Precongress 17th September, 2019 - Institute of Psychiatry & Okasha Training Center
Ain Shams University Hospitals, Cairo, Egypt

Congress 18-19th September, 2019 - Citystars, Intercontinental Hotel - Cairo, Egypt

Organized By
Institute of Psychiatry
WPA Collaborating Center For Research & Training

www.asuip.edu.eg

This congress is Accredited for
24 CME hours
of the Category I Credit of the
BRITISH ACADEMY
of Continuing Medical Education Designation

ABSTRACTS
<table>
<thead>
<tr>
<th>Code</th>
<th>Name</th>
<th>Abstract</th>
</tr>
</thead>
</table>
| 1    | Afaf Hamed Khalil | **Treating Depression in the Era of Precision: Back to the Past and Looking to the Future**  
*Afaf Hamed Khalil*  
*Professor of Psychiatry, Ain Shams University*  
*MD, FRCpsych, FAPA*  
*President of the Egyptian Society for Psychiatric Services*  
Depression is a common disorder, which often leads to poor quality of life and impaired role functioning. It is known to be a major contributor to the global burden of diseases and according to World Health Organization (WHO), depression is the fourth leading cause of disability worldwide and it is projected that by 2020, it will be the second most common leading cause of disability. Depression is also associated with high rates of suicidal behaviour and mortality. Inadequate management of depression is associated with increased health care cost, longer duration of hospitalization, poor treatment compliance and high rates of morbidity. Only one third of depressed patients attain a full remission of symptoms because our management is a guess work due to lack of biomarkers which predict an individual patient’s response.  
The presentation will highlight the importance of personalized precision management of depression which provides the ability to offer, the right drug, to the right patient, for the right disease, at the right time and with the right dosage. |
| 2    | Afaf Hamed Khalil | **Atypical antipsychotics from bench to bedside**  
*Afaf Hamed Khalil*  
*Professor of Psychiatry, Ain Shams University*  
*MD, FRCpsych, FAPA*  
*President of the Egyptian Society for Psychiatric Services*  
Background: Prevention of relapse is a major challenge in schizophrenia, a disease characterized by poor adherence to antipsychotic medication leading to multiple re-hospitalizations and a substantial burden-of-care. Noncompliance and poor outcome in patients with schizophrenia are closely related to negative and cognitive symptoms. Available antipsychotic act directly on monoamine mechanisms, influencing receptors and transporters for dopamine, serotonin, and norepinephrine. Advances have been mostly in improved tolerability, and efficacy. Aripiprazole, defined as a third-generation antipsychotic drug (APD) due to its unique pharmacological profile, represents an innovative therapeutic tool for major psychiatric disorders. |
| 3    | Afaf Hamed Khalil | **PTSD**                                                                                                                                                                                                                                                                                                                               |
Posttraumatic stress disorder (PTSD) is a severe and disabling trauma- and stress-related disorder, which develops after experiencing or witnessing traumatic events including rape, assault, and combat. The disorder is characterized by 3 distinct symptom clusters comprising the re-experiencing of symptoms in so-called flash-backs, intrusions, or nightmares, avoidance behavior related to the distinct traumatic situation including emotional and social withdrawal, as well as states of physical hyperarousal including insomnia, impaired concentration, and an increased startle response.

There has been considerable interest in finding effective psychopharmacological strategies for treating post traumatic stress disorder (PTSD). It is assumed that biological treatment may have an important role, given the abnormalities in neurotransmitter, neuroendocrine, and neuroanatomical systems that have been identified in patients with PTSD.

In this presentation we will highlight recent updates in the management of PTSD.
professional directions for its membership.
This presentation gives an overview of the vision, mission and philosophy of WPA work with a special emphasis on the next triennium’s action plan. Salient features of current plans will be discussed giving further details of the current work of different WPA components. The presentation will also provide a general framework of WPA functioning and would argue for promoting and strengthening the current initiatives getting further support from psychiatrist community.

**Autism As A Neuropsychiatric Disorder**

_Ahmad Almai, MD_

_Child & Adolescent Psychiatry_

Objectives:

* Appreciate a developmental perspective of mental illness.
* Expand a paradigm for thinking about pediatric brain development and subsequent psychopathology.
* Neuropsychiatric paradigm
* Normal brain development
  - Critical periods/ sensitive periods
  - Experience expectant/dependent
* Key Brain Regions pertinent for pediatric neuropsychiatry
  - Basal ganglia
  - Prefrontal Cortex
  - Medial Temporal Lobe
* Brain pathophysiology in selected psychiatric conditions
  - Stress
  - Depression
  - Impulsivity

**Psychiatric aspects of Rhinoplasty**

_Ahmed Adel_

_Lecturer in Psychiatry, Ain Shams University_

Rhinoplasty is one of the most common cosmetic surgeries performed on the face, seeking this operation can be influenced by socio-cultural factors, personality factors and psychiatric morbidity. The objective of this study is to identify the prevalence and profile of psychiatric morbidities that would present among those individuals seeking rhinoplasty and to recognize the importance of preoperative psychiatric assessment.

Methods In this cross sectional, observational study, 59 subjects were recruited from the plastic surgery outpatient clinic, at Ain Shams University Hospital, over one year period, we included subjects, 18 years old or older from both sex and
there was no exclusion criteria. They were assessed by the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I), the Structured Clinical Interview for DSM-IV axis II disorders (SCID-II), Multidimensional Body-Self Relations Questionnaire (MBSRQ) and a designed extensive questionnaire to elicit full history.

Results 50.8% of the study sample fulfilled the DSM-IV criteria for Axis I and Axis II psychiatric disorders. The most prevalent diagnosis among the whole group was mixed personality disorder (15.2%) followed by body dysmorphic disorder (10.2%), border line personality disorder (6.8%) then anxiety disorders (5%). Data revealed that female non married subjects who performed previous cosmetic operation suffered significantly from psychiatric morbidity. Subjects with psychiatric morbidity showed significant (P 0.000) higher scores in MBSRQ health orientation and weight preoccupation than their non psychiatric counterparts.

Conclusion This study demonstrated high prevalence of psychiatry morbidity in individuals requesting rhinoplasty. It seems important to screen individuals for mental health problems preoperatively to detect crucial psychiatric problems thus we can avoid subsequent risk for both individuals and cosmetic surgeons.

Key words: Rhinoplasty, Body Dysmorphic Disorder, Psychiatric morbidity, Egyptians.

Empathy in Psychotherapy
Ahmad Dobea M.D.
Consultant Psychiatrist

In a world suffering from lack of empathy, we are in need to cultivate our skills to empathize with ourselves and with others. The same could be said about our profession as mental health providers.

In this workshop we are going to discuss the meaning of empathy, its elements, stages, types, the neuroscience underlying empathy and lastly we will focus on the practical part of how we can give and receive empathy and what we can gain from it.

Focus on Empathy in Psychiatric practice
Ahmad Dobea
M.D psychiatry

In a world having huge empathy gap, we are badly in need to know how to cultivate our skills to empathize with self and with others. The same could be said to describe our profession as mental health providers.

In this workshop we are going to screen: what is empathy, its elements, stages, types, the neuroscience of empathy and lastly we will focus in the practical part on how can we empathize and what we all gain from empathy.
Current status in Neurobiology of obsessive-compulsive disorder

Ahmed Mubarak,

MBBCh, MSc (PM&N0, MD(PSYCH), FAAN, DFAPA
Professor of Neuropsychiatry, Faculty of Medicine, Tanta University
Tanta, Egypt
E-mail: ahmed_mubarak@hotmail.com

Background: Data from research and clinical practice showed unequivocal evidences of neurobiological correlates of obsessive-compulsive disorders.

Aim of this presentation is to review the current updates in neurobiology of OCD

Methods: PubMed and google scholar search using key words OCD, obsession, compulsion, obsessive-compulsive and neurobiology then selection the most relevant then presentation and discussing the findings in this topic

Results and Conclusion: neuro biological changes in patients with OCD including hyperactive Cortico-Limbo-strato-cortical Circuits. Serotonin has modulatory role through many ways. Dopamine has important but complex role.

The role of other factors’ genetics, Second massagers and electrolytes.

Novel Mechanisms of brain plasticity for personalized intervention of psychiatric disorders

Ahmed Nabil Ramadan
Lecturer of Psychiatry, Faculty of medicine, Menuofiya University.

For number of years there existed two groups amongst those involved in treating mental disorders, the psychological and biological camps. Psychological camp recommending that "psychological disorders" require psychological treatments, whilst biological camp argued for biological treatment for "biological disorders".

Here, I will provide emerging evidence that both forms of treatments have similar underlying neurobiological basis. Beginning at the molecular level, the fields of gene expression, functional genomics, epigenetics have become increasingly important in expanding our knowledge and providing an understanding of the mechanisms that are likely to be involved in changes that occur as result of psychological treatments.

Review Literature Exploring various neuroimaging studies have provided a further insight in to the neural changes occurring as a result of psychological treatments.

Conclusion: Both forms of treatments (psychological and physiological) have similar underlying neurobiological basis

New Approaches in Clinical Psychiatry

Ahmed Okasha
M.D, PhD, F.R.C.P., F.R.C, Psych., F.A.C.P (Hon)
Mood stabilizers are defined as drugs which have been proven to prevent depressive or manic episodes. There are only four such agents: lithium, valproic acid (divalproex, Depakote), carbamazepine (Tegretol), and lamotrigine (Lamictal). All patients with bipolar illness should be on at least one of these four agents.

The first and most important rule: Avoid antidepressants in bipolar disorder treatment and in maintenance prevention of new episodes in bipolar illness, meaning they do not prevent future depressive episodes. About one quarter or more of persons who have bipolar illness get immediately manic (or hypomanic) on antidepressants. In about one quarter of persons with bipolar illness, this long-term worsening occurs and leads to a rapid-cycling course in which the only intervention shown to improve rapid-cycling is antidepressant discontinuation.

Lamictal was studied and proven ineffective, equal to placebo, in two randomized trials of rapid-cycling. Valproate and Carbamazepine were shown to be equal to lithium in the largest randomized trial of rapid-cycling. Valproate plus lithium have been proven more effective together than when used alone. Usually, patients tend to need one dopamine blocker added to two standard mood stabilizers in acute cases.

Antipsychotics are in between mood stabilizers and antidepressants. They don’t harm the illness, but they are not effective by themselves for prevention of mood episodes. "Bipolar disorder" is NOT the same as manic-depressive illness.

Bipolar disorder means manic and depressive episodes, which is a much smaller group than MDI (which was manic OR depressive episodes). The whole idea of having unipolar depression is that there would be no genetics of bipolar illness. It has been shown that dopamine blockers (antipsychotics) are effective for acute treatment of mood episodes of any kind (depression or mania).

Another aspect of the manic-depressive spectrum is that there are mood temperaments, representing mild mood symptoms as part of one’s personality: mild mania (hypertymhia), mild depression (dystymhia) and mild mood swings to both types (cyclothymia).

There are four types of depression: Melancholic Type, mixed type, neurotic type and pure type.

The antidepressant (AD) critics argue that there was only a small benefit in a meta-analysis of all AD randomized clinical trials (RCTs). The mild and
moderate depression groups had little to no benefit with AD over placebo, and they were 75% of the patients in the RCTs. The severe depression group had benefit, but it was only 25%, the best is BST and combinations of AP and tricyclic or SNRI.

The presentation will elaborate on new ideas in the management of BD and MDD.

Fighting Stigma because of Mental Illness
Ahmed Okasha
M.D, PhD, F.R.C.P., F.R.C, Psych., F.A.C.P (Hon)
Founder, Professor and Emeritus Chairman
Director of WHO Collaborating Center of Education and Training
Institute of Psychiatry, Ain Shams University
President of World Psychiatric Association (2002-2005)
President of the Egyptian Society of Biological Psychiatry (WFSBP)
Hon. President Egyptian Psychiatric Association and Arab Federation of Psychiatrists
Advisor to the Egyptian President for Mental Health and Community Integration

Stigma is defined the marginalization and ostracism of individuals because they are mentally ill. Usually extended to families of the ill and professionals who treat them. Stigma in Greek means a “mark” or “point”, e.g. Tattooing, religious decoration, ownership (Slavery).

The objectives of reducing stigma are to increase the awareness and knowledge of the nature of mental disorders and treatment options, to improve public attitudes about those who have or have had schizophrenia or mental illness and their families, and to generate action to eliminate discrimination and prejudice.

Strategies for Reducing Stigma and Improving Quality of Life for Individuals with mental illness should be to increase use of treatment strategies that control symptoms while avoiding side effects, initiate community educational activities aimed at changing attitudes, include anti stigma education in the training of teachers and health care providers, improve psycho education of patients and families about ways of living with the disease, involve patients and families in identifying discriminatory practices. And emphasize developing medications that improve quality of life and minimize stigmatizing side effects.

Mental Illness is not caused by Evil Spirits or Witchcraft, it is a Brain Disease, it is not caused by a curse or evil eye, it is not God's punishment for family sins, it is not a form of demonic possession, it is not a result of frustrated love, it is not caused by reading too many books, it is not caused by eating poisoned food when asleep or awake, it is not transmitted by breast feeding, and it is not caused by masturbation.
The presentation will discuss how to reduce stigma because of mental illness. A brief account on the campaign I launched in June 2019 in Egypt under the patronage of the Egyptian Psychiatric Association, Arab Federation of Psychiatrists and Masr Al Kheir Organization.

**Marital problems presented with sexual dysfunctions**

*Ahmed Saad*

*Professor of Psychiatry*

*MD, FRCpsych, FAPA*

*Ain Shams University*

Sexuality is an important part of life and no one can obtain a healthy and satisfying life without sex. It is essential for wellbeing and quality of life for all people. Physical and emotional benefits like reduced risk of heart disease, improved self-esteem, and more can come from having sexual life.

