

Poster

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Poster 37

[P-37-01]

Beyond the Textbook: AI's Role in Shaping the Future of Psychiatric Education – A Scoping Review

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[P-37-02]

Differentiating Non-Suicidal Self-Injury from Suicide Attempts in Patients Presenting to the Emergency Department

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[P-37-03]

Prevalence and Factors Associated with Depression Among Pregnant Women of Siriraj Hospital, Bangkok

Keerati Pattanaseri¹, *Suchada Samranjit¹, Supawee Kaewchuen¹, Kantanut Yutrarak¹, Pattarawalai Talungchit², Tachjaree Panchalee Boonbawornpong², Napat Sittanomai³, Pasika Srinual⁴, Supaporn Kwadkweang² (1. Department of Psychiatry, Faculty of Medicine Siriraj Hospital, Mahidol University (Thailand), 2. Department of Obstetrics&Gynecology, Faculty of Medicine Siriraj Hospital, Mahidol University (Thailand), 3. Department of Pediatrics, Faculty of Medicine Siriraj Hospital, Mahidol University (Thailand), 4. Faculty of Medicine Siriraj Hospital, Mahidol University (Thailand))

[P-37-04]

Validation the priority of Fixel-based Analysis of white matter alterations in drug-naïve patients with schizophrenia

*Min Yang¹, Wei Wei¹, Tao Li¹ (1. Affiliated Mental Health Center & Hangzhou Seventh People's Hospital, Zhejiang University School of Medicine, Hangzhou, Zhejiang, China (China))

[P-37-05]

Longitudinal Changes in Quality of Life and Posttraumatic Growth Among Colorectal Cancer Patients: A One-Year Prospective Study in Taiwan

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[P-37-06]

Prevalence of anhedonia in patients with psychiatric disorders: Results from a national survey in Thailand

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[P-37-07]

Evaluating the Factor Structure of the 25-item Autism-Spectrum Quotient Japanese Version as a Potential Screening Tool in Perinatal Women

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Keywords : Artificial intelligence、 Education、 Psychiatry

Aims: A variety of different teaching modalities are used within medical curricula to educate students about the principles and intricacies of psychiatry. Given the advancement in digital technology, medical education is evolving to include new digital based interventions and learning approaches, including the use of artificial intelligence (AI) based interventions. This review aims to systematically identify how artificial intelligence is used within medical curricula when teaching students about psychiatry.

Methods:

An advanced literature search was undertaken using OVID (MEDLINE), and Web of Science. Four key search terms were used within these databases – 'psychiatry*' AND 'medical education' AND 'artificial intelligence' AND 'students'. Studies commenting or focusing on artificial intelligence-based interventions within healthcare education were included, and no restriction on the country, language or methodology.

Results:

332 studies were retrieved, and 19 were excluded due to duplication. 313 studies were screened. After initial screening by titles and abstract, 16 studies remained, and after analysis of full text, only 4 studies were deemed suitable for inclusion.

Key areas highlighted within these studies suggest AI can be in a versatile manner to help shape educational interventions. One study highlighted numerous roles that ChatGPT can undertake within an educational setting, including providing prompts for debates within students, facilitating self-directed learning, providing information to students, and can be used to create further learning materials, including vignettes for hypothetical cases – after a relevant prompt. However, the study highlighted key limitations to consider when using this novel approach as follows: the likelihood of inaccuracies leading to misinformation, differences between languages/ translation, and lack of replicability and reproducibility of responses and results.

Another study showcased the creation of a web-based AI supported educational tool developed for psychiatric education, and students reported significant user satisfaction and mentioned that the platform was effective and supported them through their placements.

Conclusion:

This review highlights the limited availability of literature surrounding the use of artificial intelligence to teach medical students about psychiatry. Additionally, the limited available literature highlighted that AI can be used in a versatile manner to create learning prompts, aides, and to create realistic case studies and vignettes that can help improve learning. However several limitations have been highlighted about the use of AI related materials within medical education, and further research and innovation is required within this area.

