beneficial health status and decrease of potentially pathogenic gut bacteria as well as positive influence on the immune system (Dinan & Cryan, 2013, Huang et al. 2016, Mangiola et al. 2016). Nevertheless, studies on probiotics in individuals with psychiatric disorders are currently rare. Hitherto studies merely examined the mechanisms of probiotic supplements and psychiatric symptoms in animal experiments and healthy individuals (Evrensel & Ceylan 2015, Mangiola et al. 2016, Wallace & Milev 2017).

Data of the “ProbioBIP-one” pilot-study in euthymic individuals with Bipolar Disorder will be presented at the speech.

References:

WORKSHOP: DEMENTIA: SOMA IS LOOKING FOR PSYCHE - TREATMENT OF DEMENTIA AS A COMPLEX PSYCHIATRIC AND SOMATIC-MEDICAL CHALLENGE

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Realising that we may break new ground by looking at the treatment of dementia in a multidimensional way, the almost defeatist perspective ('Can we do anything at all?', 'Anyway, dementia is not curable!'...) must be met head-on.

Studies that focus on the social psychiatric and psychodynamic aspects of dementia give rise to hope, such as the article ‘Social psychiatric aspects of dementia’ by Psota (2015), studies highlighting psychosocial interventions (Patel et al. 2014, Kasl-Godley & Gatz 2000), studies regarding psychotherapy for dementia (Hirsch 2001, Wolf 2017), but also the scientifically very controversial concept of validation (Feil & Altman 2004), which seem to work well according to our experience.

In the end, the treatment of dementia needs a so called ‘package-solution’: of course anti-dementia drugs, best medical treatments in any case (a matter of quality of life, but also of the blood circulation of an atrophic brain), physiotherapy, ergotherapy, dietology, logopedics, orthoptics, supply of hearing aids, but also social psychiatric measures like support of relatives, easing the burden of the caregiving, specialised diagnosis and advisory centre like the GPZ (Geronto Psychiatrisches Zentrum - Geriatric

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Psychiatric Centre Graz and Vienna), mobile social psychiatric care in old age (best practice-project SOPHA in Graz: Sozialpsychiatrische Hilfe im Alter - social psychiatric help in old age), day care centre for people with dementia and specialisation on age and dementia in all areas (geriatric psychiatrist, geriatric psychotherapists, in social work, psychology, care etc.).

All these measures may not be a cure but tertiary prevention in the best possible way. The daily routine in the GPZ shows that the counselling and the relief of the relatives can already bring an improvement and help the patient feel more relaxed, also cognitively. Not because dementia has ‘got better’ but because strain and stress may effectively be reduced, and so there can be literally ‘more clarity’...

The aim of this workshop is to build a bridge between the pure somatic-drug-treated approach to dementia and the psychodynamic oriented, social psychiatric approach, and to raise awareness for our attitude by lively discussions and exchange of experience.

References:

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PLACEBO AND NOCEBO PHENOMENA:
A BIG CHALANGE TO MODERN CLINICAL PSYCHIATRY

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Placebo and nocebo are fascinating and universal psyche-body or psychobiological as well as spiritual, social, and cultural phenomena, very important for treatment outcome in medicine in general, not only in psychiatry. As these very important and complex phenomena have been commonly viewed through reductionist lenses in hot debates and discusses, rather than in scientific dialogue, in the literature one can find many controversial definitions, misconceptions and myths about placebo and nocebo effects and responses. For example, many physicians still believe that placebo is just an unethical fraud, has no effect on physiological functions and only affects subjective aspects of illness and not objective measures of disease, helps only in imaginary, psychogenic or neurotic, but not in real, organic disorders. Claiming that is based on deceitful practice, the use of placebo should be minimized and avoided in scientific medicine and clinical psychiatry. Until recently nocebo was less known to majority of health care professionals and the data on it are still scarce. Serious analysis of placebo and nocebo responses may put into question the results of many commercially funded, randomized clinical drug trials which are the cornerstone of evidence based medicine in psychiatry. In medicine, placebo and nocebo phenomena are usually defined as positive or negative nonspecific psychological and physiological responses to inert substance or irrelevant procedure. In addition, a placebo procedure or substance represent an inert or officially nontherapeutic substance or irrelevant procedure, while placebo or nocebo response/effect is positive or negative reaction that follows administration of an inert substance or irrelevant treatment. However, placebo and nocebo phenomena are much more, they are genuine effects and responses that can more or less affect everyone and every kind of treatment. These phenomena have potential to powerfully improve or worsen mental or somatic symptoms without official or proven medical or psychotherapeutic intervention as well as during the standardized treatment. Placebo effects may be defined as positive psychophysiological or salutogenic responses that follow the administration of active and non-active substances/pills or procedures when coupled with affirmative narratives, faith and expectations about the treatment. In opposite way, nocebo effects may be viewed as pathogenic or pathopsychophysiological responses that follow the administration of active and non-active substances/pills or procedures when associated with negative, pessimistic or frightening narratives about the treatment. Placebo response seems to be associated with resilience and salutogenesis-related mechanisms that operate in the service of