

1st Mood Disorders Congress 27-30 March 2024

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The Relationship Between the Hospitalization Duration and Serum Ferritin Levels in Patients Diagnosed with Mood Disorders: A Retrospective Study

Asena YILDIZ¹, Safiye Zeynep TATLI¹, Süheyla DOĞAN BULUT¹

¹ETLIK CITY HOSPITAL

Asena YILDIZ / ETLIK CITY HOSPITAL

Aims = **Background**: The aim of this study is to investigate the relationship between the hospitalization duration and serum ferritin levels in inpatients with mood disorders.

Methods = **Case Report**: Patient data were retrieved retrospectively from hospital records. Patients with bipolar disorder (BD) and unipolar depression (UD) aged between 18-75 years who received inpatient treatment in Ankara Etlik City Hospital Psychiatry Clinic between 01.01.2023-31.12.2023 were included in the study. Patients with a CRP value of more than 10 or a WBC count exceeding 11000, and those with additional chronic medical conditions were excluded, considering ferritin as an inflammatory marker.

Results = Discussion: A total of 95 patients were included in the study. A significant negative correlation was found between serum ferritin levels and hospitalization durations in patients diagnosed with mood disorders (n=95; p=0.002). When restricted to patients diagnosed with BD depression and UD (n=50), a significant negative correlation was observed between serum ferritin levels and hospitalization durations (p=0.006). Similarly, when limited to patients diagnosed with BD(n=59), a significant negative correlation was found between serum ferritin levels and hospitalization durations (p=0.007). No significant relationship was found between serum ferritin levels and hospitalization durations in patients diagnosed with either BD depression (n=14;p>0.05) or BD mania (n=45; p>0.05). According to our study results, an increase in serum ferritin levels in patients diagnosed with mood disorders was associated with a reduction in hospitalization duration which suggests a potential role of ferritin in the treatment response of mood disorders. It is considered that the lack of significant findings in patients diagnosed with either BD depression or BD mania may be due to insufficient sample sizes in these subgroups.



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Conclusion = Conclusion: Further prospective studies with larger samples, assessing ferritin levels in different mood states , and controlling for potential confounding factors are needed to further evaluate the ipact of ferritin levels on the course of mood disorders.Comparison of Anxiety and Depression Levels in Patients Diagnosed with Generalized Anxiety Disorder and Obsessive-Compulsive Disorder



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Comparison of Anxiety and Depression Levels in Patients Diagnosed with Generalized Anxiety Disorder and Obsessive-Compulsive Disorder

Cansu Ünsal¹, Esra Yalım², İbrahim Gündoğmuş³

¹Silifke State Hospital Department of Psychiatry

²Çankırı State Hospital Department of Psychiatry

³Etlik City Hospital Department of Psychiatry

Cansu Ünsal / Silifke State Hospital Department of Psychiatry

Aims = Background: Comorbidities are common in psychiatric disorders, contributing to functional impairment. Patients with obsessive-compulsive disorder (OCD) often have major depressive disorder and anxiety disorders, while generalized anxiety disorder (GAD) frequently coexists with mood and anxiety disorders, notably panic disorder. This study aims to compare common comorbid psychiatric symptoms in OCD and GAD patients.

Methods = **Case Report**: The study includes 70 GAD and 70 OCD patients aged 18-65, meeting DSM-5 criteria without psychiatric comorbidity, alongside 70 healthy controls. After psychiatric examinations, participants completed socio-demographic forms. Beck Depression Inventory and Beck Anxiety Inventory assessed additional symptoms, with Student's t-test and Chi-square test used for comparisons.

Results = **Discussion**: Of participants, 65.7% were women, 34.7% had university education. Groups differed significantly in family psychiatric history and suicide attempts. GAD and healthy controls had higher alcohol intake than OCD patients. There was no significant difference observed in anxiety and depression scores between GAD and OCD patients; however, participants in these two groups were found to obtain higher scores compared to healthy controls.

Conclusion = Conclusion: OCD and GAD patients exhibit higher depression and anxiety levels than controls, consistent with literature. This may increase clinical heterogeneity, challenging follow-up, differential diagnosis, and treatment planning. GAD patients had higher alcohol consumption, possibly-



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Tel: 0 212 708 42 08 Web: www.duygudurumbozukluklari2024.com for anxiety relief. OCD patients, managing symptoms through compulsions, may not need additional soothing agents. Vigilance for emerging symptoms in mental illnesses with frequent comorbid anxiety and depression is crucial for tailored treatment strategies.



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Retrospective Evaluation: The Effect of Attention Rehabilitation Accompanied by Occupational Therapists in Patients with Bipolar Affective Disorder

Emine Ögür¹, Meltem Derya Şahin¹

¹Muğla Sıtkı Koçman University, Department of Psychiatry

Emine Ögür / Muğla Sıtkı Koçman University, Department of Psychiatry

Aims = Background: Bipolar affective disorder is one of the severe mental illnesses that significantly affect individuals' lives in many aspects. This study aims to evaluate the effects of attention rehabilitation conducted by occupational therapists on individuals diagnosed with bipolar affective disorder at the Muğla Community Mental Health Center (CMHC).

Methods = Case Report: This study focused on individuals diagnosed with bipolar affective disorder who experienced concentration difficulties during CMHC follow-up evaluations. They underwent attention rehabilitation, averaging 6-8 sessions, once weekly between March 2022 and February 2024. Assessment tools included the World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0), Warwick Edinburgh Mental Wellbeing Scale (WEMWS), and Internalized Stigma of Mental Illness Scale (ISMIS). Data from pre- and post-rehabilitation were retrospectively analyzed, excluding participants with inaccessible data. Changes in participants' life statuses were also evaluated. Statistical analysis was conducted using SPSS 24. Descriptive analyses were presented as mean ± standard deviation for normally distributed variables, while frequencies of categorical variables were indicated as percentages. Related samples McNemar and Paired Sample t-test were employed for the evaluation of preand post-rehabilitation assessments of the mentioned scales. A significance level of p=0.05 was set.

Results = Discussion: Thirteen participants, with a mean age of 36.23 ± 10.38 , were included. Of these, 6 (46.2%) were male and 7 (53.8%) were female. Most participants were single (61.5%), followed by married (23.1%) and divorced (15.4%). Post-rehabilitation, significant improvements were observed in WHODAS 2.0, WEMWS, and ISMIS scores (p<0.001, p<0.001, p=0.002, respectively). Employment increased from 4 to 9 participants post-rehabilitation, but this change was not statistically significant (p=0.125).



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Conclusion = Conclusion: Although the increase in participants returning to work post-rehabilitation is noteworthy, the small sample size limits statistical significance. Nonetheless, improvements in functionality and reduction in internalized stigma underscore the potential of attention rehabilitation in clinical settings. Larger-scale studies with robust methodologies are warranted to validate these findings further.

Anahtar Kelimeler: bipolar disorder, disability, internalized stigma



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The neurocognitive features, impulsivity, and resilience among bipolar offspring.

Gözde Ulaş¹, Güneş Can², Gonca Özyurt¹, Ayşegül Ildız Mutlu³, Elif Çetinoğlu⁴, Ayşegül Özerdem⁵, Neslihan İnal⁶

¹Child and Adolescent Psychiatry Clinic, Izmir City Hospital, Izmir, Turkey. ²Izmir Biomedicine and Genom Center, Dokuz Eylul University, Izmir, Turkey.

³Institute of Neuroscience, Dokuz Eylul University, Izmir, Turkey.

⁴Child and Adolescent Psychiatry Clinic, Manisa Mental Health and Diseases Hospital, Manisa, Türkiye,

⁵Department of Psychiatry and Psychology, Mayo Clinic, Rochester, MN, United States.

⁶Child and Adolescent Psychiatry Clinic, Dokuz Eylul University, Izmir, Turkey.

Gözde Ulaş / Child and Adolescent Psychiatry Clinic, Izmir City Hospital, Izmir, Turkey.