The relationship between marital distress and both general and specific sexual dysfunctions was investigated. It was found that for men there was a much closer relationship between sexual and marital problems than for women. In particular, it was noted that the specific male sexual dysfunctions of impotence and premature ejaculation played a much larger part in marital discord than did the female dysfunctions of anorgasmia and vaginismus.

**Culture and Psychiatry**

*Ahmed Saad*

*Professor of Psychiatry*

*MD, FRCpsych, FAPA*

*Ain Shams University*

Culture is a pattern of beliefs, customs and behaviours, which people socially acquire and transmit from one generation to another through symbols and shared meanings in order to provide them with solutions for the problems and challenges they face throughout their lives. Culture plays an important role in psychiatry as an explanatory tool, which allows for the description of non-pathological behaviours in the context of one’s culture as a pathoplastic agent, which allows for the description of psychopathology resulting from cultural practices, as pathogenic agent e.g.: mental illness in migrants, Patho-selective effect through the tendency to select certain culturally influenced reactions, Patho-elaborating effect through universal behavioral reactions that are selectively reinforced by the culture, Patho-facilitative effect through cultural beliefs that affect the frequency of onset by facilitating risk factors and Patho-reactive effect by affecting the treatment, stigma and outcome. Also culture has a diagnostic factor, which allows for a culture-specific, unique diagnostic framework e.g. culture-bound syndromes like Amok disorder, Dhat syndrome as well as Koro syndrome and finally culture
plays an important role either positive or negative in patients’ compliance.

**Characteristics, treatment and outcomes of patients with PTSD combined with psychotic symptoms in the MSF mental health clinic of Lesvos, Greece**

*Alessandro Barberio*

*MSF, Italy*

Background: Migrants are particularly susceptible to severe and complex mental health disorders because of traumatic events and adverse circumstances before, during, or after their migratory journey. Migrants with extensive exposure to “Big Trauma” may not present with classic symptoms of post-traumatic stress disorder (PTSD) but rather with a more complex symptomatology, which can include PTSD in combination with other conditions such as symptoms of psychosis. The term “complex PTSD” has been used to describe such patients, and it has been suggested that this “complex PTSD” has a greater burden of illness compared to PTSD, and that the condition may deteriorate particularly rapidly in settings of involuntary containment. To better understand this condition and its management, we set out to describe the characteristics of a cohort of patients with PTSD in presence and absence of psychotic symptoms, in a Médecins Sans Frontières (MSF) mental health clinic for asylum seekers contained on Lesvos Island, Greece.

Methods: A retrospective quantitative study using routine programme data of patients diagnosed with PTSD with/without psychotic symptoms in Lesvos, Greece.

Results: 104 patients were included in the study: 55% with isolated PTSD, and 45% with PTSD combined with reactive psychosis. Cases of PTSD+psychosis tended to present much earlier after arrival on Lesvos (mean of 2 months versus 4 months; p<0.001), and in a more severe state, as assessed by the Global Assessment of Functioning (GAF) score (mean=27 versus 47, p<0.001). Cases of PTSD+psychosis were more likely to be travelling alone (10% versus 23%; p=0.04), and were more likely to be travelling from sub-Saharan Africa (97% versus 75%; p<0.001). Both conditions responded well to treatment: while a significantly higher proportion of PTSD+psychosis cases required psychotropic medication (94% versus 81%; p=0.008) and a higher number of sessions (mean=8.3 versus 5.4; p=0.02), the GAF score at discharge/censoring was similar (mean=64 for both cohorts).

Conclusion: PTSD combined with reactive psychosis was a common diagnosis among the cohort of involuntarily contained asylum seekers attending the MSF mental health clinic on Lesvos. They tended to present earlier after arrival, and in a more severe state. Care protocols need to be updated to reflect the more complex treatment such cases require; additionally, as he conditions of involuntary containment on Lesvos do not allow full rehabilitation of such cases, increased referral capacity off the island and more streamlined asylum request
processing are urgently required.

**Obsessive-Compulsive Disorder with and Without Psychotic Symptoms; Psychopathological and Neuroimaging Aspects: Case-Control Study**

*Amany Falah*
Consultant Psychiatry, MOH

Obsessive-compulsive disorder (OCD) is a common, chronic condition that can have disabling effects on both genders throughout the patient's lifespan. OCD can manifest with a wide range of clinical pictures. Obsessive-compulsive disorder (OCD) is a complex and severe psychiatric disorder whose pathogenesis is not fully understood. Recent studies have shown white matter (WM) alterations in adult with OCD, but the results have been inconsistent. The symptoms of obsessive-compulsive disorder (OCD) are remarkably heterogeneous to the extent that two patients with this diagnosis can display completely different non-overlapping symptom patterns. Despite this phenotypic heterogeneity, standard nomenclatures (DSM-IV and ICD-10) regard OCD as a unitary nosological entity, while this parsimony has some esthetic appeal, it may be misleading. Moreover, with the exception of evolutionary-based models, Neuroimaging studies have the potential to increase our understanding of the connection between observable symptoms and associated neurobiology, and perhaps lead to improvements in treatment and in matching treatment to patient needs.

Objectives: Study the differences in neuroimaging between OCD patients having psychotic symptoms and those without psychotic symptoms. To verify if the obsessive subgroup with psychotic symptoms can be considered as a distinct OCD subtype.

Materials and methods: In the present study 100 patients were subjected to SCID I, SCID II, YBOCS, PANSS, BSRS, Patients then divided into two groups: OCD patients with psychotic symptoms and OCD patients without psychotic symptoms.

60 DTI Scans were included in the neuroimaging analysis by using TBSS, comparing 30 patients from each group and both groups were compared to a matched control group.

Results: Comparison between the two groups using DTI, it was found that FA of the ROI and selected tracts showed that right hippocampal showed statistical significant difference across all groups indicating that illness affected each group differently and that the left uncinate tract showed affection among OCD patient with psychotic features in comparison to control only while it didn’t affect OCD patients without psychotic features.

There was statistical significant difference between the volume of tracts ( anterior right & left thalamic, right & left corticospinal, right & left cingulate, right & left hippocampal, forceps major & minor, right & left inferior fronto occipital, right & left superior fasciculus, & right long fasciculus) between the OCD only group &
OCD with psychotic features. As regarding their MD, it was found that right hippocampal tract showed significant difference where the OCD group had higher MD than those with psychotic features.

**Emotional Dysregulation in Borderline Personality Disorder**

*Amany Haroun El Rasheed*

*Professor of Psychiatry, Ain Shams University*
*M.N.P., D.P.P., M.D.*
*Master in Mental Hygiene (Johns Hopkins Univ.)*
*Fellowship in Substance Abuse Treatment & Prevention Johns Hopkins Univ.)*
*APA Membership*
*FRC Psych, WPA Fellowship, ISAM Membership*

Borderline personality disorder (BPD) is a diagnostic label applied to people who have problems regulating emotional mood swings. This emotional instability leaves such individuals vulnerable to emotional upheaval that puts them at risk for problem behaviors, including self-destructive acts and impulsive aggression. This criterion developed out of the work of early clinical observers (e.g., Grinker et al. 1968; Zetzel 1971) who were impressed by the intensity, volatility, and range of the borderline patient’s affects. As described earlier, such observations prompted D. Klein (1975, 1977), Stone (1979, 1980), and Akiskal (1981, 1985) to propose that the basic psychopathology of borderline individuals involved the same problems of affective regularity found in people with mood disorders—originally depression, now bipolar II disorder. Linehan and other cognitive-behavioral clinicians have adopted the concept of affective dysregulation as the borderline individual’s core psychopathology, suggesting that intense emotions propel the behavior problems. Such theories have encouraged the testing and widespread use of mood-regulating medications. Revisions of this criterion since DSM-III have tried to distinguish the affect shifts of borderline patients as being more reactive and less enduring than those in mood disorders.

**Mixed Anxiety Depression: Revisited**

*Amany Haroun El Rasheed*

*Professor of Psychiatry, Ain Shams University*
*M.N.P., D.P.P., M.D.*
*Master in Mental Hygiene (Johns Hopkins Univ.)*
*Fellowship in Substance Abuse Treatment & Prevention Johns Hopkins Univ.)*
*APA Membership*
*FRC Psych, WPA Fellowship, ISAM Membership*

Subthreshold anxiety and subthreshold depressive symptoms often co-occur in the general population and in primary care services. Based on their associated
significant distress and impairment, a psychiatric classification seems justified. To enable classification, mixed anxiety depression (MAD) has been proposed as a new diagnostic category in DSM-5: Depressive disorders with Anxious Distress, where the patient must have three or four symptoms of major depression (including either depressed mood or anhedonia) and anxious distress. Anxious distress is defined as ‘having two or more of the following symptoms: Keyed up/tense, Unusually restless, Difficulty concentrating because of worry, Fear that something awful may happen, and/or Feeling of losing control of self. Because many of these patients also suffer from medically unexplained somatic symptoms, they may be more likely to frequently use non-psychiatric medical care.

Selection of treatment and prediction of prognosis are two possible practical advantages of such a diagnosis, but more needs to be done to determine its clinical importance in prospective intervention studies. The presence of anxiety in patients may affect prognosis, treatment options, and the patient’s response to them.

Substance Use Disorders: Contemporary Issues in Kenya

Catherine Muthoni Muburi

University of Nairobi-Department of Psychiatry

WHO estimates the global burden of disease attributable to alcohol and illicit drug use is 5.4%. The 2030 agenda for sustainable development target 3.5, commits governments to strengthen the prevention and treatment of substance abuse. Dimensions of the contemporary drug problem are prevalence, age distribution and market value.

Methods & Procedures: Data from the National Alcohol and Drug Abuse (ADA) survey 2017 was analysed as well as other reports on substance use and abuse in Kenya. Results: Current usage of at least one substance of abuse among respondents aged 15 - 65 years is 18.2% while that of polydrug use is 6%. The median age for initiating tobacco, alcohol and cannabis use is 12 years, for khat 12.5 years. Across three of the eight regions in Kenya, there’s increase of alcohol and drug abuse. This may be attributed to increase in numbers of bars, increased production, distribution and sale of illicit brews, increase in availability of synthetic stimulants, poor implementation of alcoholic drinks control act, increase in production and local distribution of muguka and khat respectively.

Conclusion: The government together with other stake holders should; focus on drug preventive strategies ,create job opportunities for the youth, formulate an early warning system to collect and share information on new substances, formulate incentives for farmers so that they revert to traditional farming amongst other measures.

Important psychotherapeutic modalities for social skills deficits in bulimia
Bulimia nervosa is concerned with body image and self esteem which are intricately linked to impaired verbal and non verbal communication skills affecting the social identity and the quality of social network. Various studies have found that perceived social skills deficits interacted with negative life events can predict the onset of bulimia nervosa. The social cognition deficit in eating disorders resembles autistic spectrum disorder regarding flexibility, central coherence, and mentalising and persist in many cases after recovery. Besides, the derogatory comments and negative feedback and pressure sprouting from authoritarian parenting styles to societies’ weight messages to comments by professionals as they interact with patients with bulimia nervosa are pinnacles of developing disordered emotional eating behavior. And these risk factors warrant the need for interventional pharmacological treatment for social anxiety and psychotherapeutic modalities for improving the social functioning and social recovery like: 1) Psychodynamic psychotherapy addressing early adverse experiences, low parental care and interpersonal adversity combined with temperamental features such as shyness and inhibition. 2) Interpersonal skills training addressing peer acceptance problems, and friendship dissolution, and supporting the patients’ social engagement in the therapeutic group and society. 3) Cognitive therapy for reconstructing the core beliefs of powerlessness, thin-ideal internalization, social sensitivity to criticism, low self-value and increased anxiety in bulimia patients.

Victimization of patients with major depression

Dina Ibrahim
Consultant Psychiatry, Ain Shams University

Victimization of patients with major depressive disorder is a serious problem that is underestimated. Objectives: This is a cross sectional case-control study to detect and compare the clinical and socio-demographic characteristics of victimized and non-victimied Egyptian patients with major depressive disorder. Participants and methods: 100 patients were recruited from the Institute of Psychiatry, Ain Shams University were recruited for the study. They were subjected to the Structured Clinical Interview for Diagnostic and Statistical Manual of Mental Disorders, 4th ed. Axis I (Clinical Version) (SCID I), Hamilton Rating Scale for depression (HAM-D), Global Assessment of Functioning (GAF), Clinical Global Impression (CGI), Victimization Questionnaire (VQ) and a designed questionnaire to elucidate demographic data. Patients were subsequently classified into victimized group (n=52) and non-victimied group (n=48). Results: 52% of patients with depression were
victimized. Females experienced victimization more than males; they were mostly married, belonged to low social class they were significantly exposed to child abuse more than their non-victimized counterparts. Most of the victimized patients were diagnosed with MDD recurrent episode followed by MDD with psychotic features. Victimized patients were severely depressed (92.3%) on HAMD, markedly ill on CGI than the non-victimized group. All victimized patients were subjected to emotional victimization, 58.3% were subjected to physical victimization and 30.8% were subjected to miscellaneous types of victimization. Emotional victimization was inflicted mainly by spouses; unfortunately the majority did not report the incidents.

Conclusion: The rate of victimization of patients with depression is high. Women were more likely to be victimized. Thus the enquiry about the victimization acts should be included in the routine psychiatric interview. Mental health authority should find policies and procedures to minimize these acts and to reduce their re-victimization.

Keywords: Victimization, Depression, Perpetrators, violence.

