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2nd Mood Disorders Congress
17–20 April 2025, TRNC
Book of Abstracts

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2nd Mood Disorders Congress

17–20 April 2025, TRNC

Book of Abstracts

Welcome Message / Preface

It is our great pleasure to welcome you to the 2nd Mood Disorders Congress, being held on 17–20 April 2025 in the Turkish Republic of Northern Cyprus (TRNC). This congress brings together a vibrant community of clinicians, researchers, and mental health professionals dedicated to advancing knowledge, improving clinical care, and supporting scientific collaboration in the field of mood disorders.

Mood disorders are among the most challenging and multifaceted conditions in psychiatry. Addressing the clinical and scientific questions they raise requires ongoing learning, collaboration, and an openness to emerging evidence and interdisciplinary approaches. This congress has been designed with these aims in mind, offering a setting where current findings can be shared, developing ideas can be discussed, and professional connections can be further strengthened.

This year's program features keynote lectures, symposia, oral presentations, poster sessions, and educational activities that reflect recent developments in areas such as neurobiology, therapeutics, psychosocial interventions, digital psychiatry, genetics, and precision medicine. We are pleased to include contributions from respected national and international colleagues, as well as early-career researchers whose work adds valuable perspectives to the field.

We extend our sincere gratitude to the Congress President, the Scientific Program Committee, and the Organizing Committee for their dedication, leadership, and commitment to excellence. We also thank all participants for joining us and contributing to the intellectual and collaborative spirit of this meeting.

We hope this congress inspires new ideas, deepens understanding, and strengthens the professional community working to improve the lives of individuals affected by mood disorders. We wish you a productive and enriching experience.

Vesile Şentürk Cankorur, Prof.

Congress President

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Scientific Program and Organizing Committees

The 2nd Mood Disorders Congress, organized by the Turkish Bipolar Disorders Association, brings together clinicians, researchers, academics, and mental health professionals working in the field of mood disorders, providing a rich environment for scientific exchange and interdisciplinary collaboration.

This year's congress is guided by the leadership of the Congress President, Prof. Dr. Vesile Şentürk Cankorur, who oversees the congress mission, scientific direction, and overall organizational framework. The scientific content is shaped by the Scientific Program Committee, whose members diligently evaluate abstracts, curate the scientific sessions, and ensure a high-quality and methodologically rigorous program. The operational, logistic, and academic execution of the congress is carried out by the Organizing Committee, whose contributions make the event seamless and scientifically impactful.

The organization and scientific planning of the 2nd Mood Disorders Congress are carried out by the following committees:

Congress President

- Vesile Şentürk Cankorur, Prof.

Scientific Committee

- Mehmet Çağdaş Eker, Prof.
- Neşe Yorguner, Assoc. Prof.

Organizing Committee

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- Onur Gökçen, M.D.
- Şevin Hun Şenol, M.D.
- Ceren Meriç Özgündüz, M.D.
- Sinem Balaç, PhD Student

Oral Presentations

OS-001

Mitochondrial genome-encoded long non-coding RNAs in bipolar disorder

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İbrahim Fettahoğlu / Koç University Research Center for Translational Medicine

Aim: Bipolar disorder is a multifactorial and prevalent psychiatric condition characterized by manic and depressive episodes. The contribution of mitochondrial dysfunction to the pathogenesis of bipolar disorder is well-documented, and research in this area has recently gained momentum. Mitochondrial genome-derived long non-coding RNAs (mt-lncRNAs) represent a novel and emerging field of study. Considering the mitochondrial hypothesis of mood disorders, the potential association of mt-lncRNAs with bipolar disorder is a compelling hypothesis. This study investigated the expression levels of 10 different mt-lncRNAs (SncmtRNA, ASncmtRNA-1, ASncmtRNA-2, lncND6, lncCytB, lncND5, MDL1, MDL1AS, LIPCAR, and 7S RNA) in euthymic bipolar disorder patients (BD) and their healthy siblings (SIB) compared to healthy controls (HC).
Material and Method: This longitudinal case-control study included 122 participants aged 18-45 years (31 BD, 39 SIB, and 43 HC). After diagnostic confirmation using SCID-1 interviews, PBMC RNA was isolated from whole blood samples and purified. Mt-lncRNA expression levels were analyzed using RT-qPCR with the 2^-ΔΔCt method. An ANCOVA model was used to evaluate group differences, adjusting for age, sex, body mass index (BMI), and smoking status as covariates.
Findings: The expression levels of all mt-lncRNAs were significantly lower in the BD group compared to healthy controls ($p < 0.001$ for all). The expression level of all mt-lncRNAs in the SIB group was between the BD and HC groups. The difference in expression levels between the SIB and HC groups was statistically significant for all mt-lncRNAs. ($p=0.002$ for lncND5, $p<0.001$ for others).
Conclusion: Our study demonstrates a significant association between mt-lncRNAs and bipolar disorder. Functional studies are needed to explore the mechanisms and pathways through which mt-lncRNAs contribute to the etiology of bipolar disorder.
Keywords: Bipolar disorder, mitochondria, non-coding RNA

OS-002

Athens insomnia scale: Validation of the Turkish version in older adults

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Aim: Insomnia is a common complaint in older adults that can negatively affect their quality of life and increase the risk of health issues. This study aimed to validate the Turkish version of the Athens Insomnia Scale (AIS) in patients aged 65 years and older and to assess its performance compared to younger populations.
Material and Method: A total of 305 participants were included, with 110 aged 65 years and older and 195 younger than 65 years. Beside AIS, the Pittsburgh Sleep Quality Index (PSQI) was utilized for concurrent validity. Internal consistency was evaluated using Cronbach's alpha and item-total score correlations. Structural validity was assessed through confirmatory factor analysis (CFA).
Findings: The internal consistency coefficient (Cronbach's alpha) of the AIS was 0.881. The two-dimensional structure of nocturnal sleep problems and daytime dysfunction was confirmed by confirmatory factor analysis (CFA), with significant goodness-of-fit indices (CFI = 0.97; RMSEA = 0.075). Correlation analysis demonstrated a strong relationship between AIS and PSQI total scores ($r = 0.812$, $p < 0.001$). AIS scores were not significantly influenced by demographic or clinical variables ($p > 0.05$), highlighting its applicability across diverse populations. Furthermore, discriminant analysis revealed that the AIS effectively discriminated patients aged >65 years from those <65 years, with "frequent nighttime awakenings" (Wilks' lambda= 0.874, $p < 0.001$).
Conclusion: The Turkish version of AIS is a valid, reliable, and practical instrument for evaluating insomnia in older adults. It is highly recommended to be implemented in screening sleep disturbances in the daily practice of geriatric clinics.
Keywords: Athens Insomnia Scale, insomnia, older adults, reliability, validity

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OS-003

The relationship between sleep quality and impulsivity in patients with bipolar disorder

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Aim: Sleep disturbance and impulsivity are key components of mood vulnerability in bipolar disorder (BD); however, the number of studies examining the relationship between these two symptoms is limited. This study aims to examine the association between sleep quality and impulsivity in euthymic individuals with BD, identifying key sleep components that contribute to impulsive tendencies.

Material and Method: A total of 37 euthymic BD patients (59.46% female, mean age=38.76±12.01 years) were assessed using the Pittsburgh Sleep Quality Index (PSQI) and Barratt Impulsiveness Scale (BIS-11). Pearson correlation and multiple regression analyses were conducted to explore associations between PSQI total and subscale scores and BIS-11 impulsivity dimensions (plan, motor, and attentional impulsivity). Initial simple linear regression analyses examined the predictive power of overall sleep quality on impulsivity. Due to relatively low explained variance, multiple regression models were employed to determine the most critical PSQI subcomponents predicting impulsivity. Key regression assumptions—including normality, homoscedasticity, and multicollinearity—were tested and met.

Findings: Poor sleep quality was significantly associated with increased impulsivity across all dimensions($p<0.001$), with the strongest correlation observed for motor impulsivity ($r=0.640, p<0.0001$). Simple linear regression showed that PSQI total score significantly predicted impulsivity but explained only 17.9% to 40.9% of the variance across impulsivity subdomains. In contrast, multiple regression models revealed that PSQI-7 (Daytime Dysfunction) was the strongest predictor of impulsivity across all BIS-11 subdomains ($p<0.05$), explaining the highest variance in motor impulsivity ($R^2=0.5027, p< 0.001$) and total impulsivity ($R^2 = 0.4997, p < 0.001$). Other PSQI subscales did not show significant independent effects.

Conclusion: These findings highlight the critical role of daytime dysfunction in impulsivity regulation, underscoring the need for targeted sleep-focused interventions in bipolar disorder. Given the substantial impact of impulsivity on clinical outcomes, interventions addressing daytime impairment and functional consequences of poor sleep could provide novel therapeutic strategies to improve self-regulation and reduce maladaptive behaviors in this population.

Keywords: Bipolar disorder, impulsivity, sleep quality, Barratt Impulsiveness Scale, Pittsburgh Sleep Quality Index

OS-004

Psychological resilience and quality of life in bipolar disorder: A comparison of BD-I and BD-II patients

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Ahmet Özercan / Marmara University Faculty of Medicine, Department of Psychiatry, İstanbul, Turkey

Aim: Bipolar disorder is primarily divided into two types—BD-I and BD-II—based on the presence of either manic or hypomanic episodes. Historically, BD-II was seen as a milder variant of BD-I, but recent studies have disputed this view (1). Moreover, large scale researches have uncovered both clinical and genetic differences between these subtypes (2). Psychological resilience, the ability to adapt to adversity, is a key factor in mental health. BD patients generally exhibit lower resilience than healthy controls, which may impact their quality of life -QoL (3). This study examines resilience and Qol differences between BD-I and BD-II patients.

