

## POSTERS PSYCHIATRY

### 36. FALSE-POSITIVE METHADONE URINE DRUG SCREEN IN THE PATIENT TREATED WITH QUETIAPINE

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Drug screening through urinalysis is a widely accepted method for rapid detection of potential drug use. The most commonly used tests to screen urine for drugs of abuse are immunoassays, even though false-positive results for drugs of abuse have been reported with a number of these rapid-screening products. Confirmation of presumptive positive urine drug screens, necessary to minimize the reporting of false-positive results, can be costly and time-consuming.

We present the case of TM, admitted to the Psychiatry Clinic, Clinical Hospital Centre Split in Croatia, because of the acute psychotic reaction F23. Urine from the patient tested positive for methadone without a history of methadone ingestion. Urine drug screen was performed with the COBAS Integra Methadone II test kit (kinetic interaction of microparticles in solution /KLMS/ methodology) by Roche.

Drugs that have been shown to cross-react with methadone feature a tricyclic structure with a sulphur and nitrogen atom in the middle ring, which is common to both quetiapine and methadone. Therefore, it is plausible that this structural

similarity between quetiapine and methadone could underline cross-reactivity in the methadone drug screen.

Beside quetiapine, a number of routinely prescribed medications have been associated with triggering false-positive urine drug screen results. Verification of the test results with a different screening test or additional analytical tests should be performed to avoid adverse consequences for the patients.

**Key words:** quetiapine, methadone, false-positive urine drug screens

### 37. IMPACT OF SOCIAL SUPPORT AND PREVIOUSLY UNDIAGNOSED POSTPARTAL DEPRESSION ON POSTPARTUM COMPLICATIONS AND POSTPARTUM PSYCHIATRIC DISORDERS DEVELOPMENT

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**Introduction/Objectives:** We wish to present additional unpublished results regarding the impact of social support and previously undiagnosed postpartal depression on postpartum complications and postpartum psychiatric disorders development.

The goal was to determine whether poor social support and

undiagnosed depression in the previous pregnancy have an impact on the development of complications: long duration of delivery ( $\geq 12$  h) (1), very painful delivery, dissociation as a consequence of delivery, complications and mother's illness as a result of delivery, medical interventions during delivery, preterm delivery and the newborn child's illness.

**Participants, Materials/Methods:** We investigated 103 women 3 days after vaginal delivery. The demography and the difference in score of Impact of Events Scale revised (IES-R) and Edinburgh Postnatal Depression Scale (EPDS) between control ( $n=42$ ) and the investigated group ( $n=61$ ) have been published in a separate paper. (2) All 103 investigated women filed a social support questionnaire with 7 items. (3)

**Results:** We found that all eight woman in childbed which had 2 or more positive answers on social support questionnaire, were at the group with examined complications ( $n=61$ ), and none was in the control group ( $n=42$ ). Also, six out of these eight subjects had undiagnosed and untreated depression symptoms in a previous pregnancy.

These eight women had by far the greatest mean score in both questionnaires (IES-R =  $29, 25 \pm 17,99$  and EPDS =  $11,8750 \pm 3,48$ ) of all other subgroups examined in the previously published study (2). They also had a statistically significant difference (Mann-Whitney Test,  $p < 0,001$ ) versus the control group ( $n=42$ ) without complications that were tested and with less than two positive answers in the social support questionnaire (IES-R  $4.67 \pm 5.43$  and EPDS  $3.85 \pm 2.76$ ).

**Conclusions:** According to these results we concluded that poor social support and previously undiagnosed postpartal depression may have an impact both on peripartal complications and postpartum psychiatric disorders development.

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## 38. EFFECTS OF LONG -TERM PLAYING VIDEO AND COMPUTER GAMES ON CHILDREN'S DEPRESSION AND ANXIETY

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**Introduction:** For the last few years the researches on the effects of video and computer games on the children's mental health have been increased. The children are not only passive receivers in the games but also participants in the contents which can, in many different ways, affect cognition, the affective domain and behavior.