Aims = Background: Early diagnosis and treatment of bipolar disorder (BD) can help prevent serious psychiatric consequences. It is important to clarify the psychopathological processes of BD. We aim to assess the sociodemographic and neurocognitive features, resilience, and impulsivity among bipolar offspring (BDoff), and to identify any initial abnormalities.

Methods = Case Report: A total of 63 children aged 12-18 were assessed and divided into two groups: 33 healthy controls (HC) and 30 BDoff. The BDoff includes children of parents diagnosed with BD by the Department of Psychiatry at Dokuz Eylul University Hospital. BDoff were divided into two groups based on the presence of any symptoms identified according to the Schedule for Affective Disorders and Schizophrenia for School-Age Children Lifetime Version (20 ultra-high-risk for bipolar disorder (UHR) and 10 high-risk for bipolar disorder (HR)). They all underwent assessments using the Barratt Impulsiveness Scale-10, the Child and Youth Resilience Measure, the Children's Global Assessment Scale, Wisconsin Card Sorting Test, the Stroop Test, Rey Auditory Learning Test, Serial Digit Learning Test, the Trail Making Test, and the Stop Signal Test to investigate the differences and associations between neurocognition, functionality, impulsivity, and resilience.



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Results = Discussion: In our study, there was no difference in impulsivity, executive functions, and working memory between the groups. HC showed better short-term memory, and processing speed. But BDoff exhibited lower functionality and resilience scores. We found it was related to their lability and irritability symptoms rather than the familial burden.

Conclusion = **Conclusion**: Significant differences were found in functionality, resilience, and some of the neurocognitive tests between HC and BDoff. But there was no difference between UHR and HR in neurocognitive functions and impulsivity. We anticipate that these deficits might start earlier in life and that they might subsequently develop impairments in other tests. This research received no specific grant from any funding agency in the public, commercial or not-for-profit sectors.



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ORTHOREXIA NERVOSA IN PATIENTS DIAGNOSED WITH DEPRESSIVE DISORDER

<u>Hamdi Yılmaz</u>¹, Mehmet Emin Demirkol², Lut Tamam², Selma Özdemir Yılmaz³, Caner Yeşiloğlu⁴

¹Mersin Şehir Eğitim ve Araştırma Hastanesi

²Çukurova Üniversitesi Tıp Fakültesi Ruh Sağlığı ve Hastalıkları

³Mersin Toros Devlet Hastanesi

⁴Kırşehir Ahi Evran Üniversitesi

Hamdi Yılmaz / Mersin Şehir Eğitim ve Araştırma Hastanesi

Aims = Background: Orthorexia nervosa (ON) is refers to the pathological focus on healthy food consumption. It is assumed that ON shares some features with other mental disorders. Among these common features, anxious-depressive symptomatology is one of the prominent but not yet sufficiently researched issues for ON. In our study, we aimed to investigate the relationship between sociodemographic and clinical characteristics of patients diagnosed with depressive disorder and orthorexic tendencies.

Methods = **Case Report**: 90 patients diagnosed with major depressive disorder (MDD) and 93 healthy volunteers with no previous history of psychiatric treatment were included in the study. Both groups were evaluated with the sociodemographic data form, orthorexia nervosa inventory (ONI), Hamilton depression rating scale (HDRS), Hamilton anxiety rating scale (HARS), and eating attitude test-40 (EAT-40). Ethical approval of the study was received from Toros University Scientific Research and Publication Ethics Committee (27.10.2023).

Results = Discussion: The average age of patients diagnosed with MDD was 34.35, and that of healthy volunteers was 33.40. When looking at the ONI scores, no significant difference was found between the two groups. A significant positive relationship was found between ONI scores and EAT-40 scores in both the MDD and healthy control groups (p<0.01). In the MDD group, no significant relationship was found between ONI scores and HDRS and HARS. It was found that orthorexic symptoms increased as age and body mass index increased in the MDD group. Again, it was determined that orthorexic symptoms increased as the time spent with the disease increased in the patient group (p<0.01).



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Conclusion = **Conclusion**: The lack of a relationship between ON and depression and anxiety levels removes this phenomenon from anxiety-depressive spectrum symptomatology. Patients with advanced age and long disease periods should be taken into consideration in terms of orthorexic symptoms.



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Tel: 0 212 708 42 08 Web: www.duygudurumbozukluklari2024.com Increased Oxidatively-induced DNA Base Damage and Altered Base Excision Repair in Individuals with Bipolar Disorder and Siblings of Individuals with Bipolar Disorder

<u>Hidayet Ece Arat-Çelik</u>¹, Selda Yılmaz², İzel Cemre Akşahin³, Burcu Kök-Kendirlioğlu¹, Esma Çörekli¹, Nazlı Ecem Dal-Bekar⁴, Ömer Faruk Çelik⁵, Neşe Yorguner⁶, Bilge Targıtay-Öztürk⁷, Hüray İşlekel⁸, Ayşegül Özerdem⁹, Pınar Akan¹¹, Deniz Ceylan¹², Gamze Tuna¹¹

¹Department of Psychiatry, School of Medicine, Maltepe University, Istanbul, Turkey

²Department of Molecular Medicine, Institute of Health Sciences, Dokuz Eylul University, Izmir, Turkey

³Graduate School of Health Sciences, Koc University, Istanbul, Turkey ⁴Chair of Proteomics and Bioanalytics, School of Life Sciences, Technical University of Munich, Munich, Germany

⁵Department of Medical Biochemistry, School of Medicine, Marmara University, Istanbul, Turkey

⁶Department of Psychiatry, School of Medicine, Marmara University, Istanbul, Turkey

⁷Department of Psychiatry, School of Medicine, Dokuz Eylul University, Izmir, Turkey

⁸Department of Medical Biochemistry, School of Medicine, Dokuz Eylul University, Izmir, Turkey

⁹Department of Psychiatry and Psychology, Mayo Clinic, Rochester, MN, USA

¹⁰Department of Neuroscience, Institute of Health Sciences, Dokuz Eylul University, Izmir, Turkey

¹¹Bio Izmir - Izmir Health Technologies Development and Accelerator Research and Application Center, Dokuz Eylul University, Izmir, Turkey
¹²Department of Psychiatry, School of Medicine, Koc University, Istanbul, Turkey

Hidayet Ece Arat-Çelik / Department of Psychiatry, School of Medicine, Maltepe University, Istanbul, Turkey

Aims = Background: Recent studies suggest that oxidatively-induced DNA damage, and base excision repair (BER) mechanisms may play a crucial role in the pathophysiology of BD. Investigations involving individuals at high risk play an important role in early disease detection and the identification of



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Tel: 0 212 708 42 08 Web: www.duygudurumbozukluklari2024.com biological risk factors. This study aimed to investigate the levels of 8-hydroxy-2'-deoxyguanosine (8-OH-dG) and the expression levels of BER genes in individuals with BD, siblings of individuals with BD, and healthy controls (HC).

Methods = **Case Report**: 46 individuals with BD, 41 siblings of individuals with BD, and 51 HCs were included in the study. Liquid chromatography-tandem mass spectrometry was employed to evaluate the levels of 8-OH-dG in urine. The mRNA expression levels of 8-oxoguanine DNA glycosylase 1 (OGG1), apurinic/apyrimidinic endonuclease 1 (APE1), poly ADP-ribose polymerase 1 (PARP1), and DNA polymerase beta (POL β) were measured through real-time-polymerase chain reaction. Levels of 8-OH-dG and expression levels of BER genes were compared among study groups including age, sex, body mass index, smoking status, and alcohol consumption as covariates. The impact of clinical characteristics on the laboratory parameters were evaluated.

Results = Discussion: Patient and sibling groups showed elevated levels of 8-OH-dG compared to HCs. The expression levels of OGG1 and APE1 were decreased, while expression levels of POL β were increased in both the patient and sibling groups compared to the HCs. In the patient group, age, smoking status, and the number of depressive episodes had an impact on APE1 expression levels. In the sibling group, body mass index, smoking status, and past psychiatric history had an impact on the levels of 8-OH-dG.

