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EW0003

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

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

Objectives Review novel approaches to the treatment of AD.

Aims To update on treatment for AD.

Methods A literature search was performed on PubMed database.

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

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

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EW0004

Symptom validity testing (SVT) and social security disability claims

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

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

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

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

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

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EW0005

Psychoemotional disorders in pregnancy with hypertensive complications

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

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EW0006

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

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