**Updates in Magnetic seizure therapy (MST)**

_Fatma El-Deeb_

_Department of Neuropsychiatry, Faculty of Medicine, Tanta University, Egypt,

Background: Electro-convulsive therapy (ECT) is effective in treating major depression and its action is rapid. However, memory impairment during a course of ECT treatment is the rule; almost all patients are back to their cognitive baseline after 6 months. Some patients complain of persistent memory difficulties. Magnetic Seizure Therapy (MST) is a new line for treating major depression and found to be effective, safe and rapid method for treating major depression.

Objectives: To compare the efficacy and side effects (especially cognitive ones) of MST with ECT in treating patients with major depression.

Patients and methods: Sixty patients with major depression in the Centre of Psychiatry, Neurology and Neurosurgery, and in Neuropsychiatry Department, Tanta University. 30 patients were enrolled in this study received MST and 30 patients received ECT (15 Rt unilateral ECT and 15 bilateral ECT), and all patients were submitted to psychometric assessment to assess the cognitive side effects (Wisconsin Card Sorting Test for assessment of executive function, Benton Visual Retention Test for assessment of visual memory, and Verbal Paired Associates subtest from Wechsler Memory Scale Revised for assessment of verbal memory). Brain Single Photon Emission Computed Tomography (SPECT) had been done for 10 patients receiving MST at baseline before receiving the treatment and the second time after completing the five MST sessions.

Results: MST is equally effective as bilateral ECT. MST is more significantly
**Effectiveness of Cognitive Behavioral Therapy in reducing anxiety and depression and improving psychological adjustment to cancer patients**

Feda Abu Al-Kheir  
Head of Psychology and Special Needs Departments, Al Ahliyya Amman University

The present study aimed to evaluate the effectiveness of CBT on reducing anxiety and depression and developing psychological adjustment in cancer patients. The sample consisted of (25) cancer patients who were referred to the psychiatric pain clinic and were willing to participate in the experiment, aged 18 years and above. One of the most important findings of the study by extracting percentages and critical ratios was that CBT had a significant effect in reducing anxiety and depression. Psychological coping was also better with cancer.

**Adult ADHD and Border line personality disorder are there different face of the same coin**

Ghada Abdel Razek Hassan  
Professor of Psychiatry, Ain Shams University

ADHD and Border line personality disorder (BPD) share dysregulation in emotional and impulse control, with a possible mediating role of a dysfunction of neuronal inhibitory systems. Since ADHD, as a neuro-developmental disorder, appears earlier than BPD, it has been suggested that ADHD may contribute to the development of BPD. The current talk tries to answer an important question that, whether ADHD and BPD are one disorder with different phenotypic presentation...
or they are two separate disorders with common co-morbidities.

Methods & Procedures: Cross section-comparative study The current study sample consisted of two groups of patients, group I: 35 patients diagnosed as ADHD and group II another 35 patients diagnosed as BPD. The study compared both groups regarding ADHD symptoms using (CAARS) and (ASRS). In addition the study compared both groups regarding BPD diagnosis, impulsivity and personality dimensions using BIS -TCI-R. Results relatively high co morbidity between both disorder as 88.9% of BPD cases had ADHD diagnosis too. This high comorbidity it could partially prove hypothesis of this study that BPD and ADHD could be different phenotypic presentation of the same disorder. However co-morbidity rate still not 100%. Also it may be due to overestimation of ADHD symptoms in BPD group due to high overlap of impulsivity and emotional dysregulation between the two disorders.

Conclusion: The current study was a small trial to solve previous controversies about relation between adult ADHD and BPD. In spite of high rate of co morbidity between them but still we can differentiate 2 separate disorders had different comorbidities and different personality dimensions. Both may have common core symptoms as impulsivity and emotional dysregulation which explain high rate of association, both are aneuro-developmental disorder with common etiological factors.

Health Research Methods and Ethics
Gihan ELNahas
Prof of Psychiatry
Head of Women Mental Health Functional Unit
Head of Tobacco Control and Cessation Unit
Institute of Psychiatry-Ain Shams University

The cluster of “Research, Development & Innovation” (RDI) and Research Policy & Development (RPD) unit under the department of Information, Evidence & Research (IER), work to build national capacities in research and translating evidences into practices. Therefore, it is crucial to build staff capacity, at the regional and country level, on research methods and ethics to help different technical programmes to assist member states to address evidence gaps pertinent to strategy and policy development. This come in line of one of the recommendation of the annual meeting of the Eastern Mediterranean Research Ethics Review Committee conducted during 6-7 November 2016.

Paternal Stress and its impact on offsprings
Gihan ELNahas
Prof of Psychiatry
Head of Women Mental Health Functional Unit
Developmental biologists have long recognized that environmental factors have particularly long lasting effects if experienced early in life. In this presentation we will explore how Maternal and Paternal stress and psychological status do have and impact on their offsprings.

Hearing Voices Groups: Cognitive Behaviour Approach to Auditory Hallucinations
Hana Soliman
Professor of Psychiatry, United Kingdom

Voice hearing is a phenomenon that is widely experienced among people with severe mental health problems. Cognitive behaviour therapy for psychosis has offered novel ways of understanding the phenomenon of auditory hallucinations and coping strategies to alleviate the stress associated with them. Although individual therapy for voices has been the main format of CBT for psychosis for people who hear voices, bringing people together could be an opportunity to bring people together to share experiences and develop strategies to cope with the associated distress and understand the role of triggers and mood in exacerbating the experience of hearing voices.

This workshop aims at presenting the recent developments in understanding development of auditory hallucinations and the role of group psychotherapy in improving the experiences of voice hearers.

The experience of introducing group for hearing voices in inpatient setting at Abbasya Mental Hospital will be discussed, focusing on development of the session structures and individual outcomes.

By the end of workshop, attendants will be able to understand the CBT approach to understanding and treating hallucinations, the evidence for its effectiveness, particularly in group therapy.

Systems Training and Emotional Predictability and Problem Solving
Hana Soliman
Professor of Psychiatry, United Kingdom

Borderline personality disorder BPD is a complex psychiatric condition presenting with severe problems with emotional regulation, impulsivity, splitting and interpersonal difficulties. The severe emotional, cognitive, and behavioral instability leads to high rates of self-harm, violence, psychiatric hospitalizations, and suicide. There is increasing recognition of BPD presentation in psychiatric settings in Egypt.

Once thought of as untreatable illness, the last two decades have witnessed
development of evidence based treatments EBTs. EBTs for BPD include dynamic, e.g. Mentalization Based Therapy and Transference Focused Therapy, as well as CBT based approaches, e.g. Schema Therapy and Dialectical Behavior Therapy DBT.

DBT has become gold standard treatment for BPD for some clinicians. It has been widely promoted in Egypt. However, there is evidence that it requires a lot of resource and training.

This workshop will focus on Systems Training for Emotional Predictability and Problem Solving (STEPPS) programme, which was designed to supplement ongoing treatments. It consists of cognitive behavioral elements, skills training, as well as a systems component. The STEPPS program includes 20 weeks of 2-h seminar-like group sessions including three components: psycho-educational, emotion management skills training, and finally behavior management skills training. The 20 sessions are supplemented by a single 2-h psycho-education and skills training session for families, which accounts for the systems component. It is manual based and has specific goals to achieve each week.

STEPPS interventions have been shown to be very effective in helping people with BPD manage intense emotions, unhelpful ways of thinking and behaviors, providing hope and engagement in making positive changes in their lives. Feedback from clinicians and service users indicates that the programme is accessible, popular and easy to implement.

By the end of the worship attendants will be able to understand the structure of the programme and its components as well as the evidence of research on its efficacy.

**Depression long way journey**

*Hanan El Shinawy*

*Professor of Psychiatry, Cairo University*

Depression is a disorder that impairs patients’ life. Partial improvements and recovery are frequent. But the challenge of Full remission is not applied on most of the cases. This is due to the un assessed co morbid other psychiatric and somatic symptoms as well as the myth of the specificity and unique therapy of depression is Serotonin.

**Fasten the seat belt. Schizophrenic patient on board.**

*Hanan El Shinawy*

*Professor of Psychiatry, Cairo University*

Schizophrenia is a challenge for each psychiatrist and a burden to each family and community. Dealing with the hard time and symptoms and Maintaining Recovery and Remission is very hard. Nowadays updates in guidelines and Medication Raised these expectations. Better Therapeutic plans better out come
and quality of life.

Metacognitive Therapy: The Third Wave of Behavioral and Cognitive Therapies
Hanan Hany Elrassas
Assistant Professor of Psychiatry, Ain Shams University

Everyone has negative thoughts, and everyone believes their negative thoughts sometimes. But not everyone develops sustained anxiety, depression, or emotional suffering. It proposes that metacognitions are responsible for healthy and unhealthy control of the mind. Furthermore, it is based on the principle that it is not merely what a person thinks but how he or she thinks that determines emotions and the control one has over them. Metacognition is cognition applied to cognition. It monitors, controls, and appraises the products and process of awareness. For most of us, emotional discomfort is transitory because we learn ways of flexibly dealing with the negative ideas (i.e., thoughts and beliefs) that our minds construct. The metacognitive approach is based on the idea that people become trapped in emotional disturbance because their metacognitions cause a particular pattern of responding to inner experiences that maintains emotion and strengthens negative ideas.

Antipsychotics as Antidepressants
Hani Hamed Dessoki,
Prof. Psychiatry
Acting Dean, Faculty of Nursing, BeniSuef University
Supervisor of Psychiatry Department, El Fayoum University

There is a long history of using antipsychotic medications in the treatment of depressive disorders. Atypical antipsychotics, which have fewer side effects than traditional antipsychotics, have been used as monotherapy or adjunctively with antidepressants to treat depressive disorders with or without psychotic symptoms. Three second-generation antipsychotic (SGA) agents have received FDA approval for adjunctive treatment, to antidepressant, of major depressive disorder: quetiapine, aripiprazole, and olanzapine.

The antidepressant effect of atypical antipsychotics involves regulation of monoamine, glutamate, gamma-aminobutyric acid (GABA), cortisol, and neurotrophic factors. To date, the United States Food and Drug Administration (USFDA) has approved aripiprazole and quetiapine slow-release tablets as adjunctive treatment for depressive disorders, and the combination of olanzapine and fluoxetine for the treatment of treatment-resistant depression.

The efficacy of Virtual Reality Exposure Therapy (VRET) in managing psychological symptoms among employees of a private company in Malaysia
Hazli Zakaria
A randomized controlled study to measure the effect of Virtual Reality Exposure Therapy (VRET) on psychological symptoms of stress, anxiety, depression and positive emotion as compared to the standard stress management (SSM) programme and wait-list (WL) group was conducted among employees of a private company in Malaysia. A total 67 participants were randomized into three groups to receive either VRET (n=20), SSM (n=24), or wait-list group (n=23). Each participant in the VRET-only group received 5 minutes exposure to virtual reality (VR) environment for six sessions over 2 weeks with a total duration of 30 minutes per person. Main outcomes of the study were the reduction in stress, anxiety and depression score as well as increment in positive emotion measured by Depression, Anxiety and Stress Scale (DASS-21) and Positive Emotion Rating Scale (PERS) respectively. The participants in the VRET showed statistically significant reduction in all domain of DASS 21 (p< 0.001) following the intervention. In comparison, participants in the SSM group only showed a significant score change in the anxiety subscale (p< 0.05) while there was no difference being observed in the wait-list group. For positive emotion domain, all participants in the 3 groups showed significant increment at post-intervention, with the highest improvement was observed in the VRET group. Follow-up assessment at 2 months for depression, anxiety, stress and PERS showed no significant changes in the median scores as compared to the pre-intervention scores. VRET was effective in managing psychological health among working, non-clinical population. Additionally, VRET and SSM were equally effective in improving the positive emotion. A replication of study with larger sample size and more stringent criteria would be needed to confirm the findings.
twentieth century saw high criticism to psychoanalysis and the rise of the cognitive therapy movement. Since then, various modifications and developments have proven that CBT is a very effective transdiagnostic form of psychotherapy that has biological basis and correlates. The presentation will offer a historical review of the various treatment methods in psychiatry both biological and psychological, with special focus on REBT & CBT.

**Modafinil and Depression: The Untold Story**

*Hisham Ramy*

Professor of Psychiatry, Ain Shams University

Adrafinil, a new molecule identified by a French drug company, L. Lafon Ltd, in 1974, turned out to cause a significant dose-dependent increase in motor activity in mice, without exerting peripheralsympathomimetic effects. The kinetics of adrafinil led to the identification of an active metabolite, modafinil. In 1983, modafinil was prescribed to narcoleptic and idiopathic hypersomnia patients and obtained a significant decrease of excessive daytimesleepiness and sleep attacks in a majority of patients. L. Lafon Ltd was initially not interested in developing this molecule for market but, thanks to Jouvet’s insistence, it decided to start clinical trials in both healthy volunteers and narcoleptic patients as well as to conduct animal studies. Results were excellent and lead to the use of modafinil by the French army during the Gulf War in January-February 1991, as well as to the official registration of the drug in France in 1992. Subsequent multicenter controlled clinical trials in North America confirmed the findings in Europe. Modafinil was later used to treat sleepiness, somnolence and fatigue in a large number of medical conditions. The current presentation will focus primarily on the role of modafinil in Depression.

**Tobacco Addiction Day Hospital at Psychiatric Hospital Sveti Ivan, Zagreb, Croatia – More is more**

*Irena Rojnić Palavra*

Psychiatrist (MD, univ. mag. admin. sanit., PhD candidate) working in Addictions Day Hospital at Psychiatric Hospital Sveti Ivan (Zagreb, Croatia).

Special interest in Internet addiction and tobacco addiction.

