21st Διεθνές Συνέδριο Ε.Ψ.Υ.Ε.Π 17-20 Μαΐου 2016
International Conference of the A.P.P.A.C. 17th-20th 2016, Athens Hilton Hotel, Greece

The influence of the interest profile upon the field work towards the Romanian unemployed adults
Roxana Uerea, Associated Professor Ph. D, Bucharest University, Romania.

What becomes of the selectively mute? Exploring the narratives of adolescents previously diagnosed with selective mutism.
Ducnhac N. Do, Aly, Professor of Psychology, Psychology Department, Paris, France.

Drawing from principles of schema therapy to address internal working models and attachment issues through cognitive work and art psychotherapy with individuals and couples.
Dr. A. Demelena Lay, Clinical psychologist, psychotraumatologist, specialized in trauma issues, Sassari, Italy.

Trauma interventions for children and adolescents exposed to violence in low resourced communities
Prof Marcusa Vives, Psychologist
Dr Amanda van der Westhuizen, Psychologist
Department of Psychology, University of Pretoria, South Africa.

A family-centered intervention for HIV-affected caregivers and adolescents in South Africa
Marcusa Vives, Tonya K. Thurman, Michelle Finestone, Johanna Mico, Alexandra Sprelie (South Africa)

A neuropsychological approach to the rescue-victor duet. Why are good men addicted to bipolar women?
Dr. Nicki Pistorius, Private Psychologist, South Africa.

Children’s websites evaluation in Qatar: How developmentally appropriate are they?
Fathi Bemidah, Takera Afify, Ghada Tahimar, & Ghada Afana, College of Education - Qatar University, Doha, Qatar.

Investigation of resilience among adolescent girls with eating disorders
Andrea Kovidesi, (1,2), Petra Bokor (3), László Nagy (2), Enikő Cália Kiss (2)
1. Department of Psychology, University of Pécs, Pécs, Hungary
2. University of Pécs, School of Psychology, Department of Personality and Health Psychology, Pécs, Hungary.
3. University of Pécs, School of Psychology, Department of Personality and Developmental Psychology, Pécs, Hungary.

What is distress tolerance?
Andrew Klauska, MD, PhD Candidate, Assistant Psychologist, Psychology Department, University of South Florida, Tampa, FL, USA.

Gms-Identified Schizophrenia Risk Snps At Tpans4 Are Highly Diverged Between Europeans And East Asians
Joewel Liu (PhD student) a, Ming Li (Postdoctoral) c, Bing Su (Professor) a
a Affiliated Key Laboratory of Genetic Resources and Evolution, Kunming Institute of Zoology, Chinese Academy of Sciences, Kunming, Yunnan, China.
b Kunming College of Life Science, University of Chinese Academy of Sciences, Kunming, Yunnan, China.
c Institute for Brain Development, University of California, Irvine, California, USA.

Young people: Social-economic processes, and youth mental health promotion
Shari Labierte R.N., Ph.D., Faculty member, Bachelor of Science in Nursing program, School of Health Services, Vancouver Community College, Vancouver, Canada.

Pre Opening Session: Key Note Lecture
Prof. Rosenblum Q, University of Paris-7.

Establishing a new measure of body checking: the weight and shape checking Inventory
Stacy Smith, Clinical Psychologist, Student, Pd Candidate, Memorial University of Newfoundland, St. John’s, Canada.
Dr. Jacqueline Carter-Major, Registered Psychologist, Director of Clinical Training, Memorial University of Newfoundland, St. John’s, CANADA.

Stigma and Depression
Heather L. MacDonald RN PhD, University of New Brunswick, Canada.

Impact of Pregnancy Among Learner Mothers in Secondary Schools of VWheime District, Limpopo Province, South Africa.
M.L. Mangena-Netshikweta, University of Venda, South Africa, O.F. Afends, Hansen University, South Korea.

Common Stresses Among Patients with Attempted Suicide in Kashmir Valley (chronic Conflict Zone). A Hospital Based Study
Dr. Ab Majid Gania, Dr. A.W Khan, Dr. Junaid Nabi, Dr. Asma Manzoor, Dr. Bilal Hakak, Dr. Aziz Sahuf, Department of Psychiatry, SMHS Ignou (A K & A India).

Epiphenetics, Mental Health and Psychotherapy
Arthur Janowi, Psychologist, Director of the Janowi Clinic, Toronto, Canada.

Social Epiphenetics. The New Science of Physical and Mental Health
Panagiotis O. Prouzas, Professor Emeritus Political Science Department, Lansing Community College, Lansing, Michigan, United States.

