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## 25th European Congress of Psychiatry Workshop

### Workshop: To screen or not to screen?

W001

#### Problems of screening for psychiatric comorbidity in the medically ill: What can be recommended?



A. Diefenbacher

Evangelisches Krankenhaus Königin Elisabeth, Berlin, Germany

CL-psychiatrists have to work under severe time pressure in acute care setting. Hence, it is necessary to have an armamentarium of screening tools for disorders most frequently met in the general hospital. This presentation will discuss such tools for delirium, alcohol abuse, depression, personality disorders (“how to manage difficult patients”), attachment styles. On a conceptual level, the so-called “situational approach” in cl-psychiatry will be discussed.  
*Disclosure of interest* The author has not supplied his declaration of competing interest.

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W002

#### The impact of screening psychiatric comorbidity and high-risk feedback on liaison psychiatric consultation rates and clinicians' attitudes on a neurology ward



R. Van Damme<sup>1,\*</sup>, G. Portzky<sup>1</sup>, P. Boon<sup>2</sup>, G.M.D. Lemmens<sup>1</sup>

<sup>1</sup> Department of Psychiatry, Ghent University Hospital, Ghent, Belgium

<sup>2</sup> Department of Neurology, Ghent University Hospital, Ghent, Belgium

\* Corresponding author.

*Introduction* Lifetime prevalence of psychiatric comorbidity in neurological patients is as high as 55%, but it remains often undetected and therefore untreated in hospital settings. Further, clinicians tend to make little use of the consultative and liaison psychiatric team for detection and treatment of anxiety and mood disorders in neurological patients. The current study aimed to investigate whether the implementation of a stepped screening protocol with high risk feedback to the clinician had an influence on the use of consultative and liaison psychiatric services.  
*Method* All patients admitted to the neurological ward were assessed using a stepped screening protocol for depression, anxiety

and substance use during 15 months. Positive screening resulted in feedback to the clinicians depending on the study phase (e.g. feedback vs. no feedback).

*Results* No differences were found in the use of consultative and liaison psychiatric services during the non-feedback and feedback phase.

*Conclusion* Screening and high risk feedback of psychiatric comorbidity in neurological patients does not increase psychiatric referral rates. It points to the necessity of a more integrated collaborative care model for detection and treatment of psychiatric comorbidity.

*Disclosure of interest* The authors have not supplied their declaration of competing interest.

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W003

#### The screening for depression and neurocognitive disorders in subjects newly diagnosed with HIV



S. Ferrari<sup>1,\*</sup>, C. Piemonte<sup>1</sup>, L. Feltri<sup>1</sup>, F. Ottolini<sup>1</sup>, S. Maffei<sup>2</sup>, M.G. Nanni<sup>3</sup>, S. Alboni<sup>4</sup>

<sup>1</sup> University of Modena & Reggio Emilia, Department of Diagnostic-Clinical Medicine and Public Health, Modena, Italy

<sup>2</sup> University of Parma, Department of Neurosciences, Parma, Italy

<sup>3</sup> University of Ferrara, Department of Mental Health, Ferrara, Italy

<sup>4</sup> University of Modena & Reggio Emilia, Department of Life Sciences, Modena, Italy

\* Corresponding author.

*Background* Inflammatory mediators may be relevant to explain the frequent comorbidity between depression, neurocognitive disorders and HIV. HIV induces activation of inflammatory mediators, mainly cytokines, that have been involved in the onset of depression and response to antidepressant treatment.

*Aim* To identify recurring profiles of inflammatory biomarkers subtending depression, effectiveness of antidepressants and neurocognitive disorders among HIV-infected individuals.

*Methods* All adult newly HIV-diagnosed out-patients attending HIV clinics in three towns of Northern Italy were screened, assessed for depression and studied immunologically and for neurocognitive disorders.

*Results* Twenty-five patients have been enrolled so far: of these, 35% were positive to PHQ-9 screening, of which 6 were positive to the diagnostic assessment for depression. No neurocognitive disorders were found among the patients. As the project will develop, it

is expected that frequency of depression, neurocognitive disorders and effective antidepressant treatment will be found to correlate to the profile of immune biomarkers. These findings might help to understand the etiology of depression in HIV, and specifically the role of inflammation and immunological changes.

