

CURRENT APPROACHES IN PSYCHIATRY

PSİKIYATRİDE GÜNCEL YAKLAŞIMLAR

ICOM 2025
**INTERNATIONAL
CONGRESS ON MOOD DISORDERS**

1-4 May 2025 The Westin Hotel, Zagreb

**PROCEEDINGS
CONGRESS ABSTRACT BOOK**

2025
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Special Issue

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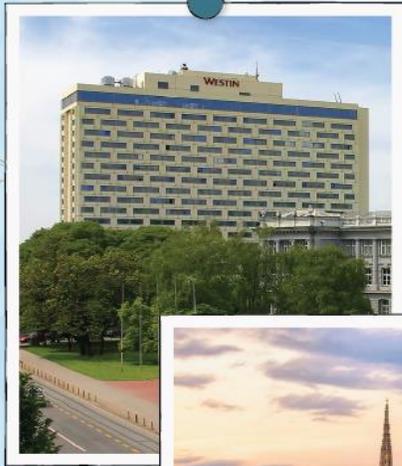
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ICOM 2025 INTERNATIONAL CONGRESS ON MOOD DISORDERS

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CONGRESS BOOK



ICOM 2025

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SPEAKERS

ABSTRACTS

The AI Quest for Better Bipolar Diagnosis and Treatment

Ali SAFFET GÖNÜL

The integration of Artificial Intelligence (AI) into psychiatric practices, particularly concerning bipolar disorder (BP), offers promising advancements yet highlights critical philosophical and practical considerations. This presentation explores how machine learning (ML), a subset of AI, contributes significantly to the objective diagnosis and personalized treatment of bipolar disorder. Despite extensive data availability through clinical interviews, neuroimaging, wearable technology, and genetic information, the practical application hinges fundamentally on effective algorithms.

A crucial philosophical debate underlined in the presentation contrasts John Searle's perspectives on intentionality with AI capabilities. Human medical professionals inherently possess intentionality—they consciously understand patient conditions, make informed decisions, and empathically aim for optimal patient outcomes. Conversely, AI systems exhibit derived or simulated intentionality, performing sophisticated tasks like symptom analysis and diagnostic predictions without conscious understanding, beliefs, or intentions.

Machine learning algorithms facilitate the identification of previously unseen patterns in bipolar disorder, thereby enhancing diagnosis accuracy and predicting therapeutic outcomes. Notably, these ML methods encompass deep learning techniques utilizing complex neural networks for classification and regression tasks. Despite remarkable accuracy rates reported—spanning structural and functional neuroimaging, electrophysiological techniques, peripheral biomarkers, genetic data, clinical measures, and multimodal approaches—the effectiveness of AI in practical clinical settings reveals inherent limitations. Specifically, larger sample sizes tend to correlate with reduced accuracy, indicating generalizability challenges and highlighting the heterogeneous nature of bipolar disorder.

Crucially, while AI-driven systems demonstrate potent analytical capacities, the delineation between various psychiatric disorders, such as bipolar disorder versus major depressive disorder or schizophrenia, remains nuanced due to overlapping clinical features and biological markers. The presentation underscores that ML technologies, despite their impressive capabilities, are adjunct tools rather than replacements for human clinical expertise. AI can significantly inform clinical judgments but lacks the intrinsic intentionality and ethical accountability that human practitioners naturally embody.

In conclusion, the integration of AI into psychiatric practice, particularly for bipolar disorder diagnosis and treatment, presents notable benefits and critical limitations. AI systems enhance diagnostic objectivity and treatment personalization yet remain tools subordinate to human intentionality and expertise. Future developments necessitate refined algorithms, ethical considerations, and ongoing dialogue between philosophical understanding and technological advancement to optimize mental health outcomes effectively.

Keywords

Artificial Intelligence, Bipolar Disorder, Machine Learning, Intentionality, Neuroimaging, Personalized Treatment, Psychiatry, Ethics

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Neuroimaging signatures of bipolar disorder and related mental illness: Lessons and recent findings from the ENIGMA Consortium

Chris CHING

Since 2012, the ENIGMA Bipolar Disorder Working Group (ENIGMA-BD) has been pooling neuroimaging and clinical data from around the world to drive consensus and novel findings. In this session we will discuss key findings, ongoing studies, and future directions from the largest neuroimaging studies of bipolar disorder and related mental illnesses ever conducted. Topics will include (1) how conference attendees can become involved in ENIGMA studies, (2) research highlights from ENIGMA-BD including mapping brain signatures of bipolar disorder and their relationship to important clinical factors like treatment, and (3) ongoing/future work on advanced AI methods, transdiagnostic comparisons, and efforts to bridge the gap between neuroimaging markers and underlying biological mechanisms. A portion of the session will be reserved for discussion between the speakers and audience members regarding ongoing big data challenges, future directions, and potential collaborations.

Key words:

neuroimaging; big data; bipolar disorder; transdiagnostic studies; machine/deep learning

Energy metabolism in mood disorders

Dost ÖNGÜR

Several lines of research indicate that energy production and utilization is abnormal in mood disorders such as major depression and bipolar disorder. These studies have led to the proposition that treatments that normalize energy metabolism in the brain may also be therapeutic interventions for bipolar disorder. The most recent example of this approach is the ketogenic diet, where emerging clinical trial evidence suggests positive effects on mood stabilization. This presentation will review the molecular evidence, neuroimaging studies, and clinical research evidence in support of this approach.

Keywords: glycolysis, redox balance, mitochondria, ATP

Reference: Mitochondria at the crossroad of dysregulated inflammatory and metabolic processes in bipolar disorders. Bernard J, Tamouza R, Godin O, Berk M, Andreazza AC, Leboyer M. Brain Behav Immun. 2025 Jan;123:456-465

Are Mood disorders Speed disturbances? *Spatiotemporal Classification*

Georg Northoff

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Mood disorders like major depressive disorder (MDD), bipolar disorder (BD) and other forms of depression are usually classified according to their symptoms. This leaves aside their underlying disturbances nor does it explain the often observed relationships among different symptoms like affective, cognitive and motor. I here propose a novel characterization of mood disturbances as speed disorders. I show a variety of different data, psychological, neuronal, and computational that lend support to the assumption of mood disorders as speed disorders which shows also related spatial changes in their topography. Different mood disorders like MDD and BD including their distinct symptom patterns do then reflect different dynamic constellations of speed rather than just mood disorders. This inclines me to tentatively suggest a spatiotemporal classification of mood disorders.

Key words: depression, mood disorders, bipolar disorders, speed disorders

Georg Northoff (2024) Beyond mood – Depression as speed disorder: Biomarkers of Abnormal slowness J Psychiatry Neuroscience. 2024 Oct 25;49(5):E357–E366. doi: 10.1503/jpn.240099

ENIGMA's Multisite Neuroimaging Studies of 30 Brain Disorders across 45

Countries:

A Guided Tour & How to Join or Lead New Projects

Paul Thompson

Since 2009, we have led the ENIGMA Consortium - <https://enigma.ini.usc.edu> - a global alliance of over 2,000 scientists across 45 countries, collaboratively studying more than 30 brain disorders. Using harmonized protocols, ENIGMA integrates neuroimaging, clinical, and genomic data from over 200,000 individuals worldwide. The consortium is structured into 50 highly productive working groups and has published the largest neuroimaging studies to date on a wide range of brain disorders, including schizophrenia, bipolar disorder, depression, PTSD, addiction, OCD, Tourette syndrome, anorexia, and binge eating. In neurology, studies span Parkinson's disease, traumatic brain injury, epilepsy, HIV, and chronic pain. ENIGMA combines large-scale analyses of structural MRI, diffusion imaging, functional MRI, EEG, and MEG with deep clinical phenotyping. This enables robust transdiagnostic and cross-disorder research, including efforts to identify disease subtypes, treatment effects, and factors influencing disease onset, progression, and remission. In parallel, ENIGMA's genomics groups have led the world's largest international studies of genetic variants—both common and rare (including CNVs)—that affect brain structure, connectivity, functional synchrony, and disease risk. Their work has been published in Science, Nature, and Nature Genetics. Other specialized working groups focus on epigenetics, environmental impacts on brain health (e.g., geocoding), and early brain development (ENIGMA-ORIGINS). Ongoing initiatives include lifespan brain charts for MRI, DTI, and fMRI; interventional studies involving neuromodulation, neurofeedback, and meditation; global outreach (ENIGMA-India, ENIGMA-Pakistan); and educational programs like ENIGMA-U. We'll share how you can get involved or lead new projects. To learn more, watch our introduction video: <https://www.youtube.com/watch?v=YNjP5nZsJyQ>

CBT of Treatment Resistant Depression

Kadir Özdel, MD

University of Health Sciences, Etlik City (Training and Research) Hospital, Department of psychiatry.