Material and Method: The study included 51 euthymic BD patients (BD-I: 27, BD-II: 24) and 43 matched healthy controls from Marmara University's outpatient psychiatric clinic (August 2020–June 2021). Resilience was assessed using the Resilience Scale for Adults (RSA), and QoL with WHOQOL-BREF. Depression and stress levels were also evaluated using the HAM-D and Percieved Stress Scale. Statistical analyses included correlation tests and hierarchical regression models

Findings: BD-II patients had significantly lower resilience than BD-I and healthy controls ($p=0.002$). Their QoL was lower in psychological and environmental domains than BD-I patients ($p=0.003$, $p=0.02$) and lower in physical and psychological domains than healthy controls ($p<0.001$, $p=0.003$). No significant difference was found in psychological resilience and QoL between BD-I and controls. Regression analyses showed resilience positively predicted QoL in BD-II patients, particularly in psychological and social domains, and mitigated the negative impact of subthreshold depressive symptoms on physical QoL. Regression models explained the highest variance in BD-II patients, suggesting resilience plays a more crucial role in their QoL.

Conclusion: BD-II patients have lower resilience and QoL than BD-I and healthy controls. However, resilience has a stronger impact on BD-II patients. Enhancing resilience in BD-II patients could improve clinical and functional outcomes.

Keywords: Psychological resilience, Quality of life, bipolar disorder

OS-005

Mitochondrially encoded long non-coding RNAs in depressive episodes and remission in major depressive disorder

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İzel Cemre Aksahin / Koç University Research Center for Translational Medicine (KUTTAM), Affective Laboratory, Istanbul, Türkiye

Aim: Major Depressive Disorder (MDD) is a prevalent psychiatric condition linked to significant mitochondrial dysfunction. Emerging evidence highlights the long non-coding RNAs (lncRNAs), particularly those encoded by mitochondrial DNA (mt-lncRNAs), regulate energy metabolism and mitochondrial dynamics, yet their role in MDD remains unclear. Our study aimed to investigate the expression levels of ten identified mt-lncRNAs (SncmtRNA, ASncmtRNA-1, ASncmtRNA-2, lncND6, lncCytB, lncND5, MDL1, MDL1AS, LIPCAR, 7S RNA) in individuals with acute MDD compared to healthy controls (HC) and to evaluate changes in their expression between depressive episodes and remission state.

Material and Method: This longitudinal case-control study included 74 participants (31 MDD, 43 HC) aged 18–45. Blood samples were collected from MDD participants at baseline and during remission (n=15) after being diagnosed by SCID-1 interviews. Mt-lncRNA expression was analyzed via RT-qPCR using the 2-ΔΔCt formula. ANCOVA model was used to evaluate group differences, adjusting for age, sex, BMI, and smoking. The Wilcoxon signed-rank tests were used for mt-lncRNA expressions of remission and baseline MDD. A single component was extracted, revealing a global factor that explained 58.27% of the variance in mt-lncRNA expression levels to compare expression levels among groups.

Findings: Eight mt-lncRNAs were significantly downregulated ($p<0.001$ each) in the MDD group except for ASncmtRNA-2 and 7S RNA levels ($p=0.848$; $p=0.073$). During the remission state, eight mt-lncRNAs showed upregulation ($p<0.001$ each) except for LIPCAR and 7S levels ($p=0.307$; $p=0.397$). Wilcoxon tests showed significantly upregulated mt-lncRNA in remission compared to MDD. The global factor of mt-lncRNA expression levels of the MDD group was significantly lower compared to HCs ($p<0.001$). The global factor of the remission group was significantly lower than the baseline MDD group ($p=0.008$).

Conclusion: Our findings reveal significant alterations in mtDNA-encoded lncRNAs in MDD and HC. These findings may implicate the role of mitochondrial DNA epigenetics in the pathogenesis of mitochondrial dysfunction in BD.

Keywords: Depression, mitoepigenetik, long noncoding RNA, mitochondrial-encoded

OS-006

Oxidative stress indicators in bipolar patients with different mood episodes: Novel biomarker candidates TrxR1 and PRDX1

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Onur Gökçen / Kütahya Health Sciences University, Faculty of Medicine

Aim: It is considered that oxidative stress contributes to neuroprogression in bipolar disorder and may play a role in its etiopathogenesis. In this study, it was aimed to compare the oxidative stress indicators of bipolar disorder patients with different mood states and healthy controls.

Material and Method: A total of 101 bipolar disorder patients (33 euthymic, 36 depression and 32 mania) and 29 healthy controls were included in the study. Total antioxidant status (TAS), total oxidation status (TOS), superoxide dismutase (SOD), glutathione (GSH), nicotinamide adenine dinucleotide phosphate (NADPH), thioredoxin reductase 1 (TrxR1) and peroxiredoxin 1 (PRDX1) levels were measured. SOD2 rs4880 and GPX3 rs3792797 single nucleotide polymorphisms (SNPs) were also determined.

Findings: TAS ($p=0.031$), NADPH ($p=0.006$), TrxR1 ($p<0.001$), and PRDX1 ($p<0.001$) levels of patients with a bipolar diagnosis were higher than those of healthy controls, while GSH ($p<0.001$) levels were lower. No significant difference was found between the groups in terms of TOS ($p=0.776$), SOD ($p=0.086$), and OSI ($p=0.312$) levels. No significant difference was found in TAS, GSH, TrxR1 and PRDX1 levels between bipolar patients in different mood episodes. The diagnostic performance of TrxR1 and PRDX1 as biomarkers in the diagnosis of bipolar was found to be significant ($p<0.001$, $p<0.001$). While no difference was observed in GPX3 rs3792797 SNP between patients with bipolar disorder and healthy controls, a significant difference was found for SOD2 rs4880 SNP. It was also found that SOD2 rs4880 AA allele carriers had higher SOD levels.

Conclusion: This study is one of the few studies that examine important oxidative stress markers in bipolar patients at different mood periods. It is also the first study to examine TrxR1, PRDX1, and NADPH in bipolar disorder. TrxR1 and PRDX1 show potential as new biomarkers in the pathogenesis of bipolar disorder.

Keywords: Bipolar disorder, oxidative stress, TrxR1, PRDX1, NADPH

OS-007

Comparison of the effect of face-to-face and online psychiatric interviews on recovery in patients diagnosed with major depression

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Aim: Major depressive disorder (MDD) is one of the leading causes of disease burden worldwide. Crises like the COVID-19 pandemic have restricted access to mental health services, emphasizing the need for online interventions. The main hypothesis is that face-to-face and online treatments differ in effectiveness for individuals with MDD.

Material and Method: The study included 120 patients diagnosed with MDD, evenly divided into face-to-face and online treatment groups (60 participants each) based on their preferences. Over six months, participants were assessed at months 0, 1, 2, 4, and 6 using the Hamilton Depression Rating Scale, Hamilton Anxiety Rating Scale, DSM-5 Level 1 Cross-Cutting Symptom Measure, and DSM-5 Level 2 Depression Scale for Adults. Scale scores were analyzed to evaluate the therapeutic impact and adherence rates of both intervention methods.

Findings: When the findings were evaluated at the end of the study, a significant decrease in depressive symptoms was found in both groups at the end of the first month. (face-to-face interview= 26.8±3.6/12.3±5.9, online interview= 24.4±4/12.1±5.6 , p=0.001/0.661) It was determined that the scale scores measuring depressive symptoms were lower in some follow-up interviews in the online interview group. ((face-to-face/online interview= mean±standard deviation, p value), (0. interview; 26.8±3.6/ 24.4±4, p= 0.001, 4. interview; 6.1 ±3.7/ 4.6 ±3.2, p= 0.045, 6. interview; 5.0 ±3.7/3.3 ±3.2, p = 0.015) Participation rates in control interviews were higher in the online interview group compared to the face-to-face interview group. (1st interview 83.3%/95.0% p= 0.04, 3rd interview 68.3%/90.0% p= 0.003, 4th interview 70.0%/86.7% p= 0.027, 5th interview 58.3%/76.7% p= 0.032)

Conclusion: This study shows that online interventions are as effective as face-to-face treatments in reducing depressive and anxiety symptoms in MDD patients. The accessibility of online interventions enhanced adherence. Their potential advantages, particularly during crises, highlight their importance in ensuring the continuity of mental health services.

Keywords: Depression, face-to-face interview, online, internet-based applications

OS-008

Oxidative DNA damage alteration after treatment of a depressive episode: A systematic review and meta-analysis

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Aim: Major depressive disorder (MDD) is prevalent and disabling affective disorder with poorly understood pathophysiology and treatment response effects. Recent studies have indicated associations between 8-hydroxy-2′-deoxyguanosine (8-OHdG), oxidative DNA damage marker, and MDD pathophysiology [1], to be increased in various psychiatric disorders including MDD [2][3]. This study aims to systematically review existing literature on oxidative DNA damage between depressive episodes and remission states in MDD.