Neural Changes Associated with Successful Antidepressant Treatment in Adolescents with Major Depressive Disorder (MDD)
Dong Pham, Department of Psychology, MacEwan University, St. Pavia, Milan, United States.

Assessment of childhood maltreatment among adult criminals may help predict mental health problems and recidivism
Scourge Kon, Assistant, Department of Psychiatry, Sangpye Park hospital, Seoul, REPUBLIC OF KOREA
Bangsoo Kim, Professor, Department of Psychiatry, Sangpye Park hospital, Seoul, REPUBLIC OF KOREA.
Depression in Children of Elementary School

C. Stamoulou1, L. Kouros1, J. Kouros1
1 Clinical Psychologist, Scientific collaborator of 1st Propaedeutic Surgical Clinic of ATHENS UNIVERSITY- Breast Unit.
2 Student H.A. College
3 Psychiatrist- Child Psychologist-Psychoanalyst, A.P.P.A. C. President.

The definition of depression is not resent. In 1946, Spitz described the "anaclitic" depression of neonatal as well as the institutionalize syndrome, which constitute a bind of depression and as many writers support- a form of subsequent depression. His comments which are generally acknowledged today, didn’t provoked as many discordances as in our years the depression in children younger than 13 years old since it’s not that much rare. Its frequency has been estimated in different ways from different writers: 1.8% based on Nissen’s research, 12% Koh’s research, 25% Frommer research. Assessing 1241 cases at Child psychiatry of Charleroi hospital in Paris, 131 cases diagnosed with depression but less than 28 were younger than 13 years old, which gives 3.5% of this age general population. These differences can be explained from the various theoretical perspectives as well as the disunion of the hospitalized sample. The child depression is easily understood in dimension, symptomatology, development, developmental factors, personality structure.

Depression Symptomatology

Child depression is observed by two types that signify an interruption in his progress: the overt and covert types. Usually the onset of disorders is observed between 10-12 y.o.

1) The distress, translated in long- lasting sadness, minimization of mimic movements (grim), lack of expression, without or with minimum reason cries. The existence of psychic pain with self accusing thoughts, guilt sense of loneliness and abandonment are extremely rare. The child suicidal thoughts are extremely rare as well.

2) The inhibition of intelligence (cognitive functioning) is appeared by the school performance drop, course disregard, attention weakness for specific work, loss of memory in people that had satisfactory results in aforesaid sectors.

3) The slowdown of movement activities is particularly apparent and manifested with morning malaise, inhibition of activities and mostly isolation and company and group games denial.

4) Apathy that usually is intense and accompanied with several phobias : darkness phobia, animal phobia, school phobia, school denial.

5) Somatic symptoms coexist in several cases like insomnia, anorexia, enuresis, enoprosis, headaches and pains in different body areas.

6) Finally, the family may observe an emotional instability, tantrums, provoked behavior, aggression towards themselves or classmates or brothers, mother , teacher e.t.c. The development of symptomatology differs concerning the age.

Children of preschool years exhibit depression almost exclusively by somatic symptoms: enuresis, enoprosis, anorexia, insomnia, bodily rhythmic movements of boredom.

School years children exhibit irritability, lack of assurance, learning difficulties and intense psychosomatic symptoms along with their contemporaries. In the pre-adolescents the psychosomatic disorders are minimized while in contrast sense of inferiority, apathy for everything and urgent tenses for self-destruction are appeared. Depressed child, in contrast with the adolescent and adult does not complain about his symptoms, does not spontaneously express them, fact which explain the frequency of family environment awareness or the manifestatsons' attributions in other real reasons. The diagnosis of depression in children is assessing based on objective symptoms other than subjective reasoning and emotional circumstances. The use of psychometric personality tests adapted for children (CAT,PATTE NOIR etc) is quite important for the diagnosis. The depressive syndrome assessed by Rorschach is developed in melancholia which is quite rare for children. Often some symptoms hide depression, so we have "covert" depression as Kieffolo named it. In adults and children these symptoms vary and they are not specialized. For example the character disorder that involves a bipolar hyperactivity, drop of school performance, enuresis, enoprosis, nutrition, sleep disorder, psychosomatic diseases like asthma, bleed colitis, obesity can hide children’s depression. The change in behavior and child’s habits, and the stable existence of small periods of depression and stable mood is the circumstances that should seek parents attention even though sometimes elude their attention.

