Supplement

Abstracts of the 13th Triennial Conference
of the Israel Psychiatric Association
Psychiatry in the Third Millennium – Updates and Innovations

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Central Nervous System involvement in Systemic Lupus Erythematosus (CNS-SLE) is very common and ranges between 20% – 70% of patients. The CNS involvement is listed in the ARA criteria for SLE diagnosis. CNS-SLE is associated with more than 20 different autoantibodies(1). Yet, remarkable among them are the **anti-P-ribosomal antibodies** (anti-PR)(2). These autoantibodies are directed mainly against the carboxy 22 amino acids of the PO, P1 P2 ribosomal phosphoproteins. They are capable of penetrating lived cells and inducing apoptotic changes as well as leading to inhibition of specific cytokine secretion (3-5). The titer of the autoantibodies correlate with disease activity, kidney involvement and hepatitis (6-8).

Anti-PR were first reported to associate with CNS-SLE and especially **psychosis** in 1987(9). Subsequent analyses could only partially repeat Bonfa's conclusions (2-3). The contradictory results may stem from technical discrepancies (2-3), multiplicity of autoantibodies causing CNS-SLE (1,10), and differences in the time of drawing the blood in relation to the time when the patient had the CNS involvement. We employed affinity purified anti-PR on a PR column and injected them directly into the brain ventricles of Balb/c mice. Irrelevant Igs were employed as controls. The analyses entailed a variety of neurological tests known to evaluate cognitive impairment, anxiety states, depressive conditions and motor competence of the mice. Mice injected with anti-PR clearly expressed **depressive behavior**, characterized mainly by floating pattern rather than swimming in an enforced swimming tests. These floating pattern could be reversed by a specific therapy with monoclonal anti-idiotypic antibody to anti-PR (11), by IVIG as well as Fluoxetine (Prozac) an anti-depression drug. The control mice were not affected in their behavior following the injection of the irrelevant Ig (12). The human purified anti-P-R, were shown to bind to CNS structures consisting with the **smell apparatus** (i.e. amygdale, hippocampus and other parts of the limbic systems). Smell defects characterize bulbectomized (cutting the olfactory nerves) depressive mice (13), as well as depressive women (14). Such depression can be overcome by exposing mice and humans to citrus fragrance (15). Our studies show for the first time the active induction of a psychiatric condition (i.e. depression) with a specific autoantibody, i.e. **anti-PR** (16).

Furthermore the results allude to a novel mechanism to explain the induction of CNS-SLE depression (i.e. involvement of the smell apparatus). These data may pave the road to a novel approach to depression in CNS-SLE and its therapy as well as in other CNS conditions (12,17,18).


**PL2. "NEUROSCIENCE AND THE COURTS: BEHAVIORAL GENETICS AND THE USE OF NEUROSCIENCE BASED TECHNIQUES FOR LIE DETECTION"**

Appelbaum PS

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The last decade has seen the proliferation of efforts to introduce data drawn from advances in neuroscience in criminal and civil proceedings. This presentation will review some of the new uses for neuroscience data in the courts; consider some of the potential pitfalls involved in the use of such data; and discuss the likely future of evidence based on data from neuroscientific advances. Examples of such data include structural imaging of the brain (e.g., CAT scan data to support an insanity defense); functional imaging of the brain (e.g., PET and fMRI scans to demonstrate reduced frontal lobe activity as mitigating evidence at criminal sentencing, or to support civil claims of pain and suffering); behavioral genetics data (e.g., data on MAOA alleles to argue for diminish responsibility or to use as mitigating evidence; and neuroscience-based lie detection (e.g., fMRI activation patterns to support truth telling; “brain fingerprinting” to demonstrate “guilty knowledge”). This presentation will look at the last two examples in detail, suggesting that behavioral genetic data are unlikely to have a broad impact on the criminal law, but that neuroscience-based lie detection might be more promising as an evidentiary tool—although the science doesn’t yet justify its introduction into evidence.

**PL3. PSYCHIATRY '09 - A PERSONAL ANGLE**

Zohar J

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The beginning was in 1976 in "Ezrat Nashim" in Prof. Belmaker's laboratory. The atmosphere and spirit were of examining "the consensus" and holding it up against a scientific mirror (evidence-based). In this setting, the issue of resistant depression was raised - the 30-40% of patients who do not respond despite being treated with the correct dosage for an appropriate duration of time. The research on this subject raises a number of central issues in psychiatry including the matter of treatment tailored to the measurements (more precisely to biochemistry) of the patient, the problem of compliance to treatment (how many actually take medication as required) and the issue of dosage. Concerning dosing, problems of absorption are ignored, variations in binding to proteins are not accounted for, and the blood brain barrier (B.B.B.) is not considered. In this context, psychiatry in '09 has not only not advanced but it has even regressed (we used to examine blood levels, and today we don't, we used to use medication with a truly different mechanism of action
(Monoamine oxidase [MAO] inhibitors), and we tailored the dose according to the level of inhibition, and today most of us have abandoned these drugs). Between 1984 and 1987 I worked in the National Institute of Health with Tom Insel, who eventually became the Director of the Institute. At that time, research focused on obsessive compulsive disorders (OCD). In collaboration, we were the first to show the selective relationship between OCD and serotonin (5HT), and the selective response of OCD to agents that inhibit reabsorption of serotonin. OCD was also the first disorder for which relevant brain pathways were mapped out. The accumulated knowledge from brain imaging directly contributed to the development of focused neurological treatment such as Gamma-Knife Surgery or Deep Brain Stimulation (DBS).

Improved technology of brain imaging led to an interesting dialogue between specific psychological treatment (e.g., CBT for OCD), and specific biological treatments (e.g., serotonin reuptake inhibitors-SRIs for OCD) where brain activity recorded on the lens of functional brain imaging constitutes the meeting place for two approaches that create the basis for "biologically" documenting psychological treatment. In recent years, along with continued work on resistant depression and OCD, I also began working on posttraumatic stress disorder (PTSD). It seems that of all psychiatric impairments an animal model is especially appropriate in PTSD. In this disorder, the cause is known (trauma) and it can easily be replicated in a model (exposing a rat to a life threat such as a cat) and to follow its behavior while separating the rats that developed a reaction comparable to PTSD from those that showed resilience and continued as usual. Building this type of model (in collaboration with Prof. Hagit Cohen from Ben Gurion University) enabled examination of fascinating subjects such as deletion of traumatic memory (more precisely preventing the consolidation of the memory) as a potential mode of treatment. PTSD is also an example of the significance of timing in treatment of psychiatric disorders. It seems that what can be accomplished in the first weeks (and even the first hours) cannot be done thereafter. The studies to date illustrate this point while emphasizing the shifting of focus from treatment to prevention as psychiatry's vision of the future that can be initiated and implemented in the present. During the years mentioned, psychiatry moved from the What, to the Where and When. In resistant depression we discussed the What: which neurotransmitters are important. In OCD a new level was established – Where, by charting the relevant brain pathway, and in PTSD in addition to the What and Where the importance of When was raised.


PL4. GENES AND BRAIN CHANGES IN HEALTH AND DISEASE
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During development the structure of our brain changes, not only in childhood but also thereafter. However, the trajectories of brain convolution in adulthood, its functional significance and the extent to which gene systems are involved are unknown. Here we show that brain growth is present in human adults, particularly in the frontal pole and amygdala-hippocampus complex. Brain growth is more prominent in above average as compared to average intelligent individuals. Brain shrinkage is found in dorsolateral frontal, superior temporal, and parietal cortices. Using a longitudinal design in twins, we also find that genes systems or expressions of genes influence brain volume change, and these differ from the genetic factors that are involved in overall head size. Thus, our brains continue to develop during adulthood under the influence of specific gene systems or expressions and has a functional significance.
In a longitudinal twin study in monozygotic and dizygotic twin-pairs discordant for schizophrenia, Brans et al investigated whether the progressive brain volume changes in schizophrenia are mediated by genetic or environmental (possibly disease-related) factors. Significant decreases over time in whole brain, frontal and temporal lobe volumes were found in schizophrenia patients and in their unaffected co-twins as compared to control twins. Moreover, bivariate structural equation modeling revealed significant additive genetic influences on schizophrenia liability and progressive brain volume changes. Thus, progressive brain volume loss in schizophrenia is at least partly attributable to genetic factors related to the disease. In a third study, the effects of 690 haplotype tagging SNPs within 132 autosomal myelin- and oligodendrocyte-related genes on cerebral volume were examined in 88 patients with schizophrenia and 94 healthy comparison subjects, all of Dutch descent. We found suggestive evidence for association ($P < 0.05$) for 24 SNPs in the total group of subjects, whereas 43 SNPs were associated when illness was taken into account. This observation suggests an impact of schizophrenia status on the relationship between oligodendrocyte- and myelin-related genes and cerebral volume. Remarkably, a highly significant proportion of the associated SNPs were SNPs in Fibroblast Growth Factor (FGF) related genes. This is consistent with earlier reports on FGF system genes showing an important influence on brain volume as well as the risk for developing schizophrenia. Although results from this study need to be considered exploratively, we hypothesize that within a large number of myelin-related genes, genetic variation in genes of the FGF system may contribute particularly to brain volume deficits as found in schizophrenia.

**PL5. BIPOLAR DISORDER**

Belmaker RH

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Bipolar disorder is often considered one of the most distinct syndromes in psychiatry but David Healy has recently questioned as to whether historically physicians saw a concept of bipolar disorder as distinguished from recurrent major depression or cycloid psychoses. Schizoaffective disorder today clearly occurs more than the incidental co occurrence of bipolar disorder and schizophrenia and this suggests that there may be a continuum between the two textbook clinical presentations. Genetic linkage studies have found most reported linkages to be common to schizophrenia and bipolar disorder. Most importantly for clinicians, increasing evidence of the role of atypical antipsychotics in the treatment of mania, bipolar depression and prophylaxis of bipolar disorders blurs the distinction between bipolar disorder and schizophrenia. The existence of patients with hypomania as well as depression has always been recognized; however, in recent years the category of bipolar II has been emphasized by some authors and prevalence rates of bipolar disorder II have been estimated to be as high as 5%. Others have pointed out the difficulty of distinguishing bipolar II from borderline personality disorder or antidepressant induced hypomania or comorbid anxiety and depression. Studies attempting to validate the existence of bipolar II by proving a genetic connection to bipolar I, a common prognosis or a common response to therapy have, in the view of this author, been unsuccessful. One must ask whether the rise of bipolar II as a diagnosis served the interest of sales promotion of mood stabilizers in a population several times larger than the 1% of the adult population considered to suffer from classic bipolar I. Pediatric bipolar disorder has been a major subject of discussion in recent years. The incidence of children with severe mood dysregulation seems to be increasing and children with uncontrollable periods of anger, sadness and hyperactivity who cannot be controlled by their parents are coming to frequent medical attention. While often the phenomenology is similar to mixed mood disorders, it is very rare to see periodicity as seen in bipolar disorder in adults. Most mood stabilizers have not been found to be helpful in these children and while they do improve with atypical antipsychotics, this response is nonspecific and does not necessarily support a diagnosis of childhood bipolar disorder. A recent study following up many of these children did find that many of them developed more typical mood cycling later in life. The emerging serious metabolic side effects of atypical antipsychotics obligates the field to explore other directions including non pharmacologic ones for treating these children. The lithium clinic of the 1970’s was promoted as a new model of psychiatry where blood levels of lithium once a month could be taken by a nurse and where no other therapy was needed since the lithium ion specifically treated this new biochemical disease. Today it is clear that many patients are lithium non-responders that many other treatment options, including anticonvulsants and atypical antipsychotics, exist for bipolar disorder. A physician must use all of his knowledge and frequent follow-up visits to achieve reasonable stabilization for most bipolar patients. Most bipolar patients are treated with polypharmacy because of inadequate response to monotherapy prophylaxis. Various psychotherapies are also effective and necessary in bipolar disorder including psychoeducation, social rhythms therapy, and family therapy. The psychologist is an important
part of the therapeutic team and it would be misleading nowadays to conceptualize this disorder as a chemical imbalance of the brain alone. While the Kraepelinian concept of restitutio ad integrum is still taught to medical students, a significant number of patients deteriorate and social work collaboration is necessary to secure unemployment and welfare benefits. Many patients stabilize only after the excessive expectation of full employment is alleviated. One time consultations by famous professors are almost entirely useless in this disease. The therapeutic hero is the physician who follows the patient through depression and mania, drug treatment after drug treatment until the right combination of pharmacology, employment situation and psychoeducation is achieved.

PL6. A NEW LOOK AT SEROTONIN'S ROLE IN PSYCHOSIS AND THERAPEUTICS FOR PSYCHOSIS AND COGNITIVE IMPAIRMENT
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There have been four waves of neurotransmitter-based theories of the pathophysiology of schizophrenia. These implicated serotonin (5-HT), dopamine (DA), glutamate and GABA. Of these, the first was the indole hallucinogen version of the 5-HT hypothesis, based on the discovery that LSD and N, N-dimethyltryptamine, known hallucinogens, were agonists at a 5-HT receptor, later shown to be the G-protein-coupled 5-HT2A receptor. However, the DA hypothesis displaced interest in the role of 5-HT, mainly because the mechanism of action of typical antipsychotic drugs such as chlorpromazine was shown to be based on blocking DAergic activity in the limbic system; the subsequent modification of the DA hypothesis to include hypodopaminergic activity in the cortex and other brain regions as a possible basis for negative symptoms, depression, and especially cognition in schizophrenia added new vigor to this theory. Subsequent studies with PCP and post-mortem research on GABA neurons led away from both of these hypotheses. The discovery that clozapine was a more effective antipsychotic for treatment resistant patients with schizophrenia as well as producing fewer extrapyramidal side effects (EPS) paired with the hypothesis that a large group of drugs which were antipsychotic at doses that spared EPS were more potent 5-HT2A than DA DA antagonists revitalized interest in the role of 5-HT in the treatment of schizophrenia but also in its etiology. This hypothesis led to the discovery and development of a new generation of atypical antipsychotic drugs, all of which are 5-HT2A inverse agonists (i.e. they block the constitutive activity of the 5-HT2A receptor, as well as agonist-induced signaling). The discovery that clozapine was also a 5-HT1A partial agonist, as well as a 5-HT2C, 5-HT6 and 5-HT7 antagonist, and that the 5-HT3 receptor modulated cortical DA release broadened interest in the role of 5-HT in the etiology of schizophrenia and its therapeutics. Some or all of these six, of the 14 5-HT receptors, have profound effects on the activity of DA, glutamate, and GABA neurons, either directly or indirectly, thus, establishing the basis for a common neurocircuitry for treating psychosis, and searching for genes which could contribute to endophenotypes and treatment response. This lecture will describe some of the interactions between these four major neurotransmitters, in terms of location of receptors and effect on function. I will focus on six lines of research: 1) the role of 5-HT2A, 5-HT1A, 5-HT2C, and 5-HT3 receptors to modulate cortical and hippocampal DA efflux, thereby establishing a basis for the ability of atypical antipsychotic drugs to improve some cognitive functions and possibly negative and depressive symptoms in schizophrenia; 2) the contribution of 5-HT2A antagonism to the ability of atypical but typical antipsychotic drugs to reverse the deficit in novel object recognition produced by the NMDA receptor antagonist, PCP, in rodents; 3) the role of 5-HT1A and 5-HT2A receptors in the control of cortical and hippocampal pyramidal neurons and NMDA receptors; 4) the contribution of 5-HT2A receptors to treat L-DOPA psychosis in Parkinson’s disease, and potentiate the action of atypical antipsychotic drugs in patients with schizophrenia; 5) 5-HT2A receptor binding potential in prodromal schizophrenia; and 6) the evidence for 5-HT2A and 5-HT2C genes in psychosis and cognitive function.

1. Meltzer HY, Huang M. In vivo actions of atypical antipsychotic drug on serotonergic and dopaminergic systems. Prog Brain Res. 2008;172:177-9
Bipolar disorder is highly prevalent and associated with substantial rates of non-recovery, recurrence, and interepisodic dysfunction. Attempts to characterize the symptoms structure of Bipolar disorder have consistently reported that depressive symptoms and episodes dominate the course of illness and mediate much of the dysfunction associated with this condition. During the past decade, there have been substantial advances in both pharmacotherapy and psychotherapy for various phases of bipolar disorder. More recently, proven strategies have become available to effectively treat and prevent recurrence of depressive symptoms in bipolar disorder. This presentation will provide a brief composite of bipolar disorder, characterized and prioritize therapeutic targets in bipolar disorder and discuss evidence-based treatment strategies.

Sessions

SA1. Cognitive behavioral psychotherapy: Utilization in public psychiatry
Chairpersons: Prof. Haggai Hermesh, Dr. Sergio Marchevsky

SA1.1 Effectiveness of Cognitive Behavior Group Therapy in Stutterers with Generalized Social Phobia: Therapeutic and Diagnostic Implications
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Background: Social phobia (SP) is a very common anxiety disorder. Stuttering is a DSM-IV communication disorder, characterized by dysfluency of speech. Stuttering and anxiety disorders are often associated. The DSM-IV, however, excludes the diagnosis of SP in patients whose social fears are ascribed to stuttering. Efficacy of cognitive behavioral group therapy (CBGT) for SP has received robust support. Disregarding DSM-IV exclusion of stuttering-related social anxiety from SP diagnosis, we studied the efficacy of CBGT on both, SP and stuttering in SP comorbid with stuttering. Method: Participants met the criteria for generalized SP (GSP) subtype. They included two groups of CBGT-treated SP patient: (1) 12 SP patients with stuttering, (2) a matched 2:1 control group (N=24) of SP patients without stuttering. Participants underwent our routine 18—sessions CBGT protocol. Measures of SP and stuttering were assessed prior to and following CBGT. Results: Both groups demonstrated a significant reduction in SP following the CBGT (effect size=1.10 and 0.82). Moreover, the amount of reduction in SP severity was similar for both groups. However, no reduction was observed in any objective measures of stuttering, although patients' subjective emotional reaction toward their stuttering was significantly improved. Conclusions: 1. CBGT for social anxiety in patients with stuttering is an effective intervention for treating their GSP symptoms. 2. Even effective CBGT for SP is not effective for treatment of the comorbid stuttering per-se. 3. Inclusion of GSP patients with stuttering, in the DSM-V diagnostic category of SP seems warranted.

Key Words: Cognitive behavior therapy, Comorbidity, Diagnosis, Dysfluency, Group therapy, Social Phobia, Stuttering.

SA1.2 CBT for Chronic Psychogenic Polydipsia
Sagy R

Psychogenic or primary polydipsia, characterized by excessive thirst and compulsive water drinking, is a common problem among psychiatric populations, affecting 6% to 20% of patients. In addition to the physical disturbances stemming directly from the compulsive drinking (body's salts concentration imbalance, renal function disturbances), there is also an interference with quality of life due to polyuria – excessive urination and the need to be near a toilet facility around the clock. Medical literature concerning treatment of the problem in an outpatient setting is poor, particularly regarding cognitive behavioral therapy (CBT). We present a 42 year-old patient with a DSM-IV diagnosis of schizophrenia, whom we also diagnosed as suffering from primary polydipsia, and initiated CBT targeting his drinking problem. The treatment included
20 weekly sessions, and some follow-up meetings. The treatment included a variety of cognitive and behavioral techniques designed to reduce his excessive fluid consumption. While his pre-treatment daily fluid intake was over 10 liters, when the treatment was over, his fluid intake dropped to an average of only 3.5 liters. In addition he also reported a significant improvement in quality of life, a substantial decrease in the amount of daily urination and bathroom visits, and greater freedom to find time for other activities.

**SA1.3 THE EFFECT OF THE NUMBER OF PARTICIPANTS ON THE OUTCOME OF COGNITIVE BEHAVIORAL GROUP THERAPY FOR TREATMENT OF SOCIAL PHOBIA**

Aderka I.

We examined cognitive behavior treatment (CBT) for social phobia (SP) in large groups (17-24 members) in a naturalistic setting. Individuals (n=212) seeking treatment for SP in a large public clinic filled out self-report measures upon contacting the clinic (T1), at first session (T2, average 8.2 months after T1), immediately following treatment termination (T3), and 3 months after treatment termination (T4). The attrition rate was 5.7% from initial contact to treatment initiation, and an additional 30% during treatment. CBT for SP in large groups resulted in modest reductions in social anxiety (effect size=0.55 for the entire sample, and 0.87 for completers). Clinically significant reductions in social anxiety during treatment were observed (30.0% during treatment vs. 10.2% during wait-list). Advantages and disadvantages of CBGT in large groups for social anxiety are discussed.

**SA1.4 CBT- STATE OF THE ART AND CURRENT DEVELOPMENTS**

Marom S
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CBT has been recognized as an effective evidence-based treatment for many common psychiatric disorders. The wide theoretical basis of CBT is being updated continuously as a result and use of scientific empirical methods. Research on the physiologic changes that occur in CBT may help researchers to better understand the effects of CBT. CBT has expanded to new directions such as diagnoses (e.g. Axis-II), a variety of new therapeutic strategies and innovative treatment and conceptualizations. The presentation will present an overview the current state of the art of CBT and recent developments.

**SA2. Forensic psychiatry and the spirit of the times – 2009**

Chairperson: Dr. Peretz Barak

**SA2.1 THE ROLES AND FUNCTIONS OF THE VARIOUS PSYCHIATRISTS ON THE DISTRICT PSYCHIATRIC COMMITTEES**

Kalian M, Margolin J
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Secretary of the Israel Association of Forensic Psychiatry

The District Psychiatric Committee operates according to the directives of the Israeli Law for the Treatment of the Mentally Ill (1955); members include two psychiatrists and a lawyer appointed by the Minister of Health. Authority, methods of operation and the deliberations conducted before the Committee are determined in the Law and its ordinances. In the “New Law” (1991) the authority of the committee was extended (parallel to the extension of the authority of the District Psychiatrist) and the function of chairperson of the Committee was transferred from the psychiatrist to the lawyer. This fundamental change reflects developments in the spirit of the law and provides additional weight to procedural and legal viewpoints. The legislative amendment ratified by the Knesset in 2004 ruled that any patient whose case was presented to the District Psychiatric Committee is entitled to legal representation at the expense of the State. Most of the deliberations of the Committee, and its rulings deal with involuntary hospitalization (in a “civilian” procedure) and a minority deals with court orders handed down in criminal proceedings. The patient’s case is presented to the Committee by his caregivers and by the lawyer representing the patient and the patient is examined by the members of the Committee. Thus, not infrequently, (especially in “civilian”
proceedings) the treating psychiatrist and the lawyer representing the patient do not see eye to eye. The Committee is a quasi-judicial body that apparently includes a “physician acting as lawyer” whose decision can be appealed to the District Court. Its unique role as an intermediate body between the regional psychiatrist who is a physician whose actions rely in principle on medical considerations, and the Court whose considerations are legal, grant unique meaning to its decisions, whose essence is derived from the point of view of what is best for the patient. Decisions are reached while maintaining appropriate equilibrium between the right for individual liberty and the right for treatment. The legislator’s ruling from 1955 and the amendment from 1991 created a situation where in a Committee whose rulings are determined by the majority, medical factors and professional and ethical considerations derived from the medical discipline have decisive influence.

**Keywords:** District Psychiatric Committee, The Law for the Treatment of the Mentally Ill, representation of the mentally ill, involuntary psychiatric hospitalization, ethical considerations

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**SA2.2 THE APPLICATION OF NEW LAWS CONCERNING SEX OFFENDERS IN ISRAEL AND THEIR FORENSIC AND CLINICAL APPLICATIONS**

Birger M1, Alish Y1, Zer Zion M1, Lehman D2, Kotler M3

1The Division of Forensic Psychiatry "Maban" – "Beer Yaakov" – Israeli Prisons Service 2The Center Of Sex Offenders Risk Assessmen. 3Beer – Yaakov – Ness Ziona Mental Health Centers

The number of incarcerated Sex Offenders in Israeli Prisons Facility (IPS) is about 1300. An estimated 60% of them have assaulted children. Due to the risk of recidivism imposed by that particular group of offenders, during the last 20 years the IPS has implemented a policy according to which risk assessment among sex offenders, is routinely performed with regard to leave and early discharge. After a thorough preparatory phase, a new law, aiming at the protection of the public from sex offenders was implemented in 2006. According to this law, every sex offender who is released to the community, either from prison or due to an alternative to incarceration, is to be supervised by a special IPS unit. Although the law is regarded as controversial due to some arguments concerning the impediment to individual freedom, the accumulated evidence shows some favorable trends in the prevention of sex offenses. In the coming year, a complementary law aiming at regulating the issue of sex offenders treatment in the community and inside the prison is about to be implemented. Thoughtfully combining the two laws, might lead to more flexibility in the prison discharge policy, an increase in the motivation for treatment, all of which will lead to a significant reduction in the rate and severity of sex offenses.

**Key words:** Sex Offenders Legislation

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**SA2.3 RESPONSIBILITY AND LEGAL COMPETENCE IN UNIQUE SITUATIONS**

Aisman A

The Head of the Criminal Division, Haifa District Prosecutor’s Office (Criminal Law)

In a court ruling for a criminal case, it is obligatory to discern whether the prosecution has proven two indispensable cumulative consequences: the physical consequence of the crime (in legal terminology Actus Reus) and the associated mental consequence (termed Mens Rea). Proving the physical consequence is apparently a relatively easy task, determination of the mental status of the defendant at the time the crime was committed, is an importunate, complicated task. The court requests evaluation of the hidden thoughts of the defendant and to that end relies on various presumptions cited in the law and its rulings. Thus, it is necessary to prove intent for the natural outcomes of the defendant's actions, and other such presumptions. The Court examines the deeds of the defendant before and even after the crime was committed, in order to attempt to derive conclusions beyond a reasonable doubt, regarding the mental status of the accused at the time he performed the deed attributed to him/her. Psychiatry in turn, analyzes the mental impairment from the medical perspective, and attempts to offer methods for prevention, evaluation, diagnosis, treatment and rehabilitation, generally based on a combination of pharmacotherapy with psychotherapy. The world of psychiatry and the world of criminal law are enmeshed when the defendant appearing in court claims to suffer from mental disorders, calling forensic psychiatry to the arena. Apparently, the worlds of forensic psychiatry and criminal law both deal with the attempt to determine the mental status of the supposedly mentally impaired defendant, both at the time the crime was committed, and when tried for the crime, however, not infrequently the needs of the legal system for an unequivocal answer regarding the mental status of the defendant in a given defined time period clash with the inability of forensic psychiatry to
provide a clear answer. This lecture will examine unique cases concerning responsibility and legal competence, and emphasize the difficulties involved in the meeting between these two different doctrines.