Treatment-resistant depression (TRD) refers to depressive disorders that fail to respond to at least two adequate trials of antidepressant medications. Persistent Depressive Disorder (PDD), a chronic form of depression lasting two or more years, often overlaps with TRD due to its prolonged and treatment-resistant nature. Some forms of cognitive behavioral therapies like Cognitive Behavioral Analysis System of Psychotherapy (CBASP), Mindfulness Based Cognitive Therapy (MBCBT) and others have emerged as promising alternatives.

Characteristics of TRD and PDD

TRD is characterized by persistent depressive symptoms despite pharmacological interventions. Patients with TRD often exhibit cognitive and interpersonal deficits, including preoperational thinking, which is marked by rigid, egocentric thought patterns. These individuals frequently experience childhood adversity, leading to maladaptive social cognition and interpersonal behaviors, such as hostile submission or anxious avoidance. Similarly, PDD is associated with chronic depressive symptoms, low self-esteem, and feelings of hopelessness, often exacerbated by early-life trauma.

CBASP: A Targeted Approach for TRD

CBASP, developed specifically for chronic depression, addresses the cognitive and interpersonal dysfunctions underlying TRD. The therapy is grounded in the assumption that chronic depression stems from developmental stagnation in social and cognitive domains. CBASP aims to help patients overcome "perceptual disconnection" by fostering

awareness of the impact of their behavior on others and improving interpersonal effectiveness.

Key techniques in CBASP include:

1. **Situational Analysis (SA):** This technique helps patients analyze specific interpersonal situations, identify maladaptive behaviors, and develop alternative responses to achieve desired outcomes.
2. **Interpersonal Discrimination Exercise (IDE):** Patients compare past negative interpersonal experiences with current therapeutic interactions to challenge maladaptive beliefs and foster trust.
3. **Disciplined Personal Involvement (DPI):** Therapists use their personal reactions to patients' behaviors as a tool to demonstrate the consequences of interpersonal actions.
4. **Significant Other History (SOH):** This exercise explores the influence of significant past relationships on current interpersonal patterns, forming the basis for transference hypotheses.

Evidence Supporting CBASP for TRD

CBASP has demonstrated efficacy in treating TRD, particularly when combined with pharmacotherapy. Studies, such as the landmark trial by Keller et al. (2000), revealed that the combination of CBASP and antidepressants significantly outperformed either treatment alone, with remission rates of 73% compared to 48% for monotherapies. Additionally, CBASP has been shown to be more effective than non-specific supportive psychotherapy (SP) and comparable to other evidence-based psychotherapies, such as Cognitive Behavioral Therapy (CBT) and Interpersonal Psychotherapy (IPT).

CBASP's effectiveness is particularly pronounced in patients with early-life trauma and comorbid social anxiety, as it directly targets the interpersonal and cognitive deficits

rooted in these experiences. By addressing the "learned helplessness" and preoperational thinking patterns common in TRD, CBASP helps patients regain a sense of agency and improve their interpersonal functioning.

Future Directions

Emerging research suggests that CBASP's mechanisms of action can be understood through network theory, which conceptualizes depression as a dynamic interplay of symptoms and interpersonal factors. Future studies aim to refine CBASP techniques and explore its application in diverse settings, including inpatient and day-treatment programs.

In conclusion, CBASP offers a comprehensive, evidence-based approach to treating TRD by addressing the cognitive and interpersonal deficits that perpetuate chronic depression. Its structured techniques and focus on interpersonal learning make it a valuable tool for improving outcomes in this challenging population.

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Title: Maintenance Treatment Among Older Age Bipolar Patients: Challenges and Considerations

Author: Martha Sajatovic MD

Keywords: older-age bipolar disorder, elderly, geriatric, pharmacotherapy, psychotherapy

Abstract:

The clinical features and treatment of older bipolar disorder (BD) patients differ from those of younger patients and geriatric patients constitute up to 25 percent of all BD patients. It is expected that the absolute number of geriatric BD patients is expected to increase as the world's population ages over the next several decades. The minimum age used to define geriatric BD is often 60 years, however consensus groups, including the International Society for Bipolar Disorders (ISBD) taskforce on older-age bipolar disorder has suggested an age cut-off of 50 years. The ISBD taskforce suggests use of the term "older age bipolar disorder" (OABD) to describe this group of patients. Bipolar disorder is characterized by episodes of major depression and mania or hypomania. However, the clinical features of bipolar disorder are different for older and younger patients, including relative attenuation of manic symptom severity, persistent presence and severity of depressive symptoms, greater somatic comorbidity burden and cognitive impairment that can impact functional performance. Maintenance treatment is indicated for nearly all OABD based upon observational studies that have found patients who remit from a mood episode are at high risk for suffering another episode. Multiple studies of geriatric bipolar patients suggest that within a 12-month period, approximately 20 percent will sustain four or more recurrences and a prospective study of 220 BD patients which assessed the course of illness for approximately 40 years found that the median number of lifetime episodes was 10 and that the risk of recurrence remained constant up to the age of 70 years or more. Following recovery from OABD mood episodes, maintenance treatment usually includes pharmacotherapy, ideally augmented by psychological /psychotherapeutic supports. Acutely ill patients who remit with a medication regimen

should generally be maintained on the same drugs and doses. Reasonable maintenance drug therapies include lithium or evidence-based mood stabilizers such as lamotrigine, valproate or selected second-generation antipsychotic drugs. Dosing should be optimized in OABD, being attentive to medical burden, which can be substantial. Emerging evidence for possible neuroprotective effects of lithium may be particularly salient given known vulnerability for cognitive decline in OABD. Neuromodulation, especially electroconvulsive therapy (ECT) is highly effective in older individuals with depression. In OABD, individuals who have acute mood episode remittance with ECT should have maintenance treatment with evidence-based mood stabilizing drugs, such as lithium. Although pharmacotherapy is the cornerstone of maintenance treatment for OABD, adjunctive psychotherapy improves outcomes compared with pharmacotherapy alone. Given the clear link between ongoing BD symptom severity and functional status in OABD, appropriate and targeted maintenance therapy is critical to optimize wellness and independence.

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Speaker: Rukiye Tekdemir**Title:** Maintenance Treatment of Bipolar Disorder

Abstract: Bipolar disorder is a chronic mood disorder characterized by periods of mania, hypomania, depression, and normal mood, with relapses-remissions. Effective long-term management is crucial to reduce the frequency and severity of mood episodes, minimize functional impairment, and prevent relapse. Maintenance treatment plays a pivotal role in achieving mood stabilization and improving overall prognosis.

The primary goal of maintenance therapy in bipolar disorder is to prevent future mood episodes while optimizing psychosocial functioning and minimizing adverse effects.

Pharmacological treatment remains the cornerstone of maintenance therapy, with mood stabilizers such as lithium, valproate, and lamotrigine being commonly used. Lithium, in particular, is considered the gold standard due to its proven efficacy in reducing manic and depressive episodes, as well as its potential anti-suicidal properties. However, close monitoring of lithium levels and renal/thyroid function is essential due to its narrow therapeutic window and side effect profile.

Atypical antipsychotics, including quetiapine, olanzapine, aripiprazole, and lurasidone, have also demonstrated efficacy in maintenance treatment, particularly in patients with predominant manic episodes or psychotic features. The choice of pharmacological agent is often guided by the individual's predominant mood polarity, previous treatment response, comorbid conditions, and tolerability.

Psychosocial interventions complement pharmacotherapy and are integral to maintenance treatment. Psychoeducation, cognitive-behavioral therapy, family-focused therapy, and interpersonal and social rhythm therapy have all shown benefits in enhancing medication adherence, improving insight, and reducing relapse rates.

Moreover, emerging research highlights the importance of personalized medicine approaches, including pharmacogenetic testing and biomarker identification, to tailor maintenance treatment to individual patient profiles. Lifestyle modifications, regular sleep-wake cycles, stress management, and addressing comorbid medical conditions, particularly cardiovascular risk factors, are also critical components of comprehensive maintenance care.

In conclusion, successful maintenance treatment of bipolar disorder requires a multimodal and individualized approach, combining pharmacotherapy, psychosocial interventions, and lifestyle modifications. Early identification of risk factors for relapse, close monitoring, and patient engagement are essential to improving long-term outcomes and quality of life for individuals living with bipolar disorder.

Keywords: Bipolar disorder, maintenance treatment, mood stabilizers, lithium, atypical antipsychotics, psychosocial interventions, relapse prevention, personalized medicine

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Continuum in Mood and Psychotic Disorders

Sinan GÜLÖKSÜZ

Since Kraepelin's dichotomy, schizophrenia and bipolar disorder have traditionally been classified as distinct diagnostic entities. However, a growing body of evidence from clinical, socio-environmental, genetic, neurobiological, and neurocognitive research supports the view that these conditions lie along a shared continuum rather than representing separate categories. In this presentation, I will begin by briefly outlining the historical origins and evolution of the dichotomy. I will then argue that the main issue lies in the limitations of our historically over-promising but under-delivering psychiatric taxonomy and in our failure to acknowledge these limitations in both research and clinical settings. Finally, I will briefly explore alternative approaches that may better capture the complexity.

