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#### EW0003

### Do not be afraid: Novel approaches to the treatment of anxiety disorders

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**Introduction** Anxiety disorders (AD) are associated with significant morbidity and often are chronic and resistant to the treatment. A fascinating aspect of AD is the interplay of genetic and experiential factors. It is established that abnormal genes predispose to pathological anxiety states; however evidence clearly indicates that traumatic life events and stress are also etiologically relevant. The behavioral theories of anxiety postulates that anxiety is a conditioned response to a specific environmental stimulus. There may be two ways to neutralize fear conditioning either by facilitating a process called extinction or by blocking a process called reconsolidation.

**Objectives** Review novel approaches to the treatment of AD.

**Aims** To update on treatment for AD.

**Methods** A literature search was performed on PubMed database.

**Results** Cognitive behavioral therapies use exposure techniques, in which the patient has to confront the fear-inducing stimuli in a safe environment in order to facilitate the fear extinction. The therapy is often context-specific, so one way of strengthen extinction learning is by boosting NMDA receptor activation, either with direct acting agonists (D-cycloserine) or with indirect glycine enhancing agents (selective glycine reuptake inhibitors). Memory reconsolidation is based on the notion that memories are dynamic rather than stable. Reactivation of a memory can return it to a labile state from which it must be reconsolidated. Blocking reconsolidation is a therapeutic opportunity of update and alter the memory, weakening traumatic memories. Beta-blockers and opioids may disrupt this process.

**Conclusions** Psychotherapy and psychopharmacology may have a synergistic role in AD treatment.

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#### EW0004

### Symptom validity testing (SVT) and social security disability claims

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**Background and aims** Over 50% of adult disability claimants fail some form of SVT. While some over report psychological, affective symptoms, others may report incredible cognitive symptoms. We examined effects of different types of response bias on free recall and self-reported depression.

**Participants and methods** This is a single site cross-sectional study using a convenience sample ( $n = 224$ ) of disability claimants in the Netherlands. The Green Word Memory Test (GWMT) was administered to all subjects. The Amsterdam Short Term Memory Test (AKTG), the Structured Inventory of Malingered. Symptomatology (SIMS), and the beck depression inventory (BDI-II) were administered in subsamples. Participant classification according to GWMT

and SIMS outcomes resulted in four groups, G+/S+, G+/S-, G-/S+ and G-/S-.

**Results** Average age of the participants was 46.3 years (SD 9.9), 41.5% were female, and 43% were higher educated. GWMT was positive in 48.2% of all subjects, and 27.6% scored positive on both GWMT and SIMS. Analysis of variance of GWMT Free recall and Beck depression scores showed significant group differences [ $F(3, 123) = 33.21, P = .000$ ] and [ $F(3, 106) = 25.17, P = .000$ ] respectively.

**Conclusions** Non credible test performance was prevalent in this Dutch study of disability claimants. Insufficient effort and over reporting of psychological symptoms are associated with different score profiles on regular tests and self-rating scales.

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#### EW0005

### Psychoemotional disorders in pregnancy with hypertensive complications

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Psychoemotional disorders in pregnant women represent a significant medical and social problem as well as the effects caused by this pathology have a profound effect on children born to such mothers, as well as to themselves mothers during and after pregnancy. The goal—psychological correction of psycho-emotional states in pregnant women with hypertensive syndrome by Erickson hypnosis. The study was conducted on the basis of state organization “Research Center for Obstetrics, Gynecology and Perinatology named after Academician VI Kulakov”. The study involved 150 pregnant women with hypertensive syndrome. Seventy-five pregnant women with hypertensive syndrome received psychological correction method of Erickson hypnosis in an amount of 15 sessions. To assess the state of mental and emotional techniques used depression scale Beck Anxiety Scale, Spielberger-Hanin. The study was conducted 4 times—the first, second, and third trimesters of three months after childbirth. When comparing the psycho-emotional state of pregnant women with hypertensive syndrome on the background of psychological adjustment method Erickson hypnosis and in pregnant women with hypertensive syndrome who did not receive psychological correction revealed a statistically significant difference. In pregnant women with hypertensive syndrome who received psychological correction method of Erickson hypnosis, revealed lower levels of depression and situational anxiety than women who did not receive psychological correction. Thus, our study proved the need for psychological correction method of Erickson hypnosis and its effectiveness for stabilizing the psycho-emotional state of pregnant women with hypertensive syndrome and pre-eclampsia prevention.

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#### EW0006

### Comparing the effects of cognitive behavior therapy or regular physical exercise on sleep in the treatment of patients with panic disorder

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**Introduction** Seventy percent of patients with panic disorder (PD) have sleep impairment. Cognitive behavior therapy (CBT) effectively treats PD, but the concomitant effect on sleep is understudied. Physical exercise (PE) improves sleep, but this has not been investigated in patients with PD.

