ECNP SEMINAR IN NEUROPSYCHOPHARMACOLOGY

10-12 NOVEMBER 2017 | NICOSIA, CYPRUS

ECNP neuroscience applied | UNIVERSITY of NICOSIA | MEDICAL SCHOOL

INTRODUCTION

ECNP is an independent, non-governmental, scientific association dedicated to the science and treatment of disorders of the brain. Founded in 1987, its goal is to bring together scientists and clinicians to facilitate information-sharing and spur new discoveries.

The objective of ECNP is to serve the public good by stimulating high-quality experimental and clinical research and education in applied and translational neuroscience.

It seeks to do this by:

- Co-ordinating and promoting scientific activities and consistently high-quality standards between countries in Europe.
- Bringing together all those involved in or interested in the scientific study of applied and translational neuroscience by arranging scientific meetings, seminars, and study groups.
- Providing guidance and information to the public on matters relevant to the field.
- Providing a format for the co-ordination and for development of common standards in Europe.

University of Nicosia

To fulfil this aim ECNP organises, amongst others, yearly the ECNP Congress that comprises of 6 plenary lectures, 21 symposia, 7 educational update sessions and 7 alternative format sessions. The annual meeting attracts around 5,000 psychiatrists, neuroscientists, neurologists and psychologists from around the world and is considered to be the larges congress on applied and translational neuroscience.

ECNP organises seminars, as the one you have been invited to participate, in areas of Europe where there are less opportunities for psychiatrists to participate in international meetings. Interaction is the keyword at these meetings and they have proved very successful both for the participants and for the experts. During the seminar we discuss clinical and research issues that the local organisers feel that are needed to be covered and using these topics as a model for teaching how to ask a research question and how to plan an effective study. Leading ECNP experts that are also talented speakers will facilitate mutual discussion in small groups allowing you to present your abstract and get feedback from your colleagues and local mentors.

So far, ECNP has organised this meeting in Poland, Estonia, Turkey, Bulgaria, Slovak Republic, Hungary, Czech Republic, Moldova, Romania, Greece, Russia, Latvia and recently in Macedonia, Armenia, Georgia, Serbia and Lithuania. In some countries we have organised it more than once.

ECNP also supports on an annual basis participation of 100 junior scientists and researchers in an intensive three-day Workshop in Nice. Other educational activities of ECNP include the journal European Neuropsychopharmacology that promotes scientific knowledge along with publishing consensus statements. In addition, since 2009 ECNP organises a summer school of neuropsychopharmacology in Oxford and since 2012 a school of child and adolescent neuropsychopharmacology in Venice. Since 2015 a Workshop on Clinical Research Methods takes place yearly in Barcelona, Spain.

ECNP will also continue the successful pilot of the ECNP Research Internships. A selected group of senior researchers will offer a short two week exploratory experience in their institutions. The hosting scientist is encouraged to establish a long term relationships with the applicant and teach a basic translational research method that the participant can use at home when he/she returns.

Please see the ECNP website (www.ecnp.eu) where you can find information about all the above initiatives and additional information and look for the activity that fits you.

I hope you have a fruitful and inspiring meeting in Cyprus!

Gil Zalsman
Chair ECNP Educational Committee

PROGRAMME

FRIDAY 10 NOVEMBER 2017

19.00 Welcome of Experts

SATURDAY 11 NOVEMBER 2017

09.00 – 09.15 What is ECNP? Introductions to the programme
Speaker: Joseph Zohar, Israel

09.15 – 10.00 Schizophrenia research as a model for research plan and design
Speaker: Mark Weiser, Israel

10.00 – 10.45 Animal model for PTSD as a model for research plan and design
Speaker: Avi Avital, Israel

10.45 – 11.30 Coffee break

11.30 – 12.15 Neuroscience based Nomenclature (NbN): new classification of psychotropics in your pocket- presenting the concept and live demonstration
Speaker: Joseph Zohar, Israel

12.15 – 12.30 How to give a talk
Speaker: Joseph Zohar, Israel

12.30 – 13.30 Lunch

Presentation participants in 3 groups in 3 parallel workshops			
Round 1 13.30 – 15.00	Joseph Zohar and Anna Polyniki **Group 1**	Mark Weiser and Eleni Palazidou **Group 2**	Avi Avital and Stelios Georgiades **Group 3**

15.00 – 15.15 Coffee break

15.15 – 15.45 Panel discussion: How to prepare a clinical research project and how to publish it
Chair: Joseph Zohar
Panel members: Mark Weiser & Avi Avital

16.00 – 21.00 Social activity (Walking Tour of Nicosia within the Walls), group photo and dinner

SUNDAY 12 NOVEMBER 2017

Presentations participants in 2 groups in 2 parallel workshops
(Experts rotate between the groups)

Presentations participants in 2 groups in 2 parallel workshops *(Experts rotate between the groups)*			
Round 2 08.30 – 10.00	Joseph Zohar, Anna Polyniki and Eleni Palazidou **Group 1**		Avi Avital and Stelios Georgiades **Group 2**
10.00 – 10.20 Coffee Break			
Round 3 10.20 – 11.50	Joseph Zohar, Anna Polyniki and Eleni Palazidou **Group 2**		Avi Avital and Stelios Georgiades **Group 1**
11.50 – 13.15 Lunch and preparation for plenary session			
Plenary 13.15 – 14.15	13.15 – 13.45 13.45 – 14.15	**Group 1** Presentation **Group 2** Presentation	

14.15 – 14.40 Coffee break and faculty selection of awards winners. Completion of feedback forms

14.40 – 15.00 Awards ceremony, concluding remark and thanks
Joseph Zohar and Anna Polyniki

EXPERTS

Avraham Avital

Avi (Avraham) Avital is assistant professor in the Faculty of Medicine, the Technion - Israel Institute of Technology, and Emek Medical Center. As a board member The Israeli Society for Biological Psychiatry (ISBP), Avi is also the head of the young basic science leadership program, operating as part of the ISBP activities.

