

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:

1. Ait-Belgnaoui A, Colom A, Braniste V, Ramalho L, Marrot A, Cartier C, Tompkins T: Probiotic gut effect prevents the chronic psychological stress-induced brain activity abnormality in mice. *Neurogastroenterology and Motility* 2014; 26:510-520
2. Alam R, Abdolmaleky HM, Zhou JR: Microbiome, inflammation, epigenetic alterations, and mental diseases. *American Journal of Medical Genetics. Part B, Neuropsychiatric Genetics* 2017; 174:651-660
3. Dinan TG, Cryan JF: Melancholic microbes: A link between gut microbiota and depression? *Neurogastroenterology and Motility* 2013; 25:713-719
4. Evrensel A, Ceylan ME: The gut-brain axis: The missing link in depression. *Clinical Psychopharmacology and Neuroscience* 2015; 3:239-244
5. Frohlich EE, Farzi A, Mayerhofer R, Reichmann F, Jacan A, Wagner B, Holzer P: Cognitive impairment by antibiotic-induced gut dysbiosis: Analysis of gut microbiota-brain communication. *Brain, Behavior, and Immunity* 2016; 56:140-155
6. Fung TC, Olson CA, Hsiao EY: Interactions between the microbiota, immune and nervous systems in health and disease. *Nature Neuroscience* 2017; 20:145-155
7. Hoban AE, Stilling RM, Moloney G, Shanahan F, Dinan TG, Clarke G, Cryan JF: The microbiome regulates amygdala-dependent fear recall. *Molecular Psychiatry* 2017; doi:10.1038/mp.2017.100
8. Huang R, Wang K, Hu J: Effect of probiotics on depression: A systematic review and meta-analysis of randomized controlled trials. *Nutrients* 2016; 8. 10.3390/nu8080483. doi:10.3390/nu8080483
9. Lowry CA, Smith DG, Siebler PH, Schmidt D, Stamper CE, Hassell JE, Jr, Rook GA: The microbiota, immunoregulation, and mental health: Implications for public health. *Current Environmental Health Reports* 2016; 3:270-286
10. Mangiola F, Ianiro G, Franceschi F, Fagioli S, Gasbarrini G, Gasbarrini A: Gut microbiota in autism and mood disorders. *World Journal of Gastroenterology* 2016; 22:361-368
11. Salagre E, Vieta E, Grande I: The visceral brain: Bipolar disorder and microbiota. [El cerebro visceral: trastorno bipolar y microbiota] *Revista De Psiquiatria y Salud Mental* 2017; 10:67-69
12. Sturgeon C, Fasano A: Zonulin, a regulator of epithelial and endothelial barrier functions, and its involvement in chronic inflammatory diseases. *Tissue Barriers* 2016; 4:e1251384
13. Wallace CJK, Milev R: The effects of probiotics on depressive symptoms in humans: A systematic review. *Annals of General Psychiatry* 2017; 16:14-017-0138-2. eCollection 2017

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

Alexis Matzawrakos<sup>1</sup> & Martin Enge<sup>2</sup>

<sup>1</sup> *Beratungsstelle für seelische Gesundheit im Alter, Plüddemanngasse 33, 8010 Graz, Austria*

<sup>2</sup> *Abteilung für Alterspsychiatrie und Alterspsychotherapie, LKH Graz-Südwest - Standort Süd, Wagner Jauregg Platz 17, 8053 Graz, Austria*

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

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:

1. Feil N, Altman R: *Validation theory and the myth of the therapeutic lie. American Journal of Alzheimer's Disease and Other Dementias 2004; 19:77-8*
2. Hirsch RD: *Socio- and psychotherapy in patients with Alzheimer disease. Zeitschrift für Gerontologie und Geriatrie 2001; 34:92-100*
3. Kasl-Godley J, Gatz M: *Psychosocial interventions for individuals with dementia: an integration of theory, therapy, and a clinical understanding of dementia. Clinical Psychology Review 2000; 20:755-82*
4. Patel B, Perera M, Pendleton J, Richman A, Majumdar B: *Psychosocial interventions for dementia: from evidence to practice. Advances in Psychiatric Treatment 2018; 24:340-349*
5. Psota G: *Social psychiatric aspects of dementia. Psychiatr Danub 2015; 27:432-438*
6. Wolf A, Leucht S, Pajonk FG: *Do antipsychotics lead to cognitive impairment in dementia? A meta-analysis of randomised placebo-controlled trials. European Archives of Psychiatry and Clinical Neuroscience 2017; 267:187-198*

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## PLACEBO AND NOCEBO PHENOMENA: A BIG CHALLENGE TO MODERN CLINICAL PSYCHIATRY

Miro Jakovljevic

*Department of Psychiatry, School of Medicine and University Clinical Centre Zagreb, Croatia*

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