The aim of this paper is to show the connection between of long-term, daily playing video and computer games and children's depression and anxiety.

**Methodology and sample:** Data for this research was collected from a sample of 552 primary school pupils from Canton Sarajevo, age 11 to 14. The children completed „Questionnaire for student s- own construction “and“Youth Self-Report” YSR-18 (ASEBA)

**Results:** YSR anxious-depression scale ( $p=0.042$ ) clearly shows the difference between children who spend 5 hours and more in front of the computers compared to children who do not spend more than 2 hours in front of the computers. On the scale internal problems (YSR- $p=0,007$ ) also shows the difference in sense that children who spend more time playing games in front of the computers show more degree internal problems.

**Conclusion:** The research shows that children who spend 5 hours and more playing games every day show more degree of depression, anxiety and internal problems compared to children who do not spend more than 2 hours in front of the computers.

**Key words:** children, computer games, depression, anxiety

### 39. CHARACTERISTICS AND HELP TO FAMILIES WHOSE CHILDREN HAVE PSYCHOPATHOLOGY EXPRESSION THROUGH SYSTEMIC APPROACH TO FAMILY

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**Introduction:** Systemic family therapy gives excellent results in working with children of symptomatic carriers of conduct from spectrum of different emotional or behavioral disorders. Consideration of the complex behaviors symptomatic of the child within the family system in order to reduce symptoms is necessary. Assumption is that some characteristics of these families are common: weaker communication and inadequate emotional exchange, amended outside borders, unclear rolls of its' members. Confirmation of this assumption leaves a possibility for educational work with members of family whose children have psychopathology expression in order to reduce child's symptom.

**Objectives:** Determine common characteristics families whose children are carriers of psychopathologies expression. Check efficiency of educational work with parents in group setting with objective of changing poorly adapted forms families functioning. Determine changes plan of kids expressions of symptoms.

**Method:** Apply FACES III (Family Adaption and Cohesion Scales) given to parents on the samples of 30 families, whose children are between 7 and 15 years old, are carriers of different emotional and behavior disorders. In control sample of 30 families whose kids don't express psychopathologies phenomena apply same test (FACES III). Compare profiles of families. Once a week within 3 months conduct educational group with parents of kids who are expressing different psychopathology phenomena with focus on studying skills of education and emotional exchange. Intensity scale of assessment in symptomatic expression default to parents evaluates the changes on plan of psychopathologies expressions with kids.

**Results and conclusions:** Families whose children are expressing emotional or behavior disorders are on Olson with Circumplex Model in 30 per cent of cases extreme families: 20 per cent of which are chaotically emmeshed families, 10 per cent rigidly disengaged families. Other families from sample are 20 per cent are flexibly emmeshed, 20 per cent chaotically separated, 16.7 per cent structurally separated, 13.3 per cent structurally connected. Families from control sample are in 23.3 per cent cases structurally connected, 20 per cent structurally separated, 16.7 structurally emmeshed,

26.7 per cent flexibly disengaged, 10 per cent structurally, disengaged, 3.3 per cent flexibly emmeshed. Graphic shows differences between profiles of families whose children have psychopathology problems and control families whose children don't express psychopathology phenomena.

Tree month work in educational groups with parents of children who have psychopathology expressions is focused on changes poorly adapted functioning is evaluated by parents estimation of intensity symptomatic behavior after finishing educational workshops and indicates on significant reduction of symptoms.

### 40. RELATIONSHIP BETWEEN EMPATHY AND PSYCHOPATHY

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**Introduction:** Empathy defined as "the ability to understand another's perspective and to have a visceral or emotional reaction" plays a key role in social cognitions. There are currently a number of methods used to assess empathy, the most common ways are self-report measurements. Baron-Cohen Empathy Quotient (EQ) is a self-report scale recently designed to have a clinical application sensitive to a lack of empathy as a feature of psychopathology. Psychopathy can be considered one of the prototypical disorders associated with empathic dysfunction. However, although many studies indicate that antisocial subjects have lower scores on the EQ test some of the studies have failed to revealing the differences between healthy controls and psychopathic subjects. The aim of this study was to show whether APD or psychopathic individuals show empathic impairment.