Avi serves as a member of the ECNP education committee. In his behavioural Neuroscience Lab, they study the effects of life circumstances on emotional and cognitive processes. Specifically, the research is focused on attention processes and social cooperation. On the translational aspect, the lab studies Schizophrenia and PTSD in animal models and clinical researches. Both basic and clinical studies are nurturing and being nurtured by each other. The entire research in the lab is involving technological equipment including software and hardware that are custom-made.

ANIMAL MODEL FOR PTSD AS A MODEL FOR RESEARCH PLAN AND DESIGN

AVRAHAM AVITAL
Behavioral Neuroscience Lab | Department of Physiology | The Bruce Rappaport Faculty of Medicine

The exposure to stress at different developmental time points has long been postulated to have a crucial impact on various brain structures involved in mental disorders. The long-term specific effects seem to emerge as a function of timing and duration of the exposure to stress, as well as the characteristics of the stressor. Previous studies have addressed this issue with an effort to describe a single "hyper-sensitive" time point, and have led to disagreement on a particular sensitive period for stress exposure. The primary aim of our study was to investigate the hypothesis that indeed there is a developmental stress risk window.

We conducted a systematic mapping of the effects of an equivalent stress protocol, applied at 11 different time-points during development, on its long-term consequences in adulthood. We found both behaviorally and physiologically that the pubescence time points are the most vulnerable to stress compared to all other tested time points along the developmental trajectory. Considering the comparison between rat and human age, our findings recommend focusing on the childhood-to-adulthood transition, which can exacerbate the predisposition for the development of major stress-induced psychopathologies.

Next, we applied this stress sensitive time window in establishing animal model for PTSD.

Finally, one of the most prominent function that is impaired in the aforementioned psychopathologies (and in many others) is social functioning. Trying to depict this function in animal model, we established a full-computerized behavioral task.

OUTLINE

- ☐ Does stress=stress: Mapping the developmental trajectory for sensitive period.
- ☐ Implication of stress-sensitive period in an animal model for PTSD and examining possible treatment.

Increased vulnerability to psychiatric disorders has been associated with early-life stress.

There is a long history attempting to evaluate the developmental trajectory of stress in humans, but these studies are limited by their retrospective nature.

Many animal models evolved for this purpose, in an effort to investigate the existence of a possible hyper-sensitive developmental period for applying a stressor or the developmental programming of the HPA-axis

Some animal models reproduce physicalstress whereas others reproduce psychologicalstress, either in acuteor chronicparadigms.

In different studies, stressors were applied at different time points during development, together with various time points of evaluation of either short-or long-term effects.

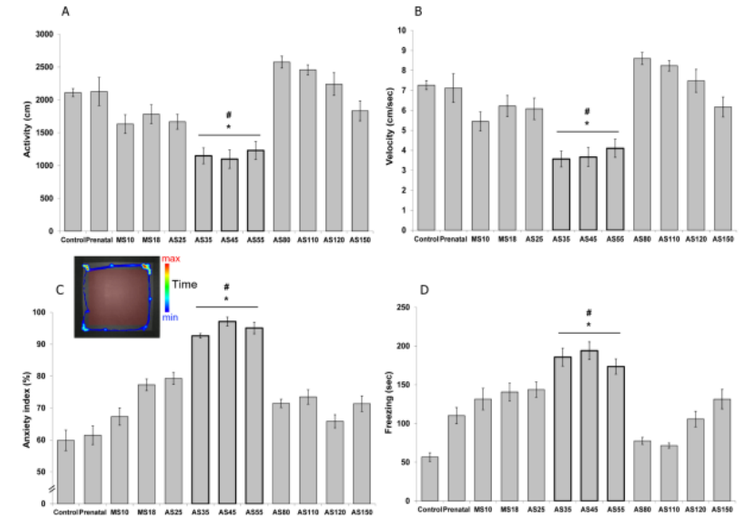
we aimed to map the long-term effects of an acute stress applied at different developmental time-points.

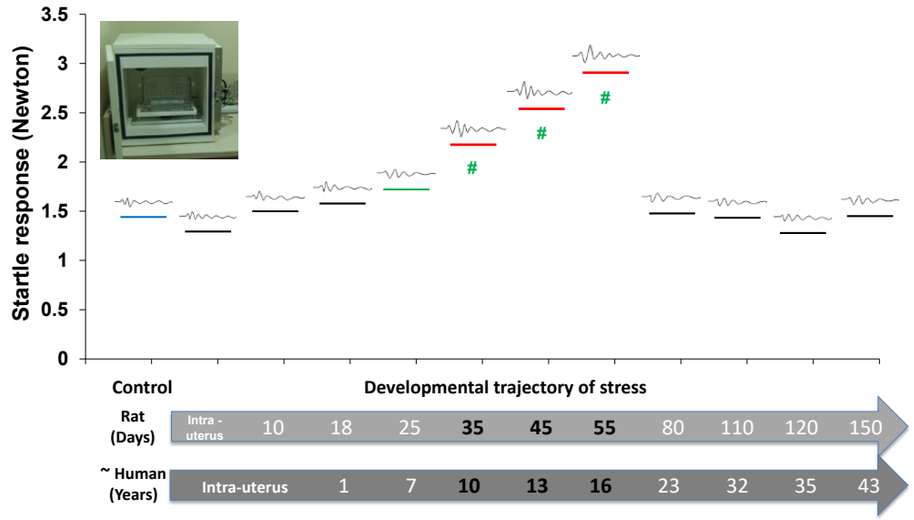
Stress protocol consisted of 3 different stressors applied during 3 consecutive days (Room light set at 1000±25lux):

Rats were forced to swim for 15 min, while pregnant rats for 5 min, in a squared water tank: 38 ×30 cm, water depth: 60 cm. Water temperature maintained at 23±1°C.

