously, ranging from domain-specific deficits to progressive functional decline. However, longitudinal case reports describing neurocognitive trajectories in abstinent polysubstance users remain limited. This case report aims to describe progressive cognitive and functional deterioration in a middle-aged patient with long-term cannabis and methamphetamine use, emphasizing diagnostic considerations.

CASE: A 46-year-old male with a 15-year history of cannabis and methamphetamine use was brought to the emergency department due to psychomotor activation and aggression toward family members. Relatives reported several years of progressive forgetfulness, impaired self-care, and episodic confusion prior to 2023.

Following an intensive care unit admission for bronchopneumonia in 2023, behavioral and cognitive symptoms accelerated, including frequent disorientation (occasionally not recognizing his location), impaired daily functioning, episodic urinary incontinence, and confusion-related misinterpretations such as repeatedly searching rooms and believing his former spouse—despite being divorced—was present in the home.

Intermittent paranoid themes were observed but did not reach the level of fixed or systematized delusions. During a one-year abstinence period, supported by negative urine toxicology, cognitive and functional decline persisted. Cognitive assessment using the Mini-Mental State Examination (MMSE) demonstrated a decline from 22 to 19 within one year. Cranial magnetic resonance imaging performed after the 2023 hospitalization revealed mild cortical atrophy. Neurological consultation did not indicate an alternative primary neurological disorder. Infectious, metabolic, and routine laboratory evaluations were unremarkable. Written informed consent was obtained.

DISCUSSION: This case illustrates progressive neurocognitive and functional decline in midlife following long-term polysubstance use, persisting despite abstinence. While the clinical presentation was considered consistent with a substance-induced neurocognitive disorder, alternative diagnoses—including early-onset dementias—should be carefully considered. Potential contributing mechanisms may include cumulative neurotoxicity, neuroinflammation, and medical stressors such as critical illness.

Keywords: Substance-induced neurocognitive disorder, polysubstance use, cognitive decline

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DUAL MOOD STABILIZER TREATMENT IN A SEVERE, ECT-RESISTANT SCHIZOAFFECTIVE DISORDER: A CASE REPORT

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OBJECTIVE: Schizoaffective disorder is associated with recurrent hospitalizations and functional decline, and a subset of patients remains treatment-resistant despite adequate antipsychotic trials and electroconvulsive therapy(ECT).When standard strategies fail, evidence guiding subsequent options is limited.We present a severe case in which clinical improvement emerged after dual mood stabilizer therapy following insufficient response to antipsychotic optimization and adequately administered ECT.

CASE: A 43-year-old patient with schizoaffective disorder and multiple prior hospitalizations was admitted from the emergency setting due to severe psychomotor agitation, grandiosity, persecutory delusions, and medication refusal.Intramuscular haloperidol (20 mg/day) with biperiden(10 mg/day) was initiated.Quetiapine extended-release was started and titrated to 750 mg/day, and clonazepam was added.Despite treatment, the patient remained verbally aggressive, intermittently refused medication, and required seclusion. Subsequent optimization with oral risperidone(4 mg/day) followed by paliperidone long-acting injectable showed no improvement.Cranial magnetic resonance imaging was normal, and electroencephalography was planned.In a previous admission, the patient had undergone 12 sessions of ECT with adequate seizure duration but without sufficient clinical response.Given persistent symptom severity and significant impairment in self-care and caregiving, valproic acid was titrated to 1500 mg/day; due to insufficient response, lithium was added and titrated to 600 mg/day based on serum levels.Marked clinical improvement emerged following combined lithium and valproate therapy, with only mild residual psychotic themes.The patient was discharged with family collaboration and close outpatient follow-up.Over three months, functional recovery remained stable, and the family reported high satisfaction with stability.Written informed consent for publication was obtained.

DISCUSSION: This case suggests that dual mood stabilizer therapy may be associated with meaningful improvement in selected treatment-resistant schizoaffective presentations where antipsychotic strategies and adequately administered ECT have been insufficient.While findings from a single case cannot be generalized, this approach may warrant consideration in refractory cases characterized by severe agitation and functional deterioration.

