



16<sup>th</sup> World Congress on

# Psychiatry and Psychological Syndromes

April 24-25, 2017 Las Vegas, USA

## Posters

*Psychiatry 2017*

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## Body dysmorphic disorder: A systematic review of treatment and management

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**Objective:** Body dysmorphic disorder (BDD) is a severe psychiatric disorder that affects many around the world. Patients with BDD exhibit a preoccupation with one or more perceived defects in their physical appearance which is exacerbated by poor insight and delusions regarding the perceived bodily flaw. BDD is more prevalent in an all clinical setting than in the general community population, but goes undiagnosed due to lack of screening for the disorder. Therefore, this literature review is aimed to determine most effective treatment for BDD.

**Method:** A systematic literature review was piloted using PubMed, ScienceDirect, Embase and the American Psychological Association PsycINFO to determine the most effective treatment for BDD.

**Results:** We found that serotonin reuptake inhibitors (SSRIs) and cognitive behavioral therapy (CBT) are efficacious in treating body dysmorphic disorder. Randomized control studies found both SSRIs and CBT (especially with imagery restructuring) to be successful in treating BDD if used for longer than six months. Recent case studies suggest electroconvulsive therapy (ECT) and adjunctive antipsychotic use are viable treatment modalities for treatment resistant BDD.

**Conclusions:** SSRIs are the recommended pharmacologic agent for treatment, primarily fluoxetine. It should be continued for 12-16 weeks although increasing the medication to maximum dose for additional 24 weeks duration is more appropriate. Furthermore, newer research has shown imagery restructuring as an efficacious treatment for mild to moderate BDD as it is faster than CBT and can give patients more insight on the disorder.

### Biography

Heela Azizi is currently a Medical student at the American University of Antigua. She has received her Master's degree in Business Administration from Urbana University and her Masters in Health Administration from Franklin University.

Alexa Blair Kahn is currently a Medical student at American University of Antigua. She has received her Bachelor's degree of Science in Biology and minor in Global Health, Culture and Society from Emory University.

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## Inpatient treatment and family involvement of patients with eating disorders: Experience from Slovenia

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**Problem & Aim:** Eating disorders (ED) are chronic mental disorders that commonly involve not only patients but their entire families. The involvement of family members in the treatment of ED has been known to have beneficial effects on patient motivation which is partly reflected by the patients' adherence to the treatment program. The purpose of this study is to assess whether participation of family members in educational support group contributes to the outcome of inpatient treatment. Educational support group for family members is held weekly at the Unit for Treatment of Eating Disorders (UED) in Ljubljana, Slovenia, in addition to the multidimensional inpatient program consisting of group psychotherapy (cognitive, behavioral and psychodynamic), psychodrama, educational groups and music, art and dance/movement therapy.

**Methodology:** Our retrospective cohort study included patients with ED hospitalized at the UED between January 1<sup>st</sup> 2010 and December 31<sup>st</sup> 2015 and their family members. Of the 135 admissions to our inpatient program in this time period, 55 (40.7%) terminated prematurely. Most of these (58.2%) were due to dropout by patients who were insufficiently motivated. We were able to retrieve information about family members' participation during 105 inpatient admissions. In 72 cases, family members participated actively. In 33 cases, family members did not attend the educational support group consistently (two visits or less, mostly none).

**Findings:** There was a statistically significant, if small, association between whether or not the patient completed our program and whether or not their family members actively participated in the treatment ( $\chi^2=6.243$ ,  $p<0.05$ ,  $p=0.017$ , Cramer's V test=0.244).

**Conclusions:** Those patients whose family members did attend our educational support group were more likely to complete the treatment program. This encourages us to continue to provide education and support to family members of our ED inpatients.

### Biography

Karin Sernec is an Associate Professor at University of Ljubljana. She has earned her PhD in 2010. She has been the Head of Slovenia's Unit for Treatment of Eating Disorders ever since it was founded in 1999. She built a multidimensional, mixed-gender inpatient treatment program in addition to group and individual outpatient treatment of persons with eating disorders. She is leading Slovenian Expert Group for Eating Disorders and continues to contribute to this field as an author and co-author of numerous scientific publications.