Development and Prognosis

The child depression is unpredictable some depressive episodes do not last long and they do not repeat lifelong, while in different occasions there are often relapses which could be rare. There have been referred cases which lasted more than 7.5 months. It’s been generally accepted that a big part of child depression cases is treated with or without treatment. Concerning the more serious kinds rarely lead to adulthood depression while more often lead to atypical types of neurosis or psychosomatic pathology or psychopathic personality kinds and psychosis or schizophrenia. The suicide attempt in children does not repeat lifelong, while in different occasions there are often relapses which usually are not assessed from pediatrics or child psychiatrist. The diagnosis is needed as soon as possible because the effects on school performance and the quality of emotional organization, do not end up in manic- depressive psychosis. However, we observe them in schizophrenic psychosis and psychopathic personality. In some cases, mild medication is administered before the start of psychotherapy, the necessary, for the beneficial results of psychological treatment, emotional contact can be established.

In conclusion, depression undoubtedly is observed in children below 13 y.o. However it is not often assessed from pediatrics or child psychiatrist. The diagnosis is needed as soon as possible because the effects on school performance and the quality of emotional relations are major for the future socio-professional inclusion of the child.

References


LITERATURE REVIEW
Serbian floods May 2014
Water disaster and experience of Urgent psychiatry unit
Doctors from Urgent psychiatry unit of Clinic Dr Laza Lazarevic

Introduction

• During May 14. year 2014 to May 17 2014 in Serbia happened terrible floods. Water disaster in several minutes damaged almost half of the little cities.
• Obrenovac (surrounding of Belgrade town capitol) became a town symbol for water disaster.
• At Clinic Lazarevic, Belgrade emergency unit were prepared to help

Method

Follow up study of 45 patients hospitalized and been admitted at Clinic; during the 5 days.
• But at the same period we examined almost 350 patients.
• When floods happened people tried just to save life. many persons didn’t have time to take medicine and any therapies.
• So, among all that sick and unhappy persons were psychiatry patients.

Aim

• In this emergency situation for Serbia, urgent psychiatry doctors admitted 45 patients who despite treatment and medicaments (at Shelter centres) still had showed serious symptoms
• Who were the most vulnerable psychiatry category patients?
• Our stuff noticed that 50 % of admitted patients were Dg as Schizophrenia,
• 5% panic attacks patients
• 25% Dg as Depression psychotic
• 20 % were Dg as Dementia

Goals

• Disaster floods in Serbia will have strong health as well as economic consequences in next years- in Serbia
• Power problems, damaged bridges.
• Homes under water. Vanished hospitals pharmacies and so many people had lost houses.
• All of them, after the first shock felt depression. Older people were moved from former (lost) houses to Shelter centres and didn’t have orientation . and noticeable cognitive damage

Support

• All the people without home, at the first moments didn’t know where are their relatives. No Mobile phone. without power .even without aspirin needed supo rt. They were moved to many Shelter centres in Serbia. Mostly Belgrade.
• But for doctors seriously oncology patients, diabetes patients (nowhere insulin when you leaved damaged home) were under control.
• Psychiatry patients are extremely vulnerable to any new situations, so you can imagine consequences in such a disaster.

Patients at Clinic L. Lazarevic

• Age of admitted patients were from 23 years old to 76 years old.
• Man and women the same 50%. But among them the youngest patients Dg as F20 Schizophrenia were male. All Depressed patients were women. (age from 35 to 56). Admitted patients Dg as dementia 90% were women.
• Panic attacks noticed the same percentage if we compare age and sex (mostly 39 years old).

The first hospitalisations at Clinic

• Just 5 patients (3 schizophrenic F20 and 2 Dementic patients F00) were hospitalized the first time at psychiatry.
• Another 35 persons have already been treated before at local psychiatry deparments in their cities.
• All of patients came without any therapies. But some of them knew what they got before floods.

Treatment protocols

• Schizophrenic patients got amp of haloperidol im 2x1 im. Biperidon per os. As wellas olanzapin in 10 mg daily dose for start.
• Depressed patients got im diazepam. Lamotrigin 25 mg in one dose and depending of type escitalopram 10 mg or venlafaxin 150 mg pro die, as well as 12,5 mg of closapine for resistant insomnia.
• Patients Dg as dementia got donepezil 5 mg pro die and if necessary risposept just 0.5 mg solutio.
• Patients with panic symptoms gorm im diazepam, and after good sleep clonazepam 4 mg pro die.

Of course. Therapies were not the similar. But mentioned th had been used more frequently

Complete treatments

• Tracing recovery we, control all laboratory tests during one month.
• EEG monitoring.
• All of patients had been examined by dr spec. Of infectology, dermatologists and if necessary by surgeons (for little skin lacerations)
• Depending of examination. Some of persons had to get antibiotics. Creams. Analgetics, psychotherapy.