Keywords: Schizoaffective disorder, treatment resistance, dual mood stabilizer therapy

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A CASE OF RECURRENT DEPRESSION ASSOCIATED WITH UNDISCLOSED KLEPTOMANIA

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OBJECTIVE: Kleptomania is an impulse-control disorder characterized by recurrent stealing accompanied by guilt or shame. In patients with recurrent major depressive disorder (MDD), unrecognized comorbid impulse-control symptoms may worsen functioning, complicate treatment response, and increase suicidal risk.We present a case of recurrent MDD with longstanding but undisclosed kleptomania contributing to depressive exacerbation and a suicide attempt, aiming to highlight diagnostic awareness.

CASE: A 39-year-old unemployed, married woman was admitted following a suicide attempt by ingesting solvent. She had a 13-year history of recurrent non-psychotic major depressive episodes beginning postpartum, with five episodes lasting approximately six months each.At admission, she exhibited depressed mood, anhedonia, severe guilt, and marked functional impairment, including reduced self-care and parenting capacity. During a detailed interview, she disclosed longstanding kleptomanic behaviors for the first time; the intense guilt associated with these behaviors had precipitated the suicide attempt.The patient had previously been hospitalized for treatment-resistant MDD and received eight sessions of electroconvulsive therapy with partial response and early relapse.She reported partial benefit from venlafaxine 150 mg/day, accompanied by worsening kleptomanic urges.On admission, she was already receiving valproate, which was continued given its potential benefit on impulsive behaviors. Although bipolar-spectrum depression was not diagnosed, it had been considered externally;therefore, and in the context of severe suicidality and planned high-dose SSRI treatment, lithium(300 mg/day) was added for mood stabilization and suicide risk reduction. Fluoxetine(40 mg/day), quetiapine XR(300 mg/day), bupropion, and clonazepam were administered. By week 3, depressive symptoms and suicidal ideation markedly improved, while kleptomania-related guilt persisted at reduced intensity. Written informed consent was obtained.

DISCUSSION: This case underscores the clinical importance of systematically assessing concealed impulse-control symptoms in recurrent MDD.Continuation of valproate alongside lithium reflected a pragmatic strategy addressing impulsivity, suicide risk, and diagnostic uncertainty without reclassifying the primary diagnosis.Careful antidepressant selection and adjunctive psychotherapy may be crucial in managing residual guilt and relapserisk.

Keywords: Recurrent depression, kleptomania, suicidal behavior

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BEYOND NOTHINGNESS: A CASE OF IMMORTALITY DELUSION IN COTARD SYNDROME

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OBJECTIVE: Cotard syndrome is a rare neuropsychiatric condition characterized by nihilistic delusions, most commonly involving beliefs of being dead or non-existent. Rarely, patients may present with inverse themes such as delusions of immortality, considered atypical variants within the Cotard spectrum. This case report describes an uncommon presentation of psychotic depression dominated by an immortality delusion, emphasizing diagnostic considerations and treatment challenges in later life.

CASE: (The patient consent must be provided and specified with appropriate terms). A 60-year-old married woman with a two-year history of depressive symptoms was admitted due to worsening depressed mood, insomnia, social withdrawal, and a fixed belief that she was immortal. She also reported auditory hallucinations predicting poor recovery. Her psychiatric history included generalized anxiety disorder and a previous psychotic episode during pregnancy. Past psychotropic treatments were poorly tolerated because of sedation and extrapyramidal side effects. Mental status examination revealed depressed mood, congruent affect, preserved orientation, and a persistent delusion of immortality accompanied by themes of nothingness and worthlessness. No active suicidal or homicidal intent was present. Medical history included hypertension and diabetes mellitus. Neuroimaging was unremarkable, and cognitive screening showed borderline impairment. Treatment with sertraline, aripiprazole, and low-dose quetiapine led to gradual improvement in depressive and psychotic symptoms, with resolution of insomnia and appetite disturbance. The patient was discharged with outpatient follow-up plans.

Written informed consent was obtained from the patient for publication of this case.

DISCUSSION: Although Cotard syndrome classically involves delusions of death, atypical presentations such as immortality delusions are recognized within the same psychopathological spectrum. In this case, denial of death and nihilistic themes emerged in the context of severe depression, supporting a diagnosis of psychotic depression with a Cotard variant. Advanced age, borderline cognitive functioning, and chronic medical illness may have increased vulnerability. Awareness of such atypical presentations is essential to prevent misdiagnosis and guide individualized treatment.