Material and Method: Literature search was conducted on PubMed, Cochrane, Scopus, Web of Science, and Ovid MEDLINE to identify relevant studies published until October 31, 2024. Keywords used were (depression OR depressive) AND (8-hydroxy-2′-deoxyguanosine OR 8-hydroxy-deoxyguanosine OR 8-hydroxy-deoxyguanosine OR 8-hydroxy-2-deoxyguanosine OR 8-hydroxy-deoxyguanine OR 8-hydroxyguanine OR 8-oxoguanine OR 8-oxo-7,8-dihydro-2-deoxyguanosine OR 8-oxo-7,8-dihydro-guanosine OR 8-OHdG OR 8-OH-dG OR 8-OHdG OR 8OHdG OR 8-oxoGuo OR 8-oxo-dG OR 8-oxo-G OR 8-oxoG OR 8-OHG OR 8OH2'dG OR OH8dG OR "dna damage"). Original articles investigating 8-OHdG level changes after treatment in MDD were included by two blind reviewers independently, and included articles were meta analyzed by calculating effect sizes, heterogeneity, and publication bias on SPSS 28.

Findings: Of 1488 studies; 9 met the eligibility criteria, while 2 were excluded due to lack of data. Among studies, oxidative damage was significantly decreased in 4, increased in 1, and showed no significant results in the other studies. The meta-analysis revealed a significant decrease in 8-OHdG levels during remission compared to depressive episodes [$z = -1.92$, 95% CI (-2.19, 0.02), $p = 0.05$], with no evidence of publication bias ($p = 0.634$), but high heterogeneity ($I^2 = 97.4\%$, $Q = 177.69$, $p < 0.001$).

Conclusion: Our findings indicate a significant decrease in 8-OHdG levels following recovery from depressive episode, suggesting oxidative DNA damage may serve as a biomarker for tracking disease progression and treatment response. However, considerable heterogeneity across studies underlines the need for further follow-up research to validate these findings.

Keywords: Major depressive disorder, oxidative DNA damage, 8-hydroxy-2-deoxyguanosine, 8-OHdG

OS-009

Hospitalization and outpatient visit rates in aripiprazole monohydrate vs. paliperidone palmitate in chronic psychiatric disorders: A mirror-image follow-up study–preliminary results

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Aim: This study aims to analyze the impact of long-acting injectable antipsychotics (LAIs), specifically Paliperidone Palmitate (PP) and Aripiprazole Monohydrate (AM), on the frequency of hospitalizations, psychiatric outpatient visits, emergency visits, and all medical outpatient visits for non-psychiatric reasons over a one-year mirror-image follow-up period.

Material and Method: The study included 27 voluntary patients diagnosed with Schizophrenia, Bipolar Disorder, or Schizoaffective Disorder, aged between 18 and 65 years, who had been on long-acting injectable PP or AM for at least one year. The total number of psychiatric hospitalizations, emergency visits, and outpatient visits (psychiatric and non-psychiatric) during the year before and after the initiation of LAI treatment were compared.

Findings: Of the participants, 14 (52%) were using PP and 13 (48%) were using AM. The number of psychiatric outpatient visits significantly increased after the initiation of LAI treatment compared to the year before ($p = 0.045$). The number of psychiatric hospitalizations was significantly higher in the year before LAI initiation compared to the year after ($p = 0.03$). Comparative analyses between patients using PP and AM revealed no significant differences.

Conclusion: It was found that patients' outpatient psychiatric visits increased while hospitalization rates decreased following the initiation of LAI treatment. These findings align with randomized controlled trials that suggest LAI treatment enhances adherence, improves functionality, and reduces economic burden. Additionally, no significant difference was observed in non-psychiatric outpatient visits before and after LAI initiation. The preliminary results of our study are consistent with the literature suggesting that LAIs reduce relapse rates, emergency visits, and the prevalence of comorbid conditions. A limitation of this study is the retrospective design, relying on system-based file reviews rather than face-to-face patient interviews.

Keywords: LAIs, hospitalization, outpatient visit, compliance

OS-010

Impact of antidepressant treatment on cognitive functions in major depressive disorder: A follow-up study

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Aim: Cognitive impairment is a common feature of major depressive disorder (MDD) and is considered a fundamental aspect associated with its psychopathology. The aim of this study is to evaluate the effects of antidepressant treatment on cognitive functions in outpatients with MDD, considering the cognitive impairments commonly associated with the disorder.

Material and Method: This study evaluated 48 patients aged 18–65 years who were diagnosed with MDD. Assessments were conducted at the initial admission and approximately five weeks after the initiation of treatment. The following tools were used: a sociodemographic form, clinical evaluation scales (MINI, HAM-D, HAM-A) and cognitive tests (WAIS-R coding, arithmetic, similarities; Trail Making Test [TMT]; the Stroop Test; Öktem Verbal Memory Processes Test [ÖVMPT]).

Findings: At the first evaluation, 31.3% of the patients exhibited normal performance on TMT-A, TMT-B, the Stroop Test, and ÖVMPT when compared to normative values. Despite a significant proportion of patients demonstrating impaired performance in the learning (41.5%) and spontaneous recall (31.7%) subscales of the ÖVMPT at baseline, most achieved scores within the normal range at follow-up (9.8% and 7.3%, respectively). For WAIS-R, which lacks normative values, a cut-off of 7 standard points was applied. A substantial proportion of patients exhibited poor performance both at the initial evaluation (47.5% for coding, 53.7% for arithmetic) and follow-up (31.7% and 39%, respectively). Notably, the relationships between WAIS-R coding, the Stroop Test, and HAM-D scores were no longer significant after controlling for age, education level, BMI, and HAM-A scores.

Conclusion: The findings suggest that antidepressant treatment is associated with improvements in various cognitive domains, including processing speed, attention, executive functions, and verbal memory.

Keywords: Depression, cognition, neurocognitive tests, antidepressants

OS-011

Evaluation of chatGPT-4 and google bard performances in understanding bipolar disorders

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Aim: The emergence of Artificial Intelligence (AI) chatbots is thought to facilitate patients' access to medical information and influence their decision-making processes about interventions. To determine the usability and challenges of these technologies in mood disorders, we aimed to evaluate the performance of AI chatbots in answering patients' questions related to Bipolar Disorder (BD) and to measure the level of consensus among clinicians regarding these AI chatbots.

Material and Method: We identified 40 questions that patients often ask clinicians about BD. The questions were presented to ChatGPT-4 and Google Bard, and the answers obtained were scored by 4 psychiatrists according to the correctness and reliability scale. Scores were compared on an application basis and inter-observer agreement was evaluated.

Findings: For ChatGPT-4, total correctness score was 5.93+0.55 and total reliability score was 5.60+0.71; for Google Bard, total correctness score was 5.64+0.71 and total reliability score was 5.39+0.41 ($p>0.05$). The inter-observer agreement assessment of the correctness and reliability scores of Google Bard and ChatGPT-4 responses showed moderate (0.233 and 0.362) and low (0.118 and 0.199) agreement, respectively ($p>0.05$).

Conclusion: Our study results show that it is not yet feasible to manage BD, a psychiatric diagnosis involving complex processes, using only ChatGPT-4 or Google Bard and that AI chatbots should be further developed in this field.

Keywords: Artificial intelligence, ChatGPT-4, Google bard, Large language models, bipolar disorder

OS-012

Mediating role of cognitive complaints on the relationship between subclinical depressive symptoms and functioning in patients with bipolar disorder

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Aim: Cognitive dysfunction and subclinical depressive symptoms are common in bipolar disorder (BD) and can significantly impact daily functioning. This study aimed to investigate the relationships between depressive symptoms, cognitive complaints, objective cognitive performance, and functional outcomes in patients with BD.

Material and Method: The study comprised 80 patients with BD in remission who were admitted to BD outpatient units of the Departments of Psychiatry of Istanbul University Faculty of Medicine and Manisa Celal Bayar University Faculty of Medicine. Sociodemographic and Clinical Information Form, Cognitive Complaints Rating Scale in Bipolar Disorder (COBRA-TR), Young Mania Rating Scale (YMRS), Hamilton Depression Rating Scale-17 (HAMD-17), Functioning Assessment Short Test (FAST), and Screening for Cognitive Impairment in Psychiatry (SCIP) were administered to measure patients' symptom severity as well as cognitive status. The relationships between the variables were measured using Pearson's correlations, and mediation analyses were carried out with PROCESS macro for SPSS v4.1 to investigate further associations.

Findings: Females comprised 52.5% (n=42) of the study group. The mean age was 40.90 (11.34) years, and the mean duration of education was 11.54 (3.95) years. There were significant correlations between HAMD-17 and COBRA-TR ($r=0.325$; $p=0.003$), HAMD-17 and FAST total score ($r=0.283$; $p=0.011$), and HAMD-17 and SCIP total score ($r=-0.246$; $p=0.029$). There was a further correlation between COBRA-TR and functioning total score ($r=0.624$; $p<0.001$), yet no correlation was observed between SCIP total score and functioning ($r=-0.063$; $p=0.584$) or SCIP total score and COBRA-TR ($r=0.27$; $p=8.16$). There was a significant indirect effect of the HAMD-17 score on global functioning through cognitive complaints, indicating a complete mediation (ß= 1.05, 95% CI [bootstrapped] = 0.32; 1.98).