**Keywords:** criminal law, mentally impaired defendant, responsibility and legal competence, law and psychiatry

**SA3. PTSD with the close of the third decade of diagnosis of the syndrome – is the diagnosis valid? Therapeutic trends and legal issues**

Chairperson: Prof. Arik Shalev

**SA3.A TRAUMATIC EVENTS LEAD TO PTSD AND STRESSFUL LIFE EVENTS LEAD TO DEPRESSION; DOES THE EVIDENCE SUPPORT A DICHOTOMY?**

Klein E

*Department of Psychiatry Rambam Medical Center and Technion Faculty of medicine*

Exposure to a traumatic event is a necessary but insufficient prerequisite for the development of PTSD. It is commonly stated that trauma survivors are either vulnerable or resilient to PTSD, ignoring the possibility that other psychiatric disorders might develop in the aftermath of a traumatic event. Stressful life events are viewed as risk factors for depression, and as in the case of PTSD, individual vulnerability factors have been shown to be important in determining the risk to develop depression following such events. However, this dichotomous view of traumatic events and stressful life events as antecedents of specific psychiatric disorders, are often challenged by clinical reality which suggests a more complex and intricate relationship. Several studies have shown that depression is not a rare outcome of traumatic exposure and some studies have suggested that depression might be even more prevalent than PTSD in the aftermath of traumatic events. Moreover, people who experience stressful life events do present at times with typical posttraumatic symptoms such as intrusive memories and arousal symptoms. Furthermore, there has been a continuous shift of the definition of the stressor towards less rigorous criteria and more weight to the subjective experience of the traumatized individual. This trend blurs the traditional boundaries between traumatic events and stressful life events as igniters of specific psychiatric disorders, and might support the concept of a continuum rather than distinct entities. With all these taken together, there appears to be a need for a change in our conceptualization of the complex relationship between traumatic events and stressful life events on one hand, and PTSD and depression, on the other hand, along with the clinical and neurobiological distinction between these syndromes in the context of environmental stressors.

**SA3.B PTSD GUIDELINES**

Zohar J, Doron M, Fostick L, for the Israeli Consortium on PTSD

A multi-year survey of Ministry of Defense veterans diagnosed with posttraumatic stress disorder (PTSD) revealed that across time, and despite treatment, there is deterioration in their condition. The discrepancy between the results (deterioration) and the investment (treatment and compensation by the Ministry of Defense) highlighted the need to update (and perhaps improve) treatment for PTSD. The guidelines are based on guidelines presented by various bodies (see references), on the material accumulated in the multi-year survey and the existing literature. The members of the consortium (Zohar J, Bleich A, Dolphin D, Doron M, Weisman Z, Lahad M, Lubin G, Nuri A, Uri A., Polakevitch Y, Fostick L, Klein E, Kaplan Z, Shalev A, Sharon D) met to write the guidelines, together with professional committees such as The Committee for Pharmacotherapy, The Committee for Rehabilitation and Employment, The Committee for Training Therapists, etc. The draft of the guidelines was distributed to psychiatric associations, and the comments and clarifications that were received were incorporated. The guidelines are unique in the integration of five disciplines: psychological treatment, pharmacological treatment, family and couples therapy, sex therapy, and employment/occupational placement. The guidelines include a time axis with the distinction between acute conditions (up to one year), sub acute (up to three years), sub chronic (up to ten years) and chronic (more than ten years) states. The booklet describing the guidelines was distributed at the end of 2008. The electronic version is in the final stages of processing. In this version there is a unique additional component – the patient (rather than one type of method or another) is the central axis. The therapist can insert a description of the patient in a structured format. The site provides recommendations tailored to the specific patient, taking into account prior response to treatment, and the time axis and providing comments and clarifications concerning future psychological, pharmacological, family/couples, and rehabilitation therapies.
The website includes accepted evaluation measures for each of the interventions, so that the response to therapy can be quantified (by comparing the baseline scores with end of treatment scores).


SA4. Impairment in sexual function – treatment and innovations
Chairperson: Prof. Zvi Zemishlany

SA4.1 MENTAL ILLNESS, PSYCHOTROPICS AND TREATMENT OF SEXUAL DYSFUNCTION
Zemishlany Z.
The Geha Mental Health Center

Sexual dysfunction (SD) is prevalent among psychiatric patients and may be related to both psychopathology and pharmacotherapy. The negative symptoms of schizophrenia limit the capability for interpersonal and sexual relationships. First-generation antipsychotics cause further deterioration in erectile and orgasmic function. These side effects may be related to their potent blockade of dopamine D2 receptors and the corresponding elevation in plasma prolactin levels and decline in desire. Due to their weak antagonistic activity at D2 receptors, second-generation antipsychotics are associated with fewer sexual side-effects and thus may provide an option for schizophrenia patients with SD. Depression and anxiety are a cause for SD that may be aggravated by antidepressants, especially selective serotonin reuptake inhibitors (SSRIs). SSRI-induced SD may be related to serotonergic stimulation especially at the 5HT2 receptor. SSRI-induced SD may be overcome by lowering doses, switching to an antidepressant with low propensity to cause SD (bupropion, mirtazapine, reboxetine), addition of 5HT2 antagonists (mirtazapine, mianserin) or co-administration of 5-phosphodiesterase inhibitors. Eating disorders and personality disorders, mainly borderline personality disorders are also associated with sexual dysfunction. Sexual dysfunction in these cases stems from impaired interpersonal relationships and may respond to adequate psychosexual therapy. It is mandatory to identify the specific SD and to treat the patients according to his/her individual psychopathology, current pharmacotherapy and interpersonal relationships.

SA4.2 PREMATURE AND RETARDED EJACULATION AND PAINFUL INTERCOURSE
Ben-Zion I.Z.
Sex Clinic, Department of Psychiatry, Soroka University Medical Center. Beer-Sheva

Ejaculatory problems in men and painful intercourse in women are the most common cause for referral of young adults seen for sexual therapy. The aim of this presentation is to increase therapists’ awareness of these problems, and to call for increased understanding of the need to specialize in therapy. Premature ejaculation [PME] is defined as ejaculating before the patient wishes it; the problem is usually stressful for both patient and spouse. Karl Abraham was the first to describe this entity, but only in the seventies has this subject been properly researched. Since then, many treatment modalities have been proposed and tried, but no single therapy emerged as superior to others. The cause of premature ejaculation is not clear; most authorities believe it arises from a combination of physical and mental factors. Many men find it difficult to accept and identify the emotional basis as a possible reason for not controlling ejaculation - discussing this with patients and increasing their awareness of this is therefore a necessary part of successful therapy. Current treatment is eclectic and combines behavioral, biological and couple therapies. Retarded ejaculation [RE] is defined as not being able to ejaculate when the patient wants to. As with PME the problem is also stressful for both patient and spouse. This phenomenon is much more rare but became acknowledged recently, due to emergence of RE as a side effects of anti depressive drug treatment. Like PME, RE may arise form emotional conflicts such as fear of losing control, or fear of pregnancy, and as in PME, treatment combines behavioral, drug and couple therapy. Painful intercourse is a common phenomenon among young
women, as a result of vaginismus or inflammation of the vaginal vestibule (vestibulitis). A similar entity appears in men, as an adverse effect of medications, various neurological disorders, penile deformities and mental factors, such as anxiety due to relationship related problems. Combination of RE and painful intercourse is common. As in the previous disorders, treatment targets both physical and mental interventions.

**Keywords:** Premature ejaculation; Retarded ejaculation; Painful intercourse

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**SA4.3 FEMALE SEXUAL DESIRE DISORDER – NEW MODELS OF THERAPY**

Abramov L.

*Sex Therapy clinic, "Lis" Maternity Hospital. Tel Aviv Medical Center*

Loss of desire for sexual activity is the most common presenting female sexual dysfunction and often the hardest to treat. About 40% of women suffer from decrease of libido or Hypoactive Sexual Desire Disorder (HSDD). Causes of HSDD are decrease in general health, partner health, the woman’s emotional status and interpersonal relationship issues. Depression is a main cause for loss of libido. Aging is a dominant factor as sexual drive declines naturally with age based on physiological factors. Because a loss of sexual desire in women is caused by a combination of physical and psychological factors, it usually requires more than one treatment approach to treat the problem. Therapy includes sex therapy and/or relationship counseling, changing medications or altering the dose, addressing underlying medical conditions and hormonal therapy for postmenopausal women. During the last decade jell Testosterone was developed to treat male hypogonadism. It was adapted to treat women with HSDD. Results are promising. Recently, the Intrinsa skin patch was developed specifically to treat postmenopausal women who are on HRT and suffer from HSDD. So far, androgenic therapy has not been approved by the FDA and the Health Department in Israel to treat sexual problems in women, because of unknown long term side effects. Lately, several promising studies with Flibanserin have been conducted. The new drug is an SSRI agent and was found to increase sexual desire in women. Our recommendations are to consider medical therapy for HSDD only when other psychological and interpersonal relationship causes are excluded.

**Keywords:** female hypoactive sexual desire disorder. therapy

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**SA5. Suicidality and patient's responsibility versus responsibility of the therapist – legal viewpoint.**

Chairperson: Prof. Ze'ev Kaplan

**SA5.1 POSITION PAPER: RISK ASSESSMENT AND THE BOUNDARIES OF RESPONSIBILITY – THE SUICIDAL PATIENT**

Kaplan Z, Lubin G, Kron S, Hirschmann S

*Israel Psychiatric Association*

Suicides are universal, within the range of human behaviors, and are a significant component of the psychiatric profession. The tragic event leaves behind considerable pain, anger, frustration, guilt feelings and a sense of failure for the therapist and the environment. Suicide should be treated in the same manner that other medically life threatening situations are dealt with. We must recognize that we cannot always foresee and prevent suicide and certainly cannot consider all such cases the result of negligence or malpractice. Recognition of this reality will help avoid the atmosphere and coping patterns of defensive medicine that make it even more difficult to draw necessary conclusions and cope with the phenomenon. This position paper, of the Israel Psychiatric Association, clarifies the professional issues concerning intervention and the suicidal patient and emphasizes the personal responsibility of the patient versus the therapist's obligation. The document exchanges the all encompassing demand to predict suicide with the obligation to perform professional risk assessment together with appropriate clinical judgment, on a per case basis. The formalization of the position paper was an extended process that included a platform for a broad spectrum of opinions within the professional community. Despite differences of opinions a broad consensus was eventually attained, first on the need for a position paper, and then regarding its content. The panel will present various viewpoints that ultimately lead to the formulation of the position paper, and a discussion on this important and sensitive issue will follow.

Dr. Hirschmann will discuss the division of responsibility between the therapist and the patient as reflected in court rulings and will present practical suggestions for coping with the subject.

Dr. Lubin will relate to the clinical and systemic significance of the public, media and legal tendencies, i.e. mainly shifting the dimension of personal responsibility from the suicidal patient to the caregiver.
Dr. Kron will discuss standards for clinical evaluation of suicide risk, as a key for prevention and risk management.

**Keywords:** position paper, suicide, medicine and law, risk assessment

**SA6. Treatment and updates in anxiety disorder and depression**
Chairperson: Prof. Ehud Klein, Prof. Haggai Hermesh

**SA6.1 TREATMENT OF PHOBIC ANXIETY DISORDERS AND – PHARMACOTHERAPY OR PSYCHOTHERAPY OR PHARMACOTHERAPY AND PSYCHOTHERAPY – ARE TWO BETTER THAN ONE**
Klein E¹, Hermesh H²
¹Psychiatry Department, Rambam Medical Center, ²Mental Health Clinic, Geha Hospital

The therapeutic approach to phobic anxiety disorders has undergone extreme changes in the past few decades. The dynamic conceptualization of these disturbances prior to the era of the DSM-III, maintained that the treatment of choice for these disorders was psychotherapeutic, with a dynamic-analytic orientation. The redefinition of these disorders (panic disorder with and without agoraphobia, social anxiety disorder, and specific phobias) as a subgroup within the framework of anxiety disorders in the DSM-III, followed by the introduction of selective serotonin reuptake inhibitors (SSRIs) and high potency benzodiazepines lead to an increasing tendency to use medication as the treatment of choice for these disorders, except for specific phobias. However, two decades of extensive use of pharmacotherapy for these disorders made it clear to the specialists in the field that despite its high efficacy, pharmacotherapy does not provide in many cases sufficient response, especially for the symptoms of avoidance that are a central component in the chronicity of these disturbances. These findings lead to the re-evaluation of the importance of psychotherapy for anxiety disorders, especially cognitive behavior therapy (CBT), for which considerable knowledge from controlled trials has accumulated over the past ten years, providing convincing evidence regarding its effectiveness. Apparently, there is presently no disagreement among the specialists in the field concerning the efficacy of pharmacotherapy, and CBT for phobic anxiety disorders, however a clear cut consensus has not yet been reached regarding the benefits of one approach over the other, a clear definition of conditions where one approach is preferable, and the degree of efficacy of the combination of pharmacotherapy and psychotherapy. In addition, recent controlled trials that evaluated the efficacy of alternative psychotherapeutic methods revealed interesting findings. The aim of the discussion is to critically examine the benefits and latent shortcomings of combined pharmacotherapy/psychotherapy. Dr. A. Gilboa from Bar Ilan University will present the major findings concerning CBT in phobic anxiety disorder, Prof. Hermesh will discuss pharmacotherapy, and Prof. S. Golan from Ben Gurion University will review alternative psychological treatment approaches. Prof. Klein will summarize the major issues and open the discussion to questions and comments from the audience.

**SA7. The ethical trap in psychiatry**
Chairperson: Dr. Michael Schneidman

**SA7.1 INTERVENTION OF THE PSYCHIATRIST IN ISSUES OUTSIDE OF THE PROFESSIONAL BOUNDARIES, IS IT ETHICAL?**
Silfen P
Galil Center for Continue Education and Clinical Studies, Acre

Society expects psychiatrists to treat the most vulnerable members of society, and concurrently demands that the psychiatrists protect the community from those very same patients. The two contradictory demands create basic conflicts for psychiatrists, making it extremely difficult to work in the profession. There is no consensus regarding the ethical theory most appropriate to psychiatry. In the western world there are two major attitudes: the deontological approach and the teleological approach. Campbell et al (2005) claimed that psychiatric ethics must be based on the principle of acting in the best interest of the patient and not causing harm, with the aim of returning the patient to functioning and to a responsible life to the best of his/her abilities. Psychiatry in modern times dealt only with treating people that suffered from mental disorders. At present, it post modern times, the mental health industry developed and turned most aspects of life to mental disorders. The ethical theory is separated from practice and has become bio-medical ethics, influenced by politics, law and international conditions. The Hippocratic Oath from the fifth century BCE
was exchanged for a contractual approach that places the Law and Ethics at the same level. The second "Hawaii Declaration" (1983) determined that the psychiatrist must protect the interest of the patient and at the same time must protect the interests of society. Sociology of the professions teaches that professions are duties or tasks in the service of others. Members involved in a profession are committed to work for the benefit of the public in the field of their profession. This commitment is the basis of social contracts between the profession and society and in return the profession gains autonomy and the privileges of self regulation. According to this social agreement, psychiatrists participated in suppressing political deviants, and participate under the slogan of the war on terror, in the investigation of suspects, all, of course in the name of the best interests of society. Post modern society has new codes according to which the physician is classified according to his/her technical abilities. The entrance of bio-technology into professional life cancelled the previously accepted moral philosophical basis of ethics. The situation reached the point where the American Medical Association deleted from its ethical guidelines Hippocrates' statement that first and foremost, the patient should not be harmed. The important ethical question today is "who represents the interests of the security of the public in psychiatric processes and where is the line between individual rights and social protection". The author reached the conclusion that psychiatrists must refuse to cooperate if a third party asks or demands activities that contradict his/her ethical view.

**SA7.2 ETHICAL DILEMMAS AMONG PEERS IN PSYCHIATRY – HOW TO WALK BETWEEN THE "RAINDROPS"
Naor S.
*Kaplan Medical Center, Director of the Mental Health Clinic*

Cordial relationships among colleagues in medicine, and psychiatry in particular, are often characterized by competitive confrontations, demonstration of power/control, and at times even unjustified judgment and personal/professional invalidation. In the time allotted, I will attempt to present ethical dilemmas that arise in light of these conflicts, keeping in mind the well-being and best interest of the patient. I will also relate to the accompanying messages, be they overt or covert (direct or hidden) and highlight their potential and sometimes harmful influence on the system as a whole. In addition to the above, I will bring forth actual complaints that have been filed with the Psychiatric Association Ethics Committee and present the formal standpoint and position of the Ethics Bureau its structure and modes of operation. Finally, I will present some insight regarding the strength, proportionality, and criticism of professional, ideological and sometimes personal conflicts among peers in psychiatry.

**SA7.3 CHEMICAL CASTRATION: PROS AND CONS
Birger M1, Alish Y. 1, Zer Zion M1, Lehman D 2, Kotler M 3.
1 The Division of Forensic Psychiatry "Maban" – "Beer Ya'akov" – Israeli Prisons Service. 2 The Center Of Sex Offenders Risk Assessment. 3 Beer – Yaakov – Ness Ziona Mental Health Centers.

The number of incarcerated sex offenders in the Israeli Prisons Facility (IPS) is about 1300. An estimated 60% of them have assaulted children. Half of those who assaulted children are diagnosed as pedophiles. The accumulated clinical experience in this population shows that the pharmacological approach is superior to other interventions. The medications given are varied and depend on the severity of the disorder. However, the most efficient agents, those that significantly diminish sexual drive and are also called "chemical castration", are controversial. Supporters of the approach, mostly rely upon its efficiency and the lack of significant side effects. Those who oppose it, might include pedophiles who regard their behavior, which can be traced back in many civilizations as deviant but not at all perverted. Medical professionals regard the treatment as invasive, with several side effects, (some of them are far from benign), and as a whole, this treatment denies the patient of a basic human function which is sexual pleasure and the right to reproduce. The legal system is appalled by the abuse of the treatment for the purpose of presenting a remorseful image of the offender thus avoiding incarceration, obtaining early discharge, and leaves etc. Controversy between those who advocate and those who oppose the treatment leads to endless debates in courts. Only recently, the Israeli Medical Association Ethics Bar, has issued a manifesto regarding the issue.

**Key words:** Chemical. Castration, Pros, Cons
SA8. Women's mental health
Chairperson: Dr. Zippi Dolev
Psychiatrist for women's mental health

SA8.1 ANTIDEPRESSANT USE AMONG WOMEN, NOT ONLY FOR DEPRESSION....
Dolev Z
Psychiatrist, Private practice - Women's mental health

Off label use of medications is valid in medicine, and the discovery of additional uses for drugs is often coincidental. The use of antidepressants among women for purposes other than depression is an interesting developing field that relates to the connection between hormonal and affective changes in women. The relationship between reproductive hormones (estrogen, progesterone) and serotonin, dopamine and norepinephrine (neurotransmitters) has been investigated, but not much has been revealed.

The use of antidepressant agents for conditions other than depression, has recently been introduced during two periods in the woman's life cycle: treatment of premenstrual syndrome and treatment of hot flashes during menopause.

Treatment of premenstrual syndrome using antidepressants is with SSRIs: The treatment is very effective especially for women suffering from severe premenstrual syndrome, i.e. premenstrual dysphoric disorder (PMDD, symptoms typical of clinical depression). The interesting discovery is that treatment with antidepressants can be administered also when the symptoms are present: that is for a few days, or one or two weeks. Efficacy is quick, and the woman feels relief within a number of hours, and the dosage is lower than that prescribed for treatment of depression.

Treatment of hot flashes during menopause: Women with breast cancer who also suffered from depression and were treated with antidepressants reported significant reduction of hot flashes. This finding led investigators to examine this treatment option for hot flashes. The first study was published in 2000 by Loprinzi et al, and revealed the efficacy of Effexor (venlafaxine) in reduction of hot flashes. Interestingly, the average dose of 75 mg (vs the highest possible dose of 150 mg) showed the greatest efficacy. The women most in need of treatment for hot flashes, not with hormonal therapy, are those suffering from or at high risk for breast cancer. The stigma associated with use of psychotropic medications often prevents women and physicians from using this type of treatment to reduce the suffering of women. We have only begun to delineate the characteristics of women that will respond well, will not respond or may even respond with exacerbation of symptoms.


SA9. Updates in schizophrenia
Chairperson: Prof. Michael Davidson

SA9.1 EUFEST
Prof. René Sylvain Kahn
Department of Psychiatry, Rudolf Magnus Institute of Neuroscience, University Medical Centre Utrecht, Netherlands.

Background: A new generation of antipsychotics was introduced over a decade ago for the treatment of schizophrenia. However, despite a multitude of studies, their purported clinical superiority is still a matter of debate. This may be partly due to the short duration, restrictive inclusion criteria, and inappropriate outcome measures used in most studies. Pragmatic trials can overcome these limitations. Methods: This multinational study including 50 sites in 13 countries examined effectiveness, operationalised as continued use of the allotted medication, of the second generation antipsychotics, amisulpride, quetiapine, olanzapine and ziprasidone in first episode schizophrenia with minimal prior exposure to antipsychotic treatment over a one-year period, in a pragmatic, randomized, open design. The dose of the comparator, haloperidol, was maximized at 4 mg daily. Cox proportional-hazards regression models were used to calculate differences between haloperidol and the four new antipsychotics with adjustments for gender and country. Findings: 498 patients enrolled, 40% were female and 33% were antipsychotic naive at randomization. The mean daily doses were 2.9 mg for haloperidol, 449 mg for amisulpride, 12.5 mg for olanzapine, 501 mg for quetiapine, 114 mg for ziprasidone. Haloperidol was discontinued prematurely in 61% of patients, while discontinuation was significantly less common on olanzapine (HR 0.27; p<0.001), amisulpride (HR 0.36; p<0.001), quetiapine (HR 0.49; p=0.001), and ziprasidone (HR 0.47; p=0.002). Interpretation: Continuation rates on several of the second generation antipsychotics are better than haloperidol.
antipsychotics in this pragmatic trial were high, suggesting that effective and clinically meaningful long-term antipsychotic treatment is achievable in the first stages of schizophrenia.

SA10. **Teaching psychotherapy in psychiatry and the 2nd level psychotherapy exam**
Chairperson: **Dr. Ilana Kremer**

SA10.1 TEACHING PSYCHOTHERAPY TO RESIDENTS IN PSYCHIATRY – HOW?  
THE PSYCHIATRIST AS A "THERAPIST" - HOW DO WE TEACH THAT? 
Kremer I  
*HaEmek Medical Center, Rappaport Faculty of Medicine, Technion, Haifa*

The classical concept of psychoanalytic psychotherapy as part of the training and practice of psychiatry emphasizes its role as a therapeutic tool. In this lecture, additional options for the role of the psychoanalytic approach in training and daily clinical practice of the psychiatrist will be presented: 1. This approach is very important, in fact it is a central instrument, for building the role of the psychiatrist as a therapist. 2. It is a potentially important tool for better understanding of complex mental conditions. 3. Psychoanalytic understanding may provide significance to the core of the biopsychosocial approach that otherwise would remain entirely technical. 4. The psychoanalytic approach suggests a model that may include relating to diagnostic processes, evaluation and treatment together with patient-therapist interaction and the reciprocal relationships of these processes. 5. This is an efficient tool for understanding and relating to the dynamic components of the "group" and the "organization" of the psychiatric staff and system, and their reciprocal relations with the processes of diagnosis and therapy. This lecture will present the position that emphasizes the importance of these roles of the psychoanalytic approach, and especially its critical function in building the role of the psychiatrist as a therapist. Short clinical vignettes will be presented to illustrate the importance of integration between the psychoanalytic approach and daily practice. In summary a conceptual and practical suggestion will be presented to improve the integration of this approach in the training of psychiatry residents.

SA11. **Holocaust and resilience**
*In memory of Prof. Maria Orbis, 1930-2009*
Chairpersons: **Dr. Haim Knobler, Prof. Yoram Barak**

SA11.1. **THE HOLOCAUST AND TREATMENT OF BEREAVEMENT AND TRAUMA IN ISRAEL'S WARS**  
Knobler, H.Y.¹ Ben Yehuda, Y.²  
¹Hebrew University, Jerusalem; Ben Gurion Univ.; Madan CNC Ltd.  
²"Ways" institute, Rehovot

Terror and war events of the last decade made the diagnosis and the treatment of post traumatic victims crucial. These events' massive impact on civilians, demanding comprehensive treatment solutions, emphasized questions regarding attitudes towards bereavement and post trauma among Israelis. The discussion of the traumatic consequences of the Holocaust, possible only during the last decades, explains several unique attitudes towards the treatment of grief and PTSD victims in Israel. Less than 5 years after the end of the 2nd World War, after the extinction of 6,000,000 Jews, a "bereavement culture" was formed in Israel – highlighting the loss of the (6,000) young soldiers killed in the 1948 Independence War. This phenomenon continues until now, and started from the inability of the Israelis to address the horrors and the losses of the Holocaust. Lately, the treatment of combat post-traumatic soldiers revealed the need to address separately grief for dead comrades and post traumatic symptoms. Also, post traumatic soldiers reported getting the best help from their fellow fighters. Similar reports were described by Holocaust survivors, who also suffered from personal grief and from post traumatic symptoms as well, and who could discuss their traumatic memories only with fellow survivors. Due to the intensity of the trauma and the grief of the Holocaust, it became possible only during the last years to use the survivors' experience for the treatment of victims of bereavement and trauma in Israel's wars.

**Key words:** Trauma of the Holocaust; Grief and bereavement in Israel's wars; combat PTSD.
SA11.2. THERE ARE NO "GENERATIONS OF THE HOLOCAUST"

Hazan, Y.
The Israeli Institute of Psychoanalysis

The concept "Second Generation of the Holocaust" was questioned 20 years ago. Since only one generation had been in the Holocaust – the concept "Second Generation" was found misleading. It may well be that a syndrome of Holocaust offspring is a valuable definition of the phenomena where effects of a trauma are transmitted from generation to generation. The Holocaust itself ended and had no continuity in real time beyond the one, and only, generation that was there. A possible explanation was suggested for the concept "Second Generation". Now, twenty years later, the concept "Generations of the Holocaust" is questioned again and a possible explanation is suggested for numbering the generations of an event that ended.

