Oral

📅 2025年9月28日(日) 16:30 ~ 18:00　🏛 Session Room 7 (Conference Room C)

Oral 18

[O-18-01]

Alcohol Relapse Rates based on the Advance Warning of Relapse (AWARE) scores at an Addiction Management Setting in India

Lendina Longkumer[1], *Prasanthi Nattala[2], Jayant Mahadevan[3], Mariamma Philip[4] (1. NIMHANS (India), 2. Nursing NIMHANS (India), 3. Psychiatry NIMHANS (India), 4. Biostatistics NIMHANS (India))

[O-18-02]

Psychoactive Substance Use in elderly persons at a government mental health setting in India

Mridusmita Sonowal[1], *Prasanthi Nattala[2], Sivakumar P.T.[3] (1. NIMHANS (India), 2. Nursing NIMHANS (India), 3. Psychiatry NIMHANS (India))

[O-18-03]

The impact of different sources of social support on women's mental recovery after exposed to multiple traumatic events

*Yao Xu[1], Helen Herrman[2], Rebecca Bentley[2], Atsuro Tsutsumi[1], Thach Tran[3], Jane Fisher[3] (1. Kanazawa University (Japan), 2. University of Melbourne (Australia), 3. Monash University (Australia))

[O-18-04]

The Effectiveness of Tension and Trauma Release Exercises (TRE) in The Treatment of Trauma: *The Case Series of Arab Palestinian Samples*

*Wael Mustafa Fayez Abuhasan[1] (1. Arab American University of Palestine (Palestine))

[O-18-05]

A long-term mental health care system for the 2011 Fukushima disaster area: responding to remarkable changes of the affected area never seen in natural disasters

*Masaharu Maeda[1,2], Tomoyuki Kobayashi[2,3], Yui Takebayashi[2,4], Tomoo Hidaka[5], Michio Murakami[6] (1. Prefectural Mental Health and Welfare Centre (Japan), 2. Fukushima Center for Disaster Mental Health (Japan), 3. School of Sociology, Kwansei Gakuin University (Japan), 4. Department of Disaster Psychiatry, Fukushima Medical University, School of Medicine (Japan), 5. Department of Hygiene and Preventive Medicine, Fukushima Medical University, School of Medicine (Japan), 6. Center for Infectious Disease Education and Research, The University of Osaka (Japan))

[O-18-06]

Medical Cannabis for Stimulant Use Disorder: A Colombian Preclinical Model Evaluating Cocaine, Alcohol, and Nicotine Under a Regulated Cannabis Framework

Jorge Ariel Martínez[1], *Fabian Leonardo Barreto[1], Maria Costanza Lozano[1] (1. National University of Colombia (Colombia))

Oral

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Oral 18

[O-18-01] Alcohol Relapse Rates based on the Advance Warning of Relapse (AWARE) scores at an Addiction Management Setting in India

Lendina Longkumer[1], *Prasanthi Nattala[2], Jayant Mahadevan[3], Mariamma Philip[4] (1. NIMHANS (India), 2. Nursing NIMHANS (India), 3. Psychiatry NIMHANS (India), 4. Biostatistics NIMHANS (India))
キーワード：Alcohol dependence、AWARE、Relapse rates

Background: Alcohol dependence is known to be associated with high relapse rates following hospital management. The Advance Warning of Relapse (AWARE) Scale has been used overseas to identify persons at risk for relapse to alcohol, before discharging them into the community. As the first known attempt in a different culture, the present study used the AWARE to identify relapse rates based on AWARE scores, at the Center for Addiction Medicine of a government mental health setting in India.

Methods: Alcohol-dependent persons (N=84, males) admitted for inpatient management were recruited consecutively for the study, and were administered the AWARE before discharge from the Center for Addiction Medicine. Higher scores on AWARE indicate higher risk for relapse. Based on prior literature, participants were considered to have relapsed if they returned to baseline alcohol use levels within 2 months after they returned to their homes.