Keywords: Schizophrenia, Bipolar Disorder, Dichotomy, DSM, Classification, Continuum



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ORAL PRESENTATIONS

OxLDL and LOX-1 in Bipolar and Unipolar Depression: Potential Markers for Differentiation

Onur Gökçen¹

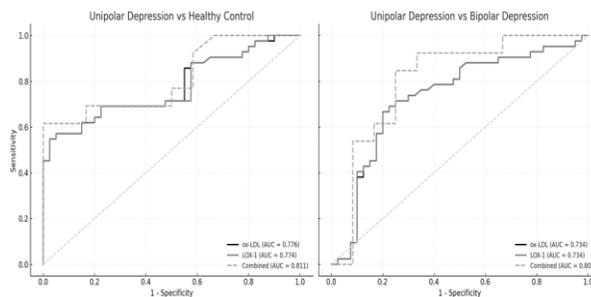
¹Kütahya Health Sciences University

Aim: Inflammation and oxidative stress are known to play a role in the pathophysiology of depression. Oxidized low-density lipoprotein (ox-LDL) and lectin-like oxidized LDL receptor-1 (LOX-1) are considered markers of oxidative stress and inflammation. However, the relationship between these markers and bipolar or unipolar depression has not yet been clearly established. The aim of this study is to evaluate serum ox-LDL and LOX-1 levels in patients with unipolar and bipolar depression, as well as in healthy controls.

Method: Ox-LDL and LOX-1 levels were measured in 42 patients with unipolar depression, 40 patients with bipolar depression and 40 healthy controls matched for age, gender and BMI. Montgomery-Asberg Depression Rating Scale (MADRS) and Young Mania Rating Scale (YMRS) were administered to the patients.

Results: LOX-1 and ox-LDL levels were found to be higher in patients with unipolar depression compared to both bipolar depression patients and healthy controls. However, no significant difference was observed between bipolar depression patients and healthy controls. Furthermore, a correlation was identified between the total score of the Montgomery-Asberg Depression Rating Scale (MADRS) and both parameters.

Figure 2. Assessing Discriminative Ability in Unipolar Depression



Comparison of Ox-LDL, LOX-1 Levels, and Scale Scores Across Groups

	1. Unipolar Depression (n=42)	2. Bipolar Depression (n=40)	3. Healthy Controls (n=40)	p	Post- Hoc
MADRS	28.31±7.24	24.67±6.37	-	0,021*	
YMRS	1.83±1.77	4.18±3.17	-	<0.001*	
ox-LDL	90±68.71	59.54±86.4	39.52±26.90	<0.001*	1>2,3
LOX-1	108.96±73.23	76.19±92.03	54.15±30.70	<0.001*	1>2,3

Conclusion: To the best of our knowledge, this is the first study to investigate the relationship between unipolar and bipolar depression and LOX-1 and ox-LDL. Both parameters are promising biomarker candidates associated with the diagnosis and severity of depression.

Keywords: Bipolar disorder, Depression, Ox-LDL, LOX-1, Oxidative stress

A machine learning algorithm to predict lithium response using peripheral inflammatory markers: Preliminary findings of a retrospective study

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Aim: Lithium is the gold standard first-line treatment for bipolar disorder (BD) and has been reported to modulate inflammatory responses by affecting both pro- and anti-inflammatory cytokines. Ratios and indices derived from complete blood count (CBC) parameters such as systemic immune inflammation index (SII), systemic inflammatory response index (SIRI) and the aggregate index of systemic inflammation (AISI) including peripheral neutrophils, lymphocytes, monocytes and platelets are useful markers of inflammation and widely used in studies of psychiatric disorders. In this study, we aimed to predict lithium response using demographic, clinical data and peripheral inflammatory markers

Method: 116 BD patients were classified as responders (n=71) or non-responders (n=45) to lithium treatment with the ALDA scale. Demographical and clinical (Young Mania Rating Scale (YMRS), Hamilton Depression Rating Scale (HAMD)) and biochemical data (CBC, T3, T4 and TSH) and systemic inflammatory markers $SII = [(\text{platelet count} \times \text{neutrophil count}) / \text{lymphocyte count}]$ and $SIRI = [(\text{neutrophil count} \times \text{monocyte count}) / \text{lymphocyte count}]$ MHR = (monocyte count/high-density lipoprotein) were recorded retrospectively. A random forest machine learning algorithm was used to build a prediction framework of lithium response. The performance of the model was measured by classification metrics such as accuracy, precision, recall and F1-score. ROC (Receiver Operating Characteristic) curve and AUC (Area Under the Curve) values were also calculated.

Results: There was no significant difference between the responders (n=71) and non-responders (n=45) in terms of age $p = (0.91)$, gender ($p = 0.42$), and smoking ($p = 0.70$). There was no significant difference between the two groups in terms of SII ($p = 0.93$), AISI ($p = 0.92$) SIRI ($p = 0.83$) MHR ($p = 0.321$). ML protocol was performed by including gender, education, SII, AISI, SIRI, MHR, T3, T4, TSH, HAMD, YMRS in the algorithm. The overall accuracy of the random forest model was 82.75%. The ROC curve and $AUC = 0.93$.

Conclusion: Data processing steps, and model selection resulted in a successful machine-learning model for prediction of lithium response. In future studies, it is recommended to train the model with larger data sets to improve its performance and to conduct comparative analyses with deep learning methods. To understand the lithium response and its role in inflammatory processes, further research is needed.

Keywords: lithium response, immune inflammation index, systemic inflammatory response index, bipolar disorder, machine learning

The Relationship Between Metabolic Syndrome, Cardiovascular Risk, and Cognitive Functions in Patients with Chronic Psychiatric Disorders: A Preliminary Study

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Aim: Metabolic syndrome (MetS) has been reported to be associated not only with an elevated risk of cardiovascular disease (CVR) but also with impairments in cognitive functions. The aim of this preliminary study is to evaluate the relationship between MetS, CVR, and cognitive functions in a sample of patients diagnosed with schizophrenia (SZ) and bipolar disorder (BD).

Method: A total of 25 individuals diagnosed with BD type-1 (n = 10) and schizophrenia (n = 15) according to DSM-5 criteria were included in the study. Inclusion criteria for BD patients were clinical remission for at least three months and scores below 7 on both the HAM-D and the YMRS; for SZ patients, absence of a psychotic episode for at least six months and a PANSS score below 80 were required. Sociodemographic data and anthropometric measurements of all participants were recorded. MetS was diagnosed based on the International Diabetes Federation criteria, and CVR was evaluated using the QRISK3 algorithm. Cognitive functions were assessed using the Stroop Test and the Trail Making Test (TMT).

Results: Of the 25 participants, 60% (n = 15) were female, with a mean age of 34.80 (± 6.87) years and a mean education duration of 11.44 (± 4.03) years. Regarding socioeconomic status, 60% were in the middle-income group. The prevalence of MetS was determined to be 36% (n = 9). Comparisons based on MetS presence showed no significant difference in QRISK scores (U = 42, p = 0.089); however, individuals with MetS had significantly higher healthy heart age (U = 31.5, p = 0.021) and relative risk values (U = 32.5, p = 0.025). No significant differences were observed between genders in terms of MetS, CVR, or cognitive functions (p > 0.05). In Pearson correlation analysis, a positive correlation was found between age and QRISK3 score, Stroop Test durations, and the number of errors in TMT, while a negative correlation was found between years of education and these variables. Additionally, significant positive correlations were identified between BMI and certain Stroop Test subtests, as well as between QRISK3 scores and cognitive test durations.

Conclusion: The findings of this preliminary study suggest that MetS and CVR factors may be associated with cognitive functions particularly in cognitive domains such as processing speed, working memory, and executive functions in patients with SZ and BD. However, increasing the sample size and including a control group in this preliminary study will enhance the reliability of the findings.

Keywords: bipolar disorder, metabolic syndrome, cardiovascular risk, cognitive function

Association of Methamphetamine Use Disorder and Methamphetamine-induced Psychosis with Minor Physical Anomalies

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Aim: Psychotic symptoms are commonly observed experienced in individuals who use methamphetamine. Minor physical anomalies (MPAs) are functionally nonsignificant failures of morphogenesis, which develop during the first and early second trimesters of gestation and persist into adulthood. In this study, we investigated the association between MPAs in Methamphetamine-induced psychosis (MIP) and Methamphetamine Use Disorder (MUD).

Method: The study included 19 patients diagnosed with MUD and 29 patients diagnosed with MIP. Approval from Ethical Committee and informed consent of the participants were obtained. Hamilton Depression Rating Scale, Hamilton Anxiety Rating Scale, Addiction Profile Index, SAPS (Scale for the Assessment of Positive Symptoms), and SANS (the Scale for the Assessment of Negative Symptoms) were administered. MPAs measurements were conducted by two independent clinicians using a modified Waldrop MPA scale.