**Method:** 30 male subjects with diagnosis of Antisocial Personality Disorder (APD), without any comorbid neurologic conditions, and 30 sex and age matched healthy control subjects assessed by a semi-structured questionnaire form, SCID-II, Psychopathy Checklist-Revised (PCL-R) and the Turkish version of Empathy Quotient (EQ). Subjects with APD diagnosis divided into two groups as 'psychopathic' and 'nonpsychopathic' group by using PCL-R scores. 30 point was used as cut point for psychopathy diagnosis regarding previous studies

**Results:** EQ scores ( $33,62 \pm 10,06$ ) of APD subjects were significantly lower ( $p=0,000$ ) than the control subjects scores.

res(46,91±11,59). Although the non-psychopathic group showed better performance(34,76±6,17) on the EQ test than psychopathic group(29,84±11,33), statistically significance could not be showed( $p=0,170$ ). These finding suggest that individuals with APD

**Conclusions:** This is the first study assessing the emphatic skills of the APD subjects within Turkish samples. Studies looking at cognitive measures of empathy in violence offenders have showed inconsistent findings. Further and larger sample size studies needed to confirm relationship between violence and empathic disabilities within the APD and psychopathic subjects.

#### 41. INTERSECTION OF NEUROLOGY AND PSYCHIATRY: DECISION MAKING ABILITY

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**Introduction:** Decision making is one of the prime and complex functions of the human beings. Neurology and psychiatry is concerning with decision making ability within different frameworks.

**Materials and methods:** Brain regions and the related functionality of the brain is attractive of all times. Firstly, neurological scientists tried to explain anatomical relationship between brain regions and the functions through the case reports, especially frontal lobe and ventromedial lesions which linked to disrupted behaviour. Afterwards psychological scientists paid attention to the neuropsychology and brain lesions. Unique descriptions of the ancient case of Phineas Gage provide a huge source of information to the latter neuroscientist for further explanations of the brain within the developing neuroimaging techniques. Frontal lobes linked to judgement, executive functions, decision-making, social conduct, personality and different psychiatric disorders.

**Results:** Decision making is one of the prime and complex functions of the human beings. History of the concern on decision making issue is long-standing from the case of Phineas Gage. Decision making ability is anatomically related to Ventromedial Prefrontal Cortex, Amigdala, Dorsolateral Prefrontal Cortex. There are lots of theory and researches trying to explain decision making ability. Damasio noticed that emotions are the important part of decision-making

process and somatic marker hypothesis for explaining emotion and decision-making relationship. Bechara and friends improved computerized decision-making test for evaluating decision-making ability. Decision making deficits linked to different neurological disorders like Parkinson disease, brain injury, demantia, stroke and epilepsy. After the recent research, decision making deficits linked to many psychiatric disorders like schizophrenia, personality disorders, anxiety, depression, eating disorders, substance abuse, addiction and violence.

**Conclusion:** The question still remains whether the decision making deficit is a consequences of biologic disturbances or is a cause of biological and clinical disturbances.

#### 42. PRAMIPEXOLE AND THREE DIFFERENT OUTCOMES: CASE REPORT

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**Introduction:** Pramipexole is a synthetic amino-benzathiazol derivative and orally active nonergoline dopamine agonist used for Parkinson's disease and the treatment of Restless Legs Syndrom. Some of the side effects are nausea, headache, sleep disturbances, daytime drowsiness and dizziness.

**Method:** We present three different patients being treated with Pramipexole and three different outcomes with side effects.

