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23-26 May 2024, Crown Plaza / Belgrade

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ABSTRACT BOOK

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Yıl: 2024 | Volume: 16 | Number: 4

Table of Contents / İçindekiler

PEDADER
Psikiyatri Eğitim, Danışmanlık ve Araştırma Derneği

WORLD PSYCHIATRIC ASSOCIATION

UKRAINIAN ASSOCIATION OF CONTINUING PROFESSIONAL EDUCATION OF DOCTORS AND PHARMACISTS

ICOM 2024

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23-26 May 2024, Crown Plaza / Belgrade

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SSS-101 INVESTIGATION OF DELIBERATE SELF-HARM AND SUICIDE AMONG MEDICAL STUDENTS: THE RELATIONSHIP WITH PSYCHOLOGICAL CAPITAL, SOCIAL CAPITAL, INTOLERANCE OF UNCERTAINTY, BURNOUT, AND AGENCY

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Aim: Deliberate self-harm (DSH) and suicide pose significant public health concerns, especially for medical students who face intense academic demands, clinical stress, and professional expectations. Understanding the factors linked to self-harm and suicide tendencies in this group is crucial for developing effective prevention and intervention strategies. Our study aims to investigate these issues among medical students, exploring their relationship with intolerance of uncertainty, social capital, psychological capital perceptions, burnout, and agency.

Method: A total of 717 participants took part in our study, including 242 first-year medical students, 303 third-year medical students, and 172 sixth-year medical students. The entire sample completed a sociodemographic data form, Inventory of Statements About Self-Injury (ISAS), Suicide Probability Scale (SPS), Social Capital Scale, Intolerance of Uncertainty Scale Short Form (IUS-12), Psychological Capital Perceptions Scale (PCPS), Maslach Burnout Inventory-Student Survey (MBI-SS) and Multidimensional Agency Personality Scale (MAPS).

Results: While 8.2% of the sample had a history of previous suicide attempts, 49.9% had at least one DSH. In the logistic regression analysis, the probability of DSH in medical students increased 10.8 times in the presence of a previous suicide attempt and 1.8 times in the presence of a psychiatric disease in the family. The likelihood of DSH increased by 12.8% with each point increase on the SPS–Suicide Ideation subscale and by 12.4% with each point increase on the SPS–Hostility subscale, while decreasing by 5.4% with each point increase on the IUS–Inhibitory Anxiety subscale. Suicide probability, having a child, previous suicide attempt, dating violence, ISAS-social functions, ISAS-autonomous functions, MBI-SS emotional exhaustion, MBI-SS academic efficacy, PCPS-Hope, PCPS-Optimism, MAPS-Purpose In Life, Strategically Trust Scale, General Trust Scale, and Common Values Scale scores were predicted.

Conclusion: Past suicide attempts, psychiatric illness in the family, suicidal ideation, hostility, and intolerance of uncertainty increased DSH. Having children, past suicide attempts, dating violence, DSH, burnout, social capital, agency personality, and perception of psychological capital predicted suicide. Our study is important in terms of taking protective measures to reduce suicide and DSH in future physicians.

Keywords
: burnout , deliberate self-harm , intolerance of uncertainty , medical students , suicide

SS-102 BDNF-Related MicroRNAs As Biomarkers For Major Depression: A Comparative Study

Ebru ÇİFTÇİ[1]

[1]Hitit University Erol Olçok Training and Research Hospital

Aim: MicroRNAs (miRNA) are single-stranded non-coding RNA molecules with a length of 21-23 nucleotides. MiRNAs don't code for proteins, they play a role in regulating protein synthesis. Brain-derived neurotrophic factor (BDNF) expression is regulated by miRNAs. MiRNAs play a critical role in coping with stress, suicidal behavior, early life stress. We aimed to evaluate the usability of miRNAs (miR-206, miR-155-5p, miR-134-5p, let-7a-3p) that regulate BDNF levels as a candidate biomarker in the diagnosis of major depressive disorder (MDD).

Method: To research; 45 patients diagnosed with MDD according to DSM-5 criteria were included. The patient group consisted of individuals with a Hamilton Depression Rating Scale (HAM-D) score of ≥18 and who had not used psychotropic medication for the last 6 months.Control group is consisted of 45 healthy volunteers matched with the patient group in terms of age and gender, who were not diagnosed or treated for a psychiatric disease in the past or present.Sociodemographic Data Form and HAM-D were applied to the participants. Sera obtained from blood samples taken from both groups were stored under appropriate conditions.miR-206, miR-155-5p, miR-134-5p, let-7a-3p were examined. Statistical analyzes was applied.

Results: Compared to the control group, miR-134-5p level was decreased and miR-206 level was increased in the patient group.No statistically significant difference was found when let-7a-3p and miR-155-5p levels were compared between both groups.

Comparison of miRNA levels of Patient and Control Groups

	Patient Group (n=46) Mean±SD	Control Group (n=46) Mean±SD	p
miR-134-5p	32±1.6	33.3±1.6	<0.001
miR-206	35.4±3.2	33.4±3	0.002
let-7a-3p	29.3±3.8	29±3.3	0.49
miR-155-5p	32.6±2.2	32.5±2.6	0.12

mean±sd .= mean ± standard deviation, n= number of people , p= statistical significance, miR = microRNA, let = lethal

Conclusion: We found miR-206 levels to be significantly higher in the MDD group. When the studies are examined; It was found that miR-206 level was higher and BDNF level was lower in depression-induced rats than in the control group. With ketamine treatment, miR-206 expression decreased in the hippocampus of rats. This supports that BDNF is a target gene of miR-206. Our study; shows that the increase in miR-206 level may be a candidate biomarker in the diagnosis of MDD.We found plasma miR-134-5p levels to be significantly lower in MDD patients. Brain-specific miR-134 plays a role in pathways that regulate synaptic plasticity. Plasma miR-134 levels of MDD, bipolar disorder and schizophrenia patients were compared with healthy controls and it was lowest in MDD patients. Our study shows that the decrease in miR-134-5p level may be a biomarker in the diagnosis of MDD.We found no significant difference in MiR-155-5p and let-7a-3p levels between both groups.More studies are needed to understand their role in MDD.