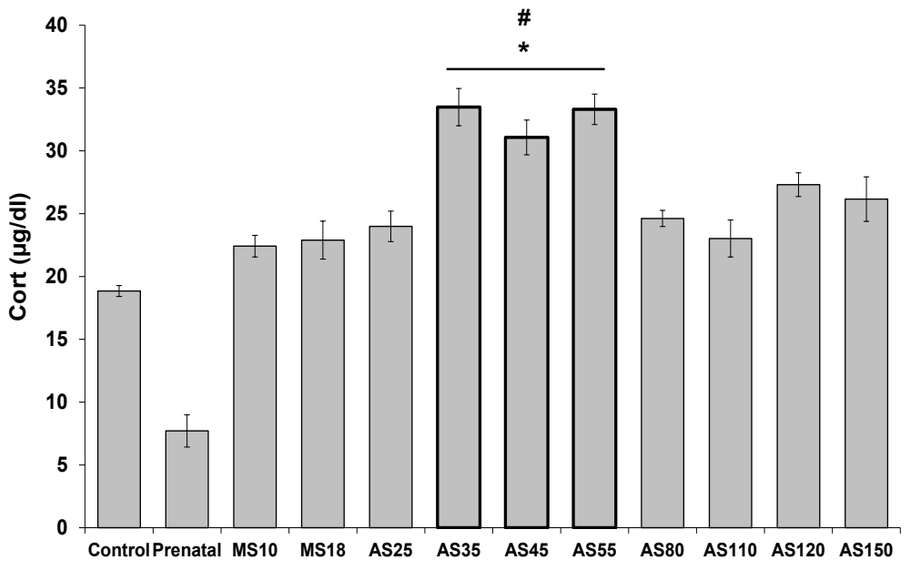
Rats were placed on a platform (10 cm in diameter) elevated 50 cm above floor level, three times for 30 min with 1 hour inter trial interval spent in a resting cage.

Rats were placed in a radial-shaped metal net restrainer 6 cm height, three times for 30 min with 1 hour ITI.





The Startle response: equivalent developmental trajectories of rat and human. Groups AS35-55 showed higher maximal startle response than the controls (*P<0.001) as well as from the highest (AS25) amongst the other groups (#P<0.022).



Serum corticosterone level. Groups AS35-55 showed the highest corticosterone level compared either with the controls (*P<0.0001), or the AS120 rats that showed the highest corticosterone level amongst all other groups (#P<0.001).

To conclude, the important methodology of this study regarding the equivalent acute stress paradigm and testing its developmental-dependant effects in adulthood, allowed us the comparison of the potential stress-sensitive periods and their long-term effects in adulthood.

Carefully considering the comparison between rat and human age (Quinn 2005, Holder and Blaustein 2014), our results reinforce the notion that the childhood-to-adulthood transition is the hypersensitive-stress developmental risk period with long-lasting behavioural and physiological effects.

Thus, may predispose the appearance of psychopathology in adulthood.

METHYLPHENIDATE AND DESIPRAMINE COMBINED TREATMENT IMPROVES PTSD SYMPTOMATOLOGY IN A RAT MODEL

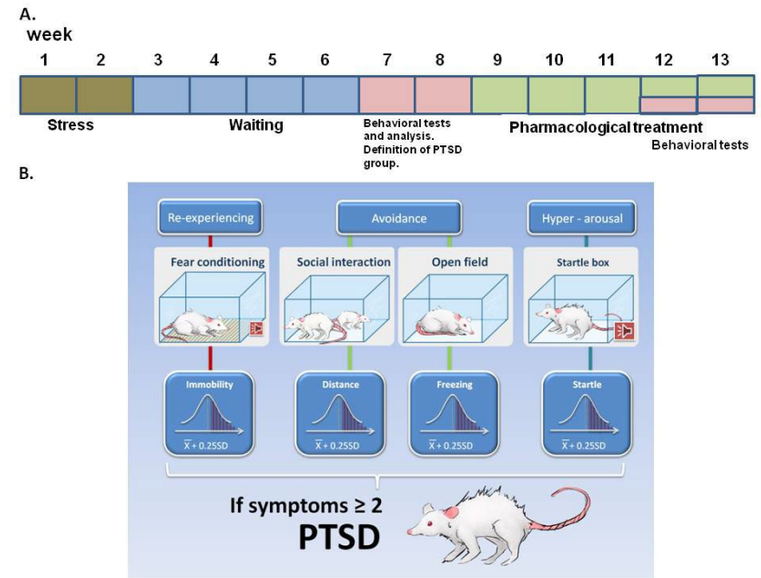
The characteristic symptoms of post-traumatic stress disorder (PTSD) include: re-experiencing, avoidance and hyper-arousal.

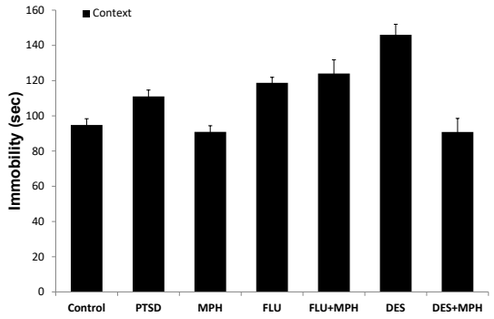
Nowadays, the common treatment for PTSD includes various antidepressants. However, these treatments focus on the anxiety, depression, flattened affect or detachment symptoms and less on attention problems.

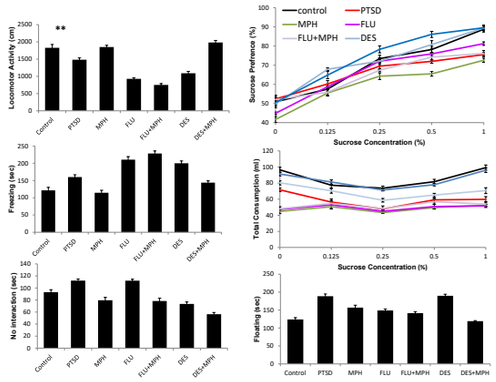
AIMS:

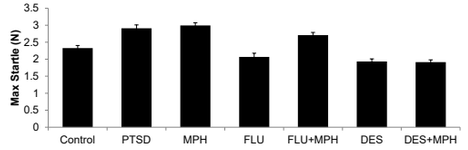
1) Focusing on PTSD symptoms: to establish a comprehensive rat model for PTSD, with two emphasizes: (i) exposure to chronic stress; (ii) definition of PTSD-like animal.