Conclusion: Our findings suggested that subclinical depressive symptoms and cognitive complaints had an impact on functioning, and cognitive complaints in patients with BD fully mediated the association between depressive symptoms and functioning.

Keywords: Cognitive dysfunction, bipolar disorder, subclinical depressive symptoms, functional impairment, Cognitive Complaints Rating Scale

OS-013

Genetic correlations between affective disorders and dementia subtypes: Insights from LD score regression analysis

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Aim: Epidemiological and clinical studies suggest an association between affective disorders and an increased risk of dementia, with evidence indicating that dementia develops earlier in individuals with affective disorders. However, the genetic basis of these associations and the relationships between specific subtypes of affective disorders and dementia subtypes remain unclear.

Material and Method: This study investigated the genetic correlation between dementia subtypes—Alzheimer's disease (ALZ), vascular dementia (VaD), frontotemporal dementia behavioral variant (FTDbv), and Lewy body dementia (LBD)—and affective disorder subtypes, including bipolar disorder (BD, BD1, BD2) and depressive disorder (MDD, recurrent depression, psychotic depression, dysthymia), using genome-wide association study (GWAS) summary statistics from the Psychiatric Genomics Consortium, UK Biobank, and FinnGen databases. The analysis was conducted using R program, employing LD Score Regression (LDSC) to estimate genetic correlations (rG), with p-values adjusted via Bonferroni correction.

Findings: VaD demonstrated significant genetic correlations with both BD (rG = 0.33, SE = 0.13, p = 0.01) and MDD (rG = 0.23, SE = 0.07, p = 0.001). Among subtypes, LBD significantly correlated with recurrent depression (rG = 0.26, SE = 0.10, p = 0.009), ALZ with dysthymia (rG = 0.14, SE = 0.03, p = 0.0004), VaD with dysthymia (rG=0.26, SE=0.08, p=0.006), VaD with BD1 (rG = 0.20, SE = 0.08, p = 0.01), and FTDbv with BD2 (rG = 0.60, SE = 0.29, p = 0.03).

Conclusion: These findings highlight a strong genetic overlap between dementia and affective disorders, with VaD exhibiting the most extensive shared genetic background. Furthermore, distinct genetic correlations between affective disorder subtypes and dementia subtypes suggest potential subtype-specific mechanisms. Future research should focus on identifying shared SNPs and biological pathways to facilitate dementia prevention and guide the development of targeted therapies for affective disorders.

Keywords: Dementia subtypes, genetic correlation, affective disorders, bipolar disorder subtypes, depressive disorder subtypes

OS-014

The relationship between pain symptom severity, salivary opiorphin levels, and target microRNA expression in patients with depressive disorder

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Aim: The relationship between chronic pain and depression is increasingly recognized, with combined treatment becoming a crucial requirement for effective therapeutic outcomes. Opiorphin plays a role in pain modulation by inhibiting enkephalin-degrading enzymes. MicroRNAs (miRNAs) regulate opioid receptors and have been shown to be involved in pain modulation. The aim of our research is to determine the relationship between salivary opiorphin levels, miRNA-138-5p levels, and pain severity in healthy volunteers and patients diagnosed with major depressive disorder with chronic pain complaints, and to reveal the regulation of miRNA-138-5p on salivary opiorphin levels.

Material and Method: This study, conducted as part of a medical specialty thesis, included 48 MDD patients and 48 healthy volunteers from the Psychiatry Outpatient Clinic of Balikesir University Health Application and Research Hospital. Participants were administered a Sociodemographic Data Form, Hamilton Depression Rating Scale (HAM-D), Brief Pain Inventory-Short Form, and Visual Analog Scale. miR-138-5p levels from blood samples and opiorphin levels from saliva were measured using RT-PCR and ELISA.

Findings: In our study, it was found that miR-138-5p levels were higher in the patient group. According to HAM-D depression severity, individuals with mild to moderate depression had higher miR-138-5p levels than those without depression. When compared by VAS pain intensity, individuals with pain symptoms had higher miR-138-5p levels than those without pain. No significant difference was found in opiorphin levels between groups. Furthermore, no statistically significant correlation was found between miR-138-5p levels and opiorphin levels.

Conclusion: The results of our study suggest that changes in miRNA-138-5p levels are involved in the mechanisms of MDD and pain. Our research highlights that miRNA-138-5p could be used as a diagnostic tool and a therapeutic intervention target in terms of depression severity and pain severity in MDD patients, and it paves the way for future studies.

Keywords: Major depressive disorder, MiRNA, opiorphine

OS-015

A new perspective on craving and relapse in opioid use disorder: Psychological flexibility

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Aim: Opioid use disorder(OUD) is a public health problem because of the harm it causes to patients and society, and the biggest barrier to treatment is relapse. Psychological flexibility(PF) is associated with people's ability to choose how to respond in the presence of difficult thoughts and feelings, even if they cannot control them. This study aimed to compare OUD patients undergoing detoxification and maintenance at the Alcohol and Drug Treatment Centre(ADTC) in terms of PF, craving, and relapse risk, as well as to examine the relationship between them.

Material and Method: In this cross-sectional study, 147 volunteer participants diagnosed with opioid use disorder presenting to the outpatient clinic at ADTC were included. All participants were informed about the study and signed forms of consent. They were asked to answer a self-assessment form including sociodemographic data, Psychological Flexibility Scale(PFS), Moodist Relapse Index(MRI), and Substance Craving Scale(SCS).

Findings: The mean age of the patients included in the study was 33 years(range: 22-58); 73 patients were in remission and receiving maintenance buprenorphine/naloxone treatment, and 74 patients were recently admitted to treatment and in the detoxification phase. PFS scores of the patients in remission were found to be significantly higher than those who were not in remission($t(145)=5.803$, $p<0.001$). In addition, MRI scores($t(145)=8.752$, $p<0.001$) and SCS scores($t(145)=14.201$, $p<0.001$) were significantly lower in the group in remission compared to the other group. Also, PFS scores were found to be negatively correlated with MRI and SCS scores.

Conclusion: PF, which is thought to be protective against returning to substance use by not being able to cope with the feeling of distress experienced by the patients and against the risk of craving and relapse, was found to be high in the patient group in remission. The results suggest that interventions targeting PF by offering alternatives to maladaptive coping strategies may be important in treatment.

Keywords: Opioid use disorder, psychological flexibility, craving

Poster Presentations

PS-001

Depression and anxiety symptoms in a patient with meningioma: Augmentation therapy with brexpiprazole

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Aim: Patients with brain tumors also experience an increased prevalence of depression and anxiety symptoms. This case report discusses the use of brexpiprazole in a patient with mood disorder and anxiety symptoms, as well as multiple meningiomas.

Case Description: A 55-year-old female patient was admitted to our clinic with complaints of lack of motivation, depresive mood, fear of falling, inability to walk due to a fear of having seizures, and belching when attempting to walk due to a fear of failure. The patient had been using levetiracetam 3000 mg/day for 12 years and lacosamide 200 mg/day for 2 years to manage seizures caused by meningioma, as well as dexamethasone for brain edema. Symptoms caused by her meningioma and physical illnesses were exacerbated by depression and anxiety. On physical examination, muscle weakness was noted in the right leg, and her mental status revealed a depressed and anxious mood.The patient, who was on sertraline 50 mg/day, was started on brexpiprazole 0.5 mg/day for augmentation. Subsequently, her fear of walking diminished. However, after increasing the brexpiprazole dose to 1 mg/day, the patient experienced a seizure one week later. Neurology and neurosurgery consultations attributed the seizure to the mass effect of the tumor. The brexpiprazole dose was reduced back to 0.5 mg/day after the seizure. During follow-ups, the patient's symptoms improved, and she was discharged with oncology follow-up.

Discussion: Studies on anxiety and depression in meningioma patients are often complex, as it is unclear whether these conditions are causally related to the tumor itself or are psychological responses to the stress of diagnosis or treatment.

In cases of inadequate antidepressant response, augmentation with atypical antipsychotics is presented as an option. Among these antipsychotics, brexpiprazole, with its approved efficacy based on current research data, offers a novel option for such patients.

Keywords: Depression, anxiety, brexpiprazole, meningioma

PS-002

MicroRNAs in bipolar disorder: A systematic review

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Aim: Bipolar disorder is thought to be 60–80% heritable, indicating a significant genetic component. However, recent research emphasises the significance of post-transcriptional and epigenetic pathways. Messenger RNAs (mRNAs) are silenced or degraded by microRNAs (miRNAs), which are small noncoding RNAs that control gene expression. In attempt to better understand the epigenetic regulation of bipolar disorder, miRNAs have been extensively researched and have shown promise as biomarkers.

Material and Method: By using the Covidence database, a systematic review was carried out. A third researcher resolved issues after two blinded researchers independently assessed publications for inclusion. 629 duplicates were eliminated from 1,397 articles that were gathered from six databases. 110 of the remaining 768 were selected for full-text examination after 658 were eliminated throughout the title and abstract screening process. Data was retrieved from 26 papers after 84 studies were eliminated (61 reviews and 23 with inappropriate designs).

Findings: 38 miRNAs were identified as significant by RT-qPCR, but 13 of them were later shown to be nonsignificant. 8 miRNAs were shown to be significant in two studies: miR-652, miR-19b-3p, miR-23b-3p, miR-142-3p, miR-125a, miR-221-5p, miR-34a, and miR-330. The findings of miR-23b, miR-221, and miR-34a were mixed. In all three investigations, miR-134 showed consistent significance. While RNA-seq found 20 miRNAs, microarray analysis found 57, 18 of which were rejected by RT-qPCR. Using all three approaches, miR-29c and miR-145-5p were consistently significant.

