schizophrenia. In addition, many previous studies have shown structural and metabolic abnormalities in grey and white matter areas in schizophrenia. However none of them examined the relationship between social motives and brain regions that are affected in schizophrenia.

METHODS: Twenty-three patients with schizophrenia and 23 matched healthy individuals were included in the study. Socio-demographics, Social Functioning Scale, Edinburgh Handedness Inventory, MOS Social Support Scale, PANSS Positive and Negative Syndrome Scale, Social Avoidance subscale of Liebowitz Social Phobia Scale, BIS/BAS Scale, Paranoia Scale, Reading the Mind in the Eyes Test, and structural magnetic resonance (MRI) were applied to the participants. MRI images were analyzed with Voxel-Based Morphometry (VBM) techniques; between group differences for social and behavioral scales were analyzed with ANOVA; the relationship between the gray matter volume found as significantly different between groups as a result of VBM analysis and behavioral measurements for each group was calculated by applying Pearson's correlation analysis.

RESULTS: As a result, significant differences were observed in behavioral measures between schizophrenia and heathy controls. Besides, significant gray matter reductions were found in the right parahippocampus, hippocampus, fusiform, middle temporal and left hippocampus, superior temporal, postcentral and supramarginal regions. We also found that social avoidance is positively correlated with the left post-central gyrus volume, whereas interpersonal interaction is negatively correlated with the same area. Negative correlations between behavioral inhibition system/ behavioral activation system and the right fusiform gyrus volume, the right middle temporal pole volume, the right parahippocampal gyrus volume implies that these regions are relevant with approach and avoidance behaviors.

CONCLUSION: To the best of our knowledge this is the first study that shows a relationship between affected brain regions and social behavior in schizophrenia. The findings of this study may improve our insights and extend our understanding of schizophrenia from a different perspective. It should also be noted that the effects of current treatment approaches on approach/ avoidance tendencies in schizophrenia may require attention with the support of our study.

Keywords: schizophrenia, social motives, VBM, social functioning

[Abstract:0457][Stress and related conditions]

Long term effects of sexual trauma history in the female psychiatric inpatients

Hatice Melek Basar, Cana Canbay, Goksen Yuksel, Pinar Cetinay Aydin, Nazan Aydin

Bakirkoy Training and Research Hospital for Psychiatry, Neurology and Neurosurgery, Istanbul, Turkey
e-mail address: hmelekbasar@hotmail.com

OBJECTIVE: Early life time especially childhood sexual abuse is traumatic experiences and also significantly associated with adult psychopathology. Sexual abuses have been reported by 15-22% of adult women in the general population. Early life time histories of physical or sexual abuse are associated with a higher risk of psychiatric disorders such as depressive episodes, mania, and psychosis. However, these problems are predicted and evaluated for near term effects. It is generally neglecting the fact that these traumatic exposures substantially cause a major psychiatric disorder in the long-term, even requiring a psychiatric hospitalization many times. We present as a case series of 13 female patients with sexual abuse or rape stories who were treated with serious psychiatric disorders, emerging after years.

METHOD: We conducted a retrospective study in which 13 hospitalized women that evaluated histories by clinical interviews while hospitalization.

RESULTS: A total of 13 patients hospitalized of which followed up by retrospective interviews were evaluated. Most of mothers were 25-35 years old and mean age of them was 30.5 years. 7 of them had a history of family psychiatric disorders. 4 of them were married (30.7%), 4 of them were single (30.7%), 3 of them were separated (23.1%) and 2 of them were divorced (15.4%). Furthermore, in the course of clinical interview, major depression were diagnosed as the most frequent disorder among 13 (4 cases, 30.7%) patients of the case group and 3 of them had psychotic disorders (23.1%) included schizophrenia (1 case) and schizoaffective disorder (2 cases), 3 of them had bipolar disorder (23.1%), 2 of them had posttraumatic stress disorder (15.4%), 1 of them had dissociative disorder (7.7%). 11 of the patients had histories of suicide attempts, mean suicide attempts rate was 1.92 and 7 of them had several suicide attempts. The period of psychiatric disorder was changed in among 1-34 years and mean period of disorder was 10.69 years. The onset of the psychiatric disease started average 7.6 years later.

CONCLUSION: It is well known that traumas, especially that take place in the early years of human life may cause a major psychiatric disorder even after years. Rape and abuse victims have the risk to have many psychiatric diseases. In our cases, the onset of the psychiatric diseases are years after abuse or rape histories. None of them have a psychiatric evaluation nor any interventions after their traumatic

S30

Klinik Psikofarmakoloji Bulteni - Bulletin of Clinical Psychopharmacology, Volume 26, Supplement 1 (April 01, 2016, pp. S1-S188)

experiences and also any forensic process. To decide the level of the penalty intended for abuse and rape perpetrators according to Turkish Penal Code, victims are being sent to forensic psychiatry units in order to be evaluated for the psychiatric outcomes. The evaluations mentioned are being held almost during the 6 months after the incident and the last psychiatric conclusion is made maximum 1 year after. We recommend that patients who have many psychiatric hospitalizations and no complete recovery despite the good compliance of psychotropic treatment, should to be evaluated for the traumatic life experiences, especially abuse or rape.

