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THE PSYCHIATRIST'S ROLE IN INCREASING THE QUALITY OF PATIENT'S LIFE AND PSYCHOSOCIAL REHABILITATION

19 - 22 September 2019

Tîrgu Mureș, Romania

BOOK OF ABSTRACTS

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The psychiatrist's role in increasing the quality of patient's life and psychosocial rehabilitation

19 - 22 September 2019 - Tîrgu Mureş, Romania

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EVALUATION OF THE EFFECTIVENESS OF THE THERAPEUTIC OPTIONS IN BIPOLAR DISORDER

Mátyás-László Békefi², Dalma Szentpáli², Antonia Moldovan², Iosif Gabos-Grecu¹

¹University of Medicine, Pharmacy, Sciences and Technology „George Emil Palade” from Tîrgu Mures

²Mureş County Hospital, Psychiatric Clinic No 1

Introduction: Bipolar disorder is a lifelong episodic psychiatric disorder that affects approximately 1% of the global population. The disorder is associated with impaired psychosocial functioning, increased rates of disability and mortality. Proper management of the disorder involve pharmacotherapy combined with multiple psychological treatment options.

Objectives: We aimed to evaluate and compare the possible pharmacological and psychosocial treatment options in bipolar disorder, focusing particularly on their efficacy in improving patients' quality of life and in reducing the rate of relapse.

Material and method: Our work consists in the data analysis of multiple research papers conducted on the different treatment options for bipolar disorder.

Results: The main treatment option for the acute phases of bipolar disorder remains pharmacotherapy. For the treatment of acute manic episodes antipsychotic medication, particularly olanzapine and risperidone, appears to be more effective than lithium or anticonvulsants. In acute depressive episodes quetiapine proves to be the most beneficial treatment option. For the long-term maintenance of the disorder and in preventing relapse lithium remains the first line of choice. Adjunctive psychotherapy such as cognitive behavioral therapy and psychoeducation increases adherence to the pharmacological treatment and reduces the rate of relapse.

Conclusions: Successful management of bipolar disorder requires individualized pharmacotherapy and psychotherapy. Due to the recurring nature of the mood disturbances the pharmacological treatment options needs to be optimized and configured for both short- and long-term. Psychosocial interventions can improve social functioning and help in the early detection and reduction of relapse.

Keywords: bipolar disorder, treatment efficacy, antipsychotics, mood stabilizers, psychoeducation

PSYCHOPHYSIOLOGICAL AND PSYCHOPATHOLOGICAL CONFLUENCE IN IRRITABLE BOWEL SYNDROME

Monica Sipos¹, Lavinia Duică^{1,2}

¹Psychiatric Hospital “Dr. Gheorghe Preda” Sibiu

²Lucian Blaga University Sibiu, Faculty of Medicine

Irritable bowel syndrome is a chronic gastrointestinal pathology, which is defined by bowel movement disorder, visceral hypersensitivity, gut dysbiosis and alteration of visceral nervous system biofeedback.

Although the psychopathological mechanisms of this syndrome are not fully understood, there are new directions in approaching and treating the disease. The presence of gastrointestinal and psychiatric symptoms imply the existence of a biopsychosocial model and the role of the gut-brain axis. The malfunction of the HPA axis, the endocrin and nervous system, but also the dysbiosis exacerbate and maintain the symptoms. Psychiatric co-morbidities are more frequent for the patients that have irritable bowel syndrome, hence the quality of life is altered and the adherence to treatment is lower. Although the literature reveals important correlation between the diagnosis of irritable bowel syndrome, psychiatric comorbidities and impaired quality of life in relation to health, these factors are poorly investigated regarding the coping mechanisms development and modulation of behavioural and emotional response of the patients .

Keywords: biopsychosocial model, gut-brain axis, psychiatric co-morbidities

NEUROBIOLOGICAL IMPLICATIONS OF THE CIRCUIT OF NEGATIVE AFFECT IN DEPRESSION

Paul Ciucur¹, Vlad Drăgulescu¹, Lavinia Duică^{1,2}

¹Psychiatric Hospital “Dr. Gheorghe Preda” Sibiu

²Lucian Blaga University Sibiu, Faculty of Medicine

The neurobiology of depression is currently focusing on studies of functional neuronal connectivity. Thus, in depression, four neural networks (and their dis-connectivity) have been constantly implicated: the ventral limbic network that is associated with the excessive negative mood, the default mode network - responsible for depressive rumination, the fronto-striatal network of the positive or reward affect that is related to anhedonia and the dorso-lateral network of cognitive control involved in insufficient control of negative emotions and thoughts.

The negative affect network comprises regions of the brainstem, amygdala, hippocampus, insula, dorsal medial prefrontal cortex, and ventral medial prefrontal cortex. This hyper-connectivity explains the non-conscious processing of threatening stimuli.

The negative affect in depression occurs due to the hyper-connectivity between the amygdala and the cortical structures - the anterior cingulate cortex and the orbito-frontal cortex and insula. Recent studies show that the negative affect is correlated with the overall decrease in cognition and visuospatial capacity.

By understanding the neurobiological substrate of depression, and identifying the specific pattern of neuronal network dysfunction and dis-connectivity we will be able to more accurately choose treatment modalities that offer better efficiency and better outcomes.

Keywords: depression, negative affect circuit, hyper-connectivity

CLINICAL AND EVOLUTIVE ASPECTS OF SCHIZOPHRENIA

Daniela Cristina Haiura¹, Andreea Comaniciu¹, Aurel Nireştean^{1,2}

¹Mureş County Hospital, Psychiatric Clinic No2

²University of Medicine, Pharmacy, Sciences and Technology „George Emil Palade” from Tîrgu Mures

Background: Schizophrenia is a chronic, devastating mental condition that usually affects individuals in their early adulthood. It is characterized by thought distortion, hallucinations, behavioural disturbances, social withdrawal, self neglect, loss of motivation and cognitive impairment. Although is not a disease with such a high prevalence in the general population it causes a lot of disability, being one of the most important cause contributing to the global burden of disease. Moreover, it is a cause for earlier deaths caused by suicide among the young and by cardiovascular events among those with longlasting disease.

The **aim** of this study was to evaluate the disability in patients suffering from schizophrenia in our clinic.

Material and method: We developed a questionnaire adapted after WHODAS 2.0 comprising of questions regarding daily activities, social insertion, interpersonal relationships and suicidal thoughts.

Results: We found that our patients had the most difficult time in the aspects regarding social insertion and interpersonal relationships ($p < 0.001$) and 15.62% of the patients tried to take their own life at some point.

In **conclusion**, social withdrawal was the main cause for disability in our sample of patients.

Keywords: schizophrenia, disability, social withdrawal

CHRONIC SCHIZOPHRENIC PSYCHOSIS. CASE MANAGEMENT

Mihaela Gavriş¹, Laura Lemeti¹, Simina Constantin¹, Andreea Comaniciu¹, Tudor Nireştean¹, Aurel Nireştean^{1,2}

¹MureşCounty Hospital, Psychiatric Clinic No2

²University of Medicine, Pharmacy, Sciences and Technology „George Emil Palade” from Tîrgu Mures

The chronicization of psychotic disorders has an increased frequency due to the negative and cognitive symptoms, but also because of the low social and family support. In this context, the quality of the patient's life is seriously affected, and his approach from a variety of perspectives integrated to the case management is of major importance.

We describe the case of a 26 years old female patient hospitalized for approximately 5 years at the Brancovenesti Neuropsychiatric Recovery and Rehabilitation Centre, with the diagnosis of Paranoid Schizophrenia. The elaborate management of the case played an essential role in the favourable evolution of the case, with decreasing frequency and severity of relapses.

Keywords: chronicization, management, social support.

ACCEPTANCE OF BIOLOGICAL MODELS IN CLINICAL PSYCHOPHARMACOLOGY - MAJOR OPPORTUNITY OF PSYCHOSOCIAL REHABILITATION AND IMPROVEMENT OF SPECIFIC MANAGEMENT OF MAJOR PSYCHIATRIC DISORDERS

Dragoş Marinescu¹, Ileana Marinescu², Puiu Olivian Stovicek³

¹University of Medicine and Pharmacy of Craiova, Doctoral School, Romania

²University of Medicine and Pharmacy of Craiova, Department of Psychiatry, Romania

³“Titu Maiorescu” University of Bucharest, Faculty of Nursing Târgu Jiu, Department of Pharmacology, Romania

The last decade has brought into question the importance of biological models in the pathogenesis of major psychiatric disorders, in contradiction with the medical-statistical models of psychiatric diagnosis. The main advantage of acceptance of biological models is the possibility of a personalized therapeutic approach and not standardized. The therapeutic protocols refer to a general clinical-statistical and pharmacological model that does not allow a personalized approach. The biological models allow the identification of the particularities of vulnerability for a personalized pathogenic model, considering the evidences objectified by the translational research that allows the highlighting of the patho-

genic involvement of a multifactorial type. We believe that the acceptance of the medical model of major psychiatric disorders will be able to personalize clinical psychopharmacology and will broaden the vision currently limited by the generalized approach of standardized protocols. Thus, an improvement in the quality of the clinical and functional recovery can be anticipated, with the decrease of the somatic and psychiatric comorbidities, the costs of care and the antisocial acts for the patients.

