SELF-DISGUST AND SELF-INJURY IN SKIN-PICKING DISORDER AND BORDERLINE PERSONALITY DISORDER

Anne Schienle

Department Clinical Psychology, Karl-Franzens-University of Graz, Universitätsplatz 4, Austria

Background: Several mental disorders are associated with non-suicidal self-injury, defined as the deliberate, self-inflicted destruction of body tissue. An often undiagnosed serious condition, skin-picking disorder (SPD), is characterized by recurrent and excessive picking of dermatological irregularities. The repetitive scratching (usually with the fingernails) causes severe skin damage and clinically significant distress or impairment in important areas of functioning. Self-injury (e.g., skin cutting, scratching) is also very prevalent in borderline personality disorder (BPD).

Method: In a series of functional magnetic resonance imaging experiments, it was investigated whether disgust-related personality traits (self-disgust (SD): the tendency to be disgusted with one's own character and behaviour, and disgust proneness (DP): the tendency to experience disgust to environmental stimuli) are central for the two disorders. Moreover, SPD patients and BPD patients were exposed to disorder-relevant visual stimuli.

Results: SPD patients reported elevated SD and DP. They experienced intense disgust during the viewing of skin irregularities, which was associated with increased activity of the insula and increased insula-putamen connectivity. BPD patients were characterized by elevated SD but not DP. They showed increased activation when presented with disgusted faces, which was positively correlated with the degree of self-disgust and self-injury.

Conclusion: Self-injury in SPD and BPD is associated with self-disgust and its neuronal correlates.

* * * * *

STRESS CONSEQUENCES – MIND AND BODY ENCOUNTER

Dušica Lečić Toševski

Institute of Mental Health, Serbian Academy of Sciences and Arts, Belgrade, Serbia

Stress is a complex phenomenon and part of the process of adaptation. However, when environmental demands tax or exceed the adaptive capacity of an organism, the spiral of stress might occur which challenges the adaptive capacity of an organism that might lead to bio-psycho-social disbalance and somatic and mental disturbances as stress consequences. Both acute and chronic stress significantly influence individual's health and there is a correlation between stress, disease and personality type. Our studies have shown that the spiral of stress reaction may cause mental disorders such as posttraumatic stress disorder and depression, but also somatic illness such as coronary disease. The stress is a highly personalized process and its effects are related to the individual vulnerability and resilience. There is a need for a multidimensional, psychosomatic approach to mind and body encounter both in mental/ physical health and disease. The role of stress in mental and somatic illnesses and attention to individual differences should provide strategic starting blocks for the development of person-centered preventive and therapeutic strategies for effective control of stress-related pathology.

References:

1. *Sartorius N: Physical illness in people with mental disorders. World Psychiatry 2007; 6:3-4*
2. *Lecic Tosevski D, Pejovic Milovancevic M: Stress and physical health. Current Opinion in Psychiatry 2006; 19:184-190*

* * * * *

ACUTE AND LONG-TERM MENTAL AND PHYSICAL SEQUELAE IN THE AFTERMATH OF TRAUMA EXPOSURE

Hans-Peter Kapfhammer

University Hospital of Psychiatry and Psychotherapeutic Medicine, Medical University Graz, Auenbruggerplatz 31, 8036 Graz, Austria

Traumas, by definition, refer to exterior events that expose to experiences of overwhelming threat and catastrophe and mediate feelings of death anxiety, panic, horror, helplessness, loss of personal control, and intractability. Most affected persons respond with at least some distressing symptoms of trauma-

related memory intrusions, autonomic hyperarousal, dissociation, and depression in the acute aftermath. Fortunately, the majority of traumatized individuals succeed in coping with this major stress quite well during the following weeks and months unless the process of recovery is hampered by additional adverse psychosocial circumstances, psychological disposition or biological vulnerability. In a subgroup of persons a transition to acute and posttraumatic stress disorder or other major psychiatric disorders, e.g. depressive, anxiety, substance-related disorders may be observed. Posttraumatic stress disorders very often run a chronic course of illness enduring for many years or even life-long. The typical course of illness in PTSD is characterized not only by major psychiatric comorbidities contributing to a dramatically reduced health-related quality of life, to many deficits of psychosocial adaptation and a heightened suicide risk. It is also associated with a lot of major somatic health problems both in acute and long-term stages.