Croatia is a country with high prevalence of smokers (in 2015 the prevalence of smokers was 35.4% of population of age 15-64; 37.7% of men; 33% of women), with no significant decrease of the prevalence of smokers and smoking related health problems in the last years. There are several smoking cessation “schools” in Croatia, and majority of them are short, five-day programs. Thus a
Croatia was opened in August, 2018 for anyone who needs help and support in smoking cessation process. This is the first tobacco addiction day hospital in Croatia. The program is free of charge for all participants.

After the indication interview and individual planning, a smoker is included in the Tobacco Addiction Day Hospital (closed-type) group for a period of three to four weeks, in most of the cases. The program is designed to prepare patients for smoking cessation and their close monitoring at the time of smoking cessation and early abstinence phase. After the discharge from the day hospital, the follow up includes regular once-a-week support groups and individual checkups as long as indicated by clinical needs.

Day hospital activities include group psychotherapy work, individual counselling/supportive therapy with the therapist, support groups with experienced abstainers, psycho education, family involvement and support, relaxation techniques, sociotherapeutic activities (excursions, sports activities, creative workshops, films), therapeutic community activities, pharmacotherapeutic support(nicotine replacement therapy, varenicline, bupropion – if needed), routine laboratory examinations, measurement of carboxyhemoglobin and carbon monoxide levels in breath, urine cotinine testing, regular monitoring of blood pressure and pulse, program evaluation activities and others, making it flexible to specific individual and group needs.

The expert team working in day hospital includes psychiatrists, nursing bachelors, social pedagogues, occupational therapists, psychologists, nutritionists and internists (from the Clinic for Lung Diseases – University Hospital Centre Zagreb).

The evaluation of first four groups’ (42 patients in total) outcomes is as follows: 67% abstinence rate of those who enrolled in the day hospital, i.e. 76% abstinence rate of participants finishing the program. Amongst the patients who haven’t interrupted their contact with the day hospital, three months abstinence rate is 48%, which is verified through outpatient checkups and support groups, including COppm/%COHb measurement.

Besides afore mentioned working activities, our staff is active in presenting our work and talking about tobacco addiction in expert meetings and reading, media statements, and research activities, both nationally and internationally. Initial impressions are positive and optimistic from both sides, patients and experts, but a lot is still to be done. A lot of people are in need and seek for comprehensive, individualized, available, accessible and affordable care.

Kseniya Kandratsenia

Social stigma towards psychiatric patients among the psychiatrists, general practitioners and young doctors

Kseniya Kandratsenia
Minsk City psychiatric clinic

Many patients with varying degrees of mental disorders are subject to negative
judgements and so called social stigmatization. Often the consequences of stigmatization cause even greater harm to the patient than the disease itself. The social consequences of stigmatization are manifested in various aspects of the patient's life: difficulties in obtaining education, employment, reduced social activity and narrowing the circle of communication, receiving medical and social assistance. Many patient's symptoms are made worse by the stigma and discrimination they experience - from society, from families, but also from doctors and interns. The attitudes of health care professionals indicates the need to change way of thinking towards patients, both for social rehabilitation and for treatment in general. Therefore, it is important to identify the level of stigma among specialists who are constantly in contact with patients. As well as their level of emotional exhaustion and attitude to other people in general.

Methods & Procedures: Simultaneous, transverse research with comparison and control groups. Number of participants in a study - 101 people from psychiatric hospital, outpatient department, general hospitals. The comparison group consisted of 54 psychiatrists (PS) and 25 general practitioners (GPs). The control group consists of 22 interns (DI), who graduated from medical university a year ago. The method of study: completion of an anonymous questionnaire with a number of open and closed questions. Scales of assessment: Mental Illness: Clinician's Attitudes 4(MICA4), Scales of benevolence (D. Campbell), Emotional Empathic Tendency Scale, EETS, emotional exhaustion scale (BSMU,SEE). The questionnaire was filled by the respondents themselves online, or in the presence of the researcher. The answers were standardized and common. The survey data was analyzed using the computer package SPSS 20.0.

Results: Not only general society but also medical professionals not always understand the features of mental disease. According to the MICA 4 scale the majority of respondents received a sufficiently high number of points. 18-30 points received- 2 DI, 4 PS, 0 GP, 31-40 points received-7 DI, 24 PS, 4 GP, 41-50 points received -7 DI, 20 PS, 14 GP, 51-60 points received-6 DI, 3 PS, 6 GP, 61-70 points received-1 GP. These data show high enough level of social stigma towards patients with mental disorders. More than 50% of DI believe that people with mental illnesses will never recover and will not be able to have a normal standard of living. More than 42.6% of psychiatrists, 76% of general practitioners consider the same. 54.1% of DI believe that people with mental illness are dangerous. 47.8% of the PS, 68% of GPs agree with that. According to emotional exhaustion scale (BSMU,SEE) the general practitioners have the highest level of emotional exhaustion — 60%, psychiatrists —31.5%, interns —18.2%, 31.5% of psychiatrists, 60% general practitioners and 18.2% interns have a high level of emotional exhaustion. Emotional Empathic Tendency Scale shows that more than a half of participants consider their empathy level as average (psychiatrists - 74.1%, general practitioners - 84%, interns - 77.3%) The majority of respondents think that health social workers know more about the lives of people with mental illness than their family members or friends.
Antidepressant psychopharmacotherapy comprises first-line treatment of unipolar depression, representing an essential therapeutic fundament as is known from other diseases such as arterial hypertension. However, resistance to the antidepressant psychopharmacotherapy represents one of the most important challenges in the clinical routine as well as psychiatric research. The following presentation summarises the evidence for available clinical as well as biological correlates of treatment resistant depression (TRD) as well as its pharmacological and non-pharmacological treatment options including investigational strategies based on clinical trials, systematic reviews, meta-analyses and international treatment guidelines.

In brief, early recognition of depressive symptoms as well as adequate treatment are crucial, since duration of untreated depression is associated with worse outcomes and early improvement is related to higher response- and remission rates. The development of TRD seems to be substantially impacted by disease factors such as severity of depressive symptoms, disease chronicity, suicidality, psychotic features, psychiatric and somatic comorbidities, adverse life events and early age of onset. Furthermore, several biological correlates of TRD, comprising hippocampal volumes, neuronal activation of the anterior cingulate cortex, levels of brain-derived neurotrophic factor and inflammatory markers, have been related to TRD.

With respect to the evidence-based treatment of TRD, the first step in the case of insufficient response to the initial antidepressant monotherapy contains the debarment of 'pseudo-resistance' that is commonly associated with inadequate daily doses and duration of the current antidepressant trial, insufficient plasma levels of the prescribed antidepressants, polymorphisms in the CYP450 enzyme system, insufficient treatment adherence as well as adverse effects and psychiatric and/or somatic comorbidities. After excluding pseudoresistance, the augmentation of antidepressants with second-generation antipsychotics and lithium are consistently advised as a psychopharmacotherapeutic first-line strategy for TRD. Furthermore, combination treatment should be preferentially established with two antidepressants exhibiting different modes of action (e.g. reuptake inhibitors such as escitalopram and presynaptic autoreceptor inhibitors such as mirtazapine for instance). In contrast, dose escalation of the current antidepressant agent as well as switching within or between antidepressant compounds can not be generally recommended as evidence-based treatment options. In TRD, further non-pharmacological and off-label treatments are
necessary very often. Accordingly, a sequential treatment optimization scheme of the first-, second-, third- and fourth-treatments tages for acute and chronically ill depressed patients has been introduced, where by psychopharmacotherapeutic strategies including novel rapid-acting antidepressants, such as esketamine, and well-established non-pharmacological treatments, such as electroconvulsive therapy, are incorporated.

**Postpartum psychiatric disorders: Early diagnosis and management**

*Magda Fahmy*

*Professor of Psychiatry Suez Canal University*

Postpartum period is demanding period characterized by biological, physical, social, and emotional changes.

Currently postpartum disorders are classified into five major categories: Postpartum blues; depression; psychosis; postpartum post-traumatic stress disorder (PTSD) and postpartum anxiety and obsessive compulsive disorder (OCD).

Early screening, diagnosis, and management are very important and must be considered as mandatory part of postpartum care.

Postpartum psychosis (PP) should be considered as psychiatric and obstetrical emergency.

In moderate to severe depression and PP, medication becomes necessary. Safety and hazards of use of psychotropic medications during lactation should be addressed.

**Important of military psychiatry**

*Maged Bahi Eldin Mohamed*

*Head of psychiatric department in military academy*

Military psychiatry covers special aspects of psychiatry and mental disorders within the military context. The aim of military psychiatry is to keep as many serving personnel as possible fit for duty and to treat those disabled by psychiatric conditions.

Military psychiatry encompasses counseling individuals and families on a variety of life issues, often from the standpoint of life strategy counseling, as well as counseling for mental health issues, substance abuse prevention and substance abuse treatment; and where called for, medical treatment for biologically based mental illness, among other elements.

A military psychiatrist is a psychiatrist whether uniformed officer or civilian consultant specializing in the treatment of military personnel and military family members suffering from mental disorders that occur within the statistical norm for any population, as well as those disorders consequent to warfare and also stresses associated with military life.
Does Cannabis Addiction Exist? How Difficult Is It To Quit Cannabis Use?
Mai A Eissa,
Professor and Head of Tanta Neuropsychiatry Department.

Confusion, debate, and controversy related to the potential for cannabis use to cause harm, or alternatively to provide therapeutic benefit continues globally. Over the last decade, these issues have grown in intensity and importance with increased recognition of the substantial public health implications related to the escalation of the decriminalization and legalization of cannabis and cannabinoid products, and the perception that cannabis has therapeutic potential for a numerous and diverse set of disorders. The current and pressing challenge with cannabis is to develop well-reasoned policies that consider factual information about risks and potential benefits of cannabis and cannabinoid compounds in service of mitigating potential harm and maximizing potential benefits.

Updates in Management of Paraphilic Disorders
Mariam Yehia Abou Taleb
Assistant Lecturer in Psychiatry, Ain Shams University

Paraphilic disorders are characterized by atypical sexual interests, fantasies, and behaviours that are subjectively distressing to patients and pose a risk of harm to others. By their nature, some paraphilic disorders may predispose an individual to commit sexual offenses.

We aim to address the Definition, Different types, General Concepts of Paraphilic disorders, and different available therapeutic approaches.

Clinical Pearls in the pharmacotherapy of childhood psychiatric disorders
Marwa Khamis
Lecturer in Psychiatry, Ain Shams University

A number of factors come into play when choosing a treatment for pediatrics and adolescents. A comprehensive diagnostic evaluation is the necessary to avoid misdiagnosis in childhood as it common.

“But families were judgmental: How could we start a five year-old on medication, especially one as smart as their son, who had taught himself to read before age four? They seemed to assume that he was different because he was so smart.
Children with psychotic disorders typically require pharmacological treatment to control symptoms and restore functioning. Others with other disorders, on the other hand, may be often successfully treated with non-pharmacological interventions, and medication is just one of several therapeutic options whose potential benefit and risks need to be considered by the treating clinician, the
family, and, whenever possible, the young person themselves.
A key consideration in choosing among therapeutic options is the strength of the evidence supporting the efficacy and safety of the treatment for the specific condition and the age of the child. Much less strong is the evidence of the long-term effectiveness and safety of treatments. A very little supportive evidence for efficacy except stimulants in ADHD. Also Recent study of child psychiatrists show that 9/10 of their patients are on meds 80% not approved by the FDA for in children. There are, however, a few placebo-controlled discontinuation studies that have shown that long-term treatment can be effective in maintaining improvement and preventing symptoms recurrence. For example, in youth suffering for depression, continuing antidepressant treatment significantly reduces the risk of relapse (Emslie et al, 2008). Likewise, discontinuing risperidone in children with autism and severe behavioral disturbances increases the risk of recurrence of aggression, self-injury, and tantrums as compared with continuing treatment (Research Units on Pediatric Psychopharmacology Autism Network, 2005).

Adolescent Suicide
Marwa Sultan
Professor of Psychiatry, Ain Shams University

In USA and Europe, suicide is ranked as the second most frequent cause of death in the 10–19 year age group. It is even the most frequent cause of death among females aged 15–19 years (6.15 per 100,000). Suicide deaths account for about one fifth of all deaths among European older adolescents and young adults together (15–29 years), represents about 24,000 deaths each year.
The annual suicide rate was 10/100,000. Suicide was six times more common among boys than girls. The annual incidence rate of hospital-treated self-harm was approximately 344/100,000, with the female rate almost twice the male rate. Girls were almost four times more likely to report self-harm. For every boy who died by suicide, 16 presented to hospital with self-harm and 146 reported self-harm in the community. And for every female suicide, 162 girls presented to hospital with self-harm and 3,296 reported self-harm.

Cultural aspects in psychosexual problems
Moataz Ibrahim
Assistant Lecturer in Psychiatry, Ain Shams University

Attitudes to sex and the perceived role of sexual activity are very strongly influenced by cultural values. Culturally determined gender roles influence relationships between different sex partners, and cultural values affect attitudes towards sexual variation. Cultures define what is deviant and from where help is
sought. Cultures also affect individuals’ cognitive development, world views and explanatory models of emotional distress. It is critical that clinicians are aware of the role of culture in defining sexual dysfunction and how cultural factors can be used in initiating treatment as well as in therapeutic engagement and alliance.

Although epidemiological data on prevalence of sexual dysfunction across cultures are scanty, it is likely that prevalence vary, as will pathways into care and patterns of help-seeking. In this presentation the potential impact of culture on sexual dysfunction, and issues that clinicians, whether in specialist or in general services, need to be aware of in assessing and treating patients who present with sexual dysfunction were discussed.