Psychological support team as well as social workers are including in holistic strateg

PANSS, BECS, Mini mental scales

• Before and after treatment patients showed significant improvements at adequate scales used to control mental state.
• PANSS (the both scales) used for F20.
• Beck and Montgomery Ashberg scales for depressed.

Mini mental score showed bad results among population of dementia. Obviously water disaster.
Floods moving from lost homes to Clinic worsen psychic organic deterioration, cognitive problems, behaviour discontrol.

Results

• Climate water disaster floods in just few days (and critical 10 minutes) made catastrophe in Serbia.
• Psychiatry patients are very sensible even in normal situations.
• In our study, at psychiatry emergency department in Clinic Lazarevic schizophrenic patients were the most vulnerable. Obviously, some of the first psychotic episodes started during this Water floods disaster
• Also, we noticed that such a disaster worsening mental state of persons with dementia.

Conclusion

• Even the best meteorologist can’t predict such a disaster and consequences.
• From this, little study psychiatric patients are especially sensible to unpredictable disasters as we knew.
• Good organisation of all medical workers. Social support are necessary in such a terrible situations.
Είναι σημαντικό να κατανοήσουμε τη σημασία της δύο δια- 
φορετικών εννοιών της μέρας, της ιδέας της φιλοσοφίας και της 
φαντασίας, να ανατρέψουμε τη σημασία της μέρας και τη φιλοσοφίας της 
φαντασίας, της αφού η μίμηση της φιλοσοφίας προκύπτει, αλλά, αν τη λέμε χωρίς την μίμηση της φαντασίας, το μεγαλύτερο πλάτονο 
μέρος της φαντασίας, την ανθρώπινη ύπαρξη, και την ανθρώπινη συνείδηση και υπαρκνηση. Η φαντασία είναι η ισχύς ανθρώπινης ύπαρξης να μπει σε μεταφυσικά εντολήντας, εκείνης της από την ύπαρξη, και καθενός εκείνος για διάφορους σκοπούς. Αυτός το δεύτερο τρόπο, αποτελεί βασική την ανθρώπινη ύπαρξη, και υποκείται σε αναδρομικές εκείνες. 
Αυτό δεν ισχύει, όμως, αλλά, τετοιού περιπτώσεως, υπερβαλλόμενης με τη διαρκή εννοιολογική πρότυπη σκέψη, δηλαδή το έργο ή οι πράξεις του αντιγράφου αντιγράφου όπως είναι της άλλης ή χρησιμοποιεί ως πρότυπο (μοντέλο, υπόδειγμα) ελληνικό ρήμα "μιμούμαι", προκύπτει το ουσιαστικό "μίμοφορετικών εννοιών της μίμησης, της ίδιας της φιλοσοφίας της συνείδησης, αλλά η ανθρώπινη ύπαρξη ουσία της συνείδησης της φαντασίας της φαντασίας και της πράξης της φαντασίας συνεπεία. Αυτός ο πρώτος τρόπος, αλλά, η Φιλοσοφία είναι η κυρίαρχη επιστήμη, η οποία αναζητάει θεωρίες, που προσβλέπουν στην προσεγγίσεις της αλήθειας και της φυσικής.</p>
Mythology would be the memory of life as a fetus. According to Joseph Campbell, mythology is the story of a hero. If you would further this: If you are the fetus. And then, mythology becomes illuminated. "The originality of your central idea, the realization of your mythology recapitulates the foetal memory of embryogenesis should give you the reputation among specialists in these issues of a discoveror of new heights of knowledge."

Claude Hagege, Collège de France. The tree of life would be the placenta. The snake in the tree, the umbilical cord; The flood, the amniotic liquid that falls at birth; The ark, the umbilical chord membrane that protects the fetus, Noah, the fetus that goes to birth; Adam, the fetus, Eva, the umbilical cord, close to the fetus, etc.

I have written two books about this subject:

1. Of the Ancient World, Paradise, the Flood; Atlantis : Mythologics Enraged Resolutions. A work of more than twenty years, in French.