Results: It is observed that statistically significant increases were in the frequency of sandal gap, low-seated ears, and intercanthal distance in the psychosis group ($p < 0.05$). The intercanthal distance and sandal gap were significantly wider ($p < 0.05$), the position of the low-seated ears was significantly lower ($p < 0.05$), and the total MPA score was significantly higher ($p < 0.001$) in MIP. A significant correlation was also found between total MPA scores and SAPS-SANS scores ($p < 0.05$).

Results of countable MPAs items in MUD and MIP

	MUD Med (Q1-Q3)	MIP Med. (Q1-Q3)	p
Total frequency of minor physical anomalies	1,00 (0,00-2,00)	3,00 (1,00-4,00)	<0,001
Head circumference (cm)	56,50 (56,00-57,50)	57,00 (55,00-57,50)	0,865

Intercanthal distance (mm)	27,00 (25,00-28,00)	29,00 (27,00-33,00)	0,013
Low seated ear (cm)	,25 (,10-,30)	,40 (,20-,50)	0,024
Sandal gap (cm)	,50 (,35-,55)	,60 (,45-,70)	0,036
Height (cm)	175,00 (170,00-179,00)	177,00 (172,00-180,00)	0,440

*MUD: Methamphetamine Use Disorder *MIP: Methamphetamine-Induced Psychosis *MPAs: Minor Physical Anomalies

Conclusion: Our study is the first study to examine MFAs in patients with MUD and MIP. The association between schizophrenia and MPAs is well-documented in the literature. In a recent meta-analysis, the total MPA score was significantly higher in schizophrenia compared to controls ($p < 0.001$) and also qualitative items such as low-seated ears, sandal gap were more frequent as in our study. In a study that investigate the relationship between MPAs and clinical features in patients with schizophrenia spectrum disorders; the positive scale of the PANSS and the Waldrop scale were found to be correlated ($p < 0.05$) as our study, but in our study the SANS score, representing the severity of negative symptoms was also correlated with total number of MPAs. In this context, our study results are consistent with the literature in terms of psychotic features, and further research is needed to examine whether MPAs are associated with disease severity and other clinical features in MIP.

Keywords: abuse, addiction, amphetamine, drug use, psychotic

PERCEIVED SOCIAL SUPPORT AND FUNCTIONAL DISABILITY IN BIPOLAR DISORDER: A PRELIMINARY STUDY

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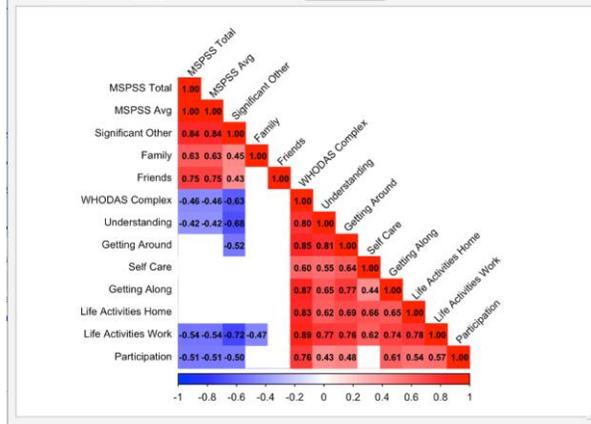
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Aim: Bipolar disorder (BD) is associated with significant functional impairment, affecting daily activities, work performance, and social participation. Social support is considered a protective factor, yet its association with functional impairment in BD remains unclear. This preliminary study examines the relationship between perceived social support and functional impairment in BD.

Method: A cross-sectional study was conducted with 54 individuals diagnosed with BD. Demographic and clinical data, including psychiatric history and comorbidities, were collected. Perceived social support was assessed using the Multidimensional Scale of Perceived Social Support (MSPSS), while functional impairment was measured with the World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0).

Results: Participants had a mean age of 38.61 years (SD=12.35); 37% were male. The mean education duration was 12.02 years (SD=3.54), and 57.4% were unemployed. The mean age of symptom onset was 21.15 years (SD=7.65), and diagnosis occurred at a mean age of 29.76 years (SD=8.54). Participants reported an average of 3.96 (SD=5.23) manic and 5.50 (SD=6.21) depressive episodes, with 1.91 (SD=2.41) hospitalizations. A moderate negative correlation was observed between total perceived social support and overall functional impairment ($\rho = -0.455$, $p = 0.029$). Higher support from significant others was associated with lower impairment ($r = -0.634$, $p = 0.001$), particularly in Understanding and Communicating ($r = -0.682$, $p = 0.0003$), Getting Around ($r = -0.522$, $p = 0.011$), Life Activities - Work/School ($r = -0.717$, $p < 0.001$), and Participation in Society ($r = -0.501$, $p = 0.015$). Family support was not significantly correlated with overall disability ($r = -0.357$, $p = 0.094$) but was linked to work/school-related impairment ($r = -0.471$, $p = 0.023$). Linear regression analysis indicated a significant association between perceived social support and functional impairment ($\beta = -0.341$, $p = 0.002$), explaining 16% of the variance ($R^2 = 0.160$).

Correlation Between Perceived Social Support and Functional Impairment



This heatmap illustrates the correlation matrix between perceived social support (MSPSS) and functional impairment (WHODAS 2.0) domains. Negative correlations (blue) indicate that higher social support is associated with lower impairment, particularly in life activities, participation, and communication.

Conclusion: Despite its preliminary nature and small sample size, this study suggests an association between higher perceived social support—particularly from significant others—and lower functional impairment in BD. However, as social support explains only part of the variance, additional factors influencing disability should be examined in future research. Larger studies are needed to validate these findings.

Keywords: Bipolar disorder, Social support, Functional impairment, WHODAS, MSPSS

Clinicians' Compliance with Turkish Psychiatric Association Guideline Recommendations in the Treatment of Bipolar Depression: a Retrospective Study From Turkey, Ankara

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Aim: Bipolar disorder (BD) is a chronic mental disorder with periodic recurrence of manic, hypomanic and depressive episodes. Depressive episodes are among the most common and devastating periods in the course of the BD. Judd et al. showed that individuals with BD spend 40% to 60% of their lifetime with depressive symptoms which characterized not only by acute manifestations but also by prolonged recovery periods. The Turkish Psychiatric Association (TPA), has proposed treatment guideline to clinicians for BD published in 2022. Altınbaş et al. stated that the rate of compliance with TPA guidelines is insufficient; they suggested that compliance varies according to the severity of depression. In this study, we aimed to examine the compliance of clinicians in Turkey with the TPA guideline and its effect on remission rates.

Method: In our retrospective study, the treatment records of 131 patients admitted to the psychiatry clinic of our hospital and followed up with the diagnosis of Bipolar Depression were analyzed and the treatment according to the severity of the episode was compared with the recommendations of the TPA guideline. (Ethics Approval Number: 25.12.2024-TABED 2-24-706)

Results: Among 131 patients, 58 (43.94%) were male, 92 (69.7%) were married. The mean age of the patients was 42.71 years. 75.56% (n=99) of the patients were followed up with bipolar I. Of the all patients, 72.86% (n=102) were in mild-moderate episodes. The rate of adherence to guideline in the 1st line was 67.46% for mild-moderate episodes and 65.51% for severe episodes, while the rate of adherence in the 2nd line was 70.37% for mild-moderate episodes and 67.85% for severe episodes. 6 patients who needed 3rd line treatment were in severe episode, compliance in the third-line was 83.33%, and 4 patients who needed 3rd line treatment in mild-moderate episode, treatment protocol was organized in full compliance (n=4). The remission rate of treatments that did not adhere to guideline was 66.6%, while the remission rate of complied with guideline was 75.34%.

Conclusion: We observed that adherence to the guideline increased as the treatment step progressed, regardless of the severity of depression. It is interesting that the compliance with treatment guideline in the treatment of BD is lower in severe episodes at each step. It is thought that multicenter studies with larger samples are needed to clearly understand the extent to which the current treatment guidelines for the treatment of BD are adopted by Turkish psychiatrists.

Keywords: bipolar disorder, depressive episode, adherence, treatment guideline

COMPARISON OF SERUM LIPOXIN A4 LEVELS IN BIPOLAR DISORDER PATIENTS DURING MANIC AND EUTHYMIC PERIODS WITH HEALTHY CONTROLS

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Aim: Current data on bipolar disorder suggest that acute mood episodes may be associated with changes in inflammatory parameters. PUFAs such as lipoxin A4(LXA4) are abundant in the nervous system, support synaptogenesis and neurogenesis, and protect the neuron from apoptosis and neuroinflammation. In this study, we aimed to reveal the possible role of LX in the etiology of BPD by comparing the serum LXA4 levels of patients in manic episodes and euthymic phases with healthy controls. Our secondary aim was to investigate the relationship between LXA4 and cognitive functions, general functionality, and inflammatory markers

Method: 46 male patients with BPD in the manic episode, 48 male patients in the euthymic phase, and 40 healthy controls were included in the study. The diagnoses were confirmed according to the DSM-5. The patients YMRS, HAM-D, PANSS, MoCA, and FAST scales, and the MoCA scale was applied to healthy volunteers. The height and weight of all participants were measured. We also evaluated blood count, lipid profile, fasting blood sugar, sedimentation, CRP, and serum LXA4 levels.