Key words: "Generations of the Holocaust"; Holocaust offspring syndrome

SA11.3. HURT BUT NOT BROKEN: A SURVIVOR'S PERSONAL TESTIMONY

Stern, M.¹ Knobler, H.Y. ²
Sherutei Briut Klalit, IDF Medical Corps (Ret.), Tel Aviv University
Hebrew University, Jerusalem; Ben Gurion Univ.; Madan CNC Ltd.

Israeli media tends to relate lately to Holocaust survivors mainly as poverty-stricken, deprived and unfortunate individuals. Thus, disregarding the reality, that most of the survivors had great success: they married and had children, and were highly successful in every aspect of the Israeli economy and society. Researchers of the survivors, like our late mentor Hillel Klein, found that survivors developed "Post Traumatic Growth". The personal growth following the Holocaust experiences made the survivors become sensitive for the needs of others, become aware of the limitations of power and the inability to solve personal – and national – conflicts by the use of force. The survivors feel the need to convey these values to the 2nd and 3rd generations, and the need to express their gratitude to the "righteous among the nations" who helped and saved them, even though this help could cost them their life. There is an urgent need to help those survivors who are in need, since during more than 60 years there was no effort to rehabilitate survivors – and the governmental office for their treatment was in the Treasury ministry. The medical, mental and existential problems of these survivors need an immediate rehabilitation intervention.

Key words: Holocaust Survivors; Post-Traumatic Growth

SA11.4. AN UPDATE OF THE TREATMENT OF HOLOCAUST SURVIVORS – THE AGING OF THE CHILD SURVIVORS

Barak, Y.¹ Auerbach, M. ²
¹ Director, Psychogeriatric Division, "Abarbanel" Mental Health Center
² Clinical director, "Amcha".

The aging of Holocaust survivors is frequently associated with depression, reactivation of traumatic syndromes, physical disorders, loss, psychological distress, and an increased risk of suicide. Survivors who were children during the 2nd World War, the "child Survivors", are now reaching the age of 65 to 80. The child survivors were exposed to the traumatic events of the Holocaust in their childhood and adolescence. Many of them describe having experienced their life since then as a "double life". Parallel to their apparently normal life as adults, they repeatedly experience themselves (again) as vulnerable and persecuted children. Now, in their old age, they have to cope with many new losses and seek help. Eventually, many lessons were learned from the treatment of child survivors in Israel, as in AMCHA, the National Israeli Center for Psychosocial Support of Survivors of the Holocaust and the Second Generation, and in the psychogeriatric division of the Abarbanel Mental Health Center. Beyond this existing treatment experience, the urgent need for further study, intervention and resource allocation among the growing numbers of elderly child survivors must be emphasized.
SA12. Professional and financial considerations for providing mental health services in the hospital and in the community

Chairperson: Dr. Alexander Grinshpoon

SA12.1. MANAGED BEHAVIORAL HEALTHCARE
Grinshpoon A¹, Elisha D², Ponizovsky A²
¹Sha'ar Menashe Mental Health Center, ²Ministry of Health

Managed behavioral healthcare is a strategy for the creation of a reciprocal link between economic and medical management that combines incentives for suppliers, organization and evaluation of services and how professionals determine clinical guidelines. The system strives to achieve the following goals: Encouraging efficiency and innovation. Enhancing accountability and budgetary control. Reducing the rate of hospitalization by referring patients to ambulatory care and community based rehabilitation programs. Improving availability and expansion of the circle of applicants treated with novel short-term therapies. Commitment to evidence based medicine. Determination of professional standards and measures of results. Development of professional quality control mechanisms. Increasing involvement of representatives of consumers and their families, in determining and evaluating goals, and in planning services offered.

SA12.2. PROFESSIONAL AND ECONOMIC CONSIDERATIONS FOR PROVIDING INPATIENT VS COMMUNITY BASED MENTAL HEALTH CARE
Polakevitz Y
Head of Mental Health Services, Ministry of Health

Mental health services (both inpatient and ambulatory) are provided in government and public settings, regardless of health fund coverage. Inpatient services include 3150 beds as per the structural reform that culminated in 2005. Most of the beds are in psychiatric hospitals, though a small number are in psychiatric wards in general hospitals. There is a continuum of care beginning with hospitalization in the acute stages of illness, day hospitalization, day-care, ambulatory services, and finally community based rehabilitation facilities in a broad spectrum of services including housing, employment, leisure activities, and completion of education. Due to demographic changes and reduced stigma, there are significant gaps between supply and demand. This gap results in year long waiting lists for psychotherapeutic treatment. This reality dictates the need for an appropriate professional solution to improve the breadth of services for the entire population while maintaining quality of care. The present situation where insurance responsibility has not yet been transferred to the health funds places the mental health clinics in a position that is devoid of development and tends towards regression. The mental health reform gives rise to reservations among those seeking to halt the process, claiming that it will harm the services currently offered, and will turn mental health into another branch of medicine. They demand keeping the services under the auspices of the state and adding positions to the civil service. The expectation to provide limitless services is tantamount to a situation on the level of dissociation of the authorities from the economic reality in which we live. It is possible to provide services within a limited budget while relating to a clear basic rule: "within a limited budget, we must evaluate and decide whether to provide limited services to many or a broad services to a few". Provision of comprehensive unlimited services could benefit a broad population with functional impairments, but can the mental health department afford to offer such services? We must realize that the hands of the decision makers are tied in an economic reality that demands that difficult decisions must sometimes be made even in other life threatening medical disciplines.

SA12.3. GOOD MEDICAL PRACTICE
Munitz H

Approaches to Good Medical Practice (G.M.P.): Evidence based medicine, good medical practice: medicine according to accepted guidelines, medicine according to personal experience of each caregiver.

Chapters of G.M.P.: Physician's responsibilities – Ethics; Description of the Good Doctor; Good medical care; Good medical care - timeline; Obligation to teach and educate; Relationship with patient; Obligation to cooperate with peers; Integrity; Physician's health. Physician's obligations: Listen to the patient, Relate to his/her fears and preferences, Provide current information to the patient in the event that s/he needs/wants it. Involve the patient in decisions. Encourage the patient to take responsibility for his/her health. Obligation to work with integrity. Respect the patient's request for a second opinion. Do not discriminate between patients.
SA12.4. EVALUATION OF SWOT FOR PRIVATIZATION OF MENTAL HEALTH OUTPATIENT SERVICES WITHOUT A TENDER
Baruch Y.

We are at the peak of the privatization process of government mental health clinics, following the implementation of the Law of employment by contractual personnel. On 31 March 2009, all employees of the Association for Public Health Services employed in government clinics are to become civil servants. In order to avoid creation of additional civil service positions, the State decided to privatize the service and transfer it to the Association for Public Health Services and to purchase the service from the Association, until the implementation of the insurance reform in psychiatry.

Evaluation of SWOT:
- **Strengths:** The public ambulatory mental health service is currently based on government services. If a solution will not be found to keep professionals in the ambulatory system, there is concern for an additional decline of the present situation.
- **Weaknesses:** Transferring the services without a tender is conceived as corruption, that creates a monopoly and preserves one of the central weaknesses of the system, that is the near total lack of the patient's ability to choose his/her therapist. In addition, by transferring the outpatient clinics away from the auspices of the hospital, there is concern that the hospital directors will not allow residents to work in clinics not connected to the hospital (without receiving payment for their services) and thus their residencies will be negatively affected. Dangers: Payment per case may lead to an increase in the number of unjustifiable treatments, and creation of an additional rift in the therapeutic system, i.e. the hospital, ambulatory clinic and health funds. Opportunities: This is an opportunity to examine whether payment by subscription is feasible and expansion of services based on the current system, with emphasis on the weaker areas and solutions for systemic insufficiency, establishment of a quality control network and cost benefit evaluation. In summary, the privatization process is experienced by many as financially inappropriate, and as a shirking of responsibility. Even if the privatization process is necessary, the present method of implementation is misguided. Transfer of the clinics to a private monopoly is commensurate to adding insult to injury.

SA13. Suicidality, epidemiology and prevention plans on a national level – are they effective?
Chairperson: Dr. Gil Zalsman

SA13.1. SUICIDALITY, EPIDEMIOLOGY AND NATIONAL PREVENTION PROGRAMS – ARE THEY EFFECTIVE?
Zalsman G1, Apter A2, Lubin G3, Carmel L4
1 Geha Mental Health Center; 2 Schneider Children's Medical Center; 3 IDF Mental Health Department; 4 The National Suicide Prevention Program

Suicide is the second most common reason for the death of people under 24 years of age. Every year approximately 500 people in Israel commit suicide. Of those, one third is minors. Suicidal behavior that includes suicidal gestures and attempts, is several times more frequent than actual suicide and presents a serious public health problem as well. In the western world there are numerous national suicide prevention programs, some of which managed to significantly reduce the suicide rate. The panel participants are members of the Knesset Inter-Ministerial Committee for the Prevention of Suicide and act as consultants to
The National Program for Suicide Prevention in Israel that was launched last year. This panel will present the most outstanding of those prevention programs from around the world, as well as the controlled research that attempts to measure the outcomes of the programs. The audience will be invited to join a discussion on the seven main strategies suggested in the pilot of the Israeli program.

**Keywords:** Suicide, Prevention, Suicide attempts, Israel

**SA14. Old Age Psychiatry**
Chairperson: Prof. Dov Aizenberg

**SA15. Residency training: learning and/or education, medical education, the resident in the era of research and career choice**
Chairpersons: Dr. Tsvi Fischel, Dr. Hilik Levkovitz

**SA15.1. SPECIALIZATION COURSE – LEARNING, MEDICAL EDUCATION, THE RESIDENT IN THE ERA OF RESEARCH AND CAREER CHOICE**
Fischel T, Levkovitz Y, Hirschmann S, Linder M

The training program for physicians has undergone changes across time. From a profession that was mainly an apprenticeship a comprehensive dogma of training, teaching and learning has developed that aims to bring the apprentice to a position where s/he can function independently opposite the patient. Social changes in the status of the physician, social demands and the body of knowledge available led to changes in the requirements and consequently in changes in the methods of training. Psychiatry, aside from the advances in medicine in general, has undergone additional changes. The relatively young profession includes clinical aspects, psychological-psychotherapy components that were previously dominant, and neurological aspects, and cope with the need to define itself between medicine and humanities, science and mystics, and between research, law and philosophy. The course of training for the psychiatrists must relate to this multi-faceted spectrum, and enable an appropriate balance for all components of the profession. The new aims of medical education that define the need for professionalism and training for professionalism focus also on psychiatry in general, and Israeli psychiatry in particular. The curriculum of the Israel Psychiatric Association attempts to provide a solution to these renewed goals. The panel will discuss various aspects of the image of the resident and will debate the course of training and advancement of the resident. We will begin with a review of professionalism in medicine and medical education. We will describe the demands on the resident as they are drafted in the curriculum. The image of the resident from the vantage point of the resident himself will be discussed, as well as the need to integrate science and medicine to the psychological and social environment. The discussion will focus on the definition of the "good resident", the question of identity of the resident in the field defined between clinical practice, research and instruction and the psychotherapy-basic science axis. Is the discussion indeed about one axis or is it a multi-axis system?

**Keywords:** Professionalism, Psychiatry

**SA16. The Polish Israel Dialogue: A model of conflict management**
Chairperson: Dr. Henri Szor

**SA16.1. IN THE FACE OF ANTI-SEMITISM: THOUGHTS OF POLISH PSYCHIATRISTS AND PSYCHOLOGISTS**
de Barbaro B, Józefik B, Droźdżowicz L, Szwajca K

Members of the Polish-Israeli Association for Mental Health established at the Faculty of Psychiatry CMUJ in Krakow have been meeting for a few years and have formed a group of a special kind. While presenting the dynamics of this group, it is worth observing the controversies that create the axis of discussion at the heart of the association. Should the association work in the form of a club with well-defined boundaries, or whether the idea of expanding the group and its outside activity is more important? Should the meetings have a self-instructive and educational character, or whether the thread of “inner talk” inspired by group meetings is more essential? Annual meetings with a group of psychiatrists and psychologists from Israel, in turn, make one consider and think about an optimal structure for the group: should the Israeli-Polish dialogue be deepen, or maybe tripartite Polish-Jewish-German meetings would be more profound and offer greater development and progress. The heated discussion in Poland that had been incited in connection with the publication of
professor J.T. Gross’ work on Polish anti-Semitism after the war has become an additional stimulus to ask questions about national mythology and its dark sides. It has demonstrated the basic meaning of Polish narrations, often contradictory, concerning Polish attitudes and stances toward Holocaust. While sharing their thoughts on the above mentioned issues, the authors refer to their personal experiences.

**SA16.2. POLES AND JEWS – ONE TO ANOTHER: STRANGER OR BROTHER**

**SZOR H**

_The Israeli-Polish Association for Mental Health_

The Israeli-Polish Association for Mental Health (IPAMH) was established simultaneously in Poland and in Israel May 2000. Its goals express mainly a deep and shared commitment of Polish and Israeli psychiatrists to the victims of the Holocaust. It defined as its central goals to investigate the roots of and the harm caused by racial and ethnic hatred and anti-semitisim and other forms of racial prejudice. We undertook to further the above goals and to contribute to the improvement of mental health care in our two countries and to develop and strengthen mutual contacts between mental health care professionals in Poland and Israel and thus to contribute to international mutual understanding and to contribute to an enlightened and tolerant society. In order to achieve those aims the association established a framework of intensive and continuous bi-national meetings, which allowed for a creation of deep personal relations between the participants, thus laying the basis for a common learning and an emotional working through of the historical past, the conflict and its implication on present and future. This workshop will demonstrate different aspects of the ongoing process. We will stress in our contributions the importance of bi-national working together when dealing with a conflict, which is so deep and complex. Our work might serve as an example or even a model for other conflicts between nations as well as between any other opponents who are immersed in a deep and difficult conflict which otherwise might be experienced as insoluble and not allowing forgiveness.

**SA16.3. A MULTI-GENERATIONAL PERSPECTIVE OF THE GROUP PROCESS, IN A GROUP OF THE ISRAELI POLISH MENTAL HEALTH ASSOCIATION (IPMHA)**

**Kremer I**

_Haemek Medical center, Psychiatric Department, Afula, Israel; Rappaport Faculty of Medicine, Technion, Israel Institute of Technology, Haifa_

The Israeli-Polish Mental Health Association (IPMHA) operates as a part of the psychiatric associations of both countries. One meeting takes place every year, alternately in Poland and Israel, with a core of participants from both sides that attended all the meetings, and a number of participants who only participated in some of the meetings. I will bring the narrative of the group, as well as a discussion about the overt and covert motivations of the participants, including the coordinators, and a description of the group's process. In addition I will bring in details vignettes from four group meetings. The group is multi-generational. I will show that it is possible to identify among the participants various mental processes of working through the trauma of the Holocaust, where the difference most noticeable is between generations. I would like to suggest that an intra-psychic and interpersonal process of Forgiveness, with its complexities and difficulties, takes place, in a different way in persons of different generations.

**SA17. Liaison in the general hospital**

Chairperson: **Prof. Shaul Shreiver**

**SA17.1. CONSULTATION-LIAISON (C-L) PSYCHIATRY IN GENERAL HOSPITALS**


_Departments of Psychiatry @ 1Hillel Yaffe Medical Center; 2The Chaim Sheba Medical Center; 3Rambam Medical Center; 4Hadassah Ein-Kerem University Medical Center; 5Tel Aviv Sourasky Medical Center, Israel_

Consultation-liaison (C-L) psychiatry has an important role in the identification and management of psychological problems in patients hospitalized in general hospitals. This includes the confirmation and treatment of primary psychiatric conditions (e.g. somatoform and factitious disorders) seen and first diagnosed by non-psychiatrists in general medical settings, though full collaboration between the “physical” doctor and the psychiatrist are needed for effective treatment. Recently, other tasks that pertain to various
aspects of legal and financial problems imposed by legislation and economical considerations within the general hospital settings have been assigned to C-L specialists. While risk assessment is a basic step of the psychiatric status evaluation – decisions concerning “personal surveillance” of non-psychiatric patients in general hospital wards derive from “risk-management” considerations – including legal, insurance and economical aspects. A parallel discussion can include the process of legal guardianship assignment requested for hospitalized non-psychiatric patients. Other tasks "dumped" on the C-L psychiatrist by over-worked, (and afflicted by stigmatic prejudice) physicians include management and treatment of street-drugs abusers hospitalized for severe medical conditions – though psychiatrists generally do not prescribe opioids and have little experience with that family of drugs; and the management of patients with delirium – an acute brain insufficiency and severe life-threatening condition, never hospitalized in psychiatric wards. These issues will be discussed by a panel of specialists from 5 large medical centers, to review the underlying concepts and methodologies which contemporary medicine addresses physical/psychiatric multimorbidity, and to start a dialogue that would lead to a novel approach to help consultation-liaison psychiatry (CLP) position itself better in the health-care field.

**SA18. Epidemiology in psychiatry**

**Chairperson: Dr. Raz Gross**

**SA18.1 SUICIDALITY**

Zalsman G  
Director Department of Child and Adolescent Psychiatry, Director Adolescent Day Hospital, Geha Mental Health Center, Tel-Aviv University

Suicidal behavior and suicide are phenomenon with serious impact on public health. Tens of thousands of individuals a year inflict self harm without intending to die. Monitoring the amount of individuals involved in suicidal behavior is difficult and complex, due to stigma and lack of accurate records. We will review the known statistics and describe what can be done to improve the information that is available to the decision makers. We will present an outline of inter-office committee proposal for prevention of suicide concerning epidemiology and documentation – essential stages for all prevention plans.

**SA18.2. EXPOSURE TO TRAUMA AND POSTTRAUMATIC STRESS DISORDER: CURRENT CONTROVERSIES AND FUTURE DIRECTIONS**

Neria Y.  
College of Physicians and Surgeons, Department of psychiatry, Columbia University, The New York State Psychiatric Institute

Exposure to a traumatic event is a cardinal criterion for the diagnosis of Posttraumatic Stress Disorder (PTSD). However, although more than three-quarters of the general population is likely to meet this criterion during their lifetime, only the minority (8-9%) will develop PTSD; and among those who will develop PTSD some will have persistent symptoms, while other will recover over time, even without treatment. While, most PTSD research to date has focused on prevalence and risk factors for PTSD, the study of resilience to trauma among exposed individuals who did not develop PTSD, and recovery from PTSD among those who developed PTSD, but were able to remit from PTSD symptoms over time, have received little scientific attention. The presentation will describe current status in the research of PTSD, common limitations of previous studies, and will describe recent efforts to systematically address psychosocial and biological factors which are involved in vulnerability to PTSD, resilience to trauma, and recovery from PTSD over time. Taken together, the presentation will highlight an urgent need to expand the framework of trauma and PTSD research, in order to facilitate knowledge of the various effects of trauma. Better understanding of the human response to trauma is critically needed in order to develop more targeted interventions and to provide better tools to track improvement during and after treatment.

**Key words:** Trauma, PTSD, Resilience, Remission
SA18.3. THE PSYCHOPATHOLOGICAL IMPACT OF THE HOLOCAUST ON THE FIRST AND SECOND GENERATIONS
Levav I1, Kohn R2, Sharon A3, Shemesh AA1, and Lurie I4

1 Ministry of Health, Jerusalem, 2 Brown University, Providence RI, USA
3 Brookdale-Myers Institute for Human Development, Jerusalem, 4 Shalvata Mental Health Center, Hod Hasharon

The clinical literature on the psychopathological impact of the Holocaust on the first and second generations is vast, but the one based on community studies is meager. We will report findings on the single community-based study on Holocaust survivors conducted thus far. This was part of the Israel component of the World Health Survey-INHS (years 2003-4). Subjects and comparisons were administered CIDI (to diagnose psychiatric disorders), the GHQ-12 (to identify emotional distress), and a battery of questions on health problems (e.g., to ascertain sleep disturbances, cardiovascular disorders, etc). Survivors had higher rates of combined anxiety disorders, higher emotional distress and more frequent sleep disturbances. The findings were made in a context free of secondary gains about six decades after World War II. Three community studies have been conducted on the offspring of survivors, one in Norway and two in Israel. The last conducted Israeli study was also part of the INHS. Rates of psychiatric disorders and mean scores of emotional distress did not differ from the comparison group. The negative findings of the INHS, as well as those from the other two studies, are not supported by studies that included second generation survivors under conditions of stress, such as war and cancer.

SA18.4. AUTISM
Gross R, Gal G.

Unit of Mental Health Epidemiology and Psychosocial Aspects of Illness. The Gertner Institute of Epidemiology and Health Services Research
Sheba Medical Center, Tel Hashomer

Autism is a chronic neurodevelopmental disorder characterized by social and language impairments, and stereotyped, repetitive patterns of behavior. Symptoms manifest usually by the age of 2-3 years. Affected individuals often have significant functional impairment and require constant care. The autism spectrum disorders (ASD) include Asperger’s syndrome, Rett’s syndrome, overreactive disorder, childhood disintegrative disorder and pervasive developmental disorder not otherwise specified (PDD-NOS). Rates of both autism and ASD have increased markedly in the past two decades. A recent report of the US Centers of Disease Control (CDC) estimated that 1 in 160 8-years old in the United States have ASD. Though increase may be partially explained by changes in diagnostic criteria, improved diagnostic accuracy, and increased awareness of types of ASD other than autism, it reflects also a true increase in the incidence of ASD, implicating important role of environmental and epigenetic factors. We will present fresh data on estimated rates of autism in Israel; review potential risk factors that might play a role in the increase in ASD rates; and discuss salient public health implications of the autism epidemic.

SA19. Therapeutic neuromodulation in psychiatry: An alternative to medication?
Chairperson: Prof. Leon Greenhaus

SA19.1. THERAPEUTIC NEUROMODULATION: A WELCOMED CHANGE IN PSYCHIATRY
Greenhaus L
Jerusalem Center for Mental Health, Sackler Faculty of Medicine, Tel-Aviv University

For many years the only accepted somatic treatment in psychiatry was electroconvulsive therapy (ECT). Since the introduction of transcranial magnetic stimulation (TMS) in 1987 by Barker in England we have seen a rapid growth of techniques for therapeutic neuromodulation. Some of these technologies, like TMS and vagal nerve stimulation (VNS) have been approved for clinical use. Others, like deep brain stimulation (DBS) and transcranial direct current stimulation (tDCS) in treatment resistant major depression and treatment resistant obsessive compulsive disorder are appearing with increased frequency in the literature. In a recently published review on "New methodologies for Brain stimulation" at least 9 new methods of brain stimulation with either electricity of magnetic pulses are being tested in humans. Even light is being
proclaimed as a for brain assessment and for therapeutic stimulation. Methods for brain imaging with light (near infrared spectroscopy) or treatment with photons (optogenetics) are being researched in humans and animals. Over the past few years we have see evidence of the rise of treatment resistant Axis-I diagnosis in psychiatry. Large controlled studies and meta-analyses are demonstrating that medications introduced over the past 20 years are failing to live up to the initial expectations. Could it be that therapeutic neuromodulation will be the next "in thing" in the psychiatric armamentarium? In this panel Professor Grunhaus will provide an overview of Therapeutic Neuromodulation and then he will emphasize in greater detail the recent developments in the "old" technique of ECT. Professor Grunhaus will review an amazing epidemiological study in which the researchers demonstrate that even after 70 years of use ECT is still being practiced with substandard methods. Professor Ehud Klein will discuss the results of the original study he is conduction of theta burst stimulation in the treatment of major depression. Theta burst is a modification of the usual pattern of repetitive TMS in which more significant effects on cortical excitability are obtained. Dr Hilik Lefkovitz will discuss the initial results of his study using the Deep Brain Stimulation coil. The H-coil is a development of Israeli scientists who predict that the "Deep" will have a more thorough antidepressant effect that the regular TMS coil. The initial results appear encouraging and we may be seeing a striking development "made in Israel". Come to this panel and be "electrified" and "magnetified" by the new developments in this field.

**SA19.2. CLINICAL EFFICACY, TOLERABILITY AND SAFETY OF THETA-BURST RTMS IN PATIENTS WITH MAJOR DEPRESSION, RESULTS FROM A PILOT STUDY.**

Klein E, Chistyakov AV, Robicsek O, Kaplan B,

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**Background:** The aim of this preliminary open study was to evaluate tolerability, safety and short-term antidepressant effects of theta-burst transcranial magnetic stimulation (TBS) in patients with major depression (MD). Methods: A total of 29 subjects with MD were enrolled into one of three treatment protocols. In the first protocol, thirteen consenting patients were assigned to receive either continuous TBS (cTBS) administered to the right dorsolateral prefrontal cortex (DLPFC) (n=6) or intermittent TBS (iTBS) administered to left DLPFC (n=7). Each treatment session included 600 pulses of cTBS or iTBS at an intensity of 90% active motor threshold (aMT). Patients enrolled in the second treatment protocol (n=6) received cTBS to the right DLPFC at an intensity of 100% aMT and consisted of 900 pulses per session. Patients enrolled in the third treatment protocol (n=10) received cTBS to the right DLPFC at an intensity of 100% aMT and consisted of 2 X 900 pulses per session with a twenty minute interval. All patients received 2 daily treatment sessions for 10 consecutive work days. Severity of depression was assessed by the Hamilton depression scale. Results: Twenty eight out of 29 patients completed the two weeks treatment protocol without any significant adverse effects. One patient from the second treatment protocol group dropped out after 4 treatment sessions due to painful scalp sensations which appeared just under TMS coil during stimulation at intensity of 100% aMT. Nine patients of those who participated in the first two protocols (two who received left DLPFC 90%aMT iTBS; four who received right DLPFC 90%aMT cTBS; and three who received right DLPFC 100%aMT cTBS) had marked clinical improvement. Seven of the 10 patients who participated in the third protocol had marked improvement (50% or more on the HDRS) and 4 of them satisfied criteria for remission after 10 treatment sessions. Conclusions: The results of this preliminary study suggest that TBS, as applied in our treatment protocols, has antidepressant effects, is safe and well tolerated. Furthermore, cTBS to the right DLPFC seems to have more prominent antidepressant action than left sided iTBS and the increase in intensity and number of stimuli, seems to enhance its therapeutic efficacy. Further randomized controlled studies are required to evaluate the therapeutic efficacy of TBS in major depression.