Conclusion = Conclusion: It can be suggested that there may be a link between abnormalities in DNA damage / BER mechanisms and familial susceptibility to BD. It would be advantageous for future longitudinal research with large-sample sizes to focus on this topic.



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Downregulated Mitochondrial DNA encoded Iong noncoding RNAs in Individuals with Bipolar Disorder and their siblings

<u>Izel Cemre Aksahin</u>¹, Hidayet Ece Arat-Çelik³, İbrahim Fettahoğlu¹, Burcu Kök Kendirlioğlu³, Esma Çörekli Kaymakçı³, Deniz Ceylan²

¹Koc University, Graduate School of Health Sciences, Research Center for Translational Medicine (KUTTAM), Istanbul, Türkiye.

²Koc University, Faculty of Medicine, Department of Psychiatry, Istanbul, Türkiye

³Maltepe University, Department of Psychiatry, Istanbul, Türkiye

Izel Cemre Aksahin / Koc University, Graduate School of Health Sciences, Research Center for Translational Medicine (KUTTAM), Istanbul, Türkiye.

Aims = Background: Bipolar disorder (BD) has been linked to both epigenetic modifications and mitochondrial dysfunction. Recent research has revealed associations between epigenetic alterations of mitochondrial DNA and mitochondrial dysfunction. Long non-coding RNAs (lncRNAs) play pivotal roles as regulators of gene expression and are involved in the crosstalk between mitochondrial DNA and mitochondrial functioning. This study aimed to compare the expression levels of two mitochondrial-encoded lncRNAs among individuals with BD, their unaffected siblings, and healthy controls.

Methods = **Case Report**: Thirty euthymic medicated individuals with BD (BD), 30 unaffected siblings of individuals with BD (Sib), and 30 healthy controls (HC) provided blood samples after confirmation of diagnoses through SCID-5 interviews. RNA was extracted from peripheral blood mononuclear cells, and the expression levels of lncRNAs (LIPCAR and 7S RNA) and a housekeeping gene (GAPDH) were analyzed using RT-qPCR, and calculated using $2-\Delta\Delta$ CT formula. Quade's nonparametric univariate analyses of covariance (ANCOVA) models were applied for comparison of lncRNAs, adjusted for age, sex, body mass index, and smoking status.

Results = Discussion: Both the expressions of 7S and LIPCAR in the BD group [0.105 (IQR: 0.09); 0.22 (IQR: 0.17), respectively) were significantly downregulated compared to Sib group. (0.26 (IQR: 3.08); 0.41 (IQR: 0.91), respectively) and HCs (1.67 (IQR: 4.31); 0.10 (IQR: 0.20), respectively) (p < 0.001; p < 0.001). Between Sib and HC, the expression levels of 7S were not



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different (p = 0.055), but the Sib group showed lower expression levels of LIPCAR than HCs (p = 0.009).

Conclusion = **Conclusion**: Our findings reveal significant alterations of mitochondrial DNA encoded lncRNAs in individuals with BD and their healthy siblings. These findings may implicate the roles of mitochondrial DNA epigenetics in the pathogenesis of mitochondrial dysfunction in BD.



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Investigation of Acceptance-Rejection Level of Mothers of Children with Special Needs in Terms of Psychiatric Symptoms of Mother and Child

Özlem Şireli¹, Mehmet Colak²

¹Sivas Cumhuriyet University Faculty of Medicine

²Freelance Physician

Mehmet Colak / Freelance Physician

Aims = Background: The aim of the study was to examine the relationship between maternal acceptance-rejection levels of mothers of children with special needs, mothers' depression levels and children's emotional, behavioral and social problems.

Methods = **Case Report**: The study included mothers of 140 children receiving special education in two randomly selected special education centers. "Beck Depression Inventory (BDI)", "Strengths and Difficulties Questionnaire (SDQ)" and "Parental Acceptance - Rejection Questionnaire Short Form (PARQ)" were administered to the mothers whose consent for participation was obtained.

Results = Discussion: The mean BDI scores of the mothers were 20.82 \pm 11.56, the mean SDQ scores of the children were 23.08 \pm 4.93, and the mean PARQ scores of the mothers were 47.99 \pm 11.32. The BDI scores of 94 (67.1%) of the mothers were above the cut-off score. In the group with BDI scores above the cut-off score, PARQ scores and SDQ's "emotional problems", "behavioral problems" subscore scores and SDQ total scores were found to be significantly high, while SDQ's "prosocial behaviors" subscores were found to be significantly low (p < 0.001). A negative moderate significant relationship was found between PARQ scores and mothers' education level (p < 0.001, r= -0.30), and a positive weak significant relationship was found with the age of the children (p < 0.05, r= 0.10). As a result of the regression analysis, it was determined BDI scores (β = 0.33; p < 0.001), "behavior problems" (β = 1.53; p < 0.001) sub-scores of SDQ positively affect PARQ total scores, and "prosocial behaviors" (β = -2.00; p < 0.001) subscore was found to predict negatively.



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Conclusion = **Conclusion**: Our results showed that mothers with high levels of depressive symptoms had high levels of rejectionist attitudes and emotional and behavioral problems in their children, and that mothers' depression level and children's behavioral problems were factors predicting mothers' levels of rejectionist attitudes.



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Adaptation to the Post-Discharge Period in Bipolar Disorders: Patients' Experiences of a Short-Term Psychodramatic Group Process

Tuğba Durmuş¹, Çağdaş Eker²

¹Ege University Hospital Mental Health and Diseases Affective Diseases Service, Psyhiatric Nurse

²Ege University Faculty of Medicine Department of Mental Health and Diseases, Prof.Dr.

Tuğba Durmuş / Ege University Hospital Mental Health and Diseases Affective Diseases Service, Psyhiatric Nurse

Aims = Background: Self-management is an essential factor in the recovery of bipolar disorder. It was thought planning an intervention for self-management in inpatients could facilitate adaptation to the post-discharge period. For this purpose, individuals were included in a group intervention based on interpersonal relationships and interaction. Participants' experiences were investigated during psychodramatic group interventions which helped them adapt to the post-discharge period.

Methods = **Case Report**: The research is a qualitative study with a phenomenological design. Six female individuals with bipolar disorder at the Affective Disorder Inpatient Unit of Ege University Hospital between December and February 2024 are included. Participants continued to attend group sessions after discharge. A six-session group intervention was conducted, and the sessions are ongoing. Data was collected after each session. MAXQDA22 program analyzed the data, and thematic contents were revealed.

Results = Discussion: Participant expressions are grouped under five themes that include healing factors of group therapies: instilling hope, transferring information, altruism, group loyalty, and universality. Some expressions in the relevant themes are presented: Theme 1. Instilling Hope – "I was a sunflower in depression, and now the day is brighter" (Participant 2, Session 6) Theme 2. Universality – "I have had similar experiences with the other... I can do well too" (Participant 4, Session 3) Theme 3. Altruism – "I could help too" (Participant 1, Session 5) Theme 4. Transferring Information – "For the first time, I observed the disease from someone diagnosed with bipolar disorder like



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me." (Participant 6, Session 2) Theme 5. Group Loyalty – "The confidence of being part of a group and coming to the hospital environment for this is healing" (Participant 3, Session 1)

Conclusion = **Conclusion**: The current data of the study demonstrate the experiences of inpatients with a diagnosis of bipolar disorder about a short-term psychodramatic group process at the time of adaptation to discharge.



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THE RELATIONSHIP BETWEEN THE FREQUENCY AND SEVERITY OF SUICIDAL BEHAVIOR AND AUTISTIC FEATURES IN ADOLESCENTS DIAGNOSED WITH DEPRESSIVE DISORDER

Anıl Altunkaya¹, Sezen Köse¹, Birsen Şentürk Pilan¹, Tezan Bildik¹

¹Ege University

Anıl Altunkaya / Ege University

Aims = Background: The aim of this study is to focus on ASD and autistic features in adolescents diagnosed with depressive disorder, and to determine whether ASD and/or autistic features are associated with suicidal behavior. Furthermore, the goal is to elucidate the relationship between the severity of suicidal behavior and these features in this group.