**Objective** To compare the effects of CBT or PE on sleep in PD-patients, and to determine potential mechanisms of action.

**Methods** Thirty-six PD-patients were randomized to either group CBT for PD or regular PE. Sleep was assessed pre/post with the Pittsburgh sleep quality index. Effects were investigated with repeated measures ANOVA and t-tests. Expected mediators were added to the general linear model to assess mediation.

**Results** The effect of time was significant,  $F(1.33)=10.11$ ,  $P=0.003$ , but not the interaction (Time  $\times$  group),  $F(1.33)=.48$ ,  $P=0.49$ . Symptoms were significantly reduced from pre- to post-treatment: PE,  $t(16)=3.03$ ,  $P=.008$ , and CBT,  $t(17)=2.18$ ,  $P=0.044$ . CBT-patients changed significantly ( $P<0.05$ ) on Sleep quality,  $t(17)=2.47$  and Sleep disturbance,  $t(17)=2.38$ . PE-patients changed significantly on sleep duration,  $t(16)=2.58$  and sleep disturbance,  $t(16)=2.58$ . A significant interaction with change in fear of bodily symptoms,  $F(1.16)=5.53$ ,  $P=.032$ , and with change in depression-level,  $F(1.16)=12.13$ ,  $P=0.003$  was only found for CBT. A significant interaction with change in physical fitness,  $F(1.15)=5.01$ ,  $P=.041$ , was only found for PE.

**Conclusion** Both interventions improve sleep in PD-patients, but differently. The findings also suggest that these changes are related to different mechanisms for PE and CBT.

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#### EW0007

### Explanatory and confirmatory factor structure of beck anxiety inventory in college sample

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**Introduction** The Beck anxiety inventory (BAI) is a widely used 21-item self-report inventory used to assess anxiety levels in adults and adolescents in both clinical and non-clinical populations. The values for each item are summed yielding an overall or total score for all 21 symptoms that can range between 0 and 63 points. A total score of 0–7 is interpreted as a “Minimal” level of anxiety; 8–15 as “Mild”; 16–25 as “Moderate”, and; 26–63 as “Severe”. There is no study until this date that examines the Explanatory and confirmatory factor structure of BAI in college student in Kuwait.

**Objectives** The current study investigated the original four-factor structure of the (BAI) in non-clinical sample of college students.

**Methods** Sample one consisted of 540 males and females while sample two consisted of 600 males and females from Kuwait University undergraduates. The Arabic version of BAI was administered to participants. Explanatory factor analysis based on sample one and conformity factor analysis based on sample 2.

**Results** The results revealed four factor structures of BAI in the two samples of Kuwaiti students. Which included neuro-physiological, subjective, autonomic, and panic factors.

**Conclusions** The results of both confirmatory and exploratory factor analysis indicated that the original four-factor structures of the BAI do provide the best fit for the college sample.

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#### EW0008

### Playing video games – Psychological threat to adults?

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**Background** Video games become increasingly popular form of spending free time, therefore they are often a research subject. Researchers focus mainly on video games influence over children's psyche and their social interactions, although video games can also have an impact on adult's behaviour.

**Objectives** Incidence of social anxiety disorder and impulsiveness among video game players and non-players.

**Material and methods** An anonymous online survey included 263 students of medical university of Silesia (112 M and 151 W). In study group, 142 people (54%) declared to be players. Questionnaire contained questions about playing time, Barratt Impulsiveness Scale and Liebowitz Social Anxiety Scale. Statistical analyses were performed using the statistical software package Statistica 12.

**Results** Using Liebowitz Scale in 168 (64.86%) all studied people lack of phobia was found, moderate social phobia 39 (15.06%), marked social phobia 26 (10.03%), severe social phobia 17(6.56%) and very severe social phobia 9(3.47%). There was no statistical significance between players and non-players (test  $\chi^2$   $P=0.6521$ ). Also in Barratt Scale statistical significance was not found in attentional impulsiveness (test U M-W  $P=0.3267$ ) and in Motor impulsiveness (test U M-W  $P=0.3140$ ). Statistical significance was observed in Non-planning impulsiveness (players: 23.68 V non-players: 22.02; test U M-W  $P=0.0036$ ).

**Conclusions** The study did not show clear influence adult's video games playing over social phobia and impulsiveness occurrence.

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#### EW0009

### Utilization unspecialized care of patients with anxiety disorder

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**Introduction** The greatest social and economic burden is divided between the three main anxiety disorders: social phobia (SF), generalized anxiety disorder (GAD) and panic disorder (PD).

**Objectives** To examine the pathways of patients with PD, SF and GAD since the beginning of the first anxiety symptoms and before the first course of a standardized treatment in a specialized mental health facility.

**Aims** To evaluate the period of delay in seeking specialized care and to identify the main ways of seeking medical/non-medical care.