**Results:** First patient is middle aged man taking pramipexole for Parkinson Disease, during the drug therapy pathologic gambling burst out, regarding with his previous gambling habits. Patient did not want to cease the pramipexole, he maintained the drug and no further complaints about pathologic gambling. The second patient is taking with Pramipexole for Parkinson Disease and with initiation of the Pramipexole, visual hallucination has occurred. No comorbid psychiatric disease has been observed. With Reduction of Pramipexole dosage his complaints has decreased. The third patient is middle aged woman with restless legs complaint. Pramipexol was started and a week later the patient came to the clinic with worsening of her complaints, subsequently the drug is stopped and no other complaints furthermore.

**Conclusion:** We think that, eventhough the same drug has been being used within every different patients, different side effects and dissatisfactions might be seen. But we must

evaluate the adverse reactions carefully with the patient and caregivers. As a result we pay attention to the side effects and the efficacy of the Pramipexole during drug therapy.

#### 43. RELATIONSHIP BETWEEN DECISION MAKING AND AGGRESSION

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**Introduction:** Both aggression and decision-making is linked frontal lobe dysfunctionality. In this study we aimed to investigate the relationship between decision making ability and the aggression. We executed this study within healthy objects to exclude effects of personality and mental disorders and other neurologic conditions.

**Methods:** 70 healthy male subjects without any diagnosis of mental disorders and comorbid neurologic conditions, assessed by a semi-structured questionnaire form, SCID-II, Aggression Questionnaire(AQ). All of subjects completed computerized version of the Iowa Gambling Task designed for assessing the ability of decision making.

**Results:** The net scores of IGT and AQ scores correlated significantly ( $p < 0,05$  and pearson correlation = 0,305) within healthy subjects.

**Conclusion:** As we expect, the subjects with lower IGT scores regarding the poor ability of decision making has higher AQ scores regarding more aggressive behaviour. We can say that clinically significant decision making disability is associated with aggressive behaviour.

#### 44. EFFECTS OF INTERNALIZED STIGMA OF MENTAL DISORDER ON QUALITY OF LIFE AND SELF-ESTEEM IN PANIC DISORDER PATIENTS

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**Introduction:** Internalized stigma is a subjective experience of stigma which includes the devaluation, shame, secrecy and withdrawal triggered by applying negative stereotypes to oneself (Corrigan, 1998). There is a growing evidence on

negative effect of internalized stigma on quality of life of patients with mental disorder. Despite, there is a very sporadic data on the degree on which internalized stigma influenced quality of life and self-esteem in panic disorder patients. It could be of great importance as a review of literature indicates substantial impairment of quality of life in panic disorder patients, which remains low in post-remission period.

**Methods:** Study sample consisted of 40 treated outpatients with diagnosis of Panic disorder, average age of 37.88 (SD=9.685) years, mean illness duration of 6.436 (SD=7.126) years. Assessment instruments included Internalized Stigma of Mental Illness Scale, Rosenberg Self-Esteem Scale, Manchester Short Assessment of Quality of Life and Beck Depression Inventory II. The questionnaire also included several socio-demographic and clinical related variables.

**Results:** Patients with panic disorder shows a moderate level of internalized stigma ( $M=31.8$ ,  $SD=9.685$ ). Patients with higher level of internalized stigma have significant less quality of life ( $r=-.672$ ) and lower self-esteem ( $r=-.434$ ). There is a positive correlation between level of depressive symptomatology and level of internalized stigma ( $r=.696$ ). Patients who had longer duration of illness had higher level of self-stigma ( $r=.441$ ).

**Conclusion:** Internalized stigma is negatively correlated with quality of life and self-esteem and positively correlated with depression. In order to improve quality of life in panic disorder patients, we should increase awareness of burden of internalized stigma and focus it as a one of the treatment goals. We propose cognitive-behavioral interventions as successful approach in managing self-stigma dysfunctional attitudes that leads to low self-esteem and depression.