Keywords
: BDNF , biomarker , depression , miRNA

SS-103 The Mediating Role of Sleep Quality in The Relationship Between Impulsivity and Night Eating Syndrome Independent of The Presence of Metabolic Syndrome in Bipolar Disorder

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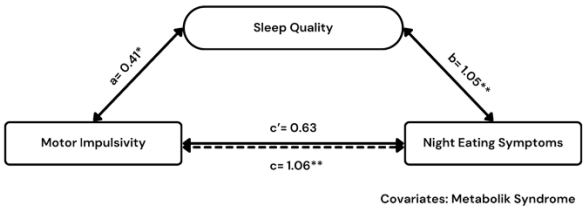
Aim: The first aim of this study was to investigate the frequency of NES in patients with BD; and the second aim was to determine the association between chronotype, social jetlag, sleep quality, impulsivity, MetS and NES.

Method: Fifty-four euthymic BD type 1 patients were examined using the Night Eating Questionnaire, Hamilton Depression Rating Scale, Young Mania Rating Scale, Munich ChronoType Questionnaire (MCTQ), Pittsburg Sleep Quality Index (PSQI) and Barratt Impulsiveness Scale (BIS). Social jetlag was calculated by subtracting the sleep midpoint on off days from the sleep midpoint on scheduled days. MetS variables as well as the defining variables waist circumference, serum triglyceride levels, high-density lipoprotein cholesterol levels, blood pressure, fasting glucose levels, and body mass index were evaluated.

Results: The mean age of the patients were 38,6 ± 11,1. Among the patients, 27 (50.0%) were female. The mean BMI of the patients were 30.64 ± 6.27. Patients presented NES in 29.6% (N=16). Patients with and without NES were no differences in terms of demographic and clinical variables and MetS. Patients with NES had more social jetlag (Z=-2.243; P=0,025), higher impulsivity severity (Z=-2.303; P=0,021) and worse sleep quality (Z=-2.123; P=0.034). They also were more evening type (Z=-2.039; P=0.041). Pearson correlation analysis revealed significant positive correlations among NES, BIS- motor impulsivity, BIS-total, PSQI, and social jetlag scores, and that social jetlag was positively correlated with MCTQ scores. The mediation analysis showed that sleep quality had a direct association with both motor impulsivity (a path; β = 0.41, p = 0.019) and night eating symptoms (b path; β = 1.05, p = 0.006). Finally, motor impulsivity had a total effect on night eating symptoms through worsened sleep quality (c path; β = 1.06, p = 0.022) with no direct effect (c' path; β = 0.63, p = 0.159). The presence of metabolic syndrome was added to this model as a covariate, but it did not affect any parameters (Figure 1).

Figure1



Conclusion: Assessing impulsivity in patients reporting sleep disturbances and investigating sleep quality and NES in those with impulsivity could be pivotal. Treating impulsivity may enhance sleep quality and indirectly alleviate NES symptoms. Longitudinal large-sample studies are essential to validate our findings and offer comprehensive diagnostic and treatment strategies for NES in BD patients, encompassing assessment and management of impulsivity and sleep quality.

Keywords
: Bipolar disorder , Impulsivity , Metabolic syndrome , Night Eating Syndrome , Sleep quality

SS-104 Exploring the Efficacy and Tolerability of Dual Abilify Maintena Regimen: A Descriptive Case Series Analysis

İbrahim Sungur[1] , Kaan Keskin[1] , Elif Özge Aktaş[1] , Elif Şen[1] , Ezgi Özdemir[1] , Mehmet Çağdaş Eker[1]

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Aim: Bipolar Disorder(BD) is the fourth most debilitating psychiatric illness in the world regarding Disability Adjusted Life Years (DALY) and manic episodes frequently lead to lengthy hospitalizations which restricts the freedom of patients (1). A study in 2002 estimated the mean duration of hospitalization as 47 days and estimated 22,297 € (32,743.12 € in 2023) cost of which 98.6% was due to hospitalization per se (2). However, for the treatment of repeated agitation multiple sedatives and typical neuroleptics are used for a long time which is enough to lead adverse events due to treatment. Therefore, decreasing the length of hospitalization with safer agents is of utmost importance in manic episodes.We present a case series of eight patients who were admitted to the hospital in a manic episode. We argue the effectiveness and safety of a double injection of aripiprazole maintena in one-day dose regimen with concomitant medications

Method: .

Results: .

Case Presentation
Table 1: Patients' Histories

Case No	Age/sex	Duration of current episode (Days)	Psychotic features (paranoia/hallucination)	Number of manic/depressive episodes	Number of hospitalizations	Number of suicide attempts	Age at onset/duration of illness (Years)	Comorbidity (Mental Illness)	Family history
1	53/Male	Pre:15 Host:20 Total:35	Persecutory/jealousy/reference delusions	0/0	0	0	53/(first episode)	Hypertension	AD
2	24/Female	Pre:30 Host:28 Total:58	Persecutory/mystic/reference delusions	0/1	0	1	23/1	AUD	None
3	48/Male	Pre:60 Host:32 Total:92	Persecutory/reference delusions	2/2	2	0	23/25	Diabetes Mellitus Hypertension	None
4	41/Female	Pre:90 Host:4 Post:8 Total:102	Persecutory/jealousy delusions	5/1	4	0	17/24	None	None
5	37/Female	Pre:43 Host:18 Total:61	Grandiose/reference delusions Auditory hallucination	2/0	1	0	27/10	None	SCZ
6	21/Male	Pre:30 Host:36 Total:66	Persecutory delusions	2/0	1	0	15/6	None	*BD++
7	38/Male	Pre:10 Host:22	Bizarre/grandiose/ persecutory/reference delusions	2/4	3	0	24/13	OCD, GAD	BD

		delusions Auditory hallucination						
6	22nd	YMRS:26 MADRS:14 Persecutory delusions	AAP+ BZD+ TAP+ MS+ CPZ:2500	YMRS:4 MADRS:1 No psychotic features	AAP+ BZD+ TAP+ MS+ CPZ:2300	11	None	39
7	1st	YMRS:53 MADRS:19 Bizarre/grandiose/ persecutory/reference delusions	AAP+ BZD+ TAP+ CPZ:1300	YMRS:26 MADRS:10 Persecutory/reference thoughts	AAP+ BZD+ TAP+ CPZ:2000	22	Hypersalivation Sexual side effects	26
8	1st	YMRS:50 MADRS:22 grandiose delusions	AAP+ MS+ CPZ:1075	YMRS:10 MADRS:2 No psychotic features	AAP+ MS+ TAP+ CPZ:3225	16	Sedation	23