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[P-37-02] Differentiating Non-Suicidal Self-Injury from Suicide Attempts in Patients Presenting to the Emergency Department

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Keywords : Non-suicidal self-injury, Suicide attempt, Risk factors

Objectives: Non-suicidal self-injury (NSSI) and suicide attempts (SA) are distinct yet overlapping behaviors. This study aimed to identify demographic, clinical, and behavioral differences between individuals presenting with NSSI and those with SA.

Methods: A total of 357 patients presenting with self-harm to an emergency department were categorized into an NSSI group ($n = 61$) and an SA group ($n = 296$). Demographic, clinical, and behavioral characteristics were compared between the two groups.

Results: The NSSI group was significantly younger (25.7 ± 12.9 vs. 44.3 ± 19.8 years, $p < 0.001$), with higher proportions of females ($p = 0.05$) and employed individuals ($p < 0.005$). The SA group had higher rates of medical illness ($p < 0.01$), hopelessness ($p < 0.001$), and severe depression ($p < 0.001$). SA patients also exhibited more persistent suicidal ideation ($p < 0.005$), greater medical severity, higher lethality of methods, and higher risk scores (*all* $p < 0.001$). Conversely, the NSSI group showed more repeated self-injury ($p < 0.001$), greater use of cutting ($p < 0.001$), and exclusively impulsive, unplanned acts without suicide notes ($p < 0.01$). Financial and other stressors were more common in the SA group.

Conclusions: NSSI and SA patients differ markedly in age, intent, method, and clinical severity. NSSI is more common in younger, female patients and characterized by impulsive, low-lethality behavior. SA is associated with more serious psychopathology, planning, and high-lethality methods. These findings underscore the need for differentiated assessment and tailored interventions in emergency settings.

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[P-37-03] Prevalence and Factors Associated with Depression Among Pregnant Women of Siriraj Hospital, Bangkok

Keerati Pattanaseri¹, *Suchada Samranjit¹, Supawee Kaewchuen¹, Kantanut Yutrirak¹, Pattarawalai Talungchit², Tachjaree Panchalee Boonbawornpong², Napat Sittanomai³, Pasika Srinual⁴, Supaporn Kwadkweang² (1. Department of Psychiatry, Faculty of Medicine Siriraj Hospital, Mahidol University (Thailand), 2. Department of Obstetrics&Gynecology, Faculty of Medicine Siriraj Hospital, Mahidol University (Thailand), 3. Department of Pediatrics, Faculty of Medicine Siriraj Hospital, Mahidol University (Thailand), 4. Faculty of Medicine Siriraj Hospital, Mahidol University (Thailand))

Keywords : Prevalence、Risk Factor、Antenatal Depression、Thailand、Pregnancy

Background Depression affects over 280 million globally, with numbers rising. Women's risk is double men's, particularly during pregnancy, when insufficient self-care can increase the risk of disease and infection. This can negatively affect the mother, the baby, and the family. Early identification and assessment of depression during pregnancy are therefore crucial to reducing these adverse outcomes.

Objectives To identify the prevalence and associated factors of antenatal depression among women attending Siriraj Hospital, Bangkok, Thailand.

Materials and methods This prospective cohort study conducted among pregnant women attending antenatal care at Siriraj Hospital, since February 2025. Data were collected using a general information questionnaire, the Thai Edinburgh Postnatal Depression Scale (EPDS), and the Revised-Thai Multidimensional Scale of Perceived Social Support. Depression during pregnancy was defined as having an EPDS score of ≥ 11 .

Results Among 243 pregnant women, the prevalence of depression at Siriraj Hospital was found to be 19.34%. The median EPDS score for the depressed group was 13 (IQR: 12-15), while the healthy group had a median score of 5 (IQR: 2-7). Factors significantly associated with depression in pregnant women included: family financial status ($p < 0.001$), desire for childcare ($p = 0.001$), relationship problems with partner ($p = 0.004$), history of past abuse and abuse by partner ($p < 0.001$), and perceived social support ($p < 0.001$).

Conclusion Depression during pregnancy was prevalent in nearly one-fifth of participants at Siriraj Hospital. The condition was significantly associated with financial difficulties, desire for childcare, relationship problems, history of abuse and low perceived social support. These findings highlight the need for routine screening and psychosocial support during antenatal care.

