

also have evidence-based studies that depression for example is an independent risk factor of heart infarct onset. On the other hand, we observe the somatization of clinical picture of mental disorders, the increase of atypical forms manifesting through pain or other somatic syndromes that leads to the increase of mental illnesses in the primary care. The research of common pathways of mental and somatic pathology should be the subject of further interdisciplinary research programs. The other issue is the patient's compliance that plays an important role in the success of every kind of treatment. Personality traits and status of mental health can influence one's attitude to illness as well as motivation to therapy. We cannot assess the population state of health without taking into consideration the evaluation of mental status as well as such definitions like subjective well being, life quality and stigmatization.

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Oral communications: Epidemiology and social psychiatry; migration and mental health of immigrants; forensic psychiatry; suicidology and suicide prevention; prevention of mental disorders and promotion of mental health

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Personality disorders and perinatal psychiatry: Food for thoughts from perinatal psychiatric department experience

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Background Pregnancy and postpartum are sensitive unique moments in women's life. Perinatal psychiatry is focused on depression and psychosis, but personality issues is often neglected as well as risk factors for personality disorders instead of being considered causative of onset or recrudescence of psychiatric symptoms in perinatal.

Methods In total, 129 women were referred to perinatal psychiatric department during their pregnancy or postpartum in the last three years. They were administered SCID II, Childhood Trauma Questionnaire (CTQ), Beck Depression and Anxiety Inventories (BDI and BAI), Edinburgh Postnatal Depression Scale (EPDS) and World Health Organization Quality of Life (WHOQOL). Their interaction with babies was monitored at birth and during follow up. Children's behavioral development is under evaluation through structured tests.

Results BDI and BAI scored moderate or severe in 31 and 27% of women, EPDS was significant in 36%, while SCID II highlighted 24% of borderline, 17% narcissistic, 4% schizoid, 4% paranoid and 9% obsessive/compulsive PD. Nineteen of them suffered physical abuse during childhood, 26 sexual abuse, 89 emotional neglect and only 15 out of 129 were negative to any kind of abuse during childhood.

Conclusion Personality disorders appears to influence maternal adjustment to pregnancy and motherhood. Abuses suffered during childhood confirm their role as potential risk factor in personality issues which clearly express their effect in adaptation to change in personal role and in emphatic interactions.

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What do patients want? Correlates of patient satisfaction and treatment engagement

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Introduction Motivation and ability to engage with treatment may deteriorate or falter if a patient is not satisfied with their protocols or provider. Improving patient satisfaction may more effectively strengthen treatment engagement.

Objectives 1) Determining what patients want from their provider relationship; and 2) identifying means for a provider to effectively assess and evaluate patient satisfaction in relation to treatment engagement.

Methods A systematic review of published meta-analyses, systematic reviews, and literature reviews between 1996 and 2016 was conducted across three databases (Medline, PsycINFO, CINAHL). Using variations of the search terms patient; satisfaction; medication, medical and psychiatric treatment; and engagement/adherence, a total of 1667 articles were identified. After removing duplications, 1582 articles were independently screened for eligibility (e.g. conceptual focus, methodological limitations) by two research assistants, resulting in the final inclusion of 50 meta-analysis, systematic review, or literature review articles that focused on predictors or barriers to patient satisfaction and/or predictors or barriers affecting engagement/adherence.

Results Barriers and predictors of patient satisfaction centered on two fundamental domains:

– relationship with Provider (sub-factors: multicultural competence, shared decision making, communication skills, continuity of care, empathy) and;

– outcomes (sub-factors: therapeutic outcome, patient expectations).

Eight treatment engagement/adherence barrier and predictor domains were identified, specifically treatment regimens; illness beliefs, emotional/cognitive factors; financial and logistic; social support; symptom/illness characteristics; demographics and patient-provider relationship.

Conclusions Key findings highlight actions psychiatrists and other clinical providers may consider in addressing barriers and highlighting promoters to improve patient satisfaction and overall engagement and adherence.

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The efficacy of lurasidone on PANSS subscales in adolescent patients with schizophrenia: Results from a 6-week, double-blind, placebo-controlled, multicenter study

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