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CARE AND CURE

AN INTEGRATED APPROACH
TO PSYCHOSOMATIC MEDICINE

**EAPM
2014**

ANNUAL MEETING OF THE
EUROPEAN ASSOCIATION
OF PSYCHOSOMATIC MEDICINE
SIBIU, ROMANIA, 25th-28th OF JUNE

Selected abstracts of the EAPM
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Sibiu, Romania
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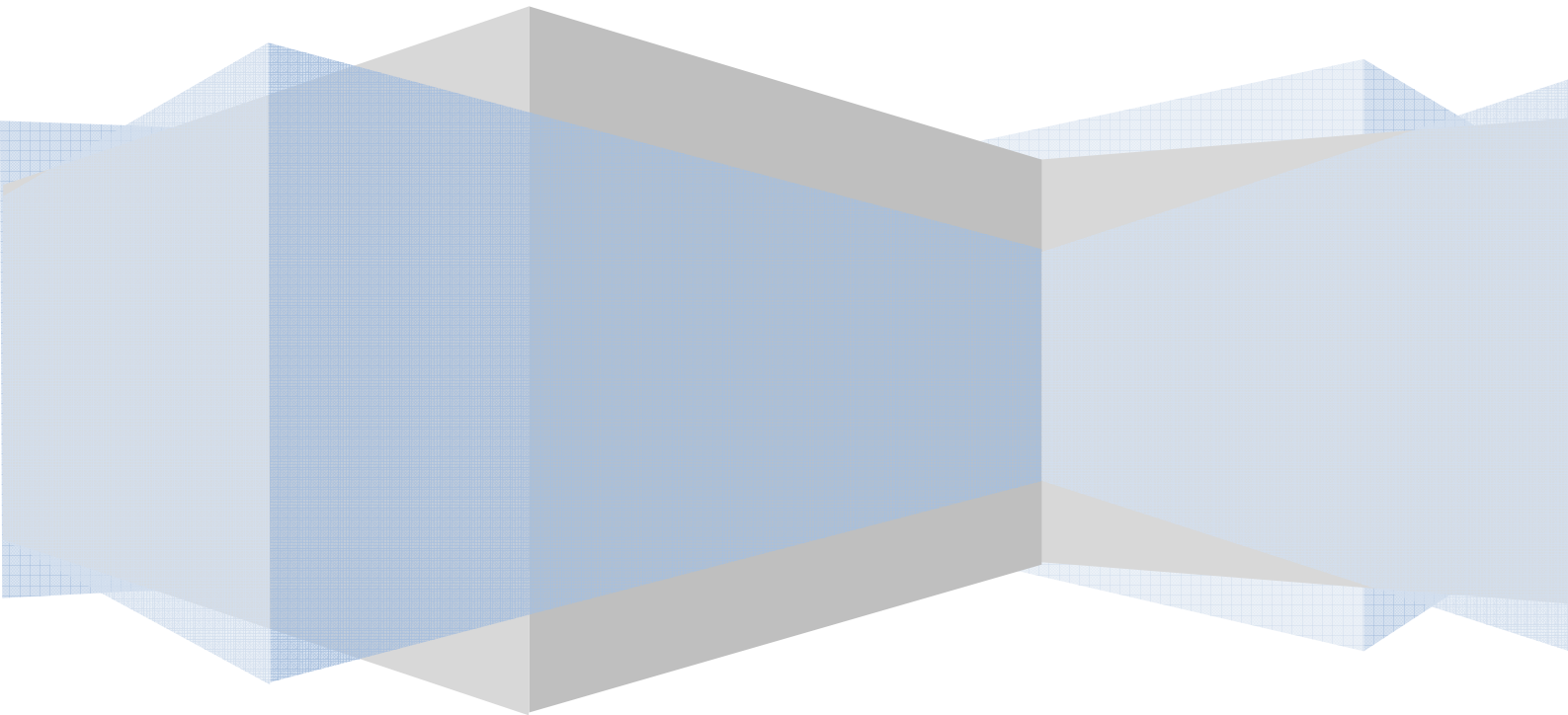
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Selected abstracts of the European Association of Psychosomatic Medicine Annual Meeting

**Sibiu, Romania
25-28 June 2014**



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Care and Cure - An Integrated Approach to Psychosomatic Medicine
2nd Annual Conference of the European Association of Psychosomatic Medicine

Welcome at *Care and Cure - An Integrated Approach to Psychosomatic Medicine*, the first conference of the European Association of Psychosomatic Medicine in Eastern Europe! Psychosomatic medicine and C-L psychiatry are rapidly expanding scientific and clinical fields in Eastern Europe. This conference which is taking place in Sibiu, Romania, from 26-28/06/2014, takes this development into account and yields to support it.

Care and Cure brings together an international, multi-professional line up of physicians, psychiatrists, psychosomaticists, psychologists and other mental health care professionals to explore the latest advances in psychosomatic medicine, consultation liaison psychiatry, and integrated care.

The programme covers a diverse range of subjects: 'Psychosomatics in the elderly population', 'The brain-gut axis and psychosomatic aspects in gastroenterology', 'Somatisation and chronic pain', and 'Psychosomatic medicine and cultural change' are our plenary sessions. In addition, a wide range of topics is presented in the scientific symposia, workshops, and poster sessions.

Furthermore we are delighted to announce joint scientific sessions of the European Association of Psychosomatic Medicine with the International College of Psychosomatic Medicine and with the International Society of Behavioral Medicine.

On Wednesday, June 25, the Romanian Society of Psychosomatic Medicine and the Romanian Balint Association hold their annual meeting with participation from researchers, teachers, and clinicians from other Eastern European countries, too.

For the first time, the Frits Huyse Award for lifetime achievement in C-L Psychiatry and Integrated Care will be presented at this conference. The first awardee will be Prof. Antonio Lobo from Zaragoza University in Spain, who receives this award for his profound scientific work in the field of C-L psychiatry and Integrated Care and his never ending efforts to bring together colleagues from all over Europe in an European scientific association.

I wish you a successful conference and beautiful days in Sibiu.

Yours sincerely



Prof. Wolfgang Söllner
President of EAPM

Dear participants to the EAPM annual meeting 2014 in Sibiu,

It is a great pleasure to welcome you in Sibiu, one of the most romantic Romanian cities, where the first institution for health care, in fact a hospice, was created, early in the 13th Century.

Our meeting has a lot to offer for specialists from different fields. This second EAPM meeting, organized after the creation of EAPM in Aarhus, 2 years ago, and after the first one in Cambridge last year, has gathered in full harmony members of the previous European Association of the C/L psychiatrists and of the European network on psychosomatic research, including mainly nonpsychiatric specialties.

The resulting scientific program is addressed to all healthcare providers caring of their patients and who are convinced that a holistic body-mind approach is superior to other approaches.

Beside the plenary sessions dedicated to the challenging issues of contemporary medicine: cultural transformations and their effect on health; aging; brain-gut axis "from bench to bedside", almost all fields of medicine have their representation in the program of our meeting. We welcome also the representatives of the psychologists, who always collaborate with us. We selected topics of interest to psychotherapists, to Balintians, to clinical practitioners, even to surgeons and dentists. Emphasis was put on young scientists' research output, and their contribution is largely acknowledged and correspondingly awarded.

We are delighted to have in the preconference day a meeting of the Romanian Society of Psychosomatic Medicine. During the following days, a common session EAPM-ISBM (International Society of Behavior Medicine) is scheduled. Also a special session with lectures of the outstanding members of ICPM (International College on Psychosomatic Medicine) is included in the program. This is a token of our association to cooperate during our meetings with other colleague societies.

The location of this meeting is an opportunity to attract scientists and practitioners from Central and East Europe to psychosomatic medicine. Much should be done in this area, where psychosomatic medicine is not a specialty but rather a teaching staff and (in our country) a subject for master studies. On the other hand, this meeting is a chance to have for the first time in this European area, leaders of opinion of the psychosomatic medicine worldwide and to attend their lectures.

We hope that you will enjoy the scientific program of this meeting, the venue and the city.

We look forward meeting you in Sibiu!



Prof. Dan L. Dumitrascu
President of the meeting
President of the Romanian Society of Psychosomatic Medicine

Dear Participants,

It is a great honor for Sibiu and for our University to have you here as distinguished guests.

The scientific committee has selected an excellent program that will be of interest for you. We rely also on your active participation in order to disseminate your experience during this meeting.

Thanks to you, this second annual meeting of EAPM, and the first one in Central and East Europe since the creation of this association, will, no doubt, be successful.

Sibiu has a relatively new university, based on older educational institutions. It is one of the most dynamic of the country. Therefore we are proud to host this event.

Last but not least, Sibiu has a lot to offer to its visitors during the free time: exquisite medieval original architecture, beautiful environment, interesting museums, excellent gastronomy.

In the name of the organizing committee we wish you a warm welcome, a successful conference, many new scientific contacts, further good collaborations and a very pleasant stay in Sibiu.



Prof. Paul J. Porr
President of the Organizing Committee

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1 - Psychiatric sequelae consecutive to intraoperative awareness under general anesthesia: about three cases
Vulser H^a, Airagnes G^a, Lahlou-Laforêt K^a, Le Boudec A^a, Galliot A-M^a, Consoli S^a,
^a Department of C-L Psychiatry, European Georges-Pompidou Hospital, Paris, France

Intraoperative awareness (IA) is an uncommon (i.e 1-2 per 1000) and unwanted outcome of general anesthesia consisting in explicit recall of events during a surgical procedure. Reported perceptions can be sounds, visual impressions, physical sensations, paralysis and pain. Emotional distress is reported in one to two-thirds of cases. IA is often the consequence of low anesthetic doses with higher prevalence for some types of surgeries (e.g cardiac, trauma, caesarean sections) and for clinical characteristics (e.g emergency situations, young age, chronic use of analgesic, and addiction comorbidity). Conversely, the preoperative use of benzodiazepines reduces the incidence of IA. Despite its relatively infrequent occurrence IA is of significant concern due to frequent psychiatric sequelae, notably post traumatic symptoms, leading to full-blown post-traumatic stress disorder (PTSD) in up to 71% of cases. Emotional distress during IA and a psychiatric history may increase the risk of developing subsequent PTSD. We present 3 patients who developed post traumatic sequelae following an IA with emotional distress. - A 73-year-old woman with no psychiatric or medical history operated on for cholesteatoma, had medically unexplained postoperative daily seizures as well as severe anxiety. She refused any psychiatric care. - A 22-year-old man with a history of congenital heart disease and generalized anxiety disorder developed PTSD after a heart surgery. His symptoms decreased after psychotherapy, short-term hypnotherapy and pharmacological treatment. - A 42-year-old woman developed PTSD after her fifth heart surgery. Her symptoms decreased after psychotherapy and pharmacological treatment. Early psychiatric care may reduce the long-term severity of psychiatric sequelae and should be offered to any patient reporting IA. Multidisciplinary coordination in the context of consultation liaison psychiatry should lead to minimizing IA and its psychiatric outcomes.

2 - Can specific health-related memories aid symptom management in Chronic Fatigue Syndrome/ME and Asthma?

Alexeeva I^a, Martin M^a

^aDepartment of Experimental Psychology, University of Oxford, United Kingdom

Purpose: A cognitive account of the persistence of Chronic Fatigue Syndrome/Myalgic Encephalomyelitis (CFS/ME) proposes that biased information processing distorts symptom perception and undermines recovery. Accordingly, a biased memory for health- and illness-related information may lead to negative illness cognitions, maladaptive coping and prolonged symptom suffering.

Methods: Web-based study investigated autobiographic recall in CFS/ME (N = 87), Asthma (N = 56), and healthy (N = 60) participants of events when they experienced pain, fatigue, physical activity, and happiness. Participants were also assessed on illness cognitions, activity, and mood.

Results: CFS/ME and asthma participants recalled more specific memories of activity, while controls recalled more overgeneral memories. The specificity of health-related (pain, fatigue, activity) memories predicted more active coping and adaptive cognitions in illness groups.

Conclusions: The results indicate the importance of memory processing in relation to health- and illness-related information, suggesting overgeneral memories of health-related information may undermine people's ability to cope in the context of a chronic condition, while more specific memories of health-related activity events can help promote coping and recovery.

3 - Is pain-related perceived injustice a specific entity in chronic pain?

Allaz AF^{a,b}, Piquet V^a, Kossovsky M^b, Rentsch D^{a,c}, Besson M^a, Cedraschi C^{a,b}

^aMultidisciplinary Pain Centre, Division of Clinical Pharmacology and Toxicology, GUH

^bDivision of General Medical Rehabilitation, Geneva University and GUH

^cDivision of Consultation Liaison Psychiatry, Geneva University Hospitals (GUH)

Objective: Perceived injustice related with pain has been shown to be associated with pain intensity and pessimistic expectations of outcome in chronic pain patients. The aim of our study was to investigate whether pain-related perceived injustice is related to a more general perception of injustice.

Methods: A self-administered questionnaire was given to all patients referred to our pain centre during a two-year period. The feelings of injustice were assessed both in relation to pain: "do you consider your pain as an injustice?" and in general: "did you ever have a global feeling of injustice during your life?" (on a 5-point Likert scale). Legal counselling for the pain problem was explored. Depression and anxiety were evaluated with the BDI and HAD. Multivariate ordered logistic regression analysis was used to investigate which variables were associated with the feelings of injustice. The model was controlled for age and gender, the presence of depression, anxiety, present pain intensity (on a 10cm-Visual Analog Scale, and attribution of pain origin (extrinsic, intrinsic or undetermined).

Results: 431 patients were included. Mean age was 53 (SD=19), 64% women. Anxiety (OR=1.08), depression (OR=1.05), pain intensity (OR=1.11) and pain attribution to an extrinsic origin (OR=1.55) were significantly associated with an increased likelihood of pain-related perceived injustice. Only depression (OR= 1.05) and extrinsic origin of pain (OR=1.73) were significantly associated with an increased likelihood of perceived lifetime injustice. Patients assisted by a lawyer for their pain problem (n=61) rated significantly higher the perception of injustice during lifetime (3.13 vs. 2.65 for no lawyer; p=0.008). This difference was not observed for pain-related perceived injustice.

Conclusions: In chronic pain patients, pain-related perceived injustice seems to represent a specific entity differing from a general tendency to feel injustice.

4 - Associations of Help-seeking Behaviour with Depression and Anxiety Disorders among Gastroenterological Patients in Riyadh, Saudi Arabia

Alosaimi F

King Saud University, Saudi Arabia

Background: Gastroenterological outpatients have a high prevalence of depression and anxiety disorders. A relatively few research was done on help-seeking behavior among those who suffer from gastrointestinal symptoms with or without psychiatric disorders.

Objectives: To characterize the help-seeking behavior of gastroenterological outpatients and to evaluate if this behavior is linked to the presence of depression and anxiety.

Methods: A cross-sectional study was carried out in gastroenterology clinics in four hospitals in Riyadh between February and September 2013. Self-administrated questionnaire was developed and administered to patients. Patient Health Questionnaire (PHQ-9) and Generalized Anxiety Disorder (GAD-7) questionnaires were used to diagnose depression and anxiety, respectively.

Results: A total of 440 patients completed the study questionnaire. The average age was 36.0 ± 12.8 years and 69% of the patients were males. Complaints included abdominal pain (58%), heartburn (29%), diarrhea or constipation (25%), appetite or weight changes (22%), and nausea or vomiting (16%). Depression was diagnosed in 36% while anxiety was diagnosed in 28% of the patients. The first intervention was use of medications (68%) and undergoing endoscopy (16%) while few patients initially used herbs or Islamic incantation (7.5%). This first intervention was done primarily (59%) in private sector rather than government sector (36%). The rates of depression and anxiety in our patients were higher among those who suffered from multiple complaints for longer durations, with less satisfaction with the offered services.

Conclusion: Depression and anxiety are common comorbidities in gastroenterological outpatient population, especially those who have chronic course of multiple gastrointestinal complaints.

5 - Psychiatric aspects of congenital liver disease in children and adolescents: pre and post liver transplant management.

Alpert O^a, Zimbrea P^b

^aChildren Hospital of Philadelphia (CHOP), Clinical Instructor Yale University, USA

^bYale University, New Haven, USA

Differentiating between psychiatric manifestations of the underlying liver disease and the new/early onset of major psychiatric disorders represents the major challenge for transplant psychiatrist working in the pediatric transplantation setting. In order to facilitate this task, we will review the psychiatric aspects of congenital liver disease. Certain genetic liver diseases can present with psychiatric symptoms caused by direct brain involvement (e.g Wilson's disease-12). Indirectly, symptoms of liver disease can cause major psychiatric disturbances (e.g. pruritus in progressive familial intrahepatic cholestasis has been linked to suicide¹³). Other genetic liver diseases (e.g Alpha 1 antitrypsin deficiency) have been associated with a higher prevalence of major psychiatric illnesses such as

Schizophrenia 14. The literature review of these entities will be illustrated with cases treated at CHOP and Yale Transplantation programs.

6 - Assessment and treatment of delirium in pediatric oncology and bone marrow transplant

Alpert O^a, Jackson L^a

^aThe Children's Hospital of Philadelphia, USA

Purpose: Discuss assessment and treatment for delirium in pediatric oncology patients

Methods: A case presentation of a 10 year old female with Stage IV neuroblastoma, post nephrectomy, adrenalectomy, and autologous stem cell transplantation with no prior psychiatric history. Her hospital course was complicated by sinusoidal obstruction syndrome (venous occlusive disease-VOD), portal hypertension and required transjugular intrahepatic portosystemic shunt (TIPS) procedure. Following the procedure she developed delirium. We used the Pediatric Confusion Assessment Method (P-CAM) to identify delirium in this patient and its usefulness as a tool. The delirium was treated with haloperidol with positive results. We studied the P-CAM in our Pediatric Intensive Care Unit (PICU) to identify delirium in pediatric oncology patients. PICU nurses identified 5 pediatric patients younger than 18 years old by their diagnosis (e.g. a tumor and/or status post bone marrow transplant) who presented with sepsis, organ failure, dehydration, confusion, disorientation, delusions and hallucinations. The nurses used the P-CAM to assess for delirium in pediatric oncology patients.

Results: All 5 patients presented with delirium. The P-CAM was a useful tool to assess for delirium.

Conclusion: Delirium is a common complication in pediatric oncology affecting 50-80% of patients. The diagnosis is often missed or overlooked, particularly in patients who present with hypoactive delirium. Using the P-CAM may assist with identifying these patients, facilitating appropriate treatment, and decreasing hospital.

7 - Congenital Hepatitis C in the Transplant Setting: Challenges for Transplant Psychiatry

Alpert O^a, Zimbrea P^a

^aYale University School Of Medicine/ Children Hospital Of Philadelphia, USA

Purpose: Congenital Hepatitis C is a rare occurrence, since the rate of transmission from mother to fetus is 2-5%. Only 1.8% of children with vertical infection progress towards cirrhosis after 10 years. To our knowledge, there is no information about the mental health challenges these patients can pose in the peri-transplant setting.

Methods: Case presentations and literature review. **Results:** Two patients with congenital Hepatitis C were evaluated in the transplantation setting. A 12 year old male with a history of congenital Hepatitis C, liver cirrhosis, and depression presented with hepatorenal syndrome after his first transplant failed. His depression was multifactorial: sequela of infection, iatrogenic effect of interferon, and grief over his father's death. He underwent his first transplantation due to decompensated liver disease and failure of triple therapy with peg-interferon, ribavirin and sofosbuvir. He underwent a second

cadaveric liver transplant with good outcome. A 26 year old male with congenital Hepatitis C, liver cirrhosis, and no formal psychiatric history presented for evaluation for liver transplant and was found to be profoundly depressed. He viewed his illness as a connection with his deceased mother. As a result, he was particularly ambivalent about pursuing treatment and had a history of poor compliance. He was referred for treatment of depression, but he did not follow through. He died shortly thereafter of complications of liver disease

Conclusion: Patients with congenital Hepatitis C can present for liver transplant evaluation at various ages. They can exhibit psychiatric symptoms resulting from the Hepatitis C infection, from its treatment, or from the psychological impact of growing up with chronic congenital disease. Psychiatric symptoms can have a significant impact on the outcome of medical/surgical treatment.

8 - Attachment styles in patients with chronic skin diseases in Hungary

Szabó C^b, Altmayer A^a, Kemény L^a, Dalgard^b

^aDepartment of Dermatology and Allergology, University of Szeged, Hungary,

^bDepartment of Dermatology, Oslo University Hospital, Norway

Purpose: attachment style is relevant in the management of chronic diseases but little is known about attachment and patients with skin diseases. The aim was therefore to describe attachment style in patients with chronic skin diseases.

Methods: we conducted an investigator-initiated trial within the framework of a multicenter study entitled A European multicenter study on depression, anxiety, quality of life and attachment among adult patients with common skin disorders in cooperation with members of the European Society of Dermatology and Psychiatry. The study has an observational case-control design; 275 outpatients with skin diseases and 139 healthy volunteer participants were assessed at the Clinical Department of Dermatology and Allergology at the University of Szeged in Hungary. Attachment style was measured with the Adult Attachment Scale, distinguishing secure and insecure attachment style. There are three dimensions of attachment in the scale: Closeness, Dependency and Anxiety in relationships.

Results: patients average age was 49,43±18,05 years vs 39,53±12,01 in the control group, percentage of females was 61% vs 75% in the control group. The most frequent skin diseases were: psoriasis (15%), venous ulcer (15%), atopic dermatitis (9%), lymphoedema (9%). Patients attachment scores were significantly higher than controls at the scale Dependency (t=2.23, p<0.05). Patients results were lower at a nearly significant level than healthy volunteers at the scale Closeness (t=-1.783, p=0.076). Patients and controls had a same score of anxiety. There were as many secure and insecure individuals in the two groups overall.

Conclusion: our results show that chronic skin patients were more able to trust and depend on others, were less comfortable with closeness and intimacy and experienced similar rates of anxiety in relationships as the control groups members. These results can contribute to better adherence in the treatment of dermatology patients.

9 - Accentuated personality traits in patients with functional dyspepsia

Svintsitsky A^a, Revenok K^a, Malyarov S^b, Korendovych I^a

^aDepartment of Internal Medicine #3, Bogomolets National Medical University, Kyiv, Ukraine.

^bDepartment Social, Judicial and Child psychiatry, National Academy of Postgraduate Education named after P.L.Shupik, Kyiv, Ukraine.

Personality is the backbone of the individual that determines its development, adaptation and mental health. The first who paid attention on characteristics of a personality as a possible "mediator" in the development of psychological disorders and introduced the concept of "accentuated personalities" was German psychiatrist Karl Leonhard. A model of "accentuated traits" that he developed contains 12 types of possible accentuations. Accentuated traits - are individual traits that tend to become pathological, however, this can't be considered as abnormal. These traits may underlie comorbid psychiatric conditions (anxiety, depression or somatisation) seen in patients, especially with resistant functional gastrointestinal disorders.

Aim: to assess personality traits of patients with functional dyspepsia from the concept of "accentuated personality traits" before and after the treatment using eradication therapy (ET) plus escitalopram or ET only.

Methods: This is a part of a randomized prospective trial which aim was to assess the superiority of combined treatment using ET plus antidepressant by comparison with ET for patients with FD. Adult patients (18 - 65 years) with confirmed diagnosis of FD were eligible to participate. Exclusion criteria: the presence of "red flag" signs and other comorbidities that could explain the symptoms. All patients were tested for H. pylori using two methods (rapid urease test and by morphological examination of mucosa). To assess accentuated personality traits we used validated Leonhard questionnaire (adapted Shmishek version, 1970). All participants were asked to complete the questionnaire. The method consists of 88 questions to be answered "yes" or "no." To avoid bias one independent rater-psychologist, blinded to clinical diagnosis and affiliation to the treatment group, made all calculations of questionnaires. Scoring for each type of accentuation was made according to the key, with the maximum score of 24 points for each type. The trait is considered to be accentuated in case the total score is above 12. All patients were randomly allocated to the treatment group. Patients of the first group received ET according to Maastricht 4 (2010) plus escitalopram in a initial dose of 5 mg/day for the first two weeks; depending on individual response the dose could be increased to 10 mg/day. The second group received ET only for 10 days. Personality traits were assessed on the 1st and 30th day of treatment.

Results: Of 75 randomized patients (mean age 40.3±3.9; males - 26 (34.7%)), 43 were allocated to the first group and 32 to the second one. The groups were statistically comparable in age and sex. When assessing patients of two groups before treatment combined type of accentuation (four, five or more traits) was determined, mainly due to emotive (17.5±0.56), hyperthymic (17.4±0.54), cyclothymic (16.2±0.56), demonstrative (13.1±0.43) and affect -

exalted (16.1±0.58) traits. Polar distribution of accentuated traits was not observed. There was no statistically significant difference between groups. When assessing the traits on the 30th day of treatment, patients of the I group had statistically significant decrease in scores of emotive (14.1±0.52), anxious (from 10.4±0.79 to 8.3±0.43), hyperthymic (14.7±0.47), excitability (from 12.3±0.41 to 9.7±0.43) and demonstrative (10.3 ± 0.43) traits comparing to the II group (p<0.05 in all cases).

Conclusion: Our study did not detect specific personality profile for FD, but we received very promising data that require further profound studies of a possible role of psychopharmacotherapeutic agents in correction of disadaptation in “functional” patients.

10 - Psychosomatic health - Challenge and Opportunity Ancans A

Riga Stradins University, University Clinic of Psychosomatic Medicine and Psychotherapy, Latvia

Mental health is defined as a state of well-being in which: Every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, is able to make a contribution to her or his community. Mental health is central to human development (WHO) and better physical health: Higher educational achievement, enhanced productivity and earnings, improved interpersonal relationships, better parenting, closer social connections, improved quality of life, we have to see from new perspective, it is more than psychiatry, it determines physical health. It is time for a specialized psychosomatic approach.

11 - Psycho-socio-cultural and genetic predictors for the occurrence of somatoform complaints in children

Truțescu C^a, Petrescu-Ghenea C^a, Rad F^a Anghel G^a, Dobrescu I^a

“Prof. Dr. Al. Obregia” Psychiatry Hospital, Child and Adolescent Psychiatry Department, Bucharest, Romania

Functional symptoms that appear at very early ages are attributable to a multitude of psycho-somato-endocrine physiological changes, to which organisms are forced to adapt in a very fast pace. In the ideal scenario, the stress of these changes stimulates the young person to develop new abilities and methods of coping, which are based on flexibility and psycho-emotional tolerance.

Still, children that fail during this process can develop medically unjustified symptoms (MES), a category of complaints that are always challenging for the practitioner. Vulnerability for somatic disorders, is identifiable in some individuals from childhood, with some character traits evolving into adolescence, and becoming stable personality traits. These children, who initially are seen in pediatric services, frequently go through painstaking clinical, laboratory and imagery exams, in order to exclude any organic etiology for their complaints. A good multidisciplinary collaboration of pediatric and psychiatric services could allow an early detection of triggers for MES and an integration of the clinical events in the psycho-emotional context specific to a somatic disorder. Thus, a faster access to early specific interventions is granted.

We tested this model of diagnosis and intervention in a child presenting in our clinic with very well-represented

somatic complaints. The resolution of this case, made possible through a conjunction between pharmacotherapy and psychotherapy, was also the result of a good assessment of the psycho-emotional status of the family and of the character traits of the child. This case emphasizes the usefulness of an early psychopharmacological and psychotherapeutic approach, in order to shorten the episodes of somatization and to reduce the risk of relapse. It also takes into consideration the importance of a good mental health for the social and academic functioning of the future adolescent and adult.

12 - A Look at the Major Depressive Episode and Perimenopause

Armean S. M.^a, Matyas K^b, Miclutia I^c

^a Iuliu Hatieganu University of Medicine and Pharmacy, Dept. of Pharmacology, Toxicology and Clinical Pharmacology, Cluj-Napoca, Romania

^b District General Hospital of Huedin, Dept. of Chronic Mental Disorders, Romania

^c Iuliu Hatieganu University of Medicine and Pharmacy, Dept. of Psychiatry and Child psychiatry, Cluj-Napoca, Romania

Purpose: To assess the clinical manifestations of perimenopause linked to depression.

Introduction: It is well known that major depressive episode occurs more frequently in women addressing medical consultation for symptoms regarding the perimenopause. This is because menopause comes with a high risk of affective disorders. Mood disturbances are present in about 50% of the patients addressing the gynaecologist.

Material & Methods: 80 women, aged 45 to 55 years, were divided into two groups: one consisting of patients diagnosed with major depressive episode from the District General Hospital of Huedin and the 2nd Psychiatric Clinic, Cluj-Napoca and the other of healthy women. The psychometric instruments used were Hamilton Depression Rating Scale, the Perz list of menopausal symptoms and Sloan scale for frequency and severity of hot flashes. Psychiatric symptoms of menopause and those of major depressive episode can be taken one for the other. To prevent that, we focused only on somatic vasomotor symptoms. The assessments were carried out at set intervals of time. The data was statistical analysed.

Results: The given results indicate that depression in menopause is well associated with the frequency of hot flashes (r=0,722; p=0,000), the severity of hot flashes (r=0,769; p=0,000), the frequency of menopausal vasomotor symptoms (r=0,721; p=0,000), the severity of menopausal symptoms (r=0,754; p=0,000) and with the premenstrual dysphoric syndrome (r=0,795; p=0,000). Another association was noted between the premenstrual dysphoric syndrome and the frequency of the vasomotor symptoms (r=0,672; p=0,000) and with the severity of vasomotor symptoms (r=0,673; p=0,000) as well.

Conclusion: The severity of the depression may be influenced by the severity and frequency of menopausal symptoms and by the presence of the premenstrual dysphoric syndrome. The risk of major depressive episode may increase during perimenopause.

13 - Psychotherapy versus drug therapy in somatoform disorders

Artimon H. M.^a, Iamandescu I. B.^a, Rulea C.^b

^aUMF Carol Davila Bucharest, Romania

^bUniversity Lucian Blaga Sibiu, Romania

Purpose: The study has proposed comparing the effectiveness of psychotherapy versus drug therapy in somatoform disorders, following the clinical reality in patient selection.

Methods: The study, controlled clinical trial, non-randomized, followed the evolution of two groups of patients diagnosed with somatoform disorders, the first group of 30 patients treated with hypnotherapy and cognitive-behavioural therapy, and the second, control group, of 33 patients treated with sertraline 100 mg/day. The treatment was conducted over a period of 3 months, and patients were followed up at 3 and 6 months after completion of therapy.

Results: After 3 months of treatment, improvements were comparable in the group treated by psychotherapy (73.33%) and in the control group (75.76%), also remission rate: 26.67% in the first group, respectively 24.24% in the control group ($p = 0.83$). At 6 months after completion of treatment, improvements were maintained at 53.33%, and remissions at 23.33% of patients treated with psychotherapy, while in control group, improvements were maintained at 21.21%, and remissions at 3.08% of patients ($p = 0.003$).

Conclusions: The study results suggest increased efficiency in the long term of psychotherapy versus drug therapy, in patients motivated and who are able to establish a good therapeutic relationship. Even in terms of recurrence, the symptoms have been much better managed by patients who followed a psychotherapy than those who received medication, the latter having the tendency to become psychologically addicted to the drug.

14 - Eating disorders investigated by the Tomatis approach

Taccuso D.^a, Moretti F.^a, Di Girolamo G.^a, Gamberini L.^a, Bernabei V.^a, Atti A.R.^a

^a Mozart-Brain Lab Sint-Truiden Belgium

Background: The vestibular circuits control body dynamic and static states. The Tomatis approach investigates, through such circuits, the psychosomatic and psychological features via the muscle-bone interplay thanks to a modify audiogram called Tomatis Listening Test (TLT). AIM. To investigate differences between patients affected by Anorexia Nervosa (AN) and healthy adult controls in the TLT.

Methods: 15 patients affected by AN and 27 healthy controls were administered the TLT. In the TLT we use a machine that contains a frequency generator which emits pure sounds scaled from 125 to 8000 Hz by octaves. We end up with two graphs showing 2 curves, blue for the air conduction and red for the bone one. Hearing gives no indication of the engagement of consciousness. To hear is to be exposed to a sound or a message addressed to us. To listen is to wish to apprehend that sound or message.

Results: The TLT points out an issue related to the stomach. 13 out of 15 cases show a scotoma in the 1000Hz frequency on the air conduction curve. Accordingly to

Tomatis, this frequency is related to the stomach. This anomaly is present in 4 cases on the right ear curve (representing the father or any acute condition), 5 cases on the left ear curve (representing the mother or any past or chronic condition) and in 4 cases on both right and left curves. 12 out of 27 of the controls show as well a scotoma on the 1000Hz. When asked, they confirmed to have a stomach issue. In 11 out of 15 of the cases there is also a scotoma at 1000Hz on bone conduction related to vertebra D6, associated with back pain or posture problems. The stomach itself is innervated by the nerves from vertebra D6; for this reason this anomaly in the bone conduction - especially when the air conduction simultaneously shows it, confirms a stomach issue. 15 out of 27 controls show the same scotoma on the bone conduction at 1000Hz: when asked if they might have back pain or posture issue at the level of the D6 vertebra, they all confirmed to have one. 9 out of 15 cases and 11 out of 27 controls show that the bone conduction (representing the self), in all the frequencies of the spectrum, is above the air conduction (representing the outside world). This condition of bone conduction listening predominance, could have three possible interpretations: 1) subject has a narcissistic personality; 2) subject withdraws herself/himself from the world because she/he feels disconnected from the others; 3) subject suffers from self-esteem. All cases, when questioned about their interpersonal relationship, gave answers that matched type 1 or 2 conversely all controls but one have self-esteem issues.

Conclusions. The Tomatis method is a valid complementary tool in approaching AN; further research is needed to investigate its potential diagnostic and therapeutic role in a multidimensional assessment.

15 - Beneficial Influences of music on choral performers

Avram C. L.

National Music University Bucharest, Romania

Purpose: Demonstration and evaluation of the beneficial influences that performers experience, due to these musical activities.

Methods: a questionnaire with 20 questions on a group of 50 chorus girls, aged more than 12 years. Questions aimed at challenging and stressful aspects involved in participation in a choir with a high level of demand for quality musical performance. It also refers to the psychosomatic benefits that young participants are experiencing as a result of learning and practicing music.

Results: 90 % is the average level of satisfaction they experience in concert performance

19 % think that the intellectual effort and request, necessary to build a new repertoire, are very high, 54 % believe that the work is hard and 24% moderate. It can be considered a stressor but also represents a valuable way of developing intellectual skills.

Although respondents were very young and healthy people, about 37 % of them said they regularly suffer headaches and / or stomach, insomnia and even heart palpitations and dizziness. All (except one) were considered to have experienced the situation to escape such conditions when they were in the choir (42 % of them somewhat and 57 % of them more).

