



ISSN 0924-9338

**April 2019**  
**Vol. 56S – pp. S1–S900**

# EUROPEAN PSYCHIATRY

THE JOURNAL OF THE EUROPEAN PSYCHIATRIC ASSOCIATION

**Abstracts of the  
27th European  
Congress of  
Psychiatry  
Warsaw, Poland  
6-9 April 2019**



89134



# EUROPEAN PSYCHIATRY

THE JOURNAL OF THE EUROPEAN PSYCHIATRIC ASSOCIATION

## EDITORIAL LEADERSHIP

Andrea Fiorillo

Professor of Psychiatry, University of Campania "Luigi Vanvitelli", Largo Madonna delle Grazie, 80138, Naples, Italy.

E-mail: andrea.fiorillo@unicampania.it

Sophia Frangou, MD, PhD, FRCPsych

Professor of Psychiatry, Icahn School of Medicine at Mount Sinai, 1425, Madison Avenue, New York, NY 10029, USA,

Tel.: (01) 212-659-1668; E-mail: sophia.frangou@mssm.edu

Reinhard Heun

Professor of Psychiatry, Radbourn Unit, Royal Derby Hospital, Uttoxeter Road, Derby, DE 223WQ UK, Tel.: (44) 1332-623877;

E-mail: reinhard.heun@derbyshcft.nhs.uk

## EDITORIAL OFFICE

### EPA Administrative Office

15 avenue de la Liberté, 67000 Strasbourg - France

Phone: +33 388 239 930; E-mail: europeanpsychiatry@gmail.com

## FOUNDING EDITORS

P. Boyer (Paris), J.D. Guelfi (Paris), Y. Lecrubier (Paris)

## EDITORS EMERITUS

C. Ballus (Barcelona), P. Bech (Copenhagen), C.B. Pull (Luxembourg)

## THE JOURNAL OF THE EUROPEAN PSYCHIATRIC ASSOCIATION

[www.europsy.net](http://www.europsy.net)

**President:** S. Galderisi (Naples)

**Past President:** W. Gaebel (Düsseldorf)

**President Elect:** P. Gorwood (Paris)

**Secretary General:** J. Beezhold (Norwich)

**Treasurer:** G. Dom (Boechout)

**Council of NPAs Chair:** T. Kurimay (Budapest)

**Secretary For Sections:** M. Musalek (Vienna)

**Secretary For Education:** C. Hanon (Paris)

European Psychiatry (ISSN 0924-9338) 2019 (volumes 55-62) One year, 8 issues. See complete rates at <http://www.europsy-journal.com>

Address order and payment to Elsevier Masson SAS, Service Abonnements, 65, rue Camille-Desmoulins, 92442 Issy-les-Moulineaux cedex:

payment by check or credit card (CB, MasterCard, EuroCard or Visa: indicate number and expiration date); by transfer: « La Banque Postale », Centre de Paris, n° RIB : 20041 00001 1904540 H 020 95.

Subscriptions begin 4 weeks after receipt of payment and start with the first issue of the calendar year. Back issues and volumes are available from the publisher. Claims for missing issues should be made within 6 months of publication. Includes air delivery.

**Subscriptions** – Tel.: (33) 01 71 16 55 99. Fax: (33) 01 71 16 55 77. <http://www.europsy-journal.com>

**Publisher** – Agnieszka Freda. Tel.: 0031612252117. E-mail: a.freda@elsevier.com

**Journal Manager** – Kheira Jolivet. Tel.: 33 (0) 1 71 16 50 21. E-mail: EURPSY@elsevier.com

**Publishing director** – Daniel Rodriguez

## Author inquiries

For inquiries relating to the submission of articles (including electronic submission where available) please visit Elsevier's Author Gateway at <http://authors.elsevier.com>. The Author Gateway also provides the facility to track accepted articles and set up e-mail alerts to inform you of when an article's status has changed, as well as detailed artwork guidelines, copyright information, frequently asked questions and more. Contact details for questions arising after acceptance of an article, especially those relating to proofs, are provided after registration of an article for publication.

