

noid traits and HS significantly interacted in influencing delusional dimension severity (Fig. 1). Low PA represents a trait affectivity of sadness and lethargy whereas HS is closely related to the experience of shame. We speculate that lower levels of PA and higher levels of HS may grasp the “asthenic” pole of Kretschmer’s “sensitive character”.

Conclusion The study findings suggest that the severity of delusional ideation depends, at least in part, on a complex interplay between specific affective and paranoid dispositions within personality. Delusion may constitute the superficial shell, which develops from and cover inner affective vulnerabilities of personality.

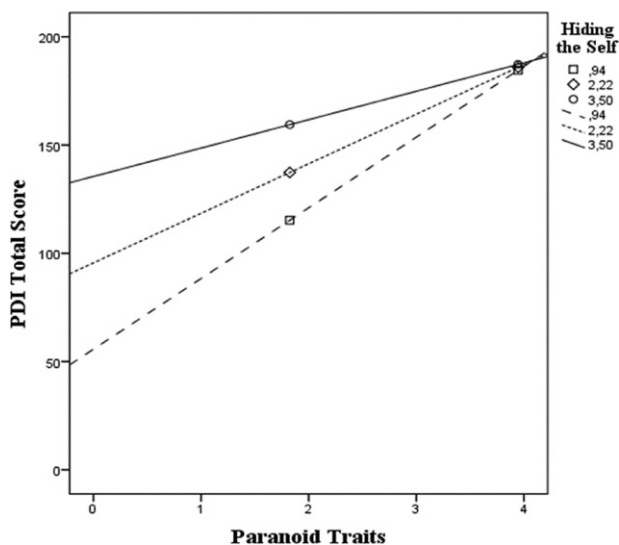


Fig. 1

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The impact of interpersonal violence in youth sport on adult psychopathology

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Introduction A recent cohort study in the Netherlands and Belgium showed that 38% of children experienced psychological violence, 11% physical violence, and 14% sexual violence in sport (Vertommen et al., 2016). This study aims to explore the long-term consequences on anxiety, depression and somatic complaints in adults who experienced psychological, physical or sexual violence in the specific context of organized youth sport.

Methods A web survey in a representative sample of adults, pre-screened on having participated in organized sport before the age of 18 ($n=4043$) was conducted. In this sample, depression, anxiety and somatic problems were assessed using the brief symptom inventory. A generalized linear model was used to quantify the

impact of experiencing severe interpersonal violence in sport on psychopathology.

Results All three types of severe interpersonal violence (psychological, physical and sexual) were significantly associated with the total score and the subscales of the brief symptom inventory. The effect remains significant after controlling for socio-demographics, as well as disability, sexual orientation, adverse childhood experiences outside sport, recent trauma and family history of psychological problems.

Conclusions Experiencing interpersonal violence against in youth sport is associated with mental health problems in adulthood. This is an important finding to consider in child protection policy in sport.

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Chlorpromazine-induced lupus with circulating anticoagulant. A case report

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The drug-induced lupus erythematosus (DILE) is an autoimmune disorder caused by chronic use of certain drugs, including chlorpromazine. Chlorpromazine-induced lupus associated to circulating anticoagulant antibodies (CAC) would be even less frequent. Our observation is an illustration of this association.

We report the case of Mrs. H., 33-year-old, without medical or surgical history, who has been followed in psychiatry since the age of 20 for bipolar disorder type 1. This patient was initially stabilized by an association of fluphenazine, sodium valproate and levomepromazine. The introduction of chlorpromazine in June 2015 induced a leuconetropenia, which was corrected after stopping this drug. During subsequent decompensations, rechallenge with chlorpromazine and administration of other phenothiazines (levomepromazine, fluphenazine) or atypical anti-psychotics (olanzapine, risperidone, aripiprazole) induced a leuconetropenia reversible after drug withdrawal. Within the etiological investigation of this leuconetropenia, physical examination was normal; inflammatory tests (erythrocyte sedimentation rate, serum protein electrophoresis) and serology for hepatitis B and C and HIV were negative; antinuclear antibodies (ANA) titre was positive (1: 160) with a negative antibodies screen; rheumatoid factor and complement levels were normal. Activated partial thromboplastin time (APTT) was prolonged (47/29 s) and not corrected by addition of normal plasma. Lupus anti-coagulant antibodies were positive. ANA became negative six months after cessation of implicated drugs. Thus, the diagnosis of “chlorpromazine-induced lupus with CAC” was retained. The pathophysiological mechanism of this association remains a subject of discussion. This induced autoimmunity, involving several anti-psychotics, is a real therapeutic challenge in our patient’s case.