- Why? The mythological life: this book of 75 questions/answers provides an easy access to these discoveries and has been translated in English from the French and recently printed.
- Why did Oedipus the one who ruled the midday of the gods? 
- Why did the Flood only occur once? 
- Why did only Noah and his family survive the Flood? 
- Why did the light and the sun appear after the Flood? 
- Why can't dwarves endure daylight? 
- Why were people able to nourish themselves with the leaves of plants and the flesh of animals after the Flood? 
- Why did Noah immediately plant a vine after disembarking from the Ark? 
- Why did the Egyptian god, Osiris, travel the whole world teaching men how to plant grapes? 
- Why was Osiris thrown into the Nile in an oblong box, the exact size of his body? 
- Why did Osiris have no phallic when he was thrown into the Nile? 
- Why is the Tree of Life found in almost all mythologies? 
- Why is it said of the tree Yggdrasil that + no one knows from whence its roots run +? 
- Why 3 roots mythologies are founded in the Tree of Life? 
- Why did the serpent that was coiled in the Tree of Life offer a new sort of food? 
- Why did the serpent speak to Eve, not Adam? 
- Why is the dragon a symbol of prosperity? 
- Why was the serpent in the Garden of Eden have four feet? 
- Why are neworns in Greece given a protective amulet shaped like a serpent? 
- Why are temples and sacred spaces often guarded by serpents? 
- Why is the God of Thunder often identified as a serpent? 
- Why did Thunder cause a spring to burst out of the ground? 
- Why is Thunder the giver of fire? 
- Why do many legends describe fire originating from between someone's thumb and forefinger? 
- Why does either the cosmic tree or a lotus grow out of Vishnu's naval? 
- During the reign of Quetzalcoatl, why was an ear of corn so heavy that a man could only carry it on his left arm? 
- Why did the Egyptian god Djehouty invent a lyre with only three strings? 
- Why did Oedipus pledge his one who ruled the midday of the gods? 
- Why did the Symplegades « Clashing Rocks » or Cynanean Rocks, smash against each other? 
- Why did the Goddess Athena push the Argonauts' vessel through the passage between the Symplegades? 
- Why did Hercules create the Strait of Gibraltar? 
- Why was Troy situated on the banks of the Hellespont? 
- Why was Helen of Sparta considered the most beautiful woman in the world? 
- Why was the liver of Prometheus regenerate at night after it had been devoured during the day? 
- Why was the Golden Fleece nailed to a tree? 
- Why did Achilles cut off his long hair as a sacrifice at the funeral of his friend, Patroclus? 
- Why did the River Alpheus and the River Perseus guard the Arganuran serpent? 
- Why did they were diverted from their course? 
- Why do people perform the dragon dance to make it rain? 
- Why did Pandora release all the ills of mankind by opening the box? 
- Why does watering a sacred stone ensure rain and fertility in a territory where stones are scarce? 
- Why does the Irish Stone of Destiny ( Lia Fail ) stand on a rock when the rightful King of Ireland puts his foot upon it? 
- Why does fire jump from one animal to another? 
- Why are they all running together to escape from it? 
- Why? Metempsychosis? 
- Why did Zeus successfully the lover of many different beings? 
- Why is the tortoise a symbol of long life? 
- Why was Apollo born on a floating island? 

François Dor, Paris, France
Depression and epilepsy
Choice of antidepressant medications.
Kadjarovic dr Sanja, Prof. dr med Nenadovic Milutin, Stefanovic dr Vesna, Nikolik dr Svetislav
• Choice of antidepressants medications
• Follow up study, of 30 patients, admitted at Day Care Hospital of clinic.
• As mentioned 26 were women, Age 45 + 5 ,
• Epilepsy hereditary showed high risk(morbid family mothers, brothers) 80 %
• Depression appeared at their last ten years. All patients had already been treated at our closed departments ( washed out after 10) the beginning at depression scales were measured.
• MADRAS-, at start 53, after treatment 20
• Beck scales at start 62, after 31
• Zung self rating scales were 0.67,after 0.3

Introduction
During this year, we treated 30 patients with dg Depression and Epilepsy morbidity.
Age 45 + 5 , mostly 78 % women, All women patients had already been hospitalized at closed department after 75(combination of tablets).In 80 % among them showed hereditatry epilepsy comorbidity.
We started with 5 mg pro die ,in morning dose.
Stable EEG is possible ,
Depression major (F32 to F33) had appeared in last ten years, and all patients had already been hospitalized at closed department after 2013 year.
Method
Follow up study of 30 patients ,who had been treated during 2013 year.
As mentioned, 28 were women, Age 45 + 5 ,
They had dg of epilepsy (404 according to ICD10) mostly major mal type of seizures, other partial nocturnal epilepsy with secular generalization.
Depression major (F32 to F33) had appeared in last ten years, and all patients survived several T5 most commonly of drugs, just 2 patients tried to commit suicide jumping to the car.