Keywords: clinical psychopharmacology, biological model, personalized treatment

GENERAL PRINCIPLES OF BIOLOGICAL MODELS IN CLINICAL PSYCHOPHARMACOLOGY

Dragoş Marinescu¹

¹University of Medicine and Pharmacy of Craiova, Doctoral School, Romania

The clinical psychophysiology was initially based exclusively on the experimental and clinical evidence of the involvement of neurobiochemical imbalances in psychiatric symptomatology and syndromology. The classic example is the dopaminergic theory in schizophrenia, the positive symptoms being correlated with the dopaminergic hyperactivity and with the beneficial therapeutic effect of the administration of substances that blocked the dopaminergic receptors (neuroleptic drugs). The recognition of negative type symptoms, cognitive impairment and the autolytic component of schizophrenia, subsequent to the decrease in dopamine levels in the brain, was the first moment of doubt of the dopaminergic hypothesis in schizophrenia. Translational psychiatry has allowed the identification of pathogenically existing connections, between the negative symptoms and neurodevelopmental lesions of the frontal cortex or the vascular or metabolic hypoperfusion of the cortico-subcortical circuits. Starting from these arguments, we argue that not only neurobiochemical vulnerabilities but also microlesional vulnerabilities are involved in major psychiatric pathology. These micro-lesions that alter the connectivity of the specific circuits but also the functioning of the vascular and metabolic relationships of the functional brain unit represented by the neuron, astroglia and the neurometabolic unit. It is thus possible to explain the possibility that a non-psychiatric disorder whose pathology is secondary to a vulnerability of this kind will cause a symptomatic and syndromological picture similar to schizophrenia (psychotic schizophrenic disorders). In this case, the diagnostic errors and the standardized, non-personalized approach compromise the patient's chances of recovery.

Keywords: dopaminergic theory, translational psychiatry, vulnerability

PSYCHOPHARMACOLOGICAL PARTICULARITIES OF DEPRESSION IN ALZHEIMER'S DISEASE

Ileana Marinescu¹

¹University of Medicine and Pharmacy of Craiova, Department of Psychiatry, Romania

Depressive disorder may be present before the first signs of cognitive impairment, concomitantly with mild cognitive impairment syndrome (MCI) or after the diagnosis of Alzheimer's disease. We make a distinction between Alzheimer's disease and the predisposition for this condition and dementia from Alzheimer's disease, which is a "terminal" phase of this condition. The anatomopathological elements of neurodegenerative type are represented by the identification of β -amyloid deposits, neurofibrillary neurodegeneration and neuronal damage in the areas of cognitive circuits. Neuroimaging correlates markers for Alzheimer's disease with progression of hippocampal atrophy, accompanied by metabolic glucose dysfunction at this level. Depressive disorder is also a condition that significantly diminishes hippocampal neurogenesis and neuroprotection. Another important element is the direct proportionality relationship between the diminution of acetylcholinergic neurons and the level of acetylcholine in cognitive circuits, in all evolutionary phases of Alzheimer's disease. Depressive disorder is associated with cholinergic hyperactivity, while manic episode is associated with decreased cholinergic transmission. It has been hypothesized that antidepressant action is correlated with the ability of any antidepressant molecule, not only to restore a catecholaminic or serotonergic neurotransmission line, but also to block acetylcholinergic interneurons. This model encourages us to support that prodromal depression in Alzheimer's disease is an attempt mechanism for restoring homeostasis of the acetylcholinergic system and a valuable clinical sign of anticipation risk for Alzheimer's disease. In conclusion, any antidepressant or antipsychotic medication that blocks acetylcholine receptors precipitates the onset of Alzheimer's disease and rapid progression of cognitive impairment. In these situations, the major target of psychopharmacological therapy is to protect the functional integrity of the acetylcholinergic system.

Keywords: depressive disorder, Alzheimer disease, cholinergic metabolism

INCREASE OF ADHERENCE AND COMPLIANCE WITH PSYCHOPHARMACOLOGICAL TREATMENT IN RELATION TO THE EARLY IDENTIFICATION OF ADVERSE REACTIONS

Puiu Olivian Stovicek¹

¹"Titu Maiorescu" University of Bucharest, Faculty of Nursing Târgu Jiu, Department of Pharmacology, Romania

The clinical, social and functional recovery of patients with major psychiatric disorders is unquestionably dependent on treatment adherence and compliance. The quality management of psychopharmacological assistance is unquestionably linked to the assessment of the risks of the

early adverse effects but also to the identification of possibilities of inducing some psychiatric symptoms or syndromes by the non-psychiatric drugs used in the treatment of somatic comorbidities. The connections between pharmacogenomics and epigenetic studies are hardly accessible in current practice. Easily identifiable, but little used in everyday medical practice, is the recognition of neurobiological vulnerabilities for adverse effects. Pragmatically, I refer to the vulnerability of extrapyramidal systems under the conditions of hypoxic-hyperglutamatergic encephalopathy or premature births accompanied by maternal psychosocial stress. This pathogenic variant used predominantly in schizophrenia (neurodevelopmental theory), but which may also be present in depressive disorder, bipolar disorder or even Alzheimer's dementia, is associated with ventriculomegaly and atrophy of the subventricular area. A priori, these patients will not benefit from the neurogenesis capacity of the most important emerging area of the stem cells involved in the reorganization of the hippocampal structures. Perinatal hypoxia causes microlesions in the striatum and extrapyramidal circuits, which can cause extrapyramidal neurological symptoms in 50-65% of cases, symptoms present before any antipsychotic medication. The logical construction of the reasoning of the therapeutic protocol for these patients requires the avoidance of dopamine-blocking antipsychotic medication and antidepressant medication that increases the extrapyramidal symptomatology (SSRI drugs). We present statistical data highlighting the role of substances considered non-psychotropic, but which can determine the dopaminergic supersensitivity psychosis (cinarizine, flunarizine, metoclopramide). Adverse effects with neurotoxic consequences may be induced by drugs that may cause hypoglycemia or orthostatic hypotension. We believe that, at the time of the pharmacological prescription, the knowledge of the neurobiological models of pathogenic type can individualize the therapeutic strategy and significantly improve the quality of pharmacological management of psychiatric care. Early identification and reporting of adverse effects should become a priority and a habit of the current activity of the psychiatric clinician.

Keywords: depressive disorder, Alzheimer disease, cholinergic metabolism

THE ROLE OF MODULATION OF 5-HT₁ / 2 RECEPTORS IN THE ACTION OF PSYCHOTROPES

Vlad Drăgulescu¹, Paul Ciucur¹, Lavinia Duică^{1,2}

¹Psychiatric Hospital "Dr. Gheorghe Preda" Sibiu

²Lucian Blaga University Sibiu, Faculty of Medicine

Serotonin or 5 - hydroxytryptamine, is a monoamine synthesized both in the central nervous system and in the gastrointestinal tract. The subgroup of serotonergic receptors 1 and 2 (5HT_{1A}, 5HT_{2A}, 5HT_{2B}), are known for their involvement in neuronal transmission, especially in the brain regions postulated to be involved in modulating higher cognitive and affective functions.

In this paper, we discuss, from a pharmacological point of view, the particularity of the psychotropic action on the receptors in subclass 5-HT₁ / 2, centralizing the latest data available in the field of structure, interconnectivity and mechanisms involved both in defining the pathophysiological substrate of psychiatric disorders and in understanding the properties of different classes of drugs. The cumulative evidence of the last decades supports the idea that modulation of 5-HT₁ / 2 receptors would have a positive effect on cognitive and emotional processes.

Therefore, the use of agonist / antagonist preparations, especially new generation ones, can play an important role in the treatment of disorders in the spectrum of schizophrenia, depression and beyond.

Keywords: serotonin, 5-HT₁ / 2 receptors, psychotropic, cognitive and affective functions, emotional processes, schizophrenia, depression

THE ROLE OF THE SPIRITUAL DIMENSION OF PERSONALITY IN THE THERAPEUTIC APPROACH OF PERSONALITY DISORDERS

Aurel Nireştean^{1,2}

¹Mureş County Hospital, Psychiatric Clinic No2

²University of Medicine, Pharmacy, Sciences and Technology „George Emil Palade” from Tîrgu Mures

The spiritual dimension of the personality is what confirms its maturity through the imaginative richness, creativity, artistic sense, self-determination abilities, interpersonal relationship, self- transcendence always reportable to the symbol. Each of those attributes - depending on their level of representation - can influence the therapeutic approach of personality disorders. As a whole, they can become top-ranking optimizing therapeutic co-factors. The severity of psycho-behavioural manifestations and the adaptive deficit characteristic of personality disorders diminished when elaborately stimulated the various facets of the individual spiritual dimension.

Keywords: personality, spiritual dimension, adaptative deficit

PSYCHIATRIC INTERVIEW IN PERSONALITY DISORDERS

Emese Lukacs^{1,2}, Andreea Comaniciu¹, Monica Bilca^{1,2}, Aurel Nireştean^{1,2}

¹Mureş County Hospital, Psychiatric Clinic No2

²University of Medicine, Pharmacy, Sciences and Technology „George Emil Palade” from Tîrgu Mures

Any psychiatric interview includes reference points targeting the clinical symptomatology and the development of certain particularities of the personality's structure, along side the pertinent biographic data.

Ordinarily, the persons with a personality disorder interact with the psychiatrist in the context of some episodes or mental illnesses of which symptomatology interferes or may mask the pathological personality traits. Additionally, the therapeutic response and its evolution is conditioned by the personality traits.

We intend to offer some specific reference points that may serve us as guidance and shape the psychiatric interview, to the extent in which we recognize within it, that we interact with a pathological personality and we succeed to be aware of certain transference, countertransference and resistance phenomena that occur in this setting.

