

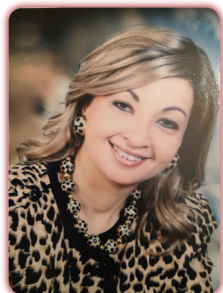
9th International Conference on
ADDICTION & PSYCHIATRY

November 12-13, 2018 Dubai, UAE



Workshop (Day 1)

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Amany Haroun El Rasheed

Al Amal Psychiatric Hospital, UAE

New drugs of abuse: What clinicians need to know?

Drug abuse is a growing concern all over the world and over the past decade, novel drugs have emerged and have become increasingly popular. Designer drugs otherwise known as synthetic drugs-are manufactured to chemically resemble illicit drugs, but may be purchased legally because drug manufacturers constantly change the chemical structure to circumvent drug laws. In fact, designer synthetic drugs are found to be more potent and dangerous than their street drug counterparts. People who abuse designer synthetic drugs have suffered a number of negative health outcomes that include anxiety, seizures, hallucinations, loss of consciousness and significant organ damage. Recognition and treatment of new drugs of abuse pose many challenges for health care providers due to lack of quantitative reporting and the difficulty of detection in routine blood and urine analyses. Clinicians should familiarize themselves with management principles of these new agents. Therefore, the purpose of this workshop is to describe the pharmacology, clinical and adverse effects of several new classes of drugs of abuse as well as management of patients with addiction to these drugs.

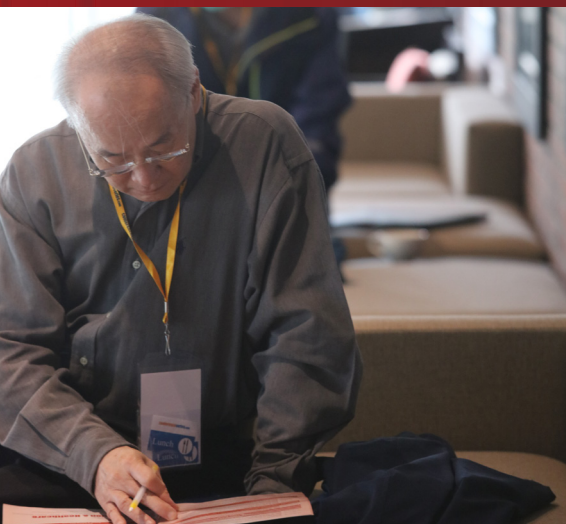
Biography

Amany Haroun El Rasheed was a Professor in Psychiatry, Faculty of Medicine at Ain Shams University. She is currently working as a Consultant Psychiatrist at Al Amal Hospital, Ministry of Health, Dubai, UAE. She was a NIDA (National Institute of Drug Abuse) Hubert H. Humphrey Drug Abuse Research Fellow in Johns Hopkins University.

amanyhelrasheed@gmail.com

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Scientific Tracks & Abstracts (Day 1)

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Role of spiritual therapy in motivation and rehabilitation in substance use disorders

Sarfraz Hussain
Punjab University, Pakistan

Since many years, there is an increasing trend of substance use or drug addiction. It has been observed in most of the countries of the world. Healthcare scientists are facing new challenges as patterns of substance use are progressively becoming more complicated. Substance tolerance, dependence and addiction are all manifestations of brain changes resulting from chronic substance abuse. Repeated substance use is cause of neuro adaptations in various neuronal circuits in the brain that are involved in motivation, memory and behaviour control. In addition to the pharmacological treatment, motivation should be the focus which is unfortunately a missing dimension in the treatment, in the regimen of high relapse. Motivation is guided by the heart and the brain so there is the role of morality and spiritualism to quit substances and other drugs. There are multiple motivational factors and reasons to quit other substances. These factors may be more than one. To find out the other factors studies have shown that different motivational factors are divided into biological, psychological and social factors. The recovery from addiction is a long process that requires time, commitment, motivation and support. First step in the treatment is to decide to make a change. Studies have shown that a patient's motivation has better results in the treatment outcome. A person with poor motivation who would give up drugs has managed so with long term effects of positive support thus this discussion is aimed at the role of biological basis and motivation in quitting substance use disorder. Spirit, heart and mind explain the phenomena of behaviour change. Spirit is symbolic of God, heart is a place of worldly achievement while mind is our behaviour regulator. To control our body two forces are acting on us. Divine power and devil power: divine force results in a good outcome while devil force results in a bad outcome. Examples of bad behaviours are crime, gambling, drug addictions, alcoholisms, drug traffickings and other crimes associated with it. In case of spiritual blessings, it can bring a good change, gentle behaviour and a drug free life.