Approximately 44 % of chorus girl believes as "not stressful" the fact of going to chorus, even during demanding evaluation periods from school. Furthermore, there were answers that have found that participation in the choir is a release from current, school duties tension.

Conclusion: The study highlights the many beneficial aspect of sustained involvement in ensemble musical activity.

16 - Building resilience in adolescents with cancer: a psychoeducational program

Vâjâean C^a, Băban A^a

^a *Department of Psychology, Babes Bolyai University, Cluj-Napoca, Romania*

Purpose: To develop a psychoeducational program in order to increase resilience in adolescents with cancer.

Methods: A needs assessment was initially conducted in order to identify the most important psychological issues that teenagers with cancer have to deal with. Based on the results and literature review, a psychoeducational program and a booklet for participants were developed. The program incorporates the cognitive-behavioral principles and resilience protective factors. The program lasted for four weeks and included group meetings where topics from the booklet were discussed. The efficiency of the program was assessed by evaluating coping with illness strategies at the beginning of the program and at the end of it.

Results: The most important topics identified after the needs assessment were: emotion and pain management, adaptation to bodily changes, communication with friends and family. After the implementation of the program, the adolescents with cancer included in the program have obtained higher scores for self-efficacy in coping with illness, specific coping strategies like emotion management, adaptation to bodily changes and problem solving skills. Further, there was an increase in positive emotions and realistic optimism and also a decrease of psychological distress in comparison with baseline scores.

Conclusions: A resilience program tailored to the needs of adolescents with cancer increases efficient adaptation to disease and reduces psychological distress.

17 - CEEPUS network on psychosomatic medicine: achievements and perspectives

Dumitrașcu D. L.^b, Băban A^a

^a *Babeș-Bolyai University, Cluj-Napoca, Romania*

^b *Iuliu Hațieganu University of Medicine and Pharmacy Cluj-Napoca, Romania*

The CEEPUS network on psychosomatic medicine RO 0016 is the single international network on this topic in Central and East Europe. Linking Austria and postcommunist Balkan and East European countries, this is a mini ERASMUS project. It allows exchanges of teaching staff, PhD students and students between participating centers from Romania, Croatia, Hungary, Austria, Bulgaria, Moldavia, Poland, Albania, Bosnia.

As several partners of this project will meet by EAPM in Sibiu, we will offer the opportunity to discuss about achievements and future initiatives of this international regional network.

18 - Experiences of Adolescents Coping with Diabetes

Cosma A^a, Băban A^a

^a *Babeș-Bolyai University, Cluj-Napoca, Romania*

Purpose: To gain a better understanding on how adolescents with type 1 diabetes cope with illness and treatment.

Methods: We conducted 12 in-depth interviews with adolescents, aged between 12 and 15. The interviews were analyzed using a thematic approach.

Results: Our results shed light on how adolescents make sense of their illness. There were identified five major themes: normalizing to daily life; negative affectivity; beliefs about illness; coping with treatment; emotional self regulation.

Conclusion: Based on these in-depth interviews, we got insights on how adolescents with type 1 diabetes cope with their illness, treatment and daily life challenges. These findings may enable health care professionals to provide appropriate support to improve disease management and metabolic control.

19 - Factors of uncertainty that predict distress in women diagnosed with breast and gynecological cancer

Goliță S^a, Băban A^a

Department of Psychology Babeș-Bolyai University, Romania

Purpose: To assess the impact of uncertainty in illness and its specific factors on the distress of women diagnosed with breast and gynecological cancer.

Methods: A total of 68 women diagnosed with breast or gynecological cancer completed self-report questionnaires on uncertainty and distress. Uncertainty was measured with Mishel Uncertainty in Illness Scale (MUIS-A) which is a four-factor scale (ambiguity, complexity, inconsistency and unpredictability), and distress was measured with Profile of Mood States (POMS). Linear regression analyses were performed to investigate the predictive value of each of the four factors in the uncertainty scale on the assessed distress factors.

Results: The analysis has shown that inconsistency and ambiguity are fair predictors for distress, except for tiredness. The other two factors of uncertainty in this theoretical model, unpredictability and complexity are not predictive at all for distress in this setting.

Conclusions: Cancer patients` distress is a major problem for cancer care, and our study comes to strengthen the growing body of research concerning this issue. Our findings can be a starting point for developing targeted practices and interventions for decreasing distress, practices that would concern all healthcare professionals involved in cancer care

20 - The psychosocial dimensions of vaccination: the case study of HPV vaccine implementation in Romania

Băban A

Babeș-Bolyai University, Cluj-Napoca, Romania

Because Romania has the highest incidence of cervical cancer in Europe, in 2008 a HPV vaccination campaign was introduced. Whereas Romanian health officials have launched two national campaigns, the uptake rate remained insignificant. The HPV vaccine embodies social,

cultural and emotional discourses and debates, including those of gender, risk and sexuality.

Aim: of this paper is to provide insight into the social and personal meanings of HPV vaccine in Romania. We used a mixed research methodology, involving individual interviews (12), focus groups (3), website forum discussion thematic analysis, mass media content analysis, and questionnaires. We have examined knowledge, beliefs, attitudes and practices of physicians, parents and young people around HPV vaccine. Relevant local and cultural meanings of HPV vaccine was extracted based on media and website forum analysis. Results show that positive discourses relying on evidence-based arguments are most of the time counter balanced by negative discourses that focused mostly on pseudo-scientific information and affect-based testimonials, and by critics expressing high levels of mistrust in the health system and healthy policy makers. Findings highlight ways in which views on the HPV vaccine are embedded in broader perspectives about science, the national medical system, health providers, society, social inequality, prevention, gender, sexuality and morality. The results also show how the vaccination decision is based on a holistic and complex assessment of biopsychosocial context. Understanding local perceptions of the vaccine is necessary as they could inform future health communication campaigns regarding the HPV vaccine, and ultimately reducing cervical cancer morbidity and mortality in Romania.

21 - Addiction and Liver Transplantation-review of current evidence

Bahloul H. J.^a, Zimbrea P^a

^a *Yale University, Department of Psychiatry, USA*

Purpose: to review the current evidence, ongoing challenges and future directions of the interface between addictive disorders and organ transplantation

Method: systematic review, opinion review

Results: Alcoholic Liver Disease is currently the second leading indication for liver transplantation in the US. 75% of patients transplanted for Alcoholic Liver Disease meet criteria for Alcohol Dependence. In addition, an increasing number of patients on methadone maintenance for opiate dependence are receiving liver transplantation for hepatitis C cirrhosis. In this context, identifying the risk factors for relapse becomes one of the Psychiatrist's main tasks. Unfortunately, the instruments used to assess the risk of relapse of substance abuse in the general population could not be validated for transplant recipients. We will review the current data regarding the risk factors that predict substance abuse relapse post transplant (such as length of sobriety, co morbidities, social support), as well as the impact of substance abuse on the post transplant treatment adherence. We will discuss the challenges of conducting addiction research in the transplantation setting. We will review the projected impact of new hepatitis C treatments upon the psycho-social characteristics of transplantation candidates.

Conclusions: the relapse rate of substance abuse is lower in organ recipients than in general population, however addiction can negatively impact the medical outcomes through non-adherence and psychiatric co-morbidities.

More information is needed regarding the predictive factors of the post transplant substance abuse relapse.

22 - New integrative psychosomatic concept, the explanatory model of the somatization process of psychosomatic disorders

Birț M.A.^a, Șandor Vl.^b, Balea C.L.^a, Birț M.E.^a, Botei M^a, Șarto M^a, Vaida A^a

^a *Municipal Hospital of Cluj-Napoca, Chronic Psychiatry Department, Romania*

^b *Medicine and Pharmacology University „Iuliu Hațieganu”, Cluj-Napoca, Head of Pharmacology and Toxicology Department, Romania*

The integrative psychosomatics aims embedding systems theory by evaluating the interrelations between psychoanalysis, neuroscience and medicine. Integrative psychosomatic wants to be a holistic concept explanatory, relationship and therapeutic of these three disciplines. Extensive psychoanalytic approach of psychosomatics undertaken by the School of Paris, was focused on the psychic apparatus malfunctions, isolating it from psychosomatic unity. In turn, the current psychosomatic interpretations tend to downplay the existence of the psychic apparatus causing epistemological problems. In present, neuroscience offers seductive explanatory hypotheses of somatization processes in psychosomatics. The integration requires coordination, communication and systems control globally. Mental organization is dynamics, consistent with the mental representations reshuffle. The central nervous system develops an evolutionary plasticity and synaptic connections by the end of life. The contribution of psychic apparatus in somatic disorders varies considerably depending on personal history, genetic component, development of various diseases, familial and professional profile. Somatization is present regardless of our degree of mentalizing. JB Stora, the specialist in psychosomatic disorders, proposes a model explaining the excitations are taken simultaneously by all five systems: the psychic apparatus (models S. Freud and P. Marty), central nervous system, autonomic nervous system, immune system and genetic system, who they are in interrelation in treating the specific information from external and internal environment. The multicausal and probabilistic process of somatization, structured in five dynamic stages can be defined as dual model. Critical analysis of the model proposed by JB Stora is a tributary influences contemporary theory of the effects of stress on the body, the process of somatic theories formulated by F. Alexander, S. Bonfils, M. Sapir, Yves Ranty, G. Thrombin, G.A. Fava and J. Bourgeois. Although this model is eclectic, is an effective therapeutic clinical endpoint in psychosomatic disorders.

23 - The Clinical Criteria for Diagnosis of Psychosomatic Disorders

Birț M.A.^a, Vl.Șandor^b, Balea C.L.^a, Birț M.E.^a, M.Botei^a, M.Șarto^a, A.Vaida^a

^a *Municipal Hospital of Cluj-Napoca, Chronic Psychiatry Department, Romania*

^b *Medicine and Pharmacology University „Iuliu Hațieganu”, Cluj-Napoca, Head of Pharmacology and Toxicology Department, Romania*

Psychosomatic field is vast and has no specific and validated diagnostic criteria. In addition, to some authors, there is a continuum between neuro-autonomic disorders observed during stress, anxiety disorders and psychosomatic disorders associated with organic substrate. In this respect, it must tie some psychiatric clinical entities that mimic psychosomatic disorders such as conversion disorder, body dysmorphic disorder, hypochondriasis, painful disorder, physical complaints associated with classical psychological distress, physical complaints of substance abuse disorders. The classifications of Pierre Marty, J. B. Stora, F. Alexander, S. Bonfils are more clinical investigation means of suffering psychosomatic than their objective classification. Differences between functional disorders and psychosomatic disorders themselves remain imprecise in terms of etiopathogenesis. CIM 11 and DSV-5, the nosografia contemporary classifications, make no direct reference to this. In DSM-5, suffering psychosomatic may be found in the chapter: "Somatic Symptoms and Related Disorders". This chapter includes subsections: "Somatic symptom disorder", "Anxiety Disorder", "Conversion Disorder", "Psychological Factors affecting other Medical Conditions", "Factitious Disorder", "Other specific somatic symptoms and related disorders", and "Unspecified Somatic Symptoms and Related Disorders". To fill this gap, Italian Psychosomatic School proposed a diagnostic system based on descriptive criteria and multiaxial classification models of DSM-IV-TR and CIM 10, adopted and improved by an international group of researchers, resulting in: criteria for psychosomatic research - Diagnostic Criteria for Use in Psychosomatic Research (DCPR). This system is intended to highlight diagnostic psychosomatic syndromes, a variety of psychosomatic and mental responses of individuals to the various circumstances of life. Psychosomatic syndromes are studied as common manifestation of different diseases by providing a new perspective in the psychological and pharmacological treatment. DCPR is based on some concepts as: Conversion, Alexithymia, Type A Behavior, Somatization and Patient Behavior to the Disease.

24 - Is it healthy to become a health professional? Somatic and mental health status of Hungarian medical students

Sándor I^a, Csala I^a, Birkás E^a, Györffy Z^a

^a Semmelweis University, Faculty of Medicine, Hungary

Introduction: Somatic and mental health of medical students has become a point of growing interest. Several studies suggest that medical school is recognized as a stressful environment that often has negative effect on students' academic performance, physical health, and psychosocial well-being. In our study we examined the correlation between students somatic health quality (Patient Health Quality: PHQ-15) and different sources of stress (exam, learning etc.) related to depression (Beck Depression Inventory), sleeping disorders (Athen Insomnia Scale-AIS) and burnout (Student version of Maslach Burnout Inventory S-MBI).

Method: Nationwide, cross-sectional, quantitative survey on a sample of medical students (N=733).

Results: The results showed that female medical students obtained significantly higher than 10 points in PHQ scores

($p=0.000$) and similarly the students in the third academic year of training (0.009). High PHQ points showed also significant correlation with certain sources of students stress, like quantity of learning material, concentration, exam stress. High PHQ points also correlated with insomnia (AIS, $p=0.000$) and depression (BDI, $p=0.000$) and with emotional exhaustion ($p=0.000$).

Conclusion: Medical education is demanding for most of the students, they can experience several physical and mental symptoms. Development of complex prevention programmes are required for future health professionals to improve the coping potential from the beginning of medical training.

25 - Facial transplantation in a blind patient: Psychological, marital and family outcomes at 15 months follow-up

Lemmens G^a, Poppe C^a, Hendrickx H^a, Roche N^a, Peeters P^a, Vermeersch H.^a, Rogiers X^a, K. Van Lierde^a, Blondeel P^a

^a Dept. Of Psychiatry, Ghent University Hospital, Ghent, Belgium

Purpose: To investigate psychological, marital and family functioning after facial transplantation in a blind 54-year old patient and the partner.

Methods: Depressive and anxiety symptoms, hopelessness, personality, coping, resilience, illness cognitions, marital support, dyadic adjustment, family functioning and quality of life of the patient and the partner were assessed before and after facial transplantation and at 15 months follow-up. Reliable change index (RCI) was further calculated to evaluate the magnitude of change.

Results: Most psychological, marital and family scores of both the patient and the partner were within a normative and healthy range pre- and post transplant and at 15 months follow-up. Resilience (RCI: 3.4), affective responsiveness (RCI: -3.6), disease benefits (RCI: 2.6) of the patient further improved at 15 months follow-up whereas the physical quality of life (RCI: -14.8) strongly decreased. Only marital support (RCI: -2.1) and depth (RCI: -2.0) of the partner decreased at 15 months.

Conclusions: The results of this study point to positive psychosocial outcomes in a blind patient after facial transplantation. Further, they underline the importance of good psychosocial functioning pre-transplantation of both partners and/or of their involvement in psychological and psychiatric treatment.

26 - Is epidemiology a visible tool in preventive interdisciplinary interventions?

Bocsan I. S.

Iuliu Hatieganu University of Medicine and Pharmacy, Cluj-Napoca, Romania

The definition, goals and roles of epidemiology are clearer and clearer stated in contemporary medical research. The usefulness of epidemiological approach is obviously proved within the frame of Evidence-based and Eminence-based medicine.

Epidemiology is necessary for both clinically oriented and community-oriented medical studies. The results of appropriate epidemiological studies are expected and asked for all kind of decisions in healthcare: at clinical

(individual) level, at population-scale level, for undergraduate and postgraduate medical education, for healthcare management policies and for healthcare reform decisions as well.

The key points of validity in epidemiological studies are the interdisciplinary approach and the prevalence of preventive outcomes of decision to be taken relying upon the results of epidemiological studies.

27 - Additional psychosomatic education reduces emotional stress of general practitioners during the treatment of patients with somatoform disorders

Boeckle M^a, Liegl G^a

^a Christoph Pieh Center for Psychosomatic Medicine and Supervision, Department for Psychotherapy and Biopsychosocial Health, Faculty of Health and Medicine, Danube University Krems, Austria

Purpose: To identify differences of self-perceived emotional stress of general practitioners during the treatment of patients with somatoform disorders (SD) by achieving additional psychosomatic education.

Methods: An online questionnaire was sent to general practitioners to inquire differences of subjectively perceived emotional stress and time expenditure between average patients and patients with SD as well as subjectively rated prevalence rates of SD in the doctor's practice. We calculated Linear Mixed Models with Post-hoc t-Tests and correlations.

Results: The treatment of patients with SD causes more subjectively perceived emotional stress in general practitioners compared with the treatment of an average patient (DF=78, t=16.67, p<0.001). Subjectively perceived emotional stress is influenced by increased time expenditure in patients with SD compared to average patients (DF=78, t=4.364, p<0.001) and can be reduced with additional psychosomatic education (DF=78, t=1.875, p=0.033). Practitioners with education in psychosomatic medicine estimate the prevalence of patients with SD higher than practitioners without additional education (N=79, r=0.242; p=0.032).

Conclusions: Personally perceived emotional stress during the treatment of SD patients of general practitioners seems to be influenced by increased time expenditure and can be reduced by additional psychosomatic education. General practitioners with an additional psychosomatic education estimate rates of patients with SD in their practice that better fit our recent prevalence evaluation, either suggesting better diagnostic competence or selective choice of medical practitioner by SD patients. An advanced psychosomatic education for general practitioners might not only improve the treatment for patients with SD but also lowers the burden to treat these patients.

28 - What is INTERMED? (introduction to the symposium Clinical-based research on complexity: application of the intermed method)

Boenink A

VUMC University Medical Centre Amsterdam, The Netherlands

Intermed is a method to assess biopsychosocial case complexity and a screening instrument to identify patients with multiple care needs. It is based on an interview, brief

and easy to use, that can be conducted by different health care professionals. Various studies in the last 12 years have confirmed its face-validity and reliability as a clinimetric tool. A self-assessment version has been developed and is currently being validated. The Intermed can be used for clinical aims, to support integrated care, but also for training and research scopes, especially within CLP contexts, since it contributes to inter-disciplinary communication and has a pragmatic, clear-cut structure. Its structure, possible applications, limitations and strengths will be described in the presentation, introducing further contributions within the symposium.

29 - The Assessment of Decisional Capacity: Gender Differences, Prevalence of Medical Illness and Psychiatric Comorbidities

Boettger S

University Hospital Zurich, Switzerland

Objective: A number of studies on decisional capacity focus on cognitive disorders, whereas gender issues remain to be unknown. The purpose of this study is to assess decisional capacity between gender in respect to sociodemographic, medical and psychiatric characteristics.

Methods: More than 2,500 consecutive consults were screened for decisional capacity and 331 consults were reviewed at Bellevue Hospital Center. Sociodemographic and medical variables, as well as psychiatric diagnoses and the decisional capacity assessment were recorded and analyzed in respect to differences between genders.

Results: Decisional capacity was more than twice often assessed in male patients (68.9%), compared to female patients accounting for only 31.3% of decisional capacity assessments. Also, women requiring decisional capacity assessment were generally older. While female patients more commonly presented with endocrine disorders, male patients more commonly presented with neurological disorders. Mood disorders were more frequently diagnosed in women and substance use disorders were more frequently diagnosed in men. Regarding the request for decisional capacity assessment, men more frequently requested to sign out AMA. Medically, only neurological disorders were more commonly documented in men lacking decisional capacity. Within psychiatric disorders, cognitive disorders, delirium and dementias were more frequently documented in men lacking decisional capacity. Altogether, the ability to make appropriate health care decisions did not vary between genders.

Conclusion: Although more decisional capacity assessments were requested for male patients, the degree to which decisional capacity existed did not vary between genders. Male patients presented more often with substance use and neurological disorders and more frequently requested to sign out AMA.

30 - Somatic and cognitive symptoms as indicators of potential endophenotypes in bipolar spectrum disorders

Lövdahl H^a, Bøen E^a, Malt E^a, Malt U^a

^a Dept Of Psychosomatic Medicine, Oslo University Hospital, Oslo, Norway

Objectives: Several psychiatric disorders with high heritability (e.g. bipolar II disorder) may present with multiple somatic and cognitive symptoms that sometimes

may lead to false diagnoses like "somatic symptom disorder". However, such sx's may also be manifestations of underlying endophenotypes of the psychiatric disorder in question. The aim of the present pilot study was to identify somatic symptoms in bipolar spectrum disorders (bipolar 2 disorders = BD2; recurrent brief depression without=RBD-0 or with=RBD-H a history of hypomanic features) that were independent of current anxiety, depression, neuroticism, psychotropic use and medical illness.

Methods: 61 patients (21 Bip 2; 19 RBD-H; 21 RBD-0; 18-45 yrs; mean age 33-35 yrs) without personality disorders cluster A and B or neurological disorder, and 21 sex and age matched controls, were included. Assessment included MADRS, EPQ (neuroticism) HAD and a 123-item somatic symptom complaint check list. Somatic sx's correlating 0.40 with EPQ-N, HAD-A, HAD-D or psychotropic drugs, i.e. explaining more than 16 % of the variance, were excluded.

Results: Several sensory (e.g. impaired ability to smell, impaired hearing); autonomic (e.g. excessive perspiration); cognitive (e.g. can't find words) and general symptoms (e.g. exhaustion) were identified which were neither related to psychiatric symptoms nor to biomedical treatment or disorders.

Conclusions: This pilot study suggests that several somatic and cognitive symptoms in bipolar spectrum disorders possibly cannot be explained by concurrent symptoms of anxiety, depression or neuroticism or concurrent psychopharmacological treatment or medical illness. These symptoms may be markers of endophenotypes. However, the specificity of these symptoms compared to non-bipolar mood and other mental disorders needs to be tested. If verified, those symptoms may also be of help to identify underlying bipolar spectrum disorders in patients seeking health care presenting as "somatic symptom disorder" or medically unexplained symptoms.

31 - Affective disorders in inflammatory bowel disease

Trikos L^c, Jovanovic A^b, Bojic D^a, Jojic N^a

^aCenter for Gastroenterology and Hepatology, University Clinical Center Zvezdara, Belgrade, Serbia

^bInstitute of Psychiatry, Clinical Center of Serbia, Belgrade, Serbia

^cCenter Of Psychiatry, University Clinical Center Zvezdara, Belgrade, Serbia

Purpose: Inflammatory Bowel Disease (IBD) are chronic diseases of unknown etiology and pathogenesis, with early onset and unpredictable course. Two major diseases in this group are ulcerative colitis and Crohn's disease. Research shows that there are high levels of anxiety and depression in patients with IBD, which negatively affects the course of diseases. The aim of our study was to examine the levels of anxiety and depression in IBD patients treated at a tertiary referral center in Belgrade (Serbia).

Methods: A total of 180 patients with IBD, 88 with Crohn's disease (CD) and 92 with ulcerative colitis (UC), in remission (defined by clinical criteria), aged 19-65, of both genders (96 males and 84 females), without known or evident psychiatric disorders, without other chronic disease or the history of surgical treatment, were enrolled in the study. The control group consisted of 180 subjects without IBD. The levels of anxiety and depression were obtained by

the Hamilton Anxiety Rating Scale (HAMA-14) and Hamilton Depression Rating Scale (HAMD-21).

Results: Among IBD patients 56.7% of them had no anxiety, 32.1% had mild anxiety and 11.2% had moderate anxiety. Without depression was 11.1% of patients, mild depression had a 55.6%, 32.2% had moderate depression and 1.1% had severe depression. There was a statistically significant difference in distribution of patients by categories of anxiety ($P < 0.01$) and by categories of depression ($P < 0.01$). In the control group, 94% were free of anxiety and 61.1% had no depression. There was a statistically significant difference between control and IBD group by levels of anxiety and depression. There was no statistically significant difference between CD and UC patients in remission according to levels of anxiety and depression.

Conclusions: Early detection and timely treatment of anxiety and depression in patients with IBD should be an integral part of treatment.

32 - Schizo-affective disorder and Kallman syndrome.

Case presentation

Bolos A^{a,b}, Chirita R^{a,b}, Chirita V^{a,b}

^a University of Medicine and Pharmacy Gr.T. Popa Iasi, Romania,

^b Socola Hospital Iasi, Romania

Kallman syndrome is a rare congenital disease from hypogonadism gonadotrop subgroup and hereditary transmission is unclear. This disease is characterized by the absence or delayed of the pubertal development till the age of 18 years old, anosmia or hyposmia. Also, there is an impact on renal, bonny, auditory and nervous system and the patient can developed psychiatric symptoms. The evolution and the prognosis of this syndrome is very difficult to be determined and genetic advice is mandatory. In this paper, we will discuss the clinical case of a young woman, which had been diagnosed in childhood with Kallman syndrome and at 29 years old she had associated a sudden onset of psychotic features. This association of the two conditions had influenced on the evolution of the somatic disease and also had impact on the therapeutic management of the psychiatric disorder.

33 - The role of Liaison Psychiatry and Psychosomatic Units as an entry point to the treatment of addictions

Cortina-Lacambra M^a, Marco-Sanjuán J. C.^a, Campayo A^a, Vásquez E^a, Labar R^a, Bosqued L^a, Campos R^a, Lobo A^a

^a Psychosomatic and Liaison Psychiatry Unit. Clinic University Hospital of Zaragoza, Spain

Purpose: 1) To determine the prevalence addiction diseases in the consults requested to our Liaison Psychiatry and Psychosomatic Unit; 2) To Know where these patients are derived at discharge and; 3) To evaluate, with operative criteria (Kathol), whether or not these patients would be benefit to be admitted in a potential Mixed Internal Medicine and Psychiatry Inpatient Unit (MMPIU).

Methods: In the context of a study trying to document the utility of a MMPIU in our 700-beds University Hospital, consecutive patients/consults to our Unit, were included from Nov 2008 to Jun 2009 (sample of 626 subjects). A previous validated instrument, which evaluate four dimensions of acuity were used to determine the MMPIU

adequate Kathols type: Social, Behavioural, Somatic and Psychiatric acuity. Statistics includes Multivariate analyses. **Results:** 46 patients (7.3%) had addiction disease as a first diagnosis. 84.4% were male, mean age=48.1(s.d.=10.4) years. Mean time of admission was 14.4 days vs. 23.5 days of patients without addiction diseases ($p=0,017$). 29 (63%) were derived at discharge to an Addiction Units. According to our Instrument (Kathol criteria) 48% of patients with addiction diseases would have benefits to be admitted in a MMPIU vs 24.3% of the other consults ($2=17.047;p<0.001$). In a multivariate analyses, patients with addiction diseases had a $RR=2.55$ ($CI95\%=1.33-4.89$) to have benefits from a MMPIU controlled by age, sex and somatic acuity.

Conclusions: Consults for patients with addiction diseases is relevant (7,3%), similar to other countries in Europe. Our Unit is an important entry point also to detect these patients. Derivation to Addiction Units was lower than expected. Less mean time of admission in these patients would be explained because of a minor somatic acuity. However, consults for these patients trend to be solicited earlier (2.95 vs 8.96 days; $p=0.004$). This study confirm, attending some limitations, that the patients with addiction diseases would have 2.5 benefits more in a MMPIU than in a general ward with regular psychosomatic consult.

34 - Negative rumor- contagion of a Psychiatric Department

Bota R G^a, Novac A^b

^a Kaiser Permanente And University Of Missouri Kansas City, USA

^b University of California Irvine, USA

Purpose: Over the past few decades a sizable literature on the effects of rumors and gossip has emerged. Addressing rumors in the workplace is an important subject as rumors have a direct impact on the quality of the work environment and also on the productivity and creativity of the employees. To date, little has been written on the effect of rumors and gossip in psychiatric hospitals.

Methods: This article presents case vignettes of rumors spread in psychiatric hospitals, and the impact on team cohesion and morale among the staff implicated in these, too often, neglected occurrences.

Results: Dynamic aspects with particular focus on rumors in psychiatric units and suggestions for remedy and treatment are presented.

Conclusions: We are proposing a medical model for rumor prevention. Psychoeducation has been used as an enhancement to treatment of mental illness, but it can be used in all instances where psychological processes need to be clarified. For instance, often there is a misperception about how language and communication is spread. The "conduit metaphor" is based on the false belief that language functions like the postal service that spreads information from one person to another without modifying the content. Below, we have summarized remedy measures under the acronyms "RICO". "RICO" stands for: R-Review of historical details: the culture and patterns of communication of the Psychiatric Department I-Information: inform repeatedly about rumors and its destructive consequences (psychoeducation) C-Contagion Control O-Organizing of new communication channels.

35 - Special Medical Conditions Associated with Catatonia in the Internal Medicine Setting- Hyponatremia inducing psychosis and subsequently catatonia

Bota R.G.^a, Novac A^a, Witkowski J^a

^a Kaiser Permanente, Riverside, CA, USA

Purpose: It is not infrequent to diagnose and treat catatonia in the psychiatry consultation service. Usually, the patient either arrives to the emergency department or develops catatonia on the medical floor significant behavioral changes (from mildly decreased speech output to complete mutism) that interfere with one's ability to communicate. After structural brain disorders are excluded, one of the diagnoses that always should be considered is catatonia. However, the causes of catatonia are numerous, ranging from psychiatric to a plethora of medical illnesses. Therefore, it is not surprising that there are many proposed underpinning mechanisms of catatonia and that controversy still persists about the etiology of specific cases.

Methods: There are only six reports in the literature of hyponatremia induced catatonia and psychosis. We here present the case of a 30 year old female with catatonia and psychosis induced by hyponatremia.

Results: We use this report both to exemplify the multitude of biological causes of catatonia and to propose a new way to look at neuroanatomical basis of processing, particularly the vertical processing systems which we believe are involved in catatonia.

Conclusions: Catatonia is a condition frequently identified in medical settings and is often induced by organic reasons. Even though the treatment for catatonia is essentially the same, as most of the patients respond well to benzodiazepines and ECT, it is important to accurately identify the specific organic cause as addressing the underlying condition is paramount. The above suggested involvement of self-related processing in the development of catatonia provides a unitary explanation of a multitude of described causes, and we believe that further research is warranted in elucidating the neuroanatomical pathways of this condition.

36 - Psychological difficulties in parents of cancer ill children

Bota V^a, Muntele Hendreş D^b

^aChildren hospital Cluj-Napoca, Romania

^bFaculty of psychology and education sciences, "Al.I.Cuza" University of Iasi, Romania

Malignant illness prevalence in Romanian children is increasing. Romania is on the top of European infantile mortality determined of the cancer illness.

Objectives: The aim of this paper is to explore the family's needs when a child gets a malignant illness, problems confronting and coping modalities of these families, social support of medical professionals and its effect onto perceived familial stress.

Method: Our study is based on a qualitative research. Participants were children with different cancer forms, like: acute lymphoblastic leukemia, Hodgkin syndrome, neuroblastoma, ectodermal tumor, Ewing tumor, abdominal tumor. The personal and interpersonal negative consequences of the own child getting a malignant affection are analyzed along with the protective resources,

like social support, fate, hope by the means of participants discourse analysis.

37 - Psychological Defense and Cognitive Strategies in Thyroid Dysfunction Patients in Comorbidity with Depression

Bouleanu E L^a, Iliovici P I^a, Mooiu C^a

^aLucian Blaga University of Sibiu, Romania

Purpose: The description of a clinical model, from a psychosomatic and cognitive perspective, for depression - thyroid dysfunction (TD) comorbidity. The first objective was to analyse defensive patterns in patients with TD compared with patients with other chronic diseases.

Methods: The study has descriptive design. There were two stages of the study: first stage regarded defensive style in chronic patients and the second regarded complex psychological evaluation of patients with TD. 101 chronic inpatients, mean age 56±9.9 and 33 patients with TD, mean age 48.7±9.2 (23 hypothyroidism, 10 hyperthyroidism). Chronic patients were tested with DSQ40. TD patients were tested with DSQ40, PED, YSQ-S3, ABS2, HAS, HRSD and ATQ.

Results: The main difference identified between the chronic patients and patients with TD was for Mature Defensive Style: $t=1.804$ (one tailed), $p=.037$. In relation to depression there are different dysfunctional cognitive strategies depending on the duration of the disease. We found an overlap with the statistical significance for functional negative emotions and developments in relation to the standard of scales for a longer duration of TD ($U=76.500$, $n_1=18$ $n_2=15$, $p=.034$).

Conclusion: There is a difference in defensive style between chronically ill patients and TD patients for mature style. For reaction formation and devaluation higher scores were recorded in patients with TD. We found no significant differences compared with the scales assessed for TD patients (hypothyroidism/hyperthyroidism). The anxiety-depressive disorder in patients with TD is due to poor management of stressful situations and to inefficient assessments of life events, grafted on to a central system of irrational beliefs about self, people and life.

38 - Beliefs about emotions are associated with outcomes in irritable bowel syndrome

Bowers H

Royal Holloway University Of London, United Kingdom

Objective: To investigate the role of emotional suppression and beliefs about the unacceptability of expressing and experiencing emotions in quality of life in Irritable Bowel Syndrome (IBS) in line with a cognitive-behavioural model of IBS.

Methods: 99 participants with IBS completed a series of online questionnaires measuring beliefs about emotions, emotional suppression and IBS-related quality of life (including measures of distress and impact on daily living). Regression analyses were used to analyse whether emotional suppression and beliefs about emotional suppression statistically predict distress and impact on daily living in IBS.

Results: The analyses revealed that beliefs about emotions and emotional suppression can statistically predict distress and impact on daily living in participants with IBS,

suggesting that those who believe expressing and experiencing emotions to be unacceptable demonstrate higher levels of distress and experience a greater impact of symptoms on their daily living.

Conclusions: These findings demonstrate that higher levels of emotional suppression and beliefs related to this suppression are associated with worse outcomes in IBS. These findings fit into the cognitive-behavioural model of medically unexplained symptoms and suggest a clinical benefit of targeting beliefs about emotions and emotional suppression in cognitive-behavioural therapies for IBS.

39 - The relation between psychopathology and post-migratory environmental risk factors for psychotic disorders in first-generation migrants: first results from the Italian study PEP-Ita ("Primo Episodio Psicotico - Italia")

Braca M^a, Tarricone I^a, Ferrari S^b, Reggianini C^b, Gazzoletti E^b, Chierzi F^a, Storbini V^a, Triolo F^a, Berardi D^a

^a Department of Medical and Surgical Sciences, Unit of Psychiatry, Alma Mater Studiorum- University of Bologna, Italy

^b Department of Psychiatry, University of Modena & Reggio Emilia, Modena, Italy

Purpose: Literature shows that migrants have a higher incidence of psychotic disorders; post-migratory social adversities and discrimination are considered the main environmental risk factors. A recent study of the Bologna Transcultural Psychiatric Team (BoTPT) suggested that psychotic disorders in migrants may have a peculiar psychopathological configuration, characterized by the prevalence of somatic symptoms over positive and negative symptoms. The aim of the present study is to explore the correlation between environmental risk factors and psychopathology in a sample of migrants with a first-episode psychosis.