Conclusion: miR-134 emerged as a consistently significant biomarker, with miR-29c and miR-145-5p showing cross-platform consistency. Standardized methodologies and further research are essential to validate these findings.

Keywords: Systematic review, bipolar disorder, MicroRNAs

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PS-003

Evaluation of social and neurocognitive functions in patients with comorbid bipolar disorder and attention deficit hyperactivity disorder: Preliminary results

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Aim: Attention-deficit / hyperactivity disorder (ADHD) and Bipolar Disorder (BD) are mental disorders with high degree of comorbidity and cognitive impairments have been reported in both disorders. The aim of this study is to evaluate social and neurocognitive functions of individuals diagnosed with BD, ADHD and BD+ADHD.

Material and Method: Study included 13 participants aged 18-65, who applied to the outpatient clinic of Psychiatry Department, Ankara University Faculty of Medicine and were diagnosed according to DSM-5 criteria: 5 with BD, 3 with ADHD, 5 with BD+ADHD. Verbal Memory Processes Test (VMPT), Stroop Test (ST), WAIS-R Similarities subtest, Trail Making Test A/B (TMT-A/B) and Reading the Mind in the Eyes Test (RMET) were conducted with the participants.

Findings: The mean age of all participants (mean ± standard deviation) was 34.46±13.12 (BD:45.4±9.63; ADHD:19.33±1.15; BD+ADHD :32.60±9.86). %61,3 of the sample is composed of female gender (BD:%40; ADHD:%66,6; BD+ADHD:%80). In WAIS-R Similarities Test participants scored an average of 20.85±5.55 (BD:18.2 ± 7.79; ADHD:24.3 ± 0.58; BD+ADHD :21.4 ± 3.64). In VMPT, participants' immediate memory score was 6.15±2.08 (BD:5±2.35; ADHD:6.33±1.53; BD+ADHD:7.2±1.79), their total learning score was 116.77±22.99 (BD:94± 20.49; ADHD:125.33±11.93; BD+ADHD:134.4 ±1.82), and their spontaneous recall score was 10.92±3.66 (BD:7.8±2.17; ADHD:13± 1.00; BD+ADHD:12.8±3.90). The participants' IST-A score was 49.77±34.63 (BD:72.4±44.23; ADHD: 30.67±2.08; BD+ADHD:38.6±23.85), while their IST-B score was 145.85±104.11 (BD:206.4±132.89; ADHD:76±8.72; BD+ADHD:127.2±78.35). In ST, the ST-D score, which measures resistance to interference, was 55.69±38.61 (BD:78.6±52.45; ADHD:30.33±4.73; BD+ADHD:48±22.34). In RMET, participants scored 20.62±6.06 (BD: 14.4±4.16; ADHD: 25.33±2.89; BD+ADHD: 24±3.08).

Conclusion: When compared with previous studies, the ADHD group showed the best neuropsychological performance, consistent with the literature. However, BD group's worse performance compared to BD+ADHD group is inconsistent and may be linked to their higher mean age and lower premorbid IQ. Additionally, ADHD pharmacotherapy in ADHD and BD+ADHD groups may have enhanced their test results. Larger sample studies are needed to clarify these findings.

Keywords: Bipolar disorder, attention deficit hyperactivity disorder, comorbidty, neurocognitive functions, social cognition

PS-004

Antidepressants induced mania in autism spectrum disorder: A clinical insight

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Aim: Autism Spectrum Disorder (ASD) frequently co-occurs with Bipolar Disorder (BD) in 10–30% of cases, across both high- and low-functioning individuals. ASD patients are particularly susceptible to pharmacological side effects, including manic shifts and activation syndrome with antidepressants. Selective Serotonin Reuptake Inhibitors (SSRIs), while commonly used, can exacerbate mood instability, with manic or hypomanic episodes observed in up to 54% of treated cases.

Material and Method: The article details two cases of ASD patients experiencing manic symptoms after SSRI use.

Findings: Case 1: 16-year-old male with social difficulties, stereotypic movements, and developmental delays. Two years prior, his social withdrawal worsened, and he began experiencing academic decline and bullying. He developed persecutory delusions toward his brother and peers, withdrew socially, and isolated himself in his room. He was prescribed sertraline 50 mg/day and olanzapine 10 mg/day. Shortly after starting sertraline, he exhibited decreased sleep, excessive talking, and racing thoughts. Sertraline was discontinued, and the olanzapine dose was increased to 15 mg/day, resulting in the resolution of his manic and psychotic symptoms. He remains in remission on olanzapine monotherapy.Case 2: 49-year-old male with a borderline intellectual functioning had history of lifelong social relationship difficulties and episodes of irritability, aggression, and persecutory delusions. In 2017, he was prescribed escitalopram 10 mg/day alongside risperidone 2 mg/day. Despite concurrent antipsychotic therapy, he developed increased talkativeness, reduced need for sleep, heightened energy, and increased libido. Symptoms subsided after discontinuing escitalopram, and he remains stable on quetiapine XR 300 mg/day.

Conclusion: These cases highlight risk of manic shifts in individuals with ASD when using SSRIs, especially in those with underlying mood disorders or vulnerabilities. While antidepressants can help manage certain ASD symptoms, careful patient selection, dosing, and monitoring are crucial. Further research is needed to clarify the mechanisms and prevalence of antidepressant-induced mania in ASD to optimize treatment strategies.

Keywords: Autism spectrum disorders, manic shifts with SSRI, bipolar comorbidity, neurodevelopmental disorders

PS-005

Evaluation of recurrence and residual symptoms in major depression in relation to autistic features

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Aim: Recent studies have demonstrated a high prevalence of autistic traits in mood disorders, indicating an association with early onset, complex symptoms and greater functional impairment, particularly suicidal behaviour. The aim of this study was to compare the severity of autistic traits using the Autism Quotient (AQ) between participants with residual symptoms or recurrence and participants with no recurrence and complete remission within 12 months.

Material and Method: In the present study, a sample of volunteers between the ages of 18 and 65 who had been regularly followed up for the previous 12 months with a diagnosis of MDD at the psychiatry outpatient clinic of Dinar State Hospital were included in the study. 18 participants (Age:41,25 (9,25), Genger/Male: 8/18) were accepted to the complete remission (CR) group and 19 participants (Age: 36, 15 (12,75), Genger/Male: 9/19) to the recurrent/residual (R/R) group. A healthy control group (HC) was established with 16 volunteers (Age: 33, 35 (15,75), Genger/Male : 7/16). AQ were administered to each participant. One-way ANOVA analyses were performed using IBM SPSS version 25.

Findings: A significant difference was observed between the groups in terms of AQ total scores($P<0,001$). Post-hoc analyses revealed that the R/R group exhibited a statistically significant disparity in AQ total scores when compared with both the HC ($P=0,017$) group and the CR group($P=0,001$). Furthermore, the R/R group exhibited a statistically significant disparity in Social Skills ($P=0,004$) and Communication ($P=0,001$) subscale scores in comparison to the CR group.

Conclusion: The findings of this study may suggest a potential correlation between autistic traits and the recurrence of MDD, taking into account well-established risk factors such as the number of episodes, the severity of the last episode, family history, residual symptoms and genetic factors. In conclusion, this study revealed that the severity of autistic traits is associated with recurrence and residuality in MDD.

Keywords: Recurrence, major depression, autistic traits, autistic features

PS-006

The use of GLP-1 receptor agonist semaglutide in stable bipolar disorder patients: Two cases

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Aim: Mortality rates are significantly higher in individuals with bipolar disorder. Weight loss in patients may be critical to reducing morbidity and mortality associated with cardiovascular disease and related conditions such as diabetes and metabolic syndrome. Semaglutide is a licensed glucagon-like peptide-1 receptor agonist for the treatment of Type 2 Diabetes Mellitus(DM) and obesity. Randomized controlled trials have demonstrated the efficacy of semaglutide in improving metabolic parameters and reducing cardiovascular morbidity and mortality in the general population. However, there is no information the use of semaglutide in patients with bipolar disorder (BD).

Material and Method: This article presents two stable BD patients who started semaglutide treatment.

Case 1: A 31-year-old female patient, diagnosed with BD for 12 years. She also has a diagnosis of DM and experiences nocturnal eating episodes. Two months ago, semaglutide treatment was initiated. Starting at 0.25 mg/week, the dose was increased to 0.5 mg after six weeks. During this period, the patient reported a decreased appetite, lost 5 kg, and experienced a significant reduction in nocturnal eating episodes. No mood episodes were observed but the last dose, nausea, vomiting and constipation occurred. She discontinued treatment due to these side effects.

Case 2: A 39-year-old female patient diagnosed with BD for 23 years. She also has a diagnosis of hypertriglyceridemia. She has been receiving semaglutide injections for five weeks. During this period, she reported reduced appetite and achieved a 6 kg weight loss. After the last dose, depressive symptoms was observed. For this reason, treatment was discontinued.

Conclusion: Both BD patients who were initiated on semaglutide therapy experienced significant weight loss, improvements in metabolic parameters and reduced binge-eating episodes. However, the medication had to be discontinued in patients due to potential gastrointestinal and psychiatric side effects. Further research is needed to understand the effects and side effect of semaglutide in patients with BD.

