CBS013

Ethnoterritorial features of paranoid schizophrenia with comorbid dependence on synthetic cannabinoids: Description of cases

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Abstract: Introduction: it is indisputable that against the backdrop of the popularity of various addictions among patients with schizophrenia, a joint study of the clinical and pathomorphological deformation of two nosologically phenomena of paranoid schizophrenia and, depending on modern drugs that are gaining popularity, synthetic cannabinoids in various ethnoterritorial groups is relevant.
Objectives: to study the ethnoterritorial features of paranoid schizophrenia, comorbid with the abuse of synthetic cannabinoids, clinical dynamics, behaviour, and adaptation.
Methods: follow-up, clinical-psychopathological methods (PANS, SANS, CGI, MMPI, CGI, STAI, LSI, TPA, ICD-10), statistical (Python 3.11.0).
The results: of the examination of 193 patients (aged from 18 to 35 years): 142 – patients with paranoid schizophrenia dependent on synthetic cannabinoids F20.xx+F12.2xx and 51 – F20.xx without drug addiction. The study took place from 2018 to 2024 in the database of psychiatric institutions in Russia - Tomsk region, St. Petersburg, Noyabrsk and Nizhnevartovsk.
Conclusions: The leading position among patients with schizophrenia who use synthetic cannabinoids in the temperate continental climate zone of Russia was occupied by such ethnic groups as the hierarchy: Russians, Tatars; Uzbeks; Germans; Azerbaijanis, and Armenians.
The phenomenon of abuse of synthetic cannabinoids leads to the development of diseases. Persistent exogenous visual and delirious disorders are included in the complex of symptoms of exacerbation of schizophrenia; A new symptom of pseudohallucinoids appears - thought disorders of an associative (fantasy) disease that arose against the background of long-term exogenous (toxic) effects of the drug on the subject type, usually against the background of a primary endogenous schizophrenic process

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CBS014

Violent behaviour as a psychopathological symptom: phenomenological distinction from general violence

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Abstract: Violence is commonly conceptualized as a behavioural act, yet its phenomenological underpinnings reveal significant distinctions between its manifestations in psychopathological conditions and in the general population. This presentation explores how violent behaviour, when emerging as a symptom of psychiatric disorders, differs in its affective structure, intentionality, and embodiment from other forms of aggression. Drawing from phenomenological theories of emotions, we will examine how emotions such as anger, rage, resentment, and hatred manifest differently in psychopathology, particularly in psychotic states, mood disorders, and personality disorders. Emotions are not merely internal states but are lived experiences embedded in bodily spatiality, affecting contraction, expansion, and relationality. In psychopathological contexts, these emotions frequently exhibit disturbances in their anchoring point (what triggers them) and condensation area (where they settle), often leading to dysregulated, disproportionate, or delusionally overdetermined expressions of violence. By contrasting normative anger—typically goal-directed, normatively regulated, and socially embedded—with its pathological counterparts, we uncover crucial distinctions. In conditions such as paranoid psychosis, anger is fused with persecutory delusions, altering its structure from a transient reaction to an entrenched, self-perpetuating stance. Similarly, borderline personality disorder presents dysregulated anger as a core feature, where affective instability fosters reactive aggression that lacks modulation. In psychotic disorders, violent outbursts may emerge in a dissociative or hallucinatory framework, leading to actions detached from conventional interpersonal dynamics. Through a phenomenological analysis, we emphasize how aggressive emotions in psychopathology lack the typical integration of selfhood and social intelligibility, contributing to a distinct kind of violence —one that challenges legal and ethical frameworks regarding responsibility, intentionality, and treatment. By refining our understanding of these differences, we improve both clinical assessment and therapeutic interventions for patients at risk of violent behaviour.

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CBS015

Disturbance of Interaffectivity as a Precursor for Violence in Schizophrenia

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Abstract: Schizophrenia is associated with impaired mentalizing abilities, often conceptualized through Theory of Mind (ToM) paradigms, which highlight deficits in understanding cognitive and affective mental states. Empirical findings suggest that affective ToM impairments reduce the likelihood of violence, while deficits in cognitive ToM may increase its propensity. However, phenomenological approaches challenge the primacy of ToM, suggesting that schizophrenia's core disturbance lies in the embodied self, specifically in the domain of interaffectivity—the pre-reflective, affective resonance between self and others.
Interaffectivity, rooted in early embodied interactions, forms the foundation of social and emotional connectedness. In schizophrenia, disruptions in this fundamental capacity result in a disconnection from the social environment and a breakdown in shared affective states. This disturbance may contribute to violence by

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impairing empathic resonance and fostering misinterpretations of social cues.
Phenomenological approaches offer a critical lens for understanding these disturbances, emphasizing the embodied and relational aspects of schizophrenia. By shifting the focus from purely cognitive deficits to fundamental disruptions of interaffectivity, these approaches may provide a roadmap for developing interventions that address the precursors of violence, fostering a multifaceted understanding and management of schizophrenia.