Methods: Through the PEP-Ita (Primo Episodio Psicotico - Italia) study, an Italian multicentric research project exploring risk factors for first-episode psychosis in a population of first-generation migrants, we recruited 79 patients aged 18-64 between January 2012 and December 2013. Social adversities and perceived discrimination were recorded through the Migration History Questionnaire (MHQ), the Discrimination Interview and the Social Environment Assessment Tool (SEAT). The Association for Methodology and Documentation in Psychiatry (AMDP) system was used to assess the psychopathology: symptoms were pooled into eight psychopathological syndromes (positive, negative, depressive, manic, psychoorganic, obsessive-compulsive, hostility and somatic). T-student test was used to study the correlation between the scores of the eight syndromes and the environmental risk factors.

Results: Among the 79 patients currently recruited in the study, 27 have so far agreed and managed to answer our questionnaires. Those patients who recently perceived discrimination in at least three domains of life reported higher scores in the somatic syndromes ($2.5±0.7$ vs $0.3±0.8$, $p=0.056$), and so did those who perceived an economic deterioration ($2.5±1.7$ vs $0.4±0.9$, $p=0.01$) and poor quality of work position ($2.1±2.9$ vs $0.2±0.6$, $p=0.043$) after the migration process. Those who went through economic troubles had higher scores of positive ($22±6.5$ vs $12.7±7.6$,

p=0.025) and somatic (3.2±3.3 vs 0.4±1.3, p=0.003) syndromes, while those who reported family adversities after resettlement showed higher scores of hostility syndrome (10.6±3.7 vs 5.9±4.3, p=0.016).

Conclusions: Despite the small size of the current sample we found that, in migrant patients presenting a first-episode psychosis, the perception of discrimination impacted on the somatic dimension of disease, which in a recent study of ours showed to be the main psychopathological dimension of psychotic disorders in migrants. Also the perception of socioeconomic, work and family-related adversities shaped some of the psychopathological dimensions (positive, hostility) underlying psychotic disorders in migrants.

References

40 - The possible link between chronic psychosocial stress and digestive malignancy: a pilot study

Streba C.T.¹, Rogoveanu I¹, Ciurea M², Ionescu A¹, Braia T¹, Nechita F³, Vere C.C.¹

¹Department of Gastroenterology, University County Hospital of Craiova, Romania

²Department of Surgery, University County Hospital of Craiova, Romania

³Department of behavioral psychology, University of Medicine and Pharmacy of Craiova

Purpose: The aim of this study was to assess the possible connection between higher levels of psychosocial stress and cancers of the digestive tract.

Method: We included consecutive patients who presented with symptoms or investigations suggestive for digestive malignancy between February 2009 and December 2012 in the Department of Gastroenterology, University Hospital of Craiova. The protocol was approved by the Ethics committee of both the Hospital and the University of Medicine and Pharmacy of Craiova and consent forms were signed by all patients before being administered two standardized questionnaires. We used a modified Life-Event Checklist containing 30 items each with a score between 0-100 and a 10-questions assessment of stressful situations during the prior month, graded from 0 to 4. We also registered demographic data, as follows: age, gender, residence, marital status, level of education and profession. Patients were submitted to normal investigations and treated according to their pathology. We used descriptive statistics and Fisher's Non-Parametric Test; we considered p-values <0.05 as statistically significant.

Results: We initially included 631 patients; we excluded 21 patients - 6 refused to sign the consent form and 15 could not provide reliable information for our questionnaires. From the remaining 620 patients (308 females, mean age 50.9 +/- 19.7 years), 159 (25.6%) were found with primary malignancies of the digestive tract: 48 gastric, 45 esophageal, 33 colorectal, 27 liver and 6 pancreatic. The mean scores for both tests were significantly higher in the subgroup with malignancies (201.4 and 24.3 versus 168.8 and 16.9, p<0.01). In the subgroup analysis we found that people with higher education and more intellectually demanding jobs registered higher stress levels (p<0.05); married persons also scored higher in both genders

(p<0.05). No difference between men and women were registered (p>0.05).

Conclusion: Psychosocial stress and life-changing events may play a role in the development of cancer of the digestive tract; this theory, however, remains an open question for the practicing medical professional. Perceiving stress and coping seems to be related to both educational and professional aspects. Future studies on larger populations, benefiting from demographic, clinical and paraclinical data, may help clarify the question.

41 - The individual and community impact of the results of the assessment of the preventive program in the light of psychosomatic medicine

Brumboiu I

Department of Epidemiology Iuliu Hatieganu, University of Medicine and Pharmacy, Cluj-Napoca, Romania

We propose to explain the weaknesses aspects about populational prevention program, the possible consequences at the individual or population level and to promote the improvement of their performances.

The evaluation of populational programs it's a very important stage in the program coordination, whose results depend the future decisions regarding the entire program. In the innovation context the real status is known, but in term of practical activity, the individual real state is unknown. The evaluation methods must use appropriate epidemiological studies that compare samples or are analytical studies. In order to do a complex assessment, the medical criteria are completed with psychological and social aspects.

In the primary prevention programs like vaccinations, some individuals can be unprotected or can lose in time the protection, there can be side effects and the acceptance of the application of prevention methods will become very low. In the case of vaccination programs, because the disappearance of the disease, the adverse events have a great impact and became a predominant problem. The secondary prevention program may produce false positive and false negative results, depending on program performances and the disease prevalence in the population. In reaction, at social level we face with movements against vaccination and criticism against certain medical services.

Public health program assessment by adequate epidemiological methods is crucial for the implementation and running of new prevention programs and also to control and reduce the public impact of theirs results.

42 - Chronic widespread pain (CWP)

Burri A

Genetic Epidemiologist, University of Zurich, Psychopathology and Clinical Intervention, Switzerland

Chronic widespread pain (CWP) is a common disorder affecting up to 15% of the general population. The objective of the present study was to explore the role of previously reported psychosocial and interpersonal risk factors on variation in CWP by investigating CWP discordant monozygotic (MZ) twins. This approach allows separation of cause and effect relationships, albeit imperfectly, as well the control for critical confounding variables such as common environment or genetics. In a total sample of N =

3266 female twins aged 18 to 89 years, MZ (113 full pairs) and DZ twins (180 full pairs) discordant for CWP were selected. Items from the London Fibromyalgia Symptom Screening questionnaire were used to discriminate cases from controls. To assess potential risk factors including body mass index, anxiety sensitivity, emotional intelligence, personality, obsessive compulsive behavior, and coping, validated questionnaires were used. A set of univariate and multivariate logistic regression analyses were conducted. Of the variables showing significant links with CWP in the univariate individual-level analyses, including age, anxiety sensitivity, and emotional intelligence, only emotional intelligence turned out to an independent predictor to the pathogenesis of CWP in both the discordant MZ and DZ analyses. These data indicates that in women, having identical genetic risk, emotional intelligence seems to play a key role in the development and/or maintenance of CWP. It further seems that many of the traditionally reported risk factors for CWP suffer from genetic confounding.

43 - Impact of chemotherapy on the levels of depression, anxiety, and psychological distress: a follow-up study

Cardoso G^a, Papoila A^b

^a CEDOC Faculty of Medical Sciences, NOVA University of Lisbon, FCM-UNL, Lisbon, Portugal

^b CEAL Faculty of Medical Sciences, NOVA University of Lisbon, FCM-UNL, Lisbon, Portugal

Objectives: To assess depression, anxiety, and distress before and after chemotherapy.

Methods: A follow-up (FU) study including all consecutive oncology patients, 18 years of age or above, starting chemotherapy for the first time. Patients were assessed before treatment and one-year later with Hospital Anxiety and Depression Scale (HADS), Distress Thermometer (DT), and pain Visual Analog Scale (VAS). Other variables assessed included demographics, medical and psychiatric history, and current diagnosis and stage. McNemar and Wilcoxon tests were used.

Results: Patients assessed (n=270 at baseline and n=178 at FU) were mainly women (51.5%), Caucasian (91.9%), married (66.7%), living with the family (87.8%), being retired (47.6%), having a low level of education (57.6%), and a mean age of 59.4±11.8 years. The majority (37.5%) had stage III cancer followed by stage IV (32%). HADS-anxiety median was 5 [P25=3-P75=8] at baseline and 3.5 [1-7] at FU (p=.020), and HADS-depression respectively 3 [1-7], and 3 [1-7] (p=.717); 13.7% of the patients had an anxiety score 11, and 10.4% a depression score 11 at baseline, and 9.0% and 9.6% respectively at FU (p=.701 and p=.442). Baseline DT median was 3 [1-5], and 2 [0-5] at FU (p=.002); pain VAS median was respectively 2 [0-5], and 1 [0-4] (p=.455). Baseline Global Health median was 58 [42-77], and FU 67 [50-83] (p=.004).

Conclusions: HADS-Anxiety, DT and Global Health appraisal showed a significant improvement at FU. HADS-Depression and VAS showed no change. However, the decrease of HADS-anxiety FU scores was not enough to reclassify patients regarding severity.

44 - Anxiety in patients undergoing surgical intervention

Tomas-Aragones L^a, Cardoso-Moreno M.J.^a

^a University Of Zaragoza, Spain

Purpose: The aim of this study was to determine if there are specific psychological and/or biological factors that can influence postoperative recovery.

Methods: The study sample comprised 42 patients awaiting surgical intervention at the Surgical Department of the Infanta Cristina Hospital in Badajoz, Spain. The patients were aged between 25-70 years old and it was ensured that none of them were suffering any kind of cognitive disorder. The day before surgery patients were asked to complete the State-Trait Anxiety Inventory - STAI (Spielberger, 1980) and cortisol in saliva was measured in the early morning. The recovery variable was codified in accordance with the number of hospitalisation days. The SPSS 20.0 statistical software was used for data analysis.

Results: We found significant statistical differences in the level of cortisol related to anxiety and the number of days of hospitalisation (F = 5.14, p = 0.029). Subjects with high scores on the STAI (0.89±0.56) presented higher levels of saliva cortisol (0.38±0.25) and spent more days in hospital.

Conclusion: Results indicated worse recovery in those patients with higher scores on the STAI before undergoing surgery; patients with higher scores also had higher levels of saliva cortisol. Based on these results, we conclude that actions to reduce preoperative anxiety would be beneficial. We feel that psychological support could have a positive effect on the wellbeing of the patient and curtail the number of hospitalisation days.

45 - Case report of a woman with self-inflicted skin lesions

Tomas-Aragones L^b, Marron S.E.^b, Cardoso-Moreno M.J.^a

^aDepartment of Psychology, University of Zaragoza, Zaragoza, Spain
^bDermatology Department, Alcañiz Hospital, Alcañiz, Spain; Department of Psychology, University of Zaragoza, Zaragoza, Spain; Aragon Health Sciences Institute, Zaragoza, Spain

Self-inflicted skin lesions (SISL) are symptoms clearly related to mental disorders, yet the dermatologist is sometimes the first health professional to be visited by these patients. A coherent multidisciplinary approach and good communication between the involved caregivers is important when dealing with such cases.

We present a case report of a 40-year-old woman attended in a dermatology outpatient clinic for self-inflicted skin lesions. The patient had heard that our clinic also offered psychodermatology and she asked from the beginning to be attended in a holistic manner.

The patient had lived in Germany from birth to the age of 30 when she decided to come to live in Spain. She says that since she has been here she has stopped serious self-harm and only picks and scratches her skin. Her body however is full of scars from previous attempts of suicide and self-harm.

She informed that she had had years of psychiatric and psychological treatment in Germany, both as an inpatient and as an outpatient. She has a diagnosis of Borderline Personality Disorder, Major Depression and Post-Traumatic Stress Disorder.

The patient was born with a cleft palate and lip and had various surgical interventions as a child with long

hospitalizations and few visits from her family due to the long distances. There is also a history of sexual abuse, from the age of 5 -15 years old, as well as physical abuse (she was beaten by her mother). She has regular sessions with a psychiatrist, but as her skin also needs to be treated, she wanted to tell us her story with the hope that she will be treated "gently".

46 - Approach of psychosomatic disorders in the pediatric population - experiences in a local community

Câmpean M^a, Dobrescu I^c, Câmpean N^b, Truțescu C^c, Petrescu-Ghenea C^c

^a "Sf.Ioan" Emergency Hospital for Children, Child and Adolescent Neuropsychiatry Department, Galați, Romania

^b "Cuvioasa Paraschieva" Infectious Disease Hospital Galați, Romania

^c "Prof.Dr.Al.Obregia" Psychiatry Hospital, Child and Adolescent Psychiatry Department, Bucharest, Romania

In Child and Adolescent Psychiatry, psychosomatic disorders are frequent, and, in the same time, difficult to diagnose. Children and their families quite frequently go from specialist to specialist, in search of diagnosis and relief, and display a certain lack of adherence to psychiatric medication and psychotherapy.

The aim of our study was to analyze the share of psychosomatic disorders in neuropsychiatric patients, and also to identify predictive factors for a positive outcome.

Method: We conducted a retrospective observational study on a lot of 716 patients, aged between 6 and 18 years, admitted in the Neuropsychiatry Department of „Sf.Ioan” Emergency Hospital for Children, Galați, between 1997 -2004. The patients included were presenting psychosomatic complaints that were not otherwise justified by a medical condition.

Using charts abstraction, we considered socio-demographic, clinical and approach related variables and then we analysed their dynamic over time and also we followed the correlations between them.

Results: Preliminary analysis of data revealed that percentage of psychosomatic disorders varies over time.

Most of the patients were female (72.97%) and the majority of them were adolescents aged 11 to 18 years old (83.20%). An important part of the sample (87.30%) was referred by a pediatrician, whereas in 12.7% of the cases the family was the one who asked for the consultation.

We also found that the most common symptoms at admission were conversion, followed by tension headache and gastro-intestinal complaints.

Conclusion: Psychosomatic disorders are more likely to appear in adolescents, than in children. The sample represents local experience and for sure the study must be extended to present date. Also, more research is needed to highlight the factors related to the outcome of psychosomatic complaints in children and adolescents. We consider this study a starting point for future epidemiological research.

47 - Early psychological indicators of body image disorders in adolescents

Popa-Velea O^c, Jidveian M^b, Popp I^d, Cernat B^a,

^a Waldkrankenhaus Bad Dübren, Germany

^b Clinical Hospital "Colțea", Bucharest, Romania

^cUniversity of Medicine and Pharmacy „Carol Davila”, Bucharest, Faculty of Medicine, Department of Medical Psychology, Romania

^dUniversity of Freiburg, Germany

Purpose To evaluate the impact of a series of psychological variables on the occurrence of body image disorders in healthy adolescents.

Method 148 adolescents (80♀ and 68♂, mean age 16,7) were administered the Body Image Assessment Test (Cash), the Hospital Anxiety and Depression Scale (Zigmond & Snaith) and a semistructured interview, centered on the quality of their relationships within the family and on their food habits, the latter allowing individual scores to be recorded into five degrees of deterioration (very low/absent to very high). Subsequent t-tests and analysis of variance were applied, in order to assess the importance of gender, perception of the family climate and unhealthy eating on the emergence of a distorted body image.

Results Girls had significantly a higher prevalence of body image disorders, compared to boys (35% vs. 20%, $p < .05$). Significant correlations were found between the high and very high degrees of dissatisfaction in the family environment and the body image disorder, both in boys ($p < .05$) and girls ($p < .02$). There were significant differences across gender, in terms of unhealthy eating habits, with boys reporting them more often (42% vs. 23%, $p < .05$). In terms of anxiety and depression, higher scores were found at girls, and they were correlated to the presence of body image disorders ($p < .010$ and $p < .030$, respectively).

Conclusion This study emphasizes the importance of gender differences in the occurrence of body image disorders, by highlighting the cumulative importance of other variables (psychiatric comorbidity, dietary habits, family dissatisfaction). These implications need to be considered in all strategies that aim in preventing the onset of maladaptive behaviors derived from or related to body image disorders.

48 - Exploring attentional processing in the activation of pain cues in Irritable Bowel Syndrome

Martin M^b, Chapman S.C.E.^a

^a Centre for Behavioural Medicine, Department of Practice and Policy, School of Pharmacy, University College London, United Kingdom

^b Department of Experimental Psychology, University of Oxford, Oxford, United Kingdom

Purpose: It has been proposed that altered attention to pain plays a role in the aetiology of irritable bowel syndrome (IBS). This is examined by comparing attention to pain words in IBS participants and healthy controls, and assessing prediction by attentional indices of health and illness behaviour.

Methods: Groups of 20 IBS and 33 healthy participants completed a modified exogenous cueing task. This yielded indices of attentional bias, attentional engagement, and attentional disengagement, derived from objective reaction-time data for pain and social threat words. Self-reported health and illness behaviour questionnaire data were also collected.

Results: ANOVA showed IBS participants were more biased than control participants towards pain as opposed to

neutral words, $p < .05$. In addition, indices of attention to pain words were shown to be associated both with increased reporting of somatic symptoms, $p < .05$, and with increased taking of sick leave, $p < .001$.

Conclusions: The results provide evidence for the existence of atypical attentional processing for pain in IBS and for a link between this and increased pain report and illness behaviour. An explanation of these findings is provided by a vicious circle maintenance model of IBS, in which attentional biases can serve both to intensify symptom perception and illness behaviour and to increase focus on pain. It may be possible to address these processes within a therapeutic programme.

49 - Rebuilding Life: Investigating Long-Term Home Care Needs of Clients with Spinal Cord Injuries

Chen H

Department Of Nursing, National Taichung University Of Science And Technology, Taiwan

Purpose: To report of a study that investigate the common complications following spinal cord injury (SCI) and the long-term home care needs of SCI clients.

Methods: Data were collected from March 2013 to May 2013. Four SCI associations were selected using cluster sampling, and focus group interviews were conducted in Taiwan. Each focus group comprised 7 to 12 participants. In-depth interviews (1.5 to 2.5 h) were conducted according to the interview outline. Furthermore, the content analysis method proposed by Colaizzi (1978) was adopted for data analysis.

Results: This study comprised 38 participants, most of who believed that complications following SCI were unavoidable. Major complications include urinary tract infections, faecal incontinence, pressure ulcers, spasticity, pain, sexual dysfunction, and chronic diseases. Long-term care needs involve a series of dynamic processes for rebuilding life, including obtaining physical care, complication prevention, life planning, social support, searching for the value of existence, and sexual satisfaction.

Conclusions: Nurses should provide client-centred care with the concept that prevention is better than cure. Nurses are expected to assist clients with life planning, enhancing social support, and finding the value of existence and meaning of life as soon as possible. Furthermore, rehabilitation team should not ignore clients' sexual issues.

50 - Improving self-perception and self-efficacy in client with spinal cord injury: the efficacy of DVD-based instruction

Chen H-Y

Department Of Nursing, National Taichung University Of Science And Technology, Taiwan

Purpose: This study assessed the effect of SCI home rehabilitation DVD of clients with spinal cord injuries who receive the multimedia DVD instruction teaching and those who did not.

Methods: Research used a quasi-experimental pretest-posttest control group design. This study was conducted from October 2011 to April 2012. Data were collected from a rehabilitation nursing ward. The participants were

recruited before discharge from hospital. The experimental group ($n = 28$) received 3 months of multimedia DVD instruction with teaching by the researcher, and the control group ($n = 31$) provided DVD without teaching. Both groups completed self-perception and self-efficacy scales prior to and after the intervention.

Results: Results showed that self-perception in the experimental group increased significantly more than in the control group after the multimedia DVD intervention ($p < .01$). Although both groups increased both self-perception and self-efficacy scores. However, The control group had significantly higher self-efficacy scores with pre-test scores (paired-t = .072, $p = .038$).

Conclusion: The results suggest that the home rehabilitation DVD is an effective instrument for improving self-perception and self-efficacy in client with spinal cord injury. We suggest provide home rehabilitation DVD to clients with spinal cord injury before they discharge from hospital to home.

51 - Psychosomatic aspects for anaphylactic shock

Chiu A

Hospital NÄL, Departament of psychiatry, Trollhättan, Västra Götaland, Sweden

Anaphylactic shock. A sudden, severe allergic reaction characterized by a sharp drop in blood pressure, urticaria, and breathing difficulties that is caused by exposure to a foreign substance, such as a drug or bee venom, after a preliminary or sensitizing exposure. The reaction may be fatal if emergency treatment, including epinephrine injections, is not given immediately. Also called anaphylaxis.

Psychological approach to patients with somatic disorders, non -psychiatric , usually involves a two-way approach performed : psycho somatic (the role of psychological and social factors in the development of somatic disease) - aggravating or recovery - and somato-sensory mental (psychosocial echo somatic suffering , affecting the quality of life of patients) .

If " drama" shock, the first aspect is confined to encourage the installation and especially the worsening anaphylactic shock (etiologic agents other than those with psychogenic) the mental stresses or stimuli conditional reflex, on a psychological " responsive " vulnerable to stress.

However, the second aspect, "recoil somato-sensory mental disease" occupies a dominant, causing mental disorder variable intensity, ranging from behavior to real phobic and panic attacks or by mimicking hysteroid disorders a true anaphylactic shock in the absence of any contact with the allergen that caused the last veritable anaphylaxis.

From the psychosomatic perspective I will analyze the following aspects:

1. Dynamic neuro-psychiatric symptoms in anaphylactic shock
2. Psychiatric symptoms and psychosocial problems arising from anaphylactic shock experience
 - 2.a) Establishment of psychiatric syndromes
 2. b) Manifestations mimicking anaphylactic shock after administration of placebo preparations (isteroide symptoms, panic attacks)
3. Psychological terrain of patients with anaphylactic shock

4. Life quality for patients with a history of anaphylactic shock
5. Psychological approach. psychotherapy
- 5.a) Individual psychotherapy
- Reduction of "anxiety-sequel" previous anaphylactic shock
 - Cognitive Behavioral Therapy
 - Prevention of panic attacks
 - Somatic-psychological therapy
- 5.b) Group psychotherapy
- 5.3 Patient's security
- Final part - Case presentation: Dangers of drug-anaphylactic shock

52 - The Antialgic Effect Of Music In Dental Patients

Chiu A

Hospital NÄL, Departament of psychiatry, Trollhättan, Västra Götaland, Sweden

Purpose: to compare the antialgic effect of music (meditative VS dynamic classical music) for patients with serous total pulpitis.

Methods: we selected 50 dental patients with serous total pulpitis. Patients completed two questionnaires (visual analogue scale) representing the degree of pain experienced - before the audition and after audition. Each patient listened to a single list of songs from the two existing categories (dynamic \ meditative).

Patients who listened to meditation music- 9 M+16 F =25 pac

Patients who listened to music dynamics- 12 M+13 F=25 pac

Patients were investigated using the visual analogue scale for pain intensity select (prior to the audit in relation to times of absence of pain). After hearing a set of music (20 minutes) of the two sets (relaxing or dynamic) patients were checked a new scale, when the music stops. Following these steps will analyze the difference between the two segments (before and after the audition).

For each batch of 25 patients will be calculated: 1. percentage of cases in which pain intensity segment after listening to music is less than before 2. weighted mean difference of the segments expressing pain intensity before listening music and average segment expressed pain intensity after music 3. difference between the two sets musical this determination will be made for each piece, and try to correlate the degree of pleasure (music) at the decrease in pain intensity.

Results: Processing the 50 questionnaires we have demonstrated :

Antialgic effect is higher with 8% for dynamic music in comparison with classical music.

Pain intensity decreased in 19 patients with meditative music, and in 17 patients with dynamic classical music.

Share effective meditative music is 0.6 higher than the dynamic classical music.

Conclusion: Meditative music antialgic effect is stronger than the dynamic classical music.

The higher antialgic effect of meditative classical music is not explained only by euphoric and analgesic action of endorphins and serotonin, released by the action of any type of music.

Positive response to dental pain, to alleviate them by applying receptive musictherapy , open a door to a new

approach to patients who presented in the dental doctor. Music can be used again in the waiting room for both pain relief and relaxation for anxious patients, improving doctor-patient compliance and the atmosphere in which the dental act.

53 - Psychosomatic aspects of the relation between allergist and his patients

Iamandescu I. B.^a, Chivu R. D.^a

^aMedical Pharmacy University Carol Davila, Bucharest, Romania

Purpose: Diagnosis in allergic diseases is mainly based on history and this is a reason for improving the skills of communication between physician and his patient.

The increasing number of allergic patients and the rapidly diversifying techniques of diagnosis and therapy represent a real challenge for the allergist of the XXIth century.

Our experience shows that, for the best control of allergies, an appropriate psychosomatic approach to the allergic patient is needed also. Even a special psychological training of the allergist would be necessary, in order to better understand the patients needs and how to build a successful communication.

Method: Using a personal questionnaire on the main attitudes and behaviour problems of the both partners of the relationship allergist-patient, authors could interpret the patients responses as follows.

Results: Allergists have to face a hard to achieve adherence to treatment, caused by restrictions -difficult to respect: in house dust or pollen allergy; or uncomfortable dietary -and with high emotional impact:(e.g. pet allergy, in children) ,but also by the impact on profession (bakers, veterinarians, agronomists).

The long term of controlling medical treatment in asthmatics needs a good adherence /therapeutic compliance of the patient and therefore allergist has to increase patient's motivation; sometimes, especially in depressive allergic patients,is very necessary to cooperate with psychologist or psychiatrist.

We think that, for the therapeutical success, the patient education plays a major role, more than in other medical specialties. Thus, the allergic patient has to be able to identify the allergens and unspecific triggers (e.g. psychic stress; entrance in a house with allergens; a gala dinner; physical effort) and to use emergency self-medication (e.g. for glottic AE, asthma etc.)

We also took a look on the particular aspects of the relationship allergist-patient in Romania. We noted two main specific elements: a very low number of allergists (100 specialists to a population of 22 mil. inhabitants) and the fact that Romanian general practitioners are insufficiently informed, because Allergology is not part of the Medical School Curriculum (during university studies).

Conclusion: For all above mentioned reasons, the allergist needs a good psychological basis, able to optimize his professional efficiency.

54 - Factors Associated with Unplanned Endotracheal Tube Extubation in Adult Intensive Care Units - A Case-Control Study

Chou H. C.^a, Hui-Ling Chen H-L^a

^a Kaohsiung Veterans General Hospital, Kaohsiung, Taiwan

Purpose: To examine the factors related to the unplanned endotracheal tube extubation (UETE).

Methods: This study was a retrospective case-control study. We used cases from adults ICUs from January to December of 2010. Among 1220 patients with endotracheal tube (ET), 37 patients were UEE. We matched the 37 UETE patients with planned ET based on gender, specialty, and dates of on-tube. Then we calculated needed sample size based on rule of thumb (10 times of total number of variables). Finally, case and control groups composed of 37 and 94 patients, respectively. One-way ANOVA was used to examine the difference in variance among these groups. T-test was used to examine the mean difference between two groups. In addition, chi-square test was also employed to examine the association between two groups.

Results: Patients with conscious clear and restriction were statistically associated with UETE. Confusing patients was the second highest rate of UETE. On the contrary, coma and restriction patients were less likely related to UETE. Sedative medicine, pain control, and the models of ventilators were not statistically significant factors associated with UETE.

Conclusions: Conscious clear is the most important predictor of UETE. Communication with such patients is extremely important in preventing UETE. Once the UETE happened, medical professionals should re-on the tracheal tube as soon as possible to assure patients' safety.

55 - Psychiatry in the emergency: analysis of 3032 urgent first assessments at the Modena (Italy) University Hospital

Ciancia G^a, Martire L^a, Mattei G^a, Rigatelli M^a, Ferrari S^a
^a University of Modena and Reggio Emilia, Italy

Objective: Urgent psychiatric assessments are a challenging matter in Consultation-Liaison Psychiatry (CLP), with features that may be distinctive in comparison to other CLP activities. The aim of the present study was to describe and analyze urgent psychiatric referrals at the CLP Service at the Modena University Hospital to recognize useful recurrences and specificities.

Methods: Clinical and non-clinical data of urgent referrals performed at the Modena CLP Service between 2000 and 2012 were collected and analyzed statistically. The database included: socio-demographic characteristics, reasons for referral, medical and psychiatric history, outcome of consultation.

Results: In the considered range of time, referrals addressed in emergency to the CLP Service were 3032 (24.44% of the 12404 total referrals), mostly coming from the medicine wards (35.39%). Patients were only slightly most frequently females (54.02%), with a mean age of 53.82 years (SD = 16.24), most frequently retired (40.20%) and living with own family (54.32%). The most common reason for referral was agitation (14.88%), while the most frequent psychiatric diagnosis was depression (18.57%). Psychiatric history was negative for most patients (63.79%) but 60.49% of patients were all the same assuming psychiatric drugs. A psychotropic medication was advised in the 66.26% of cases, and admission to psychiatric ward in the 7.79%.

Conclusions: The analysis of CLP Service activity may suggest clinical and organizational interventions to improve

performance and management of medical-psychiatric comorbidity and bio-psycho-social complexity of general hospital inpatients.

56 - The "Structured Phenomenological Hypnotic Protocol" (SPHP) for treatment of chronic pain. Case reports

Micco P^b, Rossi M,^{a,b} Rossi S^b, Ciaramella A^a,

^a Health Psychology, University of Pisa, Italy;

^b Gift Institute for Integrative Medicine, Pisa, Italy

Introduction. Clinical and experimental research literature indicates hypnosis is very useful for severe and persistent pain although is not widely used (Patterson DR and Jensen MP., 2003; Jensen MP, 2009). It is not yet clear whether the hypnotic analgesia depends on the degree of individual susceptibility (Milling LS, 2008; 2010).

Methods. Subjects, before enrolling to hypnosis treatment for chronic pain, were evaluated using a Stanford scale form A. The hypnosis treatment consists of four sessions administered every 14 days. The SPHP includes: 1) Rapid Induction Analgesia (RIA, Barber, 1977); 2) Symptom Transformation (ST), 3) Symptom Modulation (SM), d) Dissociation (D). The pain was evaluated before and after () each session using QUID and VAS.

Results. Of the sixteen patients with chronic pain [2 cancer (CP), 7 fibromyalgia (FP), 7 migraine (MP)] only 6 have gone beyond the SM session. Cancer (CP) patients had highest hypnotic susceptibility which was no effect on the SPHP analgesia (z value=0.30). CP showed a progressive analgesia (VAS of 6,2,3) unlike MP that have a worsen of pain after SM (VAS +3.25). ST is the more effective in controlling pain in the FP (VAS of 6 for FP, 2 for CP and 2,8 for MP) while RIA was more effective in CP (VAS of 2 for FP, 6 for CP and 2 for MP).

Conclusions. This is a preliminary evaluation of SPHP for analgesia. No long lasting effect have been found of SPHS but a different weighting was observed between phenomenological response.

57 - Psychological variables correlated with the onset of psychosomatic symptoms in youngsters

Cioca I^a, Diaconescu L^a, Popa-Velea O^a

^a University of Medicine and Pharmacy "Carol Davila" Department of Medical Psychology, Bucharest, Romania

Purpose This study aimed to investigate the possible correlations between several psychological variables and the onset of psychosomatic symptoms (PSS) in an apparently healthy sample of youngsters.

Method The design of the study was transversal. Rosenberg's Self-Esteem Questionnaire (1), Kobasa's Hardiness Test (2), Scheier's Optimism Test (3), Schwarzer's General Self-Efficacy Scale (4), Rotter's Locus of Control Scale (5), Antonovsky's Sense of Coherence Scale (6), Zigmond & Snaith's Hospital Anxiety and Depression Scale (7) and Giessen Complaint Questionnaire (8) were applied on a random sample of 295 Romanian and 98 foreign Medicine students. Later, t-tests and analysis of variance were performed, in order to assess the association of variables tested by (1)-(7) and PSS.

Results PSS were significantly correlated to low optimism (♀:p<.03, ♂:p<.02) and anxiety (♀:p<.01, ♂:p<.002),

whereas in women they were also significantly correlated to the low sense of coherence ($p < .05$). A separate analysis by country showed PSS to be significantly correlated in Romanians to the sense of coherence ($p < .01$) and anxiety ($p < .01$). By gender, in men, only the correlation to anxiety remained significant ($p < 0.05$). In women, beside the correlations to the sense of coherence ($p < .02$) and anxiety ($p < .03$), PSS were associated to high depression ($p < .05$). In the foreign students group, PSS was only associated to low optimism ($p < 0.01$).

Conclusion Taking into consideration the abovementioned data, our study suggests that the most important psychological variables related to PSS are anxiety (cross-gender) and low-optimism (cross-cultural). Other psychological variables seem also important (e.g. the low sense of coherence and high depression in women), whereas self-esteem, locus of control, self-efficacy were not directly related to the onset of PSS. These results could prioritize targets of psychological interventions, when addressing PSS in youngsters.

58 - The impact of a cognitive-behavioral intervention on the relapse rate of type 2 diabetes depressive patients

lordache M^{a,b}, Cioca I^{a,b}, Popa-Velea O^{a,b}

^a University of Medicine and Pharmacy "Carol Davila", Bucharest;

^b Faculty of Medicine, Department of Medical Psychology

Purpose: To test the impact of a Romanian version of an existing cognitive behavioral therapy (CBT) life skills classes (Living Life to The Full - LLTFF) delivered to a population of patients with diabetes and to analyze the efficiency of this program in reducing the depressive and anxious state and improving the self management of diabetes.

Method: Study design is a simple before/after design, with no control group. 10 patients attended a course during 4 weeks with a follow up in the tenth week. The classes used a cognitive-behavioral therapy (CBT) approach. Scores of the following psychometric instruments were recorded, before and after the intervention: Patient Health Questionnaire - PHQ9 (Spitzer et al.); Generalized Anxiety Disorder - GAD7 (Spitzer et al.); Self-Efficacy Questionnaire (Stanford Patient Education Research Center), Work and Social Adjustment Scale - WSAS (Mundt et al.); Health-related Quality of Life questionnaire - EQ5D (Brooks R.)

Results: We found a considerable improvement in symptoms of depression and anxiety. All patients obtained a lower score on depression (7 patients from moderate to low and 3 from low to minimum) and anxiety scale (6 patients from moderate to low and 4 from low to minimum). Social adaptation and quality of life did not improve significantly after the program but the self management of diabetes was better.

Conclusion: The LLTFF classes proved to be efficient in helping people to learn key life skills that improve symptoms of depression and anxiety. As a whole, they contributed to a better self-management of diabetes.

59 - The psychosomatic implications of allergic rhinitis

Cioca I^a, Bradu Iamandescu I^a

^aUniversity of Medicine and Pharmacy "Carol Davila" Bucharest, Romania

Purpose: To evidence the psychosomatic implications of allergic rhinitis and possible improvement of quality of life of these patients.

Results: Psychosomatic problems of allergic rhinitis (AR) are characterized by a certain imbalance between effects of psychological stress on the evolution of AR symptoms and the evident effects of the illness on the quality of life of patients (somato-psychical recoil).

An important element of psychological stress in the triggering of nasal symptoms in patients with AR is the indirect effect of immune-suppressive phenomena of chronic psychological stress by enhancing the occurrence of respiratory viral infections.