Choice of antidepressant and hypnotic
Ectoplastam
• We started with 5 mg pro die in morning dose.
• During 3 months, doses increasing to 15 mg maximun.
• We also traced saturation of carbamazepin in serum. Among them, 40%

Valproat acid patients got EEG abnormalities when got closapine in dose 25 mg, so instead Closapine and risk

25 mg in evening dose/ they used to use this medicament/

Depression and epilepsy

• We started with 5 mg pro die in morning dose.
• During 3 months, doses increasing to 15 mg maximum.
• Hypno and hypnotic
• We started with midazolam 15 mg.

Psychiatric patients needed more th, so our first choice olanzapin 5 mg, didn’t solve problems, and 3 patients got clozapine in evening dose! they used to use this medicament/

But, later new problems appeared...
Clopine and risk
Epi risk
It’s well known that clozapine has seizers risk among patiens.
In our study, all patients got EEG abnormalities when got clozapine in dose 25 mg, so instead we had to switch it to olanzapine 10 mg plus dizapam 20 mg in evening dose

White blood cells risk
Introducing olanzapin also has leukopenia risk.

Valproat acid
We evaluated the strength of blood in sodium, in 60% patients got 1000 mg to 1500 mg valproat pro de, and among them, noticed good saturation, but just dose, levels were not referent, so compliance MADRAS showed, they avoid right dose.

Carbamazepin
We also traced saturation of carbamazepin in serum. Among them, 40% patients, half of them didn’t have good saturation.

MADRAS compliance scale, we noticed good compliance, but saturation still didn’t show referent levels. Due to Liver disfunction and metabolism of carbamazepin.

Results
In our study , depression and epilepsy must be intensive treated, with comparative series of antiepileptic, antidepressant clinical state of afferent problems, constant EEG monitoring. Laboratory tests during all period(satuation of drugs, levels of depression).

Absence of epi seizures,

• Introducing of depression

(MADRAS scale before 53 points., after 20.
• Beck scale before treatment, 61, after 32
• Stable Eng is possible

Combination of escitalopram, valproat acid, carbamazepin, diazepam and olanzapine/ for psychiatric patients 10 %) were the most suitable therapy.

Conclusion
In our study, depression and epilepsy morbidity.

Ectolopam as antidepressive drug choice and avoiding clozapine as medicament is most important the conclusion.

Some patients used to use clozapine for severe insomnia and suicidality. Despite their old habits, and prescription , at last high risk for increasing epilepsy, and ego abnormalities, laboratory pathological levels, are reasons for avoiding clozapine.

So they got valproat acid in combination with escitalopram, and diazepam if necessary olanzapine(10 % psychiatric patients)

Conclusion
We started with 5 mg pro die in morning dose.
During 3 months, doses increasing to 15 mg maximum.
We started with midazolam 15 mg.
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### Tuesday, May 17, 2016

**Penteli & Parnes Symposium**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>09:00</td>
<td><strong>THE PENTELI &amp; PARNES SYMPOSIUM DELEGATES ARRIVAL</strong>&lt;br&gt;Bus Departure from Athens Hilton</td>
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<td></td>
<td><strong>Visit of therapeutic horse riding unit, at Varibobi Horse Riding Club, next to Tatoi Airport for private airplanes &amp; school of pilots where you can see on the top of the mountain the famous Regency Casino Mont Parnes (real museum of old Royal Hotel) and you can reach it easily by Cabling Car &amp; quick visit of the nearly situated old Summer PALACE of ex Kings of Greece!</strong>&lt;br&gt;The route to Penteli will cross the evergreen northern suburbs of Athens, also distinctive by the beautiful villas of the well-off Athenians. We have also planned a quick visit to the local Byzantine monastery, which holds many Orthodox and other religious international conferences.</td>
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<tr>
<td>10:00</td>
<td><strong>SISMANOGLIO</strong> Public Hospital (in Melissia) Interactive Lecture: FUNCTIONS OF PSYCHIATRIC WORDS IN A GEN. HOSPITAL Interactive Lecture: AIMS AND PROGRAMMES IN A PEDOPSYCHIATRIC SECTOR OF A PUBLIC GENERAL HOSPITAL Dr. Koumoulou (Child Psychiatrist)</td>
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<tr>
<td>12:00</td>
<td><strong>LYRAKOU</strong> Private Psychiatric Hospital (in Melissia) Interactive Lectures: PSYCHOTHERAPEUTIC ACTIVITIES SUCH AS ART, IN A PSYCHIATRIC HOSPITAL Dr. D. Potamitis (psychiatric deputy of clinic LyraKou S.A.), Dr. K. Papoutzakis (psychiatrist), Dr. G. Theodorakopoulou (psychiatrist), Mrs. A. Xanthaki (Psy head of psychologists), Mrs E. Politopoulou (Msc head of rehabilitation dept.), Mrs X. Xelioti (Msc), Mrs S. Pallidi (Msc), Mrs X. Feridou (Msc), Mrs A. Altsioniu (Msc) WELCOME BUFFET RECEPTION</td>
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<tr>
<td>15:00</td>
<td><strong>Arrival at the Hilton</strong> (people who wish to join us in the Museum visitation should be at the Hilton at 14:30)</td>
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<tr>
<td>16:00</td>
<td><strong>THE ACROPOLIS MUSEUM VISITATION</strong>&lt;br&gt;WELCOME BUFFET RECEPTION</td>
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<tr>
<td>19:00</td>
<td><strong>RETURN TO THE ATHENS HILTON HOTEL</strong>&lt;br&gt;WELCOME BUFFET RECEPTION</td>
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### Wednesday, May 18, 2016