Biography

Sarfraz Hussain has done his MBBS from Rawalpindi Medical College affiliated with Punjab University Lahore. He has done his Post-graduation in Psychiatry from WHO collaborating Center on Mental Health Research and Training, Rawalpindi Medical College and MCPS from College of Physicians and Surgeons Pakistan. He has a certificate of Specialist Psychiatry from Saudi Medical Council Riyadh. He is a live member of Pakistan Psychiatric Society since 2008. He is presently working as a Consultant Psychiatrist at Brain Center Hospital, Pakistan.

sardarsahab@live.com

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Patient satisfaction in substance abuse institutions as indicator for successful implementation of total quality management

Ahmad Mousa Aldisi
The National Rehabilitation Center, UAE

Total quality management (TQM) is a management approach of an organization centered on quality, based on the participation of all its members and aiming at long term success through customer satisfaction and benefits to all members of the organization and society. Nowadays, there is a growing interest in TQM in healthcare facilities. Patient satisfaction is an essential and normally utilized marker for estimating the quality in health care. Patient satisfaction influences clinical results, patient retention and medical negligence claims. It affects the auspicious, proficient and patient-centered conveyance of quality health care. Little is currently known about patients' satisfaction with different domains of substance abuse treatment. Few studies have investigated the aspects of patient satisfaction associated with patients' perceived treatment outcome. This presentation illustrates the importance of patient satisfaction of substance abuse clients as indicator of TQM in healthcare institutions based on a systematic review of literature, with focus on financial and clinical significance of patient overall satisfaction with treatment, taking in consideration the main variables and limitations in assessing the satisfaction of substance abuse client such as management and organizational factors, client factors, baseline drug use, treatment duration (length of stay), treatment type and many other factors.

Biography

Ahmad Mousa Aldisi has completed RN Diploma from Rufaida College for Nursing and Midwifery. He has completed his Bachelors of Nursing from University of Jordan, Clinical Instructors Diploma and Masters in Quality Management from University of Wollongong, Dubai. He has worked as the Head of Nursing Development unit in the National Center for Mental Health in Jordan and also worked as a Lecturer at Rufaidah College for Nursing and Midwifery. He is currently working as a Specialist Nurse at The National Rehabilitation Center (for treatment and rehabilitation of addiction patients) in Abu Dhabi, UAE.

amdisi@gmail.com

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Modern day addiction: Cybertechnology and social media

Khurram Tanveer Sadiq

Greater Manchester Mental Health NHS Foundation Trust, UK

Well we live in a dynamic world of Social Media. The world is divided into two Paradoxes, Real world and Online, which is now declared a domain. We know the advantages of Social Media, how connected we are, how easy it is to communicate however what we disregard is the unknown dark realm of the Social Media with a dynamic interface which is very engaging and addictive in nature. With the expansion of Social Media and advent Of Smart phones, our universe is in our hands and just a touch away. Screen time has increased considerably, real time has decreased substantially, there is a false perception of anonymity, closeness, proximity and security. This leads to a lot of deviant behaviours. Outdoor activities have been replaced with Gaming consoles, VR Gismos and ever engaging Social Media. Social isolation is on the rise, there has been an increase in the mental health disorders amongst children, adolescents and adults. No one could imagine that soon this cyber technology will become an addiction that changes the morphology of the brain and in turn bent on ripping apart the societal fabric.

Biography

Khurram Tanveer Sadiq is a Consultant Psychiatrist in General Adult Psychiatry in Manchester. His niche areas are Adult ADHD, Autistic Spectrum Disorder, Psycho-oncology, Leadership, Music & Mental health and Social Media & Mental health. He was included in the 2017 publication by International Association of Health Professionals as one of the Leading Psychiatrist in UK. He has also appeared in the Summer edition of Continental Who's Who Publication Inner Circle Executive (ICE). He is also a Key Note Speaker & blogger. He has appeared several health-related TV programs regarding the impact of Social Media on mental health. He is well published in different areas of mental health.

khurramlodhi74@hotmail.com

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Factors determining heroin addiction treatment outcome and the likelihood of sustained abstinence in heroin addicts

Masa Karleusa Valkanou and Jasmina Knezevic Tasic
Lorijen Hospital, Serbia

Background & Aim: Factors determining heroin addiction treatment outcome have not been studied extensively despite the practical and theoretical significance. It is uncertain whether we are able to predict the odds of sustained heroin abstinence and affect the factors that increase the likelihood of the recovery. This study aimed to identify factors that either individually or in synergy support the sustained multiannual abstinence.