Allergic rhinitis supposes an allergic inflammation exacerbated by psychological triggers, which encourage the onset of main symptoms of AR: sneezing, itching, nasal discharge, edema of the nasal mucosa and persistent obstruction. These mechanism include non specific liberation of histamine, stress hyperventilation and reflex conditioned triggering.

Proper discomfort and neuro-psychical and behavioral implications of the AR symptoms are important and consist in following:

- Somatic and psychological discomfort
- Practical problems due to symptoms of allergic rhinitis
- Diurnal activities
- Sleep
- Psychological impact (cognitive and affective disorders)
- Nocturnal troubles
- Diurnal troubles

All these AR patients troubles should be approach in a holistic manner (both somatically and psychologically) by the physician in order to favor a complete recovery. The physician should ensure an efficient symptomatic management by educating the patient regarding the causal allergens or the main psychological triggers.

Conclusion: There are a lot of psychological problems in patient with AR, like somatic and psychic discomfort generated by symptoms, sleep-disordered breathing with its secondary daily symptoms, mood disorder, such as anxiety and depression due to the chronic course of the disease but there are several possibilities to improve the management of the disease and the quality of life of AR patients.

60 - The adherence to treatment of cardiovascular patients

Cioca I

University of Medicine and Pharmacy "Carol Davila", Bucharest, Romania

Purpose Non-compliance increases mortality, morbidity and the need for hospital care, but it is difficult to estimate the extent of non-compliance in heart disease. The analyses showed a compliance to the administration of medications by about 70%. Thus, an understanding of mechanisms of compliance and the factors that influence the patients is vital.

Results: Increasing the complexity of the treatment regime results, usually in a decrease in patient compliance. Non-compliance with medication, diet or reduced effectiveness of fluid restrictions expose the patient to a clinic destabilization that could lead to the amplification of

cardiac symptoms. The information and beliefs affect particularly non-pharmacologic treatment. To identify what the patients think in relation to their treatment is therefore important in advising and educating patients with cardiac disease.

There are many different ways in which patients become partially compliant: omit to purchase medicines, forget to take a drug /follow a diet / doing physical exercises, forget to discontinue the administration of a medication, take the medication at a wrong time, take an extra dose, stop treatment too early, treatment is different from one day to the next and so on.

Also, patients with chronic cardiovascular disease have a higher prevalence of depression and the patients with symptoms of depression are more prone to having adhesion problems, their ability to be motivated to adapt to a chronic disease is low.

Conclusion: Adherence to treatment is often seen as the most important result of educating patients. The aims of education are to motivate the patient to comply with the prescribed treatment and adopt the sanogenetic behaviors. In conclusion, management programs in heart disease may positively influence compliance and behavior in relation to the patient's health care. Important components of these programs are education done with patience, collaboration with professionals in health care and psycho-social support.

61 - Psyche versus Soma: about Body-Soul relationship in western culture. An history of a paradigm shift

Codoban A.T.

Babes-Bolyai University, Cluj-Napoca, Romania

Greek Orphism and Plato's philosophy have introduced in Christianity an asymmetrical relationship between body and soul: the soul was considered to be good, whereas the body bad. Occidental philosophy has begun to displace the equilibrium of this relationship in the context of the modern world through the idea of immanence and through Hegel's powerful idea of otherness and the body has become the material image of the soul for another.

French phenomenology excels in drawing the consequences deriving from this Kantian-Hegelian perspective upon the soul (consciousness), otherness and body. But, by far, one of the most radical interpretations is that put forward by Freud's psychoanalysis. Freud has discovered that the hysterical paralysis takes place in conformity with the trajectory of the different names of the parts of the body and not with the trajectory of nerves. In this way he discovered a body made of words, a body of language. The body enters the sphere of communication and the one which imposes the „speaking” of certain languages is society. The body becomes an artifact as well in the plastic surgeries undertaken by Orlan or in the performance of Stelart and other experiments of this type. In this aesthetical self-representation the body is taken as starting point of communication. Which means that here we are facing a signifier which signifies itself, a *simulacra* (Baudrillard). And this new model of simulacra signifies the new model of body: the prosthetic body.

62 - Particularities of a prostate cancer screening

Coman R

“Iuliu Hatieganu” University of Medicine and Pharmacy, Cluj-Napoca, Romania

Knowing the characteristics of prostate cancer screening brings important information for a good medical practice and for program efficiency improvement.

The prostate cancer screening strategy can combine the clinical examination and prostate specific antigen (PSA) tests with different regimes of their application in order to obtain a maximum of benefits. For the identification, analysis and comparison of the potential screening strategies, adequate epidemiological studies, which can reflect the real condition of the male screened population, must be used.

Prostate cancer screening poses difficulty in the interpretation and particularly in the evaluation of the results also for those that are false and real, especially the real positive. These aspects generate in practice different situations, difficult to manage with a tendency to over-diagnosis and over-treatment of patients identified by the screening program. On the other hand, for a prostate screening program evaluation to be comprehensive, the analysis should take into account the consequences of the impairment of the patient's quality of life.

The processes for achieving an efficient prostate cancer screening program involves a dynamic mechanism of evaluation, innovation, implementation, conducting epidemiological surveillance and studies regarding the population's healthiness.

63- The impact of non-ecological environments on human health

Cornutiu G

University of Oradea, Clinic of Psychiatry, Romania

In this paper the general-biological premises of the interaction between the environment and the human being are addressed first. Afterwards, the existence of an ecological pathogenesis and pathology is inferred, with definite clinical and prevalential arguments. Ultimately, the paper cautions about the need to involve all social decision factors and various specialists in monitoring the evolution of the human ecological environment.

64 - “INTERMED self assessment study: developing an instrument for evaluation of biopsychosocial complexity”

Paderni S^a, Corradini G^a, Ghidoni A^a, Piemonte C^a, Gentile A^a, Ferrari S^a

^a Department of Diagnostic and Clinical Medicine, and Public Health; section of Psychiatry; University of Modena & Reggio Emilia, Italy

Introduction: The intermed method was created to identify patients with multiple care risks, needs and negative health outcomes, in order to assess their biopsychosocial complexity as a first step towards integrated care. Until now, it was based on a face-to-face interview (IM-CAG). Several studies in the last decades have confirmed its face-validity and reliability. A self-assessment version was derived (IM-SA) providing a complementary tool for clinical and research applications.

Aims: Preliminary evaluation of IM-SA's predictive validity, in comparison to IM-CAG's.

Methods: 100 outpatients with liver disorder from local outpatients clinics of the Modena University Hospital

underwent the protocol of evaluation, including: IM-SA, IM-CAG, CIRS, HADS, SF-36, EuroQol. Clinical and socio-demographic data were also collected for all patients. After a first evaluation at the baseline, a follow-up was performed after 3 and 6 months, that included SF-36, EuroQol and health care utilization indices.

Results. A comparison between IM-CAG and IMSA has stressed statistically significant differences concerning all the scores except for the ones regarding the historical dimension. IM-SA is significantly connected to SF-36 (p-value= 0,021; linear regression coefficient= -0,057) and EuroQol 5 item (p-value= 0,012; linear regression coefficient= 3,101). No significant variances were found between Δ SF-36 (T2-T0) and both intermed tools.

Conclusions. Both intermed instruments, IM-CAG and IM-SA, were able to identify complex patients. By comparing the differences between IM-SA and IM-CAG scores, it seems that patients underrate their psychophysical conditions. The preliminary results found, however, suggest IMSA reliability. Further investigations will be necessary.

65 - Interoceptive awareness and resting heart rate variability in women

Costa R

ISPA, Instituto Universitário, Unidade De Investigação Em Eco-Etologia, Lisbon, Portugal

Purpose: To test the hypothesis that greater resting heart rate variability (HRV) is associated with better interoceptive awareness in women.

Methods: Thirty four women participated in the study (mean age = 22.76, SD = 3.77). From a five-minute recording of resting heart rate, several time and frequency-domain measures of HRV were calculated: high-frequency HRV (HF), low-frequency HRV (LF), standard deviation of NN intervals (SDNN), root mean square of differences between adjacent NNs (RMSSD), number of pairs of successive NNs differing more than 50 ms (NN50), percentage of NN50 (pNN50), and standard deviation of heart rate (STD HR). Interoceptive awareness was assessed through a heartbeat perception task.

Results: Interoception correlated directly with almost all time-domain measures of HRV: SDNN ($r = .41$, $p = .017$), RMSSD ($r = .39$, $p = .025$), NN50 ($r = .34$, $p = .046$), pNN50 ($r = .40$, $p = .021$). Interoception did not correlate with STD HR ($r = .18$, $p = .29$) nor with the frequency-domain measures: HF ($r = .30$, $p = .09$), LF ($r = .28$, $p = .11$).

Conclusion: The results support the view that resting HRV (an index of emotion regulation, associated with physical and mental health) tends to be greater among women with more accurate awareness of bodily responses.

66 - Anxiety and bronchoscopic examination: is there a link?

Crisan C^a, Vremarioiu P^b, Simon M^c, Pintea S^d, Pop M^e, Nuna M^c, Sabau L^c,

^a University of Medicine and Pharmacy Iuliu Hatieganu, Department of Psychiatry and Pediatric Psychiatry, Cluj-Napoca, Romania

^b Hôpital Fribourgeois Riaz, Swiss

^c Emergency County Hospital, Department of Pneumology, Cluj-Napoca, Romania

^d Babes-Bolyai University, Faculty of Psychology and Educational Sciences, Clinical Psychology and Psychotherapy Department, Cluj-Napoca, Romania

^e University of Medicine and Pharmacy Iuliu Hatieganu, Department of Pneumology, Cluj-Napoca, Romania

Purpose: To evaluate the level of anxiety in patients undergoing diagnostic bronchoscopy for lung cancer in the Emergency County Hospital Cluj-Napoca, Department of Pneumology.

Methods: 50 patients (18 women=36% and 32 men=64%), age between 29 and 65 years (mean=52.28, SD=9.86) participated in this study. A semi-structured interview collected demographical data. We followed up physiological indicators of anxiety (blood pressure, heart rate) before, during and after bronchoscopic examination. ECG was performed before and after bronchoscopy. We evaluated the subjective anxiety using State Anxiety Inventory (STAI-X1) and Trait Anxiety Inventory (STAI-X2).

Results: The level of subjective anxiety (measured by STAI-X1) after bronchoscopic examination was significantly lower ($t(49)=7.11$, $p<0.01$). Evaluating objective anxiety through physiological indicators, our results showed that the heart rate increased significantly from pre-intervention to intervention and decreased significantly from intervention to post-intervention ($p<0.016$). The results were similar for systolic and diastolic blood pressure ($p<0.016$). There was no significant correlation between subjective and objective anxiety before or after procedure ($p>0.001$). There were significant differences between females and males in terms of heart rate during bronchoscopy procedure ($p=0.006$). Patients with no previous information about the procedure were more anxious than those who read about it ($p=0.013$). Patients who knew the reason for this invasive examination and those who received standardized explanations about the procedure were less anxious ($p=0.001$, respectively $p=0.020$). We didn't find a correlation between the level of subjective anxiety and cooperation during sedation or bronchoscopy.

Conclusion: Even if the bronchoscopy is considered a minimal invasive procedure with no need for a future period of recovery, it is accomplished by anxiety.

67 - Culture bound aspects and multidisciplinary approach of anxiety and depression

Miclutia I^a, Dudea D^a, Crisan M^a

^a University Of Medicine And Pharmacy "Iuliu Hatieganu" Cluj-Napoca, Romania

Purpose: to emphasize culture specific and different approaches of anxiety and depression in some somatic diseases, who seem to be from diverse spectra, apparently without any obvious connection.

Methodological procedures: Anxiety and depression are investigated in the following somatic diseases: digestive disorders and some specific invasive procedures, breast cancer women, postmenopausal women, persons to whom a bronchoscopic procedure is performed, dermatological diseases which may be triggered by life events, and the most typically expression of anxiety symptoms in Romanian patients. Tools: psychometrical scales, which assess the

severity and dynamic of anxiety (STAI-S, STAI-T) and depression (HAM-A, BDI) were applied as other scales exploring global functioning, quality of life.

Results: Although the domains of the recorded studies are diverse, the degree and type of anxious/depressive complaints and their dynamics may be a common link. Correlations between the severity of anxiety/depression and the gravity of the somatic disease as well as the personal impact of these comorbidities will be explored..

Psychometric tools that assess anxiety and/or depression are quit simple to apply, do not require special training, are time sparing and offer also the opportunity for a more adequate multidisciplinary approach.

Conclusion: Psychological and psychotherapy management of some somatic diseases should not be overlooked, being considered as relevant and important. There is mandatory to outline the culture specific expression of anxiety and depression in diverse somatic disorders.

68 - The role of worry and related psychological constructs in predicting IBS symptoms in clinical population

Ștefan S^c, Dumitrașcu D L^b, David D^a

^aBabeș-Bolyai University, Cluj-Napoca, Romania

^bUniversity of Medicine and Pharmacy Iuliu Hatieganu, Cluj-Napoca, Romania

^cBabeș-Bolyai University, Cluj-Napoca; University of Medicine and Pharmacy Iuliu Hatieganu, Cluj-Napoca, Romania

Purpose: Irritable bowel syndrome (IBS) is a highly prevalent functional somatic syndrome, characterized by persistent abdominal pain, disrupted bowel habits and abdominal distension unexplained by organic pathology. IBS tends to become chronic and it is associated with high levels of distress and a decreased quality of life. Also, there is a high comorbidity between IBS and emotional disorders, especially in the anxiety spectrum. Worry and related psychological factors have been consistently associated with IBS symptoms in the general population; however, no study has examined such relations using prospective designs, especially in clinical populations. The objective of the current study refers to investigating the specific relations between worry, related psychological constructs (i.e., anxiety sensitivity, experiential avoidance, general distress) and IBS symptoms in clinical population, using a prospective research design.

Methods: The relation between IBS symptoms and relevant psychological constructs (e.g., worry, anxiety sensitivity, distress) was analyzed in a clinical sample of patients diagnosed with IBS (N = 33), and the results were analyzed using a prospective research design.

Results and conclusion: The results show a consistent pattern of inter-relations among psychological factors and IBS symptomatology, pointing towards the potential role of these constructs in maintaining IBS symptoms.

69- Teaching psychosomatic medicine to nurses: the Romanian experience

David L

RN- Emergency County Hospital Cluj, Cluj-Napoca, Romania

Nurses are frequently facing the problems of the patients seen in ambulatory or admitted in hospital wards. They

also have contacts with the associated sorrow of the relatives or accompanying persons.

Therefore it is useful to have nurses trained according to the biopsychosocial medicine beside the usual professional training.

Starting from this conception, we started offering optional courses to nursing students at the faculty of medicine in Cluj-Napoca, in addition to courses on medical communication. Postgraduate courses on psychosomatic medicine were also organized. In the last two years, we accept nurses to a master degree program of 12 monthes on psychosomatic medicine. This program includes lectures and practical activity on psychosomatic medicine, psychoneuroimmunology, counselling and communication.

70 - Are Chronic Fatigue Syndrome / ME patients unrealistically optimistic in the same ways as the healthy?

Martin M^b, Dawes C.N.G.^a

^aDepartment of Media and Communications, London School of Economics and Political Science, London, United Kingdom

^bDepartment of Experimental Psychology, University of Oxford, Oxford, United Kingdom

Purpose: It has been reported that people perceive their own future as more positive than the average person's. Is this optimism shared by those with Chronic Fatigue Syndrome (CFS/ME)?

Methods: Studies tested 19 CFS/ME and 19 Healthy participants; and 94 CFS/ME, 57 Asthma and 60 Healthy participants. Asthma participants provided a control for effects of chronic illness itself. Three areas of perception were investigated, namely, levels of physical activity, the risks of illnesses (e.g., heart disease) unrelated to CFS/ME, and the risks of physical threats other than illness (e.g., burglary).

Results: There was a significantly greater under-estimate of subjective activity levels (compared with objective measures) for CFS/ME compared with healthy participants. Further, CFS/ME participants, unlike control participants, expected to be significantly less active than they desired in the future. CFS/ME participants also judged themselves to be more likely to be physically ill in the future compared with other people of the same sex and age, though not to suffer greater physical threat, whereas the healthy expected to have both less illness and less physical threat than others.

Conclusions: People with CFS/ME were found to possess a pessimistic bias with regard to future activity and health threat, but an optimistic bias with regard to physical threat. In contrast, the healthy possessed an optimistic bias with regard to both health and physical threats. One implication is that health-education materials devised to promote appropriate health-related behaviour may need to be tailored to the different populations.

71 - Opportunities for psychosocial oncology care in Romania - professional perspectives

Deji C. L.

Babeș-Bolyai University - Faculty Of Sociology And Social Work, Romania

Purpose: In Romania, the psychosocial care of cancer patients is not yet included in the National Cancer Plan. Moreover, there are no guidelines, published clinical guides, or any professional recommendations at national level for the psychosocial care of cancer patients. Presently, we do not have any data regarding the emerging needs and opportunities of psychosocial care specialists in Romania, working with cancer patients.

Methods: The present research project is a first assessment of the present situation regarding the unattended and unconsidered psychosocial necessities and needs within the oncological treatment in Romania, from the perspective of involved specialists. This research project uses a mixed methodological approach with a quantitative component (questionnaires) and a qualitative (in-depth interviews) alike. The questionnaire will be applied in early 2014 to a sample of 100 psychosocial professionals in Romania, out of which a total of 25-30 oncology professionals will be included in the heterogenic group of interviewees.

Results: Within the cancer population (420 patients) 47.5% suffer of clinical depression, 46.7% experience states of anxiety, and 28.1% relate a seriously impaired quality of life. At this point, we have to emphasize the fact that research in psycho-oncology indicates that psychosocial well-being and the quality of the cancer patients' and their family's life, as well as that of the involved specialists, influences each other. Key data will be presented about the emerging needs of psychosocial professionals in cancer care in Romania.

Conclusion: The Romanian public health system can by no means offer qualitative psychosocial care for cancer patients, since cancer distress is not assessed and treated as the 6th vital sign after body temperature, blood pressure, pulse, breathing and pain.

72 - Psychosomatic symptoms in academic settings: investigating coping strategies for the early detection of risk

Diaconescu L. V.

University of Medicine and Pharmacy "Dr. Carol Davila" Bucharest, Romania

Purpose: The aim of this study was (1) to assess the prevalence of psychosomatic symptoms (PS) in a heterogenous, apparently healthy academic sample, and (2) to highlight the association between coping strategies, gender and country of origin on the expression of PS.

Method: The design of the study was transversal. 582 undergraduate students (428 Romanian, 154 foreign) (335, 247, mean age=19,29) were administered Cohen & Williamsons Perceived Stress Scale (PSS), Miller & Smiths Stress Vulnerability Scale, Carvers COPE Inventory and Giessen Symptom Questionnaire. t-tests and the analysis of variance were later computed, to assess the comparative contribution of coping strategies, gender and country of origin to PS.

Results: Gender influenced the score of perceived stress (20,63 vs. 17,80 , $p < .003$) and PS (48,59 vs. 42,91, $p < .001$), and the choice of coping strategies (women: focus on emotions, use of instrumental and emotional social support, religion; men: humor, substance use). By country of origin, foreign students had a higher stress vulnerability (30,52 vs 25,82; $p < .025$). Romanians preferred active

copied, use of emotional social support, suppression of competing activities and planning, while for foreigners the most frequent were denial, behavioral disengagement and substance use. There were no significant differences in terms of PS, however they correlated inversely with certain coping strategies, e.g. mental disengagement ($p < .007$), active coping ($p < .015$) and planning ($p < .033$).

Conclusions: Academic stress and adjustment issues can lead to PS in youngsters, with gender and cultural factors active as contributors in developing a certain profile of coping. Women have a higher psychosomatic load and perceive stress more acutely, whereas foreigners have a higher vulnerability to stress and do not always use adequate coping strategies. These findings can have implications for the early detection of PS risk.

73 - Somatic Impact And Neurovegetative Effects Of Music

Diaconescu L. V.

University of Medicine and Pharmacy "Dr. Carol Davila" Bucharest, Romania

Music, through its holistic action (highlighted by its relation with the human body at both psychic and somatic level), exerts certain somato-visceral effects. The psychosomatic echo depends on individuals intellectual and affective experience while listening to music.

Music induces changes in metabolism, circulation, pulse, blood pressure, in fact almost every organ in the body "responds" to music. Considering that music affects the mood state, the psychological response will influence the physiological response of the body.

Emotions affect the autonomic nervous system which, by its components (sympathetic and parasympathetic nervous system) coordinates the functioning of the myocardium, smooth muscle and endocrine glands.

At the sound of music, the vibrations are transmitted through nervous centers, are mediated by brainstem, hypothalamus, limbic system and are integrated by the cerebral hemispheres, and so music generates physiological changes in the organs and apparatus.

At the skin level, hearing of musical pieces that evoke negative emotions decrease the skin temperature, while hearing calm music is accompanied by increased skin temperature. Hearing of "anxiolytic" music leads to reduced sweat secretion with the decrease of catecholamine secretion.

At respiratory system, a relaxing music leads to a decrease of the frequency and amplitude of breathing, while a fast music increases respiratory rate.

Regarding the cardiovascular system, the heart rate is perhaps the most used means of assessing the influence of music on somatic functions. A relaxing music has as effects a decreased heart rate and a low blood pressure, while a dynamic music increases pulse rate and blood pressure.

Music produces metabolic changes: high levels of blood sugar after hearing a high intensity music, which has been interpreted as a marker of increased catecholamines.

In addition to its relaxant and anxiolytic effects, the somatic impact of music, have a real application in various fields of medical practice.

74 - Physician and patient relationship in cardiology particular aspects

Diaconescu L.V.

University of Medicine and Pharmacy "Dr. Carol Davila"
Bucharest, Romania

In cardiology, the relationship between physician and patient presents specific issues.

Cardiovascular patients are characterized by specific personality traits (type A or type D behavioral patterns) and lifestyle (smoking, sedentarism, unhealthy diet), which represents risk factors for the disease onset and progression. There may be additional factors (low income, low socioeconomic status, professional stress, lack of social support) which increase the risk of cardiovascular disease. The negative emotional impact (anxiety, depression) and adjustment difficulties to a chronic condition are other important aspects.

The therapeutic approach is complex and should be associated with cardiac rehabilitation (a multi-disciplinary activity that aims a physical, psychological and emotional recover of the patients).

In regards to the cardiologist, technical competence requires a wide range of training, considering that the patients often have multiple pathologies, with certain implications on both cardiovascular disease and its therapy. The doctor should have psychological knowledge and skills to identify the patients personality type, to assess the psychogenic factor in the disease and its somato-psychic recoil.

In the doctor-patient relationship, medical communication is essential: it ensures obtaining information from the patient and providing information from the doctor. The dynamics of the relationship is influenced by the diseases progress; sometimes it is observed a phenomenon of patients fidelity seen in two ways: on one hand -regular check outs at the same doctor and on the other hand -the emergence of the patients dependence to his doctor or to the hospital.

Doctor-patient relationship and especially some aspects such as patient involvement in decision making, effective and empathic communication, patients trust, should represent important factors in increasing treatment adherence and positive outcomes.

75 - The rising antimicrobial resistance in the intensive care unit and the psychologic aspects of this problem

Tzaneva V^c, Djeneva H^a, Kostadinova E^b

^aMedical Faculty Stara Zagora Bulgaria

^bUniversity Hospital, Stara Zagora, Bulgaria

^cTrakia University, Bulgaria

The ICU has been described as a factory for creating, disseminating and amplifying antimicrobial resistance.

This is due to the fact that the most vulnerable patients submitted in the hospital are treated there. These patients are exposed to multiple procedures and use of invasive devices distorting their anatomical integrity-protective barriers (intubation, mechanical ventilation, vascular access, etc). Drugs as sedatives, muscle relaxants are often administered, which predispose for infections like pneumonia. In addition the use of antibiotics and stress ulcer prophylaxis lead to distorting the normal nonpathogenic bacterial flora. The ICU population has one

of the highest occurrence rates of nosocomial infections leading to an enormous impact on morbidity, hospital costs and often survival. All these results in rising multidrug antimicrobial resistance (MDR). The ongoing emergence of resistance in the community and hospital is considered a major threat for public health.

Along with the problems of nosocomial infections and multidrug antimicrobial resistance (MDR) goes the burden of psychological problems for the medical staff dealing with this.

We identified the medical specialists who are closely affected psychologically by the negative results of the rising antimicrobial resistance in the intensive care unit.

We developed a questionnaire to assess the psychological aspects of the influence of the above mentioned factors.

76 - Quality of Life and Mental Resilience in Patients with Parkinson Disease

Dobbelaere K,

Neurology Department, AZ ST Jozef Oude Iersebaan,
Malle, Belgium

Introduction: Parkinson disease is a chronic neurological disease, associated with significant morbidity. First, we assess quality of life (QoL) in a group of patients with Parkinson. Secondly, we evaluate the influence of mental resilience and the correlation between QoL and resilience in this same group.

Methods: Participants: Patients are recruited at the neurological department of a general hospital in Belgium. We invite 16 patients, from which 12 accept to participate. Measures: We develop a brief questionnaire to obtain basic demographical and medical information. To evaluate the quality of life, we use the RAND-36 questionnaire. The RS-NL is used to measure the mental resilience.

Data-analysis: We make a qualitative analysis of the obtained data and a correlation analysis between QoL and mental resilience

Results: Patients report low to moderate quality of life, with moderate to severe feelings of burden. In our small group of patients, a significant positive correlation exists between QoL and mental resilience.

Conclusion: The strong positive correlation between QoL and mental resilience in Parkinson, needs to be studied in a larger population. In the clinical management of patients with Parkinson, it seems an interesting perspective to stress on resilience-augmenting strategies.

77 - The impact of psychological stress on blood pressure in middle school pupils and the role of other risk factors in its occurrence

Domnariu C.D.^a, Duca S^b, Domnariu H. P. ^c

^a Faculty of Medicine, "Lucian Blaga" University of Sibiu,
Romania

^b Faculty of Psychology, "Lucian Blaga" University of Sibiu,
Romania

^c Faculty of Medicine, Ulm University, Germany

Purpose: Assessing the impact of stress on blood pressure in middle school children and of the socio-economic, familial, genetic, school environment and extracurricular risk factors that may influence this overstress.

Methods: I have dublicately measured systolic and diastolic blood pressure at an interval of 5 minutes at least, during

the first days after the holiday, during the educational classes for the normal values and during the evaluation of students knowledge, i.e. before taking tests. Individual study was based on a questionnaire on the identity data, school, grade, address, age and occupation of parents, age and number of brothers, school starting age and schedule. Data on family environment focused on how to prepare homework, sleep duration, bedtimes, waking-up hour in the morning, differentiated by curricular activity and practicing extracurricular physical activities. School environment targeted the average grade obtained in the semester previous to the investigation, most preferred and most disliked study discipline, activities during the holidays. Data were collected from 203 students from V VIIIth grades from two schools of Sibiu city.

Results: Systolic blood pressure (BP) showed an increase ($p = 0.0000$) from 100.67 mmHg to 112.48 mmHg during knowledge evaluation period, with a highly significant relation ($r = 0.68$). Diastolic BP increased from 57.71 mmHg to 64.56 mmHg during overstress, $r = 0.62$. Systolic BP response to stress was correlated with school starting age ($r = 0.57$). The waking-up time showed significant variances of basal BP ($p = 0.0078$) and after stress ($p = 0.0227$) in the schools pupils from one of the schools. The study of genetic factors represented by the current age of the parents showed that the age group of the father and mother did not cause significant variances of basal systolic BP and diastolic BP and during stress. Economic factors were analyzed based on parental occupation and number of siblings as indicators of the financial situation of the family. Maximum systolic BP values during knowledge evaluation were registered in the students having intellectual fathers (110 ± 20), followed by those without employment (105 ± 7) and the unemployed (116 ± 12). Basal systolic BP increased ($r = 0.231$) with the average grade, variances ($p = 0.033$) being within physiological school age limits. Diastolic BP differences in relation to the average grade were preserved ($p = 0.035$) after stress.

Conclusions: Psychological stress produced by evaluating school knowledge causes increased BP in normotensive subjects. Diastolic BP is in line with systolic BP after stress. Hemodynamic answer to stress is higher in the schoolchildren with extreme economic situations, expression of parental occupation.

78 - Lack of instrumental and emotional support is a marker for risk of postnatal depression

Domnariu C D^a, Duca S^b, Domnariu H. P.^c

^a Faculty of Medicine, "Lucian Blaga" University of Sibiu, Romania

^b Faculty of Psychology, "Lucian Blaga" University of Sibiu, Romania

^c Faculty of Medicine, Ulm University, Germany

Purpose: To identify the most important risk factors which possibly account for the occurrence of postnatal depression.

Methods: We retrospectively analyzed 120 mothers identified at risk for developing postnatal depression. The risk factors accounting for the development of postnatal depression were assessed through a clinical interview containing questions based on the model of Postpartum Depression Predictors Inventory (PDPI) revised. The clinical

interview was mainly focused on the following aspects: social support, socio-economic status, marital satisfaction, history of previous anxiety or depression mood and the planned/unplanned pregnancy.

Results: The development of postpartum depression seemed to be deeply influenced by the maternal perception of lack of family support. 83 women (69,16%) mentioned the lack of support from the mate or from those living with the mother, corroborated with the stress related to the daily activities performance and motherhood. Mothers reporting having had anxiety or depression mood before pregnancy was in percentage of 18,33% (22 persons). Socio-economic status and marital satisfaction are not considered significant risk factors by the mothers taken in the study: 5,83%, respectively 5%. The fact that the pregnancy was planned or unplanned was considered to be the weakest predictor for postpartum depression 1,66%.

Conclusions: The results of this study show that social support is considerably influencing the postpartum depression development and are consistent with the literature results. Therefore, it is of uttermost importance to identify such risk factors in the antenatal period in order to prevent and manage postpartum depression in the future.

79 - When it can't been healed: A longitudinal qualitative study of relationship changes in couples facing advanced melanoma

Drabe N^a, Jenewein J^a, Weidt S^a, Seiler A^a, Witzemann L^a, Meier C^a, Büchi S^a, Schad K^a, Nuñez D. G.^a

^a Department of Psychiatry and Psychotherapy, University Hospital Zurich, Switzerland

Purpose: The diagnosis of cancer disrupts a couples established life. There is some evidence in the literature that relationship changes can appear in the course of a cancer disease. This prospective qualitative investigation examined perceived relationship changes in a sample of advanced melanoma patients and their partners. The purpose of this study was to gain a deeper understanding of the type of perceived relationship changes and the natural course within six months after diagnosis of advanced cancer was made.

Methods: Eligibility criteria for inclusion in the study were the diagnosis of advanced melanoma, i.e. stage III or IV according to the UICC 1987 classification and living in a committed relationship established in a minimum of two years before the diagnosis. In a semi-structured interview eight patients and their partners were separately asked about their relationship quality and possible changes in the course of the disease. Six months later the same questions were asked, focusing on relationship changes during the last six months (in total 32 interviews). The audio taped interviews were analyzed using qualitative content analysis. Inter rater agreement was obtained by computing Cohens Kappa.

Results: At T 1 four patients and three partners affirmed relationship changes after having received the diagnosis of a stage III or IV melanoma disease. Perceived relationship changes were mostly reported in terms of caregiving, distance/closeness-regulation, and in changes in communication patterns. At T 2 six patients and two

partners affirmed relationship changes. While changes in care giving, distance/closeness-regulation remained main issues, greater appreciation for the relationship and forecast reliability for recreation and vacations were mainly reported. Interestingly even in those patients and partners who responded that their relationship has not been changed in the course of the disease the qualitative content analysis revealed changes in the relationship.

Conclusions: Relationship changes are a common phenomenon in the course of advanced melanoma. Most couples reported coming closer dealing with the cancer disease and to appreciate their relationship much higher. These changes might be helpful for couples to deal with this highly distressing situation of living with advanced melanoma.

80 - Correlations between depressive symptoms and quality of life in metastatic breast cancer patients during chemotherapy

Dragomir B-I

University of Medicine and Pharmacy Iuliu Hatieganu Cluj-Napoca, Psychiatric Clinic 1, Cluj-Napoca, Romania

Purpose: To identify the potential correlations between the intensity of depressive symptoms and the quality of life of metastatic breast cancer patients, undergoing chemotherapy, and the influence of socio-demographic, economical and medical factors on these correlations.

Methods: A number of 100 metastatic breast cancer inpatients were evaluated during chemotherapy, in the Day Care Oncology Unit of the Oncological Institute Cluj-Napoca, selected from the 642 patients treated from February to June 2013. We collected socio-demographic data, breast cancer evolution and therapy and comorbidity information. The HAM-D 17 and EORTC QLQ-C30 questionnaire, version 3.0 plus QLQ-BR23 were applied. We evaluated the existing correlations between HAM-D 17 scores and EORTC QLQ-C30 și QLQ-BR23 questionnaire scores, using the SPSS application, version 13.0.

Results: The mean HAM-D 17 score was 9,49 with a standard deviation of 7,146. The HAM-D 17 score negatively and significantly correlated with the physical, social, role, emotional and sexual functioning scores, the future perspective, financial difficulties and the quality of life/general health status. We have also noted a significant correlation between depressive symptoms fatigue, nausea and vomiting, breast symptoms and pain.

Conclusion: The severity of depressive symptoms significantly correlated with poor functioning scores and future perspective, specific somatic complaints and low financial difficulties. The negative correlation between quality of life/general health status, financial difficulties and depressive symptoms during chemotherapy was statistically significant. Statement: this study is part of my PhD thesis.

81 - Cognitive impairment in patients with Parkinson's Disease

Prodan L^b, Drăghici A^a, Roman-Filip C^c

^b Clinical Hospital County Sibiu, Department of Neurology, Romania

^a University "Lucian Blaga" Sibiu, Faculty of Social and Human Sciences, Psychology

^c University "Lucian Blaga" Sibiu, Faculty of Medicine, Romania

Introduction: Cognitive impairment affects most people with Parkinson's. The same brain changes that lead to motor symptoms can also result in slowness in memory and thinking. The aim of this study is to evaluate the cognitive impairment at the patients with Parkinson's disease.

Method: We evaluated the cognitive function, using MMSE (mini-mental state examination), at 46 patients with Parkinson's disease, having in consideration the quantification of the incidence at low cognitive impairment at these patients.

Results: These patients (45,6% women and 54,4% men) have been enclosed in Hoehn-Yahr Scale of Parkinson's disease and they had the following distribution of cognitive impairment: the first stage: 8 patients (12,5%), the second stage: 10 patients (40%), the third stage: 12 patients (41,6%) and the last stage: 16 patients (56,3%).

Conclusion: The cognitive impairment at patients with Parkinson's disease recognizes a progressive increase of the incidence at the same time with the stage of Parkinson's disease.