Keywords: personality disorder, clinical interview

TREATMENT MANAGEMENT OF SUBSTANCE USE DISORDERS

Doina Cozman¹, Andrei Buciuța²

¹University of Medicine and Pharmacy "Iuliu Hatieganu", Medical Psychology Department, Cluj Napoca

²County Clinical Emergency Hospital of Cluj Napoca

The treatment management of patients with substance use disorders is influenced by two major factors – abused substance type and the individual user profile. The diversity of psychoactive drugs and the variety of psychopharmacological mechanisms of action classify these drugs into four classes: central nervous system (CNS) depressants, CNS stimulants, hallucinogens and mixed. The used substance type determines the effects on both the mental health of the patient and the somatic health. Therefore, the treatment must be customized according to the drug types. The individual user profile is influencing the therapeutic decisions as well. Some people are more susceptible to develop substance use disorders because of several factors: genetic predisposing factors, trauma and adverse experiences in life and underlying psychiatric disorders. Several psychiatric disorders are associated with bipolar disorder, schizophrenia and post-traumatic stress disorder and to a lesser degree depression and anxiety. Chronic or repeated pain is, also, a predisposing factor to substance dependence and the treatment must take into account the cause of the pain before attempting to manage the substance disorder. Another major deciding factor is represented by the patients medical history as some medications are contraindicated in some pathologies. The World Health Organization in the International Classification of Diseases 10th revision classified the psychoactive drugs into 10 categories, the 11th revision, in response to the increasing diversity of these substances has 17 categories and they are as follows: alcohol, cannabis, synthetic cannabinoids, opioids; sedatives, hypnotics or anxiolytics; cocaine; stimulants including amphetamines, methamphetamines or methcathinone; synthetic cathinones, caffeine, hallucinogens, nicotine, volatile inhalants, MDMA and related drugs including MDA, dissociative drugs including ketamine and phencyclidine (PCP), other specified psychoactive substances including medications, multiple specified substances and unknown or unspecified substances. The major difficulty in the treatment management resides in the polysubstance disorders because of the combined drug effects.

Keywords: substance disorders, treatment, management, polysubstance disorders

PREVALENCE OF ALCOHOL DEPENDENCE IN YOUNG ADULTS AND ASSOCIATED SOMATIC COMORBIDITIES

Andrada Gabriela Chira¹, Sebastian Liviu Macrea¹, Orsolya Pop¹, Oana Raluca Sabău¹, Claudiu Sorin Iova¹

¹"Dr.Gavril Curteanu" Clinical Municipal Hospital, Oradea

Background: The prevalence of alcohol dependence is rising at an alarming rate over the last few years, not only nationally, but internationally as well. Alcohol dependence is based on a daily use of alcohol with progressive increase of dose in order to obtain the desired effect and the appearance of complications. To talk about a cause means talking about a factor that will determine the condition by acting on a certain predisposition. In alcoholism we can not talk only about a cause, but of a whole complex of causal factors that include: socio-cultural factors, psychological factors, behavioural factors, genetic and biological factors. An increasing number of factors will determine a supplementary risk. According to The Global Burden of disease, alcoholism is the fourth leading cause of disability in the world, after the unipolar major depression, tuberculosis and car accidents.

Materials and Methods: The study is based on a retrospective analysis of data collected in between the 1st of January 2018 and 31st of December 2018, conducted on 72 patients that were voluntarily or involuntarily admitted in the psychiatric ward of "Dr. Gavril Curteanu" Clinical Municipal Hospital from Oradea. In order to conduct the study there were certain aspects that were taken into consideration, such as: age, gender, background, educational level, occupation, admittance type, family medical history, personal medical history, the use of tobacco, civil status, reasons for admittance, psychological examination and the treatment used during hospitalization.

Results: There were significant results concerning the age (40% of the subjects were between 25 and 40 years old), the educational level (68 of the 72 patients have attended formal education, either grade school or high school and some of them higher forms of education). Despite their educational background, most of them are unemployed. All of the other aspects were studied and detailed in the paper.

Conclusions: The results obtained must raise our awareness about the importance of the family support, the socio-cultural background and the psychiatrists role in increasing life expectancy and quality of patients life.

Keywords: alcohol, comorbidities, age, prevalence, complications

THE IMPORTANCE OF BIOPSYCHOSOCIAL REHABILITATION IN PATIENTS WITH ALCOHOL ADDICTION

Dalma Szentpali², Antonia Moldovan², Mátyás-László Békefi², Eliza Dumitrița Sîrbu², Iosif Gabos-Grecu^{1,2}

¹University of Medicine, Pharmacy, Sciences and Technology „George Emil Palade” from Tîrgu Mures

²Mureș County Hospital, Psychiatric Clinic No 1

Introduction: Alcohol addiction is a serious health problem, affecting about 1.3% of the population in Romania. Excessive alcohol consumption has a negative impact on the individual's well being and social life of him and those around him. It is frequently associated with multiple somatic and psychiatric disorders and in order to prevent the long term negative effects, treatment should be started as soon as possible.

Objective: The purpose of our article is to summarize and review the possible therapies for alcohol dependence, to evaluate the most effective methods to manage this problem, respectively to estimate the rate and causes of it's recurrence.

Material and method: Our work consists in analyzing multiple research papers studying the treatment options for alcohol addiction.

Result: Multiple treatment strategies are available for managing alcohol dependence. Many studies have shown that patients who benefited from drug treatment with either acamprosate, naltrexone or disulfiram showed a decreasing tendency to restart drinking. Patients who received psychosocial treatment in addition to pharmacological treatment showed improved results. The most effective psychosocial treatments used were cognitive behavioural therapy, motivational interviewing, behavioural marital therapy and prize-based contingency management. Recurrence is common and occurs most often in the first three months of abstinence. Specific situations and risk factors associated with relapses were: abandonment, low impulse control, social pressure, interpersonal conflicts and lack of familial support. Supportive organizations, such as Alcoholics Anonymous, using many effective group therapy techniques, help patients cope with alcohol addiction and provide peer support to resist craving, playing a vital role in maintaining abstinence.

Conclusions: Due to scientific advancements, professionals can now choose from a wide range of treatment options. The first step in treating the dependence is understanding the disease and accepting it. It should be emphasized that no treatment is possible without the patient's motivation to give up drinking. The recovery process is not linear, and the results are highly dependent on the patient's psychological and social characteristics as well as their drinking habits. The treatment of alcohol dependence must be individualized and adapted to the needs of the individual.

Keywords: alcohol dependence, pharmacological treatment, psychosocial treatment, efficacy, abstinence, relapse.

IMPULSIVITY, COMPULSIVITY AND SUBSTANCE ADDICTIONS

Elena Gabriela Buicu¹, Andreea Sălcudean¹ Serban Turliuc²

¹University of Medicine, Pharmacy, Sciences and Technology „George Emil Palade” from Tîrgu Mures

²University of Medicine and Pharmacy Grigore T. Popa of Iasi

Human behaviour involves normal deliberation and reasoning, so that decisions are made and understood in terms of the extent and significance of the issues in question, whether they are rejected or borrowed, presuppose the consecration of acts, and involve freedom and responsibility of person.

Purpose: The analysis of neurocircuits involves impulsivity, compulsivity and substance dependence.

Impulsivity and compulsivity can theoretically be regarded as “bottom-up” neurobiological driving mechanisms, proven impulsivity from the ventral striated body and compulsivity from the dorsal striated body, and the different areas of the pre-frontal cortex acting “top-down” to suppress these control mechanisms. The inhibitory control is thus exerted from top down by the cortical mechanism, suggested that impulsivity and compulsivity could result from a relaxation of this control. Although drug use is initially considered to be voluntary and is related to trait impulsivity, persons with drug abuse have gradually lose control over drug behaviour and consumption, which becomes compulsive.

Results: From a neuroanatomical point of view, impulsivity and compulsivity are considered as leading different neural loops: impulsivity as an learning system of action-result type dependent on the ventral striated body, and compulsivity a habit system dependent on the dorsal striated body. A high degree of impulsivity predisposes to the compulsory acts and may predict an excessive conformity on learning some habits. The rapid formation of habits can be the basis of the compulsive and addictive passages for the people who have high impulsivity.

Conclusions: Behavioural responses are thus controlled by the balance between dual behavioural neurobehavioral systems and sometimes competing. It seems that impulsive traits and a dysfunctionally reward system predisposes to development to substance use and abuse.

Keywords: impulsivity, compulsivity, addiction

THE ASPECTS OF COGNITIVE IMPAIRMENT IN PATIENTS USING ILLICIT SUBSTANCES

Eliza Dumitrița Sîrbu¹, Iosif Gabos-Grecu^{1,2}

¹Mureș County Hospital, Psychiatric Clinic No 1

²University of Medicine, Pharmacy, Sciences and Technology „George Emil Palade” from Tîrgu Mures

In the last few years cognitive impairment caused by the consumption of drugs has been intensively studied, especially because new methods of neuroimaging are available. The number of illicit substance users had been increased worldwide, worrying the physicians due to the early age and the general degradation of our patients.

The **objective** of this paper is to present the clinical aspects correlated with the results of neuroscientific approaches of the cognitive deterioration caused by psychoactive products, highlighting the new legal implications of drug abuse.

This paper represents a literature review of substance use disorders, based on the observations made on a few clinical cases. The most altered cognitive functions were the executive domains. Impaired attention with the inability to stay focused, working memory with difficulty in step by step activities, as well as poor decision-making were noticed. Neurocognitive impairment can be assessed with different screening tools, with psychometric scales that are appropriated to the neurodevelopment of young adults, addressing the subtle changes of the psychiatric brain functions when using drugs. Taking into consideration the fact most of the substances that are used for recreational purpose are illegal, patients address the medical help only when they or their families feel out of control, most of them presenting signs of psychosis when in the emergency room. Therefore the treatment of this patients remains focused on remitting these symptoms. Very few scales are designed or applied in Romanian population, but measuring the level of deterioration could help developing more effective social programs.

In **conclusion**, substance use disorders remain a challenge for the clinicians, therapeutic target should address the cognitive impairment in order to obtain a good familial and social reinsertion of drug users.

Keywords: addiction, cognitive impairment, psychosis, illicit substance, legal implication

STIGMATIZATION OF PATIENTS WITH MENTAL DISORDERS

Carmen-Petrina Niculae¹, Diana Velcea¹, Larisa Maria Catrinescu¹, Laurențiu Prelipcean¹, Vlad Minuță¹, Adela Magdalena Ciobanu^{1,2}

¹“Alexandru Obregia” Clinical Hospital of Psychiatry, Bucharest

²University of Medicine and Pharmacy “Carol Davila” Bucharest, department of psychiatry

Antipsychiatric currents that appeared in the early 1960s led to the emergence of stigmatization in psychiatry. The misunderstanding of the concept of mental illness, the negative approach in which the hospitalization of the psychiatric patient was viewed, the tendency to treat mental illnesses by psychological therapies and criticizing the drug treatment have led to disregarding of psychiatry. Nowadays, stigma is not limited to patients with psychiatric disorders, it also affects the medical staff in the psychiatric departments and the psychiatric treatment.