(Pre: Episode duration before the hospitalization, Host: Episode duration in the hospital, Post: Episode duration after the hospitalization, Total: Total duration of current episode, AUD: Alcohol Use Disorder, CUD: Cannabis Use disorder, OCD: Obsessive Compulsive Disorder, GAD: General Anxiety Disorder, ALZ: Alzheimer's Disease, SCZ: Schizophrenia, BD: Bipolar Disorder)

(*: Two people in the patient's family diagnosed with BD) (ARI DD injection: a double injection of aripiprazole maintena in one-day dose regimen, YMRS: Young Mania Rating Scale, MADRS: Montgomery–Åsberg Depression Rating Scale, AAP: Atypical Antipsychotics, TAP: Typical Antipsychotic, MS: Mood Stabilizers, BZD: Benzodiazepines, CPZ: Chlorpromazine Equivalent Dose)

Table 3: Clinical effects of a double injection of aripiprazole maintena in one-day dose regimen.

Mean day of ARI DD injection	Mean YMRS score on 1st day of ARI DD	Mean YMRS score on 10th day of post-ARI DD	Mean time to remission post-ARI DD (Days)	Mean total duration of hospitalization (Days)
5.1(1-22)	46.3(26-59)	14.5(3-26)	18,25(11-27)	24.25(4-39)

(ARI DD injection: a double injection of aripiprazole maintena in one-day dose regimen, YMRS: Young Mania Rating Scale)

Conclusion: In this case presentation we aimed to highlight our observations about the double injection of aripiprazole maintena in one-day dose regimen. To our knowledge, there are no side effects or effectiveness studies/reports in the literature for this regimen in BD patients. There are two studies on this regimen's side effect profile and effectiveness which are only in patients diagnosed with Schizophrenia. No specific side effects were reported in these studies, and they showed good efficacy and tolerability (3,4). Aripiprazole LAI requires oral supplementation in the first 2 weeks of treatment, which may predispose a non-compliant patient to a higher risk of relapse. A double injection start regimen may be a solution, to patient adherence and reduce the duration of hospitalization allowing an earlier discharge. According to our observation, the patients who have double injection start regimen have less hospitalization duration and patients' manic symptoms and Young Mania Rating Scale scores resolved rapidly which is advantageous in terms of the treatment costs. Besides, side effects like muscular rigidity, tachycardia, hypersalivation, and sedation were observed which may be due to other medications, but no severe side effects were observed. We are aware that patients are on multiple anti-manic drugs, and we are also aware that the cumulative titration of these medications can confound our observations. However, our results should be interpreted cautiously due to the limited sample size and the study's retrospective design.

Keywords
: Aripiprazole , Bipolar Disorder , Long-acting injectable antipsychotic treatment

SS-105 Affective Modulation Of Startle Reflex In Euthymic Patients With Bipolar Disorder

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[3]Hacettepe University, Department of Psychiatry
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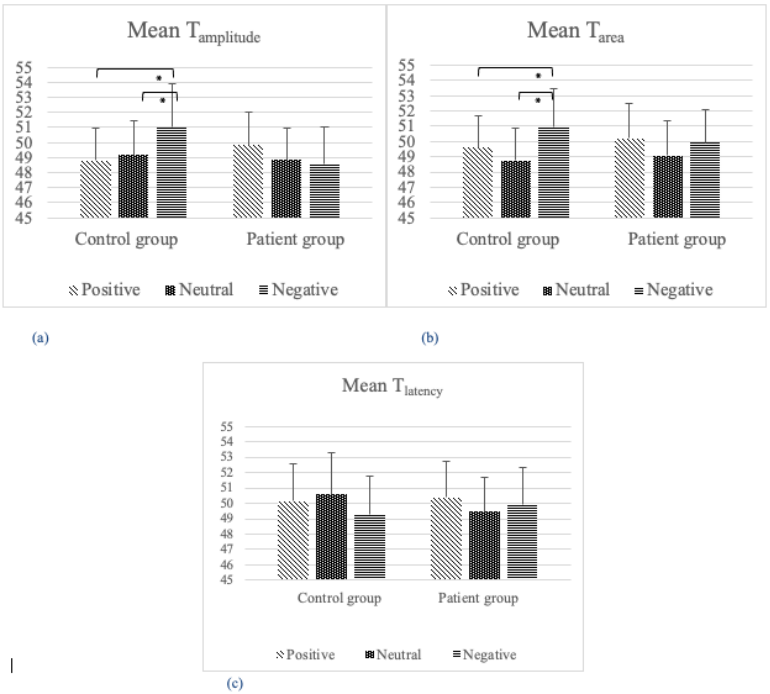
Aim: Emotional dysregulation is a hallmark feature of bipolar disorder (BD), contributing to impairments in emotional processing. Understanding the mechanisms underlying the disruption of emotional reactivity (ER) in BD is crucial for developing effective interventions. This study aims to compare subjective and objective emotional responses between euthymic BD patients and healthy controls, focusing on the affective modulation of the acoustic startle reflex (AMSR).

Method: Euthymic BP (n=33) and healthy controls (n=35) were compared using both subjective and objective measures. Subjective experiences, valence, and arousal scores were assessed using the Self-Assessment Manikin. SR parameters were recorded from the orbicularis oculi muscle via electromyography. To assess the AMSR, pictures of varying emotional valences from the International Affective Picture System (IAPS) were used during acoustic stimulation.

Results: Patients and controls did not differ significantly in mean age, education years, chronic diseases, marital status, and vascular risk factors. A significant valence effect was observed in the subjective picture evaluation; however, no significant group effect or picture category-group interaction effect was detected. In the controls, picture categories had a significant effect on both amplitude and area measurements, but did not in euthymic BP. A linear pattern of startle amplitude across different picture categories was evident in the control group but not in patients. No difference was found between the two groups regarding latency, and valence did not affect it. Mean Tamplitude Tarea, and Tlatency values across picture categories and groups are presented in Figure 1

Startle reflex parameters



Mean Tamplitude (sub-figure (a)), Tarea (sub-figure (b)), Tlatency (sub-figure (c)) values across picture categories and groups. *Significant difference between the mean T values of picture conditions with indicated valences P<0.05.