Keywords: Cotard syndrome, depression, nihilism, psychosis

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REVERSIBLE BLURRED VISION FOLLOWING SERTRALINE USE DESPITE NORMAL OPHTHALMOLOGIC EXAMINATION: A CASE REPORT

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OBJECTIVE: Selective serotonin reuptake inhibitors (SSRIs) are widely prescribed for anxiety disorders and are generally regarded as safe. However, rare ocular adverse effects, including blurred vision, have been reported. This case aims to describe a reversible visual disturbance associated with sertraline use in the absence of identifiable ophthalmologic pathology and to emphasize the importance of clinical awareness of such adverse effects.

CASE: (The patient consent must be provided and specified with appropriate terms). A 51-year-old menopausal woman with no prior psychiatric history presented with anxiety symptoms, including excessive worry, dyspnea, and hand tremor. Initial treatment with fluoxetine at an adequate dose and duration resulted in no significant clinical improvement, prompting a switch to sertraline. Shortly after sertraline initiation, the patient developed bilateral blurred vision, which she described as viewing objects through a rain-covered car windshield. The symptom occurred frequently throughout the day and had not been previously experienced. Comprehensive ophthalmologic examination and diagnostic investigations revealed no pathological findings. Despite continued treatment, visual symptoms persisted for over two months. Sertraline was subsequently discontinued, and vortioxetine was initiated. Following discontinuation of sertraline, the blurred vision resolved rapidly, with complete symptom remission. After symptom resolution, written informed consent for the scientific use and publication of anonymized clinical data was obtained from the patient.

DISCUSSION: Although ocular adverse effects related to SSRIs are considered uncommon, blurred vision may occur even in the absence of structural ocular abnormalities. While most SSRI-related visual disturbances are reported during the early phase of treatment, persistent presentations may also be observed. This case highlights a probable drug-related, reversible functional visual disturbance associated with sertraline and underscores the need for careful monitoring of visual symptoms during SSRI treatment, even when ophthalmologic evaluations are normal.

Keywords: Sertraline, selective serotonin reuptake inhibitors, blurred vision, ocular adverse effects, drug-induced visual disturbance

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ESCITALOPRAM-INDUCED FACIAL HYPERPIGMENTATION AND UNILATERAL PERIORBITAL EDEMA: A RARE CASE IN THE PRESENCE OF DERMATOLOGICAL AND SYSTEMIC VULNERABILITY

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OBJECTIVE: Selective serotonin reuptake inhibitors (SSRIs) are widely prescribed for depressive and anxiety disorders and are generally considered safe. Nevertheless, rare dermatological and immunological adverse reactions have been reported. This poster aims to present a rare case of facial hyperpigmentation and unilateral periorbital edema following escitalopram treatment, evaluated in the context of underlying dermatological sensitivity and systemic comorbidities.

CASE: (The patient consent must be provided and specified with appropriate terms). A 41-year-old woman presented to the psychiatry outpatient clinic with stress, generalized pruritus, and depressive symptoms. Her medical history included hypothyroidism and iron deficiency anemia, for which she was receiving oral iron supplementation. Due to persistent pruritus, she was also under dermatological follow-up. Following psychiatric evaluation, escitalopram was initiated at a dose of 10 mg/day.

On the 10th day of treatment, the patient developed brownish facial hyperpigmentation accompanied by marked swelling around the left eye, consistent with unilateral periorbital edema. No systemic symptoms, infectious findings, or alternative allergic triggers were identified. Considering a possible drug-induced reaction, escitalopram was discontinued. After drug cessation, both the pigmentation and periorbital edema regressed rapidly.

Written informed consent was obtained from the patient for publication of this case.

DISCUSSION: This case illustrates rare dermatological adverse effects associated with escitalopram. Pre-existing pruritus and ongoing dermatological follow-up suggest increased cutaneous sensitivity. Additionally, systemic conditions such as

hypothyroidism and iron deficiency anemia may contribute to immune dysregulation, potentially predisposing patients to drug-induced hypersensitivity reactions. The rapid resolution of symptoms after discontinuation strongly supports a causal relationship between escitalopram and the observed findings. Clinicians should be attentive to atypical dermatological reactions during SSRI treatment, particularly in patients with dermatological vulnerability or systemic comorbidities, and interdisciplinary collaboration may facilitate timely diagnosis and management.