**SA19.3. DEEP TRANSCRANIAL MAGNETIC STIMULATION IN MAJOR DEPRESSION: FROM ANIMAL MODELS TO CLINICAL APPLICATION.**

Levkovitz Y, Harel EV, Zangen A,

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2Department of Neurobiology, Weizmann Institute of Science, Rehovot, Israel.

The H-Coils are a new development in TMS design, designed to stimulate deeper neuronal pathways compared to standard TMS. Based on the results of the authors' physical and psychological safety study using the H-coils in healthy controls, a clinical trial was conducted to evaluate the safety and antidepressive response of and antidepressant effects induced by four weeks of high frequency (20Hz) repeated Deep-TMS
over the left PFC on 65 treatment-resistant depressed patients. Depressive symptoms were rated using the Hamilton Rating Scale for Depression (HAM-D) and Beck Depression Inventory Scale (BDI). In the first week anti-depressant medication was gradually tapered and discontinued, and patients were randomly assigned to treatment with one of the two H-coil designs (H1/H2). The subjects received daily TMS treatment for 5 days for four weeks. The results from this study and the ongoing maintenance study in depression indicate that stimulation with the novel H-coils was well tolerated, with no major side-effects or adverse physical outcomes. Compared with the value prior to the start of TMS therapy (31.29 +/- 4.98), the average HAM-D scale dropped significantly to 16.24 +/- 9.91 on the day after completion of the therapy. The patients' subjective report using BDI showed a similar pattern when compared before (31.53 +/- 10.2) and after (21.82 +/- 13.57 ) TMS treatment. Computerized cognitive tests (the CANTAB) along the study indicated selective improvement in cognitive functions. To conclude, this study and the maintenance study in depression is the first evidence for the feasibility and safety of using the two H-coil designs (H1/H2) for treating major depression.

**Keywords:** deep transcranial magnetic stimulation, major depression, theory of mind, cognitive function.

**SA20. Psychiatry exams – an innovative model, the rationale, initial data and future aims**

**Chairperson:** Prof. Shmuel Fennig

**SA20.1. THE STEP B ORAL EXAMINATION IN PSYCHIATRY – STRUCTURE, RELIABILITY, AND THE PROFESSIONAL IDENTITY OF THE SPECIALIST**

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The Step B oral examination constitutes the final specialty examination in psychiatry. The exam format reflects the philosophy of psychiatry and the professional identity of the psychiatrist. Two years ago, the examination committee made two revisions to the content and structure of the examination. A section on CBT (Cognitive-Behavioral Therapy) was added, thus recognizing that proficiency in psychotherapy in general and CBT in particular is a necessary qualification for the psychiatrist. The medical/neurological section was integrated with the clinical question in psychiatry, acknowledging that medical/neurological assessments are an inseparable part of the psychiatric evaluation. The essence, process and justification of these changes, and the process through which they were conducted will be discussed. In addition, in an attempt to increase reliability of the exam, while continuing to allow necessary levels of freedom for the examiners, the committee chose to structure certain portions of the exam while requiring adherence to general guidelines in others. This issue, and satisfaction with the above mentioned changes will be discussed.

**Keywords:** Final Specialty Examination, Step B, Professional Identity, Reliability

**SA21. AEP Itinerant CME Course**

**Forensic Psychiatry: Striving for Excellence and the Struggle with Stigma**

**Speaker:** Prof. Julio Arboleda-Florez

**SA21.1. STIGMA, DISCRIMINATION IN FORENSIC PSYCHIATRY**

Julio Arboleda-Florez  
Professor Emeritus, Queen’s University, Canada; Honorary Life President, Forensic Section - World Psychiatric Association; President, World Association for Social Psychiatry

Over the past two decades much has been advanced in developing a theory of stigmatization of mental illness and the mentally ill and in understanding the determinants that lead to stigmatizing attitudes in populations. Similarly, there has been much interest in developing programs and intervention strategies to counteract and to fight the pernicious effects of stigmatization. Stigma, however, should be understood as stereotypes and attitudes people hold and discrimination as behaviours they might display about or against the mentally ill. Circumscribed by this definition, stigma, then, should be differentiated from behaviours that lead to discrimination of the mentally ill, understood as the passive or active encroachment on the rights of mentally ill persons with the implicit or explicit intention of depriving them of their rightful enjoyment of those rights as granted and enjoyed by citizens otherwise. Stigmatization and discrimination, however, are not unique to mental patients. These pernicious social attitudes are also felt by persons involved in the criminal justice system whose rights are often trampled upon with the connivance of the population bent on biblical injunctions of an eye for an eye and a tooth for a tooth. Further, mentally ill offenders suffer from the double
stigma of their mental condition and their criminality. Public calls are often heard about stopping special correctional and forensic psychiatric programs on the basis that they are no more than cuddling criminals at the expense of the rights of the victims and many politicians owe their elections on “tough-on-crime” platforms that fail to discriminate criminals from mentally ill offenders. A “lock-them-up” philosophy pervades the social debate on these issues. This workshop is dedicated to a review of general issues of stigma and discrimination specially applied to the forensic system and their impacts on both forensic practitioners and their clients.


SA22. **Children and Adolescents – Bipolar disorder in children – Diagnostic dilemmas**
Chairperson: **Dr. Ilana Farbstein**

**SA22.1. PRECURSORS OF EMOTION REGULATION IN INFANCY**

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One of the key developmental tasks in early childhood is the attainment of emotion regulation, defined as the ability to initiate, maintain, and modulate emotional arousal, with the aim to accomplish individual tasks, as well as to facilitate the adaptation to the social environment. Problems in regulating negative emotions, especially, in early childhood, have been found to be associated with both internalizing and externalizing problems at school age and later. Through infancy and preschool years, the development of emotion regulation shifts from passive, other-dependent strategies to increasingly active and autonomous. Internal/biological factors in the infant, such as temperament, as well as external factors, especially support from primary caregivers and secure attachments to them, determine the ability for emotion regulation. For instance, the combination of maternal depression (risk factor for insecure attachment) with infant's behavioral inhibited temperament, has been shown to predict poor and passive emotion regulation strategies and sadness. In this presentation, we will review in depth these concepts, and present longitudinal data showing their link with later emotional dysfunction.

SA23. **Community based rehabilitation for persons with mental disabilities: an integral component of mental health services in Israel**
Chairperson: **Prof. Uri Aviram**

**SA23.1. COMMUNITY BASED REHABILITATION FOR PERSONS WITH MENTAL DISABILITIES: AN INTEGRAL COMPONENT OF MENTAL HEALTH SERVICES IN ISRAEL**

The purpose of the session is to assess the contribution of community based psychiatric rehabilitation services as an essential component of mental health services in Israel, and the major issues, challenges, and obstructions that stand in their way. The topic will be discussed by a multi-disciplinary team from the fields of psychiatry, psychology, social work, occupational therapy, with the participation of clients of the services. The speakers will relate to the development of psychiatric rehabilitation in Israel in light of the changes in modern psychiatry in general, and in view of mental health reforms in Israel in particular, especially during the last decade, and will examine the necessary conditions for comprehensive integration, efficacy and efficiency of all components of the mental health services system - hospitalization, ambulatory services, general medicine and rehabilitation in the community.
Addiction is a chronic disorder that requires available treatment for all that seek help and at any given time. In the last four decades we have witnessed a “drug epidemic” – a steady expansion of exposure to illegal substances. In parallel, supervision has been strengthened and enforced, and rehabilitation and treatment services have been expanded, in an effort to reduce the degree of addiction associated with criminality, lack of productivity and detriment to public health, pursuant to the constant increase in infectious diseases. To attain the goal of adapting the services to the third millennium, it is necessary first to access the complete national database of applicants for treatment at the various agencies. The next stage is in effect expansion of services by uniting all government services and development of treatment clinics in the settings of primary medical and psychiatric services both public and private. Dr. Haim Mell will describe the phenomenon of addiction in terms of epidemiology, in Israel, treating addiction as an organic, not only a social disease. This need results from “mainstreaming” treatment for addiction in medicine in general and in psychiatry in particular. He will then review treatment of opiate addicts with total weaning or using agonist or antagonist agents, including the current development of antagonist treatment of a body implant or use of long-acting medications (Vivitrol) in response to low patient compliance. Dr. Sergio Marchevsky will review outpatient treatment with partial agonists (Buprenorphine) in Israel. Treatment for opiate addiction in the western world is moving towards maintenance therapy with Buprenorphine. Treatment in many countries is offered without cost, by family physicians, owing to the relative safety of the compound. In Israel treatment is delayed due to administrative obstructions, and the high cost of the medication. The model of treatment in an Israeli private clinic, with treatment results of over 600 patients will be presented. The challenge for Israeli psychiatry in this field is the implementation of this treatment model as standard psychiatric treatment, reduction of the cost of the medication and reduction of the need for expensive public medical centers. Dr. Issachar Herman will review the issue of treating addiction with tranquillizers. Addiction is also inherent in a population not familiar to addiction treatment units and does not receive attention appropriate to the scope of its occurrence. The most important method for dealing with addiction and the need for these medications is education and training family and other physicians to reduce prescriptions for addictive tranquillizers. Patient must be taught to use these medications intelligently and only when absolutely necessary, taking into account the half-life of the drug. Patients should be referred to specialized addiction units, only when they cannot be treated in primary clinics. Dr. Paola Rosca will review treatment for addiction to stimulants. In recent years we have witnessed changes in the types of drugs used and in the populations that use them. We need to introduce treatment methods, settings and technologies appropriate to the populations of addicts. Use of stimulants is often associated with psychiatric disorders and there is a need to develop treatment services for dual diagnosis patients, especially in outpatient settings. In order to build a treatment infrastructure, in is necessary to train psychiatrists, physicians and multidisciplinary staffs in the field of addiction. Dr. Arturo Lerner will review the direct effects of specific agents (Disulfiram, Naltrexone Acamprosate) and indirect effects of non specific agents (NSRIs, SSRIs) on the reduction of alcohol cravings. These agents have been found effective in reducing the desire and amount of drink, as well as in the treatment of associated psychopathology, if present. These agents are presumed to be of more help for alcohol addicts, especially Type A. Patients report reduced craving for alcohol, but this reduction tends to be temporary. It remains unclear whether these medications can be more effective, in various subtypes of alcoholism and associated psychiatric comorbidity.
obesity as a chronic disease that impairs quality of life, causes severe secondary morbidity, and reduces life expectancy. Despite the rapid increase in the incidence of the illness, modern medicine is unable to offer effective treatment for obesity. Recently, novel treatment approaches, one of which is cognitive behavioral group therapy, have appeared. "Group therapy for changing eating habits and life style" is a model for group therapy based on the principles of cognitive behavior therapy that was developed during the previous four years in the Eating and Weight Disorders Department at the Sheba Medical Center. The name of the group, "Therapeutic Group for Changing Eating Habits and Life Style" was chosen based on the therapeutic concept that views obesity as an illness that touches all areas of life: food related behavior, social functions and physical and mental health. The aim of the treatment is to reduce 5-10% of baseline weight. Being satisfied with the goal of "modest" weight loss stems from the knowledge that this type of reduction is very significant in terms of physiological and mental health, and reduces the risk of burnout of success and rapid repeat of weight gain. The treatment principles are based on adopting proper nutrition, increasing physical exercise, taking into account the emotional components (cognitive behavioral therapy) pharmacotherapy and in some unique cases, surgical treatment. The group is supervised by a dietician, psychiatrist-psychotherapist and physical education instructor. The lecture will present the theoretical concept upon which the treatment program is based, the demographic and medical data of the participants will be presented as well as the treatment results: average weight loss was 5.4% of baseline weight and there was a direct correlation between the increase in physical activity and weight loss.

**SA25.2. COGNITIVE ORIENTATION IN EATING DISORDERS AND SUBSTANCE USE DISORDERS – SIMILARITIES AND DIFFERENCES**

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We sought to identify motivational dispositions accounting for addiction-related manifestations in anorexia nervosa (AN) bulimia nervosa (BN) and substance use disorders (SUDs). We studied female inpatients with restricting AN (AN-R, n=26), bingeing/purging AN (AN-B/P, n=22) and BN (n=31) with no SUDs, assessed when being symptomatically stabilized; 20 SUD inpatients with no eating disorders (EDs) and no substance use for two months; and 24 controls. Motivational dispositions were assessed with the 242-item Cognitive Orientation-Anorexia Nervosa Questionnaire (CO-Ano), previously shown to differentiate AN and BN patients from controls. Its items converge to 49 content-related themes, and four beliefs related to the self, norms and rules, what is true in general, and personal goals. Compared with the controls, all research groups had elevated depression and anxiety, and scored higher on the Eysenck-Addiction Scale, all CO-Ano beliefs, and three CO-Ano theme-clusters: 1.dissociation from the self, 2.rejecting bad parts of the self, and 3.unfulfilled desires. Controlling for demographic data, BMI, depression and anxiety retained the significance of the findings. We suggest that as ED and SUD patients with no active symptomatology show more maladaptive motivational beliefs and themes on the CO-Ano compared to controls, these cognitions may potentially account for both substance-related and food-related addictive psychopathologies. The higher scores in AN-B/P on the CO-Ano compared to SUD, AN-R and BN, proposes that elevated addictive-related inclinations in ED patients increase the likelihood of having simultaneous restricting and bingeing/purging manifestations.

**Key words:** cognitive orientation, anorexia nervosa, bulimia nervosa, substance use disorder

**SA25.3. THE REVOLUTION OF THE ANORECTIC MOTHERHOOD – DISEASE IN RAPID CHANGE**

Gur E.

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In the 3rd edition of the Comprehensive Textbook of Psychiatry by Kaplan, Freedman and Sadock that was published in 1980, anorexia nervosa was the only defined eating disorder. Most patients were young females usually with "...poor sexual adjustment....". In those days motherhood had nothing to do with anorectic patients. Over the years, along with the social and cultural changes, the characteristics of the disease have changed and in the last decade there are more and more cases of anorectic mothers arriving for treatment. In general we see three different types of anorectic mothers, the first includes anorectic patients that partially
recovered, married and gave birth spontaneously, some of them have exacerbations during the pregnancy period and after giving birth. The second type is active anorectic patients with amenorrhea, that received IVF treatment and gave birth. This group of patients has a high incidence of complications during pregnancy and birth, and usually has great difficulties caring for their offspring. The third group includes mothers that develop anorexia nervosa later in life, some of them had a past history of eating disorder and had a relapse after many years of remission; others develop late onset eating disorder in older age. Anorectic motherhood is a new phenomenon in the eating disorder field and new approach is needed in order to adjust the treatment to their special needs.

SA25.4. SISTERS OF WOMEN WITH EATING DISORDERS: NEURO-COGNITION AND PERSONALITY

Latzer Y1,2, Hason Rozenstein M1,2, Gur E3, Stein D3, Givon M2, Eviatar Z1.
1University of Haifa, Haifa; 2Rambam medical center, Haifa; 3Sheba Medical Center, Tel Hashomer, affiliated with the Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv

Our aim was to examine heritability as a risk factor and potential protecting factors in eating disorders (EDs). For these purposes we examined neuro-cognitive and emotional abilities and personality traits in women with EDs and their sisters. Five groups of women were examined: Bulimia nervosa purging type; anorexia nervosa purging and restricting types; women who had a sister with an ED; and healthy women. All participants performed 3 computerized cognitive tasks: size evaluation, lexical decision and facial-emotion recognition. Computerized tasks were tested in divided visual-fields in order to define hemispheric patterns. We measured error rate and response time. Personality traits were evaluated using questionnaires related to depression, impulsivity, obsessionality, and alexithimia. We found that in the size evaluation and the lexical decision tasks, the sisters scored in-between the healthy and ED women. In the emotional facial task, the condition in which stimuli were presented in different visual fields vs. in the same visual field resulted in a great bilateral advantage (interhemispheric interactions) for the healthy controls, and significantly less for the ED women and their sisters. In all personality questionnaires except for alexithymia, the sisters were similar to the healthy participants and different from all ED groups. These findings suggest a disturbance in cognitive processing patterns in sisters of women with EDs that may be genetic in nature. By contrast, the personality trait profile of the sisters may be considered a protector factor. Our findings also point to a difficulty in interhemispheric communication for emotional processing in ED patients and their sisters.

Keywords: Eating disorders, family, hemispheres, neuro-cognition, personality

SA25.5. TREATMENT CONTINUUM APPEARS AS A CRUCIAL FACTOR IN FACILITATING WEIGHT MAINTENANCE IN MORBIDLY OBESE ADOLESCENTS

Fennig S
Children and Adolescent Medical Psychiatric Unit, Schneider Children's Medical Center of Israel, Petah Tiqwa. Feinberg Child Study Center, Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv

Our aim is to present an intensive program for children with severe morbid obesity in a special unit specializing in the treatment of eating disorders (EDs). These children suffer from morbid obesity with several potentially life-threatening medical complications. The cognitive behavioral treatment (CBT) program has been developed according to the Cooper/Fairburn approach to the treatment of obesity. It is organized in a series of treatment modules that include: 1- pre-admission phase; 2- establishing and maintaining weight loss; 3- encouraging acceptance, addressing realistic expectations to body weight and body image concerns; 4- long-term weight maintenance in community settings. The program uses a combined CBT approach with nutritional, physical, pharmacological, and familial interventions, similar to those used for other EDs when outpatient treatment fails. Several clinical case studies are presented to illustrate the efficacy of the program in achieving rapid weight reduction and avoiding invasive medical procedures. However, minimization of subsequent weight re-gain is more effective when follow-up is carried out on and by the inpatient unit, rather than in community settings. These findings suggest that similar to the findings in other EDs, the treatment continuum described in this presentation appears to be a crucial factor in facilitating the complex goal of weight maintenance within the population of morbidly obese children and adolescents. Inpatient treatment can also be used to assess eligibility for bariatric surgery, to prepare the entire family for the post-operative change, and to assist the overweight youngster towards building realistic expectations in relation to the course and outcome following bariatric surgery.

Key words: obesity, overweight, children, adolescents, cognitive behavioral treatment
Chairperson: Dr. Ann Marie Ulman

SA26.1. WHEN FREUD AND ZAR SPIRITS MEET WHAT DO THEY TALK ABOUT?
FIELD WORK WITH THE ETHIOPIAN COMMUNITY IN ISRAEL.
Ulman A.-M.
Beer-Yaakov Mental Health Center, Sackler Faculty of Medicine Tel-Aviv University

The Ethiopian community in Israel (the “Beta-Israel”) represents today about 120,000 members. Ethiopian-Jewish culture is based on tribal cultural mode, the tradition being orally transmitted. Decisions are reached by consulting Elders (Shmagle) whose word is law. In Israel, Ethiopian Jews confronted a reality very different from their own and from their dreams. With their arrival mental health professionals faced clinical scenarios they were not ready to understand and deal with, necessitating a different reflection one which challenged their practice of psychiatry in Israel (practice based on a Western system of reference, influenced by psychoanalysis). The role of cultural background and its importance in the clinical presentation was underestimated. As a consequence, this encounter between the Israeli Health System (particularly the Mental Health System) and the “Beta-Israel” community served as the source of much misunderstanding, mutual frustration and misdiagnosis. Misdiagnosis can be the source of unnecessary hospitalization, harmful drug treatment and inadequate clinical management. Therefore it was crucial to define new practice principles regarding treatment of patients for whom we may sometimes be unsuccessful in finding a therapeutic answer. During the past four years, at Beer-Yaakov Mental Health Center, ethnopsychiatric methodology has been used to manage members of the Ethiopian immigrant community. By means of clinical vignettes, problematic issues will be illustrated including differential diagnosis between “idiom of distress” and psychiatric pathology, therapeutic alliance, negotiation around common concepts fostering dialogue around notions such as voodoo, spirits or sorcery.

Keywords: Ethiopian Jewish community, ethnopsychiatry, idiom of distress

SA26.2. REFLECTIONS ON SOCIAL PSYCHIATRY
Arboleda-Flórez J.
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Social Psychiatry could be described as a unique focus within Psychiatry that is dedicated to the understanding of the individual’s environment and that is attuned to the risks factors that could upset the person’s emotional equilibrium. Its interest lies in considering the individual within the social context of relationships with others and the environment. Within this framework, Social Psychiatry deals with major shifts in cultural issues, migrations, and the many aspects of social pathologies that threaten the mental health of populations at the beginning of this XXI century. This presentation will review the scientific basis and foundations of Social Psychiatry as the author reflects on such issues as economic ruin, wars, violence in general and sexual and domestic violence, drug trade, slave trade and abuse and forced exile and will reflect on the human tragedies unfolding and on how can we help populations and each other to weather these calamities.

Keywords: Social psychiatry, individual’s environment, culture, migration

SA26.3. PRINCIPLES OF ETHNOPSYCHIATRY
Nathan T.
Professor of Psychology, Paris 8 St Denis University

In today’s world of globalization and immigration, mental health workers are required to adapt their practice and develop new skills in order to treat immigrant populations. Since the early 80's, the French psychologist and psychoanalyst Tobie Nathan shaped the concepts of contemporary Ethnopsychiatry. Ethnopsychiatry is a field created by Georges Devereux, Nathan’s mentor, at the beginning of the 20th century. Devereux's unique psychoanalytic approach resides in reference to the relationship existing between psychic troubles and social norms in a given cultural context. Following more than 30 years of clinical activity treating the French immigrant population, Tobie Nathan conceptualized a clinical and research methodology currently practiced in the Georges Devereux center in France and in many other clinics internationally. Ethnopsychiatry imparts a crucial and authentic role to cultural background in the establishment of therapeutic interaction. What is called by Westerners “traditional explanation” represents for nonwestern patients the frame of reference
making thinking, sufferance formulation and mental processes possible. The ethnopsychiatry approach aims at understanding the rationality and the logic included in so called “traditional practices”. During this presentation the ethnopsychiatric setting conceived by Tobie Nathan, and its functioning will be described. The important contribution of the therapist’s theoretical construction in the initiation of the therapeutic interaction will be shown. It will be explained how the ethnopsychiatric methodology helps to overcome the deleterious consequences of the split existing between the two cultural referents (host and origin) in which our patients live.

Keywords: George Devereux, Ethnopsychiatry, immigration

SA27. Attention Deficit Disorder throughout the life span: characteristics, diagnosis and treatment
Chairperson: Dr. Iris Manor

SA27.1. ATTENTION DEFICIT IN PRESCHOOLERS
Peskin M  
Children’s Day Care Unit, Attention and Concentration Center – Geha Mental Health Center

Attention deficit disorder reveals its initial symptoms in the first years of life. There have been recent research developments and increased knowledge among various professionals as well as awareness among parents of the importance for early diagnosis and intervention. At these early ages, the deficit is a significant risk factor for development. The deficit is persistent throughout life, and affects the quality of the initial relationship between the child and his/her parents, social development, learning processes, crystallizing processes and family functioning. Characteristics: in preschoolers the symptoms of hyperactivity and impulsivity are prominent. The attention deficit is more difficult to define and generally remains masked. Young children that suffer from attention deficit disorder need more attention and help from their parents, they have difficulties keeping busy, adjusting and organizing themselves. Their frustration levels are usually lower than expected. In about 70% of the cases there is associated psychopathology. The most frequent impairments are developmental disorders, behavioral disorders, oppositional defiant disorder, anxiety disorder, and communication disorders. Diagnosis: according to the accepted criteria for later ages, that is a serious obstacle since these criteria are not sensitive to the developmental level and do not include the interpersonal component with the parents. Differential diagnosis of attention deficit disorder in preschoolers: many diverse conditions and impairments present with clinical pictures similar to ADHD and the most frequent are difficult temperament, neurological disorders, PTSD, etc. Treatment: The treatment plan for a child that suffers from ADHD must be multi-dimensional, and encompass personal, familial and social components. Behavioral therapy and parental guidance are the basis for treatment at this age, together with behavioral guidance for the nursery staff. Pharmacotherapy at this age is not unequivocally indicated, but is sometimes necessary. The rate of response to methylphenidate and the side effects are similar to those of older children, but there are unique characteristics at this age, that will be discussed in the lecture.

Keywords: attention deficit disorder, preschoolers, epidemiology, diagnosis, therapy

SA27.2. ATTENTION DEFICIT DISORDER IN CHILDREN AND ADOLESCENTS
Bloch Y  
Shalvata Mental Health Clinic for Children and Adolescents

Clinical and research reference to attention deficit disorder began in association with children. To date, most information is concerns this age group, and a large proportion of the characteristics and follow-up instruments are based on tasks for this age bracket. Awareness and better understanding of the developmental processes among children and adolescents and how they may be affected by this impairment, as well as the incidence of associated morbidity and its developmental processes, affect the therapeutic concept of attention deficit disorder. Thus issues such as substance abuse and adolescent's driving behavior receive increasing attention. Awareness of the increased incidence of the disorder in certain families often demands appreciation of the complexity of the therapy as well as treatment of attention deficit disorder in families where various family members suffer from the disorder.
SA27.3. ATTENTION DEFICIT DISORDER IN ADOLESCENCE
Manor A
Attention Clinic, Geha Hospital

Attention Disorder is a common impairment among children and adolescent (7%-10%), and continues through adulthood in about 70% of the patients, thus it affects 4-7% of the population. This population is not yet well recognized, even by caregivers, that according to various reports the percentage of those treated is low and includes only about 10% of those afflicted with the disorder. Clinical signs among adults are quite similar to those among children, while in addition typical emotional and functional characteristics emerge, resulting from the persistent nature of the characteristics of the disorder and the development of ineffective compensation mechanisms. The main characteristics of the disorder among adults are the very broad functional range (from almost normal functioning to very pathological functioning), tendency to procrastinate, diversion, multi-tasking, and severe emotional exhaustion. Similarly, they tend to make rash decisions, and the frustration level is low. In terms of the correlation between attention impairment and hyperactivity, they tend to present a more severe impairment in concentration, while hyperactive characteristics subside. In this lecture, epidemiological and clinical characteristics of adults who suffer from attention disorder, various diagnostic and treatment methods will be presented. Characteristics of the emotional world of adults who suffer from attention disorder and the ramifications of these characteristics on treatment will be discussed.

Keywords: attention disorder, adults, diagnosis, treatment.