Results: Participants' mean age was 38.0 years (SD: 7.0), and 62% relapsed. Higher AWARE scores were found to be significantly associated with higher relapse rates, earlier relapse, higher baseline quantity-frequency of alcohol consumption, family history of alcohol dependence, lower age and lower education levels of the participants (p<0.001). Results of logistic regression however revealed that only baseline quantity-frequency of alcohol use significantly predicted post-discharge relapse. Higher AWARE score, although significantly different between relapsed and non-relapsed participants, was not a reliable predictor of post-discharge relapse in multivariate analysis.

Conclusion: Findings highlight the use of AWARE in a different culture to identify persons at relapse in the community following hospital management. This proactive approach is important in a country like India with escalating alcohol use rates, in terms of targeted interventions for those at risk for relapse. Further studies involving larger samples and longer follow-up rates are needed in this preliminary area, to improve post-discharge community outcomes in alcohol-dependent individuals.

Oral

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Oral 18

[O-18-02] Psychoactive Substance Use in elderly persons at a government mental health setting in India

Mridusmita Sonowal[1], *Prasanthi Nattala[2], Sivakumar P.T.[3] (1. NIMHANS (India), 2. Nursing NIMHANS (India), 3. Psychiatry NIMHANS (India))
キーワード：Psychoactive substance use、Elderly、Geriatric Psychiatry

Background: Elderly persons face unique vulnerabilities; psychoactive substance use (PSU) exacerbates these vulnerabilities and challenges. However, literature on PSU among the elderly is sparse in India which is facing a demographic shift in terms of increasing aging population. The present study assessed PSU and its correlates in elderly persons seeking services at the Geriatric Psychiatry Unit (GPU) of a government mental health setting in India.

Methods: Elderly persons (>=60 years; N=100) were recruited consecutively and PSU among them was assessed using the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) by the WHO.

Results: Participants' mean age was 67.68 years (SD-5.03), 61% were male. Lifetime PSU was reported by 62% (tobacco), 50% (alcohol), 8% (sedatives), 1% (opioids). Past 3-month PSU was reported by 44% (tobacco), 22% (alcohol). In the past 3 months, for tobacco and alcohol respectively: strong desire for PSU was reported by 41%, 40%; problems from PSU by 40%, 18%; failure to carry out responsibilities due to PSU by 35%, 18%. Forty-two percent of past 3-month tobacco users, and 37% of past 3-month alcohol users, said that family/friends had expressed concern about their PSU. Thirty-eight percent of past 3-month tobacco users, and 10% of past 3-month alcohol users, said that they had tried to cut down on their PSU. Past 3-month PSU (tobacco, alcohol) was significantly higher among males, illiterate, and rural residents. Reasons reported for past 3-month tobacco and alcohol use respectively, included: habit/'just like that'-79%, 53%; for socializing-15%, 34%. Other reasons reported for past 3-month tobacco/alcohol use included 'to beat stress, boredom, for relaxation'.

Conclusion: Findings highlight important insights related to PSU among elderly persons, particularly in a different culture like India, where PSU is considered as a problem of younger people. These insights have important implications in terms of targeted interventions for this vulnerable group.

Oral

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Oral 18

[O-18-03] The impact of different sources of social support on women's mental recovery after exposed to multiple traumatic events

*Yao Xu[1], Helen Herrman[2], Rebecca Bentley[2], Atsuro Tsutsumi[1], Thach Tran[3], Jane Fisher[3] (1. Kanazawa University (Japan), 2. University of Melbourne (Australia), 3. Monash University (Australia))
キーワード：PTSD、Prolonged grief disorder、Social support、Trauma