Method: In this translational ambidirectional cohort study, we evaluated two groups of heroin addicts that underwent the same therapeutic procedures with different outcomes (133 abstainers and 56 relapsers) using the non-standardized questionnaire to study: The history of addiction, motivation for the treatment, parental attitudes and control, job satisfaction, social and emotional relationships, alternative satisfactions, use of other substances during treatment and treatment characteristics. The chi square analysis was used to determine specific significant factors that act individually. The binary logistic regression provided a mathematical model of the synergistic effect of significant factors.

Result: The study found a new variable, an abstinence marker, defined by the synergistic effect of the following factors: Use of tramadol before treatment ($p=0.011$), non-use of Benzodiazepines ($p=0.001$), length of Naltrexone use ($p<0.0005$), non-use of Cannabis ($p=0.002$), non-compulsive exercise ($p=0.009$) and employment and job satisfaction ($p<0.0005$) during recovery.

Conclusion: This study reports a mathematical model that predicts multiannual sustained abstinence as an outcome of heroin addiction treatment.

Biography

Masa Karleusa Valkanou is a Clinical Psychologist with 10 years of experience, working at The Lighthouse of Arabia, Dubai, UAE. She has completed her MSc in Psychology and Counseling from University of Sheffield. She is a Certified Systemic Family Psychotherapist enrolled in Child and Adolescent Psychoanalytic Psychotherapy. Her specialization works are with adults, children and adolescents of different psychological disorders. She has gained rich clinical experience in the field of addiction working at psychiatric clinic for addiction, Lorijen Hospital, Serbia. She has worked as a Lecturer at ESB-Heriot-Watt University, the Military Academy Serbia and Centre for Talented Youth, Nikola Tesla.

psyonics@gmail.com

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Early intervention for children with disability

Sahida Tabassum Mohammed
OneUp Education, UAE

Early intervention is an arrangement of administrations that helps children and toddlers with formative postponements or disabilities. Early intervention centered around helping qualified children and babies learn the basic and brand-new skills that typically develop during the first three years of life. Early intervention for kids with inability is compromised of treatments and administrations. This programs or sessions aimed at promoting your child's development. Services are the places and associations that offer these treatments. A service can give one therapy or few kinds. Your child can get early intervention therapies and services from multiple points of view, including at home, home through video conferencing, child care and kindergarten or in a master setting. Early intervention works best when it's focused at your child's individual needs. For this to occur, you require a determination, which says what inability your child has. When you have a diagnosis, your kid's specialist or health provider can recommendation which early intervention therapy or service may be best for your kid. Depending on the necessities of your family and child, early intervention may include a therapist working with your child, a specialist cooperating with you and your child or a specialist working in a gathering session with other youngsters. A pediatrician may have the capacity to state that your child is moderate in acheiving formative breakthroughs in excess of one region, for example, speech or versatility, as a result of formative postponement. At that point you can work out which early mediations will best focus on your child's deferrals.

Biography

Sahida Tabassum Mohammed is a Educator with 14 years of experience in UAE and India. She has worked as a Counselor, Psychologist, Educator, Teacher, Leader and SEN specialist. She has completed her Bachelor's in Psychology, Masters in Organic Chemistry and Diploma in Psychological Counselling. She is currently pursuing her Masters in Counselling and Psychotherapy. She is a Member of American Association for Counselling and Member of International Association for Counselling, Qualified Teacher and Emirates Autism Society.

shaheda_t@yahoo.com

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Workshop (Day 2)

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Steven John Roberts

Higher Colleges of Technology, UAE



Vasintha Veeran

Higher Colleges of Technology, UAE

Resistance is futile: But it’s not what you say, it’s how you say it: Enhancing collaborative factors in motivational interviewing with hard to reach service users in substance and alcohol services in the UAE

A significant factor in developing services for the hard-to-reach individual must, if it is to be successful, consider the role of culture in the social context in which it occurs. Hence, cultural contexts can be restrictive or facilitative in the way that access may be obtained to sites of substance abuse. Creative methodologies in gaining access to the hard to reach community sites as well as individuals will be highlighted in this workshop. This interactive workshop will demonstrate the use of a systematic approach (motivational interviewing) to the assessment and management of hard to reach clients with substance and alcohol problems in Community Outreach settings. This workshop will be conducted using the experiential design through participatory and reflective exercises, against the backdrop of the cultural contextual forces covering issues such as etiology, availability of drugs and regulatory structures. This workshop will help participants to learn how to apply common motivational interviewing skills with people with substance and alcohol problems. Some key research applications when using motivational interviewing with this client groups will also be focussed. Experienced use of the OARS method in motivational interviewing with substance misuse. A special focus on outreach and community-based interventions supports an integrated model of intervention that seeks to include the hard to reach client in gaining access to health care systems. In the conclusion of the workshop, participants will be guided in developing goals and objectives to continue their trajectory of their own professional development needs in the specialization of motivational interviewing.