SA28. Psychiatric Disorders in work or education settings, and in the military
Chairpersons: Prof. Roberto Mester, Attorney Oren Asman
International Center for Health Law and Ethics, Faculty of Law, Haifa University

SA28.1. BULLYING AT THE WORKPLACE
Mester R1 and Margolin J2
1Department of Mental Health, Law and Ethics, International Center for Health, Law and Ethics, Haifa University, Israel
2Secretary, Israel Society for Forensic Psychiatry

Bullying at the workplace is a social phenomenon that is drawing ever-increasing attention particularly in industrialized countries. In Israel, whose economy is based to a large extent on industry and on high technologies, the issue of bullying at the workplace is frequently dealt with in Labor Courts. There is also a growing awareness of bullying in military settings. Israeli psychiatrists are often called on to evaluate cases in which bullying is cited as the cause of psychological injury amongst civilian workers and military personnel. The psychiatrist expert is asked questions whose appropriate answers should be provided not only on the basis of solid medical knowledge and thorough scrutiny of relevant documentation, but also relying on empathy, sound ethical values and an adequate sense of proportion. The presentation deals with the issue of bullying, using clinical samples to illustrate difficult or controversial themes.

Keywords: Bullying at workplace, bullying in the military, psychiatric expert opinion.

SA28.2. MENTAL DISTRESS AND PSYCHOPATHOLOGY AS A RESULT OF MILITARY SERVICE
Witztum E
Mental Health Center, Beer-Sheva, Faculty of Health Sciences, Ben-Gurion University of the Negev, Israel

Military service in Israel is a unique experience for most youngsters drafted, after being found suitable for service. The shift from civilian life to life in a total institution is not easy. Soldiers sometimes experience various forms of mental distress and psychopathology during military service, which causes untimely discharge. The Israeli Disability Law (Compensation and Rehabilitation) of 1959 states that a disabled soldier is entitled to compensation if the following two conditions were simultaneously present: a) disability appeared during military service; and b) disability is a consequence of military service. The phrase "as a consequence of his service" has provoked recurrent discussions and verdicts by the Israeli Supreme Court and other Israeli Courts. The whole gamut of incidents in this connection was a possible reason for claims to the Ministry of Defense, starting from combat injury/wound and post-traumatic stress disorder and up to an
outbreak of a constitutional disease, such as "inherent in a person's mind" that can break out as an actual mental disorder or stay in a latent phase until death. In the psychiatric arena, major psychoses are the most problematic disorders. The issue of psychotic disorders that emerge during or soon after military service is difficult, complicated and confusing, raising multiple questions regarding the etiology and cause of the appearance of the psychiatric disorder, and the extent of Military and Ministry of Defense responsibility for it in various fields: legal responsibility, treatment, and rehabilitation. The most severe psychotic disorder is schizophrenia. The presentation will focus on the links between military service and the outbreak of post-traumatic stress disorder and psychotic illness according to various models, while mentioning current legal situation.

**Keywords**: military service, mental distress, psychopathology, post-traumatic stress disorder, schizophrenia.

**SA28.3. MENTAL DISORDERS AMONG CHILDREN/ADOLESCENTS FOLLOWING BULLYING AT SCHOOL**  
**Yoran-Hegesh R**  
*Nes Ziona Mental Health Center, affiliated to Sackler Faculty of Medicine, Tel-Aviv University*

In 2008 there was a 14% increase in juvenile crime according to Israeli Police data. Within less than a decade Israeli youth became more dangerous and violent: In a period of ten years there was an increase on 14-15% in juvenile criminal offenses. About 90% of pupils aged 12-18 reported that they experienced sexual attacks at various levels – The study was performed among 1036 pupils from one of the high schools in a central city in Israel. 82% of the boys and 76% of the girls reported that they had experienced physical violence. Abuse describes aggressive behavior that was meant to harm another either physically or emotionally. There is a distinction between direct bullying and indirect bullying. Direct bullying generally involves physical strength, and indirect bullying involves threats, manipulations, isolation, intimidation, spreading rumors, etc. In 2005 professional sources reported that passive victims of bullying could become anxious, less sure of themselves, and react to provocations by crying, withdrawing,- behaviors that represent lack of reaction. Alternatively if they are anxious and aggressive, they will return a fight. It is known that pupils harmed by bullying (direct or indirect) develop behaviors that others do not have, such as fear, avoidance, skipping school, avoiding activities outside of school, carrying weapons, involvement in quarrels, changes in concentration and learning abilities and dropping out of school. Most important, it cannot be determined whether these behaviors are necessarily derived from the bullying, as they too give rise to bullying, or there may be a different combination. When dealing with pupils, bullying may affect the aggressor, or the victim. The observer of the incident often develops personal characteristics that can be observed throughout the course of life. The aggressor: one may anticipate a 25% rate of criminal problems by age 30, and a more than average level of drug and health problems. The victim may develop impaired self image, that may manifests itself in learning difficulties. Emotional problems resembling attention deficit disorder, or pseudo bipolar disorder may develop and there is also a higher rate of suicide The observer can show impaired self image, sense of partnership with the “good” (I am also a hero) or the “bad” (I am participating in something bad). The lecture will present a summary of the existing knowledge on this important topic, together with examples and lessons that can be learned.

**Keywords**: juvenile aggression, abuse, bullying, effects of bullying

**SA28.4. SUICIDE AS A "WORK RELATED DAMAGE" ACCORDING TO THE ISRAELI NATIONAL INSURANCE ACT**  
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The Israeli National Insurance Act serves as a minimal financial security net that encourages people to go out to work. It determines that an insurant suffering from "work related damage" has a right to receive a disability stipend, and that the beneficiaries of an insurant who died because of "work related damage" are also entitled to a stipend. Israeli courts have heard several claims against the National Insurance Institute, in which they were petitioned to consider suicides or attempted suicides as a "work related damage". In said claims, the court interpreted the law in light of its social goal, defining circumstances in which suicide may be seen as "work related damage". In one case, suicide was seen as connected to a work accident that had occurred many years prior to the suicide itself; in other cases, when it was established that suicide occurred within a period of time in proximity to a specific event at work, the suicide was considered a "work
accident”; and in some cases – the claim was rejected. These court rulings were based on the assumption that a traumatic work incident that either caused a suicide or the onset of a mental illness or its development, may be a possible link between work and suicide. The courts have also set various conditions that have to be met, prior to declaring the existence of such a link. The presentation reviews the clinical, philosophical, value-laden and legal basis of said court rulings, presents the basic guidelines that emerge from the rulings, and critically analyzes them.

**Keywords:** Suicide, work accident, disability, National Insurance Act

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### Posters

**PA1**  Post-Traumatic Stress Disorder – PTSD

**PA1.1 NEURAL PREDICTION OF HUMAN VULNERABILITY TO REAL-LIFE STRESSFUL EXPERIENCES**

Admon R\textsuperscript{1,2}, Lubin G\textsuperscript{4}, Stern O\textsuperscript{1}, Rosenberg K\textsuperscript{1,2}, Ben-Ami H\textsuperscript{1}, Hendler T\textsuperscript{1,2,4}

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Whether the variations in people’s reactions to real-life stressful experiences depend on tendencies that predate the traumatic events or on responses to the events, is still unknown. This longitudinal imaging study addresses this issue by examining a-priori healthy combat paramedics before they entered active military service and after their subsequent exposure to stressful experiences. We found that a greater increase in stress symptoms over time could be predicted by higher amygdala reactivity before the stressful events, and also corresponded to greater plasticity in the hippocampus. This increased hippocampal plasticity was related to its diminished functional coupling with the ventromedial prefrontal cortex, again predicted by higher amygdala activation before the occurrence of stressful events. Thus, vulnerability to stressful experiences may depend on a balanced interplay between the amygdala's predisposing reactivity and hippocampal posteriori inter-regional adaptability. Accurate characterization of such neural profiles that mediate the response to real-life stressful experiences may guide individually tailored early interventions and possibly reduce the likelihood of long-term psychopathology following traumatic events.

**Keywords:** Real-Life Stressful Experiences, Individual differences, Amygdala, Hippocampus

**PA1.2 THE EFFECTS OF MUSIC AND MUSCLE RELAXATION THERAPIES ON SLEEP QUALITY AND EMOTIONAL MEASURES IN PTSD PATIENTS**

Blanaru M\textsuperscript{1}, Ben-Oriel L\textsuperscript{2}, Yehezkei E\textsuperscript{2}, Shorkin R\textsuperscript{2}, Vadas L\textsuperscript{2}, Arnon Z\textsuperscript{2}, Ziv N\textsuperscript{2}, Bloch B\textsuperscript{1}, Haimov I\textsuperscript{2}*, Kremer I\textsuperscript{1}*

\textsuperscript{*}Contributed equally to this research

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Background: Disturbed sleep is a common complaint among Post Traumatic Stress Disorder (PTSD) patients. The aim of the present study was to examine the effects of music and muscle relaxation therapies as treatment for insomnia in PTSD patients. Methods: Thirteen PTSD patients, participated in the study (mean age=45.7, SD=11.4; 8 males and 5 women). The study comprised one 7-day, running-in, no-treatment period, followed by two 7-day experimental periods. The treatments were either Music Therapy or Muscle Relaxation Therapy at bedtime. These treatments were randomly assigned. During each of these periods, subjects' sleep was continuously monitored with a wristactigraph and subjects filled out a wide spectrum of questionnaires. Results: Analysis revealed a significant reduction in depression level (BDI) following music and muscle relaxation therapies compared with baseline \[F(1,11) = 14.8, p < 0.003; F(1,11) = 11.2, p < 0.007, \text{ respectively}\]. Examining objective sleep measures a significant difference was found following music therapy in the four dependant variables recorded by the actigraph (i.e., sleep latency, mean wake episode, mean activity, and sleep efficiency) \[F(1,11) = 7.82, p < 0.017; F(1,11) = 11.31, p < 0.006; F(1,11) = 14.93, p < 0.003; F(1,11) = 9.95, p < 0.009, \text{ respectively}\]. Moreover, following music therapy, a highly significant negative correlation between the improvement in objective sleep efficiency and the reduction in depression scale was found \((r = -0.83, p < 0.0001)\). Conclusions: The findings imply the beneficial effect of Music Therapy compared to Muscle Relaxation Therapy as treatment for insomnia in PTSD patients.

**Key words:** PTSD, Insomnia, Music therapy, Muscle relaxation therapy, Depression
PA1.3 MDMA-ASSISTED PSYCHOTHERAPY IN PEOPLE WITH WAR AND TERRORISM-RELATED POSTTRAUMATIC STRESS DISORDER (PTSD) AND OTHER TRAUMAS
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At Beer Ya'akov MHC we are conducting a pioneer study involving MDMA assisted psychotherapy for PTSD. The foundation of this treatment is the theoretical assumption that MDMA is not in itself the therapy. MDMA in the therapeutic process partly induces a heightened state of empathic rapport along with its ability to facilitate the therapeutic process. The treatment paradigm rests on hypotheses concerning the benefits of increased rapport combined with the effects of a heightened therapeutic process. The successful use of MDMA in therapy is dependent on “the sensitivity and talent of the therapist who employs (it)”. With this understanding, the therapist carefully works with the patient to establish a sense of safety, security, trust, and openness, that enhanced psychotherapy gains. Therapists must carefully set the parameters of treatment and prepare the patient for the process prior to and during each MDMA-assisted session. The post-session integrative aspect of the therapy is aimed at bringing the lessons gained in a non-ordinary state of consciousness across the bridge to the ordinary state of mind where these lessons can translate into advances in the patient’s level of functioning. These strategies are introduced at the beginning of therapy and emphasized throughout the process. MDMA produces an experience that has been described in terms of “inhibiting the subjective fear response to an emotional threat” and increasing the range of positive emotions toward self and others and make possible the trauma elaboration. At this presentation we will share our experience with this new and exiting method.

Keywords: PTSD, MDMA, Psychotherapy, Psychedelic Medicine

PA1.4 LOW RESOLUTION ELECTROMAGNETIC TOMOGRAPHY (LORETA) IN POSTTRAUMATIC STRESS DISORDER (PTSD) PATIENTS COMPARE TO CONTROL, IN A REST STATE.
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Introduction: EEG is the recording of the brain electrical activity measured over the scalp. Using Mathematical algorithms one can calculate the 3-D distribution of the electrical potential inside the brain. One of these methods is called LORETA. In this research we seek to find the brain structures that differentiate PTSD from controls. Method: 10 patients meeting DSM-IV criteria for PTSD were recruited from the PTSD clinic. All patients suffered from the disorder for at least two years. All were treated with various SSRIs and tranquilizers. In addition, 10 control subjects were recruited from the hospital staff members. All participants underwent 19 channel EEG measurements according to accepted standards of practice. Analysis of data: Each EEG strip was visually scanned for artifacts. After omitting the artifacts all remaining EEG's had a test-retest measure above 0.9 as accepted. All EEG strips were analyzed using the LORETA software. Results: There was a statistically significant difference (p<0.05) between the two groups in two brain areas: the right temporal lobe (Brodmann's 21 and 22 areas) and the right frontal lobe (Brodmann's 9,10,46). The difference was evident in the 5-7 Hz rhythms. Conclusion: Our findings support other studies performed with different technologies, which demonstrated structural problems in the right temporal and frontal areas. This research also demonstrates the advantage of using both EEG and LORETA as a diagnostic research and therapeutic tool showing the exact areas of normal functioning as well as abnormal functioning of the brain in psychiatric patients.

Key words: PTSD, EEG, LORETA
PA2.1. DEEP TRANSCRANIAL MAGNETIC STIMULATION COMBINED WITH BRIEF EXPOSURE PROCEDURE AS A NOVEL TREATMENT APPROACH FOR POST-TRAUMATIC STRESS DISORDER
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Post-traumatic stress disorder (PTSD) is a debilitating, chronic anxiety disorder induced by traumatic experiences such as combat, terror attacks and accidents. Its prevalence is about 7% and significantly higher in violent regions. To date, psychotherapy and drug treatment achieve only partial success, thus indicating the need for the development of more effective treatments. Recent research has found that impaired acquired-fear extinction capability serves as an important factor at the pathogenesis of the disorder. Ventromedial Prefrontal Cortex (vmPFC) hypoactivity is related to this extinction impairment, which provides insight as to why some trauma exposed individuals will develop PTSD and others will not. In the current study, PTSD diagnosed participants are briefly exposed to the traumatic event by the script-driven imagery procedure. Immediately following the procedure, participants are administered high-frequency Deep Transcranial Magnetic Stimulation (DTMS) to the vmPFC. Our aim is to test whether acquired-fear extinction can be induced, and thus therapeutic effect achieved in PTSD patients resistant to standard treatment. In a double-blind study, 30 PTSD patients will be enrolled and randomly assigned into 3 treatment groups: a) DTMS after exposure to the traumatic event; b) DTMS after exposure to a non-traumatic event; c) sham stimulation after exposure to the traumatic event. Preliminary results (n=9) show marked improvement in subjects administered DTMS after exposure to the traumatic event (PSS-SR, CAPS, P<0.05), while subjects in group b showed no significant improvement. The improvement was more pronounced in the intrusive component. These preliminary results support the potential efficacy in combining brief script-driven exposure treatment with DTMS.

Key words: Deep TMS; PTSD; script driven imagery; vmPFC

PA2.2. PREDICTING THE POTENTIAL OF DEEP TMS – A RETROSPECTIVE REPORT
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* Both authors contributed equally to this study

The H-coil is an innovative development in transcranial magnetic stimulation (TMS), designed to safely stimulate neuronal pathways deeper than those stimulated by standard TMS. This novel apparatus, termed "Deep-TMS", enables the non-invasive stimulation of previously inaccessible reward-related areas which contribute significantly to the pathophysiology of depression, namely the dorsolateral and ventrolateral prefrontal cortices (PFC) and their projecting fibers to the Nucleus Accumbance and Ventral Tegmental Area. We analyzed the cognitive and antidepressant effects induced by four weeks of high frequency (20Hz) repeated Deep-TMS over the left PFC on 65 treatment-resistant depressed patients. Treatment was administered in various configurations, differing in spatial properties (unilateral vs. bilateral) and stimulation intensity. Response rates ranged up to 60%, demonstrating the superiority of left PFC stimulation over bilateral, and accentuating the significance of high intensity stimulation over low. We further analyzed patients’ data in order to identify the various parameters contributing to successful treatment. Baseline cognitive performance of responders was found to be either similar or inferior to that of non-responders in various tasks. Demographic data varied too; (1) number of antidepressants used prior to treatment by responders was significantly lower, suggesting that antidepressant use might reduce treatments’ potential. (2) Unlike previous TMS studies, age of responders was significantly higher, implying that Deep-TMS might overcome the increased ‘coil to cortex’ distance present in older populations. The study serves not only as an introduction to an innovative non-invasive treatment for depression, but as a means to assess and predict potential responders to Deep-TMS treatment.

Keywords: Deep-TMS, Depression, Prefrontal cortex, non-invasive stimulation
PA2.3. RESPONSE TO DEEP TMS IN DEPRESSIVE PATIENTS WITH PREVIOUS ELECTROCONVULSIVE TREATMENT

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Objectives: Exploration of deep TMS treatment possibility in depression resistant to ECT.
Introduction: Deep TMS is a novel neurostimulation, nowadays being tested in few hospitals in Israel for efficacy in treating depression. We recruited 6 patients that previously underwent ECT with minimal effect to test its antidepressive potential. Methods: UsingBrainsway's deep TMS H1 coil, patients were treated with 120% power of the motor threshold at a frequency of 20 HZ in a total of 1680 pulses per treatment course. Patients underwent 5 courses per week, up to 4 weeks. The completers underwent one maintenance course per week for the next 4 weeks, thereby completing a total number of 24 deep TMS courses. Prior to the study, patients were evaluated using the Hamilton depression scale [24 items], the Hamilton anxiety scale and the Beck depression inventory and were again evaluated after 5, 10, 15 and 20 daily treatments, as well as after each maintenance course. We considered treatment response to be a reduction in Hamilton depression scale of at least 50%, and remission to be a reduction of the score below 10 points.

Results: Among these 6 patients, 4 responded to treatment with deep TMS, including one who achieved remission.

Discussion: Our results suggest the possibility of a sub-population of depressed patients that may benefit from deep TMS treatment even in cases of ECT failure.

PA3 Suicidality

PA3.1 PREDICTIVE FACTORS FOR SUICIDE ATTEMPTS IN DUAL DIAGNOSIS PATIENTS

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Background: Patients suffering from both psychiatric disorders and substance abuse are titled "dual diagnosis patients" (DDP). Substance abuse is associated with suicidal behavior. Although our knowledge of substance abuse and suicide behavior is increasing, we lack sufficient knowledge of suicide among DDP. Objectives: (1) To compare the suicide attempts rate among DDP and non-DDP; (2) To compare the suicide attempts rate according to substance in DDP. Methods: Analysis of consecutive admissions: men and women ages 18–65 in our center (06/2003–06/2005). Results: Of 848 DDPs’ admissions, 197 (23.2%) were after suicide attempt, whereas 403 of 2558 non-DDP’s admissions (15.8%) were after suicide attempt (Odds Ratio [OR]=1.6; 95% Confidence Interval [95%CI]=1.3-1.9). The OR in multiple analysis was 1.4 (95%CI=1.1-1.8). By multivariate regression analysis, positive result for Tetrahydrocannabinol of urine analysis (adjusted OR=.4; 95%CI .3-.7) as was psychiatric diagnosis (according to International Classification of Disease - 10 edition [ICD-10]) was an independent predictor of suicide attempts. Positive results of urine analysis for Opioids (OR=1.6; 95% CI=1.01-2.5) and positive results of urine analysis for Cocaine (OR=1.9; 95%CI=1.1-3.2) were an associated factors with suicide attempts.

Conclusions: DDP have greater risk for suicide attempt than non-DDP. DDP with Opiates or Cocaine abuse are a risk group for suicide attempts. These findings suggest that preventive efforts that have shown promise in non-DDP may need to be tailored differently to address the risk factor profile of DDP.

Key words: dual diagnosis patients, suicide, suicide attempt, predictive factor.

PA4 Epidemiology

PA4.1. HAPPINESS AMONGST IDF MENTAL HEALTH OFFICERS.

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Background: Positive psychology (PoP) is the scientific study of positive experiences and positive individual traits. Happy people have better quality of life. Research is continuing to identify benefits of happiness, including better health. The Mental Health Department of the Israel Defense Force (IDF) employs a large cadre of Mental Health Officers (MHO's).The rate of "burn out" among MHO's is considered to be high. Career satisfaction has received attention recently. Publications deal with discontent of health systems
workers. MHO's who are satisfied with their careers are likely to provide better health care. Prolonged dissatisfaction may result in health problems. Aim: To assess levels of happiness and its' correlates amongst MHO's. Method: Survey of MHO's. Participants endorsed the Satisfaction with Life Scale (SLS) as well as a questionnaire detailing personal data (age, gender, marital status, number of children, family income, the state of their health), number of years as a MHO, IDF rank, measure of executive role, unit type, or management position. Results: During the study period 100 MHO's completed the survey. There were 14 psychiatrists 25 psychologists and 60 social workers. Mean age 37.37±7.12 years, mean of years in the army service 7.83±6.47. There were 53% women and 47% men. The majority of participants (79%) were married. There were 1.55 children per family. Forty four percent of the MHO's were Captains, 44% were Majors, 3% were Lieutenant Colonels and 8% were citizens that work in the IDF. The SLS score was analyzed, in order to identify correlations to demographic and clinical variables. Pearson correlation coefficients were calculated. The mean total SLS score was 24.29 ±5.22. The only statistically significant association with SLS score was family income (p = 0.0109). The majority of MHO's (57%) reported: "no medical problem that adversely affects satisfaction with life". Medical problems "quite a lot affecting" satisfaction with life, were reported by a minority of participants (13%). Conclusion: IDF MHO's reported a high level of happiness compared to a group of Israeli physicians (psychiatrists and general practitioners). The level of family income was directly associated with increased level of happiness. Interestingly, army rank and unit type was not associated with better life satisfaction.

Keywords: satisfaction with life, happiness, career.

PA5 Women's Mental Health

PA5.1. PREVALENCE OF HISTORY OF CHILDHOOD SEXUAL ABUSE IN CONSECUTIVE HOSPITAL ADMISSIONS OF WOMEN WITH PSYCHOTIC DIAGNOSIS: A PRELIMINARY REPORT

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Background: History of childhood sexual abuse in female psychotic patients has been studied in Europe and North America. Since this phenomenon could be culture specific, we planned a study in Israel. We decided to interview subjects both on admission to the hospital in a psychotic state and again on discharge to evaluate the possibility that reports of sexual abuse in childhood are related to unreliable reporting in psychosis. Methods: One hundred consecutive admissions to the women's unit with a diagnosis of schizophrenia, schizoaffective or bipolar disorder were interviewed on admission and again at discharge. We used Bifulco's "The childhood experience of care and abuse questionnaire (CECA.Q)". Results: Twenty eight women reported childhood sexual abuse (before age 17), half before the age of 13. Almost all involved intercourse, attempted intercourse or genital contact, and about a third experienced more than one event. All of those with repeated abuse were under age 10. Thus about 7% of psychotic women patients suffered multiple abuse before age 10. Conclusion: History of childhood or adolescent sexual abuse occurs in over a quarter of psychotic patients in Israel. While these figures are high, their relationship to the etiology of schizophrenia is unclear and requires study of a well-matched control group.

Keywords: schizophrenia, schizoaffective, bipolar, childhood sexual abuse

PA5.2. ESCITALOPRAM FOR THE TREATMENT OF INSOMNIA DURING THE PERIMENOPAUSAL PERIOD

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Private Practice for Women's Mental Health

Introduction: The perimenopausal period is characterized by many physiological and emotional symptoms. One of the main complaints is the disturbance of sleep. The current study aimed to examine the effects of escitalopram in addressing sleep disturbances during the perimenopause period. Methods: 60 women ages 45-57. Main complaint was disturbance of sleep and sleep quality. Exclusion criteria: psychiatric disorder, psychotropic drugs, sedative-hypnotic drugs. The trial included 41 women. Assessments were performed using and CGI-S and CGI-C. Results: All patients were give escitalopram 5-20 mg/day. Sleep quality as well as total sleep time of 39 patients improved. 2 patients did not improve. Conclusion: The vast majority of
women who suffered from sleep disturbance during the perimenopausal period responded positively to treatment with escitalopram. Most of the responders did so treated with 5 mg/day escitalopram. The conclusion of this study are limited by its non randomized design and lack of control.

**Statistical analysis was sponsored by Lundbeck Pharmaceuticals**

**PA5.3. VENLAFAXINE XR AND ESCITALOPRAM IN THE TREATMENT OF HOT-FLASHES: A CLINICAL EXPERIENCE**

Dolev Z

*Private Practice, Women's Mental Health*

Background: Hot flashes are the most reliable indicator of the perimenopause and menopause. Almost all HRT preparations will relieve hot flushes. The WHI study reported that the risk with HRT in specific populations outweighs the benefits. Recently there has been interest in the potential of SSRI and SNRI in reducing hot flashes in menopausal women. Objectives: The aim of this clinical study is to examine the effects of VENLAFAXINE XR and ESCITALOPRAM in the treatment of hot flashes in menopausal women. Methods: A group of 45 women, 20 women were already on Escitalopram (for insomnia and mood disorders, as part of menopausal symptoms), 25 women were on no antidepressant. All had significant hot flushes >14 episodes per week. None of the participants received HRT or Hypnotics.

Design: This trial was designed as a naturalistic field study. 25 women were given VENLAFAXINE XR (75mg-150mg) for 3 month. 20 women who had been on ESCITALOPRAM were given higher doses (10-20mg) for 3 month. Hot flashes were recorded in daily diaries. Results: Of the 25 women on VENLAFAXINE XR: 8 had no improvement, 2 women had mild improvement, 12 women had a significant improvement (< 7 hot flushes per week), 3 women stopped therapy due to side effects. Of the 20 women on Escitalopram: 3 had significant improvement (< 7 hot flashes a week), 15 women had no improvement, 2 stopped therapy due to side effects. Conclusions: VENLAFAXINE XR, a non hormonal treatment for hot flashes, was more effective than ESCITALOPRAM. The conclusion of this study is limited by its non randomized design and the lack of control group.