The main focus of the lecture will be on this special dimension of physical comorbidities in post-traumatic disorders. Epidemiological data will be presented both on functional bodily distress syndromes and somatic diseases as sequelae in the acute and long-term aftermath of trauma exposure. Some psycho-somatic and somato-psychic pathways will be discussed. The major challenge to meet both the mental and physical dimensions in the integrative care for patients with posttraumatic disorders will be stressed.

References:

1. *Kapfhammer HP: Akute und posttraumatische Belastungsstörung. In: Möller HJ, Laux G, Kapfhammer HP (Hrsg.) Psychiatrie, Psychosomatik, Psychotherapie, 5. Aufl., Springer Verlag GmbH Deutschland, Heidelberg, 2017, S. 1965-2040*
2. *Schnurr PP: Understanding pathways from traumatic exposure to physical health. In: Schnyder U, Cloitre M (eds.) Evidence based treatments for trauma- related psychological disorders. A practical guide for clinicians. Springer International Publishing, Switzerland, 2015, pp. 87-103*
3. *Schnurr PP, Wachen JS, Green BL, Kaltman S: Trauma exposure, PTSD, and physical health. In: Friedman MJ, Keane TM, Resick TA (eds.) Handbook of PTSD. Practice and science, 2nd ed., Guilford Press, New York, 2014, pp. 502-521*

* * * * *

WORKSHOP: NUTRITIONAL PSYCHIATRY – ON THE IMPACT OF NUTRITION ON PHYSICAL AND MENTAL WELL-BEING

Mörkl S[1], Lackner S[2], Wagner-Skacel J[1], Lahousen T[1] & Holasek SJ[2]

[1]University Hospital of Psychiatry and Psychotherapeutic Medicine, Medical University Graz, Auenbruggerplatz 31, 8036 Graz, Austria

[2]Otto Loewi Forschungszentrum (für Gefäßbiologie, Immunologie und Entzündung), Lehrstuhl für Immunologie und Pathophysiologie, Medical University Graz, Heinrichstraße 31a, 8010 Graz, Austria

Background: Despite the multifactorial genesis of psychiatric disease, there is increasing evidence that nutrition not only influences the prevalence, but also the onset and the course of psychiatric disease (Sarris et al. 2015).

Aim: This workshop highlights the important role of nutritional psychiatry in clinical practice as a key tool for the prevention and treatment of major psychiatric conditions such as depression, anxiety disorders and anorexia nervosa.

Methods: Interactive case vignettes are used to illustrate the role of nutrition in psychiatric care underlined by the background of current scientific evidence. We are discussing the impact of nutrition on the gut microbiome (pre-, pro- and postbiotica) and the gut brain axis influencing our mood and behaviour through regulation of neurotransmitters (such as serotonin, GABA and dopamine) and present an easy-to-handle nutritional interview approach for psychiatrists. Secondly, we focus on the role of nutrient deficiencies, and dietary interventions for the treatment of depression and translate current scientific evidence into concrete food prescriptions for our patients.

Discussion: An adequate supply of energy and micro- and macronutrients (e.g. tryptophan for the synthesis of serotonin) is essential for well-being and may also be a fundamental requirement for the efficacy of psychopharmacological treatment. As knowledge about dietary approaches seems to be as important for psychiatrists as for gastroenterologists and endocrinologists, nutritional psychiatry was implemented as a free elective course for students and future psychiatrists at the Medical University of Graz and is an integrative part of the psychoeducational group for inpatients suffering from depression. We hope that this workshop helps to implement nutritional psychiatry in daily psychiatric practice.

Reference:

1. *Sarris J, Logan AC, Akbaraly TN, et al.: Nutritional medicine as mainstream in psychiatry. Lancet Psychiatry 2015; 2:271-274*