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CBS016

Nosological problems in psychiatric diagnosis – Factitious disorder, Conversion, and Simulation

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Abstract: Diagnosing psychiatric conditions that involve the intentional or unconscious production of symptoms remains a significant challenge in clinical practice. This presentation examines a clinical case that highlights the difficulties in distinguishing between Factitious Disorder, Conversion Disorder, and Simulation. A 34-year-old woman was admitted with sudden onset of neurological symptoms, including pseudo epileptic crises. Her symptoms fluctuated inconsistently with clinical observation and failed to correlate with established neurological patterns, raising the suspicion of Conversion Disorder. However, further investigation revealed inconsistencies in her medical history and a pattern of seeking unnecessary treatments, suggesting the possibility of Factitious Disorder. Additionally, external incentives, such as the potential for financial compensation, prompted consideration of Simulation. The case presents a diagnostic dilemma that underscores the overlapping features of these conditions.
Neuroimaging may provide valuable insights into the case, supporting the exclusion of neurological pathologies but also subtle changes in brain activity in the areas involved in emotional regulation and self-representation, which may suggest the involvement of underlying psychological factors common in both Conversion and Factitious Disorder.
This case exemplifies the critical nosological challenges in differentiating between Factitious Disorder, Conversion Disorder, and Simulation. It highlights the importance of a comprehensive clinical approach, including neuroimaging, thorough psychological assessment, and consideration of psychosocial factors. The discussion aims to deepen understanding of these complex disorders and promote more accurate and nuanced diagnostic practices in psychiatry.

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CBS017

Neuronal synaptic autoantibodies and PsycHosis: Prognostic factors for the diagnosis of autoimmune encephalitis in patients with psychotic spectrum disorders -The PHLAMES Study

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Abstract: Background: The recent years witnessed an increase in the knowledge regarding autoimmune encephalitis (AE). These autoimmune entities often present with mixed psychiatric and neurologic features and in up to 4% of the cases the presentation is purely psychiatric. The diagnosis can be made only through the discovery of Neuronal Surface Autoantibodies (NSAbs) in the Cerebro Spinal Fluid, but symptoms and signs of possible and probable diagnosis have been described (Pollack et al., 2020). However, NSAbs can be found also in peripheral blood in various percentage of patients. The role of these antibodies in psychiatric patients is yet not known.
The PHLAMES study aims at evaluating first episode psychosis (FEP) patients for signs and symptoms of AE in a psychiatric setting, with the double objective of assessing the diagnosis of AE and the role of circulating NSAbs in psychiatric patients, through clinical evaluation, biological samples, and neuroimaging.
Methods: In the PHLAMES study, all patients with FEP (<6 months from the onset) were tested with a diagnostic algorithm for signs or symptoms of AE. A complete psychiatric and neurologic assessment was performed; cognitive tests were administered. All patients underwent blood sample to test for circulating autoantibodies against SNC structures.
A subsample also underwent MRI, including gadolinium contrast. Analyses compared patients testing positive for serum NSAbs (NSAbs-POS) to those tested negative (NSAbs-Neg).
Results: 12.8% of the patients tested positive for serum NSAbs (NSAbs-POS). No difference in terms of age, sex, BMI, years od education, and ethnicity was found between groups.
Regarding the neurologic variables, NSAbs-POS significantly showed more memory deficits, parkinsonism signs, and speech disorders ($p<0.001$), compared to NSAbs-NEG patients. Similarly, NSAbs-POS patients presented a significant in TMT-A, Raven, and RAVLT scores ($p<0.05$) compared to NSAbs-NEG. Finally, NSAbs-POS patients presented an increased score at PANSS "Somatic implication" item and a reduced score at PANSS "Insight" ($p<0.05$) items, suggesting a higher concern of these patients regarding their help and a greater awareness of their condition.
Regarding MRI, differences are present between groups, both on structural and on contrasted images.
Discussion: Our preliminary findings suggest the possibility that NSAbs-POS patients might represent a subpopulation of FEP with specific characteristics. These results are preliminary and need a confirmation in bigger samples, but they might represent a step towards the identification of clinically meaningful subgroups in FEP defined through an easy and not invasive test, helping to dissect the heterogeneity of psychiatric disorders and moving towards precision psychiatry.

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