**Key words**: SNRI, SSRI, Hot flashes

**Statistical analysis was sponsored by Neopharm Pharmaceuticals**

**PA5.4. POSTPARTUM DEPRESSION: EARLY IDENTIFICATION IN ISRAELI PRIMARY HEALTH CLINICS**

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Postpartum depression (PPD) is of concern due to its relatively high prevalence and negative impact on maternal, infant and family health. Findings to this effect have been reported in many cultures and countries, including in Israel. In 2003, Clalit Health Services, Israel’s largest HMO, implemented a screening program for signs of depression among women visiting pregnancy and postpartum follow-up clinics, with supportive intervention and/or referral to mental health services offered when necessary. Nurses were trained and guidelines provided for screening, intervention and referral. An Edinburgh Postnatal Depression Scale (EPDS) score of ≥10 was the cut-off for nurses’ intervention, and screening was conducted at 32 weeks of pregnancy and 2 and 6 months postpartum. The 10,829 EPDS forms completed during 2003-2005 at 161 Clalit Mother-Child Health Care clinics were analyzed. At 2 months postpartum, the rate of EPDS scores ≥10 was 9.7%, with differences by region and type of community. The rate of depressive symptoms was higher during pregnancy (15.1%). Interviews with participating nurses reflected the various types of cases encountered, interventions employed, and their assessment of the program. The program was feasible and acceptable, and offered the benefit of intervention by trained, caring nurses at this vulnerable time of the women’s life. Nurses considered the program an important element in broadening their ability to assist women in their care. This example of a screening program instituted for a mental health problem within the Israeli primary health care system hopefully bodes well for a future more holistic approach to public health.

**Keywords**: Postpartum depression; Primary health care; Mother-child health care;
PA5.5. DISAPPEARANCE OF FEMALE GENITAL MUTILATION FROM THE BEDOUIN POPULATION OF SOUTHERN ISRAEL
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Background: Recently clinicians in Southern Israel have had the impression that the practice FGM (female genital mutilation) has disappeared entirely in the Bedouin population. We previously studied the prevalence of this practice in 1995. Therefore we decided to survey again the Bedouin population focusing on those tribes previously reported to perform this practice. Methods: Eighty percent of the interviews were done by an Arabic speaking psychiatrist and 20% were done by an Arabic speaking nurse in the gynecologic clinic of a large Bedouin township or the gynecologic clinic of a smaller Bedouin township. Women were asked if they would be willing to answer a few questions about their past and if they were willing to have the gynecologist, with no additional procedure, note whether any operation had been performed on their genitalia. Main outcome measures: Physical examination by gynecologist and an oral questionnaire. Results: One hundred and thirty two women were examined. No cases of any scarring of the kind reported in the previous study were found on physical examination. Conclusions: FGM has apparently disappeared over 15 years in a population in which it was once prevalent.

Keywords: female genital mutilation, Bedouin, Southern Israel

PA6 Mood Disorders and Schizoaffective Disorder

PA6.1. TESTOSTERONE GEL SUPPLEMENTATION TO SELECTIVE SEROTONIN REUPTAKE INHIBITOR IN TREATMENT-RESISTANT DEPRESSION: RANDOMIZED PLACEBO-CONTROLLED CLINICAL TRIAL
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Background: Treatment-resistant depression is a persistent clinical problem. Exogenous testosterone therapy has psychotropic effects and has been proposed as an antidepressant supplement, although this strategy has received limited systematic study. Objective: The aim of the study was to examine the mood effects of testosterone supplementation to a serotonergic antidepressant in men with treatment-resistant depression. Method: One Hundred adult men with major depressive disorder, partial or non-responsive to 2 adequate antidepressant trials during the current episode, and currently using a selective serotonin reuptake inhibitor were randomized under double-blind conditions to receive intramuscular injections of escalating doses of testosterone or placebo, in addition to their existing selective serotonin reuptake inhibitor regimen, for 6 weeks. The main outcome measure was the Hamilton Rating Scale for Depression score. Results: The mean age was 46.4 ± 10.8 years; mean total testosterone level, 417.5 ± 197 ng/dL; mean baseline Hamilton Rating Scale for Depression score, 22.2 ± 5.2; and median duration of the current depressive episode, 6.3 ± 10.6 years. Hamilton Rating Scale for Depression scores decreased significantly in both testosterone (8.4) and placebo (7.4) groups. Antidepressant response, defined as a 50% decline in Hamilton Rating Scale for Depression score, was achieved by 53.8% in the testosterone group and 23.1% in the placebo group (P = 0.05226). Conclusion: Both testosterone gel and placebo supplementation to selective serotonin reuptake inhibitor were associated with significant improvement in mood.

Key words: Testosterone, Major Depressive Disorder, SSRI's

PA6.2. SPECIFICITY OF MOOD STABILIZER ACTION ON NEURONAL GROWTH CONES
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Background: Lithium, valproic acid (VPA) and carbamazepine (CBZ) are commonly used mood stabilizers, but their therapeutic mechanism is unclear. These drugs all cause the same morphological effects on postnatal rat neuronal dorsal root ganglia (DRG) growth cones via an inositol-reversible mechanism. However, due to limitations in earlier analysis, the effects of combining drugs, drug specificity and inositol stereoisomer specificity are unknown. We devised an improved analytical method to address these issues. Methods: Dorsal
root ganglia explants were cultured individually and incubated with combinations of psychotropic drugs and inositol stereoisomers. We recorded axonal growth cone morphology and calculated growth cone area per a modified method described by Williams et al. (Nature 2002; 417: 292–295). Statistically significant changes in area were calculated using non-parametric statistical testing. Results: (i) Lithium and VPA showed an additive effect on growth cone spreading. (ii) Among eight additional psychotropic drugs to those previously tested, only imipramine and chlorpromazine altered DRG growth cone morphology. As this effect was not reversed by myo-inositol, it arises from a different mechanism to the mood stabilizers lithium, VPA and CBZ. (iii) Myo-inositol, but not scyllo- or epi-inositol, causes a significant reversal of the lithium effect on the growth cones spreading, consistent with the inositol depletion hypothesis. Conclusions: These results show that lithium, VPA and CBZ are unique in causing altered neuronal morphology via myo-inositol depletion.

**Keywords:** dorsal root ganglia, growth cones, inositol, lithium, psychotropic drugs, valproate

**PA6.3. GLOBAL LEUKOCYTE DNA METHYLATION IS NOT ALTERED IN EUTHYMIC BIPOLAR PATIENTS**

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Background: Bipolar disorder is hypothesized to involve an interaction of multiple susceptibility genes and environmental factors. The environmental factors may be mediated via epigenetics, DNA-methylation in particular. DNA-methylation is coupled with one-carbon metabolism involving homocysteine-methionine interconversion. Hyperhomocysteinemia was reported in young euthymic male bipolar patients and in bipolar patients showing functional deterioration and cognitive impairment. Valproate inhibits histone-deacetylase (HDAC). Valproate treatment was found associated with hypomethylation of specific genes. We hypothesized that bipolar patients exhibit a different extent of leukocyte global DNA methylation compared with healthy controls. Methods: Genomic DNA was extracted from white blood cells of peripheral blood samples of 49 euthymic bipolar patients (39.0±12.6 (S.D.) years old; 21F,29M) and 27 age- and sex-matched healthy control subjects (41.6±10.3; 10F,17M). Fourteen patients were treated with valproate, 29 with lithium, 3 with combination of both and 3 with other mood-stabilizers. Percent of global genome DNA methylation was measured using the cytosine-extension method. Results: Leukocyte global DNA methylation did not differ between bipolar patients and control subjects (62.3%±18.0, bipolar patients, vs. 63.9±14.6, control subjects, p=0.70). Our group of 17 valproate-treated bipolar patients did not differ in leukocyte DNA-methylation compared with the other bipolar patients (66.6%±17.1 vs 61.9±16.9, p=0.40), or with controls (66.6%±17.1 vs 63.9±14.6, p=0.58). Conclusions: Our finding of lack of difference in leukocyte global DNA-methylation in euthymic bipolar patients does not rule out altered methylation of specific promoter regions involved in the etiology of BD.

**Keywords:** DNA methylation, bipolar disorder

**PA6.4. STABILITY OF SCHIZOAFFECTIVE DISORDER IN CORRELATION WITH DURATION OF FOLLOW UP: RETROSPECTIVE ANALYSIS**

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Background: Previous studies indicated that the validity and reliability of schizoaffective disorder (SAD) diagnosis according to the DSM-IV criteria are insufficient, and that the stability of the diagnosis is poor. However, no study examined exclusively the diagnostic stability of SAD. Objectives: To examine the longitudinal stability of the diagnosis of SAD and SAD subtypes among a large sample of patients, and to examine demographic and clinical variables as predictors of diagnostic stability. Sampling and Methods: A retrospective chart-review of 123 inpatients who were admitted to Geha Mental Health Center between the years 2000-2005, and who had been diagnosed with SAD at some stage of their illness. We compared the group of patients whose diagnosis of SAD had remained stable and the group of patients whose diagnosis had changed. Results: The diagnostic stability for SAD was 73.1%. Diagnostic transitions were mainly from and towards schizophrenia. We found an association between the SAD bipolar subtype and higher rates of diagnostic stability. The time elapsed since SAD diagnosis was made, was significantly shorter in the group of patients with stable diagnosis than in the group of patients whose diagnosis had changed (p=0.037). Conclusions: The diagnostic stability of SAD might be higher then previously reported. Patients who are
PA6.5. ASSESSING THE PSYCHOMETRIC PROPERTIES OF THE MOOD MODULE OF THE PATIENT HEALTH QUESTIONNAIRE IN PRIMARY CARE IN ISRAEL

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Depression is prevalent in primary-care but is often undiagnosed. We aimed to assess the validity of the Hebrew version of the Patient Health Questionnaire-9 (PHQ-9) in primary-care. The PHQ-9 is a widely used self-administered screening instrument, designed for making criteria-based probable diagnosis of depression and measuring its severity. The study employed a convenience sample of 107 primary care patients (58% females) aged 18-86 (mean 51.5± 16.4). Response rate was 63%. Participants first completed the PHQ-9 and were then interviewed, mostly face-to-face, by a board-certified psychiatrist, using the Structured Clinical Interview for the DSM-IV (SCID-I) as 'gold standard'. We calculated sensitivity, specificity, positive predictive value (PPV), and kappa for different PHQ-9 cutoff scores, to identify a score appropriate for case finding. The internal consistency of the Hebrew version of the PHQ-9 was very good (Cronbach's α=0.77).

Based on the psychiatric interview 14.6% of the sample was diagnosed with major depressive disorder (MDD) compared with 19.6% classified as 'MDD positive' based on the PHQ-9 cutoff score of ≥10. Using the standard PHQ-9 cutoff score of ≥10 we calculated a good kappa value (0.64; p=0.000); sensitivity (81%); specificity (91%); and PPV (60%). In conclusion, the Hebrew version of the PHQ-9 has good psychometric properties. In our view, it should be utilized routinely as a standard screening instrument for depression in primary-care and in general medical settings. It is recommended that clinicians in primary-care use the cutoff score of ≥10 for case-finding of depression.

Keywords: validation; screening; Hebrew, PHQ-9; depression; primary health care


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Background: Hypertension and depression are highly prevalent conditions. Depression could interfere with control of hypertension, possibly by increasing the likelihood of health related risk behaviors (HRRBs), such as cigarette smoking, obesity and physical inactivity. Together with hypertension, these HRRBs might increase cardiovascular risk. Objective: To assess the association between hypertension and depressive symptoms (DS); and to evaluate the relationship between DS and HRRB in hypertensive participants. Methods: We analyzed data from the first Israeli National Health Interview Survey (INHIS-1), conducted on a large sample (N= 9,509; 58% response rate) of the adult Israeli population in 2003-4. Data on sociodemographic factors, hypertension, DS and HRRBs were obtained through telephone interviews. DS were measured using the mental health items from the SF-36. Analyses were performed using multivariate logistic regression models. Results: A total of 1447 participants (15.2%) reported current physician-diagnosed chronic hypertension. Hypertension was more prevalent among subjects with mild and moderate DS compared with those without DS (16.2%, 23.8% and 13.7% respectively; adjusted odd ratio (AOR), 1.19; 95% CI, 1.02-1.38 for mild DS; AOR, 1.24; 95% CI, 0.99-1.56 for moderate DS). Persons with hypertension and moderate DS were more likely to be smokers (AOR 1.67; 95% CI, 1.05-2.64), physically inactive (AOR, 3.17; 95% CI, 2.13-4.74), and have higher BMI (AOR, 1.59; 95% CI, 1.06-2.37). The association between moderate DS and smoking as well as high BMI was stronger in males, while the association between moderate DS and physical inactivity was stronger in females. Conclusions: Our results suggest that moderate
DS are common and are associated with smoking, physical inactivity, and high BMI in persons with chronic hypertension. Potential clinical and public health implications might include recommendation for depression screening in persons with hypertension, and psycho-educational programs aimed at reducing HRRBs in persons with hypertension and depression.

Keywords: hypertension, depressive symptoms, risk behaviors

PA6.7. A MULTISTAGE CHRONOBIOLOGIC INTERVENTION FOR THE TREATMENT OF DEPRESSION: A PILOT STUDY
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Background: Most antidepressant medications in current use have several disadvantages: a delayed therapeutic effect, side effects, stigmatization and concerns about safety for the developing fetus during pregnancy. Several chronobiologic techniques which are free of these disadvantages were proposed as an alternative. The current article reports the design and the initial outcome results of a new chronobiologic multistage intervention (CMI) that is comprised of the following techniques: (i) partial sleep deprivation during the second half of the night (wake therapy - WT), (ii) medium (green) wavelength light in combination with dawn simulation (DS), (iii) bright light therapy (BLT), and (iv) sleep phase advance (SPA). Methods: The study was conducted as a set of 12 single-case designs with moderate-to-severe depressive volunteering patients. Depression, anxiety and tension measurements were taken on a daily basis beginning with a baseline measurement (T0), followed by a set of four consecutive morning measurements during the therapeutic intervention (T1-T4), and with a final measurement carried out at the end of 4 weeks of follow-up (T5). Results: A clinically significant rapid improvement of the depressive symptoms was demonstrated and maintained for at least four weeks after the end of the intervention. No dropouts or compliance difficulties were observed. Patient satisfaction was high, and other than having to sleep for four nights at the Research and Development Unit, participants were not inconvenienced by the nature of the therapeutic design. Sleepiness in the late afternoon hours was reported by several of the participants, but did not reach a level that interfered with their ability to function. Levels of tension did not show a consistent improvement along the intervention procedure and were not maintained in follow-up. There was some unexpected improvement in the level of anxiety that persisted at follow-up. This latter finding requires further validation by additional studies. Conclusions: These initial findings showed the procedure to be effective and well tolerated. It affords many advantages, such as the achievement of a rapid response, no extinction of the therapeutic effect after four weeks of follow-up, safety, high patient compliance and cost-effectiveness. These encouraging results warrant validation in further randomized controlled clinical trials.

Keywords: depression; Chronobiologic intervention; wake therapy; bright light therapy

PA6.8. NOVEL PSYCHOTHERAPEUTIC APPROACHES IN THE TREATMENT OF BIPOLAR DISORDER
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Bipolar disorder is a chronic illness that disrupts daily life. Clinical research dealing with the illness process reveals that pharmacotherapy alone does not achieve stability across time. Randomized studies in the past two years show that psychotherapy, together with pharmacotherapy has a significant positive effect on the illness process. Method: Review of randomized controlled trials (RCT) that examined various approaches of psychotherapy together with pharmacotherapy. The methods were examined with the following criteria: 1. At what stage of the illness was therapeutic intervention initiated. 1. Duration of psychotherapy 3. Duration of follow-up after completion of therapy 4. Degree of efficacy of the approach to a manic or depressive episode. 5. Effect on psychosocial function. Therapeutic approaches: A. Behavioral-Cognitive (CBT) B. Family focused treatment (FFT) 3. Psychoeducation and interpersonal treatment D. Interpersonal and social rhythm therapy (IPSRT). Results: CBT is appropriate for early stages of the illness and uncomplicated situations with less fluctuations. All of the approaches agree that identification of preliminary signs and strengthening self-management strategies significantly reduce the dangers of recurrence of waves of mania and depression. FFT, IPSRT are most effective in prevention of recurrence when treatment is initiated.
immediately after a severe attack. On the other hand, CBT and psychoeducation groups are more effective when treatment begins during rehabilitation. More than twelve episodes increase risk of recurrence.

**Conclusions:** Based on the research review and considerable accumulated clinical experience in treatment of bipolar disorder, it is recommended to combine pharmacotherapy with psychotherapy. **Keywords:** psychotherapy, bipolar disorder, cognitive behavioral therapy, interpersonal and social rhythm therapy, psychoeducation, family-focused therapy

**PA6.9. PREVALENCE OF DEPRESSION AND ANXIETY IN PATIENTS SUFFERING FROM COMMON SKIN DISORDERS**

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Studies show that anxiety and depression are more prevalent in patients with chronic skin disorders. We hypothesized that a correlation between immune system dysfunction and emotional dysregulation, that could result in anxiety and depression. We assessed prevalence of depression and anxiety in patients with chronic skin disorders stemming from allergic and non-allergic skin conditions, and whether anxiety and depression were related to Sense of Coherence in patients with chronic skin diseases. Participants: 112 consecutive patients without known mental disease, attending an outpatient dermatology clinic, aged 18 to 83. Methods: Participants were diagnosed by a dermatologist and interviewed by a psychiatric resident. Research instruments: Mini International Neuropsychiatric Interview, Hamilton Anxiety and Depression Scales, Sense of Coherence Scale. Results: Anxiety and depression were considerably higher than in the general population, especially among patients with allergic skin diseases. Allergic patients with higher Sense of Coherence had lower anxiety and depression levels than those with lower Sense of Coherence. The mediating effect of Sense of Coherence was not significant in non-allergic patients. Conclusion: Our findings confirm that the rate of anxiety and depression is higher among patients with allergic than non-allergic chronic skin disorders. High Sense of Coherence may protect against the development of mental illness in patients suffering from allergic skin disease, supporting our hypothesis regarding a mutual biological connection between the dysfunction of immune system and impairment of emotional regulation mechanisms. Dermatological allergic patients should be screened for mental disorders for earlier diagnosis and treatment. This study does not allow definitive conclusions concerning a causal connection between immune system dysfunction and mental illnesses. Further research is warranted. **Keywords:** common skin disease, atopic dermatitis, allergic contact dermatitis, depression, anxiety, sense of coherence

**PA7 Sexual Dysfunction**

**PA7.1. THE SEXUAL EFFECTS OF TESTOSTERONE REPLACEMENT IN DEPRESSED MEN: RANDOMIZED PLACEBO-CONTROLLED TRAIL**

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Symptoms of male hypogonadism such as low libido and erectile dysfunction (ED) respond to testosterone (T) replacement. In hypogonadal men with major depressive disorder (MDD), the extent to which T replacement alleviates sexual symptoms of hypogonadism is not known. We conducted a 6-week double-blind placebo-controlled clinical trial in men with low and low-normal T levels (i.e., total T ≤ 350 ng/dl) and MDD. Men were randomized to receive weekly intramuscular injections of either T enanthate 200 mg or sesame-seed oil (placebo). The primary outcome measure was self-reported sexual functioning. We randomized 100 patients in two centers, Boston and Sheba Medical Center. The mean age was 52 (SD ± 8) years, mean T level 262.5 (SD ± 8) ng/dl, Hamilton Rating Scale for Depression (HAM-D) score 21 (21 ± 8). At baseline, sexual function was low, with the majority reporting having had normal erectile and orgasmic functioning 0–1 time in the preceding month. All patients who received T achieved normalization of their T levels. The HAM-D scores decreased significantly in both T and placebo groups, and there were no significant between-group differences: reduction in mean HAM-D score from baseline to endpoint was 10.1 in patients who received T and 10.5 in those who received placebo. Self-reported sexual functioning improved slightly in both groups; a between-group difference was not detected. Both T replacement and
placebo were associated with improvement in sexual function and mood, but differences between T and placebo were not distinguishable.

**Key words:** sexual dysfunction, testosterone, Major Depression

**PA7.2. TRANSDERMAL TESTOSTERONE GEL PRN APPLICATION FOR HYPOACTIVE SEXUAL DESIRE DISORDER IN PREMENOPAUSAL WOMEN: A CONTROLLED PILOT STUDY OF THE EFFECTS ON THE ARIZONA SEXUAL EXPERIENCES SCALE FOR FEMALES AND SEXUAL FUNCTION QUESTIONNAIRE**

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Background: Several studies suggest that increased plasma testosterone can improve sexual function and desire in post-oophorectomy or post-menopausal women. However, side effects of chronic daily testosterone raise questions about the generalizability of this treatment approach. Sublingual testosterone was reported to cause testosterone levels to peak after 15 minutes and then decline to baseline levels within 90 minutes. Three to 4 hours after reaching testosterone peak increased genital sensations and sexual lust were reported. We hypothesized that a single dose of testosterone given 4-8 hours prior to planned intercourse in women with Hypoactive Sexual Desire Disorder (HSDD) might increase desire without side effects associated with chronic use. Methods: The design was randomized double-blind crossover. Premenstrual women received with HSDD 8 packets of gel or identical placebo for use before intercourse twice weekly for one month. For a second month the alternate treatment was given. Ratings were done using the patient rated Arizona Sexual Experiences Scale (ASEX) for females and the clinician rated Sexual Function Questionnaire (SFQ-V1).

Results: Ten patients completed the study. On the five-item self report Arizona, the item "How easily are you aroused?" was significantly improved on testosterone gel vs. placebo, p=.03. There were similar trends on the physician rated SFQ-VI "arousal-sensation" cluster. Conclusions: These preliminary results suggest that testosterone gel given prn before intercourse has effects on sexual arousal, and further research is needed to define dosage and time schedule to optimize this effect and determine its clinical relevance.

**Keywords:** Transdermal testosterone gel, hypoactive sexual desire disorder, controlled study

**PA8 Dual Diagnosis, Drug and Alcohol Addiction**

**PA8.1. RISPERIDONE VERSUS HALOPERIDOL TREATMENT IN DUAL DIAGNOSIS INPATIENTS: PRELIMINARY RESULTS FROM A 6-WEK, CONTROLLED PILOT TRIAL.**

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Background: About 25% of admissions (ages 18-65) at Abarbanel Mental Health Center (MHC) are due to substance abuse (Natan, Gimelfarb, Barak & Baruch, 2005). Concurrent comorbidity has become the rule among psychiatric inpatients. Unfortunately the majority of the clinical trials with antipsychotic agents exclude the Dual Diagnosis Patients (DDP). Objective: To compare the efficacy, safety, drug craving and adherence with risperidone versus haloperidol treatment of DDP. Method: Eleven DDP (meeting DSM-IV criteria for schizophrenic spectrum disorders; median age=28 years [range, 20-39 years]) were randomly assigned to either risperidone (N=6; mean endpoint dose 5.2 mg/day) or haloperidol (N=5; mean endpoint dose 6.0 mg/day) treatment. We are still continuing to collect data. Results: There were no differences between risperidone and haloperidol according to efficacy, safety, drug craving and adherence at each weekly checkpoint. Compared to baseline in each of the groups: No difference in treatment efficacy between the groups (NS); No weight change during risperidone treatment (NS) and there was weight gain about 2.6 kg/m² (SD=.3) after haloperidol treatment (p<.05); No differences in drug craving and adherence between the groups (NS). Although not significant, 60.0% of DDPs who received haloperidol (N=3) relapsed for drug use compared with 0.0% of the DDPs on risperidone (Fishers Exact Test p<.08). Conclusions: The preliminary results suggest, that treatment efficacy and drug craving are equal in both groups. Compliance with risperidone is equal to compliance with haloperidol. But side effects' profile of risperidone is more convenient than of haloperidol.

**Key words:** Dual Diagnosis patient, Risperidone, Haloperidol, Drug craving, Adherence.
PA8.2. OPINIONS ON DUAL DIAGNOSIS IN MENTAL ILLNESS AMONG MULTIDISCIPLINARY STAFF
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BACKGROUND: The rate of dual diagnosis patients (suffering from both mental illness and addiction)-DDP is constantly increasing. In order to improve the service the Integrated Dual Diagnosis Treatment Ward was founded in our centre, but some of the DDP are hospitalized in other wards. The scientific evidence on multi-disciplinary staff members’ opinions on the DDP has not been found yet. OBJECTIVE: To compare the multi-staff members’ opinions on mentally ill patients to those on the DDP. METHODS: The sample population comprised 44 subjects (20 males (45.5%), mean age 42.1 years (SD=8.2), mean education 16.8 years (SD=3.0). Tools: The questionnaire “Opinions on Mental Illness” with dimensions: Authoritarianism, Social restrictiveness, Interpersonal etiology, Mental hygiene, Dangerousness (Cohen & Struening, 1962). The questionnaire “Opinions on Dual Diagnosis Illness” with the same dimensions (Alpha {Cronbach}=.8). RESULTS: The mean score of the Interpersonal etiology among the nurses toward the mentally ill patients was 0.2 higher than toward the DDP, and 0.5 lower among the other staff members (p<.01). The mean score of the mental hygiene among the nurses toward the mentally ill patients was 0.4 lower than toward the DDP, and 0.4 higher among the other staff members (p<.01). The mean score of the dangerousness among the nurses toward the mentally ill patients was 0.2 lower than toward the DDP, and 0.8 higher among the other staff members (p<.007). CONCLUSIONS: Nurses avoids from contacts with DDP. Advanced training for multi-staff members is required to give a proper response to DDP’s unique needs.

Key words: mental illness, dual diagnosis, opinions.

PA8.3. THE COMPARISON STUDY OF DRUG ABUSE AMONG JEWISH AND ARAB PSYCHIATRIC INPATIENTS
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The Aim of the Study: The difference in the pattern of drug abuse among Jewish and Arab psychiatric inpatients was examined. Population, Methods and Tools: Among 250 consecutively admitted patients in the Jerusalem Mental Health Center-Kfar Shaul Hospital 202 Jews and 42 Arabs were examined within 48 hours after admission. All patients underwent clinical psychiatric examination and were diagnosed according to the DSM-IV criteria. Drug abuse was detected through SCID- IV Questionnaire and urine tests for five drugs (cocaine, opiates, amphetamine, methamphetamine, and cannabis) using the Sure Step TM kits (Applied Biotech, Inc. San Diego). Results: Some demographic differences were detected: among the Arab patients there were more males (p<0.005). The average educational level in the Jewish group was higher (p<0.005), the age was rather similar. No significant difference in psychiatric diagnosis was observed. In the Jewish patients’ group 56 (27.7%) were also diagnosed as active (in last month) drug abusers via urine tests or/and self-report and only 6 (14,2%) patients in the Arab group were dual-diagnosed (p=0.068 ,chi-square=3.312 ). The same tendency (which, although, did not reach statistical significance) was observed when the two groups were controlled for cannabis, opiates and stimulants (amphetamine, methamphetamine, cocaine) abuse separately. Conclusions: The drug abuse rate among the Israeli Jewish inpatients is rather similar to the rate in other Western countries and correlates with the drug abuse rate in general Jewish population. Among the Arab inpatients the drug abuse level seems to be lower, compared both to the Jewish inpatients and the general Arab population.