Keywords: Drug-induced hyperpigmentation, escitalopram, hypersensitivity reaction, periorbital edema, SSRI

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RECURRENT ANAPHYLAXIS ASSOCIATED WITH VORTIOXETINE

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OBJECTIVE: Vortioxetine is a multimodal antidepressant that is generally considered well tolerated, with a favorable side-effect profile compared to selective serotonin reuptake inhibitors. Although gastrointestinal and central nervous system adverse effects are most commonly reported, serious hypersensitivity reactions are rare.This report aims to describe a case of recurrent anaphylactic reactions temporally associated with vortioxetine use and to emphasize the clinical importance of recognizing rare but potentially serious drug-related hypersensitivity reactions.

CASE: A 31-year-old woman had been followed in a psychiatry outpatient clinic for eight years with a diagnosis of major depressive disorder. Her family history was notable for generalized anxiety disorder in her mother and bipolar disorder in a sibling.She had no history of allergic or systemic medical conditions.The patient had been using vortioxetine regularly for approximately two and a half years.During the final year of treatment, she developed recurrent episodes of angioedema, wheezing, and urticaria.Blood pressure remained stable, and no laryngeal edema was observed.A comprehensive allergy evaluation did not reveal an identifiable trigger. Symptoms resolved with antihistamine treatment, and hospitalization was not required. After discontinuation of vortioxetine, no further reactions occurred. However, two months later, the patient self-administered a leftover 5 mg dose of vortioxetine, which rapidly led to recurrence of similar symptoms. Based on the temporal relationship and recurrence after re-exposure, a diagnosis of vortioxetine-associated idiosyncratic anaphylaxis was made. Written informed consent was obtained from the patient for publication of this case.

DISCUSSION: This case highlights that vortioxetine may rarely induce recurrent hypersensitivity reactions within the anaphylactic spectrum.The reproducibility of symptoms upon re-exposure supports a drug-specific immunological sensitivity rather than a dose-dependent effect.Although the clinical severity was mild to moderate, the presence of cutaneous and respiratory symptoms warrants careful evaluation. Increased clinical awareness and systematic reporting of such rare adverse reactions are essential for patient safety and pharmacovigilance.

Keywords: Anaphylaxis, antidepressant, hypersensitivity, vortioxetine

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A CASE OF DEPRESSION WITH SSRI-INDUCED TREMOR AND DERMATOLOGICAL FINDINGS SUCCESSFULLY TREATED WITH VORTIOXETINE

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OBJECTIVE: Selective serotonin reuptake inhibitors (SSRIs) are first-line treatments for major depressive disorder but may cause extrapyramidal symptoms and, rarely, dermatological adverse effects that impair tolerability. Vortioxetine, a multimodal antidepressant, may be a suitable alternative in patients with SSRI intolerance. This report presents a patient who developed motor and dermatological adverse effects during SSRI treatment and improved after switching to vortioxetine.

CASE: (The patient consent must be provided and specified with appropriate terms). A 47-year-old woman presented with low mood, anhedonia, and reduced motivation. Her medical history was notable only for psoriasis, with no known drug allergies.

Escitalopram 5 mg/day was initiated. After one month, tremor involving the hands and jaw developed. Due to intolerance, treatment was switched to sertraline 12.5 mg/day; however, tremor and jaw clenching recurred after dose escalation.

The patient also reported non-pruritic, fluid-like appearing papular lesions on her fingertips that became more prominent after hand washing. The lesions were non-exudative and atypical for psoriasis. Mental status examination revealed mild depressive affect without psychotic symptoms or suicidal ideation. Laboratory investigations were unremarkable. Treatment was changed to vortioxetine 5 mg/day, later increased to 10 mg/day, with adjunctive propranolol 20 mg/day. Tremor resolved completely, and depressive symptoms improved markedly.

Written informed consent was obtained from the patient for publication of this case.

DISCUSSION: SSRI-induced tremor is a common dose-related adverse effect that may necessitate treatment modification. Dermatological reactions to SSRIs are uncommon and may present atypically, particularly in patients with underlying dermatological vulnerability such as psoriasis. Vortioxetine's multimodal serotonergic profile may explain its favorable tolerability in patients with SSRI intolerance. This case highlights the importance of monitoring both motor and dermatological adverse effects during antidepressant treatment and supports vortioxetine as an effective alternative.

Keywords: Dermatological adverse effects, SSRI-induced tremor, vortioxetine