Methods = Case Report: The study included cases between the ages of 11 and 18 who were diagnosed with Depressive Disorder according to DSM-5 diagnostic criteria and clinical interviews. These cases were selected from the Adolescent Polyclinics of the Department of Child and Adolescent Psychiatry at Ege University Medical Faculty, as well as the clinics of faculty members and the Child Emergency Service of Ege University Medical Faculty. The cases were previously diagnosed with Depressive Disorder through their previous visits to these clinics, and they were clinically determined to have normal cognitive functioning. The Columbia Suicide Severity Rating Scale (C-SSRS) was used to assess the presence, frequency, and severity of suicidal behavior in the included cases. The cases were divided into three groups: those without suicidal behavior, those with suicidal ideation, and those with a history of suicide attempt. Participants and their parents were informed about the study and signed a voluntary consent form to participate. All participants completed various scales, including the Beck Depression Inventory for the evaluation of Depressive Disorder. The parents of the participants completed the Autism Spectrum Quotient-Adolescent Version (AQ-Adolescent) and the Autism Spectrum Screening Questionnaire (ASSQ) scales to evaluate their children's autistic features.



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Results = Discussion: In our study, it has been found that as autistic traits increase in adolescents diagnosed with DB, the frequency and severity of

suicidal ideation increase, indicating a correlation between autistic traits and suicidal behavior.

Conclusion = Conclusion: Considering the complex nature of suicide, it should be kept in mind that it can occur through the interaction of multiple factors. The presence of autistic features should be considered as potential risk factors for suicidal behavior in individuals with depressive symptoms. Particularly, considering that Autism Spectrum Disorder (ASD) is a lifelong neurodevelopmental disorder, it is important to recognize that individuals who have not been diagnosed or exhibit subtle autistic traits may present with depression symptoms and suicidal thoughts or attempts during adolescence and young adulthood when seeking mental health clinics. Both child psychiatrists and adult mental health professionals should be cautious in investigating the comorbidity of neurodevelopmental disorders and empathycharacteristics in cases presenting with a diagnosis of depression.



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Mitochondrial Membrane Protein-Associated Neurodegeneration presenting as psychotic depression: a case report

Aslihan Uyar Demir¹, Aslihan Uyar Demir², Ali Saffet Gonul¹

¹SoCAT Lab, Department of Psychiatry, Medicine of School, Ege University ²Department of Psychiatry, Mugla Sıtkı Kocman University Training and Research Hospital

Aslihan Uyar Demir / SoCAT Lab, Department of Psychiatry, Medicine of School, Ege University

Aims = Background: Psychotic major depression (PMD), a subtype of major depressive disorder characterized by the co-occurrence of psychotic symptoms alongside depressive features, poses significant risks including heightened suicidal tendencies. PMD accounts for a notable proportion of major depression cases and tends to have a worse prognosis compared to non-psychotic depression. Patients with PMD often experience recurrent psychotic episodes, underscoring the need for careful examination for organic causes in individuals presenting with psychotic symptoms without a prior history of psychotic depression. This case is particularly vital as illustrated in the presented case of Neurodegeneration with Brain Iron Accumulation (NBIA), highlighting the importance of recognizing organic-based disorders that may initially present solely with psychiatric symptoms such as depression and suicidal ideation.

Methods = Case Report: In this case, a 28-year-old patient, previously well-adjusted with no familial mental health history, initially exhibited symptoms including suicidal ideation, flattened affect, social withdrawal, anxiety, and psychomotor retardation. Despite psychiatric interventions, the patient's condition deteriorated, manifesting neurological signs such as slowed movement and tremors. Subsequent evaluations, including MRI scans, suggested NBIA as a potential diagnosis. Genetic testing confirmed a mutation associated with mitochondrial Membrane Protein-Associated Neurodegeneration (MPAN), a subtype of NBIA. Treatment was adjusted accordingly, and the patient was referred to a Neurology clinic for further management.

Results = Discussion: NBIA encompasses various disorders resulting from mutations in identified genes, with MPAN being the third most prevalent



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subtype. MPAN typically presents around the age of 10, although cases have been recorded from 3 to 30 years. This patient's diagnosis, occurring at 26 years old, expands the understanding of MPAN onset. Neuropsychiatric symptoms are common at disease onset, including mood instability, depression, anxiety, hallucinations, and cognitive impairments.

Conclusion = Conclusion: Despite uncertainties surrounding neuroimaging in clinical psychiatry, it can aid in diagnosing psychiatric symptoms with potential organic etiology, emphasizing the importance of comprehensive evaluation in such cases.

Anahtar Kelimeler: Psychotic major depression (PMD), Neurodegeneration with Brain Iron Accumulation (NBIA), Neuroimaging, Neuropsychiatric symptoms



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A Rare Case: Mania Following Corticosteroid Withdrawal

Begüm Gökhan Aksoy¹, Evrim Bayrak Oruç¹, Şerif Bora Nazlı¹

¹Ankara Etlik Şehir Hastanesi

Şerif Bora Nazlı / Ankara Etlik Şehir Hastanesi

Aims = Background: Corticosteroid use is known to frequently induce a spectrum of neuropsychiatric disorders affecting the emotional, behavioral, and cognitive domains. These disorders, including mania, depression, psychosis, delirium, suicide, and aggression, typically emerge with high corticosteroid doses, often within the initial weeks of treatment. Although uncommon, similar symptoms can manifest after corticosteroid therapy cessation. Among these psychiatric conditions, studies more frequently cite depression and delirium/confusion, with even fewer reports of mania post-corticosteroid withdrawal. To highlight this phenomenon, we present a case of psychotic mania following the abrupt discontinuation of corticosteroid therapy.

Methods = **Case Report**: A 28-year-old female, previously treated with prednisolone 80 mg for idiopathic thrombocytopenic purpura during pregnancy, exhibited postpartum psychotic mania symptoms upon abrupt medication discontinuation five months post-childbirth. Symptoms included decreased need for sleep, increased energy, heightened talkativeness, increased sexual interest, and grandiose delusions. The patient, with a history of depression treated with fluoxetine and olanzapine three years earlier, was subsequently diagnosed with bipolar disorder. Treatment with lithium and aripiprazole resulted in symptom resolution within two weeks, maintaining stability for two years.

Results = Discussion: The precise risk factors and mechanisms behind adverse effects from corticosteroid use and withdrawal remain unknown. Corticosteroid effects involve the cholinergic and dopaminergic systems, reductions in serotonin release, and effects on the hippocampal neurons or other brain areas. The serotonergic system is relevant to mood, thought, and behavior, and corticosteroids have an impact on serotonin. Additionally, corticosteroids may inhibit noradrenergic innervation of the hypothalamic–pituitary–adrenal axis at the hypothalamus level. This effect potentially causes a rebound rise in noradrenergic activity and leads to mania.



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Conclusion = **Conclusion**: We report this case to address the relative lack of understanding regarding withdrawal symptoms, particularly mania, following corticosteroid therapy. While psychiatric symptoms related to steroid use are relatively well-documented, withdrawal symptoms are less reported, and mania is even less common.



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Prevalence of diagnosis of obsessive-compulsive disorder in patients with bipolar disorder type 1 and type 2 in Turkey: Preliminary results

Burçin Şen¹, Sevgi Bektaş², Vesile Şentürk Cankorur¹, Cengiz Akkaya³, Kürşat Altınbaş⁴, Mehmet Çağdaş Eker⁵, Sibel Çakır⁶

¹Adult Psychiatry Department, Ankara University Medical School Hospital, Ankara, Turkey

²Section of Eating Disorders, Department of Psychological Medicine, Institute of Psychiatry, Psychology & Neuroscience, King's College London, UK

³Adult Psychiatry Department, Uludağ University Faculty of Medicine, Bursa, Turkey

⁴Adult Psychiatry Department, Selcuk University Medical Faculty Hospital, Konya, Turkey

⁵Adulty Psychiatry Department, Ege University Faculty of Medicine, İzmir, Turkey

⁶Adult Psychiatry Department, Bahçeşehir University Faculty of Medicine, İstanbul, Turkey

Burçin Şen / Adult Psychiatry Department, Ankara University Medical School Hospital, Ankara, Turkey

Aims = Background: Psychiatric comorbidity is extremely common in bipolar disorder (BD). In a recent meta-analysis, the prevalence of obsessive-compulsive disorder (OCD) in bipolar disorder was reported as 17.0%. This study aimed to investigate the prevalence of OCD in patients diagnosed with bipolar disorder in BD type-1 and 2 diagnoses.