Conclusion: Subjective responses did not significantly differ between groups, objective AMSR was found to be blunted in euthymic BD patients compared to controls, evidenced by reduced affective modulation in both SR

amplitude and area. The study highlights the importance of utilizing both amplitude and area measurements in assessing AMSR, with area measurements providing complementary information less susceptible to electrode placement variability. Large-scale studies with longitudinal designs are needed to explore the impact of recurrent episodes and pharmacological interventions on ER patterns. *: This study has been submitted to the journal for publication and is currently undergoing the review process.

Keywords
: Bipolar disorder , EMG , emotion , startle reflex

SS-106 Impact of Anticholinergic Burden on Cognitive Functions In Individuals With Bipolar Disorder

Nilgun Oktar Erdogan[1] , Bengu Yucens[1] , Selim Tumkaya[1]

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Aim: Bipolar disorder (BD is a psychiatric disorder characterized by persistent cognitive impairments, even during periods of remission. Psychotropic medications commonly used to manage this disorder often possess anticholinergic properties, which may contribute to cognitive impairment. The association between anticholinergic burden and cognitive impairment has primarily been explored in the psychosis spectrum. Our study aims to assess the impact of anticholinergic burden on various memory processes and explore potential associations between anticholinergic burden scores and neurocognitive impairment especially in individuals with BD.

Method: This study aimed to explore the relationship between anticholinergic medication burden and cognitive function in individuals diagnosed with BD, SAD, and SCH. Anticholinergic burden was assessed using two validated scales, the Anticholinergic Cognitive Burden Scale (ACB) and the CRIDECO Anticholinergic Load Scale (CALS). Cognitive function was evaluated using the Digit Span and Öktem Verbal Memory Process Test (VMPT). Retrospective data analysis was conducted to examine the association between anticholinergic medication burden and cognitive performance. Correlations between neurocognitive test scores and anticholinergic burden scale scores were assessed using Pearson correlation analysis. Multiple linear regression analyses (stepwise method) were used to investigate the association between neurocognitive tests and anticholinergic burden scales.

Results: The study included 45 participants. The sociodemographic, clinical features, and the neurocognitive test scores of the sample are presented in Table 1. The mean ACB score was 3.86±1.58 and the mean CALS score was 3.55±1.54. Higher scores on the ACB and CALS scales were associated with impairments in working memory and immediate memory in individuals with BD.

Sociodemographic, clinical features and neurocognitive test scores of the sample

		BD (n=45) **n(%)**
Gender	male female	20 (44.4) 25 (55.6)
Remission with treatment	chronic/continuous partial remission full remission	2 (4.4) 23 (51.1) 20 (44.4)
		Mean±SD
Age (year)		39.95±11.25
Duration of education (year)		10.82±3.67
Duration of illness (year)		12.84±8.77
Hospitalization (number)		2.15±2.12
Chlorpromazine equivalent doses		498.51±363.69

(mg/day)		
Digit Span Test		
Forward		5.02±2.01
Backward		3.97±1.63
Verbal Memory Processing Test		
Immediate memory		4.37±1.55
Total acquisition		78.9±23.74
Highest learning point		10.68±3.12
Long-term recall		8.75±3.56
Total recall		13.64±2.60

BD: Bipolar Disorder, n: number, %: percentage, SD: Standart Deviation

Conclusion: Our findings underscore the impact of anticholinergic burden on neurocognitive function in individuals with serious psychiatric disorders. The association between anticholinergic burden and cognitive impairment extends beyond schizophrenia spectrum disorders to include BD. These results underscore the importance of considering the anticholinergic burden in psychiatric treatment strategies and call for further research with larger samples to better understand cognitive consequences and refine prescribing practices.*: This study has been submitted to the journal for publication and is currently undergoing the review process.

Keywords
: anticholinergic agents , bipolar disorder , cognition , neurocognitive tests

PS-50 Alkol kullanım bozukluğu ile birlikte görülen kumar bozukluğunda naltrekson kullanımı: Olgu Sunumu

Hüseyin Toygun Durmuş [1] , Merve Durmuş [1]

[1] AKSARAY EĞİTİM VE ARAŞTIRMA HASTANESİ

Olgu Başlığı : Alkol kullanım bozukluğu ile birlikte görülen kumar bozukluğunda naltrekson kullanımı: OLGU SUNUMU

Amaç : Kumar bozukluğuna (GD) eşlik eden birçok psikiyatrik hastalık vardır. Bunlar arasında en sık görülen patolojilerden biri alkol kullanım bozukluğudur (AKB). GD tedavisinde çeşitli nörotransmitter sistemlerini hedef alan birçok farmakolojik ajan değerlendirilmiştir. Bunlardan en ilginç olanı bir opioid antagonisti olan naltreksondur. Bu çalışmada naltreksonun AKB ile birlikte ortaya çıkan GD üzerindeki etkisini incelemeyi ve farkındalığını arttırmayı amaçladık.

Vaka Sunumu Özeti : 38 yaşında erkek hasta, intolerans, sinirlilik, anksiyete, nefes darlığı, çevreye zarar verme, uykusuzluk şikayetleriyle kliniğimize başvurdu. Öyküsünde 1 yıldır kumar rahatsızlığı yaşadığı öğrenildi. Sadece özel günlerde alkol kullandığını belirten hasta, kumar faaliyetleri sonrasında yaşadığı maddi kayıplar sonucu oluşan sinirlilik ve sıkıntısını azaltmak için her gün alkol içtiğini, ciddi maddi kayıplar yaşadığını söyledi. Bırakmak için motivasyonu vardı. Kanama ve biyokimya parametrelerinde patoloji saptanmadı. Yoksunluk belirtileri nedeniyle hastaya bupropion 150 mg/gün ve naltrekson 50 mg/gün başlandı. 1 aylık takibinde oyun oynama isteğinin kalmadığını ve günlük fonksiyonlarının normale döndüğünü belirtti.RDM: Bilinç açık, oryante, koopere, duygudurum disforik, duygulanım uyumluydu. Gerçeklik değerlendirmesi sağlamdır. Psikomotor aktivite arttı. İntihar veya cinayet düşüncesi tespit edilmedi.