Results: Serum LXA4 levels were significantly higher in the manic group than in the control group($p=0.014$). At the same time, no significant difference was observed between the euthymic group and the manic group($p=0.082$) and between the euthymic group and the control group($p=0.185$). Leukocyte and neutrophil counts were found to be significantly higher in the manic($p=0.007$ and $p=0.006$, respectively) and euthymic($p=0.027$ and $p=0.044$, respectively) groups compared to the control group. In addition, CRP levels were significantly higher in the manic group than in the euthymic group($p=0.013$) and the control group($p<0.001$). Our study found no significant correlation between LXA4 levels, cognitive functions, and general functionality in BPD patients.
Conclusion: Our study's findings underscore the potential of LXA4 as a reaction to pro-inflammatory molecules, which are believed to increase in BPD, especially during the manic episode, and mediate the resolution of inflammation. The high serum levels of LXA4, with its neuroprotective and anti-inflammatory effects, during a manic episode suggest that LXA4 could be a potential trait marker specific to mania. This finding could significantly impact our understanding and treatment of the disorder. Prospective studies with larger patient groups are needed to fully comprehend the role of LXA4 in the etiology of BPD-associated inflammation

Keywords: Bipolar Disorder, Lipoxin A4, Neuroinflammation, Cognitive Functions, Functionality

The Relationship Between Synaptotagmin-7 Levels, Episode Density, And Cognitive Impairment In Bipolar Disorder

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Aim: This study aimed to compare plasma synaptotagmin-7 (SYT7) levels in patients with bipolar disorder in remission with healthy individuals and to investigate its relationship with clinical variables such as episode density and cognitive impairment.

Method: The study involved a total of 74 individuals, comprising 37 patients diagnosed with bipolar disorder in remission according to the DSM-5 criteria and 37 healthy individuals. Participants were recruited from the outpatient adult psychiatry clinics at Bakırköy Training and Research Hospital for Psychiatry, Neurology, and Neurosurgery. Sociodemographic data forms were completed by all participants. For the patient group, various assessments were conducted, including the Hamilton Depression Rating Scale (HDRS), Young Mania Rating Scale (YMRS), Montreal Cognitive Assessment (MoCA), and Global Assessment Scale (GAS) to evaluate symptoms and functionality. Additionally, venous blood samples were collected from all participants in the morning after a fasting period of 6 to 8 hours to measure synaptotagmin-7 levels, using the ELISA method.

Results: SYT7 levels were significantly lower in the patient group compared to the healthy control group ($Z=-2.27$, $p=0.023$). SYT7 levels did not differ based on gender, polarity of the first episode, or the presence of psychotic episodes in the patient group. No significant relationship was observed between SYT7 levels and education level, age at disease onset, duration of illness, age at initial treatment, total number of hospitalizations, episode densities, or HDRS, YMRS, and GAS clinical scale scores. A positive correlation was found between age and SYT7 levels in the patient group ($r=0.33$, $p=0.045$).

Conclusion: The present findings suggest a potential involvement of the SYT7 molecule in bipolar disorder. Nonetheless, further research is imperative, incorporating larger sample sizes, controlling for the confounding effects of pharmacological treatments, and utilizing advanced methodologies for the analysis of synaptic proteins.

Keywords: bipolar disorder, glutamate, NMDA, synaptic dysfunction, synaptotagmin

Effect of duloxetine use in depression on inflammatory markers

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Aim: Depressive disorder has a lifetime prevalence of 1.5–19% and, if untreated, can lead to severe social and health consequences. Peripheral inflammatory markers such as neutrophil-to-lymphocyte ratio (NLR), monocyte-to-lymphocyte ratio (MLR), platelet-to-lymphocyte ratio (PLR), and systemic immune-inflammation index (SII) are used to assess inflammation in depression. However, their role in predicting treatment response remains unclear due to inconsistent findings. This study investigates changes in inflammatory markers in patients with moderate depressive episodes after duloxetine treatment and evaluates their potential role in treatment response.

Method: A retrospective file review was conducted on patients prescribed duloxetine in a psychiatry outpatient clinic. Of 124 patients, 76 were excluded due to loss to follow-up, leaving 48 who completed six-month follow-ups. Treatment response was defined as a $\geq 50\%$ reduction in Clinical Global Impression (CGI) scores. Inflammatory markers were recorded at baseline and at six months. Statistical analyses included the Wilcoxon Signed-Rank Test for within-group changes, the Mann-Whitney U Test for between-group differences, and logistic regression analysis for predicting treatment response.

Results: Duloxetine treatment resulted in significant reductions in PLR($p < 0.001$), NLR($p = 0.002$), SII($p = 0.001$), and MLR($p < 0.001$). However, no significant baseline differences in inflammatory markers were found between responders and non-responders. Logistic regression analysis showed that baseline inflammatory markers did not predict treatment response. Additionally, age, sex, and comorbid fibromyalgia were not significantly associated with inflammatory marker changes.

Conclusion: The reduction in inflammatory markers suggests a potential anti-inflammatory effect of duloxetine in depression treatment. However, these markers did not predict treatment response, consistent with previous inconsistent findings. Strengths include a homogeneous sample and the use of accessible, cost-effective hematological markers. However, limitations such as a small sample size, lack of a control group, and retrospective design prevent causal conclusions. Duloxetine treatment was linked to reduced inflammatory markers, indicating a possible anti-inflammatory role. Larger, prospective studies are needed to confirm these findings and clarify the relationship between inflammation, depression subtypes and treatment response.

Keyword: depressive disorder , Duloxetine Hydrochloride , Inflammation Mediators

Impact of Childhood Trauma on Depression Severity: A Structural Equation Model Analysis

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Aim: Major Depressive Disorder (MDD) is a prevalent and debilitating mental health condition with complex etiological factors. Among these, childhood trauma is increasingly recognized as a key determinant of depression severity. This study aims to investigate the impact of childhood trauma on depression severity in individuals diagnosed with MDD using structural equation modeling (SEM).

Method: The study included 65 participants diagnosed with MDD based on DSM-5 criteria. Participants completed a sociodemographic data form. Depression severity was assessed using the Beck Depression Inventory (BDI), while childhood trauma exposure was evaluated via the Childhood Trauma Questionnaire (CTQ). Correlation analyses examined relationships between CTQ subtypes and BDI scores, and SEM was employed to assess the predictive relationship between childhood trauma and depression severity. The study was approved by the institutional ethics committee.

Results: Participants had a mean age of 30.5 ± 10 years, with 64.6% being female. The mean BDI score was 26.8 ± 9.2 , reflecting moderate to severe depressive symptoms. Emotional neglect emerged as the most prevalent childhood trauma subtype and demonstrated the strongest correlation with depression severity ($r=0.682$, $p<0.001$). SEM analysis revealed a strong predictive relationship between childhood trauma and depression severity (standardized regression coefficient=0.70). Model fit indices (CMIN/DF=1.565, CFI=0.966, RMSEA=0.094) indicated an acceptable model fit.

Conclusion: This study highlights the significant role of childhood trauma, particularly emotional neglect, in worsening depression severity. The strong correlation suggests that early emotional deprivation may contribute to persistent negative affect and cognitive patterns. While emotional abuse and physical neglect also showed significant associations, sexual abuse did not, consistent with prior findings. The SEM results confirm a strong predictive link between childhood trauma and depression severity, suggesting a potential benefit of incorporating trauma history assessments into psychiatric evaluations. Future research could further investigate these associations through longitudinal studies to gain a better understanding of underlying mechanisms and to inform tailored interventions.

Keywords : Childhood , Major depression , Severity , Trauma



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POSTER
PRESENTATIONS

Cinematherapy and The Use of Psychodynamic Interpretation of Films in Addiction Treatment and Education

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Aim: Cinematherapy is a creative therapeutic initiative involving the use of characters and metaphors and giving a person, patient or group film watching task by a trained professional in order to provide alteration (Powell 2008). Cinematherapy's effect mechanism occurs in 4 phases: Identification, Catharsis, Insight and Universalisation. The general aim of cinematherapy is to determine a film that depicts the life of the clients and to help subjects in identifying with the characters and to develop insight on problem and to gain profit from the mistakes of characters or their own correct decisions and to obtain strategies that encourage solving the problems. Cinematherapy can be utilized in mental diseases as well as in educating the mental health professionals. This research aims to investigate the use of films in dependency therapies and also the effects of using psychodynamic translations of cinematherapy, films and characters on independency therapy and on the education of clients and mental health professionals (cine-education).