Background: Exposed to multiple traumatic events like disasters and child loss are highly associated with trauma- and stressor-related disorders. Social support is well recognised as an important predicator for post-trauma mental recovery. To explore the impact of different sources of social support on the mental recovery, this study investigated the prevalence of posttraumatic stress disorder (PTSD) and prolonged grief disorder (PGD) symptoms, and the relationships between different sources of support and the symptoms of these two conditions in women who had lost a child, for most, their only child, in an earthquake. Methods: A cross-sectional survey was conducted by using individual structured interviews that incorporated widely used standardised psychometric measures. Path analyses were used to test the relationships. Results: Overall, 226 women provided complete data; 89% (201/226) of them reported clinical significant symptoms of PGD and 54% (132/226) symptoms of PTSD, 80% of whom (180/226) had indications of comorbidity in PTSD and PGD. Having a supportive, affectionate, confiding relationship with the intimate partner and having a subsequent child were each associated with fewer symptoms of PGD and PTSD. An intimate partner was a more important source of social support than support from other people. Participants who had given birth to a subsequent child since the earthquake had a more positive relationship with their partners and better mental health. Conclusions: Even accounting for an increased supply of needed psychological services in the area, social support played an important role in post-trauma mental recovery. The data suggested the necessity of mental health information and training to understand and address the quality of relationships between intimate partners and social support for women after traumatic events. More research is needed to establish the different effects of diverse sources of emotional and practical support on post-traumatic mental recovery.

Oral

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Oral 18

[O-18-04] The Effectiveness of Tension and Trauma Release Exercises (TRE) in The Treatment of Trauma: *The Case Series of Arab Palestinian Samples*

*Wael Mustafa Fayez Abuhasan[1] (1. Arab American University of Palestine (Palestine))
キーワード：Tension and trauma release exercises (TRE);、Trauma、Arab Palestinian Samples;、Dissociation; Anxiety;、Depression;、SATI; Sleep disturbance; Sexual problems.

Background: Trauma is spread all over in Palestine for the ongoing conflict since more than 70 years! Different approaches and techniques were developed to deal with such problematic events, and Tension and Trauma Release Exercises among such techniques and approaches.

Objective: The present study comes in the context of exploring as well highlighting to how much extent the tension and trauma release exercises are effective in treatment of trauma.

Methods: Descriptive analytical and correlational methods were employed to fulfill the objective of the present study. Where data was collected from 80 Arab Palestinian participants (males, females, young and adults) of different signs and symptoms of trauma. Briere and Runtz (1989) Trauma Symptom Checklist – 40 that assess the status of dissociation, anxiety, depression, SATI, sleep disturbance and sexual problems was used. Tension and trauma release exercises were introduced to all treated participants as well supervised carefully to enable each and every participant practice it as it should be without any complications and challenges. Informed consent was collected from all participants as ethical requirement. The collected data via SPSS and other statistical tools was applied to generate results and findings from data.

Results: Descriptive and inferential mainly t-test, ANOVA one and Pearson correlation outcomes showed strong significant statistical differences among the studied groups. Comparing post testing with pretesting readings indicate that tension and trauma release exercise has an observed effect in the treatment of trauma.

Conclusion: The findings indicate that tension and trauma release exercises are effective and fruitful in the treatment of trauma and related signs and symptoms (i.e., dissociation, anxiety, depression, SATI, sleep disturbance and sexual problems).

Oral

📅 2025年9月28日(日) 16:30 ~ 18:00 🏛 Session Room 7 (Conference Room C)

Oral 18

[O-18-05] A long-term mental health care system for the 2011 Fukushima disaster area: responding to remarkable changes of the affected area never seen in natural disasters

*Masaharu Maeda[1,2], Tomoyuki Kobayashi[2,3], Yui Takebayashi[2,4], Tomoo Hidaka[5], Michio Murakami[6] (1. Prefectural Mental Health and Welfare Centre (Japan), 2. Fukushima Center for Disaster Mental Health (Japan), 3. School of Sociology, Kwansei Gakuin University (Japan), 4. Department of Disaster Psychiatry, Fukushima Medical University, School of Medicine (Japan), 5. Department of Hygiene and Preventive Medicine, Fukushima Medical University, School of Medicine (Japan), 6. Center for Infectious Disease Education and Research, The University of Osaka (Japan))
キーワード：Disaster Psychiatry、Nuclear disaster、community-based mental health support