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## Obstructive sleep apnea, association to neurocognitive impairment: Therapeutic strategies and priorities

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**Background:** Obstructive sleep apnea (OSA) refers to a fairly common, multisystem chronic disorder which results due to reoccurring partial as well as the total pharyngeal obstruction in the course of sleeping. OSA presents with typical symptoms such as excess sleepiness, involvement in vehicle accidents due to falling asleep at the wheel and some degree of systemic hypertension. There has been an indication of an indirect connection between excess daytime sleepiness and the future incidents of cognitive decline and dementia.

**Aim:** The primary objective of this systemic and meta-analysis review is to provide current knowledge of practicing, diagnosing and treating patients with OSA and associated neurocognitive deficit disorders.

**Methodology:** Using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) methodology, outlined search strategy allowed for the retrieval of a total of 312 articles following the removal of duplicates from various sources. The identified results were then reviewed by a single independent researcher. From the 312 articles obtained, only 24 studies were relevant to the topic of review. Article relevance was found after looking at the title of the article and reading their abstracts. After a full-text review, 15 of the 24 relevant articles were found have a direct association with the main aims of this review and accordingly, these 09 articles were used to extract qualitative data and summarize the findings.

**Results:** This review shows that there is a definite association between OSA and associated neurocognitive deficit disorders due to the pathophysiological changes caused by OSA.

**Conclusion:** The evidence from this review underlines the importance of early identification of cognitive decline (using neuroimaging and other tests), definite diagnosis and subsequent proper choice of treatment and management options (in accordance with the associated comorbidities presented by the patient) so as to lower morbidity and mortality rates.

### Biography

Ali Mahmood Khan is a Medical graduate from Pakistan and he has published numerous papers and presented in national and international forums. He has recently joined Dr Tariq clinic in New York. His interests are in community and adult psychiatry and psychopharmacology.

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# Accepted Abstracts

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## A case of Alice in Wonderland Syndrome presenting as generalized anxiety disorder with panic attacks

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Alice in Wonderland Syndrome is mostly a neurological condition. It is known for a set of several symptoms, the most famous being alteration of body image, where the sizes of parts of the body are perceived incorrectly. There is also an alteration of visual perception where the sizes of external objects are also perceived incorrectly. Majority of people suffering from this condition are children that grew out of the symptoms around their teens. Nevertheless although not frequently reported, there are many adults still suffering from the condition. The most common time to experience AIWS symptoms is at night. Our client was a 29-year-old single, Hispanic female with a past psychiatric history of anxiety and panic disorder, presented to the psychiatric consult service with symptoms of anxiety, depression and frequent panic attacks. Patient complained also of frequent headaches and abdominal migraines and reported to have perceptual disturbances that appeared shortly before the pain in the form of headache or abdominal migraines. The perceptual disturbances were described as vague kinesthetic sensations under her skin as if skin was growing or changing shapes as well as the impression that the room where she was became smaller and her own body was going through a process of expansion. Patient also reported that the majority of the symptoms occurred at night. Patient consulted many different doctors of different specialties before coming to see us. Patient was seen by neurologist, ENT doctors and GI doctors and was given different diagnosis like irritable bowel syndrome, atypical migraines, underwent many different medical studies, from MRI to testing for food allergies and sensitivities and treated with different medications from different modalities. At some point patient was tested for gluten and other food sensitivities, including endoscopy of the GI tract. By the time we saw the patient, she was already very disappointed and frustrated with the medical profession and still looking for answers. We treated her for the symptoms of anxiety and panic attacks, revised her MRI, sleep studies that were all unremarkable and continued medication like Topamax for the headaches. She was already on Amitriptyline give to her by her GI doctor for the abdominal migraines and she was also on Alprazolam PRN for the panics that we changed to Diazepam. Patient has tried other psychotropic medications in the past like ability. We believe that at some point she could have been diagnosed with major depressive disorder with psychotic features, although her psychotic features were part of the perceptual disturbances of AIWS. After 2 months, patient started to have less panic attacks and less migraines, still reported perceptual disturbances before her abdominal migraines. She also was recommended to start psychotherapy that she started shortly afterwards. We appreciated the importance of recognizing this syndrome and not confusing it with perceptual disturbances related to delusional ideations or hallucinations. We believe that if the symptoms were recognized earlier, our client would have been spared of suffering some costly and invasive testing. We recognize the importance for psychiatrists to work in collaboration with our neurologist colleagues and not to forget our neurology training when we face these not so frequent situations. We understood the importance of having more research in this type neurological condition with psychiatric features and continue to investigate the treatments options.