Keywords: Semaglutide, bipolar disorder, diabetes, weight loss, glucagon-like peptide-1 receptor agonists

PS-007

When cardiomyopathy develops in a patient responding only to clozapine: A case report on managing treatment-resistant mania

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Aim: Clozapine is uniquely effective for treatment-resistant schizophrenia, schizoaffective disorder, and bipolar disorder. However, dilated cardiomyopathy (DCMP) is a rare but potentially fatal side effect.

Material and Method: This report discusses the complexities of managing a patient with treatment-resistant psychotic mania who developed DCMP while on clozapine, the only effective treatment.

Findings: A 24-year-old male first presented at the age of 8 years with attention-deficit hyperactivity disorder (ADHD) and was treated with methylphenidate, which was later discontinued due to inefficacy. At the age of 16 years, he was diagnosed with major depressive disorder (MDD) and treated with fluoxetine. Soon after, he developed reduced sleep need, grandiosity, psychotic features, and elation, leading to a diagnosis of bipolar disorder, manic episode with psychotic features.Trials of valproate, clonazepam, lorazepam, zuclopenthixol, amisulpride, risperidone, haloperidol, and olanzapine were unsuccessful due to side effects or insufficient response. Clozapine was initiated at 300 mg/day and titrated to 400 mg/day, resulting in significant improvement in manic and psychotic symptoms. Follow-up showed partial remission of psychotic symptoms without acute episodes.In June 2024, the patient suffered from shortness of breath and was diagnosed with pleural effusion and DCMP. Cardiac evaluation revealed an ejection fraction of 35%, confirming clozapine-induced cardiomyopathy. Clozapine was discontinued, and quetiapine was started. However, episodic psychotic manic symptoms recurred, necessitating rehospitalization. This highlights the complexities of managing such cases.

Conclusion: Clozapine is invaluable for treatment-resistant cases, as evidenced by the significant improvement in this patient. Nonetheless, severe side effects like DCMP complicate its use. The recurrence of psychotic and manic symptoms after discontinuation underscores clozapine's critical role for some patients. When a bipolar patient only improves with clozapine treatment, but cannot be on due to side effects, the struggle the psychiatric team goes through is discussed.

Keywords: Clozapine, dilated cardiomyopathy, treatment-resistant mania, bipolar disorder

PS-008

Prolongation of QT distance after aripiprazole use: A case report

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Aim: The QT interval is a measure of ventricular depolarization and repolarization. Prolonged QT is defined as >440 msec in men and >470 msec in women. Prolonged QT interval can lead to severe arrhythmias and sudden cardiac death. In this article, we describe a patient with QT prolongation after combined use of aripiprazole and quetiapine.

Material and Method: A 57-year-old woman presented to us with complaints of thinking that she would be sued, hearing incriminating male voices and insomnia. On psychiatric examination, themes of seeing evil were dominant in her thought content and her mood was anxious. Medical records revealed that the patient started to have delusions of evil after the death of his father 28 years ago, was hospitalized and treated with a diagnosis of delusional disorder one year ago as a result of the continuation of his complaints, and routine tests were normal except for elevated triglycerides. The patient was being treated with lamotrigine 100mg, aripiprazole 15mg, quetiapine 200mg and aripiprazole was increased to 20mg/day. ECG follow-up showed that QT interval increased from 407 msec to 500 msec. With the recommendation of cardiology, aripiprazole was reduced to 15 mg/day and quetiapine to 100 mg/day and QT interval was observed to decrease to 445 msec in the follow-up. Outpatient follow-up is continued.

Findings: In the patient reported in this article, a significant prolongation of QT interval was observed after aripiprazole dose increase. In the literature, it is reported that the effect of aripiprazole on QT distance is low (<10 msec). In this case, aripiprazole dose increase was associated with QT prolongation, but the combined use of aripiprazole and quetiapine may have prolonged QT.

Conclusion: This situation observed in the patient reported in the article demonstrates the necessity of comprehensive investigations and the necessity and importance of routine examinations performed on the patient when prescribing.

Keywords: QT distance, aripiprazole, quetiapine, delusional disorder

PS-009

Tardive dystonia associated with olanzapine use

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Aim: Antipsychotics are widely used in the treatment of bipolar disorder, with extrapyramidal symptoms (EPS) being one of their most significant side effects. EPS can be classified as acute (parkinsonism, acute dystonia, akathisia) or tardive (tardive dystonia, tardive dyskinesia) (1). Olanzapine has a higher affinity for serotonin 5-HT2A receptors than dopamine D2 receptors compared to typical antipsychotics (2). Although the risk of tardive dystonia is considered low, cases assosiated with olanzapine have been reported.

Material and Method: A 59-year-old, married, retired female patient, diagnosed with bipolar disorder type 1, has been followed for 20 years. She had been stable on lamotrigine 75 mg/day and olanzapine 15 mg/day for the past 10 years without major mood episodes.Two years ago, following increased anxiety due to a familial stressor, she independently increased her olanzapine dose to 20 mg/day. She subsequently developed slurred speech, speech difficulties, and depressive symptoms, prompting consultation. Clinical examination revealed involuntary tongue movements, slurred speech, and tongue protrusion. Neurological assessment and MRI imaging showed no additional pathology.

Findings: Tardive dystonia was diagnosed, and a gradual switch from olanzapine to clozapine was initiated. Three months later, partial symptom improvement was observed, and gingko biloba 240 mg/day was added. Botulinum toxin injections resulted in further symptom reduction. Her current regimen includes lithium 900 mg/day, lamotrigine 100 mg/day, clozapine 50 mg/day, clonazepam 2 mg/day, and gingko biloba 240 mg/day.

Conclusion: Tardive dystonia is characterized by involuntary muscle contractions, repetitive movements, and abnormal postures, often resulting from long-term neuroleptic use. While more commonly associated with typical antipsychotics, atypical antipsychotics have also been implicated (2,3). Although olanzapine has a lower EPS risk, this case underscores the importance of recognizing tardive dystonia in long-term use. Early diagnosis, dose adjustments, and a multidisciplinary approach are essential.

Keywords: Tardive, olanzapine, dystonia, side effect

PS-010

Stasis dermatitis associated with lithium use

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Aim: Lithium is one of the most effective treatment options for both acute and maintenance phases of bipolar disorder (1). However, the incidence of lithium-related side effects exceeding 40% poses a significant challenge to patient adherence and clinical management (2). This case report presents a rare side effect of lithium: stasis dermatitis.

Material and Method: A 41-year-old, single male patient presented with anhedonia, fatigue, and excessive sleepiness. His psychiatric history revealed a diagnosis of bipolar disorder type I at the age of 18, three prior hospitalizations, and insufficient clinical stability despite multiple treatment interventions.At presentation, he was on haloperidol decanoate 150 mg/month and valproate 1500 mg/day. Due to persistent depressive symptoms and severe extrapyramidal side effects, lithium was introduced, and haloperidol was discontinued. Although depressive symptoms improved, recurrent manic episodes led to the addition of paliperidone palmitate 150 mg/month.

Findings: By the third year of treatment, the patient developed peripheral edema in his hands and feet, which progressively worsened, resulting in erythematous, edematous, and eczematous lesions on the extensor surfaces of both hands, feet, and ankles.Internal medicine consultation revealed bilateral non-pitting peripheral edema with no pulmonary abnormalities on auscultation. Laboratory tests showed a serum albumin level of 4.4 mg/dL, pro-BNP of 75 pg/mL, albuminuria of 42 mg/day, and a normal urinalysis. Echocardiography and chest X-ray were unremarkable. After excluding cardiac, nephrological, and hepatic causes, the lesions were attributed to severe lithium-induced peripheral edema leading to stasis dermatitis. Gradual lithium dose reduction resulted in significant improvement in edema and skin lesions.

Conclusion: Common lithium-induced side effects such as tremor, polyuria, polydipsia, and hypothyroidism are typically recognized and managed early. However, rare adverse effects may be overlooked, delaying diagnosis and treatment. Increased awareness of atypical lithium side effects is essential for timely intervention.

Keywords: Lithium, side effect, stasis, dermatitis

PS-011

Clozapine and the unexpected danger: The risk of acute pericarditis with long-term use

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Aim: Clozapine is an atypical antipsychotic used in the treatment of schizophrenia and resistant psychotic disorders. However, due to its cardiotoxic effects, it requires careful monitoring. Acute pericarditis, a rare side effect, should be considered in patients presenting with chest pain while on clozapine. If unrecognized, this condition can lead to serious consequences such as pericardial tamponade and fulminant myocarditis. Our aim is to emphasize the importance of follow-up of patients on clozapine in terms of cardiac symptoms.

Material and Method: Our case involves a 45-year-old schizophrenia patient who has been using clozapine for 8 years and presented with complaints of chest pain. The patient reported that the chest pain worsened, particularly at night, after taking clozapine. On physical examination, a pericardial friction rub was detected. ECG showed widespread ST-segment changes, and echocardiography revealed pericardial effusion. Blood tests demonstrated leukocytosis, elevated CRP, and sedimentation rates, while troponin levels were normal.