Öğrenme Noktaları/Tartışma : Kumar bozukluğuna eşlik eden psikiyatrik hastalıklardan biri de alkol kullanım bozukluğudur. Bir çalışma, iki hastalık arasındaki prevalansın %21 ila %33 arasında olduğunu gösterdi. GD tedavisinde bu çeşitli nörotransmiter sistemlerini hedef alan çeşitli farmakolojik ajanlar değerlendirildi. Kumarın endojen opioid sistemini uyarmadaki rolü, GD tedavisinde opioid antagonistlerinin kullanımının klinik temelini oluşturmuştur. Farmakolojik ajanların en ilginci olan Naltrekson kompetitif bir mu opioid reseptör antagonistidir. Literatüre bakıldığında GD ile komorbid olan AKB'de naltreksonun etkinliğini inceleyen çalışmalarda hem olumlu hem de olumsuz sonuçlar görülmüştür. Naltrekson'un olumlu etkisi benim durumumda gözlendi, bu etkinin sadece naltreksona bağlanıp bağlanmadığını tam olarak anlamak için daha fazla çalışmaya ihtiyaç var.

Anahtar Kelimeler
: Alkol kullanım bozukluğu, Kumar bozukluğu, Naltrekson

PS- 51 Lost Penis Syndrome Treated with Duloxetine

Dogancan Sonmez[1]

[1]Rize State Hospital, Clinic of Psychiatry, Rize

Aim: Sexual dysfunctions are a common occurrence in patients with major depression. In men, sexual dysfunction is a significant issue that can negatively impact their quality of life, self-confidence, and relationships with their partners. Common types of sexual dysfunction include sexual reluctance, sexual arousal disorder, erectile dysfunction, and premature ejaculation. However, some rare psychopathologies have been reported in the literature as causing sexual dysfunction, such as the lost of penis syndrome, which has been rarely reported. This study aims to contribute to the existing literature by discussing the clinical course, diagnosis, and treatment approaches of a male patient who presented to the psychiatry outpatient clinic with the complaint of loss of sensation in his penis.

Method: The psychiatric outpatient clinic received a visit from E.K., a 42-year-old male patient who is a high school graduate, married, has one child, and lives with his family. The patient reported experiencing unhappiness, malaise, weakness, irritability, anger, and numbness in his genitals for the past three months. His primary complaint was the numbness in his genitals. The urology department referred the patient to us. The patient has been experiencing his current complaint for six months, particularly before sexual intercourse. He reports numbness and a lack of sensation in his penis during erections, which prevents him from enjoying sexual intercourse. This situation has had a negative impact on the patient's sexual life and has caused problems with his wife. Additionally, the patient experiences irritability and intolerance during the day.

Results: The patient's current depressive and anxiety symptoms were evaluated alongside his complaint of sensory numbness in his penis, which was also considered a somatic complaint. As a result, the patient was prescribed duloxetine at a starting dose of 30mg per day. The treatment dose was later increased to 120 mg per day during the controls. After approximately 2 months of treatment and follow-up, the patient's depressive symptoms and complaints of sensory loss in his penis completely disappeared.

Conclusion: In the presented case, the patient's loss of sensation in the genital organ was initially thought to be psychological rather than organic. Due to the patient's anxiety and depression caused by the complaint, duloxetine treatment was administered. The significant improvement in the patient's symptoms demonstrated the effectiveness of duloxetine.

Keywords
: duloxetine , lost penis syndrome , sexual dysfunction

PS- 52 NEW TREATMENT APPROACH İN DEPRESSED PATİENTS WİTH SEXUAL DYSFUNCTİON: VORTİOXETİNE

Tülay Satı Kırkan[1]

[1]Bandırma Onyedi Eylül University Faculty of Medicine, Department of Psychiatry

Aim: Major depressive disorder (MDD) is associated with high rates of sexual dysfunction.The antidepressant vortioxetine has a spectrum of effects on the serotonin system that differs from the profiles of preexisting agents.With this case report, it is aimed to present the treatment of a patient who had both depressive symptoms and sexual dysfunction, which is a side effect of other antidepressants.

Method: A 49-year-old male patient first applied to our clinic due to reluctance, inability to enjoy life, introversion and insomnia.The patient was diagnosed with major depressive disorder according to DSM-5 criteria and treatment with paroxetine 20-40 mg/d, followed by sertraline 50-200 mg/d and afterwards venlafaxine 75-300 mg/d was started consecutively. When he applied to us, he stated that he had no hope for treatment, that his complaints partially continued and that he came at the insistence of his wife.The score of Hamilton Depression Rating Scale (HDRS) applied to the patient during the examination was 23 and the score of Arizona Sexual Experiences Scale (ASEX) was 25.The patient was started on vortioxetine 10-20 mg/day treatment and his depressive symptoms and sexual reluctance had disappeared during his monthly check-ups.At the end of the second month his HDRS score was found to be 6 and ASEX score was found to be 5.

Results: Sexual problems are frequently seen in depressive disorders but sexual problems generally remain in the background due to psychological symptoms and are not reported by most patients.All SSRIs are thought to be associated with sexual side effects. Data support that venlafaxine does not differ significantly from SSRIs in terms of sexual side effects.Low rates of sexual dysfunction have been reported with vortioxetine.Our case experienced sexual side effects with two types of SSRIs and one type of SNRI used in effective dosage ranges. It is not possible to generalize it to all SSRI or SNRI drug groups. However, it should be noted that evaluating whether there is sexual dysfunction before starting treatment will save time and cost, both in terms of treatment compliance and without frequent treatment changes.

Conclusion: Antidepressant drug groups may differ from each other in terms of side effects and treatment compliance. Studies that evaluate sexual functions before starting antidepressant drug treatment and examine how these functions change during short-term and long-term treatment will shed light on sexual dysfunctions associated with antidepressant treatment.