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## Compassion and compassion fatigue among mental health counselors while serving traumatized clients

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Showing empathy towards those whom we help is important. As we express empathy, it can lead to a profound level of compassion for clients and patients who have experienced misfortune and suffering. Having compassion towards those whom we help is good but when that same compassion that is used, turns and affects those who are helping and problems arises such as burnout and compassion fatigue. Compassion fatigue is subtle and distinct from burnout and doctors, nurses, psychologists, counselors and teachers all experience stress, burnout. However, helping professionals could experience compassion fatigue and may not be aware that they are experiencing it. According to authors, Slocum-Gori, Hemsworth, WY Chan, Carson, Kazanjian (2011), they described compassion fatigue as "often been referred to as the emotional cost of caring" for others and has led professionals to abandon their work with traumatized victims in their care. It is portrayed as a stress response that emerges suddenly within the helping professional and without warning (p. 173). The research being conducted is looking at the difference between genders, the length of work in the profession and level of self-care that may be contributing factors to mental health counselors experiencing compassion fatigue. The writer hopes to demonstrate, that there is a correlation between the length of time mental health clinicians serves as a professional significantly impact their experiencing compassion fatigue, female mental health clinicians that work with traumatized clients who have experienced emotional trauma are prone to significant levels of compassion fatigue than male mental health clinician, and that mental health clinicians who treat traumatized clients do not implement significant personal care to prevent compassion fatigue. The results and findings of this research will be discussed in the small discussion group.

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## Impact of exercise on catechol-O-methyltransferase activity in depressive patients: A preliminary communication

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**Statement of the Problem:** Catechol-O-methyltransferase (COMT) is a catabolic enzyme involved in the degradation of monoamines including the neurotransmitter dopamine. In fact, a decreased level of endogenous dopaminergic neurotransmitter has been reported in depressive subjects, as well as higher COMT activity in depressive patients in comparison to non-depressed subjects. Exercise has become increasingly accepted as an effective therapy in reducing depressive symptoms. However, the neurobiological mechanisms underpinning this improvement remain poorly clarified. The present study provides a key contribution to understand the paths by which exercise modulates the monoamine system. Indeed, the effect of exercise on COMT activity is unknown and it remains to be explained if chronic exercise changes COMT activity. This randomized control trial assesses the effects of chronic exercise on a soluble cytoplasmic isoform (S-COMT) activity in women with clinical depression.

**Methodology & Theoretical Orientation:** Fourteen women (aged: 51.4±10.5 years) diagnosed with clinical depression (according to the International Classification of Diseases-10) were randomized to one of two groups: Pharmacotherapy plus exercise (n=7) or only pharmacotherapy (n=7). The aerobic exercise program comprised a 45-50 min/session, three times a week for 16 weeks. Erythrocyte soluble COMT has been evaluated before and after the exercise intervention.

**Findings:** Exercise group in comparison to control group demonstrated a significant decrease ( $p=0.02$ ,  $r=-0.535$ ) in S-COMT activity between baseline and after 16 weeks.

**Conclusion & Significance:** Adding exercise to the usual treatment (pharmacotherapy) decreases significantly S-COMT activity levels of clinical depressed patients after 16 weeks. Our results provide evidence that exercise interferes with S-COMT activity, a molecular mechanism involved in depression.