Keywords: sexual trauma, abuse, rape, long term effects, women, hospitalization

[Abstract:0492][Eating disorders]

Did DSM-5 criteria may change the prevalence of eating disorders? A multicenter study

Abdullah Bolu[1], Atakan Yucel[2], Kadir Demirci[3], Nermin Yucel[4], Ahmet Gul[5], Mesut Yildiz[6], Umit Sertan Copoglu[7], Hasan Mervan Aytac[8], Taha Can Tuman[9], Mehmet Akgonul[3], Halil Ozcan[10], Ebru Findikli[11], Meral Oran Demir[6], M. Hanifi Kokacya[7], Aysun Selimoglu Ozyilmaz[12], Ugur Cakir[13], Orhan Kocaman[3], Murat Navruz[14], Hesna Gul[15], Ozkan Yasayancan[16], Canan Demircan[7], Ali Evren Tufan[17], Arif Demirtas[3], Serdar Atik[1], M. Sinan Aydin[1], Murat Semiz[1], Cicek Hocaoglu[8]

[1]Department of Psychiatry, Gulhane Military Medical Academy, Ankara, Turkey

[2]Erzurum Regional Education and Research Hospital, Erzurum, Turkey

[3]Department of Psychiatry, Suleyman Demirel University, School of Medicine, Isparta, Turkey

[4]Department of Child and Adolescent Psychiatry, Ataturk University, School of Medicine, Erzurum, Turkey

[5]Department of Psychiatry, Necip Fazil State Hospital, Kahramanmaras, Turkey

[6]Department of Psychiatry, Gaziosmanpasa University, School of Medicine, Tokat, Turkey

[7]Department of Psychiatry, Mustafa Kemal University, School of Medicine, Hatay, Turkey

[8]Department of Psychiatry, Recep Tayyip Erdogan University, School of Medicine, Rize, Turkey

[9]Izzet Baysal Research and Training Hosipital for Psychiatry, Bolu, Turkey

[10]Department of Psychiatry, Ataturk University, School of Medicine, Erzurum, Turkey

[11]Sutcu Imam University, Department of Psychiatry, School of Medicine, Kahramanmaras, Turkey

[12]Recep Tayyip Erdogan University Training and Research Hospital, Rize,Turkey

[13]Department of Psychiatry, Abant İzzet Baysal University, School of Medicine, Bolu, Turkey

[14]Department of Family Medicine, Ataturk University, School of Medicine, Erzurum, Turkey

[15]Department of Child and Adolescent Psychiatry, Necip Fazil State Hospital, Kahramanmaras, Turkey

[16]Public Health Directorate, Turkey

[17]Department of Child and Adolescent Psychiatry, Abant İzzet Baysal University, School of Medicine, Bolu, Turkey

e-mail address: abdullah_bolu@yahoo.com

OBJECTIVE: In the samples of Turkish population, the prevalence of eating disorders was found 1.52%-2.33% according to DSM-IV-TR. The diagnostic criteria have changed with DSM-5. In this study, we examined the effect of changes in the DSM diagnostic criteria regarding the prevalence of eating disorders.

METHODS: The study was conducted in two stages. In the first stage, the Eating Attitudes Test (EAT) was administered to a total of 4078 university students in eight different centers with random sampling method. In the second stage, Eating disorders group was determined by a clinical interviews which was structured based on the DSM-5, with the participants who scored 30 and above according to EAT. The age and gender matched control group was created by the participants who scored below 30 point according to the EAT.

RESULTS: Four thousand and seventy-eight volunteer students participated in the study. As a result of the screening with EAT, EAT scores were found 30 and above in 7.62% (n=311) of the sample. After the clinical interview with the participants who scored 30 and above in the EAT, the prevalence of ED was determined as 2.23% (69 female, 22 male). ED subtype rates were as follows: Anorexia Nervosa (AN) 0.29%, Bulimia Nervosa (BN) 0.26%, Binge Eating Disorder 0.63%, Avoidant/ Restricted Food Intake Disorder 0.53%, Other Specified Feeding or Eating Disorder 0.34%, Unspecified Feeding or Eating Disorder 0.12%, and pica 0.02%. ED scores of the women (3.1%) were higher than men (1.2%) ($p < 0.05$). The most significant difference between subtypes was found in BN (in women 0.43%, in men 0.05%). Comorbidity was detected in the 49% of ED group. Major depression was the most frequent comorbidity.

CONCLUSION: While the prevalence of ED was found 1.52%-2.33% in the studies that was conducted with the DSM-IV-TR diagnostic criteria in Turkey, the prevalence of DSM-5 ED was detected as 2.23% in our study. While the rate of AN were between 0-0.034% in the previous studies, this rate was found higher in our study (0.29%). However, the rates of BN were detected lower in our study (0.63-0.79%

Klinik Psikofarmakoloji Bulteni - Bulletin of Clinical Psychopharmacology, Volume 26, Supplement 1 (April 01, 2016, pp. S1-S188)

S31