International Society for Sports Psychiatry

ISSP Autumn Scientific Meeting

Saturday November 14th 2020

List of abstracts

Paulo Sousa Martins (Portugal)
TrainYourBrain: A Proposal for a Structured Physical Activity Program for Patients with Schizophrenia

Schizophrenia is a severe mental disease with a 20-year decrease in life expectancy, of which cardiovascular mortality is a contributing factor. Newer pharmacologic treatments allow positive symptoms remission. However they have various metabolic side effects. The benefits of physical activity in patients with schizophrenia is well documented and includes improvements in positive, negative and cognitive symptoms as well as better functionality and quality of life. We propose a 3-times-per-week 3-month structured program of moderate physical activity, administered by Physical Education specialists, to patients with a diagnosis of Schizophrenia. Patients will be evaluated before and after the program, as well as a 6-month follow-up. The main outcomes will be symptom reduction (PANSS), quality of life increase (WhoQoL-BREF) and adherence to the program. Multiple metabolic and physical capacity parameters will also be evaluated. In the future, we aim to test the feasibility and efficacy of this program in other psychiatry centres as well as other mental disorders.

Paul Gorczynski (UK)
Examining mental health literacy, depressive symptoms, help seeking behaviors, and wellbeing in soccer match officials in the UK

This study evaluated the levels of mental health literacy, depressive symptoms, help seeking behaviors, and wellbeing of UK soccer match officials. In total, 313 participants were recruited and asked to fill out questionnaires online. Overall, 12% of individuals indicated that they have experienced at least possible depressive episodes. The average mental health literacy score was 98.8 (SD=11.1) and was lower than found in previous studies with other athletic populations. Mental health literacy was significantly positively associated with help seeking behaviors and wellbeing and significantly negatively associated with depressive symptoms, meaning those with greater knowledge and more positive attitudes of mental health were more likely to experience better mental health and seek support for poor mental health. Strategies are needed to improve the knowledge and awareness of poor mental health in soccer match officials in the UK and provide them pathways to professional support.

Nitin Shulka (Australia)
The Consultant Coach: Executive coaching as a model to assist the practice of Sports Psychiatry

Just as a bio-psycho-social formulation model helps appreciate and navigate the complexities of Psychiatric management, are their existing models that help appreciate and navigate the complexities of Sports Psychiatry? Consultation-Liaison Psychiatry and Family Systems approaches present some models of working through interpersonal and systemic issues of an individual, for health-related outcomes. Nevertheless, most Sports Psychiatry would agree that systemic issues in this filed are far more complex and the outcomes are also performance related. Executive coaching model presents interesting concepts and ideas which align well with performance and health related outcomes, can be utilized during major transitions of a sportsperson, and helps newcomers breaking into this field to conceptualize systemic aspects. Most importantly, whether knowingly or unknowingly, this model is already being used by Sports Psychiatrists as it works well with both small and large organizations. This presentation highlights the Executive Coaching model and its utilization in sports psychiatry.

James Moley (USA)
Relationship between mild traumatic brain injury and personality disorder

Mild traumatic brain injury (mTBI) is increasingly recognized as a threat to the neurocognitive functioning of athletes. While risk factors such as aggression and impulsivity have been examined in relation to head injury, little work has been done to evaluate the relationship between history of mTBI and personality disorder (PD). The authors examined the associations between history of mTBI and PD in a healthy control group (N=1189) and individuals with history of head injury with (N=135) and without (N=132) and loss of consciousness. Results demonstrated that having any personality disorder is a significant risk factor for mTBI ($p<.005$) regardless of whether there was loss of consciousness. Antisocial, borderline, and obsessive-compulsive PD traits specifically were associated with greater risk of mTBI. Given the prevalence of PD in the general population and among athletes, and the deleterious effects of mTBI, these data suggest a role for screening of PD when treating athletes.

Ranjit Menon (Australia)
Personality Disorder in Elite Athletes

Personality disorders are prevalent amongst elite athletes. The common manifestations appear to be narcissistic, borderline, perfectionistic and obsessional traits. The developmental trajectory of athletes is a critical aspect in the formation of ‘athletic identity’ and the manifestation of the above traits. These traits can be helpful in fostering and cementing the athletic identity and can also assist in athletic performance. At the same time these can have significant negative effects on the individual with interpersonal difficulties and intrinsic maladaptive behaviours associated with each group of traits. The scientific evidence is sparse but careful assessment and identification is crucial in managing these athletes and the role of the sports psychiatrist is critical in formulating and managing distress and attendant risks.

Shane Creado (USA)
The overlap of sleep and mental health problems

Introduction: As sports psychiatrists, it is important that we know how different sleep problems (and their treatments) can impact different mental health problems, and vice versa.
Methods: This brief talk will discuss the impact of sleep problems on specific mental health problems, and what sports psychiatrists need to be aware of.
Conclusions: With an understanding that sleep problems need to be treated concurrently, along with mental health problems in athletes, we expect to see quicker and more complete resolution of mental health problems in athletes.

Carlos Gonzalez Hofmann (Switzerland)
Swiss Society for Sports Psychiatry and Psychotherapy and SSSPP-Curriculum

The SSSPP, founded in March 2019, intends to promote the fostering of sports psychiatry and psychotherapy throughout life for both elite sports as well as for the general public. This includes networking with sports physician, sports psychologists, other stakeholders, training, and science. There is an international cooperation with societies for sports psychiatry in Germany and Austria. A three level curriculum started 2020 with level 1 «Basic Health Care In Sport Psychiatry And Psychotherapy». It is supposed to facilitate further in-depth studies in psychiatric knowledge and developed skills. It contains a theoretical part, practical experience and supervision within 80 hours of additional training, leading to a certificate. Basic knowledge in sports psychiatry and psychotherapy, sports medicine, sports psychology, and training theory are contained. The SSSPP curriculum contains both sports psychiatry and psychotherapy in elite sports, and sports and exercise in prevention, therapy, and rehabilitation of mental disorders.

Tom McCabe (UK)
THE FIELD STUDY AND ITS CONSEQUENCES

Football's InfluencE on Lifelong health and Dementia risk (FIELD) study is a multidisciplinary collaboration investigating longer term health outcomes in professional soccer players. There is growing recognition of an association between contact sports participation and increased risk of neurodegenerative disease. Cognitive impairment and a range of mental health disorders including suicidality are proposed as diagnostic features of traumatic encephalopathy syndrome.
'FIELD 1' investigated neurodegenerative outcomes for professional footballers with that compared to matched controls. Mortality from neurodegenerative disease listed as the primary or a contributory cause on the death certificate varied according to disease subtype and was highest among those with Alzheimer's disease (hazard ratio [former players vs. controls], 5.07; 95% CI, 2.92 to 8.82; P<0.001) and lowest among those with Parkinson's disease (hazard ratio, 2.15; 95% CI, 1.17 to 3.96; P=0.01).
'FIELD 2' was carried out using a similar methodology however showed lower risk of hospital admission for common mental health disorders with no difference between outfield players and goalkeepers. There was no significant difference in rate of death by suicide between soccer players and controls. The above research has consequences for football administrations in terms of law changes and reducing the risk associated with competitive sport at the highest level.

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