The Great East Japan Earthquake, followed by the severe accident at the Fukushima-Daiichi Nuclear Power Station, caused substantial physical and emotional damage to a vast number of people, leading to long-lasting mental health effects. Over 160,000 people were evacuated to various locations across Japan and were forced to live as evacuees for unexpected, prolonged periods. There are nearly 25,000 people still evacuated inside and out of Fukushima Prefecture, while even over 14 years have passed since the accident. These long-term evacuations brought serious consequences for their health: more than 2,300 disaster-related deaths and approximately 130 disaster-related suicides. In addition, many unaffected people moved to the affected area near the power plant due to various support measures, including financial subsidies, whereas the original affected residents still hesitated to return to their hometowns. According to our study, which utilized national census data, the ratio of cumulative residents who have ever relocated to the total resident population was surprisingly more than 50% (Kobayashi et al., 2025). While the affected communities have undergone significant changes, as described above, a major facility, the Fukushima Center for Disaster Mental Health (FCDMH, "Fukushima Kokoro No Care Center"), has been actively providing various support programs in affected areas since 2012. The FCDMH was newly established based on national support, comprising about 40 mental health professionals. They have been conducting different types of activities, including outreach services for affected individuals, workshops for local care providers and stakeholders, and other population-based interventions. Focusing on the activities of the FCDMH, we will present recent mental health data for the affected people and discuss the current tasks of recovery from the Fukushima disaster. This work was partially supported by Research Project on the Health Effects of Radiation organized by Ministry of the Environment, Japan.

Oral

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Oral 18

[O-18-06] Medical Cannabis for Stimulant Use Disorder: A Colombian Preclinical Model Evaluating Cocaine, Alcohol, and Nicotine Under a Regulated Cannabis Framework

Jorge Ariel Martínez[1], *Fabian Leonardo Barreto[1], Maria Costanza Lozano[1] (1. National University of Colombia (Colombia))
キーワード：Medical Cannabis、Cocaine、CPP

Substance Use Disorder (SUD) remains a major global health concern, with limited pharmacological treatments currently available. The capacity of isolated cannabidiol (CBD) to modulate drug-associated memory processes is well established. However, the therapeutic potential of non-psychoactive cannabis extracts (NPCE) developed under medical cannabis regulation, remains largely unexplored in this framework. This study compared a full spectrum NPCE (containing 41% CBD, 0.6%cannabinol (CBN), 0.2% cannabigerol (CBG), 0.04% cannabichromene (CBC), tetrahydrocannabinol (THC) 0.70% and multiple terpenes) with isolated CBD to evaluate their effects on memory reconsolidation and the reinstatement (triggered by stress or a priming dose) of Conditioned Place Preference (CPP). CPP was induced using commonly consumed abuse substances in Colombia: smoked cocaine (AEME-cocaine), cocaine, alcohol, and nicotine. Additionally, the role of the $5\text{-}HT_{1A}$ and CB2 receptors in AEME-cocaine-induced reinstatement was assessed using selective antagonists WAY-100135 and AM630, respectively. NPCE significantly inhibited both the reinstatement and reconsolidation of CPP induced by cocaine and AEME-cocaine. It also accelerated extinction in AEME-cocaine-induced CPP suggesting strong potential to disrupt drug-memory associations and prevent relapse. In contrast, CBD showed no efficacy across these addiction-related measures. Stress-induced reinstatement was blocked by WAY-100135, indicating a central role of $5\text{-}HT_{1A}$ receptors, while CB2 receptor blockade had no significant effect.

Notably, NPCE had no measurable impact on alcohol- or nicotine-induced CPP during either reinstatement or reconsolidation, supporting a substance-specific effect limited to stimulant-related models. These findings provide strong behavioral evidence supporting NPCE as a therapeutic candidate for Cocaine Use Disorder (CUD), likely due to the synergistic action of its phytocannabinoid and terpenes constituents. Developed in accordance with Colombia's medical cannabis regulation, this extract underscores the urgent need to translate preclinical data into clinical research and policy frameworks that enable the responsible integration of cannabinoid-based interventions.