82 - Psychological problems of the abortion

Rada C^a, Drăghici A^b

^a Researcher, PhD in medicine, clinical psychologist, psychotherapist, "Francisc I. Rainer" Anthropology Institute of the Romanian Academy, Biomedical department, Bucharest, Romania

^b University "Lucian Blaga" Sibiu, PhD in psychology, clinical psychologist, Romania

The decision of having a child or having an abortion is not easy and the basic motivation varies in an economical context, depends on the social status, religious and moral beliefs. All of these could influence the way one copes (coping strategies) with the psychological consequences of an abortion. In Romania, the abortion had some periods when it was forbidden and other periods when it was legalised. The results of other studies identified depression to be the most frequent psychological problem post-abortion and a big rate of psychological distress before taking the decision of having an abortion. Other studies made in Romania after the legalisation of the abortion showed the increase of the abortion rate and decrease of the abandoned children.

This study wishes to describe the psychological problems that arise after the abortion and the presence of the abortion and it is part of a wider research project. The analysed sample is N=961 women, it is not representative at a national level, the study included subject from all the historic, socio-economic and cultural areas of Romania. The data was collected between the years 2005-2006. All participants filled out the informed agreement. The work instrument was a wide questionnaire, structured to cover the sexual-reproductive health concept as it is defined by World Health Organization.

The targeted psychological problems in the questionnaire and which are present in this study captured guilt, depression, repugnance towards the partner and eating disorders. The results present that 36% of the women (N=346) had at least one provoked or spontaneous abortion

in the past and the statistics show that 78% of persons never had any symptoms, while 22% sometimes had symptoms. Among the presented symptoms, the most important was guilt and depression, followed by repugnance towards the partner. In the presented sample, the number of the abortions can be explained by the weak contraceptive measures, possibly following the period when the abortion and contraception were illegal. The abortion by request was explored through 50 interviews and an ambivalence of attitude and emotion was identified; at first, a feeling of relief due to the fact that they got out of an unwanted pregnancy followed by a combination of feelings of sadness and regret. Contraceptive education should be a priority in achieving primary prevention of abortions which result out of unwanted pregnancies.

83 - Low-grade inflammation a linking mechanism between anxiety and metabolic syndrome?

Lupu D^a, Dumitraşcu D.L^a.

^aUniverisy Of Medicine And Pharmacy Iuliu Hatieganu, Romania

Aims: The aims of the study were to analyze the relationship between anxiety and metabolic syndrome and to investigate a possible role of inflammation in this relationship.

Material and methods: A number of 88 participants (48,3% female, 51,7% male) aged between 28-65 years, were enrolled in the study (between 2011-2012). The study group consisted in 58 persons with metabolic syndrome, which met ATPIII criteria. Another 30 apparently healthy persons (who did not met ATPIII criteria), represented the control group. Anxiety was assessed using Spielberger's Anxiety Inventory (STAI). Plasmatic levels of Interleukin-6 were measured for inflammation assessment, in metabolic syndrome and non-metabolic syndrome participants (using a high sensitivity ELISA Kit).

Results: The mean value of anxiety score was significantly higher in patients with metabolic syndrome in comparison with controls (46.97 respectively 37.2, $p=0.000$). Mean anxiety score was different between participants with 0 respectively 3 metabolic syndrome components (37.483 respectively 44.500, $p=0.024$). Anxiety score was associated with the metabolic syndrome ($x_2 = 7.01$, $p=0.008$) but no significant association between interleukin-6 and anxiety was found ($p=0.290$).

Conclusions: The level of anxiety is different regarding the number of components of the metabolic syndrome. Anxiety was significantly associated with metabolic syndrome. Low-grade inflammation does not has a mediating role in the association between anxiety and metabolic syndrome.

84 - Methods of quantifying stress in irritable bowel syndrome

Popa S L^a. Dumitraşcu D L^a,

^a„Iuliu Hatieganu” University Of Medicine And Pharmacology Cluj-Napoca, Romania

Purpose: to evaluate different methods of quantifying stress in patients with irritable bowel syndrome

Methods: we made a review of eight objective methods of quantifying stress levels including salivary tests: alpha amylase, Ig A, cortisol; blood tests: interleukin 6,

neutrophil functional capacity variation, neuropeptide Y. Various parameters as specificity, sensibility, standardizing possibility were analyzed and compared.

Results: A correlation between salivary tests and blood tests was found. Salivary tests: alpha amylase increased levels after sympathetic stimulation were found; Ig A increases during active coping processes (mental effort related to mathematical processes or memory tests), decreases during passive coping process type (without mental effort, watching violent or unpleasant images) ; cortisol represents an easy and more accurate quantification of adrenal function than serum or urinary cortisol, it's used as a standard method of quantifying stress.

Blood tests: genetic variability in the number and structure of neuropeptide Y receptor explain individual response to stress differently depending on personality, has a key role in adapting to the same type of stressor.

Conclusions: The ambiguous results in the research on stress activity, linked with the irritable bowel syndrome may be explained by the interference of stress response structures and individual parameters (represented by genotype, phenotype, psychological structure, asymptomatic disease).

85 - Sychosomatic aspects of upper limb reconstruction using propeller perforator flaps

Dumitrascu D.I.^a, Georgescu Al. V.^a

^a Iuliu Hatieganu University of Medicine and Pharmacy Cluj-Napoca, Romania

In the practice of reconstructive surgery the occurrence of vast soft tissue defects of the upper limb is very frequent. The coverage of this defect is always a challenging problem for the surgeon. Because it's important role in self body image any disorder of the hand can cause a psychological imbalance. The aim of the study is to determine how patients who benefit from hand reconstruction with propeller perforator flaps experienced the self body imaged from a psychological and emotional point of view.

A number of 176 patients that were operated in our clinic in 2012 were included in the study. A questioner was carried out 12 month after the final surgery. The data was analyzed according to the cosmetic and functional results of the patients. In average, the subjects were satisfied with the outcome. They reported an increased quality of life and body image perception. The perforator flaps which are well known to have a minor donor and recipient site morbidity can also be associated with an improved psychosocial well-being. According to the results of the study we can confirm that reconstructive surgery of the upper limb using propeller perforator flaps brings an increased role in quality of life.

86 - Anxiety Disorders, Sleep Quality and Quality of Life among HIV-infected patients

Durand S

National Institute of Medical Sciences And Nutrition Salvador Zubirán, Mexico

The aim of the study was to examine 1)the frequency and characterization of DSM-IV anxiety disorders (AD), 2)sleep quality (SQ),insomnia and daytime sleepiness and 3)their impact on quality of life (QOL) among HIV--infected

patients of the HIV outpatient Clinic at the INCMNSZ in Mexico City.

Of 180 randomly selected subjects from the outpatient HIV Clinic at the INCMNSZ in Mexico City who were invited to participate, 100 read and signed the informed consent. In face-to-face interviews AD sections of Mini International Neuropsychiatric Interview, Pittsburgh SQ, Athens insomnia scale, Epworth sleepiness scale and MOSHIV for QOL were applied.

87% of the participants were male, mean age was 41.68 ± 10.9 ; mean duration of HIV diagnosis was 8.53 ± 7 years. 26% percent had 1 AD. Anxiety diagnoses were as follows: generalized anxiety disorder $n=24$, panic disorder $n=6$, agoraphobia $n=3$, social phobia $n=3$, obsessive compulsive disorder $n=3$ and posttraumatic stress disorder $n=2$. 9 patients had >1 AD. Patients with at least 1 AD had lower scores than those without AD in physical (55.4 ± 7.9 vs. 46.1 ± 12.1 ; $p < 0.05$) and mental health indexes (55.8 ± 6.9 vs. 41.2 ± 7.7 ; $p < 0.05$) of QOL. 56% had bad sleep quality, 34% insomnia and 27% daytime sleepiness. Physical and mental indexes of QOL were significantly lower in bad sleeper compared to good sleepers (56.9 ± 6.8 vs. 49.8 ± 11 and 57 ± 7.4 vs. 48.1 ± 9.2 respectively; $p < 0.001$). Of those using Efavirenz (EFV) ($n=46$), 17.4% had 1 AD, and 58.7% had bad SQ. The multivariable linear regression analysis showed that the presence of any anxiety disorder and bad quality of sleep explained 52% of the variance of mental health and 23% of physical health indexes of QOL ($p < 0.001$).

The assessment of anxiety and sleep disturbances is important due to the impact they have in lowering the quality of life. Studies should be directed towards intervention to prevent and treat these specific conditions.

87 - Assessing two school-based programmes of universal eating disorders prevention: media literacy and theatre based methodology in Spanish adolescents

Giral M.M.^a, Penelo E.^a, Gutiérrez T.^a, Espinoza P.^a, González M.L.^a, Rosés R.^a, Raich R.M.^a

^a Universitat Autònoma De Barcelona, Spain

The aim: of the present study was evaluate the long-term effects of two school-based prevention programmes administered to a universal mixed-sex sample of school-going adolescents on disturbed eating attitudes, aesthetic ideal internalization, and other risk factors of ED such as body dissatisfaction and self-esteem. Both programmes were compared to a control group at the post-treatment and at 5-month and 13-month follow-ups. The sample consisted of 200 adolescents (girls and boys) aged 12-15. Participants were selected by means of incidental sampling from second-year compulsory secondary education at five urban state and state-subsidised schools. Thus, interactive multimedia format media literacy program based previously extended and improved, and a program focused on the same topics but with a methodology based on dramatic arts were applied and compared with a control group. The main effect of intervention was statistically significant for some variables, since participants in both experimental groups (ML+NUT and theatre alive programs) showed significantly higher self-esteem scores than the control group after the intervention and at 5-month and 13-month follow-ups. And the ML+NUT group presented lower aesthetic ideal internalization scores than control

group after the intervention and later time points. Both programs can benefit students' self-esteem, moreover our ML+NUT program has been useful in reducing, in addition, the ideal internalization, although broader hypothesised effects on the other specific risk factors such a reduced body dissatisfaction or ED symptoms were not found. The influence of the programs is mainly exercised on distal variables, which have played a more important role in the beginning of the pathogenic process.

88 - Effectiveness of Media Literacy in reducing internalization of the body shape model and body image dissatisfaction. A pilot study.

Munguia L.^a, Espinoza P.^a, Roses R.^a, Mora M.^a, Raich R.M.^a
^aDepartament de Psicologia Clínica i de la Salut. Universitat Autònoma de Barcelona. Spain

The aim of the study was to ascertain the effectiveness of the use of a media literacy program to reduce internalization of the body shape model and body image dissatisfaction in adolescent Spanish population.

The sample was composed by 68 high school students, 28 men and 40 women, of 15 years old, which formed experimental and control groups.

The intervention consisted of an interactive multimedia program of five sessions of one hour-long. The main content was: the development and review of the female and male aesthetic models throughout history and across cultures; analysis, comparison and review of the female and male models transmitted in Media, and activism.

It was found that girls was more dissatisfied with their body and with more internalization of the body shape model than boys.

After the intervention, there was a decrease in the mean scores of the variables evaluated in both, men and women, in the experimental group, with a higher decrease in women than in men, reaching statistics significance in some indicators. While in the control group, the differences between pre and post evaluations were not as substantial.

The results of this first pilot study suggest that the program can be successful in reducing the internalization of the body shape model and body image dissatisfaction, both risk factors for the development of eating disorders; therefore it can be used in the prevention of weight-related problems as well.

89 - The AEPM curriculum of basic psychosomatic medicine theory

Fazekas C,
University Clinic for Medical Psychology and Psychotherapy, Corporate Institution of clinical Psychosomatics, Graz, Austria

Based on the PsyDiploma Concept of Austrian Medical Chamber and the German Psychosomatic Basic Care Model a 40 units theory curriculum is presented: Biopsychosocial concept of illness. Somatization. Formation of symptoms. Doctor - patient relationship. Basics of doctor patient communication and consultation. Transference. Contr - transference. Psychosomatic as „difficult” patient. Functional psychosomatic disturbances (vegetative dystony. Cardiac neuroses. Syndrome of hyperventilation. Functional disturbances of the gastro - intestinal tract). Biographic

case history. Basics in mental health. Life span development and crises. Crisis intervention and crisis care in the doctor's office. It is combined with Balint group experience of 30 and reflected practice and patient-doctor-interaction of 10 units.

90 - „Primary biliary cirrhosis “- a stigmatizing diagnosis term? A qualitative study

Wahl I^c, Feige A^a, Wilke S^e, Weiler-Normann C^b, Rose M^d, Lohse A.W.^b, Löwe B^c, Schramm C^b

^aDepartment of Gerontopsychiatry and psychotherapy, Asklepios Klinik Nord Ochsenzoll, Hamburg, Germany;

^bDepartment of Gastroenterology and Hepatology, University Medical Center Hamburg-Eppendorf, Germany;

^cDepartment of Psychosomatic Medicine and Psychotherapy, University Medical Center Hamburg-Eppendorf & Schön Klinik Hamburg Eilbek, Hamburg, Germany;

^d Medical Department, Division of Psychosomatic Medicine, Charité-Universitätsmedizin Berlin, Germany.

^e Psychoanalytic Practice, Mannheim, Germany;

Purpose: Primary biliary cirrhosis is an autoimmune liver disease which generally progresses slowly, and can lead to liver cirrhosis. About one third of patients does not sufficiently respond to treatment with ursodeoxycholic acid. They can develop a progressing disease with the risk of liver cirrhosis. Thus, the diagnosis term primary biliary cirrhosis (PBC) suggests a disease stage which is not present in the majority of patients. We aimed to assess the meaning of this term to the patients illness perceptions.

Methods: Twelve female PBC-patients of the Department of Gastroenterology and Hepatology, University Medical Center Hamburg-Eppendorf, participated in a semi-structured interview. They described their subjective associations to the term PBC, their expectations of others associations, and their experiences with others reactions on the term. The patients ideas of the diseases cause as well as their assumed ideas of others were assessed. Interviews were evaluated using the qualitative content analysis of Mayring (2008).

Results: Patients (mean age: 52; 21-70) knew their PBC-diagnosis for five months on average (1 day-2.5 years). Alcohol was the immediate association of five patients when receiving the diagnosis. Three patients reported physicians had broached the issue of alcohol consumption due to increased liver blood values. Two thirds of patients reported their acquaintances had associated alcohol with the PBC-diagnosis. Patients had to face comments such as only alcoholics get liver cirrhosis. Four patients attributed the diseases cause to medication; heredity, infection, lifestyle, and stress were also considered. The majority of patients expected others to consider alcohol consumption as the diseases cause. Patients associated cirrhosis with ultimate destination, liver collapse, death sentence.

Conclusion: The term cirrhosis is associated with deadly consequences by PBC-patients, and may promote their stigmatization as an alcoholic. Findings suggest to critically question the suitability of this diagnosis term.

91 - Clinical-based research on complexity: application of the INTERMED method

Ferrari S^a, Boenink A^b, Soellner W^c

^a University Of Modena & Reggio Emilia, Modena, Italy

^b Vumc University Medical Centre Amsterdam, Netherlands

^c Dept. For Psychosomatic Medicine; University Hospital Heidelberg, Germany

INTERMED is a method to assess biopsychosocial case complexity and a screening instrument to identify patients with multiple care needs. It is based on an interview, brief and easy to use, that can be conducted by different health care professionals. Various studies in the last 12 years have confirmed its face-validity and reliability as a clinimetric tool. It can be used for clinical aims, to support integrated care, but also for training and research scopes, especially within CLP contexts, since it contributes to interdisciplinary communication and has a pragmatic, clear-cut structure.

Its structure, possible applications, limitations and strengths will be described in the presentation. The symposium will then offer examples of clinical application of the INTERMED method: one is the ongoing study on the self-assessment version of the instrument, IMSA; preliminary results of this multicentric international study will be presented and discussed; a contribution about how to deal with complex patients, and potentialities of the INTERMED method in this, will be also offered; and finally applications of the use of INTERMED in dealing with transplant patients will be reported, as result of another multicentric research project promoted by the INTERMED working group.

Participants to the symposium are expected to learn about the theory and clinical-research applications of the intermed method.

92 - Intervention cognitive strategies in neurosurgical patients. Case study

Saceleanu V^a, Mara D^b, Saceleanu A^c, Filip C.R.^a

^a Neurosurgery and Neurological Department, County Clinical Emergency Hospital Sibiu, Romania

^b Faculty of Law, Department of Private Law and Educational Sciences, Lucian Blaga University Sibiu, Romania

^c County Clinical Emergency Hospital Sibiu, Romania

Purpose: Rehabilitation of people with different disabilities resulted after some diseases represents an objective pursued by specialists from many areas like medicine, psychology, pedagogy, psychopedagogy, sociology.

Methods: Instrumental Enriching Program (Feuerstein method) is made up of a set of exercises divided into 14 instruments, which are used as means for developing mental abilities. The instruments do not have disciplinary contents, because they do not target specific knowledge acquisition but they aim at acquiring mental abilities and concepts useful in different situations. Each instrument is focused on specific cognitive functions and offers the pre-acquisitions needed for developing necessary cognitive capacities to solve the task which requires a high level of abstractization. During the activity, two or more instruments will be used, in order to avoid the monotony which may occur after using the same type of exercises for a longer period of time and to avoid the feeling of failure resulted from certain difficulties in solving the exercises of an instrument. Moreover, the instruments are studied, so

that the acquisitions obtained through an instrument are strengthened while using the other instruments.

Results: Results from cognitive area were also accompanied by results obtained in the relational and emotional field. The subject recorded a high level of self-esteem because he was permanently aware of his ability to concentrate to solve the tasks, as well as the fact that he can resume his physical and intellectual activity. Towards the end of the exercises, the patient differentiates more accurately between the appropriate and inappropriate solutions; there occurs the transfer of the solutions presented in images to real-life solutions (focusing on situations of loss - health and passion for driving).

Conclusions: After the ongoing activities with the subject, activities which consisted in instrument application from the Instrumental Enrichment Program, a series of significant positive changes were ascertained in his behaviour: active partaking in solving tasks, a rise in concentrating ability, centring on the essential tasks, coherent expression.

93 - Specific patterns of psychosomatic disorders in older people

Prada G.I.^{a,b}, Nacu R.M.^{a,b}, Fita I.G.^{a,b}, Alexa I.D.^c

^a "Ana Aslan" National Institute of Gerontology and Geriatrics, Bucharest, Romania

^b "Carol Davila" University of Medicine and Pharmacy, Bucharest, Romania

^c "Gr.T.Popa" University of Medicine and Pharmacy, Iasi, Romania

Psychosomatic disorders are often encountered in older people. It is most obvious in case of depression: an older person will not say "I feel sad", "I am hopeless", but will rather report symptoms of a somatic disease: headache, dizziness, various types of pain with different locations. This poses difficult diagnosis problems because older people very often might have chronic diseases that could explain their complaints. The process is known as "somatization" and it is a usual way of presentation of depression in older people, unlike younger age groups. Another important aspect is the impact of depression on somatic conditions, and the link to psychosomatic disorders especially cardiovascular diseases (essential hypertension, myocardial infarction), gastrointestinal (peptic ulcer disease), neurologic (anorexia nervosa), respiratory (asthma) and dermatologic diseases. Several studies demonstrated that a person with depression would develop myocardial infarction more often than a person without that condition; moreover, a patient with myocardial infarction and depression will develop more often a new infarction if the psychiatric illness is not addressed. The connection is even between psychiatric diseases themselves: an older person with depression will develop more often and earlier dementia as compared to a person without that disease. In fact depression was even named "pseudodementia". In older people there are many sources of depression and this disease is much more often encountered than diagnosed, especially immediately after retirement. These calls for special attention in this age group and for an active screening and diagnosis follow up in combination with complex multidisciplinary and interdisciplinary management.

94 - Temporal dynamics of emotional avoidance in patients with nervosa during inpatient treatment - results from a longitudinal diary study.

Stroe-Kunold E^a, Wesche D^a, Friederich H.C.^a, Herzog W^a, Wild B^a

^aDepartment of General Internal Medicine and Psychosomatics, University Hospital Heidelberg, Germany

Purpose: to understand how the avoidance of aversive emotions in patients with anorexia nervosa (AN) changes during psychosomatic inpatient treatment

Methods: AN patients on two different psychosomatic wards (ward A: N=11, average BMI 14.2, average BMI increase 4.7; ward B: N=7, average BMI 16.2, average BMI increase 0.5) filled in electronic diaries daily throughout the course of their treatment (average duration 128.5 days [ward A], 65.5 days [ward B]). Several items on dysfunctional emotion regulation were implemented in the diaries. The therapeutic outcome was evaluated and the dynamics of the self-assessed processes of emotional avoidance were analyzed using time series methods.

Results: The findings reveal that the avoidance of aversive emotions displays different temporal characteristics for the two wards. While emotional avoidance in AN patients from ward A can be modelled as a rather rigid process with strong internal regulation, it fluctuates more randomly without a specific temporal pattern for patients from ward B. Additionally, all the patients with a positive outcome from ward A have significantly negative trends on at least one of the variables of dysfunctional emotion regulation. This is not the case for ward B where only 50% show a significant decrease. Cross-correlating the process of emotional avoidance with temporal fluctuations in further psychosocial variables, we find the strongest significantly positive relations with depression, interpersonal difficulties and perfectionism (for both wards).

Conclusions: The longitudinal findings suggest that the dynamics of emotional avoidance in AN patients with positive outcome undergoes change during inpatient treatment underlining the idea of emotional dysregulation as a maintenance factor of AN. At the same time, the temporal patterns differ for the severity of underweight, the extent of weight increase as well as the duration of inpatient treatment.

This research was supported by the Medical Faculty of the University of Heidelberg (Olympia Morata program; postdoctoral fellowship program).

95 - Predictive value of the psychosocial assessment before liver transplantation

Gazdag G^{a,b}, Horváth G^c, Makara M^d, Gerlei Zs^e

^a Szent István and Szent László Hospitals, Consultation-Liaison Psychiatric Service, Hungary

^b Semmelweis University, Faculty of Medicine, Department of Psychiatry and Psychotherapy, ^c Semmelweis University, School of PhD studies, Hungary

^d Szent István and Szent László Hospitals, Hepatology Outpatient Service, Hungary

^e Semmelweis University, Faculty of Medicine, Department of Transplantation and surgery, Hungary

Background: there is growing evidence that not only illness related, but psychosocial factors have also significant impact on the outcome of solid organ transplantation. For the assessment of the psychosocial risks before transplantation, Transplant Evaluation Rating Scale (TERS) is a widely used tool.

Aim: study the predictive value of TERS in liver transplant candidates in terms of long term outcome of the illness.

Methods: medical records of those patients referred for psychiatric consultation before liver transplantation between 2003 and 2013 were studied. Information from the transplantation center about the treatment history was also collected. Finally subgroups were formulated based on outcome data and the predictive value of TERS was compared between the groups.

Results: altogether 116 patients were referred for pretransplant evaluation in the study period. Mean follow up time for the group was 3.44 ± 2.7 years. Thirty-one patients were transplanted in the studied time period, but 7 of them already died. There were altogether 30 further patients who also died before the operation. Sixteen patients were still on the waiting list and 14 disappeared from follow up. TERS scores for those who were transplanted showed significant tendency ($p=0.066$) for being lower than for those who did not receive a new organ. Those who died before transplantation were significantly older ($p=0.002$), but did not score worse on TERS than those who were still alive. In contrast, those who died after transplantation scored significantly better on TERS ($p=0.003$) but were in similar age than those who died before transplantation. Patients suffering in primary biliary cirrhosis had the higher chance to receive a new organ and they scored the lowest comparing with other diagnostic groups. They were also younger than most of the other diagnostic groups, only patients suffering in autoimmune hepatitis were younger.

Conclusions: in this retrospective study we could confirm the predictive value of TERS in terms of being suitable for transplantation, but not for better chance remaining alive.

96 - Secrets that are hidden within the emotions and soul revealed via the body

Gliksman Y

The Headache and Facial Pain as well as of physical empowerment Clinics, Department of Neurology, Sourasky Medical Center - Tel Aviv, Israel.

Background and Aims: Psychosomatic and Somatoform medicine and therapy is an interdisciplinary field. In this presentation or interactive workshop, the essential elements techniques and therapeutic methods such as cognitive behavior therapy, biofeedback, EMDR, mindfulness, will be described and demonstrated.

- How do we conceptualize patients with psychosomatic or somatoform disorders?
- How do we use biofeedback which is based on medicine-biology, psychology and technology in order to do the psycho-physiological profile so that we can plan a personal "tailor made" appropriate therapeutic structural program?
- How can we establish the therapeutic relationship with the patient, using basic CBT techniques using biofeedback so that we can instill hope, create

motivation, give knowledge, tools and skills which will enable him to improve his ability of voluntary control over his involuntary responses?

- How can we enable the patient for the first time to create a dialogue with his inner self in an objective and reliable way?

By doing all the above, we are reinforcing the patient ability to cope with his psychosomatic disorder more effectively.

Learning Objectives:

- The patient will learn how to use coping strategies through CBT, biofeedback, EMDR, mindfulness in order to identify and modify unhelpful behavioral and cognitive patterns.
- The patient will relate to biofeedback as active medicine as he will be required to assume responsibility of the therapeutically process and participate positively by practicing the techniques learned on his own, everyday between sessions.

The Method: It is known that resistant psychosomatic and somatoform disorders are characterized by a very long period of patients looking for multiple types of consultations and treatments when most of them are unsuccessful. This long search obviously creates frustration, fatigue, helplessness, and financial expenses for the patient and worsens the symptoms.

Working with such patients requires a lot of insight from the therapist who must be focused in mind-body relation in order to create a change in thinking and behavior patterns.

Results and Conclusions: My clinical experience proved me that without any doubt, the unique combination of CBT and Biofeedback, as well as the other methods mentioned before, leads to a much higher effectiveness of the therapeutically process and physical empowerment.

Finally, during a relatively short period, the patient can see and understand how secrets that are hidden within the emotions and soul are revealed via the body.

Workshop Leader: Dr. Yigal Gliksman Ph.D.

- Specializing - Supervisor in C.B.T
- Specializing - Supervisor in Biofeedback & Neurofeedback
- Specializing - supervisor in Creative and Expressive therapy.
- Certified Marital and Family therapist and mediator
- Certified EMDR therapist

Dr. Gliksman has a long a versatile clinical experience in treatment for children, youth and adults.

His experience includes:

- Heading CBT and Biofeedback clinics in 4 major hospitals in Israel.
- Training and teaching hundreds of health and mental health professionals.
- Conducting workshops and giving presentations in Israel and abroad on a variety of topics.
- Published many articles in professional's journals.
- Author of 2 books.
- Past president of the Israeli Association of Psychophysiology and Biofeedback.
- First chairman of Creative and Expressive therapy association in Israel.
- Currently member of board for the Israeli Association of CBT.

97 - Assessment Methods of the Somatization Process Related to the Nurses with Risk of Developing Burnout Syndrome

Grigorescu S^a, Nedelcu L^a, Grigorescu D^a, Rogozea L^a
^a University Transilvania Brasov, Romania

Introduction: In Romania, highlighting the burn-out syndrome (BOs) and, subsequent, the somatization process (SOM) related to the medical staff involved in the nursing of patients with severe chronic pathology is not a current concern, although early detection of the subjects who develop such pathology is absolutely necessary.

The aim of the study: We propose an analysis of the somatization incidence to the nurses and if the SOM incidence is significantly different in nurses involved in the nursing of the patients with severe chronic illness to those involved in the treatment of the ordinary patients.

Methods and means: This study have as subjects a target group (TG) of nurses (51) and a control group (CG) of nurses (46) to whom were applied an original combination of questionnaires (Maslach Burn-out Inventory + Brief Symptoms Inventory 18), supplemented with additional items proposed by the authors.

Results: Initially, a comparative analysis of the BOs incidence in the nurses of the two groups was performed (34% in the TG, in comparison with 26% in the CG), considered to be relatively equal. After that it was revealed the incidence of SOM in subjects with BOs, observing that: a) SOM occurred with a 3,1 times higher (27,5%/8,7%, $p=0.0202$) in the TG, if we consider 4 as the minimum number of symptoms present in a subject such that the SOM exist si b) SOM occurred with a 5,9 times higher (25,3%/4,2%, $p=0.0087$) in the TG GT, if we consider 5 as the minimum number of symptoms present in a subject such that the SOM exist.

Conclusions: This study addresses in an original way the somatization process appearance after the burnout syndrome in similar, but different categories of medical personnel. SOM has as generator key the relationship of nurses to patients with severe chronic illness and it is not strictly correlated with the incidence of the burnout syndrome appearance. The results allow the argument that subjects who care patients with serious chronic diseases have a major risk of somatisations with long term negative effects, that underscores the need for regular and systematic evaluation of these medical personnel.

98 - Predicative factors of improvement of quality of life after treatment for alcoholic chronic pancreatitis

Seicean A^a, Pojoga C^a, Mocan T^a, Seicean R^b, Grigorescu M^a

^a Third Medical Clinic, Cluj-Napoca, Romania

^b First Surgical Clinic, University of Medicine and Pharmacy Iuliu Hatieganu, Cluj-Napoca, Romania

Introduction: Pain reduction represents the main goal of clinicians treating patients with alcoholic chronic pancreatitis, but the level of pain is influenced by psychosocial factors. For this reason a complete evaluation of pain in these patients should include a quality of life questionnaire, but the best test has not yet been established.

Objectives: To determine factors that predict the response of quality of life to treatment among patients with painful alcoholic chronic pancreatitis.

Patients & methods: In 51 patients with painful alcoholic chronic pancreatitis followed up for 24 months, we assessed the McGill pain score and applied the West Haven-Yale Multidimensional Pain Inventory questionnaire with four pain behavior profiles: dysfunctional, interpersonal problems, adaptive, nonprototypical before and after treatment.

Results: The number of patients belonging to the dysfunctional profile was about the same at both time points, while the number of patients in the adaptive profile decreased. QoL improved significantly only in patients over 50 years old, in men, with a longer disease course (more than 36 months), without diabetes and in those whose pain ameliorated on treatment. Interpersonal problems worsened especially in men, namely in those who continued to consume alcohol but stopped smoking. There was no difference in improvement of QoL regarding the treatment.

Conclusions: The QoL was not influenced by treatment in young patients, patients who continued smoking, patients who stopped drinking alcohol, patients with short duration of the disease and diabetes.

Further psychological assessments are necessary for predicting the likelihood of response to therapy in alcoholic chronic pancreatitis.

99 - Reduction of state anxiety during single-session respiratory. Biofeedback in accordance with breathing upon happy emotions

Grishin O^a, Viktor G^b, Zinchenko M. I.^b

^a State Research Institute Of Physiology And Fundamental Medicine, Russian Academy Of Medical Sciences, Russia

^b State Research Institute of Physiology and Fundamental Medicine, Siberian Branch of the Russian Academy of Medical Sciences, Novosibirsk, Russia

Background: The correction of psychosomatic based dysfunctional breathing disorders requires 7-10 sessions of respiratory biofeedback (BFB) with capnography. It is also known that breathing and emotions are closely connected. The goal of the study was to examine the impact of single-session of BFB on anxiety and breathing patterns.

Methods: The study was conducted on 13 healthy men and women who were randomly divided into two groups. In the first group BFB-sessions were conducted according to average capnographic parameters. In the second group BFB-sessions were conducted in accordance with the individual values of FetCO₂ and BR, which were determined for each subject within 2 minutes of self-generated happy emotions. Anxiety level (SA) was assessed by the STAI-S/STAI-T.

Results: Immediately after the session both groups showed similar dynamics of capnography parameters, including significant decrease in BR and unchanging FetCO₂. The groups differed in that after the BFB-session, the second group showed a significant decrease in state anxiety, which became significantly less than in the first group ($p=0.03$).

Conclusion: A single BFB-session may reduce breathing frequency, but may not affect the level of FetCO₂. The anxiety level remains stable, if statistically average

parameters of breathing patterns are were taken to be control parameters for BFB. A single BFB-session which is carried out in accordance with breathing upon happy emotions helps to reduce the anxiety level. A single BFB-session which is carried out in accordance with breathing upon happy emotions helps to reduce the anxiety level and may be considered as a useful method for treating anxiety disorders.

100 - The effectiveness of Cognitive-Behavioral Therapy (CBT) training in women's sexual self-concept in Tehran, Iran

Vahidvaghef M^a, Raich R.M.^a, Gutiérrez T^a,

^a *Departament de Psicologia Clínica i de la Salut. Universitat Autònoma de Barcelona. Spain.*

This research aims to study the effectiveness of cognitive-behavioral therapy training in improving sexual self-concept (including sexual satisfaction, sexual self-confidence and sexual mood) in Iranian married women. This is an experimental study. The statistical population of the present study consists of all married women who have used town hall educational facilities in Tehran (N=2200). 90 of them will be selected randomly and will be put into two groups of intervention and Control by draw. Snells multi-dimension questionnaire (MSSCQ) (1991) evaluate the subjects self-concept in two pre-, post stages of two groups of experimental and Control. The experimental group will be trained by CBT, including 8 weekly CBT training sessions, each of which lasts for 90 minutes. The data will be analyzed by SPSS. According to recent studies in modern societies the cognitive behavior therapy can be effective on sexual problems. But this subject is a taboo in many traditional and religion societies, like Iran and many women never enjoy their sex life (Ghorbanshiroudi et al., 2012) thus attention to this subject can be very benefit. The researchers hope that Cognitive behavioral training will have effected to develop sexual self-concept.

101 - Male cancer patients over 60 - do they accept and participate in psychooncological interventions and what are the results?

Schneider G^a, Kropff B^a, Gzella S^a, Unrath M^a

^a *Department of Psychosomatics and Psychotherapy, University Hospital Münster, Germany*

Background: Older and especially male cancer patients are underrepresented in psychooncological intervention studies.

Objectives: To determine acceptance of male cancer patients aged ≥ 60 years for different psychooncological interventions and specifically for a psychooncological group intervention and to evaluate it in comparison to treatment as usual.

Methods: After screening for exclusion and inclusion criteria, participants of the study fill in a questionnaire designed to assess their wish to attend different psychooncological interventions (FIPA) and basic sociodemographic and clinical data. They are offered participation in a randomized controlled trial that compares a psychoeducational group intervention (Weis et al. 2006) of 10 weekly sessions to treatment as usual. Treatment success will be evaluated by EORTC QLQ C30 and HADS and the participants' subjective assessment.

Results: The study is still in progress and we present first results. From December 2010 to march 2014 we personally contacted 410 in- and outpatients aged ≥ 60 years of the interdisciplinary cancer center of the University Hospital of Münster. 156 of them (39,1%) filled in the FIPA, in which assessed 112 (70.9%) assessed the wish for at least 1 psychooncological intervention. Specifically, n=68 (43.9% of the 156) assessed need for a group intervention program. However, when offered participation, only 38 (24.4% of the FIPA-participants, 9.3% of all contacted patients) agreed to participate in the group intervention study. At the EAPM-congress, we will also present first results of the group program vs. treatment as usual.