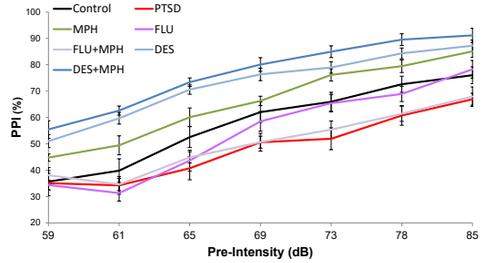
2) To determine whether, in addition to the common antidepressants, Methylphenidate (Ritalin) treatment will affect PTSD core symptoms.

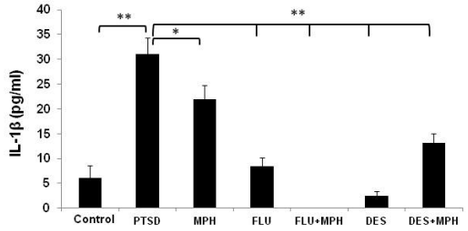


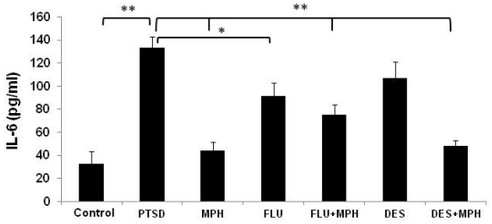

Context
Immobility (sec)
Control
PTSD
MPH
FLU
FLU+MPH
DES
DES+MPH


Locomotor Activity (cm)
Freezing (sec)
No interaction (sec)
Sucrose Prefrence (%)
Total Consumption (ml)
Floating (sec)
Sucrose Concentration (%)
control
PTSD
MPH
FLU
FLU+MPH
DES
DES+MPH


Max Startle (N)
Control
PTSD
MPH
FLU
FLU+MPH
DES
DES+MPH


PPI (%)
Pre-Intensity (dB)
Control
PTSD
MPH
FLU
FLU+MPH
DES
DES+MPH


IL-1β (pg/ml)
Control
PTSD
MPH
FLU
FLU+MPH
DES
DES+MPH


IL-6 (pg/ml)
Control
PTSD
MPH
FLU
FLU+MPH
DES
DES+MPH

Considering the versatile emotional and cognitive symptoms of PTSD, our results suggest a new duo-treatment for PTSD comprised of antidepressant (desipramine) and psycho-stimulant (methylphenidate) that partially share norepinephrine-reuptake-inhibition mechanism.

ACKNOWLEDGMENTS:

Students and post-docs:

Talya Dolev

Yael Hazan

Inon Maoz

Zeev Brand

Behavioral Neuroscience Lab's staff:

Dr. Shlomit Aga-Mizrachi

Mr. Salman Zubedat

This study is partially supported by:

Israel's MOD Directorate for Defense Research & Development (DDR&D)

US-Army Research Office (ARO)

The Walled City of Nicosia from Above

Joseph Zohar

Dr. Zohar is a professor of Psychiatry at the Sackler Faculty of Medicine, Tel Aviv University. Dr. Zohar is the immediate past-President of the European College of Neuropsychopharmacology (ECNP). He is also chair of the Israeli consortium on PTSD, and chair of the International College of Obsessive-Compulsive Spectrum Disorders (ICOCS).

Dr. Zohar is a board member for the International Master in Affective Neuroscience, a visiting Professor at the University of Maastricht (The Nederland's),

Dr. Zohar has been honored with several awards, including the Fogarty International Research Fellowship Award (1984), the A.E. Bennet Award for Clinical Research (1986 and 2002), ECNP Neuroscience Award for Clinical Research (1998), and the WFSBP Award for Excellence in Education (2001).

Dr. Zohar has authored more than 350 papers, has written or edited 16 books focusing on Resistant Depression, OCD, PTSD and Psychotropics, and was the founding associate editor of CNS Spectrums and of the World Journal of Biological Psychiatry.

Dr. Zohar has recently (2012) received funding (RO1) from National Institute of Mental Health (NIMH) to explore secondary prevention of PTSD.

Dr. Zohar was advisor to DSM – IV and 5 in OCD and co-chair of the Workgroup preparing the research agenda on OCD for DSM-5.

Currently Dr. Zohar Chair an international collaboration (joint venture of ECNP, ACNP, CINP and AsCNP and IUPAR) on developing new nomenclature for CNS drugs; (NbN) Neuroscience based Nomenclature **http://nbnomeclature.org)** and chair of the Expert Platform on Mental Health focus on Depression **(http://www.expertplatform.eu)** along with being a Director of the National Post-Trauma Center, Research Foundation by the Sheba Medical Center, Israel

FREE CLASSIFICATION OF NBN IN YOUR POCKET- THE SECOND EDITION OF NEUROSCIENCE BASED NOMENCLATURE APP AND THE FIRST EDITION OF NBN-CA

JOSEPH ZOHAR
Tel Aviv University, Israel

Current psychopharmacological nomenclature remains wedded to earlier period of scientific understanding, failing to reflect contemporary developments and knowledge, does not help clinicians to select the best medication for a given patient, and tending to confuse patients as they are being given a drug with a different name compared to their identified diagnosis (e.g. "Antipsychotic" for depression).