Stigma is produced by disharmonious manifestations at the individual, group and institutional levels that impede the proper integration into society of people with mental disorders. The consequences of stigmatization lead to the appearance of ignorance, hostility, prejudice and violence against those with mental disorders, reducing access to resources, lowering the patient's self-esteem and isolation.

Stigmatization is often felt by the patient's family members, and misconceptions about psychic suffering often lead to delayed initiation of treatment, but also to discontinuation due to self-stigmatization.

People with mental illnesses are forced to accept the symptoms and disabilities of the disease, but by limiting opportunities to a stable job, housing, social activity and health services, the society tends to isolate people with mental disabilities more than those with physical afflictions.

The negative aspects presented in the media have played an important role in triggering and propagating the process of stigmatization, the mental illness being often ironized.

In the process of reducing stigma, it is necessary for the patient to accept the psychiatric disorder and to adopt specific interventions aimed at reducing the stigma and condemning it.

Keywords: stigma, mental illness, society, self-stigmatization, consequences.

NEW CHALLENGES OF SEXUALITY OF THE 21TH CENTURY

Ioana Micluția¹

¹University of Medicine and Pharmacy „Iuliu Hațieganu” Cluj-Napoca, Romania, department of Neuroscience, discipline of Psychiatry

Sexuality might be traced since humankind, being one of the important drives, called later as libido. Even though sexuality could be ascertained as more primitive, impulsive, the hallmark of beliefs, practices was rather limited by religious, social taboos. The real breakthrough of free sexuality but also of the public discourse, research-sexology elapsed during the sixties, phenomenon known as „sexual revolution”. Contributions of multidisciplinary approaches of anatomy, physiology, genetics, endocrinology, gynaecology, andrology, psychiatry, pharmacology, psychology, anthropology, sociology try to better understand the needs, urges, attractions, sexual practices of couples and individuals.

New frontiers refer to desincrimination of homosexuality, promotion of life style enhancers (pills, surgical procedures), sexual freedom laws and guarantee of human rights of sexual minorities, enlargement of the concepts of LGBTQ, fertility techniques, description of various typologies (metrosexual, übersexual, sapiosexual etc). We might witness the evolution towards new trends of sexuality, sexosophy: shift to virtual partners, practices, new techniques with a decrease of rates of marriages, increase of divorces, single persons.

Keywords: sexuality, trends, 21th century

DISTINCTIVE NOTES ON PHYSICIAN-PATIENT COMMUNICATION IN A PSYCHIATRIC CLINIC

Octavian-Gabriel Ivanov¹, Maria- Mădălina Luca²

¹Mures Clinical County Hospital, Psychiatry Clinic No 2

²Tirgu-Mures Emergency Clinical County Hospital, Neurology I Clinic

Background: A good relation between the patient and its physician is important throughout the entire field of medical specialities, and it becomes of a crucial importance when it comes to the mental health system, especially if we talk about individuals suffering from severe psychiatric disorders. In general, patients tend to define the quality of the healthcare service in direct relation with the quality of the therapeutic relation with their physician. Moreover, communication plays a key role in psychiatry, as it provides both the healthcare worker and the patient with vital information's regarding the disease and the various drug therapy options. Notwithstanding the foregoing, not one of the many existing guides on how to communicate with the patient, manages to fully cover the specific aspects and emerging challenges of the interaction with the psychiatric patients.

The aim of this study was to asses the way our patients felt about the interaction with their physician throughout their hospitalization.

Materials and Methods: We have applied a questionnaire consisting of 8 items, which helped us learn about the way our patients felt about several aspects concerning doctor-patient communication.

Results: Out of all the cases which were included in our study, we've identified a number of 10 psychiatric disorders, some more frequent than others, each one of them having a more or less specific impact on the doctor-patient communication. Even though we couldn't find any statistical significance, a pattern of disease-oriented communication emerged from our findings, meaning that a more extensive research in this field is required.

Keywords: doctor-patient communication, psychiatric patients

WHAT'S LEFT OF OUR HISTORY: PTSD FROM AFGHANISTAN TO TROY, PART I

Horia Marchean¹, Istvan Fabian², Radu-Bogdan Bere³, Flaviu Bologh¹

¹Mureş County Hospital, Psychiatric Clinic No 2

²University of Medicine, Pharmacy, Sciences and Technology Tirgu Mureş

³Babeş-Bolyai University, Cluj-Napoca

The history of mankind as we know it is fraught with violence, organized or otherwise. From the extensive battlefields of history to the acts of terrorism brought about by lone agents, violence has determined the birth of laws and states, of the very concept of justice and has drawn lines for the debates of lawmakers.

What happens, however, after the inevitable act of violence? Beyond PTSD' s relatively recent appearance, compared with other well-known psychiatric disorders, in our nosology of the mind, we believe lies a much richer history, both medical and cultural, which can serve as an inexhaustible source of new perspectives on both human behaviour and the way in which we engage with our own history, and, in consequence, with our own respective identities.

This work aims, in this first part, to find pertinent historical sources on PTSD, offering a journey into PTSD through the ages as well as, we hope, to uncover new perspectives in the understanding of a much more complex phenomenon than in incursion in its study would reveal. The cases discussed will, in overwhelming majority, originate from military history, because of the wealth of information said branch of history stands to offer us.

In short, the sources studied suggest that the semiological elements, if not the very concept of PTSD, were known since the birth of our European history, in a variety of forms and with multitudinous names. PTSD, shell shock, soldier's heart, nostalgia, all these words are underlined by the simple existence of our wars and the brutal, merciless, repetitive reality of the suffering they leave in their wake. Because war, war never changes.

Keywords: PTSD, history, nosology, shell shock, soldier's heart, war

THE PSYCHIATRIST AND "THE PERSON" OF THE PATIENT

Mircea Lăzărescu¹

¹Timișoara County Hospital, Psychiatric Clinic

Doctors usually treat an episode of the disease, and sometimes long-term illnesses. The psychiatrist is also often focused on psychopathological sequences. But it would be great if he could consider his patient more like a person, which carries on a meaningful existence in a cultural community. So we plead for the idea that a psychiatrist, as often as he can, be interested in 'who' his patient is, what biography is behind him, and in which relational world, social support and cultural habits he returns. So, let's not forget that our patient is inevitably someone's child: that he / she may have a life partner, children, neighbours and relatives, whose existence intersects, which can influence their life, now and in the future. Psychosocial rehabilitation involves a contract not only with the person concerned, but also with some of those who care about his life. And probing the intimacy of his soul, he can sometimes tell us how to increase the quality of his life.

And, beyond the general assertions, it is worth stopping at a few examples.

Keywords: psychiatrist, person of the patient, psychosocial rehabilitation

ATTENUATED PSYCHOSIS SYNDROME. STRATEGIES FOR IMPROVING LONG-TERM PROGNOSIS AND QUALITY OF LIFE.

Elisabeta Szabo-Racos^{1,2}, Iringo Szava², Roxana Manda³

¹University of Medicine, Pharmacy, Sciences and Technology „George Emil Palade” from Tîrgu Mures

²Mures County Hospital, Pediatrics Neurology and Psychiatry Clinic

³Child Psychiatry and Addiction Clinic Cluj-Napoca

DSM 5 proposes a series of diagnosis criteria for the Attenuated Psychosis Syndrome, thus offering a much better early identification of the high-risk-for-psychosis individuals, with the aim of reducing misdiagnosis, inadequate intervention and outbidding of unfavorable prognosis.

The Attenuated Psychosis Syndrome comprises subclinical psychotic symptoms (in terms of severity and duration) which have been associated with a significant increase of the risk for developing a Psychotic Disorder during the following year.

Studies reveal that approximately one third of patients with a high-risk-for-psychosis converge to psychosis. Early intervention reduces these rates and ensures a better socio-occupational functioning for patients. Early antipsychotic intervention is indicated as soon as psychosis becomes obvious, but also for the Attenuated Psychosis Syndrome when commorbid personality disorders such as schizoid, schizotipal or paranoid are associated, otherwise, during the high-risk period, psycho-social interventions can be useful. For high-risk patients, Cognitive-Behavioral Therapy has also been proven useful, reducing the incidence of psychosis during the following 4 years.

Identification and early intervention are a major priority in the management of patients with Attenuated Psychosis Syndrome, contributing to the improvement of long-term prognosis and quality of life of these individuals.

Keywords: risk, psychosis, intervention, early, prognosis.

ANOREXIA NERVOSA – THE HIDDEN FACE OF THE PERFECTION – CASE STUDY

Maria-Mădălina Leți¹, Cristina Rădulea¹, Mihaela Popovici¹, Petra-Mădălina Comandașu¹, Raluca Grozăvescu^{1,2}

¹Child and Adolescent Psychiatric Clinic of the Clinical Psychiatry Hospital „Prof. Dr. Alexandru Obregia”, Bucharest

²“Carol Davila” University of Medicine and Pharmacy Bucharest

Introduction: Anorexia nervosa represents a complex pathology, a challenge for any psychiatrist considering the multidimensional affect – psychic, clinical and paraclinical. Studies reveal that cases are more frequently encountered among female, while a long-term recovery and a lower risk of mortality are more common among adolescents. Malnutrition causes multiple metabolic imbalances and it affects the develop-

ment and proper functioning of an organism. Links with difficulties in emotional management and integration of the Mind Theory, obsessive thoughts, anxiety and perfectionism frequently occur. At the level of the brain, there is evidence supporting the connection of areas involved in the reward system, especially the basal ganglia, the hypothalamus – the decrease in size of the left region – and the somatosensory cortex.