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## Self-efficacy and self-worth of elderly in geriatric institutions

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Old age is a record of one's own life; this is the crucial phase for most. However, there are individuals who believe that old people retain self-efficacy and self-worth throughout their existence. Geriatric institutions focus on health of elderly, in which, they have been supported with medicines and therapies by clinician, thus, indicating that these may suffice physical, emotional and mental health of the elderly. This study focuses on describing the level or degree of self-efficacy, recognizing the extent of self-worth and determining the significant relationship between self-efficacy and self-worth. It is a mixed method design; a combination of correlational research and in depth interview. Purposive sampling technique was used to select participants, considering that this assay focused on elderly in geriatric institutions, it follows that, respondents and participants are at least 60 years of age and must be living inside the institution. 121 senior citizens took part in this study. Scores from both General Self-Efficacy Scale (GSE) and Rosenberg Self-Esteem Scale (RSES) showed varying levels of self-efficacy and self-worth. SE had  $\mu=28.099$ ,  $\sigma=6.6262$ ,  $\sigma^2=43.9067$  while, SW had  $\mu=14.9669$ ,  $\sigma=5.3789$ ,  $\sigma^2=28.9322$  which denotes that  $\text{robt}(121)=0.3164$  is higher than  $\text{rcrit}$  which is 0.150. Although this exhibits positive moderate correlation between SE and SW, relationship between variables is weak. Likewise, the p value ( $p\text{ value}=0.000406$ ) is lower than the significance level  $\alpha=0.01$ , thus, rejecting the null hypothesis and accepting the alternative hypothesis.

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## Selfie addiction scale

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**Aims & Hypothesis:** The aim of this study was to develop a self-diagnostic Selfie Addiction Scale. In addition, the reliability and validity of the Selfie Addiction Scale was demonstrated.

**Method:** A total of 200 participants were recruited from July to September 2015 to complete a set of questionnaires including 47 items. The participants consisted of 88 boys and 112 girls; with ages ranging from 18 to 28 years (Mean=21.15, SD=2.95 years). Factor analysis, t-test, ANOVA and correlation analysis were conducted to verify the reliability and validity of this scale. For concurrent validity we used Smartphone Addiction Scale-Short Version (SAS-SV), Internet Addiction Test (IAT) by Dr. Kimberly Young, Measure of Body Apperception (MBA), Visual Analogue Scale (VAS), Barratt Impulsiveness Scale (BIS-11), Rosenberg-self Esteem Scale, Narcissistic Personality Inventory (NPI16) , CAGE questionnaire and substance dependence and abuse diagnosis of DSM-V.

**Results:** The internal consistency and concurrent validity of selfie addiction scale were verified (Cronbach's alpha=0.962). Selfie Addiction Scale and its sub-scales were significantly correlated with other scales. The visual analogue scale of each factor also showed a significant correlation with each sub-scale.

**Conclusions:** As selfie is becoming a new form of addiction among people in the community, Selfie Addiction Scale which showed good reliability and validity for the assessment of selfie addiction can be used efficiently for the evaluation of selfie addiction in the community and for the research purposes. In addition, it also showed correlation with related psychopathology of the respondent in study population. This scale also covers different domains like narcissistic personality, feeling of self worth, body apperception and body dysmorphic disorder. Ultimately it will help to prevent harmful effects of selfie addiction.

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## Aspects of psychosocial stress during pregnancy

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Imbalance that a pregnant woman feels when she cannot cope with the demands is expressed both behaviorally and physiologically. Associations have been noted between antenatal psychosocial stress and domestic violence, substance abuse, depression symptoms, psychotic diagnosis, poor weight gain and having a chronic medical disorder. These factors may affect via indirect behavioral factors like nutrition, sleep, exercise, substance use, tobacco use and/or use of prenatal services and direct physiological pathways, while physiological response to psychosocial stress may include both neuroendocrine and immune responses. Levels of stress likely to change throughout the course of pregnancy and may result in higher rates of Low Birth Weight and preterm deliveries.

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