**Isthmus of Corinth and Loutraki Symposium**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>09:00</td>
<td>Departure from Athens Hilton</td>
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<tr>
<td>11:00</td>
<td><strong>Arrival at the Isthmus of Corinth</strong> (small Suez canal) and visitation to a centre for people with special needs - ELGIS CARE. There will be interactive lectures and tour of the two buildings housing a) young persons and b) elderly and various laboratories, with an update of the daily activities by the group of therapists working under Head Psychologist and Scientific Director D.G. Lyrokos. There will be followed by a small welcome reception with coffee, cookies and refreshments.**</td>
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<tr>
<td>13:00</td>
<td><strong>Arrival at Loutraki, the most popular spa-town near Athens with its hot springs and famous casino. We will make a stop on the long pebble-beach framed by spectacular hotels, with the possibility of swimming for the bravest among you, tour of the casino for anyone interested of coffee and souvlaki at a local café/tavern.</strong></td>
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<tr>
<td>16:00</td>
<td>Departure from Loutraki&lt;br&gt;<strong>Arrival at Athens Hilton</strong>&lt;br&gt;<strong>CONGRESS DINNER: A beautiful part of Athens, PLAKA. The place where we will dine is one of the oldest “tavernas” in Athens, with traditional music and folk dances.</strong></td>
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### Thursday, May 19, 2016

**Symposium on board**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>07:30</td>
<td><strong>BUS DEPARTURE FROM ATHENS HILTON</strong>&lt;br&gt;POROS - HYDRA - AEGINA ONE DAY CRUISE FROM ATHENS&lt;br&gt;(Duration 12 Hours)</td>
</tr>
<tr>
<td>08:00</td>
<td>Take a day cruise from Athens to the fabulous Greek islands of Hydra, Poros and Aegina for a relaxing day on the sea. With all your transport, transfers and buffet lunch organized, you can sit back and enjoy your leisurely day cruise with free time on each island to explore. After transferring from Athens to Piraeus by motor coach, you’ll set sail for the island of Poros, where you’ll have free time for strolling and shopping. Next, it’s on to the island of Hydra. You will have about 1 hour and 45 minutes at leisure to enjoy the unique charms of Hydra Island, whose amphitheater shape once served as a safe shelter for Saronic Pirates. From the decks, you will be able to admire the very special architecture and dramatic landscapes of this island, whose old traditional stone houses and mansions silently stand witness to a long and turbulent history. Upon arrival in Egina (Aegina) you can either join an excursion to the Temple of Aphaia (cost not included) or take a walk around the main town. Aegina is one of the Saronic islands of Greece in the Saronic Gulf. The lovely island is only 31 miles (50 kilometers) from Athens, and is a popular getaway for Athenians during the summer months. After sailing back to Piraeus port you’ll be transferred to Athens.</td>
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<tr>
<td>20:00</td>
<td><strong>RETURN TO THE ATHENS HILTON HOTEL</strong>&lt;br&gt;WELCOME BUFFET RECEPTION</td>
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### Friday, May 20, 2016