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#### W004

### Psychosocial screening of alcohol liver disease patients before liver transplantation



D. Telles-correia

*Faculty of Medicine, University of Lisbon, Psychiatry, Lisbon, Portugal*

In Europe, 30% to 50% of liver transplantations are currently due to alcoholic liver disease (ALD). In the United States, this percentage is 17.2%. Post-transplant survival and other predictors of clinical course do not differ significantly from those in other types of transplanted patients, as long as there is no relapse of drinking. However, 20%–25% of these patients lapse or relapse to heavy drinking post-operatively, which has been associated with an increased risk of liver damage and mortality. It is therefore crucial to design specific selection and follow-up strategies aimed at this particular type of patient. Several good and poor prognosis factors that could help to predict a relapse have been suggested, among them the duration of abstinence, social support, a family history of alcoholism, abuse diagnosis versus alcohol dependence, non-acceptance of diagnosis related to alcohol use, presence of severe mental illness, non-adherence in a broad sense, number of years of alcoholism, and daily quantity of alcohol consumption. In this article, we discuss these and other, more controversial factors in selecting ALD patients for liver transplantation. Abstinence should be the main goal after transplantation in an ALD patient. In this article, we review the several definitions of post-transplant relapse, its monitoring and the psychopharmacological and psychotherapeutic treatment.

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### Workshop: Women in psychiatry: Mind the gender gap

#### W005

### The current status of women in psychiatry in Europe



S. Frangou

*Icahn School of Medicine at Mount Sinai, Psychiatry, New York, USA*

For more than two decades, psychiatry has retained its position amongst the medical specialties with the highest proportion of women entering residency programs. The percentage of women in junior academic positions in psychiatry is also high and consistently higher than that of men. However, the number of women in positions of leadership remains disproportionately low at around 5% with no evidence of improvement over time. The phenomenon of female under-representation is not unique to psychiatry or academia. Women are under-represented in all fields of leadership and this is a matter of wider societal concern. In this presentation, I will discuss external and internal barriers that women face and detail positive actions that can help women succeed in their careers.

*Disclosure of interest* The author has edited and co-authored a book on “Women in Academic Psychiatry: A mind to Succeed”

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#### W006

### Barriers to gender equality in career advancement and leadership



D. Wasserman

*Karolinska Institute, Stockholm, Sweden*

Life as a researcher includes a large amount of competition and a heavy workload. Professor's tasks comprise, besides their own research, to lead your research team, to have the responsibility for higher education, expertise in diverse contexts, review of scientific articles, to seek financial support, to work with national and international committees, to serve in administrative posts at the university and in international associations, to write articles, books and book chapters, to attend meetings and conferences, and to address the many other tasks that may arise throughout one's career. This makes one dependent on skillful co-workers, which should not be taken for granted. Given the constant flow of incoming requests, one has to think and choose before agreeing to commit to a task at hand, in order to not set aside your own research. This demands a high capability to prioritize. The choice of a life partner who can share both professional and private interests, a partner who understands, encourages and supports, while at the same time gives the necessary critical feedback, is a treasure. Freud said “love and work are the cornerstones of our humanness”, but work must be pleasurable thus try to combine work, love, and play.

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### Workshop: Mental health impact of SUDS on neurodevelopmental mental disorders

#### W007

### Neuroimage studies: The effect of methylphenidate in cocaine users with ADHD



C. Crunelle

*Overijse, Belgium*

*Background* Attention deficit/hyperactivity disorder (ADHD) is an important contributing factor in the pathophysiology of substance use disorders (SUD), and ADHD occurs more often in populations with SUD compared to the general population. This high prevalence rate and comorbidity may relate to a shared neurobiological vulnerability, including a deregulation of the brain's dopamine system. This comorbidity directly impacts the treatment of ADHD: treatment with methylphenidate is less effective in patients with ADHD and SUD compared to ADHD patients without SUD.

*Methods* We investigate the underlying neurobiological background of reduced treatment effectiveness for adult ADHD patients with comorbid SUD.

*Results* We observed lower available dopamine transporters, as well as a reduced binding of methylphenidate to these transporters, and more neurocognitive dysfunction in adults ADHD patients with SUD compared to ADHD patients without SUD.

*Conclusion* Comorbid ADHD and SUD has a high prevalence rate and reduces ADHD treatment effectiveness, which makes it necessary to screen for the presence of ADHD in patients