**Bi-Directional Relationship Between Sleep Disturbances and Substance Use**

*Mohamed Adel Elhadidy*

*Professor of Psychiatry, Mansoura University*

Background: Sleep disturbance is a risk factor for substance use disorder. There is a bidirectional relationship between sleep disturbances and substance use. Sleep disturbances in adolescents who do not have substance use disorders are associated with future development of substance abuse. Sleep disorders are common in patients with addictive disorders. The most common sleep disorders were Insomnia, Sleep apnea and Restless leg syndrome.

Methods & Procedures: This presentation will review the relationship of sleep disturbances and substance use.

Results: There is bi-directional relationship between sleep disorders and addiction. Conclusion good and early detection and management is need for each of these disorders to prevent development the second disorders.

**Antidepressants with multiple functions**

*Mohamed Elmahdi*

*Professor of Psychiatry, Al-Azhar University*

*Fellow of American psychiatric Association*

It was believed that SSRIs has the great advantage of specific effect on serotonin in management of depression, but unfortunately with wide application of these medications it was found that a good percentage of depressed patients couldn’t fulfill remission on SSRIs alone, and it seems that depression as a multifactorial mental illness needs multi functions antidepressants and multidimensional approach for proper management and fulfilling remission. So SNRIs group (e.g Venlafaxine, duloxetine, and milnacipran), and Mirtazapine were introduced to act as a multifunctional antidepressants which act on serotonin, norepinephrine, histaminergic, and other receptors to cover the multiple symptom spectrum of depression and lastly to enhance full remission, especially if psychotherapy is considered beside medications.
Focus on marital therapy

Mohamed Elmahdi
Professor of Psychiatry, Al-Azhar University
Fellow of American psychiatric Association

With the increasing rates of marital disharmony and divorce in last decades in Arab Countries, we have to focus on marital therapy to help — as much as we can — to keep marital relations, as divorce represents a major stress to partners and their children.

In this presentation we will try to understand shortly: the psychology of marital relation, the factors affecting marital relation, and to know how to manage marital problems and conflicts.

Accordingly the following subjects will be discussed briefly:
1 – Meaning of marriage
2 – Patterns of marriage
3 – Levels of marital relation
4 – Assessment of marital happiness
5 – Causes of marital disharmony
6 – Early signs of marital failure
7 – Early intervention procedures
8 – Techniques of marital therapy
9 – Indications and contraindications of marital therapy
10 – Management of divorce when it becomes nonevitable.

How to be creative.

Mohamed Ghanem
Professor of Psychiatry, Ain Shams University

Creativity is the ability to create something new. What are the characteristics of creative people? How anyone knows that he is creative? Is creativity inherited or acquired? Is there a link between intelligence and creativity? Can anyone be able to be creative? What are the skills needed to develop creativity?

Anger management.

Mohamed Ghanem
Professor of Psychiatry, Ain Shams University

Anger is one of the basic emotions. It can be useful in some cases. However, it may lead to problems in health and interpersonal fields. Some people don't know what they are telling or behaving in case of anger. They develop guilty feelings after that. They may realize that they caused disasters out of their anger. For these reasons and others, people should learn how to manage and control their anger.
Exploring the interplay between Cognitive Impairment and Symptom Domains in Egyptian patients with Schizophrenia

Mohamed Hossam ElDin ElDin
Lecturer in Psychiatry, Ain Shams University

Background: Cognitive impairment was established to be a core feature in many patients with schizophrenia. Specific patterns of association between symptom dimensions and cognitive domains are detectable.

Aim: The present study seeks to elucidate the relationship between cognitive impairment and symptom domains in patients with schizophrenia.

Methods: The study included 109 patients with schizophrenia. Participants underwent clinical assessment using the structured Clinical Interview for DSM-IV Axis I diagnosis (SCID-I), the Positive and Negative Syndrome Scale (PANSS), the scale to Assess Unawareness of Medical Disorder (SUMD), and a battery of neuropsychological tests to assess cognitive functions including, the Wechsler Adult Intelligence Scale (WAIS), the Wechsler Memory Scale (WMS), and the Wisconsin Card Sorting Test (WCST).

Results: Our results indicate significant negative correlation between positive, negative, and general psychopathology symptom domains and all items of WAIS. With regard to WMS, a negative correlation was found between orientation, information, digit span, and visual memory span with the negative and general psychopathology symptom domains. Using WCST revealed statistically significant negative correlation between all the items of the WCST and negative symptoms. General psychopathology symptoms showed statistically significant positive correlation with total errors and perseverative responses. On applying the SUMD, we found a statistically significant difference between insight of patients and all parameters of WAIS, WCST, and most WMS items; orientation and information, digit span memory, and visual memory span.

Conclusion: Patients with schizophrenia had low scores on general intelligence domains of sustained attention, verbal and visual working memory, processing speed, visual memory deficits, and executive functions. These deficits were evident with negative symptoms followed by general psychopathology.

Keywords: schizophrenia, cognitive impairment, symptom domains, PANSS.

Generic Psychotropics: consensus, controversies, and the way ahead

Mohamed Refaat Elfiky, M.D.
MBBCh, MSc(NP), MD(Psych), FRCPsych, IDFAPA
Professor of Psychiatry, Ain Shams University

The field of psychiatry has been growing rapidly in medicine, with a sharp increase in the availability of psychotropic medications. Because psychiatric disorders often begin earlier in life, are chronic, and require a life-long treatment, cost-effective treatments are of particular value. However, reduced medication
costs achieved by switches from brands to the currently available generics may carry the risks of added costs of relapse and loss of compliance. There is a need for clinicians to be more vigilant of potential problems of generic psychotropics, and clinical effects of their individual pharmacokinetic (bioequivalence) and non-pharmacokinetic aspects. In this presentation, the heterogeneity of the quality of data sources among various psychotropics classes will be discussed, raising the awareness about their manufacturing, medico-legal issues, and rational use.

**Psychogenomics: The way to precise psychiatry**

*Mohamed Taref Hamza*
*Professor of, Ain Shams University*

Pharmacogenetics studies the action of a drug in order to predict the response based on the genetic makeup of an individual. The objective of pharmacogenetic tests is to minimize the adverse effects and to ensure therapeutic benefit. The purpose of clinical pharmacogenetic testing is to be able to distinguish between patients who are more or less responders to certain drugs, or on contrary, who are at increased risk for adverse events. The goal is to choose a drug therapy that can maximize the effectiveness in the treatment and minimize the risks of adverse reactions, thus improving the benefit/risk ratio. Since psychotropic drugs have a high rate of variability in patient response, the aim of this presentation is to update the pharmacogenetic concepts in psychopharmacology that provides tools helping clinicians in making decisions in prescribing medications for psychiatric conditions thus providing a step toward establishing the concept of “personalized medicine”. Technology is not a limiting factor nowadays; the challenge remains, however, to further develop research for clinical use, establishing an appropriate validation test, that is accurate, repeatable and reproducible, in order to safely detect gene sequences of clinical interest.

**Autistic Catatonia: The Role of ECT**

*Mohammad Abdel Hakeem Seleem*
*Associate Professor of Psychiatry, Tanta University*

Objectives: Although being reported in children or adolescents since the nineteenth century, catatonia is still described as an adult condition. It has been shown that catatonia may be present in children and adolescents with autistic, developmental, and tic disorders, and in its idiopathic form, with a similar response to treatment like in adult patients. DSM-5 included catatonia as a specifier in autistic spectrum disorders. Four studies from the United States and Europe have demonstrated that catatonia occurs in 12%–20% of individuals with autism. However, in youths with developmental disorders, the diagnosis of catatonia can be more difficult due to the overlap in symptoms.
Methods: A brief review of the existing literature will be performed followed by presenting the first two cases with ASD and catatonic features treated with ECT in Tanta Psychiatry and Neurology Center – Tanta University.

Results: ECT may be considered in youths with catatonia that is resistant to benzodiazepines and in severe cases. ECT is effective and safe for treating catatonia in youths with ASD, based on case series and reports. After acute ECT courses, patients are maintained on a weekly-based protocol of ECT to prevent relapse.

**Early Interventions in Psychosis: current controversies and challenges in Asian countries**

**Mohan Isaac**

Clinical Professor of Psychiatry, The University of Western Australia & Visiting Professor of Psychiatry, NIMHANS, Bangalore, India

“Early interventions in psychosis”, an intervention strategy, well researched, piloted and propagated by Professor Patrick McGorry of the University of Melbourne, Australia has been hailed as one of the major service delivery innovations in the field of mental health during the past two decades. In many rich and developed countries, special programmes based on the principles of “early interventions”, aimed at youth (population aged 12-25 years) such as the “headspace” programme in Australia have been well funded and initiated. Although various controversies about early interventions have arisen in the past, now there is a widespread acceptance for the implementation of this strategy in most countries. However, the situation in many low- and middle-income countries of Asia is vastly different. While mental health services are gradually moving away from large custodial institutions to the general hospitals, primary care settings and the community in several Asian countries, they continue to be predominantly mental hospital based in most countries. Deinstitutionalization and mental health care reforms are occurring at vastly varying paces in different countries and different regions within countries. Poor priority and low allocation of funds for mental health services are major hurdles. There is no “multidisciplinary mental health team” approach to mental health care in most countries of Asia. There are no social security / welfare schemes, disability support / pension / insurance for persons with severe mental disorders. Families, extended families and other care providers play a major role in the care of persons with mental disorders. There is also the influence of vibrant traditional and alternate healing practices / services. The presentation will discuss some of the current controversies in the field of early interventions” and the challenges and opportunities for initiating organized early intervention services in Asia with specific reference to low and middle income countries.

**Outline management of psychosexual problems**

**Mona Reda**
Sexual functioning is a complex bio-psycho-social process, coordinated by the neurological, vascular and endocrine systems. In addition to the biological factors, the psychosocial factors like societal and religious beliefs, health status, personal experience, ethnicity and socio-demographic conditions, and psychological status of the person/couple play an important role in adequate sexual functioning of a person.

Prevalence of sexual dysfunction in general population is very high. It is suggested that about 43% of women and 31% of men have one or other kind of sexual dysfunction. Problems of sexual dysfunction may be lifelong or acquired, general or situational.

Although sexual problems are highly prevalent, these are frequently under-recognized and under-diagnosed in clinical practice. It is also noted that clinicians also have lack of understanding about the approach for identification and evaluation of sexual problem. It is often recommended that the treating psychiatrists and collaborating specialists need to possess broad knowledge and appropriate attitude towards human sexuality. The essential concepts underlying the management of sexual problems are adoption of a patient-centered framework for evaluation and treatment.

Female Sexual Dysfunction “Future Perspective’s”
Mona Reda
Professor of Psychiatry – ASU
Member of International Society of Sexual Medicine (ISSM)
Co-founder of Egyptian society of Sexual Medicine & Surgery (ESSM&S)

The etiologies of female sexual dysfunction (FSD) affect a variety of populations and may be caused by psychological, emotional, or physiological reasons. Often, the etiology is multifactorial and interrelated. FSD are very prevalent and commonly associated with physiological concerns and the quality of life. Recent statistics reveals Female Sexual Dysfunction is highly prevalent in the general population and is highly co-morbid with many psychiatric syndromes. Evaluations may differ from person to person, which makes the way of diagnosing is through physiological response which could result in problems when not considering psychological evaluations.

Large overlap has been found among sexual disorders, particularly in females, indicating a need to refine the diagnostic system currently being used. Opening the door for areas of further investigation as there is a lack of understanding concerning the interaction of simultaneously occurring physiological and
subjective aspects of female sexual arousal. This area is important in understanding why women experience FSD despite the presence of physiological indicators of sexual arousal, methods of measuring arousal need to be improved to make them more generalizable to the spectrum of individual differences from woman to woman, and a final area of importance is the effort to make health care providers aware of FSD and encourage more knowledge and training in this area of women’s health.

Criminal Responsibilities in Patients with Psychiatric Disorders
Mostafa Shahin
Professor of Psychiatry, Cairo University

Criminal responsibility is one of the main parameters that guide the justice system to decide whether the individual is guilty or not and if he can stand in front of the court to withstand the testimony. Psychiatric patient must have some characters to withstand such trial. IQ, diagnosis, and personality are some of the items that must be considered. How the patient perform the act, aggression, bizarreness of the crime and how the patient plan are very important items to be considered. In Egypt, forensic psychiatry developed and it still needs a lot of efforts to respect the psychiatric patients and not to abuse such a system.

Theory of Mind among Sample of Patients with Schizophrenia
Moustafa Mohamed Mohamed Abdo Saad
Psychiatry Specialist, Adel Sadek Hospital

Psychosis is one of the most studied mental health illness which expresses an impaired relationship with reality. Acute psychosis is a common psychiatric emergency while Schizophrenia is a severe and persistent mental disorder that places significant burden on the individuals who suffer from it, as well as their families and society. Recent studies indicate that individuals with schizophrenia show substantial social cognitive impairments in emotion processing (affect perception and regulation), social perception, attributional style, and mentalizing or “Theory of Mind”, deficits in social cognition appear to be present across different stages of schizophrenia and may also characterize individuals at heightened risk for the development of this disorder, social cognition impairment is preserved when symptoms disappear after the first schizophrenia episode. The extant literature indicates that patients with first-episode or schizophrenia, as well as non-psychotic first-degree relatives of patients with schizophrenia, all exhibit TOM impairments.
Evidence shows that ADHD and conduct disorder start in childhood and have a significant public health relevance due to associated morbidity and disability. The consequences for the children include interpersonal dysfunction, truncated academic achievement, depression, drug abuse, criminality and huge economic cost. Early interventions delivered by teachers in the school system have been shown to improve their developmental potential. However, there is a dearth of studies evaluating the effectiveness of training programs for teachers to identify and support these children, in Nigeria. This study aimed to assess the effect of a teacher-training intervention on the knowledge and perception of ADHD and conduct disorder in Kano, Nigeria.