Case presentation: In the present paper we intend to describe, in addition to information gathered from scientific research, the characteristics of a case of anorexia nervosa - a 17-year-old adolescent, with a psychiatric background, hospitalized in the Child and Adolescent Psychiatric Clinic of the Clinical Psychiatry Hospital „Prof. Dr. Al. Obregia”, Bucharest. We will analyse the symptoms which have brought the patient into our service, the intra-psychoic tension and the generalized anxiety associated with daily meals. We will also evaluate the projective test, the genetic vulnerability, the intra-familial relations as well as the therapeutic approach of the case.

Conclusions: There is an increasing need for the development of new intervention strategies for anorexia nervosa, as well as an improvement within the mental healthcare service, as a multidisciplinary approach and its associated vital risk must be taken into account. Family support and the integration of its members into the recovery plan are key elements that can lead to therapeutic success.

Keywords: anorexia nervosa, family, emotional regulation, therapeutic plan

DYNAMICS OF AUTISM SPECTRUM DISORDERS FROM CHILDHOOD TO ADULTHOOD

Florina Rad^{1,2}, Mihaela Stancu¹, Emanuela Andrei³, Ilinca Mihailescu², Alexandra Buică¹, Iuliana Dobrescu^{1,2}

¹University of Medicine and Pharmacy „Carol Davila”

²„Prof. Dr. Alexandru Obregia” Psychiatry Hospital, Bucharest

³„Bellanima” Centre of Psychotherapy and Psychiatry

The alarming increase in the prevalence rate of autism spectrum disorders (ASD) in the last period has become an important mental health problem worldwide. These worrying data have led to the need for thorough investigation of clinical manifestations, therapeutic approach and social integration of adolescent and adult patients with this disorder, as most of the research until present has focused on the pediatric population.

Because ASD is a developmental disorder, individual's functioning on different areas of life and the clinical picture are not constant across lifespan, they rather change once the individual gets older. Because the symptoms and course of comorbidities in adolescence and adulthood are changing, the focus on pharmacological and psychotherapeutic approach changes as well in the scientific literature.

In this paper we intend to summarize the scientific information on the transition of ASD symptomatology from childhood to adulthood, as well as the main difficulties that the mental health specialist can confront in the differential diagnosis or in the treatment of psychiatric comorbidities. We consider it particularly important to raise awareness of the psychosocial dysfunctions experienced by an adult with ASD because, unfortunately, transitional programs are globally underdeveloped and educational systems usually do not dispose of programs based on vocational abilities in order to prepare the patient and his family for adult life and to increase the adaptability at social insertion in maturity.

Keywords: autism, transition, childhood, adulthood.

THE DISSOCIATIVE DISORDER BEHIND THE SMOKE SCREEN OF PSYCHOTIC SYMPTOMS- A CASE STUDY

Petra-Mădălina Comandașu¹, Maria-Mădălina Leți¹, Cristina Rădulea¹, Mihaela Popovici¹, Raluca Grozăvescu^{1,2}

¹Child and Adolescent Psychiatry Clinic of „Prof. Dr. Alexandru Obregia” Hospital, Bucharest

²University of Medicine and Pharmacy „Carol Davila” Bucharest

Introduction: Out of the array of self-reported psychotic symptoms, which have been reported amongst 7,5% of adolescents aged 13-18 years, non-specific psychotic phenomena are strongly correlated with experiences of neglect and abuse during childhood. As traumatic experiences lay the foundation for disorganized attachment, this maladaptive attachment pattern constitutes a valid predictor for the development of dissociative symptoms, which are more frequently observed in female adolescents and can take on psychotic forms.

Case study: We will present the case of a 14 year old female patient, without prior psychiatric diagnoses, who is brought to The Child and Adolescent Psychiatry Clinic of „Prof. Dr. Al.Obregia” Hospital in Bucharest, Romania, for clinical assessment of sudden-onset psychotic symptoms. We aim to corroborate important literature findings on psychosis and dissociation in adolescent patients and discuss the uniqueness of this case.

Conclusion: Dissociation phenomena in patients under 18 years old herald exciting information about the process of attachment and about the intricate consequences that traumatic events inflict on neurodevelopment. The most striking symptoms regard perception and thought disturbances, which can be diagnostically misleading. Case management makes use of pharmacological resources, therapy-based strategies and social support, while regular monitoring is essential for a good prognosis.

Keywords: attachment, psychosis, trauma

DOCTOR-PATIENT RELATIONSHIP - FOCUS IN PSYCHIATRY

Lavinia Duică^{1,2}

¹Psychiatric Hospital "Dr. Gheorghe Preda" Sibiu

²Lucian Blaga University Sibiu, Faculty of Medicine

The medical profession is an extremely complex profession due to the fact that, in addition to its scientific content, it also has a relational component that must be carried out under special conditions, with the sick man, who often manifests a special sensitivity given to the individual characteristics and characteristics of his own illness. The doctor-patient relationship represents the basic structure of the medical care that allows a viable and high-level construction of the therapeutic relationship itself. In this relationship, both participants, the physician and the patient share both their roles and responsibilities arising as a consequence of one another's behaviour. In general, the doctor-patient relationship implies acceptance of the patient even if his behaviour is not always approved, building the patient's trust for openness and respecting the proposed conditions and deadlines, and effective communication based on empathy and encouraging the patient to express his emotions and thoughts in the face of his illness. In psychiatry, all these principles present some nuances due to the specificity of the psychopathological problem. But in order to meet the challenges posed by the doctor-patient relationship in psychiatry, it is necessary, first of all for the doctor to go through a process of self-awareness, to have a good knowledge of himself, so that he can capture the reactions and the subtle answers, expressed by those they interact with. Further, having this knowledge of himself the doctor will have to use in the interview some aspects of his personality, experiences, values to establish a good therapeutic relationship.

Keywords: doctor-patient relationship, acceptance, trust, communication, self-knowledge

CONSIDERATIONS REGARDING THE DEVELOPMENT OF MENTAL HEALTH SERVICES AND THE IMPACT OF MENTAL DISORDERS ON PUBLIC HEALTH

Cătălina Tudose^{1,2}, Raluca Tîpa^{1,2}

¹"Carol Davila" University of Medicine and Pharmacy Bucharest

²"Prof. Dr. Alexandru Obregia" Psychiatry Hospital of Bucharest

The presentation will define the most used terms - community, the approach process of mental health, the approach process of public health applied to mental health, comparative characteristics of developing mental health services as public health issues or as individual health ones and the impact of mental disorders on the public health. There will be included examples from the Romanian realities concerning the services, mentalities and the public mental health policies. The presentation will offer to the residents in psychiatry a general view on the modern principles for developing and improving the mental health services as well as suggestions concerning the adaptability of various models from other countries to the Romanian specific conditions.

Keywords: public health, mental health services, public mentalities

FEAR AND CONCERN - FUNDAMENTAL SYMPTOMS IN ANXIETY DISORDERS

Elena Gabriela Buicu¹, Andreea Sălcudean¹, Serban Turliuc²

¹University of Medicine, Pharmacy, Sciences and Technology „George Emil Palade” from Tîrgu Mures

²University of Medicine and Pharmacy Grigore T. Popa of Iasi

Introduction: The interest given to anxiety is enormous due to its spread in the general population as well as the heterogeneity and conceptual blurring, of the clinical forms in this class, many of which are quite vaguely outlined.

Purpose: Particular analysis of dysfunctionality within the same circuits in different anxiety disorders.

The concept of anxiety, as a mental disorder is evolving rapidly and is characterized by the central symptoms: excessive fear and worry. These symptoms are present in all anxiety disorders, although what triggers them may differ from disorder to disorder.

Results: The processing of the fear reaction is regulated by numerous afferents and efferents of the amygdala, each connection utilizing specific neurotransmitters, which act on their own receptors. Concern is the second central symptom, being hypothetically linked to the functioning of cortical-striatum-thalamo-cortical circuits CSTC-circuits of concern. It may include: anxiety, negative expectations, catastrophic thinking, obsessions, and is related to CSTC feedback circuits in the prefrontal cortex. These circuits are modulated by several regulatory neurotransmitters: 5HT, GABA, DA, NA, glutamate, voltage-dependent calcium channels, and overlap with many neuromodulators and regulators that modulate the amygdala.

Conclusions: What distinguishes one anxious disorder from another may not be the anatomical localization or the neurotransmitters that regulate fear and worry in each disorders, but the particular nature of dysfunctioning within these same circuits in different anxiety disorders.

Keywords: anxiety, concern, fear

TREATMENT OF AFFECTIVE EPISODES IN BIPOLAR DISORDER

Orsolya Pop¹, Andrada Gabriela Chira¹, Sebastian Liviu Macrea¹, Oana Raluca Sabău¹, Claudiu Sorin Iova¹

¹Clinical Municipal Hospital "Dr. Gavril Curteanu" Oradea

Background: The aim of this study was to analyze the efficiency of treatment with atypical antipsychotic agents in comparison with the typical ones, in the case of patients with bipolar disorder.

Material and Methods: Using the method of retrospective catamnesis, from the total number of hospitalizations in the Psychiatric unit of the Municipal Hospital "Dr. Gavril Curteanu" Oradea in the year of 2018, we draw patients with the diagnosis of bipolar disorder. Information's regarding their treatment and other data were synthesized from medical charts. In order to measure the efficiency of atypical antipsychotics in comparison to the typical ones, the parameters we based on were rate of recurrence for each type of affective episode, the duration of treatment and the mean of hospitalization days depending on the type of antipsychotic agents administered.

Results: From a lot of 153, 120 were treated with atypical antipsychotics (=AA lot) and the rest of 33, with classical ones (=AC lot). From the analysis of recurrence depending on the type of affective episode, we observed a lower rate of relapse for those treated with atypical agents in all three cases, respectively a difference of 16% in the case of those with maniac episode, a difference of 21% in the case of those with depressive episode and a difference of 36% in the case of those with a mixed episode. As for the duration of episodes, we noticed a decrease of 57% for the AA lot in comparison to the AC lot. Likewise, for AA patients, we found a lower mean value of hospitalization days than for AC patients.