Limitation This analysis is based on preliminary data from first antenatal care visit. Finding may not reflect changes in depressive symptoms or risk factors later in pregnancy, data collection is on going.

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[P-37-04] Validation the priority of Fixel-based Analysis of white matter alterations in drug-naïve patients with schizophrenia

*Min Yang¹, Wei Wei¹, Tao Li¹ (1. Affiliated Mental Health Center & Hangzhou Seventh People's Hospital, Zhejiang University School of Medicine, Hangzhou, Zhejiang, China (China))

Keywords : schizophrenia、white matter、diffusion imaging、fixel-based analysis、fibre bundles

Background: Previous Diffusion Tensor imaging (DTI) studies have found inconclusive white matter (WM) abnormalities in individuals with schizophrenia (SZ), and this may attribute to the limitations of DTI method. Fixel-based Analysis (FBA) is a recently developed method with advantages in assessing more biologically specific WM structures, and it is rarely applied in SZ Magnetic Resonance Imaging (MRI) researches. **Methods:** Diffusion MRI data were collected from 94 drug-naïve, first episode schizophrenia (FES) individuals and 114 healthy controls. MRI metrics including fractional anisotropy (FA), mean diffusivity (MD), fibre density (FD), fibre-bundle cross-section (FC), fibre density and fibre-bundle cross-section (FDC) were extracted. Group comparisons of these measures were conducted using Multivariate General Linear Model with age, gender, and years of education as covariates. Correlation analyses of MRI metrics with clinical variables were conducted. **Results:** We found only 6 bundles with altered FA, 34 with altered MD, 46 with altered FD, 29 with altered FC (log10-transformed, log(FC)), and 52 with altered FDC. No correlation of MRI metrics with clinical characteristics was found. **Conclusions:** This study strongly highlights the remarkable advantages of the FBA method to reveal the alterations of WM microstructures in individuals with schizophrenia.

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[P-37-05] Longitudinal Changes in Quality of Life and Posttraumatic Growth Among Colorectal Cancer Patients: A One-Year Prospective Study in Taiwan

*CHUNGJEN TENG^{1,2,3}, KUAN-HSUAN CHEN¹ (1. Far Eastern Memorial Hospital (Taiwan), 2. Institute of Public Health, College of Medicine, National Yang Ming Chiao Tung University (Taiwan), 3. School of Medicine, National Yang Ming Chiao Tung University (Taiwan))

Keywords : Colorectal cancer、Quality of life、Posttraumatic growth、Type D personality、Psychosocial factors

Background: Colorectal cancer significantly disrupts patients' lives, especially during the first year post-surgery. While quality of life (QoL) may improve over time, the dynamics of posttraumatic growth (PTG) and the influence of psychosocial and medical factors remain unclear.

Methods: This longitudinal study followed newly diagnosed colorectal cancer patients at four time points (post-surgery, 3, 6, and 12 months), and examined QoL and PTG and their predictors. Measures included the Medical Outcome Study 36-item short-form health survey (MOS SF-36) including Physical Component Summary (PCS) and Mental Component Summary (MCS) scores, Posttraumatic Growth Inventory (PTGI), Hospital Anxiety and Depression Scale (HADS), Type D Personality Scale, Sense of Coherence Scale (SOC), and Social Provisions Scale (SPS).

Results: PCS improved significantly over time [$F(3,294) = 8.28, p < 0.001$], with lower scores linked to stoma presence and higher Type D personality traits. MCS also increased [$F(3,294) = 3.99, p = 0.008$], and was associated with older age and lower Type D personality. PTG declined at T4 [$F(3,174) = 5.73, p = 0.001$], and was negatively predicted by Type D personality. Adding SPS enhanced prediction of PTG, indicating a buffering effect of social support.

Conclusion: This study highlights the critical role of personality traits over clinical status in determining psychological recovery among colorectal cancer patients. Interventions targeting type D traits and enhancing SOC may improve survivorship outcomes during the early recovery phase.