Subscription conditions, instructions to authors, the contents of each issue as well as the abstracts of the articles published in *European Psychiatry*

are available on the journal website: [www.europsy-journal.com](http://www.europsy-journal.com)



## Subscribe to European Psychiatry

EPA Membership (100 €) includes an online subscription to the Journal. If you are interested in becoming a member of EPA, please visit <http://www.europsy.net/about-epa/individual-membership>

Imprimé en France par Jouve, 53101 Mayenne.

Dépôt légal à parution

---

Abstracted in: BIOSIS/Biological Abstracts, Current Contents/Clinical Medicine and Social & Behavioural Sciences, EMBASE/Excerpta Medica, MEDLINE/Index Medicus, PASCAL/INIST-CNRS, Psychological Abstracts, PsycINFO, PsyLIT, Research Alert, SciSearch

---

**Abstracts of the 27th European Congress of Psychiatry - 2019**

Debate .....	S1
E-Poster Presentation .....	S3
E-Poster Viewing .....	S445
ECP Program .....	S779
EPA Forum 2019 .....	S783
Joint Symposium .....	S784
Joint Workshop .....	S788
Oral Communications .....	S789
Plenary .....	S844
Presidential Symposium .....	S845
Symposium .....	S847
State of the Art .....	S886
Workshop .....	S888

sensations in a false biofeedback can indicate difficulties in introceptive sensitivity.

The aim was to reveal differences between real and false biofeedback in provoking bodily sensations in the head and neck in healthy participants as well as cognitive factors of such provocation.

**Methods.**– 33 subjects (12 males, 18–25 years old) undergoing biofeedback experiment including randomized false and real conditions were instructed that “typically people in experiment have sensations in head and neck” to provoke bodily attention, then filled Screening for somatoform symptoms (Rief, Hiller, 2003), Cognitions About Body and Health Questionnaire (Rief et al., 1998).

**Results.**– Bodily sensations were more likely to occur in a true biofeedback (58,3%) and less likely – in a false biofeedback only (18,8%) but didn't depend on cognitive factors. Subjective appraisal of success in regulation of bodily functions in false BFB was higher in those who reported sensations in the experiment ( $F = 5,34$ ,  $p < 0,05$ ,  $\eta^2 = 0,28$ ).

**Conclusions.**– Attention to bodily sensations accompanied by external proof for such sensations (real biofeedback) are factors provoking sensations in more than half of healthy participants regardless their cognitive vulnerability to somatoform disorders. Discrepancy between external and internal stimulation attenuate this effect. Research is supported by the Russian Foundation for Basic Research, project No. 17-29-02169.

**Disclosure of interest.**– The authors have not supplied a conflict of interest statement.

E-PV0022

### **Cognitive factors of bodily sensations: priming in provocation of sensations in healthy subjects**

M. Kovyazina<sup>1</sup>, E. Rasskazova<sup>2</sup>, J. Migunova<sup>2</sup>, N. Varako<sup>2</sup>

<sup>1</sup> Moscow State University, Psychology, Moscow, Russia; <sup>2</sup> Moscow State University, Clinical Psychology, Moscow, Russia

\* Corresponding author.

**Background and aims.**– Psychosomatics suggest two mechanisms for epidemiology of unexplained bodily complaints in somatoform disorders: according to “general sensitivity” the key role in somatization is played by the attention to sensations whereas in bodily function regulation model (Tkhostov, 2002) sensations depend on their subjective meaning.

The aim was to reveal cognitive factors of positive and negative priming of somatic sensations that are typical for patients with somatoform disorders.

**Methods.**– In 36 healthy controls (15 men, 18–25 years old) during the task of self-regulation using the biofeedback method, attention was drawn to sensations in the head and neck with one of three instructions (emphasizing the neutral, positive and negative personal meaning of sensations). For example, positive instruction included description of people having sensations as “open, conscious, empathetic and intellectual”. They filled Screening for somatoform symptoms (Rief, Hiller, 2003), Cognitions About Body and Health Questionnaire (Rief et al., 1998).

**Results.**– In 50% of respondents general attention led to sensations in a head and a neck. The risk was higher at the persons inclined to somatization ( $F = 4,27$ ,  $p < 0,05$ ,  $\eta^2 = 0,12$ ) and considering their body as weak and vulnerable ( $F = 3,32$ ,  $p < 0,08$ ,  $\eta^2 = 0,10$ ). Both positive and negative personal meaning increased the probability of provocation ( $\chi^2 = 9,52$ ,  $p < 0,05$ , Cramer's  $V = 0,36$ ), especially in persons with a tendency to catastrophize bodily sensations ( $F = 4,18$ ,  $p < 0,05$ ,  $\eta^2 = 0,22$ ).