Method: For this research, literature was scanned in terms of cinematherapy and cine-education, on one hand and three selected films on dependency topic were watched three times, on the other hand (Krisha, Oslo 31 August and Basketball Diaries) film's overall topic and characters were interpreted psychoanalytically.

Results: Krisha film is about a woman in her sixties who were receiving therapy due to alcohol dependency and has not been seeing her family for 10 years but joined the family meeting for thanksgiving. Oslo 31 August movie is a story about Anders who is in his thirties and has been receiving therapy in a rehabilitation center for approximately one year due to multi-substance dependency and about to be discharged. Basketball Diaries tells the story of Jim who is a high school student and lives with his mother; his biggest dream is to be a basketball star in a good team; involving in substance abuse, peer relations, messing with the crime and never stopping writing while getting away from his dreams.

Conclusion: Implementing films related to cinematherapy, cine-education and dependency and characters' psychoanalytic interpretation is seen an effective method both in the therapy of dependant subjects and in the education of mental health professionals who are interested in the topic.

Keywords: cinematherapy, cine-education, dependency

Valproate-Induced Nonhyperammonemic Encephalopathy

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Aim: Objective: Valproic acid is widely used in the treatment of neurologic and psychiatric diseases including epilepsy and bipolar disorder. However, it may lead to serious side effects including encephalopathy. This case report aims to examine a case of valproic acid-induced encephalopathy in which hyperammonemia was not observed and blood valproic acid levels were within normal limits.

Method: .

Results: Case: A 39-year-old woman with no history of psychiatric illness, who had increased psychomotor activity, grandiose and mystical delusions, auditory hallucinations and insomnia was admitted to our clinic with a prediagnosis of bipolar affective disorder-manic episode. Young Mania Rating Scale was 32. Treatment was planned as olanzapine 20 mg lozapam 3 mg and quetiapine 100 mg/day. Increased psychomotor activity, aggressiveness, grandiose and mystical delusions persisted in clinical follow-up so 7 effective sessions of electroconvulsive therapy were applied. One week after the end of ECT valproic acid was added to the maintenance treatment. On the 8th day of valproic acid treatment, the patient developed sedation, disorganized behaviors, place-time-person disorientation and dysarthria. A prediagnosis of valproic acid-induced hyperammonemic encephalopathy was considered in the patient. Blood valproic acid, ammonia levels and liver function tests were within normal limits. EEG was characterized by diffuse slowing with triphasic waves compatible with encephalopathy. Valproic acid treatment was discontinued. The patient's clinic symptoms improved rapidly in days after the termination of valproic acid treatment.

Conclusion: Valproic acid-associated encephalopathy usually manifests with symptoms including confusion, disorientation, irritability and apathy and is frequently associated with hyperammonemia. However, encephalopathy may sometimes develop without hyperammonemia and with normal serum valproic acid levels. This case emphasizes that encephalopathy related to valproic acid use should be evaluated in a wide clinical spectrum, not only with hyperammonemia. The scarcity of similar cases in the literature suggests that reporting such cases will contribute both to the understanding of the mechanisms of side effects and the development of treatment protocols.

Keywords: bipolar disorder, valproic acid, nonhyperammonemic encephalopathy

Restless Legs Syndrome Induced by Aripiprazole Discontinuation in a Patient with Generalized Anxiety Disorder: A Case Report

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Aim: Restless legs syndrome (RLS) is characterized by an uncomfortable urge to move the legs during rest, relief upon movement or walking, and worsening of symptoms at night. The pathogenesis of RLS is not fully understood but likely involves central nervous system dopaminergic dysfunction and other undefined mechanisms. Generalized anxiety disorder (GAD) is characterized by excessive worry or anxiety and is among the most prevalent psychiatric disorders. We present a case of RLS emerging after the discontinuation of aripiprazole. Consent from patient was taken.

Method: 40-year-old male patient was diagnosed with GAD and initially treated with duloxetine and venlafaxine. However, sexual dysfunction emerged during treatment, and his regimen was adjusted to aripiprazole 5 mg/day, vortioxetine 20 mg/day, and quetiapine extended-release 100 mg/day. Since the sexual dysfunction persisted, aripiprazole was tapered and discontinued, and bupropion 150 mg/day was introduced. Shortly after discontinuing aripiprazole, the patient reported difficulty sleeping due to unpleasant sensations in his legs during the night. Upon restarting aripiprazole, his symptoms regressed. After six months, the patient again discontinued aripiprazole, leading to a recurrence of symptoms, including an urge to move his legs, and worsening symptoms at rest, particularly at night.

Results: Treatment with pramipexole 0.25 mg/day was initiated and titrated to 0.75 mg/day. His symptoms resolved completely following pramipexole therapy.

Conclusion: Aripiprazole differs from other antipsychotics as it acts as a partial agonist at D2 and 5-HT1A receptors and an antagonist at 5-HT2A receptors, functioning as a "dopamine stabilizer" by modulating dopaminergic activity across various brain regions. To date, the literature includes three cases in which aripiprazole improved RLS symptoms, one case in which RLS was induced by aripiprazole initiation, and one case in which it was induced by discontinuation. In our case, the recurrence of RLS symptoms following aripiprazole discontinuation suggests a potential link. The cessation of aripiprazole's dopaminergic stabilizing effects may have uncovered the patient's vulnerability to dopaminergic dysfunction, resulting in RLS symptoms. Although direct evidence remains limited, clinicians should consider the possibility of RLS when discontinuing aripiprazole treatment. Increased awareness of this phenomenon may aid clinicians in identifying and managing similar cases.

Keywords: aripiprazole, anxiety disorder, discontinuation, movement disorders

Cotard's Syndrome: A Case Report

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Aim: Cotard syndrome (CS) is a rare neuropsychiatric condition characterized by depressive mood, anxiety, nihilistic delusions, hypochondriacal beliefs, delusions of immortality, hallucinations, and feelings of guilt. Patients are mostly middle or advanced aged women. Although rare, male and young /adult cases have been reported. In this report, we present a case of CS in a patient experienced a dramatic and rapid recovery with psychotropic medications.

Method: A 53-year-old female patient, married, living in Tarsus and with no known psychiatric illness, applied to the psychiatry outpatient clinic. The patient reported feeling like a walking corpse, expressing concerns that her intestines were rotten , her pulse was nonexistent, she lacked the sense of taste or smell, felt no pain. In addition, her ability to eat had decreased and she was very anxious. Finally, because the patient expressed her thoughts about she was actually dead, her relatives bring her to our outpatient clinic. On mental status examination, decreased self-care, intelligence was normal, spontaneous speech was reduced, and thought content was impoverished. Additionally, there was poor appetite, sleep disturbance, and social withdrawal. Blood and MRI of the brain parameters were normal. Patient was treated with olanzapine 10 mg/day and fluoxetine 20 mg/day. At the next control, we observed that nihilistic delusions, loss of appetite, anxiety had partially decreased. The treatment was followed by fluoxetine 40 mg/day and olanzapine 15 mg/day. After 2 months, there was a significant improvement in anxious mood and delusional content completely resolved.

Results: .

Conclusion: There are no detailed studies in the psychopharmacological treatment of CS. There are many case reports in the literature about the use of different antidepressants and antipsychotics alone or in combination treatments. Our case report highlights the rapid onset of CS in an individual with following a stressor, with a prompt and substantial treatment response achieved soon after initiation of psychotropic medications. Our case was consistent with CS because of both depressive symptoms and intense anxiety, nihilistic delusions, and significant improvement was seen with 3 months of combination therapy with olanzapine 15 mg/day and fluoxetine 40 mg/day. There are combinations of antipsychotics and antidepressants in the literature for the treatment of CS, but limited numbers of reports showing the efficacy of olanzapine and fluoxetine combination.

Keywords: cotard syndrome, olanzapine, fluoxetine

Healing After Infidelity: How AI Can Rebuild Trust and Intimacy in Relationships

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Aim: Infidelity impacts nearly one-third of couples, often leaving them feeling lost and disconnected. However, with the right tools, relationships can not only heal but grow stronger. This case study explores how artificial intelligence (AI) can play a transformative role in rebuilding trust and intimacy after an affair. Mrs. B (41) and Mr. S (46), married for 19 years, sought therapy following S's affair with a friend. Both expressed a desire to save their marriage but struggled with anger, guilt, and a lack of emotional connection. Traditional communication had broken down, leaving them overwhelmed by negative emotions. This report highlights the potential of AI in couple therapy, particularly in addressing the emotional and relational fallout of infidelity. AI tools like DeepSeek were integrated into their therapy, offering structured exercises such as sensate focus, creative writing, and fantasy exploration to rebuild their bond.