Methods = **Case Report**: This study was conducted between August 2020 and March 2023 in Ankara University, School of Medicine, Bahçeşehir University, School of Medicine, Uludağ University School of Medicine, Selçuk University School of Medicine and Ege University School of Medicine following ethical approval (No: 2021/278). 233 patients who had a diagnosis of bipolar disorder voluntarily filled out Dimensional Obsessive-Compulsive Scale.

Results = Discussion: 73.8% of the sample had a diagnosis of BD type-1. 61.8% of the sample is composed of female gender. 47.2% of the participants are at risk for the diagnosis of OCD (Type-1: 43.6%; Type-2: 57.4%). No



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significant difference was detected between people with BD-Type 1 and Type 2 with regards Dimensional Obsessive-Compulsive Scale (γ2: 3,427; p: 0,064)

Conclusion = Conclusion: Our findings are consistent with current literature reporting higher prevalence rates in BD compared to the general population. In comorbid patients it has been reported that; there is a higher risk of panic disorder, social phobia diagnoses and suicide attempts, more hospitalizations, an earlier onset of bipolar disorder, a greater number of past mood episodes, and decreased general functionality. Compared to previous studies; in our study, the results indicates higher rates of comorbidty. At this point, the small sample size and limitations of using online self-report scale should be considered. However, we could not find a significant difference between the types of illness. This can be explained by increased type-2 error probability due to sample size. These results indicates that evaluation of differential diagnoses and comorbidities during the routine assessment is needed.



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A mini-survey on medication preferences of adult and child/adolescent psychiatrists for sleep disturbances in patients with depression in Türkiye

Cansu Ünsal¹, Berhan Akdağ²

Silifke Devlet Hastanesi Ruh Sağlığı ve Hastalıkları Kliniği
 Silifke Devlet Hastanesi Çocuk ve Ergen Ruh Sağlığı ve Hastalıkları Kliniği

Cansu Ünsal / Silifke Devlet Hastanesi Ruh Sağlığı ve Hastalıkları Kliniği

Aims = Background: Depression is a significant public health issue that affects individuals and society. Sleep disturbances are common in patients with depression, and it is essential to address them to improve the quality of life of the patients. The treatment of sleep disturbances in patients with depression involves pharmacological and nonpharmacological interventions. The present study explored the medication preferences of adult and child/adolescent psychiatrists for sleep disturbances in patients with depression in Türkiye.

Methods = **Case Report**: A cross-sectional study design was used with an online survey. The link was shared through a messaging app in chat groups created by adult and child/adolescent psychiatrists for professional assistance and communication.

Results = Discussion: A total of 65 respondents completed the online survey. Of the respondents, 46 (70.8%) were adult psychiatrists, and 35 (53.8%) had five years or less of professional experience. Most respondents (72.3%) reported that sleep disturbances are an issue for up to half of their patients. For sleep disturbances in patients with depression, trazodone (50.0%) and melatonin (63.2%) were the preferred first-line treatments by adult and child/adolescent psychiatrists, respectively. Mirtazapine (92.3%), quetiapine (89.2%), and trazodone (75.3%) were reported to be effective. Tricyclic antidepressants (44.6%) and benzodiazepines (40.0%) were rarely/never prescribed due to the potential for dependence/tolerance, lack of efficacy, concerns in children, and adverse effects. Daytime fatigue (75.3%) and excessive sedation (61.5%) were the most common side effects reported by respondents.



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Conclusion = Conclusion: Trazodone and melatonin were the preferred first-line treatments by adult and child/adolescent psychiatrists for sleep disturbances in patients with depression. Guidelines propose nonpharmacological approaches as the first-line treatment for sleep disturbances, but pharmacological treatments may also be needed. The current findings can have implications for the education of adult and child/adolescent psychiatrists as well as for improving treatment guidelines.

Anahtar Kelimeler: depression, medication, preference, psychiatrists, sleep disturbances



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Drug Induced Lung Disease Related To Lamotrigine/Quetiapine: A Case Report

Hilal Erdoğan¹, Övgü Velioğlu Yakut², Elif Şen², Vesile Şentürk Cankorur¹

¹Ankara Üniversitesi Tıp Fakültesi Ruh Sağlığı ve Hastalıkları Anabilim Dalı ²Ankara Üniversitesi Tıp Fakültesi Göğüs Hastalıkları Anabilim Dalı

Hilal Erdoğan / Ankara Üniversitesi Tıp Fakültesi Ruh Sağlığı ve Hastalıkları Anabilim Dalı

Aims = Background: Lamotrigine is a second-generation antiepileptic drug commonly used as a mood stabilizer and antidepressant in psychiatric disorders. Quetiapine, on the other hand, is an atypical antipsychotic primarily used in psychotic disorders and various psychiatric conditions. In addition to the common side effects of these drugs, there is a rare occurrence of druginduced lung disease. This case presentation aims to discuss the lung-related side effects of lamotrigine/quetiapine usage.

Methods = **Case Report**: A rare side effect, drug-induced lung disease, emerged in a 68-year-old female patient undergoing treatment with lamotrigine/quetiapine due to depressive symptoms and catatonia. During the follow-up of the patient, who presented with recurrent depressive symptoms, mutism, negativism, persecutory delusions, and refusal of food and drink, respiratory symptoms suddenly developed. Radiological imaging revealed infiltrative areas in the lungs. Initially, empirical antibiotic therapy was initiated with a presumptive diagnosis of pneumonia in the patient.

Results = Discussion: Contrary to an improvement in the patient's symptoms, there was a deterioration in both symptoms and overall condition. Subsequently, rheumatologic, cardiological, and autoimmune causes were thoroughly investigated and ruled out. Through diagnostic tests, other potential reasons for the symptoms were ruled out. Tests for infectious agents yielded negative results.

Conclusion = Conclusion: Psychiatric medications can lead to drug-induced lung diseases. Clinicians should be vigilant regarding this rare side effect associated with the use of these medications.

Anahtar Kelimeler: drug induced lung disease, lamotrigine, quetiapine



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Epileptic seizure due to chlorpromazine use in a patient with Bipolar Affective Disorder

Hüseyin Toygun Durmuş¹

¹Aksaray Training and Research Hospital

Hüseyin Toygun Durmuş / Aksaray Training and Research Hospital

Aims = Background: Bipolar disorder (BD), in its classical definition, is a disease that includes depressive and manic or hypomanic periods, with completely normal or minimal symptom levels between periods.[1]. It is thought that almost all first and second generation antipsychotics used in bipolar disorder increase the risk of epileptic seizures. [2]. Chlorpromazine, one of the first generation antipsychotics, is a low-potency antipsychotic. A history of epileptic seizures that developed due to the use of chlorpromazine, a drug we frequently use in agitated cases, is presented below.

Methods = **Case Report**: The 26-year-old single female patient consulted a psychiatrist due to complaints of introversion, reluctance, and social isolation that developed after gastric sleeve surgery 5 months ago, and antidepressant treatment was started. After starting the treatment, paranoid thoughts, increased talking volume, increased sexual desire, decreased sleep amount, restlessness, and increased energy were observed. When the complaints did not go away after starting lithuril treatment 2 months ago, chlorpromazine was added to the treatment 1 month ago. He came to the emergency room after having an epileptic seizure 2 weeks after starting chlorpromazine. The mental status examination, She was conscious, oriented and cooperative, there were depressive themes in the thought content and thoughts of mobbing. The mood was consistent with a mild dysphoric affective mood. She had paranoid delusions. Her ability to evaluate reality was intact.