Conclusions: Readiness to attend psychooncological interventions was theoretically high also in older male cancer patients, but when offered participation in a group program, the real participation was lower. The personal contact of the psychooncologist to the patient was essential for the motivation. On the whole, it seems hard to motivate older men for participation in a group program and psychooncology should focus on other methods to reach more of these patients.

102 - When your gut says "no" and the tests say "yes".

Hafliger S,

Columbia University College of Physicians and Surgeons, New York, USA

Psychiatrists continue to play an important role in the selection of organ recipients. Despite recent studies about the impact of certain psychiatric disorders (e.g. depression) upon transplantation outcomes, there is still limited information about psychiatric predictors of post transplant course. The psychiatrist is often asked to render a decision about transplant listing in high risk patients when significant information is lacking or is inconsistent. Based on her 15 years of experience in Transplantation Psychiatry, dr. Hafliger will discuss the complex aspects of the mental health evaluation in this setting. These aspects include: awareness of the stage of the transplantation program, understanding of the resources of the transplantation staff to deal with demanding patients, use of collateral information in this setting, use of individual and collective counter-transference. Emphasis will be place upon conceptualizing the organ transplantation as one step in the overall medical care, rather than considering an endpoint which should be met at any cost. The ethical challenges that the psychiatrist faces in this context will be reviewed.

103 - Friedrich Schiller from a psychosomatic viewpoint

Häfner S

CELENUS German Clinic of Integrative Medicine and Rehabilitation, Department of Behavioral Medicine and Psychosomatics, Bad Elster, Germany

Purpose: To show that Friedrich Schiller (1759-1805), not only one of the most famous German poets, but also physician and historian, was very early inclined for psychosomatic interactions.

Methods: Analysis of the secondary literature since the death of Friedrich Schiller for the subjects Friedrich Schiller and psychosomatics.

Results: Already during his medical studies at the Hohe Karlsschule in Stuttgart (Germany) Schiller studied very intensively psychosomatic issues on behalf of the disease of another student, Joseph Frédéric Grammont, and in his three theses. Not inclined to practical work as a physician, there are many psychosomatic thinking and medical concepts in his writings especially in the play *Die Räuber* (1781) and in *Don Carlos, Infant von Spanien* (1787). Towards the upcoming mesmerism he remained very sceptic. In coping with his own illness there are many psychosomatic aspects, too.

Conclusions: Despite his own severe somatic illness he could cope with pain and emphasized in his writings the importance of the freedom of anxiety before death.

104 -Psychological interventions' impact on infertile couples quality of life

Haica C

Medlife, Romania

Purpose: To evaluate the impact of psychological interventions (psychoeducation and CBT: individual, couple, group and musicotherapy) on infertile couples quality of life.

Methods: Infertile patients (N=202 subjects, 101 couples, organized in two groups according to their personal option for psychological intervention: group I - participating in psychological intervention, group nonI - not participating) were asked to self-evaluate their quality of life using FertiQoL questionnaire after they were diagnosed with infertility (initial evaluation), and after 8 weeks (final evaluation); during these weeks they attend medical (ART) treatment for infertility. We also evaluate the effect of the type of psychological intervention on the QoL.

Results: Controlling the initial level of QoL, the group I registered a statistic significant increasing in level of QoL (the effect dimension analysis Cohen's d shows a reduced effect of psychological intervention period < 0.5, for total CoreF, Mind-Body, Relational and Social scale, and a big effect on Emotional scale 0.5-0.8). Group nonI registered a statistic significant decrease in level of QoL, CoreF, Emotional, Social and Mind-Body scales, but not on Relational scale (the effect dimension analysis Cohen's d shows a reduced effect < 0.5). ANCOVA test results shows that the type of psychological intervention effect on final QoL level is statistic significant [F(2,142)=27,297, p<0,001], the effect of psychological intervention type is big (eta squared = 0.278).

Conclusion: Psychological interventions (psychoeducation and CBT) help to increase the quality of life of infertile couples attending ART medical treatment. The subjects attending group and couple interventions have a higher QoL than those attending individual intervention. The patients who used musicotherapy complementary to psychological intervention have a higher level of QoL compared to those who didn't use.

105 - Perceived burden of illness in relation to anxiety and quality of life measures in IBS patients

Pletikovic S^a, Tkalcic M^a, Hauser G^a

^a Department Of Psychology, Faculty Of Humanities And Social Sciences, Croatia

Purpose: To investigate the relationship between perceived burden of illness and measures of anxiety and health related quality of life in IBS patients.

Methods: Forty four outpatients with irritable bowel syndrome (age M=45,33, SD=13,66; 74% females) completed a set of psychosocial measures including State-Trait Anxiety Inventory (STAI-T), Visceral Sensitivity Index (VSI), Short Form-36 Health Survey (SF-36), Irritable Bowel Syndrome Questionnaire (IBS-36) and the Pictorial Representation of Illness and Self Measure Revised II (PRISM-RII). The PRISM-RII consists of two measures: illness perception measure (IPM) and self-illness separation (SIS). IPM is a pictorial representation of the size of the illness with regard to the patient's self (smaller, equal to and larger than the self). SIS represents the distance between the self and the illness. Also, the patients filled out a symptom severity diary for a period of 14 days. The symptom severity score was calculated as the average intensity of present symptoms over the period of measurement.

Results: Self-illness separation and illness perception measure have a significant negative correlation (r=-0,35; p<0,05). In order to examine possible differences in anxiety and health related quality of life, with regard to IPM and SIS, we performed t-test analyses. The results show that patients with a higher score on IPM express higher visceral anxiety (t(2,42)=2,36, p<0,05), lower health related quality of life (mental component, t(2,42)=2,24, p<0,05) and report more severe symptoms (t(2,42)=2,26, p<0,05). Also, patients with higher scores on SIS express higher visceral anxiety (t(2,42)=2,42, p<0,05).

Conclusions: The results indicate that IPM and SIS can be useful in discriminating patients with more prominent psychological difficulties. It seems that PRISM-RII is a valid instrument which adds additional relevant information to commonly used measures of psychological functioning of IBS patients.

106 - Investigating psychosomatic interaction processes in patients with irritable bowel syndrome by means of online diaries

Stroe-Kunold E^a, Schaefer R^a, Herzog W^a, Wild B^a

^aDepartment Of General Internal Medicine And Psychosomatics, University Hospital Heidelberg, Germany

Purpose: to describe a longitudinal design to investigate the temporal relationships between psychosocial and symptom-related variables in patients with irritable bowel syndrome (IBS)

Methods: Based on the psychosocial IBS model proposed by Surdea-Blaga et al. (2012), several items on catastrophizing, somatization, anxiety, depression, stress, coping, and symptom severity are implemented in online diaries. These are filled in daily by a sample of IBS outpatients. The characteristics of the self-assessed processes and their temporal inter-relations are analyzed using time series methods.

Results: We assume that the longitudinal assessment of the mentioned factors enables to determine which of them display the largest temporal association with IBS severity. We intend to present first results of the longitudinal data analysis. Based on the cross-sectional results by van Tilburg et al. (2013), we expect that catastrophizing and

somatization will show significant temporal relationships with symptom severity.

Conclusion: Advantages and shortcomings of the longitudinal diary design will be discussed. Particularly, we will reflect in which way the findings allow to conclude about dynamic psychosomatic patterns in IBS symptomatology. Surdea-Blaga T, Baban A, Dumitrascu DL. Psychosocial determinants of irritable bowel syndrome. *World Journal of Gastroenterology* 2012; 18: 616-626. van Tilburg MA, Palsos OS, Whitehead WE. Which psychological factors exacerbate irritable bowel syndrome? Development of a comprehensive model. *Journal of Psychosomatic Research* 2013; 74: 486-492. This research was supported by the Medical Faculty of the University of Heidelberg (postdoctoral fellowship program).

107 - New trends in psychocardiology

Iamandescu I. B.

Medical Pharmacy University Carol Davila, Bucharest, Romania

Psychocardiology (PC) is a branch of Applied Psychosomatics (in author's opinion, a field of medical specialties using the concepts and methods of Psychosomatics). Other semantic equivalents are "Behavioral Cardiology" and Cardiopsychology.

Psychocardiology considers psychosocial factors as "both causes and consequences of cardiac events" (Dornelas) and therefore it may be explored each of the two territories /areas of classic Psychosomatics: psycho->somatic area (centered on psychological distress and unhealthy life style - acting on soma in an unfavourable manner, either directly or indirectly, through noxious compensatory behaviors like smoking, alcohol, inaccurate diet, sleep disorders, drugs, lack of exercise) -, and somato-psychic area (centered on illness repercussions against patient psyche and his quality of life).

In both these areas are involved interpersonal relations, generating either social distress or support, and especially physician-patient relation with its major involvements: in adherence/therapeutic compliance, and psychotherapy.

Cardiology seems, nowadays, the most important medical speciality because of the maximal rate of mortality worldwide, caused by cardiovascular diseases. The link between brain-especially emotional states- and body are mostly evident, and their influence on the heart -together many of different other somatic triggers- could often damage the heart. In addition, everybody knows the severe significance of cardiovascular diseases and their psychological impact.

All these reasons have determined appearance of PC and, after 2000 year, the progresses in this more recent speciality had a strong attraction for researchers and contributed to development of general strategies for approaching influence of psychosocial factors in evolution of cardiac diseases, and to elaborate psycho-educational and -therapeutic programmes, like Enriched, Essen, etc- These take in account medical treatment conjugated with other psychosocial measures, but all represent a synergistic and individualized intervention, focused on: 1. risk factors (mainly, smoking, lack of exercise and depression; the last predisposes coronary patients to reinfarction or sudden death) 2. ensuering of social needs of patient, including a

convenient professional milieu 3-.involvement of couple partner, treating occasionally the anxious spouse 4. cognitive-behavioral psychotherapy associated with relaxation methods and counseling.

As in medicine exists EBM model, results of psychological intervention were proved by means of many new quality of life questionnaires, specific for some major troubles, e.g. Florida Shock Anxiety Scale (Sears) Mac New QOL after MI, Anger Rumination Scale etc

Other proof for antidepressive intervention was furnished by increase of coronary flow with 25 % after associated treatment (medicines and psychotherapy).

108 - Some taxonomic considerations and proposals regarding interference area of medicine with psychosocial sciences.

Iamandescu I. B.

Medicine and Pharmacy University "Carol Davila" Bucharest

Psychosomatics have established, at its beginnings, four main objectives, as a domain of the preoccupations:

1. The role of psycho-social factors, life negative or positive events /changes involved in the evolution of somatic/physical diseases (their onset, aggravation or improvement), namely the psycho->somatic direction, either pathogenetic or salutogenetic sense;

2. The psycho-social impact of a somatic /physical disease, namely somato->psychic direction, reflected nowadays by health related quality of life of somatic patients, including also the illness behavior;

3. The medical communication between patient and physician /doctor, depending by personalities of both members of this relation and by social circumstances, too;

4. The life-style and mentalities towards the health of patients and the reasons /motivation and the ways (psychotherapy and /or psychopharmacology) for adopting healthy behavior, inclusively abandonment of risky habits (smoking, alcohol, sedentary life, noxious food, drugs);

After the publication of Engel's biopsychosocial model of health and disease (1976), it has become more and more clear that the diagnostic and therapeutic approach of these diseases must compulsorily include the associated psychosocial factors, and this desideration necessitates the reconsideration of psychosomatic medicine. However, despite the antecedents in antiquity and a continuous evolution amplified in XXth century (first 3 quarters), Psychosomatics, this true new medical discipline, has suffered an unjust estrange from glossaries/dictionaries of actual "official" disciplines from the interference area of medicine with psychology and sociology.

Health Psychology (HP) and Behavioral Medicine (BM) have benefited from the "semantic dissolution" of psychosomatics, dictated by the "bible of psychiatry" (DSM III and IV), even if the area of interests of these "new" disciplines is quasi-identical with that of psychosomatics because all those four objectives of Psychosomatics are also taken over, and the treaties of both HP and BM have similar table of contents.

The taxonomic dispute between these two disciplines derived from the Psychosomatic trunk, in the last three decades (Health Psychology, Behavioral Medicine), has in view the concepts which apply to the somatic patients

analyzed from the bio-psycho-social perspective of health and disease (the homonymous model of Engel) and from the point of view of the relationship between the physician and the therapeutic team.

The "sleight of hand" of the contemporary authors (English or American, especially) who replaced, in the 8th decade of the XXth century, Psychosomatics with the two actual names - Health Psychology and/ or Behavioral Medicine - has forced us to make a careful and rigorous delimitation of the constitutive domains of each of the two disciplines (sometimes difficult to dissociate), but it has not succeeded in convincing us of the usefulness to renounce to the "Psychosomatics" term. This is because the target of these disciplines, represented by the somatic diseases and not by the psychiatric ones, is better achieved through a complex approach, based on a psychosomatic tradition (purified by inherent mistakes of the "beginnings") as well as on the results of some interdisciplinary research from psychoneuro-endocrino-immunology domain.

Our attempt to give "cuique suum", referring to Health Psychology and Behavioral Medicine, must take into account they have the same above mentioned objectives, but differing each from other only regarding the accent laid on a certain such objective.

Thus, Behavioral Medicine could study mainly the behavior of ill person, according to his living with the illness (quality of life inclusively), and the specificity of his relationship - especially communication- with medical team and social milieu.

Health Psychology could centre round its priorities on the prophylactic side of medicine, debating upon individual motivation and ways for maintaining and increasing his health, but having also some degrees of the liberty to try some risky hedonic behaviors because he believes to have the chance to preserve his health (different from ill person who has no alternative than the renunciation, being afraid by the danger of illness aggravation).

Both these new branches of the old Psychosomatics are studying the life style (mainly of healthy individual-HP- or ill person-BM-), the life stress` causes and effects (more severe in patients), psychotherapy ,and the personality traits -having a predisposing role to the disease or being induced by somatic disorders or their negative psychological impact.

The present-day Psychosomatics continues its evolution - coexisting with its "daughters"(HP and BM)- despite its exclusion from DSMs ,and could cover all area of medicine interference with psycho-social sciences ,but - essentially and distinctly from both Health Psychology and Behavioral Medicine- it has the great capacity to explain ,more and more, intimate psycho-physiological mechanisms of the intrusion of psychological life into somatic functions and even structures of human being.

As a compensation for its "semantic dissolution", Psychosomatics was introduced recently (Levenson, 2005) in the American Psychiatry as a distinct chapter ,equivalent of "Liaison Consultation Psychiatry"(LCP) and treating the psychiatric assistance of somatic patients having severe diseases with a major psychological impact (accidents, cancer, maiming burns ,etc.).

Although this new chapter of psychiatry has a doubtless clinical medico-psychological value, it cannot comprise

the rich content of psychosomatics which is more than a complex branch of medical and psychosocial sciences; it is a real mentality of approaching an ill human being ,from the bio-psycho-social perspective, by every doctor/physician.

At the end of these short considerations and argumentations - about the interference of medicine with the psycho-social sciences, we propose to assemble all above-mentioned disciplines (HP, BM, LCP and Psychosomatics -itself) under a general concept "umbrella", entitled Medical psychology, able to offer to medicine and psychology students a fruitful basement for the "medicine re-humanization".

109 - How do we integrate knowledge and how do we explain it to students?

Joja O

„C.I.Parhon“ Institute for Endocrinology, Bucharest, Romania

Titu Maiorescu University Bucharest, Romania

When teaching psychosomatic topics, we are currently crossing clinical paradigms, and we may approach the same clinical reality in different ways. But over the last decades we became used to treat topics in an integrative way. Thereby, it is not the paradigm which matters anymore, but how we succeed in explaining the complex relationship between biology, psyche and life experiences.

According to the 11th edition of the Abnormal Psychology by Kring, Johnson, Davison, and Neale (2009), the main clinical paradigms we refer to now are the Biological Paradigm - with both its approaches of the Genetic Paradigm and the Neuroscience Paradigm -, the Psychoanalytic Paradigm, the Cognitive Behavioral Paradigm, and the Diathesis-Stress, an integrative paradigm.

Students may come with their prior settled views concerning disorder`s etiology, which mostly appear to be speculative. They usually appear to be a mixture between the simple heritability view and the psychoanalytical paradigm. Hence, this presentation will approach the common views among students concerning etiological models and a way to fostering a more empirically oriented view of an integrative model, implying the complex gene by environment relationship.

110 - Team-oriented interventions in Consultation/Liaison psychiatry to enhance patient-centred care

Keller M^a, Jenewein J^a, Söllner W^a, Stein B^a, Vitinius F^a
^a Dept. For Psychosomatic Medicine; University Hospital Heidelberg, Germany

Objective: Team-oriented interventions in Consultation/Liaison (CL) psychiatry, targeting all health care professionals (HCP) involved in patient care are key elements when aiming to ascertain patient-centred care, both within the Liaison and the Integrated Care approach. Generally speaking, team-oriented interventions (TOI) aim to enhance HCP's professional and interpersonal skills, agency and self-efficacy. TOI cover a wide range of measures; from education, teaching/training, multidisciplinary case discussions and ward rounds, to case discussion, supervision, coaching (individual and group format) and providing support to HCP.

As to the applicability and appropriateness of these various measures, the particular structure and organisational framework (e.g. hospital, home care) need to be considered, as are heterogeneous requirements according to medical specialty (e.g. transplant-, burn, emergency and intensive care unit, radiation treatment), to the particular setting (In-patient care, out-patient facilities) and to the emotional patient-centred challenges posed on HCP.

Methods: content used in the Symposium: In this symposium, short input lectures from different perspectives will present an overview on the current state of research and on clinical experience, followed by an interactive goal-oriented discussion, based on case examples and authors' experience while including participants' requests, thus enabling participants to integrate TOI in their CL practice adequate to their specific conditions.

111 - How do older patients' resources change in inpatient psychotherapy?

Schneider G^a, Kati A^a, Stumpf A^a, Heuft G^a

^a Department of Psychosomatics and Psychotherapy University Hospital Muenster, Germany

Background/objective: Besides reduction of symptoms, the development of personal and social resources is an important goal in inpatient psychotherapy. This study compares the outcome after inpatient psychotherapy for patients aged ≥ 50 years at time of treatment in comparison to younger patients, in order to assess whether their benefit is as high as that of younger patients and also intends to identify predictors of positive outcome.

Methods: At the beginning and at the end of inpatient treatment in a multimodal setting comprising individual and group psychotherapy, concentrative movement therapy, art therapy, relaxation etc., patients were examined with Operationalized Psychodynamic Diagnostics (OPD) and self-assessment questionnaires (BSI, HADS, IIP etc), and also with the Resources Questionnaire (RES).

Results: Data of 460 patients are available, of whom 37% were at least 50 years old at the time of inpatient treatment and 15 % were 60 years or older. The statistic calculations are still in progress. First results will be presented at the conference in Sibiu.

Conclusions: We will discuss the implications of our results for psychotherapy with the elderly.

112 - Acceptance and Commitment Therapy (ACT) for severe chronic pain: a short-term multidisciplinary psycho educational group treatment

Kees Jan Van Der Boom

Altrecht Psychosomatic Medicine Eikenboom, The Netherlands

Purpose: To evaluate a short-term multidisciplinary psycho educational group treatment in accordance with principles of Acceptance and Commitment Therapy (ACT), developed for severe and difficult to treat chronic pain patients.

Methods: The treatment consisted of twelve weekly verbal (psycho educational) and nonverbal (bodily focused) group sessions. In a pilot study (pre-post-design) 32 participants out of six treatment groups were followed. Patient satisfaction and effect measures on psychopathology,

physical symptoms, acceptance of emotions and pain, pain impact, mindfulness and kinesiophobia were assessed.

Results: Patients rated the treatment positively (scale 0-10; $M=7.8$, $SD=0.8$). Furthermore, the treatment resulted in less physical symptoms (Physical Complaints Questionnaire (LKV); $p=.001$, $ES=.62$), less psychopathology (Brief Symptom Inventory (BSI); $p=.000$; $ES=.44$), less kinesiophobia (Tampa Scale for Kinesiophobia (TSK); $p=.011$; $ES=.41$), more acceptance of emotional experiences (Acceptance and Action Questionnaire (AAQ-II); $p=.000$; $ES=.45$) and pain (Acceptance and Action Questionnaire - Pain Version (AAQ-II-P); $p=.001$; $ES=.60$), and an increase of mindful awareness (Mindful Attention Awareness Scale (MAAS); $p=.001$; $ES=.30$). The Multidimensional Pain Inventory (MPI) revealed positive changes pertaining to pain severity ($p=.014$; $ES=.21$), life interference ($p=.000$; $ES=.53$), life control ($p=.004$; $ES=.29$), and affective distress ($p=.000$; $ES=.50$). The level of activities was not changed ($p=.903$; $ES=.00$).

Conclusion: A short-term multidisciplinary psycho educational ACT group treatment for severe chronic pain patients appears feasible and effective. A randomized controlled study on the application of the treatment in the population of patients with severe somatoform disorders will be prepared.

113 - Helsinki City Finland, Health and Social Department, Liaison psychiatry and substance abuse special services

Laitanen-Juslin L

Helsinki City Finland, Health And Social Department, Finland

The PP includes also pictures. Helsinki City Finland Health and Social Department Liaison psychiatry and substance abuse special services Helsinki the Capital of Finland. Finland in Europe Population of Helsinki 2011 Consultation teams Liaison psychiatry and substance abuse services in Helsinki city hospitals for adults also Elderly people over 65 years. Neurological consulting Immigrant consulting.

The aim of consultations: Current psychiatric and substance abuse evaluation The focus group with patients who have different kind of psychiatric and/or drug abuse symptoms and problems: suicide attempts, intoxications, depression, anxiety, crises, psychotic disorders etc. The aim of psychoactive drug evaluation is to find patients who's alcohol or drug abuse is at early state Personnel in Liaison psychiatry and substance abuse teams in Helsinki city hospitals and emergency. Three psychiatrists, two psychiatric nurses, two substance abuse nurses, one coordinating substance abuse nurse; Haartman and Malmi hospitals emergency and wards. Psychiatrists provide services in all five Helsinki city hospitals Malmi-Maria and Haartman hospitals Somatic emergency hospitals in Helsinki.

114 - Early intervention programme for impairing post-concussional symptoms in young patients: trial description and preliminary results

Thastum M.M.^a, Schroeder A^a, Rask C.U.^a, Naess-Schmidt E.T.^b, Nielsen J.F.^b, Svendsen S.W.^b, Larsen B.F.F.^a,

^aThe Research Clinic of Functional Disorders and Psychosomatics, Aarhus University Hospital, Denmark

^bHammel Neurorehabilitation Centre and University Research Clinic, Aarhus University, Denmark

Background: 5-15 % of patients with concussion continue to experience impairing physical, cognitive and emotional symptoms longer than 3 months post-injury. Currently, no standardised treatment is available for patients with persistent post-concussional symptoms (PCS) and systematic treatment studies remain limited.

Aim: 1) to develop an early intervention programme based on principles from cognitive-behavioural therapy and graded exercise for young patients with PCS lasting more than three months, and

2) to evaluate the efficacy of this intervention programme on PCS in a randomised, controlled trial.

Methods: Patients aged 15-30 years diagnosed with concussion will be screened for persistent symptoms two months post-injury by means of the Rivermead Post-Concussion Symptoms Questionnaire (RPQ). Those with high symptom burden will be invited to participate in a randomised controlled trial comparing the early intervention programme with usual care. We expect to include 180 patients from 2014-2016. Treatment will be multidisciplinary and include patient education, physical exercise and training in everyday activities.

All patients will complete self-report measures at baseline and 3, 6 and 15 months after randomisation. Moreover, patients will undergo cognitive assessment at baseline and at 6 months. The primary outcome is the severity of PCS measured with RPQ. Secondary outcome measures are emotional distress, quality of life and health care utilization. Mediators for outcome are changes in illness related cognitions and behaviors.

Results: We will present a description of the study design as well as preliminary data from a pilot study.

Summary: Concussion is an important public health concern. We expect the early intervention programme to prevent cases of permanent PCS, thereby leading to an improved quality of life and reduced societal costs. Moreover, we expect to find mediators of treatment response, which may guide the development of new interventions.

115 - The Therapeutic Function of Dreams

Leydenbach T

Department of Teaching and Research in Medical Psychology, University of Paris, France

In 1900, Freud stated that the dream carries the function of protecting sleep; this point of view has since been invalidated by modern neurosciences. He also believed that the dream was a disguised realization of unconscious desires; it followed that dreams had to be systematically interpreted to discover their hidden meaning, thus being reduced to their pure *informative* value. What could be considered as their *performative* value had gone unnoticed. In this lecture, there will be presented different case studies reduced to their essential features in order to concentrate mainly on dreams, on their often fundamental contribution to the healing process. Beyond what could be considered as dream equivalents, such as art and affect in general, dreams could be considered as the very paradigm of the imaginary. Their *performative capacity*, their potential anticipation help us to figure, as well as to

refigure our personal narrative. Dreams however acquire their true efficiency in the context of the therapeutic relationship, in the *here and now* between the patient and the therapist: a dynamic process in which the patient not only comes to know him or herself, but rather *produces* this very self.

116 - How much Psychosomatics needs Europe and what the AEPM could account for it

Loew T. H.^a, Cojocaru L.^a

^a University Clinic Regensburg and the, Center of Psychosomatic Medicine and Psychotherapy, Donaustauf, Germany

The internet presence of Psychosomatic Medicine in the OECD-countries is presented. Aspects of individual, interactive, interventional and institutional settings in the clinical field. The Bavarian situation as an example is referred. Anchor points are Curiosity, Medical Students Programs, Physician's Basic Training, Inpatient-Concepts, Outpatient - Models, Guidelines / Science, Economical Models, Quality Assurance Programs, Specialist's Training Concepts and Political Argumentations.

Conclusions: Physicians must learn psychosomatic skills. We need Psychosomatic Medicine in inpatient and outpatient-treatment, day-clinics and special settings.

117 - Chronic Hepatitis B And Hormones Of The Pituitary- Adrenal System

Lupasco I

State University Of Medicine And Pharmacy Of Chisinau, Moldavia

Introduction: Mechanisms of viral persistence and chronicity of the disease in chronic hepatitis B (CHB) are studied insufficiently and the role of hormones of the slow phase stress in chronic viral hepatitis is still unclear.

Purpose: Evaluation the ACTH and cortisol levels during CHB in dependence on the activity and phase of the viral infection.

Materials and Methods: We examined 83 patients. The control group consisted of 30 healthy individuals. The lot was divided into 3 groups: I group consisted of patients with anti- HBe + and minimal activity (ALT <2N), II with anti HBe + and moderate / maximum activity (ALT 2N), III with HBeAg + and moderate / maximum activity (ALT 2N). In this paper the author used original method of glucose and euphyllin load test (TGE) (Lu. Lupasco), with determination of serum hormones both fasting and at 60 and 120 minute of the test.

Results. Increased levels of cortisol were found in CHB, regardless of the disease form and activity, the most significant in CHB HBeAg + (IIIgr) in all intervals of the test (TGE) (354.0 ± 14.41 nmol / l, $p < 0.01$; 369.60 ± 37.97 nmol / l, $p < 0.01$; 321.60 ± 36.20 nmol / l, $p < 0.01$) in comparison with control data. In this group hormone values of ACTH were higher ($29,0 \pm 2,36$ pg / ml) its levels in the case of anti HBe + (IIgr) as fasting - 16.30 ± 2.46 pg / ml, as at 60, 120 minutes of the test (31.33 ± 4.39 pg / ml, $p < 0.01$; 14.50 ± 2.33 pg / ml, $p < 0.01$). In CHB were found not only changes in the ACTH and cortisol levels on empty stomach, but also the shape of their curves changes during loading test, that were different from control. This fact

increases the importance of the TGE for evaluation of hormonal changes in CHB.

Conclusions: Revealed changes of ACTH and cortisol levels may be probably caused by excessive reaction to a long-acting form of stress in viral persistence on one hand, and with hormone metabolism violation in the liver itself on the other hand, presumably on the receptor and post receptor levels of their action.

118 - The personal and interpersonal predictors of the psychological state in old people

Makó H S^a, Vajda D^a, Szentiványi-Makó N^a

^a *University of Pécs, Institute of Psychology, Hungary*

The negative life events that occur more frequently in old age, such as increasing health problems, relationship related losses, the limitation of everyday activities and living-space increase the risk of the appearance of anxiety and depressive disorders. The objective of this research was to determine which intra- and interpersonal variables could give protection against these kinds of psychological problems in this life period.

Eighty-six people participated in the study; average age of the respondents was 76 years. Among them 45 lived their own homes and 41 in a home for senior citizens. The Hospital Anxiety and Depression Scale (HADS, Zigmond és Snaith, 1983) was used to measure anxiety and depression. Individual and social variables were assessed by the Coping Preference Questionnaire (MMPK, Oláh, 2005), the Positive and Negative Affectivity Schedule (PANAS, Watson et al., 1988), and the MOS Social Support Survey (MOS SSS, Sherbourne and Stewart, 1991).

Self-punishment and draining of emotions, as coping mechanisms, as well as persistent negative affectivity and current positive affectivity were found among the personal characteristics that account for 65% of the anxiety. Social support variables investigated in this study did not exert influence on anxiety. Persistent negative affectivity and positive current affectivity were found to predict 62% of depression. Relationship variables were predictive regarding 25% of the occurrence of depressive symptoms; global social support factors, as well as tangible social support and positive social interaction were determinative. Our results, which point out the individual and relationship variables predicting the probability of depression and anxiety at old ages, make it possible to plan interventions aiming to ameliorate negative psychological conditions in elderly care.

119 - Associations of social support with psychological wellbeing and physical health

Makó H. S.^a, Szentiványi-Makó N.^a, Vajda D^a

^a *University of Pécs, Institute of Psychology, Hungary*

Social support is considered a significant resource in coping with stressful life events. The construct includes acknowledgement and acceptance of the individual, and it also means giving emotional, informational and tangible support.

In our study we investigated the associations between social support and psychological wellbeing, as well as physical health conditions.

The study sample included 284 adults, 151 women and 133 men. Participants completed the MOS Social Support Survey (MOS SSS, Sherbourne and Stewart, 1991), the Hospital

Anxiety and Depression Scale (HADS, Zigmond és Snaith, 1983), the Subjective Health Complaint (SHC, Eriksen et al., 1999), and the Psychological Well-being Scale (PWBS, Ryff, 1989, 1995).

Global social support and each of its scales, such as emotional-informational, tangible and affectionate support, as well as positive social interaction correlated positively with psychological wellbeing. Higher level of social support showed association with better positive relations to others and higher self acceptance, just as experiencing higher level of environmental mastery, personal growth and more intense existence of purpose in life. Furthermore, social support was associated with lower levels of anxiety and depressive symptoms, and lower level of subjective health problems.

Our results reinforce the importance of mobilising social support resources in health protection.

120 - Cardiovascular complications with serotonin syndrome

Ott M^a, Mannchen J^a, Millgard J^a, Werneke U^a

^a *Umeå University Hospital, Sweden*

A 73 year-old Caucasian woman was admitted to the emergency department after four weeks history of cough and nausea and one week of dyspnoea. She had chronic depression, treated with escitalopram 15 mg and venlafaxine 225 mg, arterial hypertension and stable coronary heart disease. Eight days prior to admission she had received erythromycin for an upper airway infection. The venlafaxine concentration had been in the upper therapeutic range 5 months ago and creatinine had been normal 14 months ago. Escitalopram was last increased three months ago.

On admission, she was fully orientated, with a blood pressure (BP) of 130/60, rising to 170/66 mmHg after 40 minutes. She had episodes of self-limiting atrial fibrillation and ventricular tachycardia. The ECG showed deep anterolateral and inferior ST-depressions. Catheterisation revealed an old occlusion of the right coronary artery. Lab tests showed a potassium of 8,7 mmol/L and a creatinine of 2188 µmol/L. Ten minutes after initiation of hemodialysis BP fell to 60/35. She stabilised quickly but stayed anuric thereafter. CT scans were normal. She then became restless and agitated, decreased in consciousness to 7 points on the Glasgow coma scale and developed muscular rigidity, hyperreflexia, inducible clonus, mydriasis despite morphine administration and slow, pendular (roving) horizontal eye movements. The BP rose to 220/85 mmHg and did not respond to metoprolol, labetalol, glyceryltrinitrate, clonidine, midazolam, morphine or furosemide. Serotonin syndrome was diagnosed based on the Sternbach, Hunter and Radomski criteria. Cyproheptadine was given as antidote and after four hours the BP fell to 135/55 and the neuromuscular symptoms resolved. After 24 hours she was fully alert. A relapse of high BP after 34 hours responded to propofol after unsuccessful trials with metoprolol, minoxidil, bisoprolol, amlodipine and doxazozine. Unfortunately the patient died in a cardiac arrest. The post mortem showed a myeloma and a small necrosis in the papillary muscle, interpreted as type 2 myocardial infarction.

Results: This patient had been successfully and uneventfully maintained on two serotonergic drugs over a long period. The serotonin syndrome was precipitated by two coinciding events; (1) impaired renal clearance of both antidepressants due to a myeloma induced renal failure and (2) reduced hepatic metabolism of venlafaxine due to erythromycin related CYP3A4 inhibition. Coronary ischemia under the hypertensive periods resistant to classic agents may have led to the fatal outcome.

Conclusion: Serotonin toxicity is unlikely on the forefront of physicians and intensive care specialists when faced with a case of treatment-refractory hypertension. The hypertension only resolved after administration of cyproheptadine and propofol. To our knowledge, this is the first case of treatment resistant hypertension in the context of serotonin syndrome.

121 - Constipation. Psychosomatic causes and apitherapeutic remedies

Matran I.M.

University of medicine and pharmacy "Iuliu Hațieganu", Cluj-Napoca, Romania

The growing number of gastroenterological diseases requires the necessity of self-knowledge of the suffering individuals and their involvement in the upper levels of their existence.

The quality of life is an essential element of the contemporary world because, change for the better can be achieved only through a mental and physical health, which in turn requires appropriate use of organic and psychic heritage, making everything possible to avoid "harboring the abuse of any kind, self-abandonment and destruction of man-nature balance, but also complacency in appreciation of simple things.

The fight of some individuals with themselves, not to lose control and mastery of emotions are some of the psychosomatic causes of constipation in various forms.

Often, constipation is associated with liver or biliary suffering, which may be accompanied by symptoms such as itching, cracking, burning, hemorrhoids and bleeding.

This paper seeks to highlight the main psychosomatic causes of constipation and proposes preventing or improving it, with two apitherapeutic products.