Methods & Procedures: This was a quasi-experimental controlled study with teachers from two Local Government Areas (LGAs) of Kano Metropolis. The LGAs were randomly allocated to an intervention group and a waiting list control group. Eight public and twenty private schools were selected from each study arm. A sample size of 100 for each group was proportionally allocated to schools based on the population of teachers across the schools. Public and private school teachers were selected for each group using Computer Generated Random Numbers (CGRN). The teachers in the intervention arm received two training sessions on ADHD and conduct disorder, one week apart, involving PowerPoint presentations and group discussions, using the Mental Health Gap Action Programme – Intervention Guide (mhGAP-IG). Evaluations were made on the outcome measures at baseline, and one-week post intervention. Data was analyzed using appropriate descriptive and inferential statistics. Bivariate comparisons such as between the intervention and control groups were conducted with t test for normally distributed continuous variables and Chi square test for categorical variables, at statistical significance level (P-value) of 0.05.

Results: The participants were largely similar at baseline. ‘Between group’ analysis comparing the post intervention outcome measures in the intervention and control groups, shows the two groups were significantly different on the SRAQ, KBIQ, SRCQ and KBICQ with p-values of <0.001, <0.001, <0.001 and 0.03 respectively. Controlling for baseline scores and other differences, ANCOVA revealed significant intervention effects on the SRAQ, KBIQ and SRCQ, but not on the KBICQ. The intervention effect estimates were Cohen’s d of 0.7, 0.3 and 0.5 respectively. Further analyses identified factors significantly associated with good baseline knowledge and perception of ADHD and conduct disorder as follows. Good knowledge of ADHD was significantly associated with secondary level of education. Negative attitude towards ADHD was significantly associated with urban school location and having Bachelor’s Degree. Good knowledge of behavioural intervention for ADHD was significantly associated with being in 30-39 years age group and private school teachers. Good
knowledge of conduct disorder was significantly associated with being a teacher in schools with staff helping pupils with ADHD/conduct disorder. Negative attitude towards conduct disorder was associated with urban school location and teachers with children receiving support. The study participants demonstrated a high degree of satisfaction with the intervention.

Conclusion: Teachers’ training intervention for primary school teachers on the knowledge and perception of ADHD and conduct disorder in this setting was feasible, acceptable and demonstrated significant improvements on the outcome measures with variable effect sizes. Thus, consideration should be given to inclusion of a mental health curriculum, incorporating ADHD and conduct disorder for teachers in colleges of education. The study identified a number of teacher and school related characteristics were significantly associated with good baseline knowledge and perception of ADHD and conduct disorder. These characteristics could be useful for identifying teachers who may be more likely to benefit from this type of intervention. Such targeted training may be useful where there are insufficient resources to train all teachers.

Keywords: Interventions, ADHD, Conduct disorder, Teachers, Knowledge, Perception.

Excessive Sleepiness and psychiatric Morbidity
Nahla Nagy
Professor of Psychiatry, Ain Shams University

Objectives: The most common causes of excessive sleepiness are insufficient sleep, changes to sleep schedule, and sleep disorders.

Methods: review of literature and analysis of results.

Results: Chronic sleep problems affect 50% to 80% of patients in a typical psychiatric practice, compared with 10% to 18% of adults in the general population. Medical conditions associated with excessive sleepiness include infections, asthma, gastrointestinal disorders, and metabolic abnormalities and drowsiness may be the first sign. Neurological conditions such as Parkinson's disease can also cause sleepiness, and psychiatric disorders like anxiety and depression can often cause a person to sleep too little or too much. Studies suggest that sleep problems may raise risk for, and even directly contribute to, the development of some psychiatric disorders.

Excessive daytime sleepiness (EDS) is “the inability to maintain wakefulness and alertness during the major waking periods of the day, with sleep occurring unintentionally or at inappropriate times, almost daily for at least 3 months,” according to the American Academy of Sleep Medicine. EDS is common, with a prevalence up to 25% to 30% in the general population. In a study of 300 psychiatric outpatients, 34% had EDS. Some common causes of EDS in psychiatric patients include: Sleep-disordered breathing, anxiety, fatigue, medication and depression.
How your Brain looks like when you feel depressed
Nahla Nagy
Professor of Psychiatry, Ain Shams University

Objectives: Neuroimaging may provide the greatest hope for identifying depression subtypes. Initial studies examined the structure of the brain, identified the frontal cortex and hippocampus as potentially relevant brain regions in the pathophysiology of depression.

Methods: Review of related literature and analysis of results.

Results: Subsequent research looked at regional blood flow or energy metabolism in the brain using functional MRI (fMRI) or positron emission tomography (PET). These studies capture the activity of the brain either in the “resting state” (i.e., when patients are not focusing on any particular thought or stimulus) or when the brain is actively responding to a task that induces an emotional or cognitive response. More recently, researchers have applied machine learning methods to fMRI data to identify brain networks and connectivity.

Other types of neuroimaging for mood disorders include diffusion tensor imaging (DTI) to assess the integrity of the white matter tracts that connect regions of the brain, magnetic resonance spectroscopy to assess differences in chemical composition across these regions, and ligand-binding studies to measure the density of receptors or monoamine-transporters.

A crucially important application would be distinguishing between bipolar and major depressive disorder among patients presenting with a first episode of major depressive disorder, because misdiagnosis is common and the treatments for these two disorders are quite different.

Neuroimaging The future way to precise psychiatric practice
Nahla Nagy
Professor of Psychiatry, Ain Shams University

Objectives: Brain imaging was introduced into neuroscience and the field of mental disorders in 1976.

METHODS: Review of related literature and analysis of results.

Results: The first successes in the attempts to identify structural imaging markers to support diagnostic, prognostic, and therapeutic processes are likely to be in Alzheimer disease because it is a classical neurodegenerative disorder with an established neuropathological basis.

The search for such markers in so-called affective and non-affective psychoses, namely bipolar disorder, MDD, and schizophrenia, is likely to take longer because these disorders lack an established neuropathological basis. When used together with machine learning and related analytical methods, structural imaging allows patients with schizophrenia to be distinguished from patients with
Wandering in Psychiatry

Nasser Said Zahran

MD, Consultant Psychiatrist, KSA
Consultant Psychiatrist in Maamoura MOH, Egypt
Consultant Psychiatrist and General Manager of Abas Helmy Hospital, GSMHAT, MOH

Background: Wandering is a symptom present in a variety of psychiatric disorders. Wandering by mentally ill patients is a central component of the caregiver’s burden. When away from home with out any supervision these patients may be prone to Psychological, physical or perhaps even sexual abuse.

Methods & Procedures: Review of database and researches including the phenomenon of wandering in psychiatry

Results: Preliminary results shows despite the importance of phenomenon of wandering in Psychiatric disorders it is well searched mainly in Dementia it was common in young patients.

Conclusion: Wandering was more common in younger population. Schizophrenia, brief psychosis, depressive illness and dissociative disorders were the common psychiatric disorders associated with the condition. The common preceding factor of wandering behavior was relapse of psychiatric illness.

Liaison Psychiatry in the Community: Preventive Psychiatry in Practice

Nikos Christodoulou

Consultant Psychiatrist and Honorary Clinical Associate Professor of Psychiatry, University of Nottingham

Patients very often present in primary care with persistent physical symptoms for which no medical explanation has been found, and complex psychiatric and physical co-morbidity. At least 20-30% of primary care presentations belong to this category. These presentations are complex to diagnose and treat, and are often either missed, under-treated, or over-investigated in primary care. Equally, due to their physical component, community psychiatric services often reject these referrals. Hence a large number of patients’ diagnosis and treatment are delayed, thus contributing to higher and more chronic morbidity for both the patients themselves and the health system. Liaison Psychiatry services are best
suited to intervene early and to prevent this clinical and systemic morbidity, but they usually operate in the general hospital, not the community. Here we will discuss a novel model of liaison psychiatry service, delivered in the community, offering person-centred, holistic bio-psycho-social care. We will discuss its clinical effectiveness and cost-effectiveness, and its added value in terms of preventive psychiatry (mental illness prevention and mental health promotion), prevention of physical morbidity and financial/systemic morbidity prevention. Finally, we will explore the mentality of this new service design, and how it can contribute to shape future services.

Mental Health Care in our Prison Services

Peter Hasler
RN (Mental Health) MBA

This lecture will explore the rise of psychiatry and mental health care into the prison services in the United Kingdom. It will look at the history of that significant service development and how it came about. It will also look at the most up to date information available evaluating how things have gone. Most importantly, what lessons can be drawn from the UK experience that might be helpful to other countries wishing to improve their prison mental health care. As the Prisons and Probation Ombudsman (PPO), who investigates all deaths in custody has noted “mental ill-health is one of the most prevalent and challenging issues in prisons”. It is commonly quoted that mental illness is the most significant issue faced by prisoners with at least 40% of prisoners displaying evidence of one or more mental disorder. The extent of the problem has been recognised for many years but it was not until this century that common standards were put in place and the responsibility for provision was passed from the Home Office to the Department of Health in April 2006. Some encouraging outcomes of these changes are becoming evident, for example prison suicide has reduced; transfers to hospital care have increased; and prison in-reach teams are working at every prison. However, things are far from adequate and there is frequent reporting of failures. In this lecture, I will particularly be exploring the lessons learnt in the UK from these very significant charges in prison mental health care and the journey that still continues. I will look at whether these models can and should be transferred to other countries. I will also draw on some recent work I have begun in Ghana, West Africa.

Platelet and RBC indices in patients with panic disorder: A ROC analysis

Ramdas S Ransing
A. Professor, Department of Psychiatry, BKL Walawalkar Rural Medical College, Ratnagiri
Background: Panic disorder (PD) is known to cause changes in Platelet and red blood cell (RBC) indices. However, diagnostic or predictive value of these indices is a little known. This study assessed the diagnostic value of Platelet and RBC indices in discriminating the patients with PD from healthy controls.

Methods & Procedures: A cross-sectional study was conducted on 98 patients with PD and 102 healthy controls. We compared red blood cell and platelet indices such as mean platelet volume (MPV), Platelet distribution width (PDW), Red cell distribution width (RDW) using unpaired t test or Mann Whitney U Test. Receiver operating characteristic (ROC) curve was used to calculate Area under ROC curve (AUC), sensitivity, specificity, and likelihood ratio, for a given platelet and RBC indices. Results: A statistically significant increase in Platelet distribution width (PDW) [17.01± 0.91 Vs 14.8± 2.06, p<0.0001] and Red cell distribution width (RDW) [16.56±2.32 Vs 15.12±2.43, P<0.0001] levels was observed in patients with PD compared to healthy controls. The PDW and Mean Corpuscular Hemoglobin Concentration (MCHC) have larger AUC (0.89 and 0.74, respectively), Youden index (0.65 and 0.39, respectively), indicating a better predictive capacity, sensitivity and specificity in discriminating the patients with PD from healthy controls.

Conclusion: PDW can be considered to be “good” diagnostic or predictive marker than other studied indices in a patient with PD. If these indices are used in line or combined together, they may be helpful in making the clinical diagnosis and to predict the prognosis among the patients with PD.

Audit to assess “inappropriateness” of admission in a mental health assessment unit

Rashmi Shukla
MD,DNB,MNAMSMTI International Training Fellow Essex Partnership University NHS Foundation Trust

Background: Peter Bruff ward is a unit designed to admit informal patients. It has been noticed that a number of patients are being placed under MHA, soon after admission.

Aim: To identify inappropriateness of informal admissions to mental health assessment unit (Peter Bruff unit, PBU) by looking into the demographics of patients being placed on mental health act (MHA) section, the reasons for the same, whether the mental capacity was documented on initial assessment and to assess the quality of documentation.

Methods & Procedures: This is a retrospective audit carried out after getting registration and approval from clinical audit department. Data obtained through electronic case notes for patients who were placed on a section between July-December 2018. A total of 36 patients were detained. Results: 61% of patients detained were female. The diagnosis of patients considered for mental health
assessment was dual diagnosis (36%), paranoid schizophrenia in 25%, emotionally unstable personality disorder in 17%, bipolar disorder in 8%, substance-induced psychosis in 5%, 3% each for depression, acute psychosis and dissocial personality disorder. In 78% of the patients gate keeping was recorded. The documentation of the capacity to consent to admission in gate keeping assessments was not clearly recorded in 61% of admissions. Capacity was recorded as present in 20% and no record of capacity assessment in 19% of cases in gate keeping assessment notes. Regarding detention under MHA/Section 5(2) paperwork was completed in the majority of cases (94%). Among them 32% were put on section 3, 46% on section 2, 22% were not detained and no recommendation was made for 3%. It is noteworthy that 67% were put on the section within 24 hours. Recommendation for assessment and treatment order was completed in the majority of the cases (97%). Various reasons for being put on section 2/3 were unsafe to self in 29%, 33% being actively symptomatic, 18% were lacking insight and capacity, 15% being unsafe to other, self-neglect in 5%.

Conclusion This audit highlighted the importance of clear documentation and capacity assessment. There may be a need to improve training surrounding capacity assessments. It is also difficult to appreciate the impact this may have on patient care and potential delays in management given gaps in their care record.

Parenthood and Parenting Style
Reda Mohammad Ismail
Professor and head of Psychiatry Department
AFMG

Parenting: Is the process of promoting and supporting the physical, emotional, social, and intellectual development of a child from infancy to adulthood.

Refers to the aspects of raising a child aside from the biological relationship.

Is the general pattern of behaviors that a parent uses to raise his or her children.

During the 1960’s psychologist Diana Baumrind identified four important dimensions of parenting after conducting a study on over 100 pre-school children using parental interviews and naturalistic observations.