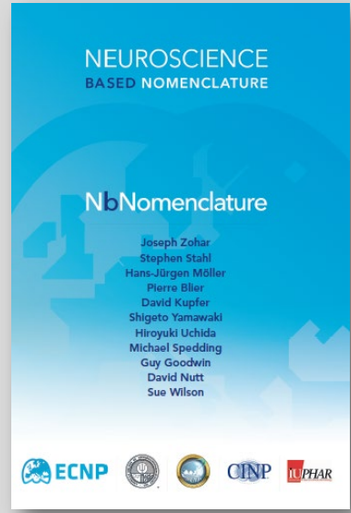
Four major colleges of Neuropsychopharmacology (ECNP, ACNP, Asian CNP, and CINP together with IUPHAR) proposed a new pharmacologically-driven nomenclature focusing on Pharmacological Target and Mode of Action. It includes also 4 dimensions of additional information: 1—Approved Indications; 2—Efficacy and side effects; 3 — Practical note; and 4— Neurobiology. Several surveys in four different continents were conducted in order to examine satisfaction with the current psychopharmalogical nomenclature, as well as test the NbN. A significant proportion of the participants in the surveys were in favor of the proposed nomenclature.

It seems that clinicians found the available nomenclature system dissatisfactory and many times confusing for them and the patients. The proposed nomenclature seeks to up-end current usage by placing Pharmacology and Mode of Action rather than indication as the primary driven force.

In the session examples of using the NbN-2 and NbN-ca in key medications will be presented and discussed.

NBN
NEUROSCIENCE BASED NOMENCLATURE

JOSEPH ZOHAR
Tel Aviv University, Israel



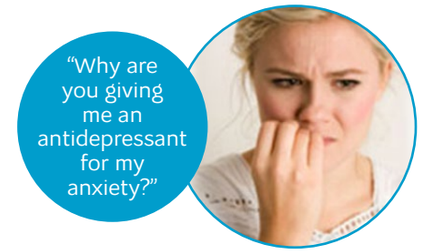
The current nomenclature of psychiatric medications is indications based and include:

Antidepressants | Antipsychotics | Anxiolytics | Hypnotics | Mood stabilizers | Other

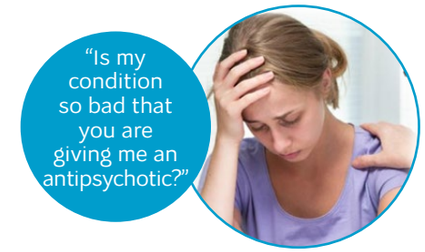
Very often we prescribe "antidepressants" for anxiety disorders or "second generation antipsychotics" to depressed patients who show no evidence of psychosis.

CURRENT NOMENCLATURE AND ADHERENCE

Anxious patients:



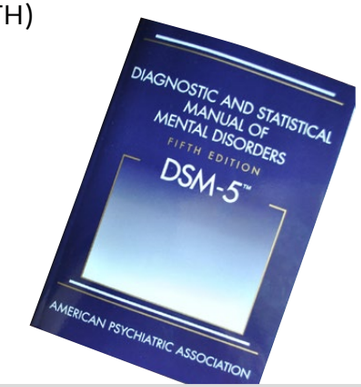
Depressed patients:

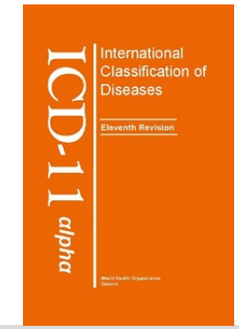


Current nomenclature

does not help the clinician to make informed choices

DIAGNOSIS UPDATES GOING ON
(DSM 5, ICD 11TH)





NBN GLOSSARY

Former terminology	NbN		Drugs
Indication-based	(Pharmacological-based)		
	Pharmacology	Mode of action MM; multimodal (e.g. more than one mode)	
Antidepressants	Drugs for depression		
(TCA)	norepinephrine	reuptake inhibitor (NET)	desipramine
	norepinephrine, serotonin	reuptake inhibitor (NET and SERT)	protriptyline,lofepramine, amoxapine, nortriptyline
	serotonin, norepinephrine	reuptake inhibitor (SERT and NET)	imipramine, dosulepin,
	serotonin	reuptake inhibitor (SERT)	clomipramine
	serotonin, norepinephrine	MM; reuptake inhibitor (SERT and NET), 5-HT2 receptor antagonist	amitriptyline
	norepinephrine, serotonin	MM; reuptake inhibitor (NET and SERT), 5-HT2 receptor antagonist	doxepin
	serotonin, dopamine	receptor antagonist (5-HT2 and D2)	trimipramine

* The glossary includes only the psychotropics relevant to former terminology. Newer medications or psychotropics not included here could be found in NbN by their name

OUR EXPECTATIONS FROM A PSYCHOTROPIC NOMENCLATURE ARE THAT IT SHOULD:

(a) Be based on contemporary knowledge.

(b) Help clinicians to make informed choices when working out the next "pharmacological step."

(c) Provide a system that does not conflict with the use of medications.

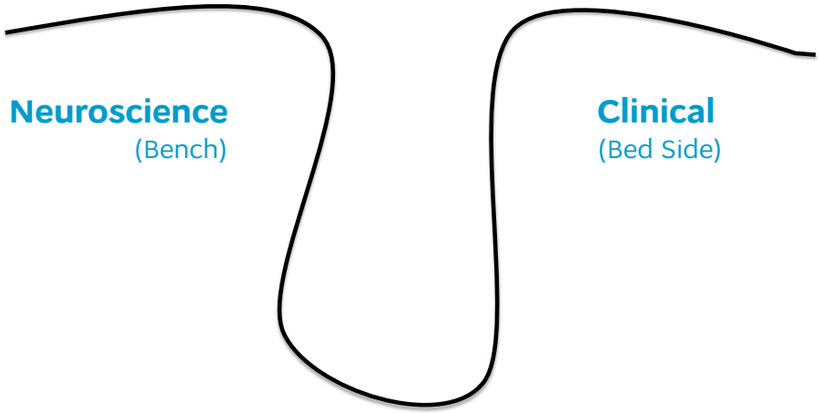
(d) Be future proof and accommodate new types of compounds

None of them are true for the current nomenclature

THE MISSION

- To help **clinicians** to make **informed** choices when they are trying to figure out what would be the next "pharmacological step."
- To move toward **precise** medicine

TWO WAYS BRIDGE



THE TASKFORCE

Five major **international** neuropsychoparmacological **scientific** organizations **joined forces** together (2008) to create this nomenclature.