Method: The therapy focused on reconnecting the couple emotionally and creating shared meaning. DeepSeek provided tailored homeplay exercises, solution-focused goals, and daily plans. Standardized tools were used to measure progress, including: Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), Couples Satisfaction Index (CSI), Trust Scale, Transgression-Related Interpersonal Motivations Inventory (TRIM), Golombok-Rust Inventory of Sexual Satisfaction (GRISS), Infidelity Impact Scale (IIS). Ethical guidelines ensured responsible AI use.

Results: The couple experienced significant improvements in emotional well-being, trust, and relationship satisfaction. AI facilitated creative problem-solving, playful interactions, and deeper emotional connections. They rebuilt trust through heartfelt apologies and forgiveness, while open dialogue helped them create a shared vision for their future.

Conclusion: AI-enhanced therapy offers a structured yet flexible approach to healing after infidelity. By combining traditional techniques with AI-driven tools, couples can overcome emotional barriers, rebuild trust, and cultivate a more fulfilling relationship. This case demonstrates AI's potential to foster emotional intimacy, creativity, and resilience, paving the way for a brighter future in couple therapy. AI not only provides hope but also actionable steps for couples navigating the pain of infidelity, helping them create honest, passionate, and deeply satisfying relationships.

Keywords: Infidelity, AI-Assisted Therapy, Trust Rebuilding, Emotional Intimacy, Couple Therapy

Exhibitionism and Criminal Responsibility; A Case Report

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Aim: Exhibitionism is a persistent and recurrent tendency to expose one's genitals to strangers (usually of the opposite sex) for sexual arousal and ejaculation without their prior knowledge or consent. It is usually seen in young and inhibited men. This tendency may remain latent for long periods of time, controlled by overt behavior, but may become symptomatic in times of strain and conflict. Often the tendency is followed by self-satisfaction. Most male exhibitionists have feelings of sexual powerlessness or lack of interest in casual sexual intercourse .

Method: The patient consent must be provided and specified with appropriate terms

Results: 48 years old male, sent by the court to be evaluated in terms of determination of criminal responsibility due to the crime of committing lewd acts that occurred one year before the date of application. According to the information obtained from the official records, the incident took place when the person in question showed his genitals to his upstairs neighbor and six months later to his opposite neighbor in front of the door of his own house, accepted the act, and declared that it was due to illness. He had problems with premature ejaculation in his sexual life and had problems with his wife. It was also learned that eight months before these two incidents, he showed his genitals to another neighbor, who had no judicial application. It was learned that all three incidents took place when his wife was not at home, that he did not feel remorse after the incident, and that he experienced self-satisfaction after the incident. In the psychiatric examination, her affect was euthymic, and there was no impairment of cognitive functions, perception, or reasoning. And no psychotic symptoms were detected. In intelligence test IQ: 105.

Conclusion: Paraphilias in clinical psychiatry are rare and are mostly encountered when forensic problems are experienced. In its simple form, it is not illegal for an individual to have a paraphilia; however, acting on paraphilic impulses may be illegal in some cases. In our case, he was evaluated by judicial authorities within the scope of the crime he committed and was asked whether he had full criminal responsibility. The fact that he committed this act in a safe area at the door of his house, especially when his wife was not at home, suggests that his freedom of will and consciousness did not disappear. Since he knew that others would be harmed by the consequences of his act, his criminal responsibility considered to be full.

Keywords: criminal responsibility, paraphilia, exhibitionism

MANIC ATTACK IN AN HIV POSITIVE PATIENT UNDER ANTIRETROVIRAL THERAPY: CASE REPORT

Tülay SATI KIRKAN¹

¹Bandırma Onyedi Eylül University

Aim: The human immunodeficiency virus (HIV) enters the nervous system within the first hours of infection and various psychiatric disorders are observed during the progression of HIV infection. In this case, we aim to present a manic episode in a patient who is HIV-positive and undergoing antiretroviral therapy.

Method: A 47-year-old male patient has been on antiretroviral therapy (ART) for 7 months due to HIV positivity. No opportunistic infections or neurological symptoms have been reported. Two months ago, due to behavioral problems, risperidone 2 mg/day was prescribed, but he used it irregularly. He was brought to our clinic with recent symptoms of, pressured and accelerated speech, grandiose thoughts, psychomotor agitation, increase in targeted activities, reduced need for sleep, impulsivity, excessive spending, and loosened associations. He had no previous diagnosis of bipolar disorder or depression. He reported no alcohol or illicit drug use and toxicology screening was negative. Brain Magnetic Resonance Imaging (MRI) revealed cortical atrophy. According to DSM-5 criteria, the patient was diagnosed with 'Bipolar Affective Disorder – Manic Episode.'¹ HIV-Associated Neurocognitive Disorders (HAND): The presence of cortical atrophy could be related to the neurological effects of HIV. However, since no significant cognitive impairment has been reported, primary bipolar disorder is considered more likely.² HIV-Related Organic Mania: The possibility of a mood disorder due to HIV's effects on the central nervous system should be considered. However, since no additional neurological deficits were found in the examination, primary bipolar disorder was deemed more probable.³ Drug-Induced Mania: The neuropsychiatric side effects of antiretroviral therapy were investigated but were not found to be related to the current symptoms.

Results: Risperidone was adjusted to 4 mg/day, valproic acid 1000 mg/day was added to the treatment. Further evaluation of HIV-related neurological complications was ensured through consultations with the infectious diseases and neurology departments. Antiretroviral therapy was continued.

Conclusion: This case highlights the necessity of evaluating both bipolar affective disorder and neurological complications in HIV-positive individuals. The patient's manic episode met the criteria for primary bipolar disorder. However, the presence of cortical atrophy suggests the need for a multidisciplinary approach to assess HIV-related neurological effects.

Keywords: Mania, HIV, Bipolar Affective Disorder, Antiretroviral therapy, Cortical atrophy

PHARMACOLOGICAL MANAGEMENT OF BIPOLAR AFFECTIVE DISORDER DURING PREGNANCY: A CASE REPORT

Tülay Satı Kırkan¹, Salih Kalyoncu²

¹Bandırma Onyedi Eylül University

²Bandırma Training and Research Hospital

Aim: Bipolar disorder is a chronic psychiatric condition that requires careful management during pregnancy to ensure both maternal mental health and fetal development. Maintaining psychiatric stability is one of the most crucial factors in supporting maternal and fetal health. This case report examines the pharmacotherapy process, psychiatric stabilization, and postpartum management of a pregnant patient diagnosed with bipolar disorder from a multidisciplinary perspective

Method: The patient is a 39-year-old married woman. She was receiving lamotrigine (200 mg/day), aripiprazole long-acting injection (LAI) (400 mg/month), venlafaxine (75 mg/day), and quetiapine (100 mg/day) when she discovered she was pregnant. It was observed that the affect was anxious but the mood was euthymic. Sleep and appetite were regular, speech was understandable, and no pathology was detected in perception. She has had two depressive and one hypomanic attacks in the last five years and has been followed up in a euthymic state for the last year. At 5 weeks of gestation, an obstetric evaluation confirmed normal fetal development. Considering the patient's concerns regarding the potential teratogenic effects of her medications, a multidisciplinary consultation with the pharmacology and obstetrics departments was conducted, and a gradual dose reduction plan was formulated.

Results: Lamotrigine (200 mg/day) was continued due to its high mood-stabilizing efficacy and low teratogenic risk. Venlafaxine was gradually discontinued as it carries a higher risk compared to SSRIs during pregnancy. Aripiprazole LAI was stopped to minimize fetal exposure to long-acting formulations and facilitate postpartum reinitiation. Quetiapine dose was increased to 400 mg/day to maintain antipsychotic efficacy and ensure mood stabilization. Throughout the pregnancy, the patient remained psychiatrically stable, with no manic or depressive episodes observed. At 39 weeks of gestation, she delivered a healthy female infant weighing 3,500 g. In the postpartum period, long-acting depot treatment was reintroduced to reduce the risk of relapse. The patient's psychiatric stability was maintained, and no mood episodes occurred during this period.

Conclusion: As demonstrated in this case, medication management in pregnant patients with bipolar disorder should be conducted by a multidisciplinary team considering the patient's individual risk factors. Regular monitoring during the perinatal period is essential to ensure both maternal and fetal well-being.