Findings: A viral infection-related cause was disregarded, and the cardiotoxic effects observed in the patient were directly attributed to clozapine, leading to the discontinuation of the drug. Following the cessation of clozapine, the patient responded positively to the administered treatment, with a marked improvement in symptoms. Subsequent follow-ups revealed the complete resolution of pericardial effusion.

Conclusion: Although clozapine-induced pericarditis usually occurs shortly after initiating treatment, it can rarely manifest during long-term use. It typically does not improve unless the drug is discontinued, and it may recur if clozapine is reintroduced. Early diagnosis and treatment are vital to preventing serious complications. This case highlights the importance of monitoring for rare but severe side effects such as pericarditis in patients on clozapine therapy.

Keywords: Clozapine, acute pericarditis, side effect

PS-012

Cyclic gastrointestinal symptoms Induced by selective serotonin reuptake inhibitors: A case report of menstruation related adverse effects

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Aim: Selective serotonin reuptake inhibitors (SSRIs) are widely prescribed for treatment of mood disorders due to their efficacy and favorable safety profile. Gastrointestinal disturbances are one of the commn adverse events. It is well known that, during menstrual cycle hormonal fluctuations can lead wide range of symptoms including mood swings and gastrointestinal upset. In this case report, we present a 20-year-old female who developed cyclic gastrointestinal symptoms coinciding with her menstrual periods following the initiation of SSRIs.

Material and Method: A 20-year-old female patient with a history of depressive and anxiety symptoms was started on escitalopram. Within one month, she began experiencing nausea, vomiting, dizziness, and diarrhea exclusively during her menstrual periods. Besides ongoing gastrointestinal symptoms due to inadequate response, her medication was switched to paroxetine, titrated to 20 mg/day. While her depressive symptoms improved, the menstruation-related gastrointestinal symptoms persisted. To alleviate the gastrointestinal symptoms, the paroxetine dosage was gradually reduced 10 mg/day. This adjustment resolved her menstruation-related symptoms; however, her depressive symptoms resurfaced. Subsequently, increasing the paroxetine dose to 15 mg/day resulted in remission of her psychiatric symptoms without the recurrence of mentrual gastrointestinal disturbances.

Findings: The temporal association between SSRI initiation and the onset of menstruation-related gastrointestinal symptoms in this patient suggests a potential link. While SSRIs are known to cause gastrointestinal side effects, the cyclic nature of the symptoms in synchrony with the menstrual cycle is unusual and not well-reported. One possible explanation involves the interaction between SSRIs and hormonal fluctuations during the menstrual cycle. SSRIs increase serotonin levels, which could interact with these hormonal changes, potentially leading to heightened gastrointestinal sensitivity or dysregulation during menstruation.

Conclusion: This case underscores the importance of monitoring for atypical side effects, such as menstruation-related gastrointestinal symptoms, in patients undergoing SSRIs. Clinicians should consider the potential interplay between serotonergic medications and hormonal cycles.

Keywords: Menstrual cycle, mood disorder, serotonin, selective serotonin reuptake inhibitors

PS-013

Delirious mania with mild encephalitis and a reversible splenial lesion successfully treated with electroconvulsive therapy: A case report

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Aim: Delirious mania is a rare but severe neuropsychiatric condition presenting as an acute onset of mania, severe agitation, and delirium, often mistaken for encephalitis. Mild Encephalitis/Encephalopathy with a Reversible Splenial Lesion (MERS) is a transient radiological syndrome characterized by reversible diffusion restriction in the splenium of the corpus callosum. Although the pathophysiology of MERS is unclear, inflammatory and excitotoxic mechanisms have been implicated.

Material and Method: We report the case of a 37-year-old man with bipolar disorder who developed acute-onset aggressive behavior, disorganized speech, delusions, and autonomic instability. Initial pharmacological interventions, including mood stabilizers, benzodiazepines, and antipsychotics, failed to produce significant improvement. MRI revealed a reversible splenial lesion consistent with MERS. Despite excluding infectious and autoimmune causes, the patient remained severely agitated and disoriented. Given the poor response to conventional treatment, electroconvulsive therapy (ECT) was initiated. Following eight ECT sessions, the patient demonstrated significant clinical improvement, including reduced manic symptoms and cognitive stabilization, leading to discharge on clozapine maintenance therapy.

Findings: This case underscores the potential interplay between delirious mania, neuroinflammation, and white matter dysfunction in the corpus callosum. The treatment-resistant nature of the episode necessitated the use of ECT, which is known for its neuroprotective and anti-inflammatory properties. The observed clinical and neuroimaging improvements suggest that ECT may have therapeutic effects beyond conventional psychiatric management.

Conclusion: To our knowledge, this is the first reported case of delirious mania with MERS successfully treated with ECT. It highlights the importance of recognizing neuroinflammatory mechanisms in psychiatric disorders and suggests that ECT may be an effective intervention for similar treatment-resistant cases. Further research is warranted to explore the neurobiological basis of this phenomenon.

Keywords: Delirious mania, electroconvulsive therapy, bipolar disorder, Mild encephalopathy with reversible splenial lesion, neuroinflammation

PS-014

Real clinical setting for repeated intravenous ketamine infusions for treatment-resistant bipolar depression: Case series

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Aim: Treatment-resistant bipolar depression (TRBD) remains a significant challenge in psychiatric practice, with limited effective treatment options. Intravenous ketamine has shown promise as a rapid-acting antidepressant, particularly for patients unresponsive to conventional pharmacological interventions. This study examines the clinical effectiveness and tolerability of repeated subanesthetic intravenous ketamine infusions in individuals with TRBD.

Material and Method: This retrospective observational study included six patients diagnosed with bipolar disorder (type 1 or type 2) who met the recent consensus criteria for TRBD. All patients continued their baseline psychotropic treatment while receiving twice-weekly ketamine infusions at 0.5–1.0 mg/kg under safety monitoring. Depressive symptoms were assessed weekly using the Montgomery–Åsberg Depression Rating Scale (MADRS), and adverse events were systematically recorded.

Findings: The mean MADRS score significantly decreased following ketamine infusions (32.2 ± 10.4 to 17.3 ± 12.2, $t = 3.31$, $p = 0.021$). Four out of six patients demonstrated a clinically significant improvement, with one achieving full remission. Besides none of the patients reported suicidal indention after the ketamine treatment. The most common adverse effects included mild-to-moderate dissociation (all patients), dizziness (3 patients), and nausea (2 patients), but no severe or life-threatening events were reported. Notably, none of the patients exhibited suicidal symptoms post-treatment.

Conclusion: Our findings support the potential effectiveness and tolerability of repeated intravenous ketamine infusions in TRBD. While most patients demonstrated meaningful symptom improvement, individual response variability suggests a need for further investigation into predictors of ketamine efficacy. Given ketamine's rapid onset of action and favorable safety profile, it may represent an important alternative for TRBD patients who have failed standard treatments. However, larger, controlled trials with long-term follow-up are needed to establish its role in clinical practice.

Keywords: Treatment-resistant bipolar depression, bipolar disorder, ketamine, antidepressant, suicidality

PS-015

Nephrolithiasis assosiated with topiramate use

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Aim: Individuals with bipolar disorder have a higher BMI compared to the general population. The prevalence of obesity is 33% in women and 29% in men, which is associated with an increased cardiometabolic risk (1).Topiramate is an FDA-approved agent for the treatment of epilepsy and migraine prophylaxis and is used in combination with Phentermine for weight control in patients with BMI >30. It has been shown to reduce BMI in patients with antipsychotic-induced obesity (2). This case report discusses a rare adverse effect of topiramate: nephrolithiasis.

Material and Method: A 52-year-old male was diagnosed with bipolar disorder type 1 at the age of 18. He had five previous hospitalizations due to psychotic manic episodes. After lithium caused renal dysfunction and valproate proved ineffective, he was maintained on antipsychotics for 10 years. Six years ago, while on quetiapine (600 mg/day) and risperidone (6 mg/day), he experienced uncontrolled weight gain. Topiramate 50 mg/day was added and increased to 100 mg/day. Within two years, he lost 10 kg, reducing his BMI from 38.2 to 35.4.

Findings: During a routine nephrology check-up, a kidney stone was detected, leading to the discontinuation of topiramate. Following discontinuation, no progression of the stone was observed, and the patient remained asymptomatic. Nephrology assessed the case as topiramate-induced nephrolithiasis.After discontinuation, the patient experienced increased appetite and requested to resume the medication. However, due to the risk of recurrence, it was not restarted based on nephrology's recommendation Lifestyle modifications were advised, and due to weight gain concerns, risperidone was replaced with paliperidone 525 mg/3 months.

Conclusion: Studies have consistently shown that topiramate supports weight loss (3). However, rare adverse effects such as nephrolithiasis should be considered, and regular nephrological monitoring is essential. If symptoms like lower back pain, burning during urination, or nausea occur, patients should be promptly evaluated.

Keywords: Bipolar disorder type 1, topiramate, nephrolithiasis, weight loss, antipsychotic

PS-016

Tracing the examination notes in a mood disorders unit: Back to the future

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Aim: Diagnosis and treatment approaches for mood disorders have undergone significant changes from the 1980s to the present. This study retrospectively examines the changes in examinations and treatments conducted in a mood disorders outpatient clinic over time.

Material and Method: Ten patients who had been followed since the 1980s were randomly selected, and their examination records in the 1980s were transferred to an electronic format. All records were uploaded to MAXQDA 2022 software and a coding system was created. Additionally, text mining was performed using the tidyR package in R.