These organizations are:

ECNP - European College of Neuropsychopharmacology

ACNP - American College of Neuropsychopharmacology

AsCNP - Asian College of Neuropsychopharmacology

CINP - International College of Neuropsychopharmacology

IUPHAR - International Union of Basic and Clinical Pharmacology

THE COMPOSITION OF THE TASKFORCE IS:

Chair:

Joseph Zohar, European College of Neuropsychopharmacology

Stephen Stahl, International College of Neuropsychopharmacology

Hans-Jürgen MÖller, International College of Neuropsychopharmacology

Pierre Blier, American College of Neuropsychopharmacology

David Kupfer, American College of Neuropsychopharmacology

Shigeto Yamawaki, Asia College of Neuropsychopharmacology

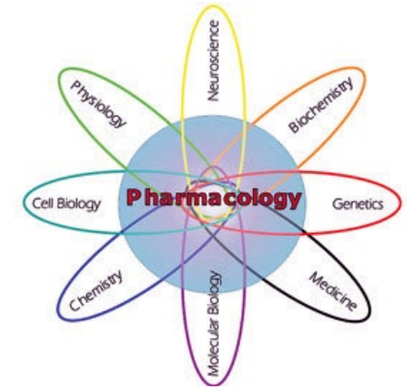
Hiroyuki Uchida, Asia College of Neuropsychopharmacology

Guy Goodwin, European College of Neuropsychopharmacology

David Nutt, European College of Neuropsychopharmacology

Coordinator:

Sue Wilson, Imperial College of London



Pharmacologically-driven (rather than **indication-based**) nomenclature that embeds **contemporary neuroscience understanding** of how medicines work.

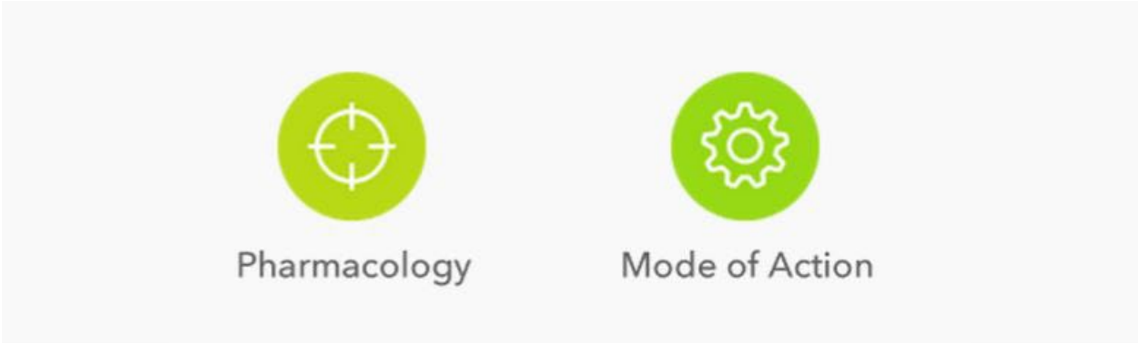
NBN-2 (NBN 2ND EDITION)

PSYCHOTROPICS INCLUDED

In the second edition of the NbN, we included 130 compounds which cover the vast majority of psychotropics used worldwide.

We did not include formulations which combine medications.

THE NOMENCLATURE



PHARMACOLOGICAL DOMAINS

1	Acetylcholine
2	Dopamine
3	GABA
4	Glutamate
5	Histamine
6	Orexin
7	Melatonin
8	Norepinephrine
9	Opioid
10	Serotonin

MODES / MECHANISMS OF ACTIONS (MOA)

1	Receptor agonist
2	Receptor partial agonist
3	Receptor antagonist
4	Reuptake inhibitor
5	Releaser
6	Enzyme inhibitor
7	Ion channel blocker
8	Positive allosteric modulator (PAM)
9	Enzyme modulator

NBN

Journal

American Journal of Psychiatry
Lancet Group
Biological Psychiatry
Neuropsychopharmacology
Psychological Medicine
Intl. Journal of Neuropsychopharacology
European Neuropsychopharmacology
World Journal of Biological Psychiatry
European Psychiatry
Journal of Psychopharmacology
CNS Spectrums
European Archives of Psychiatry and Clinical Neuroscience
Current Psychiatry
Japanese Journal of Neuropsychopharmacology (official journal of Japanese Society of Neuropsychopharmacology)
Clinical Psychopharmacology and Neuroscience - Korean College of Neuropsychopharmacology (official journal of AsCNP)
Chinese Journal of Psychiatry
Br. J. Clin. Pharmacol
J Clin Psychopharm
Pharmacology International (IUPHAR journal)
Pharmacopsychiatry
Pharmakopsychiatrie (in German)