Keywords
: Major depressive disorder; sexual dysfunction; Vortioxetine.

PS -53 Humor Is A Secret Weapon In Relationships

Ummuhan Ozkal[1]

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Aim: A sense of humor is part of what makes us human. It's a deeply connecting and empowering thing. It increases the perceptions of status, quicken the path to meaningful connection, unlock creativity and innovation, and boost resilience. By subtly reframing a narrative, we can shift a dramatic or tragic story to one that is more comical or lighthearted, and that making even small story edits can have a big impact on our patients lives. The purpose of this case report is to show the implication of humor in romantic relations. The couple in focus, C and A, sought therapy to address their relational conflicts and desires for fulfillment and happiness. They said that the laughter of their young children was contagious but they lost their sense of humor after the loss of their newborn baby.

Method: The couple were asked to tell stories about moments of "Shared Laughter" that had occurred within the last three months-what happened in these moments, what led to them, and what happened afterward and "Shared Positivity" (moments they shared that made them feel good about their relationship with each other).

Results: At the end of the therapy, the couple who were asked to reminisce about moments of shared laughter reported more satisfied in their relationships. They felt happier, more trusting, less stressed. When the couple were laughing, they were paying attention each other. Shared laughter created closeness in the moment and strengthened their relationships over time. Humor enhanced their mental agility too. Attempts at humor increased the creativity with an intensity unmatched by simple brainstorming in sessions. Playful relations allowed the partner to thrive even the times were hard.

Conclusion: On trying out relationships, humor fosters meaningful connections, unlocks creativity, makes tense situations less stressful, and helps us survive and thrive through life's ups and downs. It widens our perspective, makes us feel psychologically safe. Laugh quickens the path to trust and self-disclosure, relationships are strengthened. In the wise words of the Victor Frankl, "Humor was another of the soul's weapons in the fight for self-preservation. It is well known that humor, more than anything else in the human make-up, can afford an aloofness and an ability to rise above any situation, even if only for a few seconds. The attempt to develop a sense of humor and to see things in a humorous light is some kind of a trick learned while mastering the art of living."

Keywords
: Family and Couple Therapy , Humor , Relationships

PS–54 A Case Report of a Patient Who Had a Manic Episode with Psychotic Features Induced by Isotretinoin

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Title of Case: A Case Report of a Patient Who Had a Manic Episode with Psychotic Features Induced by Isotretinoin

Background: Isotretinoin, an isomer of retinoic acid, is a synthetic oral retinoid and a derivative of vitamin A. It is a widely preferred agent in the clinical practice for the treatment of severe cystic and nodular acne, with a broad spectrum of side effects. The FDA has issued a warning that the use of isotretinoin may lead to various psychiatric problems such as depression, psychosis, and suicide attempts. Cases of bipolar disorder associated with isotretinoin have also been reported. Here, a case will be presented of a patient who developed manic symptoms with psychotic features on the 12th day of treatment with isotretinoin for acne vulgaris.

Case Presentation Summary: A 23-year-old male patient presented to the psychiatric outpatient clinic with complaints of increased energy levels, talkativeness, decreased sleep, increased libido, and auditory hallucinations after using isotretinoin. He had no history of psychiatric illness or bipolar disorder in the family before using isotretinoin. Manic symptoms improved within 2 weeks of discontinuing isotretinoin and starting aripiprazole (7.5 mg/day) therapy, and his functionality improved.

Learning Points/Discussion: Patients receiving isotretinoin therapy should be monitored for the development of psychiatric disorders, including psychotic manic episodes.

Keywords
: Isotretinoin , mania , medication-induced bipolar disorder , psychosis

PS-55 PERMANENT AND TRANSIENT IMPACTS OF THE COVID-19 PANDEMIC ON PATIENTS WITH PSYCHOSIS

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Preferred Presentation type: E-Poster (but Oral Communication is also appropriate for me)

PERMANENT AND TRANSIENT IMPACTS OF THE COVID-19 PANDEMIC ON PATIENTS WITH PSYCHOSIS

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Background and aims: The impact of the COVID-19 pandemic on the patients with psychosis were previously reported by the authors of this study (1). It was found "compared to prepandemic, there was an increase in smoking, weight, annual rates of suicidal ideations and attempts, deterioration in physical and mental health, disruption in medication adherence. The aim of this study is to investigate whether the effects of the pandemic in the same patients with psychotic disorders group who participated in the first study are still present in the postpandemic period. The postpandemic period is the period when the restrictions imposed during the pandemic are eliminated, life returns to prepandemic normals.

Methods: In this follow-up study, 235 out of the 255 participants from the first study were contacted via telephone. The assessment covered sociodemographic data, changes in mental health since the pandemic, smoking, suicidal behaviors. Additionally, a modified version of the medication adherence scale (MMS) (2,3) was assessed.

Results: The mean age of the patients was 40.6±11.5 years. The weight of the patients before, during, and after the pandemic was 77.6±13.1, 81.3±14.1, and 83.1±14.3, respectively and weights in the three periods were significantly different ($\chi 2(1)$: 175.594, $p<0.001$). The mean number of cigarettes smoked daily by the patient's prepandemic, during pandemic, and postpandemic was 11.1±14.2, 14.9±16.2, and 12.9±14.9, respectively, with significant differences across the three periods ($\chi 2(1)$: 62.434, $p<0.001$). During the pandemic, the rate of suicidal ideation was 41.4% (n=232), while in the postpandemic period, this was11.4% (n=232). The rate of suicide attempts was 12% (n=232) during the pandemic and 3.2% (n=232) in the postpandemic period. Both suicidal ideations and attempts were significantly higher during the pandemic compared to postpandemic ($p<0.001$, $p<0.001$). The MMS scores of the participants were 5.04 ± 1.14 prepandemic, 4.41 ± 1.67 during the pandemic, and 4.38 ± 1.45 in the postpandemic. There was a significant difference among the three periods ($\chi 2(1)$: 48.4340, $p<0.001$). 29.7% of the participants (n=232) reported that their mental health was worse compared to prepandemic. This rate was 43.1% (n=255) during the pandemic.