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Poster 37**[P-37-06] Prevalence of anhedonia in patients with psychiatric disorders:
Results from a national survey in Thailand**

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Keywords : prevalence、 anhedonia、 transdiagnostic

Background: Anhedonia is a transdiagnostic feature found across many psychiatric disorders. Data on its prevalence and impact in each psychiatric diagnosis are still limited. Methods: We conducted a cross-sectional survey across 26 hospitals in Thailand. Patients diagnosed with psychiatric disorders and prescribed at least one psychotropic medication participated in the study. The study measured anhedonia using the first item of the Patient Health Questionnaire (PHQ-9) as a self-report response. Results: Among all 821 participants, their diagnoses included schizophrenia spectrum disorders (n=179), bipolar disorder (n=67), depressive disorders (n=355), anxiety disorders (n=167), substance-related disorders (n=96), personality disorders (n=23), and ADHD (n=16). The prevalence of anhedonia was 80.3% in depressive disorders, 82.5% in MDD, 68.7% in bipolar disorders, 71.9% in anxiety disorders, 82.6% in personality disorders, and 75.0% in ADHD. Conclusion: Anhedonia is a common transdiagnostic phenomenon across many psychiatric disorders. Research into the treatment strategies is warranted.

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[P-37-07] Evaluating the Factor Structure of the 25-item Autism-Spectrum Quotient Japanese Version as a Potential Screening Tool in Perinatal Women

*Ekachaeryanti Zain^{1,2}, Naoki Fukui¹, Yuichiro Watanabe^{1,3}, Koyo Hashijiri¹, Takaharu Motegi¹, Maki Ogawa¹, Jun Egawa¹, Koji Nishijima⁴, Toshiyuki Someya¹ (1. Department of Psychiatry, Niigata University Graduate School of Medical and Dental Sciences (Japan), 2. Department of Psychiatry, Faculty of Medicine, Mulawarman University (Indonesia), 3. Department of Psychiatry, Uonuma Kikan Hospital (Japan), 4. Department of Obstetrics and Gynecology, Niigata University Graduate School of Medical and Dental Sciences (Japan))
Keywords : Autism-Spectrum Quotient (AQ), autism spectrum conditions (ASC), autism spectrum disorder (ASD), perinatal women

Background: Autism screening in pregnant women is increasingly recognized as vital in Japan for promoting perinatal health and supporting healthy motherhood. **Objective:** This study aimed to identify the optimal factor structure of the Japanese version of the Autism-Spectrum Quotient (AQ-J) as a prospective screening tool for autistic traits in perinatal women. **Methods:** The AQ-J was administered to 4,287 Japanese perinatal women (currently pregnant or within one month postpartum). Participants were divided into two groups for analysis. Exploratory factor analysis (EFA) was conducted on the first group (n = 2,154) to identify factor structures and refine final item selection. Confirmatory factor analysis (CFA) was performed on the second group (n = 2,133) to validate the model and assess fit indices. The resulting model was compared with 13 previously proposed models to determine the best fit. **Results:** The EFA identified a 25-item model comprising three factors: "Social Interaction" (9 items), "Non-Verbal Communication" (11 items), and "Restricted Interest" (5 items). Cronbach's alpha coefficients were 0.829 for the total AQ-J, 0.829 for "Social Interaction," 0.755 for "Non-Verbal Communication," and 0.576 for "Restricted Interest." McDonald's omega coefficients (95% confidence intervals) were 0.826 (0.821–0.836) for the total scale, 0.835 (0.821–0.837) for "Social Interaction," 0.755 (0.744–0.766) for "Non-Verbal Communication," and 0.603 (0.556–0.596) for "Restricted Interest." The CFA confirmed acceptable fit indices for the three-factor structure (goodness-of-fit index: 0.900, comparative fit index: 0.860, root mean square error of approximation: 0.066), indicating it provided a superior fit compared to all 13 previously proposed models. **Conclusion:** The 25-item AQ-J model is suitable for assessing autistic traits in perinatal women and outperforms previous models. Further research involving clinical populations is needed to establish a cutoff score, enhancing the utility of the 25-item AQ-J for screening autistic traits in non-clinical perinatal populations.