Keywords: pregnancy, polypharmacy, bipolar affective disorder, multidisciplinary perspective



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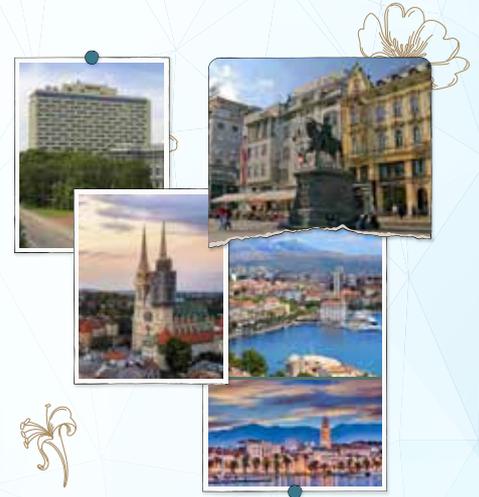
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PROGRAMME



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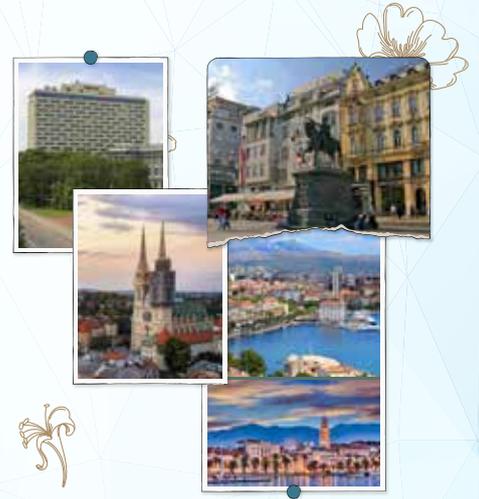


01 MAY 2025

01 MAY 2025	
	Hall 1
17:30-17:45	OPENING CEREMONY Kürşat Altınbaş Alma Mihaljević-Peješ Thomas Schulze
17:45-19:00	OPENING CONFERENCE Art, Creativity and Psychopathology Timuçin Oral - Cem Atbaşoğlu
	Hall 2
18:00-19:00	WORKSHOP Long Acting Injectable Treatments in Mood Disorders Moderator: Ali Erdoğan Speaker: Haluk Usta

02 MAY 2025

02 MAY 2025		
	Hall 1	Hall 2
09:00-10:00	Conference - Continuum in Mood and Psychotic Disorders Moderator: Dost Öngür Speaker: Sinan Gülöksüz	Brainstorming Sessions for International Collaboration Moderator: Ali S. Gönül GAGE-BD Consortium, Martha Sajatovic Conligen Consortium, Thomas Schulze
10:00-10:30	Coffee Break	
10:30-11:30	Conference - Energy Metabolism in Mood Disorders Moderator: Sinan Gülöksüz Speaker: Dost Öngür	Brainstorming Sessions for International Collaboration Moderator: Ali S. Gönül ENIGMA Consortium: Paul Thompson GBC Consortium: Melvin McInnis
11:30-12:00	Break	
12:00-13:00	Long-acting Injections in Maintenance Treatment of Bipolar Disorders Moderator: Kürşat Altınbaş Speaker: Sercan Karabulut	
13:00-14:00	Lunch Break	



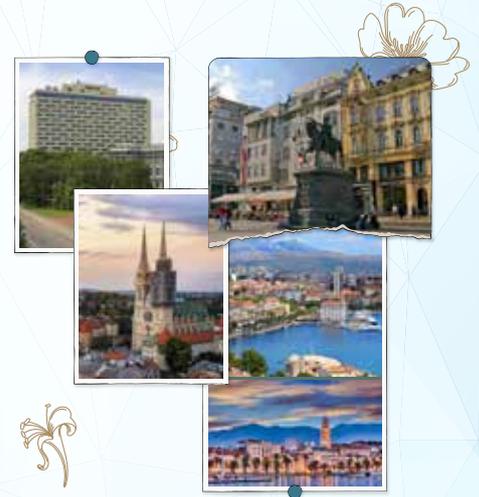
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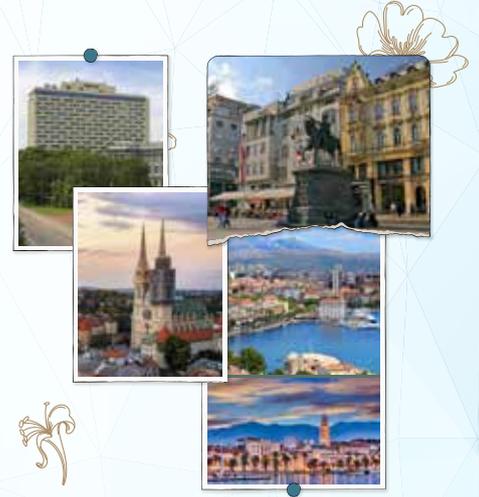
	Hall 1	Hall 2
14:00-15:00	Conference - Conceptualization of Bipolar Disorder: Lessons from Jaspers to Date Moderator: Martha Sajatovic Speaker: Melvin McInnis	ORAL PRESENTATIONS-1 Moderator: Alparslan Cansız Onur Gökçen: OxLDL and LOX-1 in Bipolar and Unipolar Depression: Potential Markers for Differentiation İlkay Keleş Altun: A machine learning algorithm to predict lithium response using peripheral inflammatory markers: Preliminary findings of a retrospective study Betul Kurk: Comparison Of Serum Lipoxin A4 Levels In Bipolar Disorder Patients During Manic And Euthymic Periods With Healthy Controls Ömer Alper Uysal: The Relationship Between Synaptotagmin-7 Levels, Episode Density, And Cognitive Impairment In Bipolar Disorder Zeynep Tatlı: Impact of Childhood Trauma on Depression Severity: A Structural Equation Model Analysis
15:00-15:30	Coffee Break	
15:30-16:30	Conference - Maintenance Treatment Among Older Age Bipolar Patients: Challenges and Considerations Moderator: Melvin McInnis Speaker: Martha Sajatovic	Treatment Resistant Bipolar Depression Speaker: Neşe Yorguner
16:30-17:00	Discussion	
3 MAY 2025		
	Hall 1	Hall 2
09:00-10:00	Conference - What do ENIGMA data Reveal about the Neurobiology of MDD? Moderator: Chris Ching Speaker: Roberto Goya-Maldonado	COURSE: CBT of Treatment Resistant Depression Kadir Özdel
10:00-10:30	Coffee Break	

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1-4 May 2025, The Westin Hotel, Zagreb



10:30-11:30	Conference - What do ENIGMA data Reveal About the Neurobiology of Bipo- Lar Depression Moderator: Roberto Goya-Maldonado Speaker: Chris Ching	COURSE: CBT of Treatment Resistant Depression Kadir Özdel
11:30-12:00	Break	
12:00-13:00	Individualized Treatment in Depression Moderator: Çağdaş Eker Speaker: Neşe Yorguner	
13:00-14:00	Lunch Break	
14:00-15:00	Conference - Beyond Mood - Spatiotemporal Classification of Mood Disorders Moderator: Ali Saffet Gönül Speaker: Georg Northoff	Pharmacological Approach to Treatment Resistant Major Depressive Disorder Sercan Karabulut
15:00-15:30	Coffee Break	
15:30-16:30	Conference - Machine Learning: What Does it Promise to Psychiatry? Moderator: Georg Northoff Speaker: Ali Saffet Gönül	Maintenance Treatment of Bipolar Disorder Rukiye Tekdemir
16:30-17:30	Conference - Pharmacogenetics in the treatment of Mood Disorders Moderator: Thomas Schulze Speaker: Alma Mihaljević-Peleš Treatment-Resistant Depression: The Role of Pharmacogenetics Maja Živković Pharmacogenetics of Drug Interactions In Mood Disorders Nada Božina	ORAL PRESENTATIONS-2 Moderator: Rukiye Tekdemir Emine Yavuz Ataşlar: Perceived Social Support And Functional Disability In Bipolar Disorder: A Preliminary Study Zehra Kabakçı: Association of Methamphetamine Use Disorder and Methamphetamine-induced Psychosis with Minor Physical Anomalies Ömer Bayırlı: The Relationship Between Metabolic Syndrome, Cardiovascular Risk, and Cognitive Functions in Patients with Chronic Psychiatric Disorders: A Preliminary Study Aslıhan BİLGE BEKTAŞ: Effect of duloxetine use in depression on inflammatory markers



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4 MAY 2025

Hall 1

10:00-12:00	<p>POSTER SESSION Moderator: Bahri İnce PO-1 Cinematherapy and The Use of Psychodynamic Interpretation of Films in Addiction Treatment and Education, Sema Buzrul Sönmez PO-2 Valproate-Induced Nonhyperammonemic Encephalopathy, İlkay Keleş Altun PO-3 Cotard's Syndrome: A Case Report, Nafiye Yağlı PO-4 Healing After Infidelity: How AI Can Rebuild Trust and Intimacy in Relationships Ümmühan Özkal PO-5 Exhibitionism and Criminal Responsibility; A Case Report, Hatice Yardım Özayhan PO-6 Manic Attack In An Hiv Positive Patient Under Antiretroviral Therapy: Case Report Tülay Satı Kırkan PO-7 Pharmacological Management Of Bipolar Affecti ve Disorder During Pregnancy: A Case R Tülay Satı Kırkan</p>
12:00-12:30	<p>Closing Ceremony Kürşat Altınbaş Alma Mihaljević-Peješ Thomas Schulze</p>