122 - The German model of Education in Psychosomatic Medicine and Psychotherapy - The role of Psychotherapy: what is the difference in Psychosomatic Medicine and Psychiatry?

Menzel H

Association of Specialists In Psychosomatic Medicine And Psychotherapy Of Germany (BPM) E.V., Germany

Concept of training and education and of treatment in Psychosomatic Medicine and Psychotherapy has matured over a period of some decades and now presents itself in co-ordinated, tripartite form, which has attracted the interest of other countries.

1. The Primary psychosomatic care is accorded an important screening function for the further treatment process.

2. In somatic areas, further education and training in subject-related psychotherapy is intended to qualify the specialist in his field to provide care for his patients.

3. The specialist in psychosomatic medicine and psychotherapy represents this subject in its entirety, at the same level as the other medical specialists in their fields, at the comprehensive level of further psychosomatic and psychotherapeutic education and training required. In this speech the German model should be presented by emphasizing of the role of Psychotherapy. Moreover Psychotherapy in Psychosomatic Medicine and Psychiatry should be compared.

123 - Vitamin D in hospital psychiatry: an update

Mertens J

Antonius General Hospital, Sneek, The Netherlands

The last decade showed a rise in publications on the role of vitamins in mental disorders. Especially vitamin B12, folate, and vitamin D seem to have a special role in some mental disorders. Vitamin D, also known as 'the sunshine vitamin' plays a role in different bodily functions through binding to the vitamin D receptors (VDR), which have been identified in more than 30 different cell types with different functions such as in calcium homeostasis, immune regulation, endocrine functions and in the hematopoietic system. Low vitamin D has many causes and a low vitamin D is related to many diseases, of which Ricketts and Osteomalacia are the most well known. There are compelling data showing that a low vitamin D is also related to some (neurologic) autoimmune diseases such as Multiple Sclerosis and psychiatric disorders, especially depressive disorders. There is on the other hand missing data to justify routine measurement and routine supplementation. In this presentation, the current knowledge on Vitamin D and its role in mental disorders is evaluated resulting in an advice on routine measurement and supplementation in hospital psychiatry.

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124 - Placebo and hypnosis taken seriously!

Mertens J

Antonius General Hospital, Sneek, The Netherlands

Hypnosis as a neurophysiological phenomenon has gained new research interest. Research in placebo effects and hypnosis show that hypnosis and suggestibility have some aspects in common, but there are important differences. In neuroimaging studies of hypnotic processes different brain structures are involved: thalamus, hippocampus, amygdala, medical prefrontal cortex, anterior cingulate cortex. With new findings, more insight is gained into the underlying brain mechanisms of hypnosis and suggestibility and their potential in effective patient-physician communication and even more, for helping patients to learn to control or regulate (patho) physiological processes. Hypnotherapy has

proven to be highly effective in psychosomatic medical disorders such as chronic pain and irritable bowel disease. Placebo research shows the importance and medical relevance of good information communication. Information can improve or worsen outcome of any treatment modality. As placebo effects are wanted and nocebo effects should be avoided, more knowledge on hypnosis and suggestibility (placebo) is needed. In this presentation, the current scientific research on hypnosis will be discussed focusing on clinical relevant communicative interventions.

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125 - Romanian culture specific expression and psychological impact of anxiety

Miculțiu I

University Of Medicine and Pharmacy "Iuliu Hatieganu" Cluj-Napoca, Romania

Purpose: To investigate if a Romanian sample of anxious subjects entirely fulfilled the current ICD-10 diagnostic criteria, if there were sub threshold panic attacks, to describe specific symptoms and the subjective impact.

Methods: Romanian 56 subjects consented to participate in the current study, diagnosed with panic disorder with/without agoraphobia, mainly as outpatients. Eligibility criteria were the presence of recurrent panic attacks associated or not with avoidant behavior and the absence of any organic cause or substance abuse that could mimic the psychiatric disorder. Prior to the application of the psychiatric tools, took place a discussion. A semi-structured interview (ADIS-R) has been followed by STAI-S, STAI-T, HAM-A, CGI, GAF. Tools assessing anxious state were applied investigating two moments: during the panic attack and currently.

Results: Subjects were predominantly active women. The majority reported spontaneous panic attacks (65.85%), while quite few experienced situation triggered panic attacks. Even though sub threshold panic attacks were present, their subjective impact has been judged as moderate. Anxious symptoms, rated during the panic attack, have been appreciated as more severe than during the interview. The description of the symptoms fitted into the diagnostic criteria in a proportion of 61%. Those patients who described bothering symptoms such as:

cephalea, occipital tension, attention difficulties, blurred vision, tinnitus, digestive and urinary symptoms.

Conclusion: The predominance of somatic complaints fits into the so called "black box in somatisation" (Waitzkin & Magana, 1997). The first prospective research project, aiming the description of anxiety in ethnic minorities, is ongoing (Weisberg et al., 2012). Romanian anxious patients experiment the general symptoms of anxiety but are bothered by some specific symptoms, severe enough in order to impact their functioning.

126 - The influence of the psychic on the evolution of an acute myeloid leukemia

Mihaila R-G

Lucian Blaga University Of Sibiu, Romania

Introduction: The connection between psychic and cancer is a controversial subject, but it is undoubtedly that the psyche can influence the evolution of associated somatic diseases, on which depends the survival of a patient with a malignant hemopathy.

Methods -Results (Case Report): We present the case of a female patient who was diagnosed with hyperleukocyte type of acute myeloid leukemia complicated with disseminated intravascular coagulation. The patient was informed of the diagnosis, according to the current legislation. In the 3rd day of treatment she presented an episode of paroxysmal atrial fibrillation, psychomotor agitation, and anxious-depressive reaction. Echocardiography, left ventricular ejection fraction, and electrocardiogram conducted baseline were normal. Blood ionogram and thyroid hormones were normal, too. In addition, she presented a diarrheal syndrome that evolved to toxic megacolon, followed by swelling that grew up at anasarca, on the background of hypoproteinemia and anorexia.

Atrial fibrillation has been converted to sinus rhythm; disseminated intravascular coagulation, toxic megacolon, hypoproteinemia, and anasarca were treated. At the exit from aplasia acute leukemia was in complete remission. Subsequently, the patient has accepted the proposed treatment with tianeptine. The second polychemotherapeutic cure was very well tolerated, with no heart or digestive complications, which is why hospitalization was shorter. Even the news that she has FLT3-ITD mutation, a negative prognostic marker (which require allogeneic graft for relapse prevention), did not longer induce anxious-depressive reaction. The patient emerged from aplasia in complete remission, too and is looking for a compatible donor.

Conclusion: The psychological balance is essential for avoiding functional components of visceral disorders of patients with chemotherapy and long-term aplasia.

127 - Study on the correlation between psychological disorders, clinical and biological parameters and the evolution of patients with Philadelphia negative - chronic

Mihaila R.G.

Lucian Blaga University Of Sibiu, Romania

Introduction: It is known that patients with PnCMN are prone to develop psychological disorders. We plan to investigate their presence and possible correlations with

clinical and biological parameters and evolution in our patients.

Material and method: We studied all those 80 patients with PnCMN found in the records of the Hematology service of our hospital in 2013. We looked at their age, waist circumference, hemoleucogram, platelets parameters, triglyceridemia, cholesterolemia, blood pressure, thrombotic complications, and psychological disorders: anxiety, depression and psychasthenia. The results were statistically analyzed.

Results: Psychological disorders were present at 32 of 80 patients (40%). They were more common in patients with essential thrombocythemia (ET) (43.9%), compared to those with primary myelofibrosis (PM) (36.3%) and polycythemia vera (PV) (35,6%). In the entire group, the mental disorders have been correlated directly with thrombotic accidents ($r=0.282$) and JAK2V617F mutation ($r=0.288$). In patients with ET mental disorders were correlated directly with tryglyceridemia ($r=0.384$) and thrombotic accidents ($r=0.300$). In those with PV they were directly correlated with age ($r=0.300$), diastolic blood pressure ($r=0.300$) and thrombotic accidents ($r=0.305$). In patients with the PM they were directly correlated with age ($r=0.286$), waist circumference ($r=0.355$), systolic ($r=0.285$) and diastolic ($r=0.302$) blood pressure and inversely with the number of platelets ($r=-0.563$) and the average platelets volume ($r=-0.437$).

Conclusion: Psychological disorders are common in patients with PnCMN and correlating with the presence of JAK2V617F mutation (that favours thromboses), thrombotic accidents, and some thrombotic risk factors (in some subgroups of patients). The stress could be one of the factors that explain the mentioned correlation.

128 - Fairy tales and psycho-soma

Mitelpunkt R

Tel Aviv Medical Center, Israel

Researching the uses that patients make of different metaphores to describe their suffering, we developed a methodology of reframing patients' vision of their problems into a storytelling work. We use stories, legends and fairy tales as a model of problem coping and problem solution. This reframing work allow patients to see their psycho-soma in a different way and to develop a more positive, proportional and perspective approach to themselves and their symptomatology. In our exposition will bring examples of our work and the stories most used by patients.

129 - Psychoneurology: enhancing well-being and improving quality of life of patients with chronic kidney disease

Mucsi I^a, Novak M^a, Mustata S^b

^aUniversity of Toronto, Toronto, Canada and Institute of Behavioral Sciences, Semmelweis University Budapest, Hungary

^bUniversity of Calgary, Canada, Rockyview General Hospital, Calgary, Canada

Objectives: 1. To provide an overview of quality of life and psychosocial issues of patients with chronic kidney disease (CKD);

2. To identify potentially modifiable factors to improve quality of life and enhance well-being of patients with CKD, including sleep and psychotherapies to facilitate coping;

3. To present exercise and rehabilitation programs developed for patients with CKD.

Chronic kidney disease is a progressive, life-threatening illness that imposes a significant disease burden and impairs quality of life. When CKD progresses to end-stage renal disease, renal replacement therapies (dialysis or transplantation) are needed for the survival of the patient. Kidney transplantation also presents unique psychological and social challenges.

In the symposium, we will be discussing mental health related and psychosocial issues, which impact well-being and quality of life of patients with CKD. We will also review how various mental health interventions could contribute to improve quality of life and decrease illness intrusiveness of CKD and dialysis/transplantation. The symposium will also provide a brief review of research in the field of exercise rehabilitation of individuals with CKD, a historical review of various initiatives of clinical assessment of physical activity as well as the implementation of counseling and exercise programs. We will also include a presentation of the successful KEEP (Kidney Exercise and Education Program) in Calgary.

130 - Successes and failures in clinical practice of family physician

Muresan I

Family Medicine Clinic, Cluj Napoca, Romania

In recent years, new vaccines were introduced in the medical practice through the joint efforts of family doctors, neonatologists, pediatricians and infectious disease epidemiologists. It's about hepatitis B, mumps-measles-rubella, Haemophilus Influenzae type b and pneumococcal vaccines. Others vaccines like polio and whooping cough vaccines were modernized.

The penta- and hexa-valent vaccines, recently available in the practical activity, simplify the vaccination programs by reducing the number of vaccine injections. From the point of view of registration, it was introduced a national vaccination register.

There are many families that for their children use additional vaccines for common diseases for our geographical area like: hepatitis A, varicella, rotavirus diarrhea, meningococcal meningitis.

The effect of vaccine programs is really huge in term of prevention such diseases with great impact on this small patients health, for reducing the number of consultations, complications, days of hospitalization and also for increasing the family doctor's prestige and strengthening the doctor - patient relationship.

We have new vaccines well tolerated with fewer side effects, which are free, there are the most advanced preparations in the world and despite of this we have more and more parents that make vaccines administration questionable due to different myths or a currents of opinion against vaccinations. This attitude hampers the mobilization to vaccination.

Despite difficulties regarding the vaccines programs, it is much better for patients and family physicians in 2014

compared to 1990. From a family doctor perspective it's important don't disarm and do our duty, because with each vaccinated child, it's a disease prevented, which means less pain for the patient, less cost for the family and for the community.

Changing attitudes toward vaccination is mainly related to medical staff patience and better communication with each patient explaining the benefits of vaccinations.

131 - The Establishment of a Perinatal Emotional Health Group for Migrant Women: Lessons Learned

Neale A

Sydney Local Health District, Australia

Migrants have higher levels of depression and anxiety than non-migrants. Pregnant migrant women are especially vulnerable to emotional distress due to their social circumstances, isolation from family and culture of origin, and aspects of the pregnancy itself. This study reports the process of establishing an emotional health group program for migrant women in an antenatal clinic. The aims of the program were to provide education, reduce symptoms of anxiety, depression and stress, and to improve the social resources and connectedness of the women. This report describes the pathways taken in developing the program, including a literature review, needs assessment and collaborative planning discussions across different key health services, recruitment and review. Evaluation of the poor uptake of the program includes a broad discussion of the barriers encountered. Possible reasons for failure to implement the program included cultural barriers, mistrust of healthcare services, family opposition, difficulties with transport, and systems issues. Strategies to address these practical implementation issues and improve the acceptability of such programs in this population are discussed.

132 - New direction of Psychosomatic Research in Hypertension

Nedelcu L^a, Rogozea L^a

^a Transilvania University Brasov, Romania

The psychosomatic research in the last few years was oriented towards the clarification of the psychosomatic nature of the arterial hypertension.

Anterior studies have not shown the efficacy of an early biofeedback intervention, reduction of the stress or relaxation techniques in improving the hypertension management.

In results interpretation was limited by the individual reactivity variations to the same stress and the contradictory results regarding the correlation between the stress reaction and future cardiovascular events.

Recent research guides towards less studied areas but with increased clinical relevance in the hypertension-psychosomatic factors interrelation:

- The contribution of the psychological factors in electing the hypertensive therapy;
- The role of repressed emotions versus expressed emotions in the development and evolution of the hypertensive disease
- The identification of some clinical phenotypes with attested psychosomatic contribution.

133 - Psychiatric comorbidities in bronchial

Nicoara M

Dr. Gh. Preda Psychiatry Hospital, Sibiu, Romania

Asthma, the most enigmatic chronic disease continues to attract the interest of researchers even in the XXI century. Mainly characterized by intermittent airway obstruction, airway inflammation and bronchial hyperresponsiveness, asthma represents an area full of paradoxes - may occur in childhood and in adults, can be exacerbated by environmental, physiological, and emotional triggers, varying greatly in severity and the clinical outcome, in subsequent disability and in response to treatment. All of these, along with the increasing prevalence of the disease in recent years have led to increased asthma burden on the patient, his family, and the society, and not least the medical system in primary care, but also in secondary one. Recent research raises more often the issue of psychological and psychopathological factors as risk factors for poor adherence and poor asthma control, with significant impact on quality of patients life and with increasing use of health services.

Purpose: This presentation aims to identify psychopathological aspects that maintain or worsen the evolution of asthma disease, focusing on depressive disorders and anxiety, along with sleep disorders and addictions.

Methodology: 52 consecutive patients with asthma diagnosed by a specialist were evaluated with The structured interview for DSM-IV Axis I Disorders (SCID-I).

Results: Preliminary results showed a higher prevalence of depressive disorders, followed by anxiety disorders and harmful use for health of ethanol.

Conclusions: The current results are consistent with the literature, emphasizing the importance of recognizing mental disorders in patients with asthma, knowing that they frequently remain undiagnosed.

134 - Behavioral Sciences and Psychosomatic Medicine in a Changing Society - The legacy of Maria Kopp

Novak M

UHN - Toronto General Hospita, Canada

Faculty of General Medicine, Semmelweis University of Medicine, Budapest, Hungary

Politically and culturally changing societies present unique social and psychological challenges for the people who live in those "interesting times". These challenges are well reflected in the work of research and applied sciences of the late Professor Maria Kopp and her colleagues. The presentation will provide an overview of Maria and her colleagues' epidemiological research and academic achievements in the Institute of Behavioural Sciences at the Semmelweis University in Budapest, Hungary, which she founded in 1993. The talk will also include the impact of her work and views on Behavioural Sciences and Psychosomatic Medicine both in Hungary and internationally, acknowledging the importance of "whole person care" in modern medicine.

135 - The modulation of preoperative anxiety by the cognitive avoidance mechanism in surgical patients

Ones M

University of Medicine and Pharmacy Iuliu Hatieganu, Cluj Napoca, Romania

Purpose The aim of this study is to evaluate the associations between a low level of preoperative anxiety, defensive coping and a heightened physiological arousal, which turns into a clinical risk factor. Each concept was approached from a psychological, neurobiological and clinical implications perspective and was analyzed interactively. We investigated whether the cognitive avoidance mechanisms modulate preoperative anxiety, both in terms of subjective (self-reported) and objective (serum cortisol-anxious arousal marker) measurements, respectively.

Patients and methods The data was collected from a batch of 46 patients (N=46), age 20-60, having a general surgery diagnosis, by applying questionnaires (one hour before surgery) and collecting the preoperative serum cortisol (in the operating room, before anesthesia procedures). The design of the research is a correlative, transverse one.

Results The results obtained did not allow the confirmation of the hypothesis (the use of defensive denial, intellectualization, projection, rationalization, repression) probably due to the methodological limitations of the study. The influence of the cognitive avoidance mechanisms on anxiety as a state is low, with qualitative differences from one type of anxiety to another (subjective vs. objective).

Conclusion The study may be considered a pilot study. Future research may be based on the comparative measurement of anxiety, defensive coping, and the level of base cortisol in neutral and acute stress conditions, respectively.

135 - What do they know? Knowledge, beliefs and intentions towards Human Papillomavirus (HPV) and Flu vaccination in a Romanian sample of college students

Pena M.A.^a, Băban A.^a

^a Department of Psychology, Babes-Bolyai University, Romania

Purpose: To assess knowledge, beliefs and intentions toward HPV vaccination and flu vaccination among a Romanian sample of college students. A second objective of the present study was to identify predictors of vaccination decisions.

Methods: A total of 275 students completed a theory-informed survey assessing demographic information, sexual history, general attitudes about vaccination, knowledge of HPV and Flu vaccines, vaccine-related beliefs (perceived risk of infection, perceived severity of infection, perceived effectiveness and safety of vaccines), anticipated emotions if they declined vaccination and later developed disease, social norms, willingness to receive the vaccines, interest in learning more about vaccines and preferred sources of health information. Descriptive statistics and regression analysis were performed.

Results: In general, knowledge levels about vaccines and about vaccine-related diseases were low and misconception levels were high. About 69% of the sample reported that they had never heard about the HPV vaccine. It seems that anticipated regret and anticipated worry are important factors that might influence decisions, apart from

traditional predictors such as perceived vaccine safety and effectiveness and perceived severity of the disease. Most participants listed Internet and mass media as sources of information that they use frequently, though doctors are still regarded as an important resource. The great majority of participants stated that they are interested in receiving more information about vaccines.

Conclusions: This is the first cross-sectional study that assesses awareness, knowledge and beliefs about HPV and flu vaccines among college students in Romania. Findings indicate that educational interventions are necessary as a response to suboptimal knowledge levels as well as low vaccine acceptability.

137 - The anxiety of the patients in front of the dentist

Picos A.M.^a, Picos A.^a

^aProsthetic Department of Dental Medicine Faculty, Iuliu-Hatieganu University, Cluj-Napoca, Romania

Abstract: The objective of this study was to evaluate the anxiety of the patients in the dental practice and the influence of the environment comfort using relaxing music and aromatherapy on the psychological statement

Introduction: Patients anxiety in front of medical treatments is generally due to a structural excess sensitivity or anterior negative experience. The finality of dental treatment is not certain for these patients, they frequently renounce after few sessions. Their psychological lability may also influence treatment options of the doctor, who will choose the simplest therapeutical choice to protect the *patient*.

Method and material: Two groups of 24 patients each was evaluated with DAS index (Dental Anxiety Scale) and BAI (Beck Anxiety Inventory). First Index investigate the anxiety correlated to the dentist/medical treatment and the second one investigate the general anxiety statement of the patient in the moment of the evaluation. On the first group music and aromatherapy was used, before and during the medical procedures. Patients were also evaluated after clinical treatments. The control group 2 support edmedical procedures without music and aromatherapy benefits. The control group was also evaluated with DAS and BAY score before and after the medical procedures.

Results. No significant differences regarding subjects anxiety were found using DAS score after environment modifications in the dental practice. There were significant BAI score results using music and aromatherapie which indicate a better psychological statement of some patients after increasing environment comfort

138 -The impact of cardiovascular diseases on late life depression

Podea D.M.

"Vasile Goldis" Western University Of Arad, Psychiatry Department, Romania

Objectives: evaluating the impact of cardiovascular diseases on the outcome of late life depression.

Material and methods: The study was conducted on 62 patients diagnosed with late life depression, admitted in the Psychiatric Clinic of Arad between 2011- 2013. 75% were diagnosed also with cardiovascular diseases. The

patients were evaluated (physical and from psychiatric point of view) at the admission, at discharge and after 6 months. The intensity of depression was quoted with Hamilton Rating Scale of Depression (HAM-D). Cortisolemia was also evaluated.

Results: 42 patients (67.7%) were diagnosed with moderate depression (n=42), only 6 patients had mild depression and 14 patients severe depression. The average of HAM-D scores was higher (19.8 points) in the patients with cardiovascular diseases compared with patients without co-morbidity. 38.7% (n=24) of the patients present increased values of cortisolemia, especially the patients with severe depression and cardiovascular diseases. The evolution of the patients without co-morbidity was better (3.6 vs. 3.2 points at discharge and 3.9 vs. 3.3 points after 6 months) compared to those with co-morbidity. The period of hospitalization was longer to the patients with cardiovascular; the mean of hospitalization days was 19 vs. 17.

Conclusions: The cardiovascular diseases are a negative prognostic factor regarding the outcome of late life depression, this co-morbidity increases hospitalization period and the costs in consequence.

139 - Role of expectations in experiencing pain and discomfort during colonoscopy

Pojoga C^a, Stanculete M.F.^b

^a Dept. of Clinical Psychology and Psychotherapy, Babes Bolyai University, Cluj-Napoca, Romania

^b Dept. of Neurosciences, Iuliu Hatieganu University of Medicine and Pharmacy Cluj-Napoca, Romania

Purpose: Colonoscopy is a very useful medical examination, but in general population it is associated with the idea of discomfort and pain. Because of this, the level of adherence in colorectal cancer screening programs is relatively low. A number of studies have suggested that the level of pain and of discomfort depends of the expectancies a person has about the situation. The present study aimed to evaluate how the levels of pain and discomfort are modulated by subjects expectancies.

Methods: We took into study 108 subjects that participated in a colorectal cancer screening program. Subjects were asked to complete a questionnaire to evaluate the anticipatory and the perceived discomfort/pain during colonoscopy.

Results: 63 (58.44%) of subjects predicted a moderate level of pain, 31 (28.70%) predicted a severe pain and only 14 (12.96%) a mild pain during colonoscopy, the difference between the three groups being statistically significant ($p < 0.0001$). When asked postprocedure, 61 (56.48%) of subjects reported a mild level of pain, 31 (28.70%) reported a moderate pain and only 16 (14.81%) a severe pain during colonoscopy, the difference between the three groups being statistically significant ($p < 0.0001$).

45 (41.66%) of subjects predicted a severe level of discomfort, 35 (32.40%) predicted a mild discomfort and 28 (25.92%) a moderate discomfort during colonoscopy, the difference between the three groups being statistically significant ($p < 0.0001$). When asked postprocedure, 52 (48.14%) of subjects reported a mild level of discomfort, 47 (43.51%) reported a moderate discomfort and only 9 (8.33%) a severe discomfort during colonoscopy, the

difference between the three groups being statistically significant ($p < 0.0001$).

Comparing the answers before and after the procedure, we observed that the anticipatory pain and discomfort are higher than the retrospective pain and discomfort. The only subgroup in which the before and after responses are not statistically significant different is represented by the subjects that anticipate a high level of pain.

Conclusion: Though more research is certainly needed, the data suggest that the experienced level of pain and discomfort during colonoscopy is lower than expected in the majority of cases and expectations are important in modulating them.

140 - Resilience in academic settings: importance and predictive factors

Popa - Velea O

University of Medicine and Pharmacy Carol Davila - Bucharest, Faculty of Medicine, Department of Medical Psychology, Romania

Background: Resilience is a key variable for academic success, as it allows not only overpassing difficult tasks inherent to academic life, but also the increase of self-esteem and the stimulation of personal growth. Both can have long-term implications for professional functioning, by integrating situations overcome with success into a winner life-scenario.

Method: This study aimed to realize a quantitative assessment of resilience in a sample of undergraduate medical students, and to correlate it with their attachment style and coping strategies. 320 participants aged 20-24 (126 men, 194 women) were administered COPE Inventory (Carver et al., 1989), Adult Attachment Style - revised (Collins, 1996) and the Resilience Scale (Wagnild & Young, 1987). Beside the simple evaluation of resilience levels across study sample and by gender, a hierarchical regression was performed, to identify predictors of resilience.

Results: The resilience scores were moderate (132♂, 122♀). Predominant coping strategies were -in women- seeking of instrumental and emotional support, reinterpretation and planning, and -in men- planning, active coping and seeking of instrumental support. High levels of resilience were correlated to the secure attachment style ($p < .05$) and with the ability of re-assessment in stressful situations ($p < .03$). In contrast, low levels of resilience were correlated to the anxious and vigilant attachment styles ($p < .05$) and to the seeking of emotional support ($p < .03$) and denial ($p < .05$). A total amount of 42% of resilience was explained by factors considered in this analysis.

Conclusion: These results could have implications in constructing better strategies to understand and address low resilience in academic settings.

141 - Poststroke depression: mechanisms, translation and therapy

Popa-Wagner A

Clinic of Psychiatry, Rostock Medical School, Romania

Purpose: Poststroke depression (PSD) is among the most frequent neuropsychiatric consequences of stroke. Depression also negatively impacts stroke outcome with

increased morbidity, mortality and poorer functional recovery. So far, preclinical and translational research on PSD is largely lacking. We aimed at characterization of suitable animal models for deeper insights into the biological basis of poststroke mood disturbances.

Methods: We employed the Affymetrix platform to analyze the whole-gene transcriptome following temporary ligation of the middle cerebral artery in aged and young rats. The post-stroke depression was evaluated using the sucrose testing.

Results: By transcriptomics analysis we identified an increased expression of the gene encoding the serotonin receptor type 2B in the post-stroke brains of aged animal models. By immunohistochemistry, HTR2B was localized to degenerating neurons in the perinfarcted area both in human and animal studies. In addition, HTR2B in the human brains was associated with astrocytes in the perinfarcted region.

Conclusions: These results suggest that comparative studies in experimental models and patients may pave the way for the discovery of novel therapeutic targets.

142 - Consonantist psychosomatics -picture poster

Popescu N

IMP Dr. Popescu Nicolae Drobeta Turnu-Severin, Mehedinti, Romania

Purpose: to highlight the contribution of Dr. Tefan Odobleja to the psychosomatics concept **Methods:** analytical study investigating the relations and interrelations between psychosomatics and consonantist psychosomatics. Academy Member Tefan Odobleja, army physician, internationally acknowledged as the parent of generalised cybernetics and creator of psychocybernetics, deserves a special place in the history of both cybernetics and psychosomatics. The work *Psychologie consonantiste* (880 pp), published in French in Lugoj, in two volumes, between 1938-1939, was distributed through „Librairie Maloine in Paris. In 1978 at the International Congress of Cybernetics and Systems in Amsterdam, 30 years of cybernetics were celebrated and the „Norbert Wiener medal was inaugurated. Upon this occasion tefan Odobleja's world priority on the idea of generalised cybernetics was acknowledged, 10 years prior to N.Wiener, whose cybernetics is in fact a technical application of general cybernetics.

Results: Throughout its vast content, the work „*Psihologia consonantist* (Consonantist psychology), uses nine universal laws i.e. those of equivalence, equilibrium, compensation, reaction, oscillation, reversibility, inertia, consonance, transformation, all based upon the resonance phenomenon. He was the first attempting to apply the feedback law (law of reversibility) in nature and society, in as many scientific fields as possible: philosophy, biology, psychology, sociology, political economics, mathematics and even medicine (psychoneurology, psychophysiology, psychopathology, interpsychology), enabling an easier understanding of the interrelations between biological, psychological and social factors, of the psycho-somatic connexions in the practice of psychosomatic medicine.

Conclusions: The syntagm of consonantist psychosomatics facilitates a better understanding of the psychosomatic

circuit, psychophysiological and clinically expressed in the work of Stefan Odobleja.

143 - Changing concepts of CHD's psychological correlates. Old wines in new bottles or new wines in the old ones?

Purebl G

Institute of Behavioural Sciences, Semmelweis University of Medicine, Hungary

Introduction: CHD is amongst the top public health concerns at the start of the 21st century. The potential role of psychosocial factors in CHD long has been studied, numerous concepts have been set up, yet many contradictions remain unresolved and a comprehensive conceptual model is still missing.

CHD risk and depression: Role of depression is extensively studied in CHD. According to our representative survey (N=11.122) in 2002 about half of the cases treated with myocardial infarction (AMI) showed depressive symptoms (measured with the shortened version of Beck Depression Inventory). Even amongst the milder cases (had not suffered AMI or stroke, but treated with CHD) the frequency of subthreshold and clinically-significant depression altogether was 47.1% for men and 51% for women, i.e. roughly the same proportions as for those in the groups with AMI or stroke.

In a latter survey 4527 individuals were followed up in 2006. The number of CHD cases is increased from 20,5% to 34.8%. The frequency of new onset CHD until 2006 was 14.3% amongst those who were not depressed in 2002, while it was 23.6% amongst those who are detected with subthreshold, and 22.5% with clinically significant depressive symptoms ($p < .0001$).

Chronotype as possible risk factor: In a survey of 202 healthy female, association of chronotype and health risk were investigated. More depressive mood ($p < .016$), lower well-being ($p < .001$) and poorer health ($p < .052$) among evening types were found. Assessment of potential cardiovascular risk factors found that higher level of stress ($p < .005$), less physical activity ($p < .042$) and less healthy diet ($p < .003$) were associated with eveningness. Furthermore, stress and smoking behaviour diminished the strength of the association between chronotype and depression.

Conclusions: Our data suggest that evening preference might be an underlying associated factor of various CHD risk factors and depression, and therefore might be novel candidate for carrying cardiovascular risk.

144 - Picking (me) apart: a skin-picking disorder case report

Ribeiro A^a, Ribeiro J.P.^a, Ribeiro B^a, Doellinger O.V.^a

^a Psychiatry and Mental Health Department, Centro Hospitalar Tâmega e Sousa Penafiel, Portugal

Deliberate self-harm (DSH) is defined as the intentional injuring of one's own body without apparent suicidal intent. Other names for this behavior include superficial moderate self-mutilation, self-injurious behavior, auto-aggression, purposive accidents, parasuicide, and self-wounding. Various forms of DSH have been described across a spectrum of psychiatric disorders, including substance abuse, eating disorders, posttraumatic stress disorder,

major depression, anxiety disorders, and schizophrenia, as well as in personality disorders, particularly borderline personality disorder. However, it occurs in nonclinical populations as well, and approximately 4% of the general population have reported history. There is evidence that DSH has become more prevalent in recent years and several studies have found higher rates of self-injury in individuals from younger generations. Data suggests lifetime prevalence rates between 4% and 38% within adult populations, so it is a clinical problem of growing significance. Nature of injury varies from mild to very severe form and it could be isolated or repetitive. It seems to have mythological, religious, historical and cultural undertones, especially in normal and subthreshold psychiatric conditions. Skin-picking disorder (SPD) is characterized by recurrent picking at one's own skin and requires repeated attempts to decrease or stop one's skin picking. The most commonly picked sites are the face, arms, and hands. Individuals may pick at healthy skin, but also at minor skin irregularities and most of them often spend significant time on their picking behavior. In general population, the lifetime prevalence for SPD in adults is 1,4% or somewhat higher, and more likely in women. SPD differs from other conditions, such as Nonsuicidal Self-Injury, as there is no self-harm intention. In this poster we describe the case of a 44-year-old woman, without known previous psychiatric history, hospitalized after a significant hemorrhage caused by self-inflicted deep facial dermal lesions (with muscle exposition). Psychopathological possible explanations of this case, as in similar reviewed ones, were related to frustration, aggression, and impulsivity.

145 - (Con)version of a stroke: a case report

Ribeiro J.P.^a, Ribeiro A^a, Ribeiro B^a, Silva J.C.^a

^a *Psychiatry and Mental Health Department, Centro Hospitalar Tâmega e Sousa Penafiel, Portugal*

In contemporary classification systems, hysteria has been replaced by the expression Conversion Disorder (CD). The term conversion, derived from psychodynamic conceptualizations, refers to the converted symptom as (an attempt of) a symbolic or somatic expression of an unconscious, unresolved, psychic conflict.

Transient conversion symptoms are common, but the precise prevalence of the disorder is unknown. The incidence of individual persistent conversion symptoms is estimated to be 2-5 / 100,000 per year. Its disability can be, however, similar to that experienced by individuals with comparable medical diseases.

CD encompasses symptoms of altered voluntary motor or sensory function and clinical findings providing clear evidence of incompatibility between the symptom and any recognized neurological or medical condition. Typical clinical presentations include motor and sensory deficits, blindness, aphonia, swallowing difficulties (globus hystericus) and non-epileptic seizures.

Here is reported a case of an adult woman with a CD manifested as a history of two medical hospitalizations, prior to her first psychiatric assessment. Both of the hospitalizations episodes occurred within a year, and were due to distinct neurological deficits. The latter required an

extensive organic etiology research, which was later found unremarkable.

146 - Conversion Disorder -A Review through the Prism of the Rational-Choice Theory of Neurosis

Rofé Y^{a,b}, Rofé Y^a

^a*Interdisciplinary Department for Social Sciences, Bar-Ilan University, Ramat-Gan, Israel.*

^b*Ashkelon Academic College, Ashkelon, Israel.*

Conversion disorder remains a mystery that has only become more complicated with the decline of the scientific status of psychoanalysis (e.g., Piper, Lillevik, & Kritzer, 2008, Rofé, 2008) and recent neurological findings suggest that this behavior is controlled by biological mechanisms (Van Beilen, Vogt, & Leenders, 2010). Moreover, existing theories have difficulty explaining the efficacy of various interventions, such as psychoanalysis, behavior therapy, drug therapy and religious therapy. This article reviews research and clinical evidence pertaining to both the development and treatment of conversion disorder and shows that this seemingly incompatible evidence can be integrated within a new theory, the Rational-Choice Theory of Neurosis (RCTN; Rofé, 2010). Despite the striking differences, RCTN continues Freud's framework of thinking as it employs a new concept of repression and replaces the unconscious with self-deception. Moreover, it incorporates Freud's idea, implicitly expressed in his theory, that neurotic disorders are, in fact, rational behaviors.