Biography

John Roberts has completed his MA in Social Work Studies from Exeter University. He has 12 years of experience as a Cognitive and Behavioral Psychotherapist and Motivational Interviewer. He has joined the Improving Access in Psychological Therapies Teaching Team at Plymouth University. He has worked as a Lecturer at the Higher Colleges of Technology. He has managed and led primary and secondary care mental health services in UK as well as became the Director for his own independent consulting and treatment company. He has published in motivational interviewing and managed through a number of CBT research projects in a clinical setting. He retains interest in psychological aspects of chronic condition management and medically unexplained symptoms.

sroberts@hct.ac.ae

Vasintha Veeran is an Associate Professor in the Health Science Division in Abu Dhabi Women's College. Dr Veeran has extensive research experience especially in the field of children and youth in all aspects of their health and social well-being. Her research experience spans international collaborations with countries such as the UK, USA, Netherlands, Germany and Ireland, in which she has held positions of Principal Investigator. Dr Veeran's research experience also includes the successful supervision of PhD, Masters and Honours students in some of the countries mentioned above. She has served as an International Expert Consultant for the United Nations Development Program and has vast experiences in compiling and presenting reports highlighting technical, evaluative and qualitative outcomes. In addition to this, Dr Veeran has extensive scholarly publications in peer reviewed journals as well as book chapters. Dr Veeran is currently an Adjunct Professor at the Open University of Mauritius and continues to maintain an active research profile with her network of research collaborators across the globe. Dr Veeran serves as an evaluator of research proposals for the National Research Foundation, South Africa as well as a peer reviewer for a few international journals.

vveeran@hct.ac.ae

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Scientific Tracks & Abstracts (Day 2)

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Acceptance and commitment therapy for addiction

Najiha Syeda

American School of Creative Science, UAE

Acceptance and Commitment Therapy (ACT) may seem confusing. This study deals with how do acceptance and commitment paired with mindfulness form an effective treatment. It also explains about the role of commitment. In the case of ACT, you are committing to facing the problem head-on. Instead of avoiding your problems, you commit to actions that will help you stop struggling against the inevitable and facilitate thriving instead. ACT is effective for a wide range of psychological disorders, but it is also effective as a life-affirming and inspirational perspective on the world. ACT can show you exactly what happens and how you can harness the power of acceptance to get the life you want. ACT in simple terms, it is a type of therapy that aims to help patients accept what is out of their control and commit to actions that can improve and enrich their lives. There are six core processes of ACT that guide patients through therapy and provide a framework for developing psychological flexibility: Acceptance, cognitive diffusion, being present, self as context, values and committed action. ACT is built on the relational frame theory, a theory that is well supported by psychological research. This theory is based on the idea that the human ability of relating is the foundation of language and cognition. We can apply mindfulness to accept our feelings and change how we react and relate to them instead of trying to avoid them. ACT Metaphors : Metaphors play a big role in acceptance and commitment therapy, as they provide clients with a simple way to understand how their feelings and thoughts influence their actions, allowing them to see how adjusting the way they think can result in extremely positive outcomes. The sailing boat metaphor, the mind bully quick sand metaphor are few common metaphors. ACT for treating disorders: While ACT, like the practice of mindfulness itself, can be applied in any individual's life, it has also proved to be effective in treating many psychological disorders, including general anxiety disorders, chronic pain, depression, OCD, eating disorders and social anxiety. Applying ACT in Group Therapy: ACT can be applied on an individual level, but it is also effective when delivered via a treatment group. The association for contextual behavioral science acknowledges the effectiveness of group ACT treatments for anger, depression and general anxiety, social anxiety, chronic pain and for struggling adolescents. ACT apps that can help: As technology flourishes, so too does the set of treatment options available to us. As with so many other problems, issues or opportunities, there's an app for that. The two most popular apps are described below. The Happiness Trap App and the ACT coach. ACT has the potential to produce extremely positive results, not only for those suffering from psychological disorders, but also for those suffering from the pain inherent in everyday life. With so many resources available online, it's easier than ever to give ACT a try.