Conclusions: The results show a superiority of atypical antipsychotics regarding treatment efficacy, which thus seem to serve as a better alternative in the treatment of bipolar disorder, not only based on avoidance of side-effects caused by typical drugs, but also on reducing hospitalization costs and a better social and professional reintegration for the patient.

Keywords: antipsychotic, bipolar disorder, affective episode, typical, atypical

"MENS SANA IN CORPORE SANO"- LATIN DICTUM OR AN APPLIED SCIENCE?

Claudia Anghel¹, Diana Vulea¹, Cristina Vasii¹

¹Psychiatric Hospital "Dr. Gheorghe Preda" Sibiu

Since ancient times, the Romans have noticed the importance of sport for physical and mental health. Nowadays, there is a focus on "wellbeing" that means promoting a healthy life, highlighting the value of physical activity associated with a proper diet, a positive mental and social state (like developing their potential to work productively and creatively, and making strong and positive relationships with others, supporting social inclusion and recovery).

The aim of this work is to prove that some neuroscience studies have showed that physical activity have a strong and good effect on mental wellbeing. Intense physical activity can develop self-esteem and decrease stress and anxiety. Physical activity can help to play a role in preventing mental health problems and improve the quality of life. Also it can improves symptoms of anxiety, depression and cognitive function.

The connection between physical activity and mental health is like a cyclic movement: for instance negative symptoms can determine a decreased activity, a reduced motivation, including less social contacts and the absence of the beneficial neuroendocrine response to exercise.

In order to promote the use of physical activity as an important intervention in the management and prevention of mental health, in our hospital, with the help of the Association of the Psychiatric Hospital "Dr. Gheorghe Preda" Sibiu - has been running a project called "MUVIT" by involving people with mental disorders in regular physical activities.

Keywords: physical activity, mental health, social inclusion, recovery, wellbeing.

COGNITIVE-BEHAVIOURAL THERAPY FOR PSYCHIATRIC DISORDERS OF MEDICAL CAUSE

Cosmin Popa¹, Alina Schenk¹

¹University of Medicine, Pharmacy, Sciences and Technology „George Emil Palade" from Tîrgu Mures

In many cases, patients suffering from chronic medical conditions or even chronic pain, present in comorbidity different disorders from the psychiatric spectrum, usually depression or anxiety. According to clinical randomized studies, the outcomes shown that Cognitive-Behavioural Therapy (CBT) is effective both in remitting psychiatric / psychological disorders, such as anxiety or/and depression but even in chronic pain, the pain level are decreasing. In conclusion, CBT represents the most effective psychological treatment for these patients and the benefits of intervention are the remitting the psychopathology, as well as decreasing the pain and increasing the quality of life for patients with chronic health problems.

Keywords: Cognitive-Behavioural Therapy, Chronic medical conditions, Chronic pain, Depression, Anxiety.

MUSIC THERAPY AS A COMPLEMENTARY TREATMENT IN DEMENTIA

Diana Mihaela Vlad¹, Andreea Elena Mănescu¹, Aurel Nireştean^{1,2}

¹Mureş County Hospital, Psychiatric Clinic No 2

²University of Medicine, Pharmacy, Sciences and Technology „George Emil Palade” from Tîrgu Mures

Dementia is a disease dominated by the involution and the progressive disorganization of the psychological life and individual personality, severely affecting the capacity of role functioning and the capacity of relating with others

Demented people were described as „the inhabitants of a lost kingdom” and throughout the years many approaches have been developed to stimulate the reminiscences of the mental capacities in order to improve their quality of life.

Music has always played an important part in everyday life. It allows people to go back in time and experience a variety of emotions. It is said that musical memories are often preserved better than the non musical memories.

This presentation would like to emphasise the importance of music therapy in demented people as a form of complementary treatment and a gym for the mind.

Keywords: dementia, music, therapy, memory

COMPLEMENTARY THERAPIES BETWEEN PAST AND FUTURE

Ciprian Băcilă^{1,2}, Diana Vulea¹, Rareş Clopoşel¹

¹Psychiatric Hospital “Dr. Gheorghe Preda” of Sibiu

²“Lucian Blaga” University of Sibiu, Faculty of Medicine

In the psychiatric hospital from Sibiu, founded in 1863, the first in south-east Europe at that time and one of the two hospitals in Europe that still carries out activity in the same location since its inception, early emphasis was placed on complementary therapies.

Among the complementary therapies performed since the 1860s we mention: patient literacy (1864), the introduction of ergotherapy through the use of patients in administrative-household activities (1872), the establishment of a patient library (1881), the establishment of the extra hospital formation, the Family Patronage (1906) the society for the protection of the mentally ill and their families (1921) and the laying of the basis of scientific ergotherapy (1933).

The purpose of this work is to highlight the tradition of the psychiatric hospital regarding complementary therapies developed since the 1860s, continued in the present through a wide range of complementary therapies such as: ergotherapy, melotherapy, dancetherapy, literary club, cooking therapy, sports therapy, animal therapy, polysensory stimulation rooms.

In conclusion, complementary therapies with conventional therapies have played a very important role both in the past and at present in improving the quality of patients' lives, recovery, rehabilitation, professional social reintegration.

Keywords: complementary therapies, quality of patients' lives, reintegration

THEATER AS COMPLIMENTARY THERAPY APPLIED IN THE “DR. GHEORGHE PREDA” PSYCHIATRIC HOSPITAL OF SIBIU

Diana Vulea¹, Anca Boitor¹, Mohamed Amine Ben Salem¹, Ciprian Băcilă^{1,2}

¹Psychiatric Hospital “Dr. Gheorghe Preda” of Sibiu

²“Lucian Blaga” University of Sibiu, Faculty of Medicine

Complimentary therapy represents an important element in the treatment of psychiatric disorders and improvement of the life quality of psychiatric patients.

Many variations of these kinds of therapies are currently applied in “Dr. Gheorghe Preda” psychiatric hospital in Sibiu. This includes ergotherapy, dancetherapy, melotherapy, culinothepay, book clubs, sport activities and many others.

Lately, a new initiative took place as a logical continuum to the philosophy adopted by the institution, this being the implementation of theatre therapy in an collaboration with a local group of artist by the name of “Bis Teatru”. In this project the patients were encouraged to participate in specific activities including reciting poetry and role playing.

The main goal of this paper is to present the implementation mode of complimentary therapy via theatre, the objectives and the impact obtained by this method both on the life quality and clinical condition.

Nevertheless, this remains an uncommon and innovative method to mobilise the patients in a dynamic, innovative way, while combining one of the most self expression oriented arts with conventional treatment methods.

In conclusion, because it is extremely important to be able to combine various types of arts with more conventional forms of therapy, the Psychiatric Hospital "Dr. Gheorghe Preda" of Sibiu took many significant steps in the reintegration of the psychiatric patient during the therapeutic process inter-personally and socially.

Keywords: complementary therapy, theatre, quality of life

PSYCHOSOCIAL TREATMENTS FOR POSTTRAUMATIC STRESS DISORDER

Antonia Moldovan¹, Mátyás-László Békefi¹, Dalma Szentpáli¹, Iosif Gabos-Grecu^{1,2}

¹Mureş County Hospital, Psychiatric Clinic No 1

²University of Medicine, Pharmacy, Sciences and Technology „George Emil Palade” from Tîrgu Mures

Background: Traumatic event is defined as being life threatening, something that exceeds the victim's normal resources. Some people who have experienced traumatic events, will recover with the right support, but most of them develop Posttraumatic stress disorder (PTSD)

Objective: exposing the best methods of psychosocial rehabilitation in post-traumatic stress syndrome.

Methods: Meta-analysis of some reviews that expose the best treatments for posttraumatic stress disorder.

Results: The most effective methods of psychosocial rehabilitation in PTSD are cognitive-behavioral therapy (CBT), prolonged exposure therapy (PE) and mindfulness based therapy can provide many benefits. Also cognitive therapy seems to be useful.

Conclusions: Many clinical studies show that the most effective methods of psychotherapy in PTSD are cognitive-behavioural therapy (CBT), prolonged exposure therapy (PE) and mindfulness based therapy.

Keywords: Posttraumatic Stress Disorder (PTS), psychosocial rehabilitation, effective treatments.

PAIN PERCEPTION IN MAJOR DEPRESSIVE DISORDER

Romina Ionescu¹, Diana Tudor¹

¹"Alexandru Obregia" Clinical Hospital of Psychiatry, Bucharest

Depression, one of the most common and disabling mental disorders, may cause symptoms both in the brain as well as in the body, leading to emotional, vegetative and even painful physical symptoms. Chronic pain should persist continuously or intermittent for at least 3 months, representing a critical factor in the depression determinism. The coexistence of the two pathological entities tends to aggravate the severity of both disorders. The complex relationship between pain and depression has been intensively studied in the recent years, showing considerable overlaps in genetic factors, biological pathways and neurotransmitters as well as induced neuroplasticity changes and neurobiological mechanism changes. Descending serotonergic and noradrenergic pathways may regulate the painful symptoms of depression and when using serotonin and norepinephrine reuptake inhibitors there may be obtained a relief. Long-term plasticity in the central nervous system can be caused independently by both depression and pain, and this common neuroplasticity mechanism changes represents a potential route for the aggravation of chronic pain and depression. Maladaptive plasticity changes leading to a disruption of the functionality have also been observed in a big number in animal studies and clinical trials. In this review we ought to provide new insights into the associations between depression and pain, hopefully for a better understanding and better treatment of these two pathologies.