Conclusions: We found the negative outcomes observed in the previous study, such as an increase in body weight, an increase in the number of cigarettes smoked per day, and a decrease in medication adherence, persisted. The high level of suicidal behavior observed during the pandemic period has decreased after the pandemic. All these findings are important in understanding the ongoing negative consequences of the pandemic.

Abstract Topic: COVID-19 and related topics

1. Yazıcı S, Ahi ES, İlhan RS, Saka MC. The effect of the COVID-19 pandemic on health behavior and psychopathology in patients with psychotic disorders. Psychiatry Research. 2022;317:114845.
2. Morisky DE, Green LW, Levine DM. Concurrent and predictive validity of a self-reported measure of medication adherence. Medical care. 1986;24(1):67-74.
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Comparison of Total Brain Volumes in Patients with First-Episode Psychotic Disorder, Bipolar Disorder, or Schizophrenia Spectrum Disorders

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Aim: Schizophrenia and bipolar disorder are two major types of mental illness that cause cognitive, social, and emotional problems.Many studies have shown that individuals with these illnesses have structural brain abnormalities.In particular, people with schizophrenia often have enlarged ventricles and reduced gray matter in the frontotemporal region, as well as decreased total brain volume and hippocampal volume.The aim of our study is to compare brain volume measurements and clinical characteristics in patients with the first episode of affective psychosis and the first episode of non-affective psychosis on brain MRI images.Patients diagnosed with bipolar disorder and disorders within its spectrum will be considered as having affective psychosis, while patients diagnosed with schizophrenia and disorders within its spectrum will be considered as having primary psychosis.

Method: The total brain volumes of 88 patients diagnosed with bipolar disorder and 90 patients diagnosed with schizophrenia spectrum disorder were compared using brain MRI in the study.Vital Vitrea, a state-of-the-art medical imaging software program, was utilized for cerebral volume measurement.The software integrates advanced algorithms for image segmentation and volumetric analysis.Raw MRI data were imported into the Vital Vitrea software for preprocessing.This involved skull stripping, noise reduction, and image registration to enhance the accuracy of subsequent segmentation.Cerebral structures were delineated using semi-automated segmentation tools within Vital Vitrea.The segmented structures were used to calculate cerebral volume based on voxel counts.The software's volumetric analysis module provided detailed information on total cerebral volume.

Results: No significant difference was found in the total brain volumes between patients experiencing first-episode psychosis diagnosed with bipolar disorder and those diagnosed within the schizophrenia spectrum(Z=-1.685, p=0.092).

Comparison of total brain volumes of patients

	Bipolar Disorder (n=88) (Mean/ Med.)	Schizophrenia Spectrum Disorders (n=90) (Mean/Med.)	Z	p
Total Brain Volumes	1431.99/1419.00	1483.10/1466.00	-1.685	0.092

Mann Whitney U test

Conclusion: Although systematic reviews and meta-analyses have identified specific cortical and subcortical changes in psychotic patients compared to healthy controls, there are no clinical biomarkers for structural MRI.However, some authors suggest that neuroanatomical classification could provide generalized diagnostic tools that differentiate schizophrenia from mood disorders in the early stages of psychosis.Detailed advanced studies are needed to capture more nuanced neuroanatomical differences.

Keywords: bipolar disorder , First episode psychosis , neuroimaging , schizophrenia

ICOM 2024

INTERNATIONAL CONGRESS ON MOOD DISORDERS

23-26 May 2024, Crown Plaza / Belgrade

23 May Thursday		
	Hall 1 - 2	
18:30-19:30	**OPENING CONFERENCE (TR)** **Moderator: Prof. Dr. Kürşat Altınbaş** Paintings on my wall **Speaker: Prof. Dr. Timuçin Oral**	
20:00 - 22:00	**DINNER**	
24 May Friday		
	Hall 1 (EN)	**Hall 2 (TR)**
09:30-10:30	Conference - Epidemiology to Treatment of Mood Disorders in Serbia **Moderator: Prof. Dr. Martha Sajatovic** • Epidemiology of Affective Disorders: Different Methods- Differnet Landscapes **Speaker: Prof. Dr. Nadja Maric** • Understanding real-world prescribing practices for maintenance treatment in bipolar disorders - focus on Antidepressants **Speaker: Dr. Sanja Andric Petrovic**	Course: Session-I **The Art of Managing Mood Disorders: Navigating Guidelines and Unveiling Clinical Insights** ***Treatment of Severe and Catatonic Depression*** ***Speaker: Prof. Dr. Çağdaş Eker***
10:30-10:45	**Coffee Break**	
10:45-11:45	Conference - Big Data in Mood Disorders **Moderator: Prof. Dr. Ali Saffet Gönül** • On The Global Aging and Geriatric Experiments in Bipolar Disorder ***Prof. Dr. Martha Sajatovic*** • Global Bipolar Cohort Network ***Prof. Dr. Melvin McInnis***	*Course: Session-II* **The Art of Managing Bipolar Disorders: Navigating Guidelines and Unveiling Clinical Insights** ***Treatment of Acute Mania*** ***Prof. Dr. Cengiz Akkaya***
11:45-12:00	**Coffee Break**	
12:00-13:00	**Moderator: Prof. Dr. Çağdaş Eker** Neurobiology of Depression and New Apprpaches in Treatment (TR) ***Speaker: Prof. Dr. Kürşat Altınbaş***	

ICOM 2024
INTERNATIONAL CONGRESS ON MOOD DISORDERS
23-26 May 2024, Crown Plaza / Belgrade