Key words: substance abuse, inpatients, Jews, Israeli Arabs.

*Supported by a Grant of the Israel Anti-Drug Authority.

PA8.4. BUPRENORPHINE OFFICE TREATMENT IN ISRAEL 5 YEARS EXPERIENCE
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There is a very strong world tendency toward treating Opiates Dependent individuals with buprenorphine office treatment. This is due to the drug safety profile. In many countries buprenorphine is provided by General Practitioners without delays or administrative barriers. In Israel due to regulatory policy and the
price of the drug the model is almost non-existent. Even when buprenorphine is provided by the public services it is done in the same fashion as methadone. The public service did not adapt itself to the properties of the new drug. Despite this in the last 5 years a private service has developed and has treated more than 600 patients. The results of the service will be presented. It is our hope that the presentation will encourage psychiatry to integrate this important treatment in daily practice of every psychiatrist as well as authorities to reduce the price of the drug to zero.

**Key words:** Opiate Dependency, Dependency office treatment, Buprenorphine.

**PA8.5. PREVALENCE OF DUAL DIAGNOSIS PATIENTS IN AARBANEL MENTAL HEALTH CENTER**

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Background: Clinicians have become increasingly aware of the problem of substance abuse in individuals with mental illness. Numerous studies have identified high rates of substance abuse among individuals being diagnosed for mental illness. Objectives: 1. To explore the prevalence of dual diagnosis patients (DDP) in Abarbanel Mental Health Center. 2. To compare the profile of DDP to non-DDP. Method: Descriptive analysis of consecutive admissions: men and women ages 18-65 years (06/2003-06/2005) and laboratory analysis of urine (16,000 approximately). Results: There were 3,433 admissions: 849 (24.7%) of admissions were for DDP (according to self-report in emergency room and/or according to laboratory analysis of urine). Profile of DDP and non-DDP admissions is different according to: place of birth (more DDP were born in Israel), gender (more DDP were males), age (DDP were younger), family status (more DDP were single), patient’s suicide attempts (more DDP had suicide attempts), length of stay (DDP had shorter admissions). During the reported period: Number of total and positive laboratory analysis increased (p<.01) Rate of total and positive analysis per admission increased (p<.02). Positive tests for THC increased (p<.003), no change in positive tests for other drugs (NS). Conclusions: Profile of DDP is more complex then of non-DDP. The findings confirm the clinical impression that there has been an increase in drug abuse among mental inpatients, parallel to that found in society at large.

**Keywords:** mental illness, dual diagnosis

**PA8.6. ASSESSING WEIGHT CHANGE OF RISPERIDONE LONG – ACTING INJECTIONS FOR TREATMENT IN DUAL DIAGNOSIS PATIENTS**

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Background: The introduction of second generation antipsychotic (SGA) drugs represents a major advance in the treatment of schizophrenia. Concerns about the metabolic and cardiovascular adverse effects of the SGA, as opposed to first generation antipsychotics (FGA), have been disseminated. The benefits and risks of SGA have been studied with a focus on particular organ systems. Cardiovascular diseases are the leading cause for death in developing countries. Weight gain and drug dependence are risk factors for cardiovascular disease. Concurrent comorbidity has become the rule among psychiatric inpatients. Unfortunately the majority of the clinical trials with SGA exclude Dual Diagnosis patients (DDP). There is no evidence for examination of weight change during risperidone long-acting injections (RLAI) in the treatment in DDP. Objective: To compare the weight change in RLAI versus FGA-LAI treatment of DDP. Method: Twenty two DDP (21 (95.4%) males) meeting DSM-IV criteria for Schizophrenic spectrum disorders (median age=29 years [range, 21-39 years]). BMI was determined by the dividing of weight by the square of height. The BMI was calculated for DDP who were treated by FGA-LAI or by RLAI treatment at baseline and after a period of 3 months. Results: There were no significant differences between the groups before the treatment (NS). There was no significant weight change as opposed to baseline in each of the groups (NS). Conclusions: Treatment of DDPs with RLAI is safe and does not increase the middle-term risk of weight change.

**Key words:** dual diagnosis, risperidone long-acting injections, weight, BMI.
PA8.7. DUAL DIAGNOSIS AMONG ELDERLY PATIENTS AT Aabarbanel Mental Health Center – IS IT A RARE PHENOMENON?
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About a quarter of the hospitalizations of patients between the ages of 18 and 65 years old in Mental Health Centers are related to substance abuse or dependence. Dual diagnosis has become the "rule" rather than "the exception to the rule" in mental health. However information concerning dual diagnosis in the aging population is lacking. Aims: to examine across time, the extent of substance abuse/dependence among inpatients ≥ 60 years old; to compare hospitalizations of patients ≥ 60 years old with and without substance abuse/dependence. Methods: analysis of computer reports of consecutive hospitalizations (men and women ≥ 60 years old) between June 2003 and June 2005. Results: 1.27 admissions (5.1%) in two years had abuse/dependence of addictive substances: the rate in the first year of follow up was 3.4% and in the second year was 6.8%. A difference between the populations admitted with and without substance abuse/dependence was revealed. Among patients with substance abuse/dependence, there were more males and bachelors, they were younger, had more suicide attempts and the rate of physical diagnoses was lower than among patients with no substance abuse/dependence. Conclusions: The findings support the therapists' impression concerning the increase in addictive substances among older inpatients. As age increases substance abuse is reduced, but the phenomenon still exists among the elderly, especially the "younger elderly". A more careful estimation of patterns of use is recommended: urine sampling and/or blood tests should be performed to reveal substance abuse at admission or during hospitalization. The profile of older patients with substance abuse/dependence is more complex.

Keywords: dual diagnosis, elderly

PA8.8. BENZODIAZEPINE INDUCED SLEEP ARCHITECTURE ALTERATIONS (REDUCED REM, AND ELIMINATION OF DEEP (PHASE 3-4) SLEEP. STUDY AMONG PATIENTS IN METHADONE MAINTENANCE TREATMENT (MMT)
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Aims: as benzodiazepines (BDZ) abuse is highly prevalent among former heroin addicts, current MMT patients, and poor sleep is a highly prevalent complaint, we studied objective sleep patterns by polysomnography (PSG) and its relation with BDZ abuse. Methods: urine results for BDZ (and opiates, cocaine, cannabis, amphetamines) which are routinely monitored, were taken at the month before PSG night. Pittsburgh Sleep Quality Index (PSQI), a self report questionnaire, questionnaire for pain (chronic pain defined if patient had current pain that lasted for ≥6month, of moderate or worse intensity), and DSM-IV-TR lifetime psychiatric diagnosis were studied. Results: Of 67 patients, 44(64.7%) were positive to BDZ. Patients included 86% males, 64.2% with any DSM-IV-TR axis I psychiatric diagnosis, 47% with chronic pain, with no differences between BDZ groups. PSQI scores and objective sleep efficiency were similar between yes and no BDZ groups (12.4±4.1 vs. 11.1±4.5, p=0.3, and 78±17.4% vs. 74±19.5%, p=0.4), but architecture differed notably. Specifically, 23(53.5%) of BDZ group had no non-REM deep sleep (phases 3+4) at all as compared with 4(16.7%) of the no-BDZ patients. REM phase was shorter among BDZ group (10.5±8.9 vs. 15.4±7.3, F=5.4, p=0.02). No other differences were found, and the absence of phase 3-4 was not related to methadone dose, treatment duration, or history of opiate abuse. Conclusions: Chronic / prolonged use of BDZ (which at times are prescribed for sleep), may disturb sleep, as shown to absolutely delete all restorative sleep phase. BDZ discontinuation is important, but further studies are needed to establish the best way.

Key Words: Benzodiazepines; Methadone Maintenance Treatment; Opiate addiction; Sleep architecture; polysomnography
**PA8.9. HARM REDUCTION PROJECT AMONG OPIATE ADDICTED PATIENTS**

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The chronic opiate addicted patients, injecting heroin, frequently suffer from a severe deterioration of their physical and psycho-social health, and sometimes even become homeless, constituting a limit population. They are frequently involved in criminality, violence and prostitution. This population creates a considerable danger for their health, and the public health, due to the elevated risk for the contagion of infectious diseases such as HIV, Hepatitis B and C, and sexually transmitted diseases linked with the use of infected needles and syringes and unprotected sexual intercourse. This population is also in danger of developing TBC due to poor sanitation and their neglect of medical treatment. The Poster illustrates a new project for harm reduction through needle exchange for this specific population. The project includes reaching-out and street activities, designed to promote the medical assessment and check-up for infectious diseases for these chronic injecting addicts and subsequent treatment planning. Those interested are also directly referred to in-patient detoxification programs and those who are not willing to stop opiates are referred to long-term medically assisted programs (Methadone/Suboxone) or to needle exchange. This project is the result of the cooperation between IADA and Ministry of Health, The Department for the Treatment of Substance Abuse and the Department for AIDS and TBC. The rationale for this project is also reported as well as the different treatment pathways available, together with relevant statistical data.

**Keywords:** harm-reduction, needle exchange, opiates, infectious diseases.

**PA8.10. HEALTH SERVICES FOR THE TREATMENT OF SUBSTANCE ADDICTION IN ISRAEL THE STATE OF THE ART AND FUTURE PLANS**

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The growing abuse of drugs and alcohol all around the world causes increasing clinical and financial burden on the medical and the psychiatric services, due to the direct and indirect consequences of the problem. Addiction is a chronic remittent brain disease, with severe personal and psycho-social consequences, bound to negative behavioral aspects, causing negative stigmatic attitudes among mental health professionals and the public. This issue requires a different evidence-based clinical and therapeutic attitude, frequently lacking among medical and psychiatric professionals. The treatment of substance addictions in Israel is split between two Ministries, The Ministry of Health, responsible for the medical aspects of the treatment, and the Ministry of Welfare, responsible for the psycho-social and rehabilitation treatment of substance-free addicts. The Poster shows a detailed and extensive overview of all the existing medical services for the treatment of substance addiction in Israel and reports relevant statistical data on this specific population. The suggested service planning required for the future is also illustrated. In order to give a complete state of the art of the services in this field a brief overview of the complementary services under the auspices of the Ministry of Welfare is also shown. The Poster stresses the importance of the inclusion of Addiction Medicine in the mainstream of General Medicine and Psychiatry and the importance of an integrative approach to both the medical and the psycho-social aspects of the problem.

**Key-words:** Treatment services, addiction, statistical data, integrative approach.
**PA9.1. PSYCHOPATHOLOGY FOLLOWING CHILD ABUSE: RESULTS FROM THE ISRAEL-WORLD MENTAL HEALTH SURVEY**

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**Objective:** Child abuse is a risk factor for subsequent psychopathology. This study tested the association between child abuse and emotional distress, anxiety and mood disorders, and sleep problems. **Methods:** Data were gathered from the Israel-based component of the World Mental Health Survey (n=4859). Sexual and physical abuse were reported following direct questioning. Mood and anxiety disorders were diagnosed with the Composite International Diagnostic Instrument (CIDI), emotional distress was measured with the General Health Questionnaire (GHQ-12), and sleep problems were based on self-report. **Results:** Increased risk was found for mood and anxiety disorders among subjects exposed to sexual (n=207) and physical (n=119) abuse. Multivariate analyses, that controlled for various confounders showed an increased risk for exposure to sexual and physical abuse but only if it occurred before age 13. Abuse was associated with increased risk for lifetime mood (OR=1.66, 95% CI 1.15-2.41), and 12-month anxiety disorders (OR=1.84, 95% CI 1.04-3.24), as well as greater emotional distress and sleep problems. **Conclusion:** Exposure to sexual or physical abuse during childhood is an important risk factor for mood and anxiety disorders in adulthood, as well as for higher psychological distress and sleep problems. This strong “case for action” requires multiaxial public health interventions.

**Key words:** Childhood sexual or physical abuse; mood disorders; anxiety disorders; Sleep problems; Psychological distress

**PA9.2. IMPAIRED FEAR BIAS IN ANXIETY DISORDER REVISITED: INSIGHTS FROM EMOTIONAL BINOCULAR RIVALRY**

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Anxious individuals excessively process threat related content. It is unclear if this effect emerges from enhanced pre-aware selection of or difficulty in disengagement from threat related content. We modeled perceptual selection of threat using a binocular rivalry (BR) paradigm, in which one of two different images that are presented dichoptically involuntarily and intermittently dominates awareness every few seconds. Anxiety disorder patients (n=27) were compared to healthy individuals (n=15). The BR stimuli, which consisted of overlaid images of face (fearful or neutral) and house, were presented to the subject via filtered glasses. Participants were asked to indicate whether they perceived a face (i.e. dominant face) or a house (i.e. suppressed-face). We assumed periods of dominant face to reflect aware engagement with threat while periods of suppressed face to represent unaware selection. Healthy subjects perceived longer periods of dominant than suppressed face, more so when it was fearful than neutral. These trends positively correlated with state-anxiety scores. In contrast, anxiety disorder patients did not show this fear-selectivity (i.e. the difference between fearful and neutral faces) in both dominant and suppressed face periods: while for the dominant state of face fear-selectivity was decreased, it was increased for the suppressed state. Variability in both dominant and suppressed perceptual biases among patients was partially explained by their trait and state anxiety scores respectively. Our findings indicate two possible mechanisms for the threat-related bias among anxiety patients: impaired cognitive inhibition of threat processing on the one hand and excessive unaware selection of the threat signal on the other. Attempts to account for these two abnormalities have been made.
Background: Members of the ultra-orthodox community live in a closed, strict society and display various barriers to psychiatric and psychological treatment. They do not receive optimal treatment and it is plausible that their mental condition worsens and that they seek treatment only for severe conditions (mild conditions are disregarded or treated by the Rabbi). This study consisted of a literature search for various barriers for mental treatment among the ultra-orthodox, both in Israel and abroad. Methods: A Medline search was performed to find articles that dealt with barriers to treatment in this society. Several religious therapists were interviewed. Results: Various barriers were found, related to patients (and their community) and to therapist issues. The patients-related barriers included: seeking help only from family and religious authorities, resistance or lack of awareness by the religious authorities, apprehension that the referral will negatively affect future matchmaking in the family and perception of the symptoms (i.e. compulsive religion-related symptoms) as performance according to the codes of religious law. Factors related to therapists included: fear of being treated by a secular therapist, concern that the therapist will be gender-inappropriate, fear that the therapists will not be culture-sensitive or will not cooperate with the Rabbi, reluctance to be in psychotherapy (that might teach the patient permissiveness) and concern that confidentiality will be breached. Conclusions: Many barriers exist and their identification might help in the attempts to reach out towards this community and improve the treatment provided for the ultra-orthodox society. A study on barriers to treatment with ultra-orthodox, religious and secular patients in our clinic is planned, as well as reaching out for Rabbis in our city to improve the treatment provided for these subjects.

Key words: psychopathology, culture, ultra-orthodox, barriers to treatment

Attention Deficit Hyperactivity Disorder (ADHD) is a heterogeneous highly heritable disorder which has recently been described to be comorbid in obese subjects. This study investigated phenotype/genotype associations in a consanguineous family with genetic obesity due to the melanocortin-4-receptor (MC4R)(C271R) mutation. MC4R deficiency disrupts hunger/satiety regulation resulting in abnormal eating behaviors. To date, the behavioral/psychiatric characteristics of MC4R deficiency have not been described except for a possible association with Binge Eating Disorder. Twenty nine subjects of a family known to carry the MC4R(C271R) mutation, were genotyped for the mutation and underwent extensive evaluations in search for physical/psychiatric phenotype characteristics. Subjects originated from proband nuclear families with morbid obese children (BMI percentile>97%). All probands were homozygous for the MC4R(C271R) mutation. ADHD prevalence was higher than expected only in the groups carrying the homozygous or heterozygous mutation (p=0.00057, 0.0028, respectively). An obvious difference was observed between the homozygous group and the rest of the family in terms of obesity: homozygous subjects had childhood morbid obesity whereas heterozygous subjects included lean, normal weight and later onset obese subjects. A significant difference was found in ADHD prevalence between the homozygous MC4R(C271R) group (80%) and the rest of the family (22%) (p=0.033) and a significant trend was found between ADHD prevalence and the number of MC4R(C271R) alleles (p=0.0267). We conclude that in our sample, the MC4R(C271R)
mutation causing obesity, is in association with ADHD. Identifying specific subgroups in which the comorbidity of obesity and ADHD occur may contribute to the understanding of the underlying molecular mechanisms.

**Key Words:** genetics behavioral; obesity; melanocortin-4 receptor, Attention Deficit Hyperactivity Disorder

**PA11.2. MITOCHONDRIAL DNA HV LINEAGE INCREASES THE SUSCEPTIBILITY TO SCHIZOPHRENIA AMONG ISRAELI ARABS**

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Background: Haplotypes and haplogroups are linked sets of common DNA variants, acting as susceptibility or protective factors to complex disorders. Growing evidence suggests that dysfunction of mitochondrial bioenergetics contributes to the schizophrenia phenotype. We studied mitochondrial DNA haplogroups in schizophrenia patients. Methods: Since mitochondria are inherited from the mothers, we used healthy fathers as an ideal case-control group. Results: Analysis of the distribution of mitochondrial haplogroups in schizophrenia patients compared to their healthy fathers (202 pairs) resulted in an over-representation of the mtDNA lineage cluster, HV, in the patients (p=0.01), with increased relative risk (odds ratio) of 1.8. Since mitochondrial DNA is small relative to nuclear DNA, a total mitochondrial genome analysis was possible in a hypothesis-free manner. Conclusions: However, mitochondrial DNA haplogroups are highly variable in human population and it will be necessary to replicate our results in other human ethnic groups.

**Keywords:** schizophrenia, mitochondrial DNA, Israeli Arabs

**PA12 Schizophrenia**

**PA12.1. EFFECTS OF A 12-MONTH WEIGHT CONTROAL PROGRAM FOR OBESE PATIENTS WITH SCHIZOPHRENIA OR SCHIZOAFFECTIVE DISORDER**

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**Aims:** Weight gain secondary to antipsychotic medications is associated with many serious medical conditions, including type II diabetes mellitus, hypertension, and coronary heart disease. Weight control programs may be of benefit to outpatients with schizophrenia, but their effectiveness has not been sufficiently assessed. We aimed to evaluate the effectiveness of a 12-month weight control program for outpatients taking antipsychotic drugs for the treatment of schizophrenia, and to follow up the effects of this weight control program. Methods: A total of 250 patients with schizophrenia and antipsychotic-related obesity were enrolled in a 12-months multimodal weight control program. Results: Completers of the weight control program lost a mean of 6 kg by the end of the intervention and achieved a 7% reduction in abdominal circumference over 12 months. Conclusion: The 12-month weight control program was effective in for weight reduction among patients with schizophrenia or schizoaffective disorder with antipsychotic-related obesity.

**Key words:** Weight, schizophrenia, atypical antipsychotics.

* The program was sponsored by Eli Lilly

**PA12.2. REDUCED INTER-HEMISPHERIC FUNCTIONAL COUPLING: POSSIBLE NEURO-COGNITIVE ENDOPHENOTYPE OF SCHIZOPHRENIA**

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Introduction: Disturbed long-distance connections have been suggested as a core neuropathology of schizophrenia. This concept has recently gained support from structural and functional brain imaging studies.
showing reduced white matter organization and decreased inter-regional coupling within hemisphere respectively. More so, functional imaging demonstrated decreased asymmetry in language mapping mainly in prefrontal regions. In this project we aimed to examine the involvement of inter-hemispheric connectivity by cognitive fMRI testing. In order to determine clinical specificity, schizophrenia patients with and without obsessive compulsive symptoms were compared to obsessive compulsive disorder (OCD) patients and healthy controls. Methods: fMRI was performed on schizophrenia patients with and without OC symptoms (n=20 each), OCD patients (n=15) and age matched controls (n=20). Subjects participated in two tasks: language verb-generation and working memory N-back. Results: The language task demonstrated reduced functional asymmetry and diminished inter-hemispheric functional coupling in the inferior frontal gyrus among all schizophrenia patients compared to OCD patients and controls. During the working memory task there was reduced activation-difference in the right dorsolateral prefrontal cortex (DLPFC) between 0-back and 2-back conditions in all schizophrenia patients, relative to OCD and controls. Diminished inter-hemispheric functional coupling with the right DLPFC was found for all schizophrenia patients in comparison to OCD and controls. Conclusion: This study demonstrated diminished inter-hemispheric functional coupling in schizophrenia related to two prefrontal based cognitive operations; language and working-memory. Since this abnormality was found in schizophrenia but not in OCD and controls, it supports a notion that interhemispheric disconnection might be a neurocognitive endophenotype specific to schizophrenia.

Keywords: schizophrenia, OCD, fMRI, inter-hemispheric coupling

PA12.3. THE RATE OF CONSANGUINEOUS MARRIAGES AMONG PARENTS OF SCHIZOPHRENIC PATIENTS IN THE ARAB BEDOUIN POPULATION IN SOUTHERN ISRAEL

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Background: Consanguinity may contribute to the incidence of schizophrenia in offspring despite the usually accepted polygenic model of schizophrenia inheritance. Bedouin Arab families in southern Israel have a high rate of cousin marriages as do families throughout most Arab societies.

Methods: We studied consanguinity in the parents of schizophrenic patients admitted in a defined catchment area of southern Israel, compared to a control group of parents of all infants born to Bedouin mothers in this catchment area. Results: There was a small but significant increase in the rate of cousin marriages among the parents of schizophrenia patients compared to parents of infant controls. Conclusions: These results are consistent with claims that inbreeding can contribute to the incidence of schizophrenia even as a polygenic illness. However, the absence of a better matched control group limits confidence in the results.

Keywords: consanguinity, Bedouin, genetics, schizophrenia

PA12.4. CLOZAPINE-INDUCED HYPER SALIVATION TREATED WITH MOCLOBEMIDE

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Objectives: Hypersalivation is known as a frequent, disturbing, uncomfortable adverse effect of clozapine therapy. It affects an average of about 30% patients, and leads to massive compliance problems in schizophrenic patients. Different pharmacological agents have been recommended for managing this distressing side effect but none of these treatments have been proven to be effective. It was found that substitute benzamide derivatives with higher selective binding to the D2/D3 dopamine receptor – amisulpride and sulpiride may be effective as treatment of clozapine-induced hypersalivation (CIHS). It was hypothesized that other medications from the benzamide group may have an anti-salivation effect in patients treated with clozapine. Moclobemide is a reversible and selective monoamine oxidase inhibitor-A (RIMAS), which also belongs to the substitute benzamide derivatives group. It is a safe medication. Methods: In order to examine our hypothesis, we performed a preliminary open label study. Fourteen patients, (12 males and 2 females) suffered from CIHS were enrolled into the study. Moclobemide (150-300 mg/day) was added to their regular
unchanged treatment for two weeks. Hypersalivation was diagnosed according to the patients’ report and physician's observation. It was assessed at the starting and endpoint by using the 5-point Nocturnal Hypersalivation Rating Scale (NHRS). Results: Hypersalivation decreased or disappeared in 9 (64%) and in 5 (36%) of patients this treatment did not change their condition. None of the patients demonstrated any side effects during addition of moclobemide to clozapine treatment. Summary: We assume that moclobemide can be another additional safe medication for treatment of CIHS, however, more data, based on controlled studies, is needed.

**Keywords:** schizophrenia; clozapine; treatment; clozapine-induced hypersalivation; moclobemide.

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**PA12.5. L-THEANINE AS ADD-ON TO ANTIPSYCHOTIC TREATMENT IN SCHIZOPHRENIA PATIENTS**

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L-theanine is a unique amino acid present almost exclusively in the tea plant. The main effects of theanine are neuroprotective, mood-enhancing and relaxation. L-theanine may influence neurotransmitters in the brain such as gamma-aminobutyric acid (GABA), dopamine (DA), and serotonin. The aim of this study was to evaluate the influence of L-theanine on positive and negative symptoms of patients with chronic schizophrenia or schizoaffective disorders. This is an 8-week, double-blind, randomized, placebo-controlled study performed on 60 patients (12 women and 48 men, average age 36.4 years, range = 19-55, SD=11.5). Four hundred mg/day of L-theanine was added-on to ongoing antipsychotic treatment. The outcomes were measured by Clinical Global Impression – Severity scale (CGI-S), Positive and Negative Syndrome Scale (PANSS), Calgary Depression Scale for Schizophrenia (CDSS), Hamilton Scale for Anxiety (HAM-A), Global Assessment of Functioning (GAF), Extrapyramidal Symptom Rating Scale (ESRS), Quality of Life Scale (QLS), Quality of Life Enjoyment and Satisfaction Questionnaire – Abbreviated version (Q-LES-Q-18), and computerized Cambridge Automated Neuropsychological Test Battery (CANTAB). L-theanine was found to be a safe and well-tolerated medication. Compared to placebo from baseline to endpoint, administration of L-theanine as add-on therapy was associated with significant reduction of positive, general psychopathology, and total scores on PANSS; and scores on the HAM-A scale. Results were not influenced by doses, kind of antipsychotics or diagnosis. Negative subscale of PANSS, CDSS, GAF, QLS, Q-LES-Q-18, CANTAB tasks, and ESRS were not affected by L-theanine. This study found that L-theanine may be a potential adjunct in management of positive, general psychopathology, and anxiety symptoms in schizophrenia patients.

**Keywords:** L-Theanine, Schizophrenia, Augmentation, Cognition, Extrapyramidal side effects

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**PA12.6. NO ASSOCIATION BETWEEN GLOBAL LEUKOCYTE DNA METHYLATION AND HOMOCYSTEINE LEVELS IN SCHIZOPHRENIA PATIENTS**

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Background: Meta-analysis recently suggested that a 5 μM increase in homocysteine is associated with a 70% higher risk for schizophrenia. Elevated homocysteine is reported to alter macromolecule methylation. We studied whether elevated plasma homocysteine levels in schizophrenia are associated with altered leukocyte global DNA methylation. Methods: DNA was extracted from peripheral blood leukocytes of 28 schizophrenia patients vs. 26 matched healthy controls. Percent of global genome DNA methylation was measured using the cytosine-extension method. Homocysteine levels were higher in schizophrenia patients than in controls. Results: No difference in global DNA methylation between schizophrenia patients and control subjects was found (74.0%±14.8 vs. 69.4±22.0, p=0.31). A significant interaction between diagnosis and smoking on DNA methylation was obtained (F=6.8, df=1,47, p=0.032). Conclusions: Although leukocytes may be a useful cell model to evaluate epigenetic changes such as global DNA methylation in brain, future studies should compare global DNA methylation in peripheral tissue vs. brain in laboratory animals.