Books

Oxford Textbook
Prescriber Guide

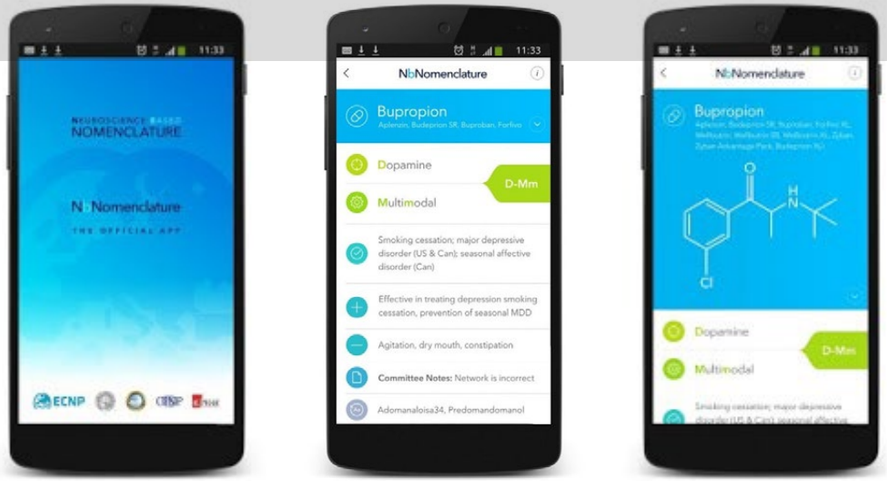
Educational Program

NNCI-National Neuroscience Curriculum Initiative

Collaboration

RDoC

To download the App, search for NbN-2 on Google Play and iTunes App Store



SHORT SUMMARY OF LOCAL EXPERTS

Anna Polyniki
Assistant Professor

Anna Polyniki is Assistant Professor of Psychiatry at the University of Nicosia Medical School.

Dr Polyniki holds a medical degree and a postgraduate degree in the specialty of Psychiatry from Aristotle University of Thessaloniki, Greece and a Master's degree in the Management of Health Services from the University of Cyprus. She has completed training in Telemedicine/Telehealth with Howard University College of Medicine, Washington D.C., USA; has done a Clinical Attachment in Psychiatry at King's College Hospital, London, UK; and completed a Residency in Neurology at Sheba Medical Centre, Tel Aviv, Israel. She is currently pursuing her PhD in the field of Medical Education at St George's, University of London.

Dr Polyniki is also certified as an Executice Coach by Tavistock Institute of Human Relations in London. Her specialty areas are Depressive and Anxiety Disorders, Bipolar Disorders, Schizophrenia and other Psychotic Disorders, and Eating Disorders.

Eleni Palazidou
Clinical Professor

Eleni Palazidou is Clinical Professor of Psychiatry at the University of Nicosia Medical School.

Prof Palazidou graduated from The Medical Academy of Sofia with honours. She carried out her postgraduate studies in Medicine at the UK and completed her PhD at the Institute of Psychiatry, University of London.

She has clinical and research interest in the management of Mood (Affective) Disorders (Depression and Bipolar Disorder), Psychopharmacology (Drug prescribing in mental disorders), Mental Health in Family Medicine (Primary Care), Parental Mental Health and Children Welfare (Safeguarding), Medicolegal – Medical Expert Witness (criminal, civil and family law).

Clinical Skills Laboratory, University of Nicosia Medical School

Stelios Georgiades
Assistant Professor

Stelios Georgiades is Assistant Professor of Clinical Psychology at the University of Nicosia Medical School.

Dr Georgiades holds a BSc (Hons) in Biological Sciences from the University of London, a BA (Hons) in Psychology from the University of Middlesex, an MSc from the Institute of Psychiatry (University of London) and a PsychD from the University of Surrey.

His research interest is on the role of schizotypy in the deveoplent of schizophrenia and the efficacy of Cognitive Behavioural Therapy in the treatment of schizophrenia and post-traumatic stress disorder. He is also interested in the investigation of the role of psychology in medical practice and in psychological education.

LIST OF PARTICIPANTS

N.	First name	Surname	Specialty - Institute	City	Country
1.	Alexander	Chun Chuen	Medical Student at UNMS	Nicosia	Cyprus
2.	Andreas	Hadjittofi	Psychiatrist - Visitor Lecturer in Psychiatry at University of Cyprus Medical School	Nicosia	Cyprus
3.	Anna	Polyniki	Assistant Professor of Psychiatry at University of Nicosia Medical School	Nicosia	Cyprus
4.	Christodoulos	Galatapoulos	Psychiatrist	Limassol	Cyprus
5.	Eleni	Palazidou	Consultant Psychiatrist	London	UK
6.	Hugh	Elliott	Medical Student at University of Nicosia Medical School	Nicosia	Cyprus
7.	Ioanna	Drousiotou	Psychologist	Limassol	Cyprus
8.	Qi Qiu	Jia	Student of Psychology/European University	Nicosia	Cyprus
9.	Jirayr	Ajzajian	Medical Student at University of Nicosia Medical School	Nicosia	Cyprus
10.	Lambros	Samartzis	Psychiatrist - Cyprus Mental Health Services	Nicosia	Cyprus
11.	Maria	Loizidou	Psychiatrist - Student at International Master of Affective Neuroscience	Nicosia	Cyprus
12.	Maria	Sikki	PhD student/Psychology/University of Cyprus	Nicosia	Cyprus
13.	Marianna	Antoniadou	Psychiatrist - Cyprus Mental Health Services	Nicosia	Cyprus
14.	Michael	Lutwak	Medical Student at University of Nicosia Medical School	Nicosia	Cyprus
15.	Noor	Shami	Medical Student at University of Nicosia Medical School	Nicosia	Cyprus
16.	Nora	Abu Ghanem	Medical Student at University of Nicosia Medical School	Nicosia	Cyprus
17.	Rhea	Drymioti	Psychiatrist - Cyprus Mental Health Services	Nicosia	Cyprus
18.	Stelios	Georgiades	Assistant Professor of Clinical Psychology at University of Nicosia Medical School	Nicosia	Cyprus
19.	Stella	Nika	Cyprus Defence Services/Health Department	Paphos	Cyprus
20.	Styliani	Spyridi	Psychiatrist	Limassol	Cyprus
21.	Tonia	Loizidou	Clinical Psychologist at Future Worlds Center, Humanitarian Affairs/Unit for Rehabilitation of Victims of Torture	Nicosia	Cyprus

UNIVERSITY OF NICOSIA MEDICAL SCHOOL

An international Medical Education Centre

Over the past two decades, the University of Nicosia (UNIC) has led the development of life and health sciences programmes in Cyprus.