Findings: Examination notes were mainly brief, using technical terms and abbreviations, with no scales used except the Affective Morbidity Index (AMI). Due to the lack of narrative, clear themes couldn't be formed in MAXQDA 2022. Interviews focused on treatment review and symptoms, not life events. Lithium was the primary protective medication, and antipsychotics were used mainly during acute episodes (thioridazine, trifluoperazine, chlorpromazine, haloperidol). No benzodiazepine use for sleep was observed, though trifluoperazine was used for short-term sleep regulation. Diagnoses were recorded as Psycho-Manic Depressive (PMD), with episode types noted.

Conclusion: The study shows that past notes were technical and less focused on patient history, suggesting a more biologically and symptom-focused approach. Today, with psychoeducation and individualized treatment, evaluations are more comprehensive. The limited use of scales suggests that clinical decisions were based more on physician experience. Treatment changes, such as the shift from lithium and antipsychotics used in acute periods to the widespread use of atypical antipsychotics, highlight the evolving pharmacotherapy approach. These changes should be explored further in future research on long-term patient outcomes.

Keywords: Narrative, examination, notes, bipolar

PS-017

Cognitive factors associated with completing group psychotherapy-included treatment in patients with mood disorders: A cross-sectional evaluation

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Aim: Group psychotherapies are being applied by using an eclectic approach in the treatment of common mental disorders. The aim of this study was to examine the cognitive factors in patients with mood disorder who received group psychotherapy.

Material and Method: The research was conducted with patients hospitalized in the psychosomatic unit between September 2023-November 2024. The treatment consists of a two-month period that includes various activities, sports, individual and group psychotherapies. Standardized psychological assessments and rutine blood tests were used for evaluating the efficacy of group psychotherapy in an sample of inpatients with diagnosis of mood disorders (n=51).

Findings: In the evaluation made by grouping according to those who completed and didn't complete the treatment, the following were found: vitamin D (chi-square test, p=.511), TSH (chi-square test, p=.152), B12 (chi-square test, p=.607), hemoglobin (chi-square test, p=.537), BAI (chi-square test, p=.818), BDI (chi-square test, p=.923), verbal-performance IQ difference (chi-square test, p=.891), IQ (chi-square test, p=.626), verbal IQ (chi-square test, p=.846), performance IQ (chi-square test, p=.108), single and multiple diagnosis (chi-square test, p=.806), medication use (chi-square test, p=.227).

Conclusion: Consequently, multidrug use and single diagnosis are important factors in treatment. Patients with high anxiety and depression rates, verbal and performance IQ score differences of less than 10 seem to have an advantage in completing and benefiting from treatment that involves group psychotherapy.

Keywords: Group psychotherapy, mood disorders, cognitive factors

PS-018

BPD symptoms vs. ADHD: Differential diagnosis – A clinical insight

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Aim: Attention deficit hyperactivity disorder (ADHD) and borderline personality disorder (BPD) are prevalent psychiatric conditions, with ADHD affecting around 5% (1) and BPD about 1-2% of the population (2). These disorders often share symptoms such as impulsivity, emotional dysregulation, irritability, and interpersonal problems, which can lead to diagnostic confusion and misdiagnosis.

Material and Method: This article details one case of an ADHD patient being misdiagnosed with Borderline Personality disorder, and the significance of a correct diagnosis.

Findings: A 19-year-old female patient initially presented with unstable interpersonal relationships, impulsivity, emotional dysregulation, and self-image issues. Three years prior, she experienced academic decline, feelings of worthlessness, excessive alcohol consumption, and self-harming behavior. After three impulsive suicide attempts and non-adherence to medication, she was diagnosed with BPD. Her treatment plan included fluoxetine 40mg/day, lithium 600mg/day, lamotrigine 200mg/day, and aripiprazole 5mg/day, along with weekly dialectical behavior therapy (DBT). Despite minor improvements, her academic struggles and interpersonal difficulties persisted.Upon further evaluation, the possibility of misdiagnosis was considered. The patient's treatment regimen was adjusted by discontinuing lamotrigine and lithium, while methylphenidate hydrochloride 27mg/day was introduced. Within a month, she demonstrated significant improvements: her academic performance improved, mood fluctuations decreased, and she began repairing her interpersonal relationships. She also began exploring new hobbies and remained stable on methylphenidate monotherapy.

Conclusion: This case highlights the critical importance of accurate diagnosis and treatment in patients with ADHD. ADHD in adult women, historically under-diagnosed, is often misinterpreted as BPD. With the high overlap in symptoms and traits, as well as the co-occurrence of both disorders, clinicians must carefully assess and differentiate between the two. Proper treatment can significantly improve the patient's quality of life, as evidenced by this case.

Keywords: Borderline personality disorder, attention deficit hyperactivity disorder, Misdiagnosis, overlapping features

PS-019

A case of bipolar depression experiencing nausea as an early signal indicator

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Aim: In Psychiatric Disorders With A Recurrent Course, Such As Bipolar Disorders, Obtaining Detailed Information About The Onset And Progression Of Episodes Over Time İs Crucial For Early İntervention, Prognosis Prediction, And Guiding Treatment Strategies. This Case Report Presents A Bipolar Disorder Case İn Which Depressive Episodes Begin With Nausea.

Material and Method: X.Y. İs A 48-Year-Old Male Patient, Married, And Engaged İn Trade. The Patient Has Experienced Recurrent Depressive Episodes Almost Every Year For The Past 20 Years. He Spends The Entire Day İn Bed, İsolates Himself From His Social Environment. The Patient States That Each Episode Begins With Nausea And Loss Of Appetite, He Recognizes That He İs Entering What He Calls His "Bedridden Period." A Review Of The Patient's Past Treatment History Reveals That Mood Stabilizers Such As Lithium, Lamotrigine Have Been Recommended At Times.

Findings: At The Time Of Admission, The Patient Was İn His "Bedridden Period." Although He Attended A Few Consultations At The İnsistence Of His Family Members, Difficulties Were Encountered İn Achieving Treatment Adherence. Collaboration Was Established With His Son, And A Combination Of Fluoxetine/Olanzapine At 25/3 Mg/Day Was İnitiated. During Follow-Up, The Dosage Was Adjusted To Fluoxetine/Olanzapine 25/6 Mg/Day. The Importance Of Recognizing Early Warning Signs Of Episodes And Maintaining Regular Follow-Ups Was Explained To The Patient For Future Periods.

Conclusion: It Was Observed That The Patient Struggled To Take Action During Depressive Episodes And Neglected Follow-Ups And Treatment Due To Feeling Satisfied With Changes During Hypomanic Episodes. Although Depressive Episodes Commonly Begin With General Symptoms Such As Sleep Disturbances And Fatigue, İt Should Be Kept İn Mind That Early Warning Signs May Vary From Person To Person. Recognizing İndividualized Early Warning Signs İs Crucial For İnitiating Appropriate İnterventions Before The Episode İntensifies And For Establishing A Strong Treatment Collaboration Between The Patient And The Physician.

Keywords: Nausea, fluoxetine/olanzapine, bedridden period, bipolar disorder, depressive episode

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Neuropsychiatric challenges in Huntington's Disease: Mood disturbances, cognition, and suicidality

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Aim: Huntington's disease (HD), a genetic neurodegenerative disorder (5–7 cases per 100,000), is typically diagnosed after motor symptoms emerge. However, psychiatric or cognitive symptoms—depression, apathy, suicidality, impulsivity—often precede motor signs by years, causing diagnostic delays, misdiagnosis, or harmful treatments (Pringsheim et al., 2012; Paulsen et al., 2014). This review, via a rare case, stresses the urgency of recognizing this premotor stage to enable early diagnosis, advance biomarker research, and implement timely interventions.

Material and Method: A 57-year-old HD patient exhibited worsening psychiatric symptoms (mood instability, cognitive decline, suicidal tendencies) and initially presented with aggression and alcohol abuse. HD was confirmed only after choreiform movements and slurred speech appeared years later, severely impacting his and his family's life. Paranoid delusions and impulsivity precipitated a suicide attempt. Treatment shifted from tetrabenazine to risperidone and sertraline for behavioral issues. Persistent symptoms (insomnia, anhedonia, hypersomnia) necessitated ongoing monitoring. A systematic review (data up to February 2025) analyzed HD-psychiatric symptom links, focusing on diagnostic and therapeutic challenges.

Findings: Two-thirds of HD patients are diagnosed only after motor symptoms emerge, as psychiatric or cognitive issues—such as depression, apathy, and impulsivity—dominate early stages, delaying treatment and hindering research into disease mechanisms (Kim et al., 2014). 42.4% of HD patients experience these pre-motor symptoms, significantly increasing suicide risk due to the disease's psychiatric burden, cognitive decline, and side effects of medications like tetrabenazine, which can exacerbate depression and suicidality. Early recognition and tailored interventions are critical to address these multifaceted challenges (McAllister et al., 2021; Raja et al., 2015).

Conclusion: Early detection of HD's psychiatric and cognitive symptoms is vital to reduce diagnostic delays and improve outcomes. Multidisciplinary, personalized care addressing motor, cognitive, and emotional challenges can lower suicidality risk and enhance quality of life. Recognizing the premotor stage advances HD research and care, enabling biomarker discovery and timely interventions.

Keywords: Huntington's disease, mood disorders, cognition, suicidality

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