Results = Discussion: It is common for bipolar disorder patients to use mood stabilizers and antipsychotic drugs to prevent manic and depressive episodes. The use of antipsychotics is among the treatments we frequently use in bipolar disorder patients. Side effects, including epileptic seizures, rarely occur due to antipsychotic use.



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Tel: 0 212 708 42 08 Web: www.duygudurumbozukluklari2024.com **Conclusion** = **Conclusion**: Although the most common studies show a history of epileptic seizures due to the use of clozapine, the risk of developing an epileptic history due to the use of chlorpromazine should not be ignored.

Anahtar Kelimeler: Bipolar Disorder, Chlorpromazin, Epileptic seizure



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Lithium Neurotoxicity: A Case Report

<u>Ibrahim Sungur</u>¹, Ozlem Kuman Tuncel¹, Bedriye Karaman², Ozen Onen Sertoz¹

¹Department of Psychiatry, Ege University, Izmir, Turkey

Ibrahim Sungur / Department of Psychiatry, Ege University, Izmir, Turkey

Aims = **Background**: Lithium has long been a first-line treatment choice in the management of Bipolar Disorder (BD). However, the therapeutic window for lithium is narrow, and deviations can lead to severe adverse effects such as lithium neurotoxicity.

Methods = Case Report: A 48-year-old woman with BD was admitted to our emergency department (ED) due to blurred consciousness, and loss of ability to speak and walk. Her complaints persisted for one week, prompting her family to bring her to the ED several times. She had been diagnosed with BD for ten years. Two weeks before ED admission, her medication regimen was changed, including lithium for the first time alongside other psychotropics. One week later, her symptoms began. She was using perindopril, and indapamide for hypertension, which can interact with lithium levels. In her mental and neurological examination in ED, her consciousness was clear, but orientation and cooperation were limited. She exhibited diaphoresis, postural tremor, and rigidity. Her lithium level was 2.52 mEq/l, leading to the hemodialysis. In the following days in the ED, her consciousness worsened and transferred to the Intensive Care Unit. With hemodialysis, serum lithium levels dropped to therapeutic levels. After 72 hours of stabilization of lithium levels, her consciousness improved, but her orientation and cooperation were limited, and her cerebellar examination worsened. Due to her neurological symptoms, we suspected lithium neurotoxicity, possibly progressing to the Syndrome of Irreversible Lithium-Effectuated Neurotoxicity. Her cranial MRI was reported as normal. In the following days, she was discharged with mild improvement in her neurological and mental examination, but cerebellar tests remained unchanged.

Results = Discussion: .

²Department of Neurology, Ege University, Izmir, Turkey



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Conclusion = Conclusion: By examining the clinical challenges of this case, we aim to highlight the complex interplay between BD, lithium administration, besides the importance of vigilant monitoring, drug interactions, and early recognition of lithium neurotoxicity to prevent severe adverse effects, and continued efficacy in managing mood disorders.

Anahtar Kelimeler: Bipolar Disorder, Lithium, Neurotoxicity Syndromes, SILENT, lithium toxicity



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Tel: 0 212 708 42 08 Web: www.duygudurumbozukluklari2024.com Two Cases of Lithium Poisoning with Similar Clinical Presentation, Different Blood Levels - Silent Syndrome

MEHMET RIDVAN VARLI¹, YASEMİN KOÇYİĞİT¹, HATİCE AYÇA KALOĞLU1¹

¹Etlik City Hospital

MEHMET RIDVAN VARLI / Etlik City Hospital

Aims = Background: This article details two cases of 59-year-old female long-term lithium users with bipolar disorder, presenting confusion and ataxia following gastroenteritis and urinary infection. After treatment, one showed almost complete neurological recovery in the ICU, and the other regained walker-assisted mobility post-physical therapy.

Methods = Case Report: AK, 59, diagnosed with Bipolar Disorder 20 years ago, has been on Lithium 900mg/day for a year. she arrived at the ER with impaired mobility, speech, tremors, and confusion after three days of diarrhea and low fluid intake. Examination revealed hyperreflexia, myoclonus, and rigidity in both arms. Lithium level was 3.43mmol/L. The patient was evaluated as lithium intoxication in the intensive care unit. A total of three hemodialysis sessions were performed. She was discharged in remission after 18 days. AU, 59, with Graves' disease and diagnosed with Bipolar Affective Disorder 24 years ago, has been on lithium 900 mg/day for four years. She arrived at the ER with drowsiness, diarrhea, and reduced intake over three days. Examination noted drowsiness, dysarthric speech, upper extremity rigidity, and truncal ataxia. Lithium level was 0.86mmol/L. After a nonrevealing lumbar puncture, differential diagnosis included infectious causes and lithium intoxication. Suspected of lithium intoxication, she was admitted to internal medicine. Nephrology saw no need for dialysis. By day 15, her consciousness and speech improved, yet truncal ataxia remained. At her third month checkup after two weeks of physical therapy, she was able to walk with a walker.

Results = **Discussion**: Hemodialysis for lithium poisoning treatment indications are debated. Hemodialysis for lithium poisoning, despite serum levels, is advised for reduced consciousness, seizures, or severe complications. SILENT syndrome refers to persistent neurological symptoms due to lithium,



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lasting at least two months post-discontinuation, without prior neurological disorders.

Conclusion = **Conclusion**: It is important to appropriately assess patients who may require hemodialysis due to the potential for chronic toxicity to cause permanent neurological symptoms.

Anahtar Kelimeler: Cerebellar side effects, Lithium intoxication, Neurotoxicity, SILENT Syndrome



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Two Cases of Lithium Intoxication with Similar Clinical Presentation, Different Blood Levels - Silent Syndrome

MEHMET RIDVAN VARLI¹, YASEMİN KOÇYİĞİT¹, HATİCE AYÇA KALOĞLU¹

¹Etlik City Hospital Ankara

MEHMET RIDVAN VARLI / Etlik City Hospital Ankara

Aims = Background: This article details two cases of 59-year-old female long-term lithium users with bipolar disorder, presenting confusion and ataxia following gastroenteritis and urinary infection. After treatment, one showed almost complete neurological recovery in the ICU, and the other regained walker-assisted mobility post-physical therapy.

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Results = **Discussion**: Hemodialysis for lithium poisoning treatment indications are debated. Hemodialysis for lithium poisoning, despite serum levels, is advised for reduced consciousness, seizures, or severe complications. SILENT syndrome refers to persistent neurological symptoms due to lithium,



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lasting at least two months post-discontinuation, without prior neurological disorders.

Conclusion = **Conclusion**: It is important to appropriately assess patients who may require hemodialysis due to the potential for chronic toxicity to cause permanent neurological symptoms.

Anahtar Kelimeler: lithium intoxication, neurotoxicity, cerebellar side effects, SILENT Syndrome



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Burden of Psychiatric Disorders in Turkey

Mete Şaylan¹, Fatma Akyüz Karacan¹, Ömür Günday Toker¹, Ceren Şimşek²

¹Holy Savior Armenian Hospital ²ISPOR Yeditepe Student Chapter

Mete Şaylan / Holy Savior Armenian Hospital

Aims = Background: The Global Burden of Diseases study includes national prevalence, disability-adjusted life-years (DALYs), years lived with disability (YLDs), and years of life lost (YLLs) of major psychiatric disorders. We aimed to report Turkey-specific data on the disorders mentioned above and burden-related parameters of mental disorders.

Methods = **Case Report**: The global burden of disease study systematically reviews databases to obtain data on prevalence, incidence, remission, duration, severity, and excess mortality for each mental disorder. These data were processed by a Bayesian meta-regression analysis to estimate prevalence by disorder, age, sex, year, and location. The Cause of Death Ensemble modeling strategy was used to estimate death rates by age, sex, year, and location. The death rates were multiplied by the years of life expected to remain at death based on a normative life expectancy to estimate YLLs. We retrieved Turkey and High-Middle SDI mean results from GBD Results, Epi Visualization, and GBD Compare databases.

