

**Conclusion:** Psychiatric disorders may be better understood and treated as the natural consequence of one's existing personality which can be transformed through 'Breakthrough Intimacy'.

### P0366

How does group therapy do

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Therapeutic change is an enormously complex process and it occurs through an intricate interplay of various guided human experiences which Yalom called therapeutics factors. Natural lines of cleavage divide the therapeutic experience into eleven primary factors: instillation of hope, universality, imparting of information, altruism, the corrective recapitulation of the primary family group, imitative behavior, interpersonal learning, group cohesiveness, catharsis and existential factors.

Members of inpatient groups select a wide range of therapeutic factors reflecting heterogeneous composition of groups, and differ from one another in ego strength, motivation, goals, type and severity of psychopathology. In the early stages of development, the group is concerned with survival, establishing boundaries and maintaining membership. In this phase, factors as instillation of hope, guidance and universality seem especially important. Factors such as altruism and group cohesiveness operate through therapy. Early in therapy, altruism takes the form of offering suggestion or helping one another. Later, it may take the form of more profound earing and "being"-with. Group cohesiveness operates as a therapeutic factor at first by means of group support, acceptance and the facilitation of attendance and later by means of the interrelation of group esteem.

### P0367

Mindfulness-based interventions in psychotherapy - current research on psychological and neurophysiological change

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**Background:** The term "mindfulness" has its roots in contemplative meditation traditions. Recently however, mindfulness has entered the scientific discussion in clinical psychology, psychiatry, and in the neurosciences. Moreover, various mindfulness-based interventions have been developed in psychotherapy and psychosomatics.

**Aims:** In this presentation we give a brief overview of some psychological and neuroscience approaches to mindfulness and discuss possible implications for clinical interventions and for research.

**Results:** Mindfulness practice requires (1) a constant, non-avoiding direction of attention towards an object, mostly an inner object, regardless whether it is pleasant or unpleasant for the individual or not, (2) a relaxing setting, in which experiences are observed and it usually involves (3) regular repeated practice. Neuroscience studies on neuroplasticity showed the relevance of similar factors for learning processes through facilitating the reorganization of cortical networks. Mindfulness meditation practice was found to be associated with brain activity corresponding to a more positive and approach oriented affective style. Consistent with this, several authors found mindfulness meditation to be related to a better modulation of experimentally induced negative emotions. Clinical interventions involving mindfulness meditation were found to influence prefrontal brain activity. 8-

week mindfulness based programs showed to induce positive changes in the asymmetry patterns of prefrontal brain activity.

**Conclusions:** Clinical and basic research on mindfulness provides opportunities to investigate domains of mental functioning that are crucial in many mental disorders and were underresearched in the past. Psychological and neuroscience approaches are complementary in this research into helpful change.

### P0368

Assessment of the therapeutic factors of group psychotherapy in a sample of Egyptian opiates addicts

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**Objectives of the study:** 1- To study the therapeutic factors of group psychotherapy among opiates dependent patients. 2- To study the relation between the therapeutic factors of group therapy and the relapse/sobriety outcome on opiates dependent patients.

**Methodology:** The study includes 75 patients in two groups. Group I: 45 opiate dependent patients attending the group sessions of this research. Group II: 30 opiate dependent patients receiving other modes of treatment other than group psychotherapy. Group psychotherapy formed of 15 sessions is conducted for group I. Assessment Tools: Group I and II were subjected to the following: All patients are diagnosed according to the ICD10 discipline, Structured Interview (ICD10), Addiction Severity Index, Rotter Test for locus of control, Eysenck Personality Questionnaire, Personality Assessment Scale (PAS), group I were subjected to Yalom test for assessing group therapeutic factors.

**Outcome:** The outcome of the group I of the study who received 15 sessions of relapse prevention group therapy was more favorable, and relapse rate was lower than group II who received modes of treatment other than psychotherapy.

### P0369

Different types of psychotherapy in local war participants

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**Objective:** The aim of the study was to compare the effectiveness of different types of psychotherapy in local war participants.

**Method:** Consecutive adult patients from 18 to 60 (mean = 40.3), who took part in local wars (N = 153) were assessed for inpatient treatment at the Smolensk regional hospital for veterans of war.

All of them received pharmacological treatment according to attending doctor's prescriptions.

They had divided into three equal groups (N = 51). In the first group the ericsonian hypnotherapy been used. In second one we used NLP. And the third groups were control. We applied BDI, Spilberger-Hanin, K. Leonhard and complex pain questionnaires during the evaluation of treatment effectiveness. Patients also were followed up 6-8 months after the treatment (N = 43).

**Results:** The reduction of depression level for both groups of psychotherapy in comparison with control (pharmacological treatment only) had been demonstrated. Catamnestic parameters of subjective pain feeling, levels of depression and personal anxiety in both experimental groups were lower than in control one too.