In 2011, the University started the first medical programme in Cyprus by offering the St George's, University of London Bachelor of Medicine and Bachelor of Surgery (MBBS), a 4-year graduate-entry British medical degree that is quality assured by the UK General Medical Council. The Medical School expanded rapidly in the past few year, enriching its programmes of study and attracting students from around the world.

We now also offer a 6 year MD degree programme designed for high school leavers, an MSc in Family Medicine for practicing primary care physicians and a PhD in Medical Science. More than 650 students from 58 countries are enrolled in the Medical School, coming from as far away as the United States, Canada, Australia and New Zealand.

Students benefit from world-class faculty members experienced and supportive staff, international partnerships and state-of-the-art facilities and learning resources. The student-centred curriculum allow for the early development of clinical skills and reasoning, and promotes collaborative learning, critical thinking and reflection, skills that are essential for a career in medicine.

Our graduates have secured training positions in some of the best hospitals in the world, including Harvard-Massachusetts General Hospital, Thomas Jefferson University Hospitals in Philadelphia, Mount Sinai Hospital in New York City, John Radcliffe Hospital in Oxford, University College London Hospital, the Sheba Medical Center in Tel Aviv and the American University of Beirut Medical Center.

Anatomy Centre, University of Nicosia Medical School

ABSTRACTS

Andreas Hadjittofi

The project is an ongoing study on hypersexual disorder including 67 hypersexual men and 40 aged matched healthy volunteers. The project is focused on identifying possible biomarkers such as the HPA and HPG axis (ACTH, cortisol, testosterone, LH). Biomarkers are related to clinical characteristics of the patients and some of the patients were included in a CBT program focused on hypersexual disorder.

Anna Polyniki

Placebo has a long history. In the 16th-century Europe, Catholic Church gave individuals "possessed" by the devil false holy objects to discredit exorcisms, and if they reacted with violent contortions it was concluded that their possession was in their imagination. A century later, Franz Mesmer used "animal magnetism", whereby invisible forces directed towards the mesmerist patients (usually women), initiated a "crisis" that led to unusual bodily sensations, many of who claimed experiencing profound salubrious effects.

What is placebo? Does it have a biological effect? Is placebo good or bad? Is the placebo effect "true" or "perceived"? Are placebo effects objective or only subjective? Is its use in clinical practice and research ethical? And, what about placebo in surgery and mental disorders

Eleni Palazidou

Bipolar Disorder is a multifaceted condition, with variable clinical presentation and course requiring, more than most other mental conditions, a personalized approach to management. Depression is the most morbid, being the predominant mood state in both Bipolar I and II (Disorder), with longer duration and associated with more marked functional impairment.

The challenges that Bipolar Depression presents to the clinicians are three-fold, involving the recognition, co morbidity and drug treatment of this condition.

Recognition is particularly problematic when the depressed state is the first manifestation of Bipolar Disorder. The drug treatment of Bipolar Depression requires more careful consideration than that of Unipolar states, as antidepressant drugs can complicate the course of the Bipolar Disorder. Co morbid conditions, particularly substance misuse, hinder both the recognition and diagnosis of Bipolar Disorder as well as the management of this condition.

Ways of assessing the possibility of bipolarity will be discussed as well as the principles of pharmacological treatment of the acute and long-term states of Bipolar Depression.

Lambros Samartzis

Methadone or buprenorphine substitution therapy (Opioid Substitution Treatment, OST) has been established as the gold standard in treating chronic opioid use disorders. Nevertheless, there is still a debate regarding the qualitative characteristics that define the optimal OST intervention, namely the treatment threshold, the selection of the medication as well as the duration of the treatment.

In the ECNP seminar I would like to discuss this pharmaceutical treatment of addiction, from a neuropharmacological, clinical and cultural viewpoint.

Marianna Antoniadou

For the ECNP workshop I would like to present the results of my dissertation thesis on "Factors that influence antipsychotic medication adherence in patients with psychosis in South London" that I did for my postgraduate degree (MSc) in Early Intervention in Psychosis at the Institute of Psychiatry at King's College. This study used a large longitudinal dataset of 239 patients with psychosis to examine a large number of factors (sociodemographics, duration of illness, severity of illness, insight, global functioning and substance abuse) as potential factors influencing medication adherence. The 239 patients were physician rated as having full adherence (1-33% missed doses), partial adherence (34%-66% missed doses) and non adherence (67-100% missed doses). The result of the study showed that a number of modifiable risks influence medication adherence. If these factors addressed could lead to improve adherence.

Dr Stelios Georgiades

The role of Cognitive Behavioural Therapy in improving medication compliance in people with schizophrenia.

In the last decade, a number of clinical studies have shown that Cognitive Behavioural Therapy (CBT) combined with low doses of atypical antipsychotic drugs is a promising approach not only in reducing and maintaining the reduction of psychotic symptoms but also in the prevention of relapse. However, other studies aiming to examine and investigate the efficacy of the combination of CBT and low dosages of atypical antipsychotic medication in the longer term, have failed to produce conclusive results. These failures were attributed to the well-known difficulty of patients with schizophrenia to comply with their medication regimes in a consistent manner. The main aim of the present small-scale research study was to evaluate the effectiveness of CBT, in combination with low dosages of atypical antipsychotic drugs, in the treatment of a Greek-speaking sample of schizophrenics. On the early part of the therapy, in order to overcome the problem of medication compliance, greater emphasis was placed in training patients to comply with medication.

The results obtained suggested that CBT for Schizophrenia, with an extended part on training patients on medication compliance, is especially effective in improving compliance to medication amongst people with schizophrenia. Furthermore, CBT, combined with low doses of atypical antipsychotic drugs, seems to facilitate symptom reduction and contributes to the maintenance of this reduction in the longer term.

Stella Spyridi

Case Vignette

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