Results = Discussion: Estimated DALYs of mental disorders included in the GBD study were found 1.6 million for both sexes. DALY loss was higher in women (56% of total loss) than in men (43%). As expected, depression accounted for the highest-burden (632.644DALYs) followed by anxiety disorders(375857 DALYs) and bipolar disorder (157614 DALYs). Similar distribution patterns were calculated for High-Middle SDI countries except for schizophrenia accounting for the third highest burden (3367871 DALYs) after depression and anxiety disorders. The top three YLD ranks of mental disorders (Depression, anxiety, and bipolar disorders) did not change between 2009-2019 however the burden of YLD increased by 9.42%, 13.67%, and 16.4% respectively for these disorders.

Conclusion = Conclusion: GBD showed that mental disorders, particularly affective disorders, are still the leading causes of burden in Turkey, with strong



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Tel: 0 212 708 42 08 Web: www.duygudurumbozukluklari2024.com evidence of an increase in the last 10 years. GBD may be a useful tool for policymakers for planning effective prevention and treatment programs.



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A Case Beginning with Psychosis and Progressing to Prescription Drug Abuse: Biperiden Dependency

Metin Aslan¹, Hanife Parlak Aslan¹, Fikret Ferzan Gıynaş¹

¹Erenkoy Training and Research Hospital for Psychiatry and Neurological Diseases

Metin Aslan / Erenkoy Training and Research Hospital for Psychiatry and Neurological Diseases

Aims = Background: Anticholinergic drugs are used for the prophylaxis and treatment of extrapyramidal symptoms caused by neuroleptics. Abuse of anticholinergic agents has been reported in patients with psychotic disorders, treated with neuroleptics. In this article, we will present a patient who was started on biperiden due to negative symptoms and extrapyramidal side effects caused by antipsychotics, and subsequently resulted in biperiden addiction.

Methods = **Case Report**: The patient is 29-year-old male; had been using oral biperiden at doses between 6-8mg/day for approximately 4 years and applied to the outpatient clinic with the intention of quitting. He was admitted to the psychiatric ward with a diagnosis of psychosis. He had a disease history of 12 years and did not have regular follow-ups and could not go out to crowded environments due to social isolation. Aripiprazole and clozapine was started. After psychotic symptoms regressed, it was learned that he used biperiden for self-medication for social phobia and introversion, we started paroxetine. He was discharged after the treatment program when his psychotic symptoms and drug craving subsided.

Results = Discussion: The biochemical theory explaining anticholinergic dependence is still not fully elucidated. Unless anticholinergic abuse is suspected, the patient is rarely asked directly about possible misuse of the drug, and patients reportedly do not voluntarily provide this information The stimulant effect of the drug is thought to eliminate the depressive and negative symptoms of schizophrenia.İt is thought that the "Euphoric" effects do not arise from anticholinergic drugs, but mainly occur after "anhedonia" induced by a neuroleptic.

Conclusion = Conclusion: Patients using neuroleptics are at risk of abusing anticholinergic agents such as biperiden, and we think that this risk may



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A Case of Syndrome of Inappropriate Antidiuretic Hormone to Alcohol Withdrawal

Metin Aslan¹, Mine Ergelen¹

¹Erenkoy Training and Research Hospital for Psychiatry and Neurological Diseases

Metin Aslan / Erenkoy Training and Research Hospital for Psychiatry and Neurological Diseases

Aims = Background: Delirium tremens is a group of symptoms in individuals who are alcohol dependent due to heavy consumption, typically occurring 24-96 hours after the end of alcohol consumption. Syndrome of inappropriate antidiuretic hormone (SIADH) secretion is a condition in which water reabsorption is overstimulated by vasopressin and water diuretic deficiency occurs despite hyponatremia. There are very few cases of SIADH due to alcohol withdrawal in the literature. We present the case of its existence secondary to alcohol withdrawal.

Methods = **Case Report**: The patient,47-years-old man, had been drinking 8-10 standard units of alcohol every day for 20 years. He was hospitalized with a preliminary diagnosis of delirium tremens because he developed complaints of tremors and seeing images after he suddenly stopped drinking alcohol for about a week. His physical examination was normal and tremor was revealed neurological examination. Laboratory evaluation revealed hyponatremia and increased urinary sodium excretion. No pathology other than cerebral atrophy was detected on cranial MRI imaging. The patient was evaluated as having secondary SIADH and was referred to internal medicine for fluid restriction and hyponatremia treatment.

Results = Discussion: No previous trauma, surgical intervention, surgical symptoms/symptoms or other organic etiologies of central origin were detected in our patient. Additionally, our patient's normal renal parameters, blood count, and absence of other urinary symptoms excluded additional diagnoses of nephrogenic origin in this patient. There was no suspicious drug use in our patient. In the literature, SIADH has been found to be associated with serum osmolality changes due to alcohol withdrawal and inappropriate rebound vasopressin secretion. Some studies have demonstrated the vulnerability of osmolar degradation in patients with chronic alcohol use.



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Tel: 0 212 708 42 08 Web: www.duygudurumbozukluklari2024.com **Conclusion = Conclusion**: This case highlights a rare complication of delirium tremens followed by hyponatremia and SIADH. It is important to evaluate patients with alcohol use disorder carefully and pay attention to osmolality status and electrolytes.



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Two-Injection Start Regimen of Long-Acting Aripiprazole in Patients With Bipolar Disorder

Orhan Gorgulu¹, Ozlem Devrim Balaban¹, Yusuf Ezel Yıldırım¹

¹Mazhar Osman Mental Health and Neurological Diseases Hospital

Orhan Gorgulu / Mazhar Osman Mental Health and Neurological Diseases Hospital

Aims = Background: Aripiprazole is an FDA-approved drug for the treatment of Bipolar Disorder in oral and injection forms. Long-Acting Aripiprazole Two-Injection Start Regimen is also FDA approved. Although Two-Injection Start Regimen has been studied in schizophrenia patients in terms of safety and tolerability, according to our current knowledge, there are no studies on patients diagnosed with Bipolar Disorder.

Methods = **Case Report**: The study included patients who were treated as inpatients in the men's ward of Mazhar Osman Mental Health and Neurological Diseases Hospital with the diagnosis of Bipolar Disorder Manic Episode within an 8-month period and who were administered Two-Injection Start Regimen of Long-Acting Aripiprazole during inpatient treatment. At least 1 month after the initial treatment, patients were contacted by telephone to discuss medication compliance and side effects.

Results = Discussion: A total of 7 patients who received Two-Injection Start Regimen during inpatient treatment with the diagnosis of Bipolar Disorder Manic Episode were included in the scope of the study. The ages of the patients vary between 21-51 years and the duration of the disease varies between 9-31 years. 6 patients used additional mood stabilizers and 3 patients used additional antipsychotics. No severe adverse effects developed in any patient after the first initial application. In the control evaluation of 5 accessible patients, it was determined that the patients were applying their monthly maintenance doses.

Conclusion = Conclusion: As a result of our study, it was found that there were no serious side effects related to Two-Injection Start Regimen administration in patients diagnosed with Bipolar Disorder and that the patients complied with their maintenance treatments. Due to the small number of participants, the results of our study cannot be generalized to all patients diagnosed with Bipolar Disorder. However, these findings show that Two-



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Tel: 0 212 708 42 08 Web: www.duygudurumbozukluklari2024.com Injection Start Regimen has advantages in terms of oral medication use and treatment compliance, especially in inpatients.



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A case of Euprolactinemic Amenorrhea Due to Sertraline Use

Serkan Yazıcı¹

¹Ankara Mamak State Hospital

Serkan Yazıcı / Ankara Mamak State Hospital

Aims = **Background**: Drug related amenorrhea is frequently seen in psychiatric clinical practice. Although amenorrhea is generally seen due to the use of antipsychotics, selective serotonin reuptake inhibitors(SSRIs) uses could also be observed rarely. In literature, hyperprolactinemia comes to the fore as the underlying cause of amenorrhea caused by many antidepressants, including sertraline. In this case report, a case who developed euprolactinemic amenorrhea due to sertraline use but whose prolactin level was found to be normal will be discussed.