147 - The Assessment of the Stress Level of the Medical Personnel from a Psychiatry Ward

Rogozea L^a, Constantin D^a, Grigorescu S^a, Nedelcu L^a,

^a *University Transylvania Brasov, Romania*

Purpose: The evaluation of the stress level and the perception of the stress at the medical personnel from a psychiatry ward.

Method: The study was performed on a group of 86 employees (doctors, resident doctors, registered nurses and auxiliary personnel) from a psychiatry ward of the Brasov Psychiatry and Neurology Hospital. The stress evaluation level was performed with the ISMA questionnaire elaborated by the International Stress Management Association UK and the evaluation the stress perception was performed with the Sheldon Cohen's Perceived Stress Scale.

Results: The evaluation of the stress level of the medical personnel from the psychiatry ward shows that 15.20% of the personnel have a low stress level, 63.95% have a medium stress level and 9.35% have a high stress level. The level of perceived stress is high at 30.23% of the personnel and very high at 29.06%. At each questionnaire item we have analyzed the repartition of the stress and the stress perception at the studied personnel groups.

Conclusions: The psychiatrists and the personnel from a psychiatry ward have a higher stress level and perceived stress level than their colleagues from other medical specialties. The causes of the stress emergence are linked more to the work environment than the individual characteristics.

148 -Anxiety and depression in the sample of patients with facial dermatoses

Rukavishnikov G

Saint Petersburg State University, Russia

Purpose: The aim of our study was to evaluate anxiety and depression in patients with facial dermatoses.

Methods: 53 patients diagnosed with facial acne and comorbid rosacea and rosacea-like dermatitis were included in the study. The sample was divided into two subgroups: the patients with adult acne (n=29, mean age - 28,3) and the patients with adolescent acne (n=24, mean age - 18,2). The Hospital Anxiety and Depression Scale (HADS) and Hamilton Rating Scales for Depression and Anxiety were used for the evaluation of the psychopathological symptoms. The psychiatric disorders were classified according to ICD-10. Data were analyzed with SPSS 17.0, p<0.05 was considered to be statistically significant.

Results: Moderate level of depression according to HADS was diagnosed in 15% of patients with adolescent acne and in 5% - with adult acne (mean scores - 8,25±0,25 and 8±0,34, respectively). 12% of patients with adolescent acne and 5% with adult acne were presented with severe anxiety (14±1,5 and 13±1,0), 25% and 34% - with moderate anxiety (8,67±0,33 and 8,9±0,6). According to Hamilton Scales facial dermatoses patients were mostly presented with low levels of depression (1,6±0,2 for adolescents and 2,2±0,38 for adults) and moderate anxiety (3,75±0,38 for adolescents and 5,0±0,43 for adults). In total 28 % of the patients had the psychiatric pathology: 7 patients were diagnosed with Generalized anxiety disorder (F41.1), 2 with Somatisation disorder (F45.0), 2 - with Adjustment disorder (F41.2), 4 - with Combined anxiety and depressive reaction (F43.22).

Conclusions: Patients with facial dermatoses were present with the moderate frequency of the anxiety and depressive disorders. It would be reasonable for dermatologists to screen for psychiatric distress in this group.

149- The benefits of using patient-reported outcomes in cancer treatment

Rumpold G

Innsbruck Medical University, Dept. Medical Psychology, Innsbruck, Austria

The patient's perspective evaluated by patient reported outcomes (PROs) gains more and more importance, since treatment efficacy is no longer solely linked to clinical outcomes like cure and overall survival.

Ailments like pain, fatigue and social isolation can only be assessed by patients' direct expression without any interpretation made by medical staff. PROs facilitate the disclosure of quality of life issues and patients feel a stronger support due to improved communication. PROs offer many further advantages like saving of time, cost and staff, targeted intervention and sensitizing of clinicians.

Also, internationally validated questionnaires are available and the development of electronic PROs eases data-collection, calculation and storage. PROs collected within clinical routine are versatile concerning their applicability: They can be used for scientific analyses, quality assurance, and health technology assessment.

The presentation of own studies will underline the importance PROs in the clinical practice.

150 Integration - Impact of language on a positive and sustainable Integration - psychosomatic syndromes due to problems with Integration

Schertel F^a, Groux D^a

^a Edusa International, Germany

Method: Case demonstrations in France and Germany

Results: We will demonstrate the consequences of language knowledge on the quality and sustainability of integration and otherwise the impacts of integration problems on the health of people - shown by psychosomatic syndromes.

Conclusions: Language is the key to a good and livelong lasting integration - on the other hand psychosomatic illness as the result of problems in integration.

151 - Operationalized Psychodynamic Diagnostics

Schneider G

Department Of Psychosomatic Medicine And Psychotherapy, University Hospital Muenster, Germany

The Operationalized Psychodynamic Diagnostics (OPD) by the OPD-Task Force allows an assessment of the psychodynamics which underly a patient's psychosomatic and psychiatric symptoms. It is a multiaxial system which comprises the axes "Illness Concepts and Prerequisites for Treatment" (axis 1), "Repetitive Dysfunctional Relationship Pattern" (axis 2), "Neurotic Conflicts" (axis 3) and "Level of Structural Integration" (axis 4). It is an expert rating based on a psychodynamic interview of 1 to 3 hours duration. The OPD-system also provides tools for specifying the focus of psychotherapy as well as for evaluation of treatment success.

It has been translated into several European languages and published in English, Spanish, Czech, Hungarian, and Romanian.

This workshop gives an overview of the OPD system and exemplifies the diagnostics and treatment planification based on a OPD-interview with a patient with psychosomatic symptoms (interview in German with English subtitles).

152 - The effects of Buddhist Zen training on quality of life using SF-36 among Japanese monk trainees

Shaku F

Tsukuba University, Japan

Purposes: Previous studies have reported that the practice of meditation can have beneficial physiological and mental effects. Therefore, Zen trainees who regularly practice meditation might have high quality of life scores; however, no previous study has tested these relationships. This poster reports on a study that examined how rigorous professional training affected the International Quality of Life (QOL) by using assessment Short Form-36 (SF-36) of Zen trainees in Japanese monasteries.

Methods: Anonymous and confidential survey containing the SF-36 were distributed by mail, and 256 questionnaires were collected from Rinzaï Zen monasteries. 198 complete questionnaires were collected and the participants were divided according to their training length: group I (<1 year), group II (1-3 years), and group III (≥3 years).

Results: The SF-36 seven subscale scores (physical functioning, role-physical, body pain, general health, vitality, role-emotional and mental health) of longer length training group were significantly higher compared to other groups. The SF-36 MCS (mental component summary) score among the groups were significantly different and the scores of group III were significantly higher compared to the scores of group I.

Conclusion: These findings suggest that Zen professional training, including inward attention practices, improves the QOL of trainees, even in a tough and distressing environment. However, detailed qualitative and longitudinal studies are required to fully assess these effects.

153 - Mental health status in patient with Coronary heart disease

Shal R.S^a., Sharbaf H.A.^a

^aFerdowsi University of Mashhad, Faculty of education and psychology. Department of psychology, Mashhad, Iran

Purpose: Coronary heart disease (CHD) is the most common cause of death in the world. Psychosocial factors can be considered cofactors in the development of coronary heart disease. Heart disease itself can result in manifest anxiety, depression and other psychological disorders. Especially the latter worsen the disease course and prognosis. The present survey, sought to provide data on Psychopathology prevalence in CHD patients' at imam Reza hospital in Mashhad (Iran).

Methods: through convenience sampling method, 180 CHD patients based on G.Power software were selected and lled in SCL-25 Questionnaire.

Results: the findings show that, at one Standard deviation upper than average, 27/2 percent of heart disease patients have psychosis, 21/1 percent have somatic complaint, 31/7 percent have Anxiety, 29/4 percent have Depression, 42/2 percent have Interpersonal hostility, 15 percent have Phobia, 31/7 percent have Obsessive compulsive disorder, 1/26 percent have Paranoid believes and 21/7 percent have aggression. Furthermore at two Standard deviation upper than average, most experienced disorders by heart disease patients was Interpersonal hostility, Phobia, Anxiety, aggression and somatic complaint and 1/7 percent have Paranoid believes.

Conclusions: There is an increasing focus both in research and in clinical practice on the importance of psychological and mental health factors in health care of heart disease as psychosomatic disease. Then attention to mental health factors in these patients could help to heart specialist in treatment of heart disease patients. In addition to somatic treatment, psychotherapy could help to control psychological disorders of patients and then lead to better therapeutic conclusion.

154 - Coronary heart disease as a psychosomatic disorder

Shal R.S^a., Sharbaf H.A.^a

^aFerdowsi University of Mashhad, Faculty of education and psychology. Department of psychology, Mashhad, Iran

Purpose: In recent decades coronary heart disease (CHD) is the important leading cause of death in the world. There are a number of factors that may contribute to incidence of CHD and its physical and psychological side effects. Previous research indicates that Type D personality, emotional intelligence, stress, coping styles and Quality of

life may be interrelated with CHD. The present survey, studies the role of psychological factors on CHD in patients. **Methods:** through convenience sampling method, 180 CHD patients based on G.Power software were selected and filled in Type D personality, Coping Style Questionnaire, The Perceived Stress Scale, the Emotional Intelligence Scale and WHOQOL. Conceptualized model of CHD were evaluated through path analysis by Lisrel software.

Results: the conceptual casual model showed direct and indirect effects of psychological factors on CHD. Quality of life, Type D personality and emotional intelligence directly and with mediating role of stress and coping styles could affect significantly on CHD.

Conclusions: educating the appropriate personality characters, stress management, positive coping style and EQ could lead to decrease of CHD and in result reduce somatic and its psychic side effects and promoting improvement of patients. Then attention to mental health factors in these patients could prominent help to heart specialist in treatment of heart disease patients.

155 - Treatment strategies related to needs and desires of complex elderly patients.

Slaets J

Universitair Medisch Centrum Groningen Universitair Centrum, The Netherlands

If we want to improve the outcome for complex elderly patients what should we change or shouldn't we change anything? I will argue to change some basic concepts.

The first one is about the present diagnostic categories and the corresponding disease management guidelines. My complex elderly patients do not resemble the average of a diagnostic category; they have no average treatment response. This is especially true for an elderly person facing loss in different domains and having symptoms that are difficult to attribute to one or more diagnosis.

The alternative is not to start whit a diagnostic category and the corresponding disease management guidelines but whit the person. Not an unusual concept in psychotherapy but until now unaccounted for in evidence based medicine. What are important factors to make a difference in the quality of life of an elderly patient? I will propose a concept for treatment strategies based on functioning's, vulnerability, needs and desire and the consequences for research.

156 - Family stress and family therapy in eating disorders

Túry F^a, Szényei G^a

^aInstitute Of Behavioural Sciences, Semmelweis University, Budapest

Eating disorders can be regarded as paradigmatic psychosomatic illnesses, with a biopsychosocial background. Family stress and dysfunctions may have an important role in the predisposition, precipitation and maintenance of the disorder. The structural family dysfunctions written by Minuchin are: enmeshment, overprotectivity, rigidity, lack of conflict resolution, and the involvement of the child into parental conflict. Family therapy became a major therapeutic tool in the treatment of eating disordered subjects, corroborated by research evidences from the last two decades. The presentation will

summarize the difficulties of the therapy from a pragmatic point of view, with strategic propositions. The most frequent pitfalls are: splitting of the family and the team; lack of the leading role of parents; lack of the therapeutic control; negative emotions of the therapist. Sometimes the postponing of the therapy is the method of choice to avoid the pseudo-therapy, e.g., in chronic cases. In some cases the therapy can be performed without the participation of the patient, i.e., in separate family sessions to strengthen the parental control. In the therapy of twins the separation-individuation process can be stimulated by individual sessions with each of the twins, or separate sessions (i.e., sessions with the parents and with one of the twins).

157 - Somatic and depressive symptoms in first generation (FG) Vietnamese and German outpatients with Depression

Tam Thi Minh Ta

Charite Universitätsmedizin Berlin, Klinik Für Psychiatrie Und Psychotherapie, Standort Eschenallee, Germany

Background: Studies in general and psychiatric populations have mainly reported higher rates of somatisation in immigrants. Cross-cultural studies, confirmed that East-Asian non-immigrant patients reported fewer psychological and more somatic symptoms in depression. However studies on somatisation in depression are lacking for Vietnamese migrants in Europe.

Objectives: To explore whether Vietnamese outpatients, who utilized a psychiatric outpatient clinic in Germany had a tendency to present more somatic symptoms in depression.

Methods: For FG Vietnamese outpatients, psychological symptoms were assessed by depression-scale (PHQ-9) and somatic symptoms were assessed by the Somatic-symptom-scale (PHQ-15) in Vietnamese language by a Vietnamese psychiatrist. German outpatients who were assessed in the same outpatient clinic where matched for age, gender and diagnosis of MDE. Differences in PHQ-9 and PHQ-15 scales were analyzed with an ANOVA and single-item-differences of PHQ were analyzed with Mann-Whitney-Tests.

Results: 43 FG Vietnamese immigrants and 43 native German outpatients were included. While we found no differences on the total score of the PHQ-9 between both groups, FG-Vietnamese outpatients had an overall higher total score on somatic-symptom-scale PHQ-15. When analyzing somatic items FG-Vietnamese outpatients reported significantly more somatic symptoms of headache, chest-pain, dizziness and fainting.

Conclusions: Depressed Vietnamese outpatients reported psychological symptoms of depression at similar levels as matched native German outpatients. Vietnamese outpatients had a higher total score for somatic symptoms, and that difference was driven by a subset of somatic items. We concluded, that emphasis on somatic symptoms does not reflect a minimization of psychological symptoms in FG-Vietnamese outpatients seeking help for depression.

158 - What can we learn from the psychiatric consultations of violent suicide attempters?

Takács R

Centre for Psychiatry and Addiction Medicine, Szent István And Szent László Hospitals, Hungary

Purpose: Today the number of completed suicides worldwide is approximately 1 million and according to some prognoses this number will reach 1.5 million in 2020. In Hungary the total number of violent suicide attempts has been risen continually, even through those years when the total number of suicides were actually in decline.

Method: In our retrospective survey we reviewed data of psychiatric consultations at the Traumatology ward and outpatient service of the Szent István and Szent László Hospitals, Merényi Hospital. We selected those patients, who were referred to traumatology after suicide attempt, over a 7 month period. Based on documentation we examined the cause of suicide attempt its method, the patient's medical, and potential psychiatric history, psychiatric medications taken before the suicide attempt, patient's age, sex and marital and social status.

Results: the majority of those, who committed violent suicide, were male. In more than two-thirds of the included patients a comorbide alcohol or drug abuse could be detected. The involvement of the age group above 50 was also observed. In terms of the method, minor suicide attempts (slashing limbs ineffectively, jumping from low levels) occurred in a higher proportion, while the more violent methods (strangulation, jumping in front of trains) appeared more rarely in the examined sample. The majority of the offenders had a psychiatric diagnosis coded on Axis I, but the incidence of personality disorders was also significant. The unemployment rate was almost 80%, and a similar percentage of single people appeared among the suicide attempters.

Conclusion: Our results are in accordance with the international literature. In course of this study we would like to find clues as to the causes of the violent suicides, and the opportunities of prevention resulting from their understanding, taking into consideration the ever-changing medical (including psychiatric and psychopharmacological) social and political conditions.

159 - Descriptive study of children with functional somatic symptoms referred to child and adolescent mental health services

Tøt-Strate S

Research Department of Child And Adolescent Psychiatry Odense, Denmark

Background: Functional somatic symptoms (FSS), affect 10-25% of children and adolescents, and often lead to referral to paediatric settings for further investigations. Only a small subgroup of these patients is referred from the Department of Paediatrics (DP) to The Child and Adolescent Mental Health Services (CAMHS). However, currently no specific guidelines for this referral exist. The objective of this study is therefore to characterize those children with FSS, who are referred to CAMHS from DP, with regard to clinical and anamnestic characteristics.

Materials and Methods: The study population consists of 1) children admitted to the DP Odense in 2012 who received discharge diagnoses related to functional symptoms, not referred to CAMHS and 2) children admitted to the DP Odense who received discharge diagnoses related to functional symptoms and referred to CAMHS Odense in

2012. Only children with FSS were included. The medical records of the referred and non-referred groups were evaluated by a standardised medical record review including clinical and anamnestic characteristics.

Results: Collection of data is still in process and is expected to be finished in the spring 2014. Subsequently, the subgroup of referred children will be compared to the subgroup of non-referred children with respect to: - Sociodemographic data -Pseudoneurological and somatoform symptoms -Negative life events and co morbidity -Impairment and duration of symptoms

Conclusions: Potential the results can point to factors of importance for the process of referral and thereby constitute empirical basis for developing more specific guidelines for the referral of children with FSS from the paediatric setting to CAMHS.

160 - Occupational stress in hospital. Workers exposed to ionizing radiation

Triff D^a, Triff Z^b,

^aOccupational Medicine Section of Professional Diseases, "Constantin Opris" Emergency Hospital of Baia Mare, 31 George Coşbuc, 430031, Baia Mare, Romania.

^b"Vasile Goldis" Western University Arad, The Faculty of Psychology and Educational Sciences, 1-3 Praporgescu Street Arad, Romania

Abstract: The medical staff is one of the occupational groups most affected by professional stress. In hospital medical staff exposed to ionizing radiation, increased risks of occupational diseases, work schedule and work tasks can be significant occupational stress factors .

Perception of workers occupationally exposed to ionizing radiation about occupational stress was monitored by means of questionnaires. The questionnaires included specifying individual worker factors and causes of stress at work adapted to the ionizing radiation following topics of The European Agency for Safety and Health at Work, Maslach Burnout Inventory General, Self-efficacy scale and Spielberger State/Trait Anxiety Inventory (STAI) questionnaires were also used.

The feeling of self-efficacy and general anxiety level do not differentiate workers from ionizing radiation environment. Increased responsibility of the workplace, the risk of malpractice, the burnout syndrome and underestimation of occupational stress also significantly differentiate doctors from other workers occupationally exposed to ionizing radiation.

Based on these results, appropriate measures should be taken to prevent and combat stress at workplaces with ionizing radiation exposure.

161 - Characteristics and features of Self in the onset of manic episode

Trifu S

UMF Carol Davila/FPSE Bucharest, Romania

Purpose: the most common period for the onset of the bipolar disorder is between the 3rd and 4th decade in a person's life. Often, when the first episode has manic tendencies, it happens to a certain personality structure, with mechanisms operating in the sphere of activism. Our purpose is to assess whether the psycho-motor agitation is

only a failure in the management of these defences or it is more than that.

Methods: investigating a patient (aged 37), with no personal history of disease, no family history in the psychiatric area, presenting a severe manic episode with hetero-aggression and disorganized behaviour. The episode had a sudden onset (during a maximum of two days) and it required non-voluntary emergency psychiatric hospitalization. We used brain neuroimaging investigation, psychiatric evaluation, CT, EEG, heteroanamnesis, psychological examination.

Hypothesis: There was a suspicion that a personality structure, functionally marked by mechanisms such as hippo-manic registry, activism and social hyper-involvement, since adolescence, also presents a potential fragility / vulnerability which could decompensate under stress. As time went by, there were not enough pulsating energy supplies left to face external triggers.

Results support the hypothesis according to which the patient has a strong SELF and a dominant way to hold control over things, operating on mechanisms of denial, reaction formations and isolation from affects. These affects, although effective for a long time, when used univocally and in excess, they become inadequate to deal with any psycho-traumatizing situation.

Conclusion: Regarding the psycho-dynamic functioning of the patient, we identify a vicious circle, in which , the more the patient excessively uses her old defence mechanisms, (in the absence of other mechanisms, better or situational adjusted) the more this leads to extreme decompensation in the psychopathological register and expression in a severe manic episode, narrowing her field of consciousness.

162 - A dynamic view of comorbid depression and generalized anxiety disorder symptom change in chronic heart failure: effects of cognitive behavioral therapy, exercise rehabilitation, and drug treatment

Tully P

The University of Adelaide, Australia

Purpose: No previous study has reported upon comorbid depression and anxiety disorders and their treatment in heart failure (HF).

Materials and Methods: Total 29 HF patients under psychiatric management underwent primary depression CBT (n = 15) or primary GAD CBT (n = 14), and participated in community exercise rehabilitation and standard physician care. Repeated measures analysis of variance assessed Patient Health Questionnaire (PHQ-9) and Generalized Anxiety Disorder (GAD-7) symptom change pre and post CBT treatment, and assessed the effects of treatment type, exercise, anti-depressant and anxiolytic.

Results: There was a significant time and treatment interaction effect that favoured the primary GAD CBT group for reduction in PHQ symptoms ($F(1, 24) = 4.52, p = .04$). Analysis of PHQ-somatic symptoms also showed a significant main effect for participation in exercise rehabilitation ($F(1, 24) = 4.21, p = .05$) and a significant time and anxiolytic interaction ($F(1, 24) = 3.98, p = .05$). The average number of cardiac hospital readmissions favoured the primary GAD CBT group ($p = .05$).

Conclusion: The findings support the use of multifaceted interventions in the rehabilitation of HF patients with comorbid psychiatric needs.

163 - Implicit and explicit negative affect and emotional awareness in patients with severe somatoform disorder
Van Broeckhuysen-Kloth^a S., Kornman C.E.^b, Houtveen J.H.^a

^a*Altrecht Psychosomatic Medicine Eikenboom, Zeist, The Netherlands*

^b*University of Utrecht, Department of Clinical Health Psychology, Utrecht, The Netherlands*

Purpose: Several studies demonstrated a positive relationship between somatization and explicit negative affect (NA). Nevertheless, patients with somatoform disorder (SFD) are also believed to perceive negative affect implicit as bodily symptoms instead of adverse feelings. This is supported by studies observing low scores on the Levels of Emotional Awareness Scale (LEAS) in patients with SFD (Subic-Wrana et al., 2005, 2010). Whereas the Positive and Negative Affect Schedule (PANAS) assesses the explicit (conscious) experience of affect, the Level of Emotional Awareness Scale (LEAS) and Implicit Positive and Negative Affect Test (IPANAT) are assumed to indicate possible deficits in emotional processing. The current study examined whether both the explicit (PANAS, LEAS) and implicit (LEAS, IPANAT) processing of affect is disturbed in patients with severe SFD as compared to healthy people from the general population.

Methods: Twenty patients with severe SFD and 20 healthy controls without chronic somatic symptoms matched on sex, age, and education level were compared on the NA subscales of the PANAS and IPANAT and on the LEAS. Group differences were tested using independent samples t-tests and standardized group differences were compared.

Results: Patients with severe SFD scored significantly higher on the NA scales of the PANAS and IPANAT than controls. The standardized difference was large for the PANAS ($d=1.40$) and small for the IPANAT ($d=0.33$). Unexpectedly, no significant group differences were found on the LEAS scales.

Conclusion: Our study confirmed that explicit negative affect in patients with severe SFD is high, but it indicated only a small deviation from normal in implicit affect processing. This indicates the need to continue the search for implicit affect measures differentiating patients with severe SFD from people from the general population.

164 - "Affect Regulation underpinnings of the Doctor-patient relationship"

Verissimo R

Medical Psychology – University of Porto Faculty of Medicine, Porto, Portugal

Medical specialization, while an absolute need after the exponential growth of medical knowledge, came to hinder the holistic approach required to adequately deal with the psycho-behavioural aspects involved both in health and disease. And that is an aspect that lays stress on the absolute need of a 'psychosomatic approach'.

In other words, changes in health care delivery underscore the need for physicians, and primary care physicians in particular, to assume responsibility for prompt "global"

diagnosis, for, at least, the initial treatment, as well as to ensure that patients have access to appropriate medical services in order to maximize the clinical outcome.

And this simply stresses the huge importance of training, not only on the affective dimension of the doctor-patient relationship, but also on the idiosyncrasies of the individual patient, in what concerns his affect regulation ability; in order to properly deal with its implications in terms of health and disease while conducting the clinical/therapeutic interview. In fact, logotherapy essentially relies upon the ability to communicate, and many difficulties that stand out during the clinical interventions arise precisely from the patient difficulty to communicate feelings. Thus the valuable significance of an update also involving the neural circuitry of affect regulation, since present time research comes to suggest different ways to approach intervention for vulnerable populations at-risk of faulty regulation.

165 - Therapeutic intercorporeality. Towards a more psychosomatic conception of the therapeutic relationship

Von Boetticher D.

Department of Psychosomatic Medicine and Psychotherapy, University Medical Center Göttingen, Germany

Introduction: Psychotherapy research has repeatedly shown that a positive therapeutic relationship (TR) is a prerequisite for successful outcome across different psychotherapeutic schools. However, there is no commonly accepted consensus on how a positive TR should be defined and measured and what its components are. Despite many therapists agree that nonverbal behaviour (posture, gesture, facial expression, prosody, silence) of both patient and therapist strongly influence the quality of the TR, research exploring alliance aspects in psychotherapy has mainly focused on conscious experience rated by questionnaires, dyad speech topics or nonverbal aspects of either patient or therapist. So far there exist only little research data about dyadically regulated nonverbal TR-formation.

Method: The presentation provides an overview of current studies about nonverbal dyadic TR-formation and its impact on therapy outcome, and relates these findings to Krause's modular concept of emotions and Merleau-Ponty's notion of intercorporeality.

Results: So far there are studies about (1) dyadic facial-affect patterns showing that therapy outcome highly depends on whether more complementary or reciprocal facial affects are displayed; (2) dyadic heart rate patterns (of patients and their therapists) with significant differences between several disorders; (3) dyadic motor movements revealing nonconscious motor synchrony characterizing a positive therapeutic relationship with better outcome. These findings may be related to three (of six) in parallel organized modules (motor-expressive, physiological, voluntary motor) of Krause's conception of the emotions' system, empirically underpinning Merleau-Ponty's notion of intercorporeality. Merleau-Ponty defined intercorporeality as a concerted and prereflectively generated phenomenon between two persons resulting from their reciprocal bodily interaction. He considered intercorporeality as the basis of social understanding: "It is

as if the other person's intentions inhabited my body and mine his" (Merleau-Ponty 1962).

Conclusion: The emotional quality of the TR is acknowledged as the most robust predictor of psychotherapy outcome. To a large extent the emotional involvement of both patient and therapist is bodily, i.e. intercorporally performed. More systematic research is required to better understand these aspects of the TR-formation.

166 - Making decisions for the treatment of anxiety and depression in the perinatal period

Wand A.P.F.

South Eastern Sydney Local Health District; University Of New South Wales And University Of Sydney, Australia

Purpose: To discuss the conceptual frameworks which may assist clinicians to make treatment decisions in the perinatal period.

Methods: Frameworks which may guide clinical decision making include risk-benefit analysis, medical ethics, societal norms, evaluations of capacity and mental health legislation.

Results: Risk-benefit analysis is a common approach to decision making. The teratogenic risks of treatments may be overestimated by clinicians and patients. Informed consent relies upon equal weight being given to treating and deciding not to treat the mental illness. Clinicians worry more about adverse outcomes resulting from acts of commission than those of omission, which may influence how they present information. Depression and anxiety may impair the patient's autonomy, leading to apparent conflicts between the wellbeing of the mother and the fetus/baby. Relational ethics, which considers the wellbeing of mother and baby as intertwined, may assist in this situation. Non-directive counseling may enhance a mother's autonomy by helping her identify her wishes for the pregnancy and by providing education about how the mental illness affects decision making. Societal expectations overemphasise any risk to the fetus over a mother's wellbeing. Mental health legislation and child protection guidance may be relevant considerations.

Conclusions: Current practice favours risk-benefit analysis in decisions about perinatal treatment. However, a system of supported decision making when capacity is present and relational ethics and/or substitute decision making when absent may better assist clinicians in this difficult area.

167 - Psychosomatic functioning of individuals in evolutionary perspective, new understanding of depression

Wasilewski B.W.

Psychosomatic Institute, Warsaw, Poland

Purpose: The aim of the work is to discuss the new understanding of emotional and psychosomatic disorders from an evolutionary perspective.

Thesis: Current socio-cultural breakthrough associated with the transition from the industrial era to the post-industrial era, is associated with the erosion of the social fabric and the violation of reserves of psychological resistance of many people, what is manifested escalation of negative emotional and vegetative symptoms. There has been a rapid build-up of the incidence of major depression,

especially characteristic of the so-called Western Civilization. A separate medical phenomenon is the phenomenon of light and moderate depression. It is estimated that more than half of patients treated chronically, exhibits negative and emotional vegetative symptoms related to depression, but which, in fact, are separate phenomena. If we analyze systematically the wider phenomenon of depression, it does not fit in the medical model of disease, far exceeds its economic organizational and social framework. The author hypothesizes, that the vast majority of states of mild to moderate depression is not an illness, but the old evolutionary defense mechanism related phenomenon of fear. Depression in the anthropological sense is a mechanism to assist the process of fighting the disease and is used for obtaining support of the group and for protection of the group against the negative effects of an disabled individual. Prolonged states of depression, supplemented by negative signals from the people making the environment of the patient, leading to the phenomenon Thanatosis, which consists of starting the biological mechanisms of auto-elimination.

Conclusions: The author discusses the consequences of the hypothesis that the majority of the emotional-vegetative disorders does not meet the nosology criteria of illness, and should be from the anthropological and evolutionary perspective considered as a measure of the quality of health and not as a disease entity being treated in a medical procedure

168 - Supervision of the Balint groups leaders and use of Balint groups as a tool for psychotherapy training.

Wasilewski B

Psychosomatic Institute, Warsaw, Poland

Balint group is used as a tool to improve contacts with the patient and the tool of support of qualified medical personnel. The Balint Groups are also used as a tool for training of psychotherapists in Poland. Balint Groups in Poland, depending on the way to be conduct, may be considered as part of the supervision group training (up to 50 sessions), or own experience training (up to 50 sessions), which is based on decisions of the major psychotherapeutic associations in Poland. The author discusses the requirements for the Balint groups used in the course of psychotherapy training, discusses the limitations of their use and the requirements to be met by their leaders. In particular, the system of supervision of the Balint group leaders in Poland is discussed, the methods used and the system of education of supervisors. Discussed is the role of supervisors in the education of the Balint groups leaders.

169 - Timeliness of referral to Consultation Liaison Psychiatry and Length of Stay: A comparison according to age

Wood R

University Of Sydney, NSW, Australia

Background: Consultation liaison psychiatry (CLP) services have demonstrated effectiveness in reducing length of stay, particularly when referrals are made early in the course of admission, although this relationship has been questioned in terms of its statistical validity. Older adults

have particularly long lengths of stay and account for a large proportion of CLP referrals in many services.

Aim: To determine if the timeliness of referral is associated with shorter lengths of stay in an Australian CLP service and if this relationship persists when only lengths of stay greater than four days are considered. A secondary aim was to determine if this association varies with age.

Methods: All referred inpatients in a calendar year were included. The time from admission to contact with CLP services (REFLAG), length of stay (LOS) and REFLAG/LOS were calculated, with logarithmic transformation when needed. The correlation of LOS with REFLAG and REFLAG/LOS were calculated for all patients, those with LOS >4 days, and for the two age groups (under and over 65 years of age) for comparison.

Results: For all patients, LOS significantly correlated with lgREFLAG/lgLOS, REFLAG/LOS and REFLAG. For patients with a LOS >4 days, LOS significantly correlated with lgREFLAG/lgLOS and REFLAG. The correlations remained significant when separated into young and older age groups, however the correlations were stronger in the younger group. The older group of patients was significantly more likely to be born overseas, require an interpreter for CLP contact and have longer LOS and REFLAG.

Conclusion: Timeliness of referral was associated with shorter lengths of stay, even for those with a LOS >4 days. This correlation was weaker for older patients who had more delayed contact with CLP and longer lengths of stay. There are multiple factors which lead to the longer lengths of stay of older patients, which necessitate greater CLP focus on these patients in the future.

170 - The interactive effects of personality on the relationship between social support and depression in adults with hemodialysis

Yeh Shu-Chuan Jennifer^a, Ying-Ying Lo^b

^a National Sun Yat-Sen University, Taiwan

^b I-Shou University, Taiwan

Purpose: Greater perceived social support is associated with fewer depressive symptoms in both clinically depressed and community populations. However, little is known about the moderating role of personality between the relations. The objective of the study is to examine the interactive effects of personality between social support and depression.

Methods: We interviewed 1851 patients from 31 hemodialysis centers by using the Social Provision Scales, Big-Five Inventory Scale, and Beck Depression Inventory to measure social support, personality, and depression, respectively. Hierarchical Linear Modeling (HLM) was performed to attain the study purposes.

Results: The mean age was 57.82 years. The mean months of dialysis were 86.76 months. The average total score on the Beck Depression Inventory was 13.42, indicating a mild level of depression. The results of multivariate regression indicated a main effect for social support ($= -.217, p = .023$) and no main of effects for agreeableness. Neuroticism was positively related to depression ($= .572, p = .047$). Regarding interaction effects, both social support \times agreeableness interaction ($= .010, p = .004$) and social support \times neuroticism interaction ($= -.008, p = .003$) had

statistical significance in predicting depression. The negative association between social support and depression is greater among patients low in agreeableness than among those high in agreeableness. Similarly, high social support is associated with low depression in patients high in neuroticism than the counterparts.

Conclusions: The association between perceived social support and depression is changed dependent upon personality. Personality may be useful in tailoring treatment and predicting outcomes as well as may provide a means to identify at-risk individuals who could benefit from social support and early intervention efforts.

171 - Addiction and Liver Transplantation-review of current evidence

Zimbrea P^a, Bahloul H.B.^a

^a Yale University, Department of Psychiatry, USA

Purpose: To review the current evidence, ongoing challenges and future directions of the interface between addictive disorders and organ transplantation.

Method: Systematic review, opinion review.

Results: Alcoholic Liver Disease is currently the second leading indication for liver transplantation in the US. 75% of patients transplanted for Alcoholic Liver Disease meet criteria for Alcohol Dependence. In addition, an increasing number of patients on methadone maintenance for opiate dependence are receiving liver transplantation for hepatitis C cirrhosis. In this context, identifying the risk factors for relapse becomes one of the Psychiatrist's main tasks. Unfortunately, the instruments used to assess the risk of relapse of substance abuse in the general population could not be validated for transplant recipients. We will review the current data regarding the risk factors that predict substance abuse relapse post transplant (such as length of sobriety, co morbidities, social support), as well as the impact of substance abuse on the post transplant treatment adherence. We will discuss the challenges of conducting addiction research in the transplantation setting. We will review the projected impact of new hepatitis C treatments upon the psycho-social characteristics of transplantation candidates.

Conclusions: The relapse rate of substance abuse is lower in organ recipients than in general population, however addiction can negatively impact the medical outcomes through non-adherence and psychiatric co-morbidities. More information is needed regarding the predictive factors of the post transplant substance abuse relapse.

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