These four aspects that led to her classifications of parenting styles are:

- Disciplinary strategies
- Warmth and Nurturance
- Communication Styles
- Expectations of Maturity and Control

Based on these dimensions, Baumrind decided that parents show one of the four types of parenting styles with their children: Authoritarian, Indulgent, Authoritative, and Neglectful.
Background: Mild cognitive impairment (MCI) is a heterogeneous disorder in which a proportion of patients follow stationary or regressive courses while others undergo clinical progression to dementia.

Methods & Procedures: This study was conducted on 60 mild cognitive impairment (MCI) and 20 healthy control subjects submitted to baseline Montreal Cognitive Assessment (MoCA) scale, one-night polysomnography (PSG), hippocampal/entorhinal cortex (HPC/ERC) MRI volumetry, and auditory mismatch negativity (MMN). Fifty-six MCI subjects continued the study and underwent follow-up MoCA scale 1 year after their baseline evaluation, 17 showed MCI progression (≥ 3 points decrease in MoCA scale), and 39 had stationary or regressive courses.

Results: Progressive MCI patients showed reduced sleep efficiency and shortened rapid eye movement (REM) sleep in PSG, decreased HPC/ERC–MRI volumetry and reduced amplitudes with delayed latencies of the MMN evoked potentials.

Conclusion: The PSG shortened REM sleep, MRI–HPC/ERC volumes reduction, and low amplitude delayed auditory MMN are valuable non-invasive screening predictors of MCI progression.

Pediatric Bipolar Disorder
Reham Ahmed Abdelmohsen
Maamoura Hospital For Psychiatry

Bipolar disorder was once thought to occur rarely in youth. However, approximately 20% of adults with bipolar disorder had symptoms beginning in adolescence. Bipolar disorder in children is now referred to as disruptive mood dysregulation disorder (DMDD).

Mood disturbances in children and adolescents are often more difficult to recognize and diagnose than those in adults regarding atypical presentation, comorbid disorders and overlap with other diagnoses.

Overview, pathophysiology, aetiology, epidemiology, prognosis, presentation, DDx/comorbid disorders, workup/assessment and management will be covered in the lecture.

Prevalence of depression and anxiety among first year students in Faculty of Medicine, Pharmacy and Dentistry in Al Azhar University for girls
Safaa Mahmoud Hammouda
Lecturer in Psychiatry Al Azhar University

Stress in medical education has become a global phenomenon. During the first year, mainly related to academic and emotional factors while in subsequent years,
patient care and physical factors are more remarkable. Generally, the excessive working hours, competitive academic environment, lack of recreational activities, lack of peer support, staying away from home, and financial problems are common reasons of anxiety and stress in medical schools. Medical school environment has been recognized as a stressful one with negative effects on the academic performance, physical, and psychological well beings of the students. They could be presented with failure to cope in anxious situations, test or performance anxiety, social phobia, and sometimes severe forms of depression and panic disorders. This study determined the prevalence of depression, anxiety and stress among first year medical students at Al Azhar University and identified their associated factors.

**Effect of Morale and Unit Cohesion, As Part of Comprehensive Soldiers Fitness**

Colonel (Dr.) Saif Salam Al Hashmi,
Senior consultant neuropsychiatrist, Head of department of psychiatry, Armed Forces Hospital, Sultanate of Oman, Muscat.

nouralmanar@gmail.com

**Background:** Military combatant efficiency and readiness is based on training, equipment and morale. One constant in the ever-changing nature of warfare over the centuries has been the recognition that success on the battlefield involves more than appropriate disposition of men and weapons. Morale and Cohesion of an army unit gives the solidarity for effective military performance has been a staple of military doctrine for 2500 years.

**Aim:** To study in depth morale and unit cohesion in the military history; and to construct a standardized tool to measure morale and cohesion

**Method:** This was done in four step. Starred by doing literature review in moral and cohesion in military history, then do rich informative interviews with senior military officers around the world. Followed by international visits to selected military research centers around the world. Finally construct a validated, standardized tool to measure morale and unit cohesion.

**Results:** Based on literature review, morale has its importance on Job satisfaction by ensuring that skills and expertise are provided to military personnel. Culture and regimental life that is in harmony with the religion helps in formation of self identity and fighting spirit ,as a part of the regimental lifestyle forming the army Cohesion and personnel’s discipline. Different military cultures were looking into the alter subjectively others had various objective assessment tools not just for morale, but whole mental health of personnel as an essential base to achieve a full comprehensive soldier fitness.

**Conclusions:** Regardless of the importance of morale and unit cohesion for leadership and mission accomplishment, Morale has been the subject of much military interest since World War II .Researches and studies in the field are
necessary, but since then little was done. It is mandatory for very Army to have valid standardized, cultural specific tools to measure all aspects of mental health of their personnel, more deeply into morale and unit cohesion.

**Assessment of nurses’ perception and performance of electroconvulsive therapy in Cairo**

_Samah H Rabei_

Assistant Professor of Psychiatry, Helwan University

Background: Electroconvulsive therapy (ECT) has undergone a complete image makeover in the last twenty years & many psychiatrists now consider it an extremely efficient safe relief of many psychiatric disorders.

Aim: Assessing the knowledge, perception and performance of nurses about electroconvulsive therapy helps in identifying weaknesses and strengths for improving the overall outcomes.

Subjects and methods: A descriptive study of 75 nurses at Cairo psychiatric mental health hospitals (Abbaseya, KasrAlainy, Ain Shams University) using these tools: 1- interviewing questionnaire of personal data 2- nurses’ ECT perception Questionnaire: developed by (Poster1985). 3- Quality of ECT nursing care Observation check–list developed by (Elnahrawy, 2010).

Results: There is a significant difference between the means of different levels of patients’ perception, performance and demographics.

Keywords: perception - performance - electroconvulsive therapy.

**Attitudes, beliefs, and knowledge of substance use amongst youth in the Eastern Mediterranean region: A systematic review**

_Samer El Hayek_

Psychiatry resident, Lebanon

Background: Substance use has a tremendous impact on the burden of disease. This is particularly true in the Eastern Mediterranean region (EMR), where many countries serve as suppliers of drugs. As risk perception and frequency of use are inversely correlated, targeting perception during adolescence becomes essential for prevention. In this study, we systematically reviewed the literature on attitudes, beliefs, and knowledge of substance use amongst youth in the EMR.

Methods & Procedures: We reviewed quantitative articles addressing attitudes, beliefs, and knowledge of youth aged between 13 and 25 years towards substance use in the EMR. We searched MEDLINE, PubMed, Cochrane, PsycInfo, and PsycArticles then applied a duplicate independent method for study selection and screening. Two reviewers completed data abstraction and a narrative summary of findings.

Results: Our search generated 12,810 articles. Five cross-sectional studies were eligible (two analytic and three descriptive). The analytic studies described a
significant correlation between intention to use and both attitudes and subjective norms. The descriptive studies portrayed a negative attitude towards use with a low threshold for considering it as serious. Beliefs pertaining to reasons for use included stress and sleeping, whereas thoughts on treatment were restricted to traditional methods based on personal resilience and religious support. Knowledge about substance use symptoms, withdrawal, and treatment was low.

Conclusion: Our review ascertains the role of socio-cultural moral prohibition and awareness of mental health as major influencers in shaping the perception of substance use. Further research is needed to elaborate culturally tailored survey tools.

Role of psychiatrist in assessment and management Pre and Post Gastric bypass surgeries

Sayed Abdulkader Abdulkader
Consultant Psychiatrist and psychosomatic medicine

The increasing rate of obesity is of growing concern and is reaching epidemic proportions worldwide. Saudi Arabia is no exception. The Lancet has placed the Kingdom in the third position in the world, after Malta and Swaziland, in terms of obesity and laziness, triggering warnings from Saudi experts. The British medical journal has put the ratio of laziness and obesity in the Kingdom at 86 percent. Obesity is considered to be one of the leading causes of serious medical comorbidities and health outcomes, including but not limited to type 2 diabetes mellitus, cardiovascular diseases, neuropathies, psychiatric disorders, and several types of cancer. Bariatric surgery (BS) is a recognized treatment for patients who are severely obese, and it has been proven to be a viable and highly successful treatment modality. It has proven to be the most effective treatment option in terms of durable weight loss. But not every one is a candidate for Bariatric Surgery. The current American Society for Metabolic and Bariatric Surgery guidelines recommend a comprehensive presurgery assessment by a multidisciplinary team to determine patient readiness and evaluation for BS in an effort to improve patient short- and long-term outcomes. Currently, a limited number of BS psychosocial assessment tools have been studied in the literature. Given the paucity of interprofessional psychosocial assessment tools related to BS assessment, a standardized assessment tool is needed to facilitate clinical assessment and to further study psychosocial predictors of BS outcomes. The purpose of this presentation is to give an overview of psychiatric manifestations pre and post bariatric surgery and present some data on a study that I was a part of. This study was conducted to develop a standardized interprofessional BS assessment tool called the Toronto Bariatric Interprofessional Psychosocial Assessment of Suitability Scale (BIPASS) for use in BS candidacy assessment and to subsequently examine the psychometric properties of BIPASS. Our specific objectives were to test the reliability and validity of the BIPASS on
predicting BS readiness in comparison with expert interprofessional clinical assessment. We aimed to determine the operating characteristics of the BIPASS to assist BS psychosocial clinicians in identifying patients who may need further mental health stabilization and support before proceeding with BS.

Social Stigma in Patients of Depression and Somatization - A North India Perspective
Seikhoo Bishnoi
Associate Professor, Department of Psychiatry, Maharaja, Agrasen Medical College, Agroha, Haryana, India

Background: Stigma associated with mental illnesses is one of the most significant challenges faced by a psychiatrist. It can interfere not only with the treatment acceptance and compliance, but also modify the presentations of mental disorders.

Methodology: The current work is a cross-sectional study to compare and contrast the stigma experienced by patients diagnosed with major depressive disorder and somatization disorder and to find, if there is any association between stigma scores and somatic symptom expression. Results Mean stigma scores derived from EMIC in patients of depression were 51.25 (±13.9) while for somatization were 14.14 (±5.51), which were statistically significant revealing stigma in depressive patients was much higher.

Conclusion: We conclude that stigma levels were significantly higher in patients with MDD than somatization disorder and higher stigma scores were associated with more severe depressive symptoms in rural population.

Treatment of OCD in children and adolescents: up to date
Sheima Mohamed Arafa
Lecture of Psychiatry Al Azhar University

Obsessive-compulsive disorder (OCD) in childhood and adolescence is an impairing condition, associated with a specific set of distressing symptoms incorporating repetitive, intrusive thoughts (obsessions) and distressing, timeconsuming rituals (compulsions). epidemiological studies have found an estimated prevalence of 0.25%–4% among children and adolescents Effective treatments for OCD in children and adolescents include cognitive behavioral therapy (CBT) and serotonergic reuptake inhibitors (SRIs). For mild to moderate cases of pediatric OCD, we suggest first-line treatment with CBT. An SRI can be used first-line in cases of patient and family preference or if CBT were not available. For more severe presentations of pediatric OCD, we suggest first-line treatment with a combination of an SRI and CBT. The SRI may be needed to decrease the OCD and associated anxiety symptoms to a level where CBT can be effective In our clinical experience, concomitant use of CBT may allow for the
use of a lower dose of an SRI than would otherwise be needed, potentially reducing medication side effects. Children with OCD who fail to respond to a course of CBT and an initial SSRI administered for at least 12 weeks at the maximum tolerated dose should usually have additional trials of at least one other SSRI. The tricyclic drug clomipramine (a non-SSRI) may be a useful medication to trial in resistant cases where two or more SSRIs have failed, although it is less well tolerated than SSRIs. There is also some RCT evidence in adults, and emerging evidence in children that augmentation of SSRI medication with a low dose of a dopamine antagonist can improve response rate, with up to 50% of previous nonresponders showing improvement. However, studies have variable outcomes, and a recent RCT in adults who had been non-responsive to SSRIs demonstrated that delivering high-quality exposure-based CBT was more efficacious than risperidone augmentation. The key message again for treatment in children with OCD is that they should have access to exposure-based CBT and that risperidone augmentation is a less-favourable option.

Silent Addiction
Soheir H. ElGhonemy
Prof. of Psychiatry- ASU
Head of Psychiatry Dept. –AFCM

When we talk about addiction, we often focus on substance abuse. In truth, there are people addicted to behaviors and habits that can cause just as much damage to their lives as drugs or alcohol. ‘Silent addiction’ – a type of addiction that can easily be hidden and it takes a long time for family or loved ones to realize that there is a problem.

Sex addiction is a private addiction. It is unseen and its consequences are slow to reveal themselves. By the time someone comes for help it is generally not because they are an addict but because their primary relationship is falling apart.

Sexual Addiction or Hypersexual Behavior Disorder or Compulsive Sexual Behavior doesn’t make it into the DSM 5.

In addition, Internet addiction is potentially serious and needs clarification and additional study for people to understand the impact on children’s physical, cognitive, social, and emotional development. There is also some ambiguity about what Internet addiction is, given the many things that can be done on the Internet (such as watching videos, playing games, or using social media. These issues need to be studied and clarified for early identification and management.

Teaching Psychiatry in Military Context
Soheir H. ElGhonemy
Prof. of Psychiatry- ASU
Head of Psychiatry Dept. –AFCM
Undergraduate training in Medicine has been through a major structural change in Egypt in the past decade. The focus on training has been on problem-based learning and is student led.

Training in Psychiatry at the undergraduate level is crucial for a number of reasons. Doctors must have an adequate level of psychiatric knowledge, skills and attitudes to be able to comprehensively assess and treat their patients. In particular, newly-qualified doctors should be able to competently manage psychiatric emergencies and recognize obvious mental illnesses in their patients; and know when to refer to specialists in military contexts.