Keywords: pain, depression, neuroplasticity, neurotransmitters

PARTICULARITIES OF THE THEORY OF MIND IN THE AFFECTIVE DISORDER

Adrian-Adam Culici¹, Vlad Negriiă¹, Iasmina-Raluca Negru², Andreea Iovănel¹, Cătălina Giurgi-Onocu², Zsolt Popovici³, Ana Cristina Bredicean²

¹Timișoara County Emergency Clinical Hospital – "Eduard Pamfil" Psychiatric Clinic

²"Victor Babes" University of Medicine and Pharmacy

³Arad County Emergency Clinical Hospital

Introduction: Since Antiquity it was considered that the human being possesses social instincts, which is why it was initially called "social animals" ("zoon politikon") then, more elegantly, "social being". The continuous progress made in psychiatry has demonstrated that the man has a social cognition, which is the basis of all interactions between us. The theory of mind represents just one side of the social cognition and it refers to a person's ability to deduce the thoughts, feelings, reactions, intentions and aspirations of others, for the purpose of understanding or predicting the way a person acts.

Objective: Assessment of the theory of mind in a group of subjects with bipolar and depressive affective disorder.

Methods: The study included 52 patients diagnosed with recurrent depressive disorder and bipolar affective disorder (according to ICD 10), based on inclusion/ exclusion criteria. The analyzed parameters were: socio-demographic (age, gender, study, professional status) and the theory of mind (Reading the Mind in the Eye Test). Data were statistically processed.

Results: Following the interpretation of the results, it was shown that the overall score of patients revealed a low capacity for emotion recognition (patients percentage - 80,77%), and in terms of gender difference, women demonstrated a greater capacity for emotion recognition (mean score 16,40), compared to men (mean score 15.70). In terms of emotions type, the most acknowledged were the negative ones.

Conclusion: The theory of mind is significantly affected in the affective disorders and male subjects, the consequences being socially and familiarly observed.

Keywords: theory of mind, emotions, affective disorder

LET'S NOT FORGET THOSE WHO FORGET

Theodor Moica¹, Sorina Moica², Ramona Torpan³

¹Medical Center Puls Regina Maria from Tirgu Mures, Department of Psychiatry, Romania

²University of Medicine, Pharmacy, Science and Technology from Targu Mures, Department of Industrial Engineering and Management, Romania

³Psychiatric Clinic Värnamo, Värnamo Hospital, Sweden

Regardless of the etiopathogenesis of the disease, dementia has lately been a separate nosologically category, due to the increased incidence of the disease, the limited therapeutic methods and the psychosocial impact of this serious condition. This paper describes some of the challenges that the psychiatric specialist faces when communicating to the patient and his family the diagnosis of dementia and especially the long-term prognosis of the disease. The available therapeutic strategies are presented, also making a brief foray into the field of innovations of current psychopharmacological research in dementia. The paper ends with a presentation of a clinical case of a lesser-known form - fronto-temporal dementia or Pick's disease, emphasizing once again the importance of collaboration between mental health specialists and the families of patients facing such problems.

Keywords: dementia, treatment, psychosocial

NEW THERAPEUTIC APPROACHES IN SCHIZOPHRENIA

Iosif Gabos-Grecu^{1,2}

¹Mureş County Hospital, Psychiatric Clinic No 1

²University of Medicine, Pharmacy, Sciences and Technology „George Emil Palade” from Tirgu Mures

Despite the advances of modern psychiatry, schizophrenia remains a challenge for the clinician and the society. The variety of symptoms with the associated cognitive deficiency make this pathology, a continuous field of research, the psychiatrists being focused in maintaining the long-term functionality and social reinsertion of the affected people.

Therefore, the main objective of this paper is to bring to attention the therapies applied over time, explaining their effectiveness and introducing the new strategies proposed nowadays. It represents a review of the literature, but also the clinical experience, and is intended to be a tool to be used in the recovery of our patients.

Given the four hypotheses of different classes of neurotransmitters involved in the onset of schizophrenia, the researchers followed the development of drugs that act effectively on them. The most well-known theory remains the implications of the dopaminergic system, which is why most of the typical antipsychotics have targeted the positive symptoms. Learning about the importance of the noradrenergic, serotonergic and GABAergic effects, a new generation of antipsychotics have been conceived, the first being clozapine. These aimed at addressing the negative symptomatology in particular, which is often underestimated. Nowadays, the attention of scientists is focused on molecules with a better cognitive effect and better management of the aggressive symptoms. ECT had a special role over the years, nowadays remaining a heroic approach, psychotherapies, especially the cognitive-behavioural one, gaining more and more ground. The combination of medication and psychotherapy have the best long-term results. New approaches such as transcranial stimulation of the frontal lobe in particular, are under the scope.

Given the wide range of therapeutic schemes, it is important to individualize the treatment according to the patient's profile, looking forward to easing the pain of our patients and their families.

Keywords: schizophrenia, clozapine, ECT, transcranial stimulation, aggressivity

THE MANAGEMENT OF A PSYCHOMOTOR AGITATED PATIENT, A MULTI-INSTITUTIONAL APPROACH

Diana Vulea¹, Simona Butnărașu¹, Ciprian Băcilă^{1,2}

¹Psychiatric Hospital "Dr. Gheorghe Preda" of Sibiu

²"Lucian Blaga" University of Sibiu, Faculty of Medicine

Given that psychomotor agitation is one of the most frequent psychiatric emergencies, involving a multitude of bodies, it is necessary to pay particular attention to the multi-institutional approach in order to efficiently manage the case. This disorder raises security problems for both the patient and the personnel involved (police, ambulance, physician, etc.), as cases where patients can become auto or hetero-aggressive, verbally and physically are common.

The objective of this paper is to present the difficulties of managing the case of a psychomotor agitation in an inter-disciplinary context and to highlight the possible solutions in this regard. This implies a good collaboration between the bodies involved, a well-established protocol, providing the necessary resources and proper training of the personnel involved.

In some aspects regarding the transport and the way of granting the treatment in a safe and legal environment, for the time being, the present operating protocol can be challenging to apply for the personnel responsible for the administration of the treatment, as well as for the personnel responsible for the transport of the patient in safe conditions to the psychiatric emergency service.

In conclusion, the safety and well-being of the patient, members of the inter-institutional team and of the society depend to a large extent on the creation of a common front between the institutions of the pre-hospital intervention and the psychiatric field personnel.

Keywords: multi-institutional approach, psychomotor agitation, safety

EUROPEAN FEDERATION OF PSYCHIATRIC TRAINEES- TEST YOUR OWN TRAINING

George Stercu^{1,2}, Pavel Trančík^{1,3,4,5}

¹European Federation of Psychiatric Trainees

²"Alexandru Obregia" Clinical Hospital of Psychiatry, Bucharest

³Psychiatric hospital Bohnice, Prague, Czech Republic

⁴3rd Faculty of Medicine, Charles University

⁵National Institute of Mental Health, Klecany

Introduction: The European Federation of Psychiatric Trainees (EFPT) has, since 1993, been formally established as an international non-profit organization. It represents over 20 000 trainees from 37 countries across the WHO's European Region.

Objectives: The main goals of the organization are to explore the diversity and richness of the current training of psychiatrists in Europe. The focus of the presentation will be an analysis of various training programs in Europe and how they compare in regard to the The Charter on Training of Medical Specialist.

Methods: The EFPT have worked with the Union of European Medical Specialists (UEMS), Section of Psychiatry, to develop an innovative solution. Test your Own Training (TYOT) is the online tool, dubbed the 'Tripadvisor for training', that empowers trainees to compare their own experiences with the UEMS standards, to see if the training they receive matches what it should look like.

Results: At the current moment 86% of respondents are under 35 years old, 57% female and 43% male. Responses come from 28 countries. 45% of trainees are not familiar with their National Guidelines and only 7.33% with the European ones.

Conclusion: The preliminary results show that most training programs in Europe do not fulfil the The Charter on Training of Medical Specialist as set in The Charter on Training of Medical Specialist but that result significantly vary between countries trainees. The average score is currently 42%.

Keywords: EFPT, Training, UEMS, TYOT

ALCOHOL RELATED SEIZURES IN PATIENTS WITH CHRONIC ALCOHOL ABUSE

Andreea Elena Mănescu¹, Alexandra Haj Osman¹, Diana Vlad¹, Aurel Nireștean^{1,2}

¹Mureș County Hospital, Psychiatric Clinic No 2

²University of Medicine, Pharmacy, Sciences and Technology „George Emil Palade” from Tîrgu Mures

Alcohol abuse is one of the most common causes of adult-onset seizures. Management of these patients remains a challenge, despite years of clinical practice. The aim of this study was to describe the clinical profile of patients with alcohol abuse who develop seizures, to establish the prevalence of seizures among these patients and identify associated risk factors. 274 patients who presented in the emergency room during January-December 2018, with diagnoses related to alcohol abuse were analysed. Demographic data was recorded, together with history of seizures and epilepsy diagnosis. In order to investigate factors associated with seizures, we created a logistic regression model

including previous diagnosis of epilepsy, delirium tremens, age, sex and comorbidities. Of the 274 patients with mean age of 49.9 ± 11.36 years, 52 (19%) developed seizures and 20 (7.3%) had been previously diagnosed with epilepsy. Of the patients who developed seizures, 32 (61.53%) were related to withdrawal syndrome, 10 (19.23%) happened in the acute intoxication phase and 8 (15.38%) developed seizures unrelated to withdrawal or acute intoxication, in the context of chronic alcohol abuse. Diagnosis of alcohol withdrawal (OR = 1.95, 95% CI (0.95-4.01), $p = 0.04$) together with diagnosis of epilepsy in history (OR = 11.15, 95% CI (4.72-26.32), $p < 0.001$) and age category 60-80 years (OR = 0.27, 95% CI (0.08-0.9), $p = 0.03$) were associated with an increased risk to develop seizures related to chronic alcohol abuse. In this sample, seizures occur most frequently in the context of alcohol withdrawal, old age and diagnosis of epilepsy being associated risk factors. Presence of delirium tremens was not associated with increased risk of alcohol related seizures.