**Conclusions.**– Any personal meaning of sensations increased the probability of provocation, especially in persons with a tendency to catastrophize bodily sensations. Research is supported by the Russian Foundation for Basic Research, project No. 17-29-02169.

**Disclosure of interest.**– The authors have not supplied a conflict of interest statement.

E-PV0023

### **Psychotherapy anxiety and phobic disorders**

O. Kudinova\*, T. Chorna

Kharkiv Medical Academy of Postgraduate Education, Psychotherapy, Kharkiv, Ukraine

\* Corresponding author.

**Background and aims.**– The aim of the study: the development of a comprehensive system of psychotherapy and psychocorrection of anxiety disorders of neurotic case, based on the study of their clinical structure and peculiarities of emotional damages.

Scope and contributing research: 100 patients with diagnostic categories: F41.0 – Panic disorder (episodic paroxysmal anxiety, F41.1-Generalized anxiety disorder, F41.2-mixed anxiety-depressive disorder who are on the examination and treatment at the psychiatric unit. A control group included 40 patients.

**Methods.**– Spielberger, Eysenck Personality Questionnaire (EPQ), The Hamilton Rating Scale for Depression (HRSD), The study of accentuation of personality by K. Leonhard.

**Results.**– We performed the exploration of the peculiarities of clinical anxiety and patterns of therapeutic effect, based on the influence of short-term group and individual psychotherapy in the treatment of anxiety disorders, and evaluation the effectiveness of its reconition. The development of the methodology of applying a short-term group and individual psychotherapy in the treatment of anxiety disorders based on combination relaxation, hypnosis, cognitive-behavioral techniques in combination on with short-term group therapy. In fact, this is a new real model psychotherapy based on integrative principles. The high efficacy was shown in 82% patients, compared with 54% efficacy in control group patients.

**Conclusions.**– We will offer a new comprehensive methodology in the treatment of anxiety disorders of neurotic case that will improve the therapeutic efficacy of the treatment process, reduce the time of treatment, reduce the period of drug therapy.

**Disclosure of interest.**– The authors have not supplied a conflict of interest statement.

E-PV0024

### **Group psychoeducation ‘drop it’ decreases repetitive negative thinking in major depression and generalized anxiety disorder**

R. Rogiers<sup>1</sup>, C. Baeken<sup>1</sup>, D. Van den Abbeele<sup>2</sup>, R. De Raedt<sup>3</sup>, E. Watkins<sup>4</sup>, J. Remue<sup>5</sup>, R. Colman<sup>6</sup>, G. Lemmens<sup>5\*</sup>

<sup>1</sup> Ghent University, Dept. of Psychiatry, Ghent, Belgium; <sup>2</sup> Psychiatric Center Ghent-Sleidinge, Depression and Anxiety Unit, Ghent, Belgium; <sup>3</sup> Ghent University, dDepartment of Experimental Clinical and Health Psychology, Ghent, Belgium; <sup>4</sup> University of Exeter, College of Life and Environmental Sciences, Exeter, United Kingdom; <sup>5</sup> Ghent University Hospital, Dept. of Psychiatry, Ghent, Belgium; <sup>6</sup> Ghent University, Department of Biostatistics, Faculty of Medicine and Health Sciences, Ghent, Belgium

\* Corresponding author.

**Background and aims.**– Repetitive negative thinking (RNT) is considered as an important transdiagnostic factor in the onset, course and recurrence of both depressive and anxiety disorders. This study aimed to investigate whether a group psychoeducation (GP) would improve RNT, anxiety and depressive symptoms, quality of life and self-esteem of patients with Major Depressive Disorder (MDD) and/or Generalized Anxiety Disorder (GAD).

**Methods.**– Eighty patients were randomized to group psychoeducation (GP;  $n = 45$ ) or waiting list control (WLC;  $n = 35$ ). Assessments took place before randomization and 12 weeks later (after treatment). Multiple linear regression analyses adjusted for baseline scores were conducted.