**Keywords:** schizophrenia, mitochondria, mtDNA, haplogroup, association
PA12.7. ETHNICITY AND PHENOMENOLOGY OF ACUTE PSYCHOSIS IN SCHIZOPHRENIC PATIENTS: A COMPARISON OF THREE ETHNIC GROUPS
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Background: Psychotic states present with different phenomenological expressions. These expressions depend, among other factors, on the patients' cultural background. The aim of the present study was to elucidate the differences in psychotic expression which results from variations in cultural beliefs and customs.

Methods: The medical records of 140 schizophrenic patients in Israel were examined, and data related to the phenomenological aspects of their psychosis was compared. Fifty of these patients were native Israelis, fifty were immigrants from the former Soviet Union (FSU), and forty were immigrants from Ethiopia.

Results: The results of the study indicated statistically significant differences regarding the organizational level of their appearance, the degree of psychomotor agitation during the examination, and the prevalence of command auditory hallucinations and of suicidal ideation. However, no statistically significant differences were observed between the study populations regarding the specific content of their delusions.

Conclusions: To better understand the role that culture plays in the manifestation of psychotic symptoms, we suggest that more studies with larger samples be conducted. These studies should include patient interviews which are as standardized as possible, as well as consideration of the cultural norms which influence both psychotic manifestations as well as data gathering.

PA12.8. ACTED OUT DELUSIONS
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Delusions are fixed false beliefs strongly held and supported emotionally in the face of refuting evidence. Bleuler stated that the origin of a delusion is a strong inner need that changes the thought into a belief that the individual refuses to give up. We intend to clarify when delusional ideas are transformed into action. We identify two types of acted out delusional organizations. The first is a strong inner need with remnants of reality testing. The person inflicted with delusional ideas is in hesitation, as he is still in contact with reality and needs to resist doubts that arise and disturb him. When the struggle between a strong inner need and the remnants of reality testing becomes rough and threatens his cohesion a need for proofs arises. This dimension can lead a person to dangerous acting situations. The second type features both a strong inner need and prominent impairment of reality testing. This is a severe stage of mental disease, highly dangerous as delusions are bound to be acted out not for proof purposes as there is no doubt in the delusional belief. When emotions become overwhelming, insistent and unbearable an action is needed for a make believe temporary resolution to calm down. An appropriate term to describe this process is delusional discharge. This type of organization, can occur in untreated or in treatment resistant patients. Our hypothesis is that doubt and/or unbearable affect attached to delusional ideations should alert the clinician's attention to the possibility of acted delusions and can assist in predicting and preventing dangerousness.

Keywords: Delusions, Reality-testing, Affect, Doubt

PA13. EMOTIONS THERAPY: PRINCIPLES AND CLINICAL EXAMPLES
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Background: The “Emotions Therapy” (ET) approach was formally published in 2006 (Naumovsky, 2006). ET assumes an association between emotions, sensations and life experiences, and proposes that the human emotional spectrum is based on four basic feelings: happiness, anger, fear and sadness. ET aims to strengthen the ability to bear painful emotions, reduce avoidance behaviors, and assist individuals in behaving in accordance with their current needs and life circumstances, instead of behaving in a compensative manner to past events. Finally, ET believes that each individual tends to re-experience the same emotions in response to a variety of stimuli, in a personally customized pattern.

Method: The therapeutic process is conducted according to a semi-structured fixed protocol, with or without pharmacotherapeutic supplements. During the intervention, the patient is instructed to focus attention to...
body sensations and emotions in order to establish connections between them. Through a process of imagined exposure, the patient is requested to gradually intensify the levels of experienced sensations until a “habituation effect” takes place, so that the patient no longer experiences the intensity of the sensation to the point of being stressful. Results: ET has been successfully applied in patients with various mental conditions, including addiction and somatic diseases. The accumulated experience has provided valuable data on its advantages and limitations. Conclusions: ET is a relatively simple and easily conducted approach that is applicable to a variety of disorders and conditions.

**Keywords:** emotions therapy, basic feelings, emotions, sensations

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**PA13.2. INTEGRATIVE PSYCHIATRY – IN PUBLIC SERVICES**

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Currently we face a vast tendency of patients with chronic diseases to look for help in complementary medicine, in somatic as well as psychiatric disorders. This trend is well established and documented in research worldwide. The approach of combining these two modes of medicine raises the question about the way they should work together. The model can be hierarchic, complementary, or integrative. The integrative model tries to create a space where two medical languages meet and create something new. For example, western medicine and traditional Chinese medicine, are very different medical "worlds". Each had its own way of diagnosis, based on different etiopathological formulations, different treatments, and therapeutic relationships. Integration of the two will not end with translation of concepts or symptoms. We think that one of the main flaws of unsuccessful integration is ignorance of the psych – mental domain. Denial of the mental aspects causes superficial (mis)understanding, and worse, maltreatment. We formed a new unit of integrative psychiatry in the outpatient clinic of "Haemek" hospital. It combines three branches – psychiatry-psychotherapy, body psychotherapy, and complementary medicine. The unit offers assessment and treatment in all three modalities, and creates an experimental model for integration. The integration takes place in different levels of the model – therapeutic encounter, conjoint assessment and diagnosis, and theoretical discussions. The model of integrative psychiatry is in its first stages, but we feel it creates opportunities for very difficult, "stuck" patients to change and get better.

**Key words:** integrative model, complementary medicine, body psychotherapy

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**PA14 Forensic Psychiatry**

**PA14.1. FORENSIC PSYCHIATRY ISSUES AMONG SCHIZOPHRENIA PATIENTS THAT COMMITTED SEX OFFENCES**

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Criminal responsibility of the mentally ill is a focal point in forensic psychiatry, because of its critical consequences on court rulings in the legal process. It is known that schizophrenia patients commit a spectrum of crimes that are essentially no different than those committed in the general population. However, as opposed to other criminals, the crimes that schizophrenia patients commit derive not only from personality and social impairments, but from psychotic symptoms that may dictate a pattern of criminal behavior. Both the psychotic state and the basic illness process may lead to extreme personality changes expressed as lack of control over aggressive impulses. In a retrospective study performed in the Forensic Psychiatry Division, files of 52 of schizophrenia patients who were sex offenders and committed their crimes between the years 2002-2007 were evaluated in order to examine whether it was possible to relate their actions to psychotic states. The expert opinions concerning those files were compared with 54 expert opinions of schizophrenia patients (the number of observations in the department during 2004) who committed various crimes (not sex crimes). The results revealed a low percentage of schizophrenic sex offenders who were declared not responsible for their actions as opposed to schizophrenia patients who committed other types of crimes (7.3% vs 32.6%, respectively, $\chi^2=8.41$, $p=0.003$. This data indicate that sex crimes performed by schizophrenia patients seldom result from psychotic content or other symptoms of schizophrenia disorder (negative symptoms and behavioral disorganization). Thus the Court tends to convict schizophrenia patients of the attributed sex crimes.

**Keywords:** schizophrenia, sex offenders, responsibility, law and psychiatry
PA14.2. MALINGERING AS A DIAGNOSTIC CHALLENGE: USING VERBATIM AS AN AUXILIARY TOOL
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Malingering is a false presentation of one's self, in order to achieve things unattainable by the true self, or in jest. Malingering as a medical diagnosis relates to either total impersonation, or to aggrandization, partial impersonation – of emotional or physical symptoms in a deliberate manner, to achieve secondary gain. The DSM diagnostic criteria include: motive, gap between the presented distress and that which is observed, lack of cooperation with diagnosis and treatment, history of a diagnosis of antisocial personality disorder. Additional clinical criteria: dramatic presentation, exaggerated and bizarre behavior, clouded versions that are apparently unreasonable, long history of admissions to various medical centers, book knowledge of disease symptoms, use of professional language. Malingering of a psychotic patient: exaggeration of complaints, drawing attention to problems and symptoms as opposed to hiding symptoms as is typical of authentic psychotic patients, extremely bizarre behavior, presentation of impaired perception including integration of various senses: auditory, visual, olfactory, tactile, phenomena that are extremely rare in practice. For example, a patient presents with a complaint that he sees a chicken sitting on his head, calling him by name, giving him instructions and pricking him with his beak. In contrast to the relative easiness of imitating and exaggerating positive symptoms such as confessing to have delusions or hallucinations, it is rather difficult to mimic other positive symptoms such as derailment of thinking, loose associations or disorganized behavior as well as negative symptoms in general. Malingering can appear superimposed on mental disorder and cause diagnostic difficulty and drawing wrong conclusions where a psychiatric opinion or psychiatric court appointed evaluation is necessary. Malingering is a diagnostic challenge. Use of verbatim can be an auxiliary tool for diagnosis, for preparing an expert opinion and when necessary, to defend it in court. Verbatim (from the Latin verbum – word) is an exact transcription of a conversation that may enables identification of a malingerer. We suggest searching verbatim transcripts for the following signs: 1. lack of correlation – (to the point of ridiculousness), between question and answer 2. not knowing "I don't know, don't remember" – as opposed to remembering all of the symptoms s/he is quick to present 3. verbatim reports can help identify aggressive behavior and attempt to apply pressure by threatening the examiner 4. verbatim reports enable identification of the dynamics of the discussion and worsening of the "psychosis" during examination. Locating these signs in the verbatim may assist in discussion and in writing an expert opinion, by providing authenticity and strength to the psychiatrist's view in court when giving expert testimony.

Keywords: malingering, psychosis, secondary gain.

PA14.3. A PROJECT FOR THE REDUCTION OF STAFF INJURIES CAUSED BY PATIENT AGGRESSION
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Introduction: The maximum security unit at Sha'ar Menashe Mental Health System treats the most violent psychiatric patients in Israel. There are 120 staff members in the unit. During the last decade the total number of hospital beds was reduced from 628 to 420. During 2006 the number of employees in the clinical sector was reduced below the accepted levels due to budgetary constraints. In parallel, there was an increase of critical incidents and assaults on staff members. During 2005, 108 staff members were harmed, and in 2006 the number more than doubled to 232. When analyzing the causes for patient assaults we found: patient related causes, ward structure and crowding, therapeutic methods. The most important factors were the staff and treatment atmosphere including: leadership, intra-staff communication, professional knowledge, experience, staff satisfaction with the workplace, and a sense of personal security. The steering committee for quality and excellence decided to reduce the incidents of aggression to at least the 2005 levels. Methods: Three focal points for 2008 were determined: 1. physical security, 2. improved staff communication, 3. investigation of critical incidents, intervention in the departments, and workshops. Staff attitude questionnaires were completed before and after. Results: There was a significant reduction in critical incidents in hospital in general, and in the maximum security unit in particular. From the basic level of approximately 1250 critical incidents in the hospital in 2005, and 1738 critical incidents at the most difficult time in 2006, following the intervention there were 928 incidents, even lower than the 2005 baseline. All
aggressive incidents towards staff members, including verbal aggression were reduced from 232 in 2006 to 80 in 2008. The number of cases of physical harm was reduced from 80 in 2006 to 58 in 2008. There was a significant improvement in the value measures of the organization. Conclusions: This was a large project that focused on human resources. The project moved from the micro to the macro, from personal to systemic levels. We were assisted by external factors such as the Ministry of Health, and internal factors including the hospital administration and all employees. There is tremendous significance to prevention of harm that influences the organization as a whole and the lives of the employees. We conclude that harm to staff members can be reduced.

Keywords: violence, aggression, management, organizational culture, hospital

PA14.4. TREATMENT OR PUNISHMENT FOR THE MENTALLY ILL
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A mentally ill individual who commits a crime stands trial. According to Israeli law, patients who committed crimes as a direct result of their illness, are not tried but are sent for treatment. The decision to hospitalize the mentally ill offender reflects humane concern for the patient. However, public safety must also be protected. When the patient's condition improves, s/he no longer requires hospitalization, and by law, can be discharged. Thus, a patient who committed a serious offense may be released to the community much to the displeasure of society. Seemingly the patient "evades" punishment, though others claim that offenders must be punished.

Three possible solutions: a) the patient should be hospitalized for as long as necessary, and thereafter, if s/he is still considered dangerous, should be sent to prison. b) the patient should be hospitalized for a period determined by the Court, and can not be discharged prior to the court determined discharge date. c) "Treatment years" model: The court determines "mandatory treatment years" for a patient who was not sentenced due to lack of criminal responsibility. Thus, when necessary the patient is hospitalized, and when his/her situation improves, the psychiatric tribunal may transfer the patient to compulsory ambulatory care with the option for re-hospitalization when necessary. Non-adherence to ambulatory treatment, is treated as any other violation of court orders. The law should find the middle road between treating the patient and protecting society coincident with punishment and determent of crime, when necessary.

Key Words: forensic psychiatry; mentally ill offenders, mandatory treatment years

PA14.5. THE CONCEPT OF JUDGMENT IN MEDICO-LEGAL ASPECT
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Assessment of judgment in mentally ill patients has a central role in court appointed evaluation, especially when criminal responsibly is in debate. Psychiatry and the law view judgment differently. The law system aims to reach clear conclusions of right or wrong, guilty versus not-guilty. This leads to restriction of judgment definition, converting judgment evaluation to investigation of social knowledge, and almost parallels it. In psychiatry judgment is a wider and more complex concept. It involves analytic thinking, social- ethical action tendencies and insight. Impairment of judgment can be expressed by insult of each of these mental groups that influences criminal responsibility. Clinical material confirmed that criminal responsibility is intact when all three components of judgment are preserved or when only one is impaired, though not sufficient to effect the other two. Criminal irresponsibility consists of two grades. When two components are impaired, it inevitably leads to insult of the third component and to judgment impairment as a whole, resulting in criminal irresponsibility, first grade. In cases of severely ill mental patients, where all three components of judgment are impaired, the individual lacks criminal responsibility, second grade, even when no clear connection between psychotic production and behavior can be proved. Conclusions: Judgment concept and its components will enable mutual understanding and construct a common basis of working alliance and common knowledge for both medical and law people. This necessitates analysis of the three compartments of judgment by psychiatrists in court-appointed evaluations that will be accepted and become the common standard for both medical and legal practitioners.

Key words: Judgment, Criminal responsibility, Criminal irresponsibility
Contemporary models suggest anxiety disorders are disorders of emotion dysregulation. Recent studies show anxious individuals suffer emotional hyper-reactivity and difficulties down-regulating negative emotions. However, these studies mostly included anxious adults and did not specify the characteristics of emotion regulation difficulties. Empirical studies on emotion regulation in anxious children and adolescents are scarce. This study aimed to examine differences between anxious and non-anxious children in the ability to apply emotion regulation strategies in negative emotional situations, in the relative use of specific regulation strategies, and in regulation self-efficacy. A new task was developed to provoke real-time emotional activation and regulation, using ambiguous situations with potentially threatening meanings. Forty-nine children in the ages 10 to 17, presenting for treatment in the anxiety disorder clinic in 'Schneider Children Medical Center of Israel' and diagnosed with either generalized anxiety disorder, social anxiety, or separation anxiety disorder, were compared with 42 gender and age matched non-anxious controls. Relative to controls, anxious children demonstrated (1) deficit in the ability to apply emotion regulation strategies in negative emotional situations, either spontaneously and in response to instruction, (2) lower reappraisal self-efficacy, and (3) lower use of problem-solving and reappraisal, while greater use of avoidance. Findings suggest anxious children’s emotion regulation profile is characterized by lower ability to make self-directed acts of change in negative emotional stimuli, and by increased reliance on relatively less effortful regulatory strategies that provide short-lived emotional relief. In the long-term this profile increases the risk for more anxiety, functional impairments and low regulation self-efficacy.

**Keywords**: anxiety disorders, children, emotion regulation

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**PA15.2. IMPLEMENTING "SMEAP"**

**SENSORY MOTOR EDUCATIONAL APPROACH**

Glustein R, Barenboim T, Morgenstern R

*Machon Yaffa, Center for Inclusive Education*

We are witness to accelerating interest and extensive studies in the current developments in the area of skewed sensory motor systems and their relation to a variety of developmental disabilities. Deficiencies in the sensory-motor system affects proper development of understanding the environment which results in impaired communication performance, reading of social cues and age-appropriate behavior. The deficiency in sensory processing creates a barrier which affects daily functioning in these areas. Children with distorted sensory processing do not develop typical inborn understanding of relating to others and accurate world perception. They must accommodate this deficit with alternate resources. The remedies should recreate meaningful gratifying social and communication interaction. When the environment of children with SPD is aware of the ramifications of impaired sensory-motor systems on daily life, improvement is seen. The Sensory Motor Educational Approach (SMEA) will be presented.

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**PA15.3. ADDITIVE EFFECTS OF SEROTONIN TRANSPORTER AND TRYPTOPHAN HYDROXYLASE 2 GENE POLYMORPHISMS ON THE CLINICAL RESPONSE TO CITALOPRAM AMONG CHILDREN AND ADOLESCENTS WITH DEPRESSION AND ANXIETY DISORDERS.**

Rotberg B1, Kronenberg S 2, Carmel M3, Frisch A1, Brent D1, Melhem N4, Zalsman G4, Apter 2, Weizman A1,3

1Geha Psychiatric Hospital  2Feinberg Child Study Center 3Felsenstein Medical Research Center 4Western Psychiatric Institute and Clinic, Pittsburgh, USA

Objectives: To determine the association between two serotonin pathway genes and the clinical response to citalopram among children and adolescents with depression and anxiety disorders. Methods: The clinical sample consisted of 83 children and adolescents with depression and anxiety disorders. These patients were treated with citalopram for a period of 8 weeks. The criteria for adequate response were determined a priori.
We assessed the association between the clinical response to citalopram and single nucleotide polymorphisms in the tryptophan hydroxylase 2 (TPH2) and the serotonin transporter genes. The polymorphisms included one in the transcriptional control region (G-703T) of TPH2 gene and the other in the serotonin transporter gene-linked polymorphic region (5-HTTLPR). Our study, which is part of a larger psychopharmacogenetic project, was approved by the local IRB. Results: Fifty patient out of the 83 (60%) reached satisfactory response. We observed an additive effect of both genes on the clinical response to citalopram. Patients carrying the combination of both TPH2 G and the 5-HTTLPR L alleles were most likely to achieve response (80%). In contrast, patients carrying the combination of both TPH2 T and the 5-HTTLPR S alleles were least likely to respond (31%). The other patients (G/S or T/L alleles) showed intermediate response (67%; df=2; p=0.012). Conclusions: This finding suggests that 5-HTTLPR and TPH2 genes act in concert to modulate the clinical response to citalopram among children and adolescents with depression and anxiety disorders.

**PA15.4. THE OUTCOME OF SEVERE DEVELOPMENTAL AND EMOTIONAL-BEHAVIORAL DISORDERS FROM PRE-SCHOOL INTO ADOLESCENCE: A FOLLOW-UP STUDY.**

Spitzer S.,¹ Freudenstein O.¹, Peskin M.,¹ Shrir A.¹, Pearelson T.¹, Eilam A., Gothelf, D.²

¹ Children's Department, Geha Mental Health Center, Petach Tikva, Israel.² Schneider Children's Medical Center of Israel, Petach Tikva, Israel.

Aims: To examine the outcome of children with psychiatric disorders from the pre-school period into later childhood and adolescence. Method: 60 children participated in the study, 43 boys and 17 girls. The participants' mean age was 10.87 years (130.5 months). Subjects were treated at the Children's Day Department when they were at pre-school age, both in a therapeutic nursery and in an ambulatory setting. Participants suffered from a variety of developmental and behavioral-emotional disorders: pervasive developmental disorders, ADHD, disruptive behavior disorders, anxiety disorders, elimination disorders, etc. The psychiatric diagnoses at baseline were evaluated clinically according to the ICD-10 (and DSM-IV). The diagnoses at follow-up were assessed using the Schedule for Affective Disorders and Schizophrenia for School-Age Children Present and Lifetime Version (K-SADS-PL). Results – were according to our expectations. Pervasive developmental disorders, ADHD, disruptive behavior disorders, anxiety disorders, elimination disorders, etc. at pre-school showed continuity into later childhood and adolescence. ADHD at pre-school predicted disruptive behavior disorders at later childhood and adolescence. Disruptive behavior disorders at pre-school predicted anxiety disorders at later childhood and adolescence. Results are under further analyses and will be specified until the conference.

**Key words:** Outcome, severe developmental disorders, emotional-behavioral disorders, psychiatric disorders, pre-school, later childhood, adolescence.

**PA16 Teaching Psychiatry**

**PA16.1 INTEGRATION OF NON-COGNITIVE PARAMETERS AS PART OF ADMISSIONS CRITERIA TO HEBREW UNIVERSITY MEDICAL SCHOOL, AND THEIR EFFECT ON STUDENTS’ DEMOGRAPHICS AND ATTITUDES TOWARD FUTURE CAREER CHOICES.**

Halpern N.¹, Bentov-Gofrit D.², Matot I.³, Abramowitz M.Z.²,³

¹ Hebrew University Medical School ² The Jerusalem Mental Health Center, affiliated to Hebrew University Medical School ³ Department of Anesthesiology and Critical Care Medicine, Tel Aviv Sourasky Medical Center  ⁴ Mental Health Services, Ministry of Health

Background: A new approach for assessing non-academic attributes in screening medical school candidates was developed and implemented at Hebrew University Medical School. Non-cognitive tests included: biographical questionnaire, behavioral tasks and multiple mini interviews. We evaluated the effect of this change on students' demographics and attitudes towards future career choices. Methods: A standard questionnaire regarding student's background and future residency preferences was administered to 106 first-year students, accepted to medical school through the new system (2006-2007). Results were compared with a database created by Abramowitz and Gofrit for students admitted through the old admission process. Results: Response rate was 80%. Students accepted by the new process were significantly older (22.49 vs. 21.54, p<0.001), had prior academic studies, considered other professions and had majored in humanities and
sciences in high-school. Significantly more students from small communities were admitted by the new system. Students admitted by the new system had a more positive attitude towards career in obstetrics/gynecology (41% vs. 22%, p<0.001) and hemato-oncology (11.7% vs. 4.8%, p<0.001) while popularity of surgery and pediatrics decreased (34.5% vs. 61%, p<0.001 and 68.7% vs. 82.5%, p<0.001 respectively). Discussion: The assessment of non-cognitive parameters resulted in an older, more heterogenic group of students and affected residency preferences. Whether these preferences in first year medical school students will be persistent through medical school and how they affect the practice of medicine in Israel, is a question for further research.

**Keywords:** medical school admission process, non-cognitive attributes, residency preferences, career choice, medical education.

**PA17**

**The Israel Journal of Psychiatry**

**PA17.1** THE ISRAEL JOURNAL OF PSYCHIATRY: PAST AND FUTURE

Greenberg D1,2, Melamed Y3,4,5, Kurs R1

1Editor, Israel Journal of Psychiatry, 2Herzog Hospital, Jerusalem, Israel, Hebrew University, Jerusalem; 3Secretary, Israel Psychiatric Association, 4Lev-Hasharon Mental Health Center, 5Sackler Faculty of Medicine, Tel-Aviv University,

The Israel Journal of Psychiatry, the official publication of the Israel Psychiatric Association, was founded by Heinz Zvi Winnik and first published in April 1963, as a forum for the developments within Israel, and to be a link with the many professionals around the world who are closely associated with the endeavors of this country. Prof. Winnik, the editor-in-chief was joined by two editors, HF Infield and S Baumatz, and three associate editors, Shammai Davidson, Phyllis Palgi, AA Weiss, 15 contributing editors, 6 from Israel, the others including Sir Aubrey Lewis, Margaret Mead and Milton Rosenbaum. In Volume 1, a current events section described the recent visit of Dr Kenneth Cameron as a WHO consultant (and reports his sudden death shortly after returning to England), and a visit to Israel by Dr John Bowlby. Volume 5, in 1967, included a landmark paper by Victor E Frankl on Logotherapy (5:142-155).Israel Annals celebrated its tenth anniversary in 1972, with an editorial by Professor Winnik announcing it was becoming a quarterly and papers by psychoanalysts: Pollock, Neubauer, Klein and Priel, Fried. Of 179 papers in the first decade, 121 (68%) were from Israel, 45 from US (25%), 13 (7%) from other countries. Anna Freud wrote the Introduction in Volume 15, Issue 2, for the Centenary of the birth of the psychoanalyst Moshe Wulff (1977; 15:81-82). The journal was not published in 1980, but reappeared in 1981 as The Israel Journal of Psychiatry and Related Sciences. Professor Winnik, founding editor, died in 1982 and Professor Edelstein continued as editor. Gefen Publishing became the publishers in 1988. In 1992, following Professor Eli Edelstein's retirement, Professor David Greenberg became editor, a new board was elected and became active in undertaking special issues reflecting the changing focus of psychiatry in Israel – for example: 1993, Immigration and psychiatry; 1995, Psychiatry and primary medicine, 2001, Consequences of the Holocaust on child survivors and children of survivors, 2004, Mental health issues in Arab society. Current Deputy Editors are Rael Strous, Shlomo Mendlovic and Talma Hendler, Assistant Editor is Joan Hooper, and there are 12 members of the Editorial Board and 12 members on the International Advisory Board. At a time of attempts to isolate Israel academically, the journal remains a genuine expression of the link between ourselves and our friends. The submissions to the IJP in the last thirteen years have gradually increased, with Israeli authors submitting about two thirds of the articles, and an increasing number submitted and accepted from countries other than the US, recently Turkey and India. Until the nineties, the journal, while cited on Medline was rarely cited by other journals. This has changed, if modestly, and the impact factor is currently 0.5 in the ISI Web of Knowledge JCR Social Science Index. For over a decade the full text has been included in Proquest Psychology, and since 2007, the full text is available via Pubmed. As of 2009 the journal is included in the Ebsco package of scientific journals. This additional exposure is a credit to the high quality of the journal and its valuable contribution to the psychiatric literature.

**Keywords:** Israel Journal of Psychiatry, Israel Psychiatric Association, Impact factor
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