From the advent of military GME in the early 20th century, the primary mission has been to prepare medical personnel to function in all types of operations. This course is designed to allow this change to be implemented in 5th year military medical school curriculum.

**Z-drugs as safe alternatives to benzodiazepines? Study of the European Medicines Agency (EMA) pharmacovigilance database.**

*Stefania Chiappini*

*Psychiatrist, Italy*

Background: Z-drugs (zaleplon, zolpidem and zopiclone) were originally marketed as safe alternatives to the habit-forming benzodiazepines. However, during past ten years, growing clinical concerns relating to their potential of abuse, dependence and withdrawal have been reported. We aimed here at assessing these issues analysing the dataset of Adverse Drug Reactions (ADRs) provided by the European Medicines Agency (EMA) through the EudraVigilance (EV) system.

Methods & Procedures: After a formal request to the EMA, the ADR databases of each Z-drug has been studied, performing a descriptive analysis of the misuse/abuse/dependence related-ADR reports. The Proportional Reporting Ratios (PRRs) have been computed in order to compare each drug to the other relating to these issues.

Results: An overall number of 33,240 (e.g. 23,420 zolpidem; 9,283 zopiclone; and 537 zaleplon) misuse/abuse/dependence/withdrawal-related ADRs, corresponding to some 6,246 unique patients given Z-drugs, were here identified. Cases were studied and described, including demographic characteristics and clinical data, such as concomitant drugs, doses, routes of administration, and outcomes of the reactions, being fatalities recorded. Considering PRR values, and in comparison with zopiclone, zolpidem was more frequently involved in both misuse/abuse and withdrawal issues. Zolpidem and zopiclone presented with the same dependence risk, but zopiclone was the most involved in overdose ADRs. If compared with zaleplon, zopiclone presented higher dependence and overdoseredrelated issues, but slightly lower misuse/abuse and withdrawal PRR values.
Conclusion: Current data may only represent a gross underestimate of the Z-drugs’ misusing issues’ real prevalence. Caution should be exercised when prescribing those molecules, especially for patients with psychiatric illnesses and/or history of drug abuse. We recommend the need to invest in proactive pharmacovigilance activities to better and promptly detect, understand and prevent any possible misusing potential of prescribed medications.

Subjective experiences and quality of life in siblings of children with intellectual disabilities: A review of literature

Sundar Gnanavel

MRCPsych; MD (Psychiatry) (AIIMS, India); PGcert. Quality improvement in health care, University of Bath; PGcert. Edward Jenner award NHS leadership academy

Background: Compared to siblings of normally developing children, siblings of children with intellectual difficulties experience more burden and undergo unique subjective experiences that determines their quality of life. This review summarises the available evidence in this less researched but important field.

Methods & Procedures: PubMed, PsycINFO and Cochrane Library databases were searched manually for relevant studies. Both qualitative and quantitative studies were considered. However, non English literature and grey literature were not considered. Results Subjective wellbeing (SWB) is defined as a positive state of mind involving the whole life experience encompassing satisfaction and happiness while Quality of life (QoL) describes overall well-being resulting from a complex interaction of health, standards and relationships. Some of the predictors for SWB included affiliate stigma, self esteem, social support and positive aspects of care-giving. The psychosocial moderating factors for QoL included caregiver burden, stigma, self esteem, social support and positive meaning in care giving. Early evidence focused on the negative outcomes including reduced parental attention, emotions like worry and social embarrassment. However, recent research has highlighted positive aspects including growing more empathetic towards those with disabilities. The major challenges in sibling research include lack of control group, confounding factors such as age, number of siblings and other environmental differences.

Conclusion: Unlike previously believed, siblings of children with intellectual disabilities also experience positive subjective experiences in addition to negative experiences. Targeted interventions hold plenty of promise in siblings of children with intellectual disabilities in improving their psychological outcomes. More research on the moderating variables determining the SWB and QOL as well as possible interventions that can provide hope and inspiration in this unique but less researched group holds plenty of promise.
cross sectional survey in Nepal
Suresh Thapaliya
Lecturer at National Medical College and Teaching Hospital, Birgunj, Nepal.

Background: Addiction Psychiatry remains under-emphasized in Psychiatry teaching program for young medical trainees. This might affect their belief about addiction thereby influencing care of patients who present with alcohol/drug addiction. In this survey, we aimed to explore the belief models of medical interns regarding treatment of drug and alcohol addiction.

Methods & Procedures: It is a cross-sectional survey conducted in a multi-specialty teaching hospital affiliated with a medical college in Nepal. Sixty medical interns participated in the study after giving consent. A semi-structured questionnaire was used to record their exposure to addiction Psychiatry training and 18-item addiction belief scale was administered to explore models of belief regarding alcohol and drug addiction treatment. Clearance was taken from IRB to conduct the study.

Results: Most of the medical interns had attended addiction Psychiatry lecture and clinical postings for a minimum period of 1 hour during their Psychiatry training. Around 3% students had never come across any alcohol or drug addiction patient during this period. Overall, 91.7% of them had belief in the disease model and only 8.3 % towards free will model, the mean scores were statistically different (p<0.001).

Most of the trainees also believed that people became addicted to drugs/alcohol when life was going badly for them' (agree: 66.7%) and they could stop relying on drugs or alcohol as they developed new ways to cope with life' (agree: 76.6%). Regarding belief about treatment, only few trainees considered treatment as a solution to drug addiction (40%). The young trainees emphasized that individuals had to rely on themselves to outgrow addiction (66.6%) and many were unsure regarding the outcome of alcohol/drug addiction (40%). No significant difference in the belief models emerged in terms of their socio-demographic background.

Conclusion: More number of hours should be allotted to young trainees for training them in Addiction Psychiatry. The training also needs to take their beliefs in consideration while build up competency of the young trainees.

Family Therapy in Developing Countries Primary Care
Taghreed Mohamed Elshafie
Professor of Psychiatry, Al Azhar University

Background Mental health and psychosomatic problems are both widespread and disabling in low and middle-income countries (LMIC) settings. Up to 30% of patients attending primary care facilities in LMIC present with common mental
disorders. A patient-centered perspective in primary care practice is barely reflected in medical curricula. Doctors in LMICs have rarely been exposed to concepts useful in the handling of individual psychological and family relationship disorders. In addition, many other pathological conditions known to be made worse by mental factors (e.g. psoriasis, eczema, stomach ulcers, high blood pressure, and heart disease) require bio-psychosocial treatment. Consider an asthma crisis in a child: like a regulatory shunt in an overloaded electric circuit, it often occurs when there is a need to diffuse tension between the parents. However, in LMICs, mental health (for instance depression) receives little attention and scant resources. In most LMICs less than 1% of the total health budget is allocated to mental health. There is no more than one psychiatrist and one psychiatric nurse per 100,000 people. There are even fewer psychologists and social workers working in the mental health field. Many Doctors tend, at the first opportunity, to refer any mental disorder to a hospital or a psychiatrist without having tried to solve the problems themselves. Because they lack the related concepts and practical tools, communication is rarely perceived as an intellectual challenge, even less an indispensable therapeutic tool. This is true, despite established links between patient-centered care and positive outcomes of healthcare delivery, including patient satisfaction, resolution of patients’ concerns and health outcomes in both high and low and middle income countries.

The Gut-Brain Connection
Tarek A. Okasha
Professor of Psychiatry
Director of the WPA Collaborating Center
for Research and Training in Psychiatry
Institute of Psychiatry, Faculty of Medicine,
Ain Shams University, Cairo, Egypt
President Egyptian Alzheimer Society
Editor In-Chief Middle east Current Psychiatry Journal

The explosion of knowledge of the gut microbiome, occasioned by the developing high throughput measurement of the genetic signatures of the myriad of different gut bacteria, may be the most significant advance in human biology since the cracking of the genetic code.

As well as offering a remarkable new treatments for severe gut disorders such as pseudomembranous colitis, microbiome research now lays claim to causation and treatment of a range of brain disorders from depression to Parkinson’s disease. Certain bacteria produce neurochemicals and have the same receptors as our brain cells. So it is plausible that the microbiome; especially of the gut; is important to mental health. If we want to manipulate the gut microbiome
therapeutically, we need to better understand the mechanisms that underlie the connection.

This presentation will discuss the recent advances of the gut-brain connection and its implication in neuropsychiatry.

**Improving adherence in patients with schizophrenia**

*Tarek A. Okasha*

*M.D., M.S. (N&P), D.P.P., F.A.P.A., Dip. I.A.B.M.C.P.*

*Professor of Psychiatry*

*Director of the WPA Collaborating Center for Research and Training in Psychiatry*

*Institute of Psychiatry, Faculty of Medicine, Ain Shams University, Cairo, Egypt*

*President Egyptian Alzheimer Society*

*Editor In-Chief Middle East Current Psychiatry Journal*

Schizophrenia is a general health problem. It is prevalence, morbidity and burden are relatively high and it ranks third among all neuropsychiatric disorders regarding days lost per year.

Recent studies have shown that psychosis itself is toxic to the brain and the reduction of relapses as well as early detection are essential for a better outcome in schizophrenia. Compliance to medication is one of the major problems in schizophrenia, nearly two-thirds of schizophrenia patients have compliance problems, due to the side effect profile of some of the first generation antipsychotics as well as some side effects from second generation antipsychotics.

Maintenance antipsychotic medication is the mainstay of relapse prevention in schizophrenia and long-acting depot antipsychotics were developed to try and improve adherence, but their use is limited, possibly because of negative attitudes of patients and psychiatrists towards them. There has been a shift away from depots in favor of newer oral antipsychotics.

All the new theories explaining psychosis and schizophrenia from an anatomical, systemic and neurotoxic level affecting prognosis will be reviewed. Also, discussing that they have not been properly translated to medications or treatment options for our patients. Instead we still have unmet needs in the management and understanding of the therapy of schizophrenia. We need antipsychotics that are more effective, shorter duration of action and less side effects with a mode of action that works on the new aetiologies and not just the dopamine hypothesis. This educational program will discuss the burden of psychosis, brain changes that occur as a result of psychosis, as well as the compliance & adherence of patients with schizophrenia and ways to try and improve it.

**Psychology of love**

*Tarek El Habib*
Psychology of love is underestimated by most of psychiatrists, although it is of great value in practicing marital psychotherapy. Types, components and stages of love will be discussed and their influence on marital life.

**Bipolar disorder a moving target with a moving treatment**  
*Tarek Molokhia*  
*Professor of Psychiatry, Alexandria University*

The treatment of bipolar disorder is different according to the stage you are facing and the disease is also moving and dynamic but unfortunately the classic management is not adaptable to this movement of the disease. The presentation will discuss how to adapt to this moving target.

**Sleep in health and diseases**  
*Victor Samy*  
*Professor of Psychiatry, Banha University*

Human being spend one third of their life sleeping. Speed is an important physiological process that is regulated by a complicated biological system. It's very important for both physical and mental health. Most psychiatric disorders affect the normal pattern of sleep through disturbing the circadian rhythm. This paper will discuss sleep in different Psychiatric disorders.

**Emotion Regulation, Emotional Dysregulation and Psychopathology**  
*Wafaa Hagag*  
*Professor of Psychiatry, Suez Canal University*

Successors of DSM from 1952-2013 were based on categorical conceptualization of psychopathology. However, a growing body of evidence has begun to reveal the overlap among disorders, highlighting elements and processes that cut across disorders. For decades, emotion regulation has been explored as an important process in the onset and maintenance of various forms of psychopathology, yet only recently has it been discussed as a transdiagnostic factor. Traditionally, risk factors have been studied within the context of a specific disorder. However, consistent with transdiagnostic theory, there is evidence that risk factors for one specific disorder may also confer risk for other disorders especially those that are highly comorbid or share symptoms. Therefore, it has been suggested that rather than examining risk factors for each specific disorder in turn, a more fruitful approach to understanding psychopathology would be to focus on transdiagnostic factors that can contribute
to the development and maintenance of various forms of psychopathology. The NIMH, in support of transdiagnostic theory, created the RDoC, a framework that conceptualizes mechanisms underlying psychopathology in terms of constructs grouped into five overarching domains. This presentation highlights the importance and relevance of emotion regulation to the transdiagnostic literature by discussing a specific framework of emotion regulation that can, in turn, be incorporated into the RDoC matrix. This framework provides exciting opportunities for continued research and potential areas for refinement in the assessment and treatment of psychopathology.

**Fatigue and depression in chronic HCV infected patients treated with DAAS (Sofaldi)**

*Youmna El Hawary*

*Lecturer in Psychiatry, Ain Shams University*

Fatigue is probably the most common extra hepatic manifestation of HCV infection as about 60% report disabling chronic fatigue. While depression have been reported in about one third of HCV-infected patients. This study included 150 patients with chronic HCV. There were 111 (74%) male and 39 (26%) female patient. Range of age was from 25 to 77 years. All patients included in the study received direct acting antiviral drugs DAAs Sofaldi (sofosbuvir based regimens) for 3 months and all included patients achieved sustained virological response (SVR) 3 months after the end of treatment. Fatigue and depression prevalence in patients with chronic HCV affected by multiple factors, Fatigue scores increase with older age, Depression prevalence and severity are higher in females. Patients with diabetes mellitus have higher fatigue score, anemic patients are associated with higher fatigue and depression scores. Viremia status has no relation with fatigue and depression scores. Higher Fib4 score and ALT level are associated with higher fatigue and depression scores.

In the era of DAAs, significant improvements were seen in general health, emotional well-being, and fatigue in patients with SVR after treatment. However, the use of DAAs warrants careful recognition of potential DDIs with psychotropic agents which may exacerbate side effects and may interfere with DAA compliance, thus reducing HCV treatment efficacy.