Methods = Case Report: A 27 year-old female patient was admitted to the psychiatry clinic with symptoms such as unhappiness, lack of enjoyment, loss of appetite, fatigue and insomnia, which had been going on for 2 months. She had no known additional disease and didn't use any medications regularly. She was diagnosed with Major Depressive Disorder and was started on sertraline 50 mg/day. At first month follow-up, she had benefited from the medication at around 80%, and no change was made in treatment. She applied 5 months after the start of treatment with amenorrhea that had been occurring for 4 months. She patient had no history of menstrual irregularity and wasn't accompanied by galactorrhea. Her prolactin level was found to be normal(17 µg/L). To exclude laboratory error, prolactin level was requested again from a second center and that result too was observed normal(19 µg/L). Thereupon, she was referred to the gynecology and obstetrics and endocrinology departments. Gynecological examination, hormone profile and pituitary neuroimaging revealed no abnormalities. Considering amenorrhea might be related to sertraline, sertraline was discontinued and amenorrhea disappeared 1 month after stopping the treatment.

Results = Discussion: Amenorrhea due to sertraline use have been reported rarely in the literature. However, amenorrhea without hyperprolactinemia due to sertraline use, as in this case, hasn't been reported before.



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Tel: 0 212 708 42 08 Web: www.duygudurumbozukluklari2024.com **Conclusion** = **Conclusion**: The etiology of SSRI-associated amenorrhea other than hyperprolactinemia is unclear. There is a need for more research on this area.



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Mood Disorder From The Perspective Of Neurodevelopmental Disorders: Bipolar Disorder Presentation From an Asperger Case

Sultan Ekinci¹, Aynur Görmez¹

¹Istanbul Medeniyet Universitesi

Sultan Ekinci / Istanbul Medeniyet Universitesi

Aims = Background: A growing body of literature, including studies by Joshi et al. (2013) and Simonoff et al. (2008), depicts elevated rates of mood disorders among individuals with autism spectrum disorder (ASD), including bipolar disorder (BD). Joshi et al. (2010) further support this, highlighting the heavy burden of psychiatric comorbidity in adult with ASD. Compared to adult with BD alone, individuals with comorbid BD+ASD exhibit a distinct clinical presentation characterized by increased distractibility, racing thoughts, social withdrawal, and low reactivity of negative mood states, as demonstrated by studies such as Vannucchi et al. (2014) and Joshi et al. (2013). At 28, the patient sought psychiatric help for Asperger's-like symptoms and received risperidone and escitalopram. Symptoms aligned with bipolar disorder. Clarified diagnosis and treatment led to improved functionality.

Methods = **Case Report**: The 28-year-old man initially presented to psychiatry with symptoms indicative of Asperger's Syndrome, such as difficulties in social interactions, specific interests like mRNA technology. He also exhibited inflexibility, difficulty understanding irony, and sought help from a psychologist due to depressive complaints and distressing thoughts. Referred to us, he was treated with risperidone and escitalopram for initial depressive symptoms. However, hypomanic symptoms including impulsive behaviors such as taking out a loan to purchase clothing, increased sexual desire, decreased need sleep, leading to a diagnosis of BD. Treatment was adjusted to include valproate and risperidone, resulting in improved self-care, functionality during follow-up.

Results = Discussion: This case underscores the diverse presentations of high-functioning autism spectrum disorder (ASD) within psychiatric settings. It emphasizes the crucial role of accurately diagnosing these patients and recognizing potential comorbid psychiatric conditions for appropriate treatment. Avoiding unnecessary use of psychotropic medications and enhancing patient functionality are paramount, particularly in ASD. Thus, a



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Tel: 0 212 708 42 08 Web: www.duygudurumbozukluklari2024.com thorough diagnostic process and tailored interventions are essential to optimize outcomes and improve the quality of life for individuals on the autism spectrum

Conclusion = Conclusion: .



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AI is a Secret Weapon in Therapy

Ummuhan Ozkal¹

¹Istanbul Prof. Dr. Ilhan Varank Training and Research Hospital, Department of Psychiatry

Ummuhan Ozkal / Istanbul Prof. Dr. Ilhan Varank Training and Research Hospital, Department of Psychiatry

Aims = Background: ChatGPT is a partner for writing, generating ideas, bouncing off ideas, brainstorming, and amplifying your creativity. The purpose of this case report is to show the implication of artifical intelligence in therapies.

Methods = **Case Report**: H was a 30-year-old teacher. B was a 32-year-old computer engineer. There were relational conflict issues between the partners. They wanted to feel fulfilled, satisfied and happy. They agreed to use AI in therapy. I asked emotion and examined typical coping techniques and the action tendencies linked to the emotion. We discovered their strengths and vulnerabilities. Therapy focused on emotion regulation, interpersonal connection, and negative models of self and other. Maladaptive schemas were studied. We made homeplay exercises via ChatGPT. Within a short period, it planned the exercises. We developed plan for healthy adult mode. Solution-focused goals were constructed. The couple were used AI as digital assistant. They programmed the day with it.

Results = Discussion: At the end of the therapy, the couple reported more satisfied in their relationships. They felt happier, more trusting, less stressed. They were paying attention each other. AI assisted psychotherapy created closeness in the moment and strengthened their relationships over time. It enhanced their mental agility too. Attempts at AI increased the creativity with an intensity unmatched by simple brainstorming in sessions. They used it to solve personal and interpersonal problems.

Conclusion = **Conclusion**: On trying out relationships, AI assisted psychotherapy unlocks creativity, makes tense situations less stressful, and helps us survive and thrive through life's ups and downs. Dancing with AI will help the clients reinvent themself, accelerate their learning, practice generative thinking. In the wise words of the Ursula K. Le Guin, "Love doesn't just sit



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Tel: 0 212 708 42 08 Web: www.duygudurumbozukluklari2024.com there, like a stone, it has to be made, like bread, remade all the time, made new." It is likely that more people will welcome the assistance to make love.



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Antidepressant Treatment Use in a Psychiatric Outpatient Setting

Kezban Burcu Avanoğlu¹

¹Yalova Devlet Hastanesi

Kezban Burcu Avanoğlu / Yalova Devlet Hastanesi

Aims = Background: The objective of this study is to analyze the pattern of antidepressant treatment preference in a psychiatric outpatient setting at a state hospital.

Methods = **Case Report**: This is a retrospective record review study. Among all patients who visited psychiatry outpatient clinic making an appointment through the central physician appointment system (MHRS) between 01.02.2023 and 28.02.2023, only those with depression or anxiety disorders were included. The repeated applications were excluded. Data were obtained through the examination of medical notes entered into the hospital operating system and prescriptions recorded in the prescription system.

Results = Discussion: Of 249 patients who presented at the timeline, the majority were female (n=181, %72,7), the mean age was 45,93 (+-16,05). The majority had depressive disorders (n=200; %80,3), followed by anxiety disorders (n= 43; %17,3), obsessive-compulsive disorder (n=4; %1,6) and misophonia (n=2; %0,8). Sertraline was the most commonly prescribed antidepressant, comprising 26,5% (n=66) of the total prescriptions. This was followed by escitalopram (n=47; %18.9), fluoxetine (n=38; %15,3), paroxetine (n=31; %12,4). In total, selective serotonin reuptake inhibitors (SSRIs) formed %76 (n=190) of all the prescriptions. Serotonin-norepinephrine reuptake inhibitors (venlafaxine and duloxetine) were prescribed to %11,6 of patients. Others comprised of vortioxetine (n=16; %6,4), bupropiyon (n=4; %1,6). About one-sixth (N=40; %16,1) of the patients were prescribed more than one antidepressant, most of the combinations were with mirtazapine (n=20; %83,3). One-tenth of the patients (N=25) were offered augmentation therapy of antidepressant with an antipsychotic. The treatment for 167 patients (%61,7) underwent modifications, while in 81 cases (32,5), the treatment remained consistent.

Conclusion = **Conclusion**: The primary preference in treatment is antidepressant monotherapy. Sertraline is the most commonly prescribed antidepressant and SSRIs are the most commonly prescribed class of antidepressants.