Keywords: alcohol withdrawal, seizure, alcohol abuse, epidemiology

SUICIDE ATTEMPTS AND CORRELATION WITH AXIS I PATHOLOGY

Alexandra Haj Osman¹, Andreea Elena Mănescu¹, Adrienne Erros¹, Amani Diana Rusu¹, Aurel Nireştean^{1,2}

¹Mureş County Hospital, Psychiatric Clinic No 2

²University of Medicine, Pharmacy, Sciences and Technology „George Emil Palade” from Tîrgu Mures

Background: Suicide attempts are a major concern for public health. While the prevalence of diseases such as cancer and heart disease has been decreasing lately, suicide rates have increased.

Objective: The aim of our study was to describe the clinical profile with predilection of the psychiatric pathology of axis I, of the patients with suicide attempts.

Material and Methods: The final analytical sample consisted of 137 patients admitted in the guard room for suicide attempts during January-December 2018. The patients were classified according to the psychiatric diagnosis and the type of suicide attempt, including patients with suicidal ideation. The age of the patients was recorded as a categorical variable including three categories (18-39, 40-59, 60-79 years). Descriptive statistics, comparison of means and frequencies tests were applied on the study group.

Results: Of the 137 patients registered with suicide attempts, with mean age of 44.5 ± 16.2 years, 88.32% ($n=121$) had the diagnosis of major depressive episode, 7.3% ($n=10$) the diagnosis of personality disorder and an equal percentage of 2.2% ($n=3$) for the diagnosis of oligophrenia and psychotic disorders. The most frequent types of suicide attempts were by ingestion of drugs 30.65% ($n=42$), by hanging 13.13% ($n=18$) followed by the parasuicidal attempts 12.4% ($n=17$).

Conclusions: In the study group, suicide attempts were most frequently recorded in patients with depressive episodes, by resorting to drug ingestion. Nevertheless, psychotic patients or with personality disorders, in smaller percentage, also resort to suicide attempts. Detecting and managing these mental disorders is a crucial strategy in preventing suicide.

Keywords: suicide attempts, psychiatric patients, drug ingestion, parasuicidal attempts

ALCOHOLISM BETWEEN TEMPTATION AND ESCAPE: A LOOK AT RELAPSES IN ALCOHOL DEPENDENCE

Ancuța Duca¹, Flaviu Bologh¹

¹Mureş County Hospital, Psychiatric Clinic No 2

Introduction: Alcohol addiction is one of the most widespread addictions worldwide and is the most accepted by the society, being most often considered as a relaxation method. The evolution of the alcohol dependent patients is an oscillating one, with frequent periods of remission and relapses, but it is also influenced by the socio-cultural environment of the patients' origin. The earlier the onset of consumption, the more severe the complications will be. Most notable are alcohol withdrawal syndrome, seizure-induced seizures and delirium tremens.

Methods: This paper aims to determine the frequency of relapse in alcohol dependent patients. The data obtained from 279 patients admitted to emergency room in Mures County Hospital in Tîrgu Mures, helped to classify the patients according to the demographic and anthropometric data. The number of admissions and days for each hospitalization, the presence of alcohol intoxication, the appearance of complications during hospitalization, depression and suicide attempts, as well as other comorbidities were monitored to determine the causes of relapse.

Results: A significant number of patients met the diagnostic criteria for alcohol dependence. The number of hospitalization days was influenced by the appearance of complications of alcohol consumption.

Conclusions: It is important to prevent the complications of alcohol consumption in order to have a favourable evolution and to reduce the costs of hospitalization.

Keywords: alcohol dependence, frequency of relapse.

PATHOLOGICAL ALCOHOLISM, CLINICAL-PROGRESSIVE FORMS AND DYNAMICS OF THE GROUP OF ANONYMOUS ALCOHOLICS

Lorena Mihaela Muntean¹, Andreea Comaniciu¹, Aurel Nireştean^{1,2}

¹Mureş County Hospital, Psychiatric Clinic No 2

²University of Medicine, Pharmacy, Sciences and Technology „George Emil Palade” from Tirgu Mures

The present study aims to highlight the adverse effects that alcohol has on the quality of life of consumers through the application of a questionnaire to members of the Bufniţa group. The questionnaire tracks how the physical, mental health, social and personal status of abusive consumers was affected.

Bufniţa group is a community that has a considerable number of members, meets once a week in the Psychiatry Clinic II with the purpose of providing support, understanding and counselling members in order to obtain abstinence according to the principles of anonymous alcoholics 12 steps, 12 traditions. These are passed through all the members of the group and are resumed at the appearance of each new member. They evoke the secular experience of anonymous alcoholics and aim at highlighting the remaining individual capacities that can promote abstinence or controlled consumption according to the diversity of clinically-evolving forms of alcoholism.

Keywords: alcohol, abstinence, anonymous alcoholics, life quality, controlled consumption

DIMENSIONS OF PERSONALITY INVOLVED IN DRUG ADDICTION

Valentin-Marcel Vaşadi¹, Cătălina-Maria Petraşcu¹, Marinela Minodora Manea²

¹Psychiatry Clinic III, Emergency County Hospital Cluj, Cluj-Napoca, Romania

²Discipline of Medical Psychology, Department of Medical Education, Iuliu Hatieganu University of Medicine and Pharmacy, Cluj-Napoca, Romania

Introduction: Addiction is considered to stem from the interaction between the individual's biological and psychological vulnerabilities and his psychosocial environment. Even though there is no consensus in the existence of an addictive personality type, some personality traits are more prevalent in substance abusers and should be taken into account by therapists.

Objectives: Assessing individual differences regarding the personality structures of drug abusers compared to non-users and confirming a linear association between specific personality traits and the severity of the drug abuse.

Materials and Methods: The study included 100 participants divided into 2 groups: patients with substance abuse disorder and a control group. The personality traits of all participants were assessed using the Swedish Universities Scales of Personality (SSP). Psychoactive substance use was evaluated using the Drug Abuse Screening Test (DAST)

Results: Analysis of the 2 groups showed that compared to non-users, patients with substance use disorder scored higher values in the scales measuring Impulsiveness I [$p < 0.001$] Embitterment E [$p < 0.001$] and Physical Trait Aggression PhTA [$p < 0.05$] They also scored significantly lower values in the Social Desirability scale SD [$p < 0.001$] compared to non-users

Conclusions: Personality dysregulation is common amongst psychoactive drug abusers. These patients exhibit high levels of Impulsiveness and Physical Aggression Traits that are laced together with a great deal of life dissatisfaction as measured by the Embitterment scale, as well as with a low Social Desirability. This knowledge provides insight in the personality structure of substance abusers and may be of interest in public health interventions.

Keywords: personality, addiction, impulsiveness, social desirability, embitterment

THE ROLE OF INTERNALIZED STIGMA IN THE EVOLUTION OF AFFECTIVE PATOLOGIES. DEPRESSIVE DISORDER VERSUS BIPOLAR AFFECTIVE DISORDER

Vlad Negrilă¹, Adrian-Adam Culici¹, Claudia Homorogan^{1,2}, Mihaela Minciuna¹, Romina Moldovan^{1,2}, Ioana Ravis^{3,4}, Ana-Cristina Bredicean^{1,2}

¹Timișoara County Emergency Hospital Pius Brinzeu – Clinic of Psychiatry „Eduard Pamfil”

²University of Medicine and Pharmacy Victor Babes Timisoara

³High-security Psychiatric Hospital Jebel

⁴University of Medicine and Pharmacy Carol Davila Bucharest

Even in our times we are confronting with stigma regarding patients from the psychiatric field, which has negative effects in our society. Patients refuse to come to a Psychiatric Facility because they have a deformed image about this field and they are scared about how they will be seen afterwards by people from the community. The negative effects would be then: patients don't receive the needed help in time, weak compliance, more presentation in the Emergency Room, more money used by Health facilities, relapses, treatment resistance, hard social reintegration and so on. The internalized stigma term refers to how a person sees itself, feels itself and how they think they are seen by others. The main goal was to see how internalized stigma affects the evolution and quality of life of the patients, if there is a connection between higher

internalized stigma scores and more hospitalizations from the debut of the disease until now and if higher internalized stigma scores affect more the patients diagnosed with Depressive disorder or the patients diagnosed with Bipolar affective disorder.

We observed 25 patients hospitalised in our Clinic of Psychiatry „Eduard Pamfil” Timisoara diagnosed with Depressive disorder(F32 based on ICD 10) and Bipolar affective disorder(F31 based on ICD 10). The following parameters were analyzed by us: age, gender, education, marital status, professional status, diagnose, disease debut, number of hospitalisations and internalized stigma. We used the ISMI scale(Internalized Stigma of Mental Illness), which is a 29 item scale which produces 5 subscale scores and a total score. The subscales include: Alienation, Stereotype Endorsement, Discrimination Experience, Social Withdrawal and Stigma Resistance. The scores are between 1-4, and based on how our patients answered, we have 4 categories of internalized stigma: minimal to no internalized stigma, mild internalized stigma, moderate internalized stigma, severe internalized stigma. The results show that 46.66% patients diagnosed with Bipolar affective disorder and 40% patients diagnosed with Depressive disorder show minimal to no internalized stigma; 26.66% patients with Bipolar affective disorder and 30% patients with Depressive disorder show mild internalized stigma; 26.66% patients with Bipolar affective disorder and 20% patients with Depressive disorder show moderate internalized stigma; 0% patients with Bipolar affective disorder and 10% patients with Depressive disorder show severe internalized stigma. The average number of hospitalisations was: 3.33 hospitalisations for patients diagnosed with Bipolar affective disorder and 3.2 hospitalisations for patients diagnosed with Depressive disorder. Patients with minimal to no internalized stigma have an average number of hospitalisations of 2.2, patients with mild internalized stigma have 2.87 hospitalisations, patients with moderate internalized stigma have 4.6 hospitalisations and patients with severe internalized stigma have 6 hospitalisations as an average. In conclusion, the higher the internalized stigma score is, the bigger will be the number of hospitalisations and there are differences between the scores achieved depending on the diagnose.

Keywords: Role of internalized stigma, ISMI scale, Affective disorders, Depressive disorder, Bipolar affective disorder.

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