Biography

Najiha Syeda has completed her M Sc in Counselling and Psychotherapy from the Institute of Behavioural science and Management, Bachelors in Psychology from St. Francis University, India and Post Graduate Diploma in Child and Youth Counselling from Career Academy, Australia. She is a Member of American School Counselor Association (ASCA), International Association for Counselling and Affiliate Member of Psychotherapy and Counselling Federation Of Australia.

syeda_najiha@yahoo.com

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Polysomnographic survey of sleep architecture in patients with Methamphetamine dependency in early full remission phase

Zahra Amjadi Goojgi

Mashhad University of Medical Sciences, Iran

Introduction: Nowadays, the association of stimulants and sleep disorders is more interested. Given the few number of studies in the current scientific literature regarding assessment of the structure of sleep in patients with dependence on amphetamines, especially after long periods of abstinence, present study is designed for the assessment.

Method: This study was conducted in 2013-2014 in Mashhad and the subjects were selected through the convenience sampling method from medium-term residential treatment centers. They were assessed through psychiatric interview whether or not meet the inclusion/exclusion criteria. The case group consisted of 12 patients whom were diagnosed as in early full remission according to DSM-IV TR criteria, were explained about how polysomnography worked and sent to sleep lab. The collected data was analyzed by SPSS. On the basis of Kolmogorov-Smirnov results, the quantitative data with normal distribution were then analyzed with t-test and the qualitative data with Chi-square test.

Result: However the mean Total Sleep Period (TSP) and Total Sleep Time (TST) were in the normal range (403.0 ± 52.9 and 333.6 ± 79.1 minutes, respectively), there was a significant difference between these two variables ($p=0.001$). There was a slight increase in Sleep Onset Latency (SOL) that was not significant ($p=0.47$). The participants generally, suffered poor quality of sleep, subsequent to significant decrease of Sleep Efficiency (SE) ($p=0.047$) and slight rise in WASO (Waking After Sleep Onset) (69.53 ± 3.4 , $p=0.08$). Besides, results indicated changes in sleep stages including significant rise in stages 1 and 3 of non-REM sleep with a trivial fall in NREM stage 2, though the total amount of NREM sleep was not significantly changed. Evaluation of REM phase, in turn showed an increase in latency and percent of it significant. Although REM pressure which was calculated by the number of REM episodes, slightly increased.

Conclusion: Current findings shown sleep disturbances due to stimulants, within prolonged period of abstinence, could reflect the preliminary mechanisms causing neuropsychiatric disorders, although it needs further studies which consider and resolve our limitation.

Biography

Zahra Amjadi Goojgi has completed her Doctorate degree in Medicine from Islamic Azad University of Iran and Specialty degree of Psychiatry from Mashhad University of Medical Sciences.

goojgi.zara@gmail.com

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Disease mongering: A psychological move towards an illness

Sadia Shakeel

Dow University of Health Sciences, Pakistan

Disease mongering is the selling of sickness that widens the boundaries of illness in order to grow markets for those who sell and deliver treatments. It is a process that turns healthy people into patients, causes iatrogenic harm, and wastes precious resources. Disease mongering is the contemporary form of “medicalisation.” It is a process now driven by both corporate and professional interests, and it has become part of the global debate about health care. International consumer groups now target drug company-backed disease mongering as a wasteful threat to public health, while the global pharmaceutical industry has been forced to defend its promotion of “lifestyle” medicines for problems like slimming and sexual difficulties. Pharmaceutical firms are inventing diseases to sell more drugs, researchers have warned. “It is exemplified mostly explicitly by many pharmaceutical industry-funded disease awareness campaigns - more often designed to sell drugs than to illuminate or to inform or educate about the prevention of illness or the maintenance of health. Disease-mongering promotes non-existent diseases and exaggerates mild problems to boost profits. A key strategy of the alliances is to target the news media with stories designed to create fears about the condition or disease and draw attention to the latest treatment.

Biography

Sadia Shakeel obtained her M.Pharm (Pharmaceutics) in 2009 from University of Karachi, Pakistan and awarded doctorate degree in Pharmacy practice in 2017 from Jinnah University for women, Pakistan. She is a Clinical Research Certified Professional from Dow University of Health Sciences. She is currently rendering her services as a Faculty member in Dow College of Pharmacy, Dow University of Health Sciences, one of the oldest public research university located in urban metropolitan area of Karachi, Pakistan. She is a prolific researcher and author. She has authored over 70 peer-reviewed publications in international journals and several research abstracts / research posters to her credit.

sadia.shakeel@duhs.edu.pk

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