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Yoga-based group therapy for in-patients with schizophrenia spectrum disorders – a qualitative approach

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Introduction: Yoga may pose a promising complementary therapy in the multimodal treatment of schizophrenia spectrum disorders (SSD). However, to date, no studies have qualitatively examined the patients' experience of practising Yoga.

Objectives: This qualitative study aimed to assess the mechanisms and processes of Yoga-based group therapy (YBGT) for in-patients with SSD by exploring their subjective experiences.

Methods: Twenty-five semi-structured interviews were conducted with in-patients with SSD after they participated in a YBGT session. Interviews were transcribed, coded by two independent researchers, and analysed using an inductive thematic approach. The research team collaboratively discussed emerging categories to reduce redundancy and form meaningful themes and subthemes.

Results: The analysis revealed seven main themes. YBGT was perceived as feasible and focusing on individual adaptation, captured by the theme 'inclusivity'. Nevertheless, participants encountered 'challenges'; thus, physical limitations need to be considered. While practising together, participants experienced 'interconnectedness' and developed a 'mindful stance' as they accepted their limitations and adapted exercises with self-compassion. Following the flow of asanas required physical persistence, which ultimately led many participants to experience 'confidence' and 'relaxation'. YBGT affected 'symptom representation' as heightened awareness led participants to notice impeding as well as improved symptoms.

Conclusions: YBGT seemed to have various promising effects on in-patients with SSD. Future research should examine to what extent these effects can be sustained and how the mindful approach during YBGT can be transferred to areas outside the Yoga class. Furthermore, a randomised-controlled trial could investigate the effectiveness of a manualised YBGT.

Disclosure: No significant relationships.

Keywords: yoga-based group therapy; Schizophrenia spectrum disorders; qualitative approach; psychosis

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The usage of clozapine in a patient with schizophrenia and epilepsy: A case report

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Introduction: The usage of clozapine in patients with schizophrenia and epilepsy raises many challenges due to the epileptogenic effects of the drug. There is little data about using clozapine for treatment of treatment-resistant schizophrenia (TRS) accompanied by epilepsy.

Objectives: To present a case report illustrating a patient diagnosed with epilepsy and TRS, successfully treated with clozapine.

Methods: A literature review on "PubMed" database was conducted, using the keywords: clozapine, antipsychotics, epilepsy, seizures, psychoses. Information regarding the clinical case was obtained by consulting the patient's file.

Results: We present a woman, 33 years old with mild intellectual disability and a 10-year history of schizophrenia. At the age of 24, the patient lost consciousness and experienced tonic – clonic seizure, but epilepsy was not diagnosed. The patient was hospitalized multiple times due to positive symptoms of schizophrenia and suicidal thoughts. Various combinations of neuroleptics and electroconvulsive therapy were used for treatment without therapeutic effect. At the age of 32, a diagnosis of TRS was established, leading to treatment with a moderate clozapine dose (400mg/day). At the fifth month of treatment with clozapine an episode of generalized seizures occurred, leading to a diagnosis of idiopathic generalized epilepsy. Since then, the patient was treated with levetiracetam and the dosage of clozapine was lowered to 275mg/d. The seizures did not re-occur and clinical response to the psychiatric treatment was positive.

Conclusions: This case report highlights how clozapine can be used safely and effectively for patients with TRS and epilepsy and how the epileptogenic effects can be moderated by using antiepileptics in the overall treatment scheme.

Disclosure: No significant relationships.

Keywords: clozapine; Epilepsy; treatment resistant schizophrenia; seizures

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Dehydroepiandrosterone sulfate (DEHA-S), cortisol and adrenocorticotrophic hormone (ACTH) levels in drug-naïve, first episode patients with psychosis

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Introduction: Impaired response to stress and a pathological activation of the hypothalamic-pituitary-adrenal axis have been implicated in the pathophysiology of schizophrenia

Objectives: To measure serum ACTH, cortisol and DEHA-S levels in drug-naïve, first-episode patients with psychosis.

Methods: Results are reported as mean (standard deviation, range). Paired t-test or Wilcoxon signed rank test were performed for