13:00-14:00	Lunch Break	
Date - Time	**Hall 1 (EN)**	**Hall 2 (TR)**
14:00-15:00	Conference - **Online** - Dichotomy vs Spectrum **Moderator:** **Assoc. Prof. Dr. Sinan Gülöksüz** • Exposomes in Bipolar Disorders and Psychosis **Speaker: Assoc. Prof. Dr. Sinan Guloksuz** • Brain Energy Metabolism in Mood and Psychotic Disorders. **Speaker: *Prof. Dr. Dost Öngür***	Course: Session-III **The Art of Managing Bipolar Disorders: Navigating Guidelines and Unveiling Clinical Insights** ***Maintenance Treatment of Bipolar Disorders*** **Speaker: *Prof. Dr. Lut Tamam***
15:00-15:15	**Coffee Break**	
15:15-16:15	Conference - **Online** - Sleep, Circadian Rhythms and Mental Illness: A Brief Introduction to Chronopsychiatry **Moderator: Prof. Dr. Lut Tamam** **Speaker: *Prof. Dr. Daniel Smith***	Conference- Autism Spectum Disorder Signs in Bipolar Disorder **Speaker: *Prof. Dr. Sezen Köse***
16:15-16:30	**Coffee Break**	
16:30-17:30	Conference - **Online** - How to Differentiate Unipolar and Bipolar Depression? **Moderator: *Prof. Dr.Kadir Özdel*** What Are the Signs of Bipolarity in Depression Clinic? **Speaker: *Prof. Dr. Roger McIntyre***	Oral Presentations-I **Moderator: Assoc. Prof. Dr. Alparslan Cansız** Impact of Anticholinergic Burden on Cognitive Functions In Individuals With Bipolar Disorder **Speaker: Nilgun Oktar Erdogan** Investıgation of Deiberate Self-Harm and Suicide Among Medical Students: The Relationship with Psychological Capital, Social Capital, Intolerance of Uncertainty, Burnout, And Agency **Speaker: Hilal Subaşı** The Experience of Transcranial Stimulation Therapy in Patients Diagnosed with Obsessive-Compulsive Disorder at a Psychiatry Clinic **Speaker: Bilal Sağlıyan** Is vortioxetine as preferable a molecule as duloxetine in depressed and anxious patients with fibromyalgia? **Speaker: Derya Adalı Aker**

ICOM 2024

INTERNATIONAL CONGRESS ON MOOD DISORDERS

23-26 May 2024, Crown Plaza / Belgrade

25 May Saturday-		
	Hall 1 (EN)	**Hall 2 (TR)**
09:30-10:30	Conference - Transdiagnostic Approach to Mood Disorders **Moderator: Prof. Dr. Thomas Frodl** Time and Space in Mood Disorders **Speaker: *Prof. Dr. Georg Northoff***	Course: Session-IV **The Art of Managing Bipolar Disorders: Navigating Guidelines and Unveiling Clinical Insights** ***Treatment of Bipolar Depression*** **Speaker: *Prof. Dr. Kürşat Altınbaş***
10:30-10:45	**Coffee Break**	
10:45-11:45	Conference - Advances in the Treatment **Moderator: Prof. Dr. Goya Maldonado** Prediction of Mood Disorders **Speaker: *Prof. Dr. Thomas Frodl***	Course: Session-V **The Art of Managing Bipolar Disorders: Navigating Guidelines and Unveiling Clinical Insights** ***Ruminations in Resistant Depression*** **Speaker: *Prof. Dr. Kadir Özdel***
11:45-12:00	**Coffee Break**	
12:00-13:00	**Moderator Prof.Dr.Kürşat Altınbaş** Long-Acting Antipsychotics for Maintenance Treatment of Bipolar Disorders (TR) **Speaker: Prof.Dr. Çağdaş Eker**	
13:00-14:00	**Lunch Break**	
14:00-15:00	Conference - Computational Psychiatry **Moderator: Prof. Dr. Paul Thompson** Is Depression a Prediction Error Disorder **Speaker: *Prof. Dr. Ali Saffet Gönül*** Treatment Prediction in TMS **Speaker: *PD. Dr. Goya-Maldonado***	Conference- **Online** Neuroeconomy in Depression **Speaker: *Asist. Prof. Dr. Alican Umut***

ICOM 2024
INTERNATIONAL CONGRESS ON MOOD DISORDERS
23-26 May 2024, Crown Plaza / Belgrade

15:00-15:15	**Coffee Break**	
	Hall 1 (EN)	**Hall 2 (TR)**
15:15-16:15	Conference-From Storm Clouds to Sunshine: **Moderator: Prof. Dr. Cengiz Akkaya** The Phenomenology, Neurobiology, and management of Irritability **Speaker: *Dr. Dejan Stevanovic***	Oral Presentations-II **Moderator: Assoc. Prof. Dr. Bahri İnce** The Mediating Role of Sleep Quality in The Relationship Between Impulsivity and Night Eating Syndrome Independent of The Presence of Metabolic Syndrome in Bipolar Disorder **Speaker: Rukiye Tekdemir** Affective Modulation of Startle Reflex in Euthymic Patients with Bipolar Disorder **Speaker: Nilgun Oktar Erdogan** Comparison of Total Brain Volumes in Patients with First-Episode Psychotic Disorder, Bipolar Disorder, or Schizophrenia Spectrum Disorders **Speaker: Ömer Alper Uysal** Topiramate Use In Compulsive Buying Disorder And Epilepsy Comorbidity: A Case Report **Speaker: Yalçın Kahya**
16:15-16:30	**Coffee Break**	
16:30-17:30	Conference - **Online** ENIGMA Session **Moderator: Prof. Dr. Georg Nortoff** Global Psychiatric Neuroimaging and the ENIGMA Consortium **Speaker: *Paul Thompson*** The ENIGMA Bipolar Disorder Working Group: Lessons from large-scale neuroimaging studies of mental illness **Speaker: *Prof. Dr. Chris Ching***	Oral Presentations-III **Moderator: Assoc. Prof. Dr. Alparslan Cansız** Exploring the Efficacy and Tolerability of Dual Abilify Maintena Regimen: A Descriptive Case Series Analysis **Speaker: İbrahim Sungur** BDNF-Related MicroRNAs As Biomarkers For Major Depression: A Comparative Study **Speaker: Ebru Çiftçi** Effectiveness of Transcranial Magnetic Stimulation in Patients with Depression in a Psychiatric Clinic **Speaker: Muhammed Tuğrul Ergün** Case Presentation: A Different Aspect of Dependent Personality Pattern, Merging with a Movie Character “Sevmek Zamanı” **Speaker: Cihad Erim**

ICOM 2024
INTERNATIONAL CONGRESS ON MOOD DISORDERS
23-26 May 2024, Crown Plaza / Belgrade

	26 May Sunday
	Hall 1
09:30-12:00	***Poster Session - 2*** ***Moderator: Assoc. Prof. Dr. Bahri İnce***
12:00-13:00	**CLOSING CEREMONY**