The researchers couldn't receive the reliable definitions between two groups of psychotherapy comparing means. But SD in NLP group was dependable lower, than in the hypnotherapy one ( $p < 0.05$ ).

**Conclusions:** Spent work shows the effectiveness of using psychotherapy in case of local war participants with somatic complaints because it reduces comorbid psychiatric disorders. NLP gives more predicted effect while hypnotherapy is more variable method. But both of them are more effective than out of psychotherapy.

### P0370

Bright light therapy for seasonal affective disorder in Israel (latitude 32.6 degrees N)

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**Introduction:** We describe a patient diagnosed as having seasonal affective disorder (SAD, winter depression), an unlikely condition in Israel (latitude 32.6 degrees N), a country with relatively minor daylight photoperiodic changes between seasons.

**Method:** Case report.

**Results:** A 46-year-old woman with a clinical picture of depression (Diagnostic and Statistical Manual of Mental Disorders diagnostic criteria for 'major depression with seasonal pattern') reacted positively to 3 weeks of daily bright light therapy of 10,000 lux/wide spectrum. She was asked to wear dark sunglasses during placebo sessions to accommodate an A-B-C single-case-design. The intervention resulted in an improvement of 74-80% in the Hamilton anxiety and depression scales (clinician-rated) and the Beck depression inventory, similar to results obtained in high latitude regions. The depression and anxiety levels returned close to baseline levels following 1 week of the placebo intervention.

**Conclusion:** Seasonal affective disorder is apparently not limited to certain latitudes. The effect of light therapy was short-lived after discontinuation of the treatment, with rapid relapse occurring in the placebo phase.

### P0371

Benefit of hagiotherapy for a war veteran suffering of PTSD: Case-report

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There is accumulated evidence indicating a beneficial influence of the usage of spiritual/religious parameters in the therapy of mental illnesses. In Croatia an authentic model of providing spiritual help, called hagiotherapy is used. It is based on the main principle that every human person is a spiritual/existential being, provided with a natural moral law, which differentiates him/her specifically from any other created creature. Its area of activity is the spiritual soul.

We present a patient (age 43) who has been in medical treatment for the last five years due to chronic combat-related PTSD. During the war in Croatia (1991 – 1995) he participated in a series of war actions. Before the war he did not have any mental difficulties. After the end of the war, he felt some of the PTSD symptoms. However, because of the fear of being stigmatized he refused to seek for help. He attempted suicide twice. Only when his business and social

functioning became severely disturbed, he initiated medical treatment. Due to a higher degree of religious engagement he was sent to the Center for Spiritual Help, where he underwent hagiotherapy. Before hagiotherapy a semi structured interview was conducted with the patient and the data on his spirituality/religiosity (SWB, DUREL, R-COPE), intensity of PTSD (M-PTSD, HAM-D, BDI, BHS, HTQ, SUAS) and biological markers (BMI, blood pressure, glucose, circadian rhythm of cortisol excretion, lipoproteins) were objectified. Some of these parameters were observed after hagiotherapy as well. The comparison of these results is presented in the poster.

### P0372

Diagnosis-independent, multimodal and bifocal group psychoeducation in psychiatric inpatients: Acceptance and efficacy

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At the Psychiatric University Clinics (UPK) Basel a standardized psychoeducative group program with a diagnosis-independent, multimodal and bifocal conception for patients with severe mental disorders has been established.

Recent publications show that this strongly recommended intervention is highly underutilized in its traditional, disorder-specific form. E.g. an extensive survey in Germany, Switzerland and Austria revealed that 2003 only 21 % of all schizophrenic inpatients and 2 % of their relatives received psychoeducation, and probably the data for other diseases are even lower. Among other reasons difficulties concerning the availability of enough patients with the same diagnosis were accused for not offering this effective and cost-effective method. Clinical and theoretical considerations also support a diagnosis-independent modification, and it should promote the wider employment of psychoeducation.

Apart from that we expect a stronger effect on treatment-adherence by the integration of cognitive-behavioural modules and psychodynamic aspects. The findings of compliance research clearly indicate that a mere knowledge transfer has significantly less impact than a combination of different therapeutic elements. This is of crucial importance because compliance strongly influences course and outcome of the diseases, as well as relatives' burden and socio-economic costs.

Since 2006 e.g. participants' satisfaction is examined and the data show very good acceptance. Currently a randomized controlled trial is carried out to evaluate the efficacy of the intervention concerning relapse and rehospitalisation rates, social functioning, quality of life, compliance, insight into the disease and burden on family during a 1-year-follow-up-period.

The curriculum of the program and first results will be presented.

### P0373

The study of the effects of pharmacotherapy on the chronic tension headache

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**Objective and Background:** The prevalence rate of headache is 69% (in male) and 88% (in females). This prevalence rate reduces at the age of 50, and this reduction continues in next decades of life. The objective of this survey is the comparison between efficacy and effectiveness rate of two therapeutic approaches (and pharmacotherapy) for tension headache treatment.