**Cape Sounio Symposium**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>09:00</td>
<td><strong>THE SOUNIO SYMPOSIUM DELEGATES ARRIVAL</strong>&lt;br&gt;Bus Departure from Athens Hilton&lt;br&gt;A.P.P.A.C. OFFICES&lt;br&gt;INTERACTIVE SYMPOSIUM: Psychotherapy for Children, Adults and Elders in Greece Dr. Kourots, J. Psychiatrist, Child Psychologist</td>
</tr>
<tr>
<td>09:00</td>
<td><strong>POST CONGRESS WORKSHOP: PR. E. YAGER (OPTIONAL)</strong></td>
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<tr>
<td>09:00</td>
<td><strong>CAPE SOUNIO VISITATION Coffee</strong>&lt;br&gt;<strong>INTERACTIVE SYMPOSIUM:</strong> Psychotherapy for Children, Adults and Elders in Greece Dr. Kourots, J. Psychiatrist, Child Psychologist</td>
</tr>
<tr>
<td>09:00</td>
<td><strong>CAPE SOUNIO VISITATION Coffee</strong>&lt;br&gt;<strong>INTERACTIVE SYMPOSIUM:</strong> Psychotherapy for Children, Adults and Elders in Greece Dr. Kourots, J. Psychiatrist, Child Psychologist</td>
</tr>
<tr>
<td>09:00</td>
<td><strong>RETURN TO THE ATHENS HILTON HOTEL</strong>&lt;br&gt;WELCOME BUFFET RECEPTION</td>
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Συνεδριακή Σειρά 11:
Νευροψυχιατρικές, Ψυχολογικές & Κοινωνικές Εξελίξεις και Προκλήσεις

17-20 Μαίου 2016
Ξενοδοχείο Χίλτον, Αθήνα
Μοριοδότηση CME/CPD

Θεματολογία
Αγχώδεις Διαταραχές, Αντιμετώπιση Συγκρούσεων, Αυτισμός,
Βιολογική Ψυχιατρική, Γυναίκα & Ψυχική Υγεία,
Διαπροσωπική Ψυχοθεραπεία, Διαπολιτισμική Διάσταση στις Ψυχικές Διαταραχές,
Διαταραχές Προσωπικότητας, Διαταραχή Ελλειμματικής Προσοχής & Υπερκινητικότητας,
Διατροφικές Διαταραχές, Διπολική Διαταραχή,
Δυναμική Οικογενειακών Σχέσεων, Εξαρτήσεις & Στίγμα,
Επιθετικότητα, Επιληψία,
Εργασιακός Χώρος & Ψυχ.Υποστήριξη,
Εθική και Ψυχιατρική, Κατάθλιψη, Κλινική
ΜΝΗΜΗ & ΓΝΩΣΤΙΚΕΣ ΔΙΑΤΑΡΑΧΕΣ,
ΜΜΕ & ΨΥΧΙΚΗ ΥΓΕΙΑ,
Νευροεπιστήμες, Νευροβιολογία,
Νόσος Alzheimer, Νόσος Πάρκινσον,
Οικογεν. Έρευνα & Ψυχοθεραπεία,
Ομαδική Ψυχοθεραπεία, Παιδική Ψυχοθεραπεία,
Παιδική Τέχνη: μέθοδος επικοινωνίας,
ΨΥΧΟΚΟΙΝΩΝΙΚΗ ΑΠΟΚΑΤΑΣΤΑΣΗ,
ΨΥΧΟΜΕΤΡΙΚΑ ΕΡΓΑΛΕΙΑ,
ΨΥΧΟΠΑΘΟΛΟΓΙΑ,
ΨΥΧΟΤΙΚΕΣ ΔΙΑΤΑΡΑΧΕΣ

WORKSHOPS

SUBLIMINAL THERAPY “SYLLABUS”
Edwin K. Yager, Prof., Ph.D., San Diego, California, USA

INTEGRATING INDIRECT HYPNOTIC BINDING TECHNIQUES IN A COGNITIVE BEHAVIORAL THERAPEUTIC PROCESS
Ahmet Rady, MD, BCPC, FAPA, ABMPP, ECP, WCPC, CSci, Associate Professor of Psychiatry at Alexandria University, EGYPT.

CONCEPT: IT IS GOOD TO GET ILL
Sanja Vasiljevic, BELGRADE, SERBIA

The Growing Gap Between Supply and Demand for Psychiatric Services in the US
Michael Flaum MD, Department of Psychiatry, University of Lowe Carver College of Medicine

STAGE EXPRESSION – ARTISTIC INTERMEDIATION
( Body, Voice, Creation, Contact )
Rania Brilaki-Gkorgkouli, Actress, Greece.

SYMPOSIA

EARLY CHILDHOOD
Chair Assoc.Prof. T. Sidiropoulou, University of Athens

DIVORCE Legal & Psychological Problems
Chair: H. Gonou, Moraiti G. (Lawyers), Dr J. Kouros, Athens

CHILD IN NEED

Psychiatry in the Psychiatric Hospital of Athens
Chair Dr D. Petsas, Psychiatric Hospital of Attica-Dafni.