

8th World Congress on
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Therapeutics**

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Keynote Forum



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Interpersonal psychotherapy for borderline personality disorders: Studies of efficacy

There is evidence that the production of the immunomodulatory protein called the Progesterone Induced Blocking Factor (PIBF) by malignant tumor cells enable the cancer to proliferate and metastasize by blocking immunosurveillance by natural killer cells and T-lymphocytes. Activation of membrane progesterone receptors is needed for PIBF production. Suppression of PIBF by using the progesterone receptor antagonist, mifepristone, has allowed not only marked extension of life (frequently in years) in patients with advanced cancers with no longer any treatment options available but has markedly improved quality of life with marked reduction of pain and fatigue frequently allowing the patient to resume a normal quality of life. Published reports of the benefit of the extremely well-tolerated progesterone receptor antagonist mifepristone (200-300 mg per day orally) has been reported in peer-reviewed journals to provide palliation for a wide variety of cancers including: Colon cancer, thymic epithelial cell cancer, transitional cell carcinoma of the renal pelvis, leiomyosarcoma, malignant fibrous histiocytoma, pancreatic cancer, glioblastoma multi-forme, fibroblastic osteogenic sarcoma, small cell lung cancer, non-small cell lung cancer, with and without targeted markers, multi-focal renal cell carcinoma, breast cancer, and acute myelocytic leukemia. Oncologists, for unknown reasons, have not embraced the off-label use of this drug. At the stage of cancer the drug has been given with no need for careful laboratory testing, or even tests of disease progression, mifepristone treatment may be more suited for treatment by palliative care specialists, with the oncology group treating cancer hoping for a cure but the palliative care specialist using mifepristone to turn non-curable metastatic cancer into a chronic illness with a good quality of life not just from tumor regression, but from absence of side effects from chemo and immunotherapy.

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Biography

Jerome H Check is currently working in Cooper University Health Care Titles. He is the Head of the Division of Reproductive Endocrinology & Infertility. He worked in Cooper Medical School of Rowan University Titles as a Professor of Obstetrics & Gynecology. He has a Board Certifications in American Board of Internal Medicine (Internal Medicine - General) & American Board of Internal Medicine (Endocrinology, Diabetes & Metabolism). His Professional interest is in Teaching Affiliate & Community Physician.

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Silvio Bellino

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Interpersonal psychotherapy for borderline personality disorders: Studies of efficacy

Borderline Personality Disorder (BPD) is a severe psychiatric disorder characterized by a pervasive instability in affects, impulse, and sense of self and interpersonal relationships. The guidelines for the treatment of BPD highlight the role of disorder-specific psychotherapies. Interpersonal psychotherapy was adapted for BPD patients by Markowitz (IPT-BPD). The efficacy of this treatment was studied at the University of Turin in patients who received a combination of IPT-BPD with an antidepressant. Results showed that combined treatment was superior to antidepressant alone on BPD core symptoms (disturbed interpersonal relationships, affective instability, and impulsive dyscontrol). It was also more effective on anxiety and on subjective perception of quality of life [2010].

1. The increased effects of combined therapy were mostly maintained during 2 years of follow-up [2016]
2. Bellino and Bozzatello proposed an ameliorated version of IPT-BPD (IPT-BPD-R) with a prolonged duration of treatment, a stronger support of patients during crises, a maintenance phase, and interpersonal counseling for family members [2015]
3. The efficacy of IPT-BPD-R as single treatment was assessed by a controlled study. The study indicated a significant decrease of general psychopathology, specific BPD symptoms, and social functioning in comparison with control patients in waiting list [2020]
4. In addition, the clinical and functional effects of IPT-BPD-R were found related to functional changes of brain areas (temporal parietal junction and anterior cingulate cortex) observed at fMRI with a task of autobiographical memory (self-referential processing and mentalization) [2021]
5. A clinical trial is currently underway to evaluate a model proposed for interpersonal group therapy of BPD patients. In particular, the effects of the association of group therapy with individual IPT are compared with individual IPT alone and initial results indicate promising results in terms of improvement of BPD symptoms, social functioning, interpersonal problems, and mentalization. These findings will be discussed considering literature in this field [2022].

Recent Publications

1. Bellino, S., Rinaldi, C., & Bogetto, F. (2010). Adaptation of interpersonal psychotherapy to borderline personality disorder: a comparison of combined therapy and single pharmacotherapy. *Canadian journal of psychiatry. Revue canadienne de psychiatrie*, 55(2), 74–81.
2. Bozzatello, P., & Bellino, S. (2016). Combined therapy with interpersonal psychotherapy adapted for borderline personality disorder: A two-years follow-up. *Psychiatry research*, 240, 151–156.

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3. Bozzatello, P., & Bellino, S. (2015). Interpersonal Psychotherapy Adapted for Borderline Personality Disorder (IPT-BPD): A Review of Available Data and a Proposal of Revision. *Journal of Psychology & Psychotherapy*, 2015, 5:6

Biography

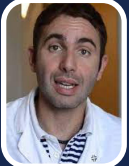
Silvio Bellino was born in Turin, Italy, on 27 April 1965. He graduated at the University of Turin in 1990/91 and specialized in Psychiatry in 1995/96. He became Researcher of Psychiatry at the Department of Neuroscience in October 2001 and was charged of the Centre for Personality Disorders in January 2007. He is Associate Professor of Psychiatry from July 2015. He teaches psychiatry at the School of Medicine and at Schools of Medical Specialization of the University of Turin. His studies were focused on clinics and pharmacotherapy of personality disorders, mood and anxiety disorders, and on interpersonal psychotherapy of major depression and personality disorders. He presented the results in Italian and international congresses and published many articles in Italian and international indexed journals. He was Editor in Chief of *Current Psychopharmacology* and President of the Italian Society of Interpersonal Psychotherapy.

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Raffaele Pilla

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Therapeutic ketosis and the broad field of applications for the ketogenic diet: Ketone ester applications & clinical updates

It has been recently shown that nutritional ketosis is effective against seizure disorders and various acute/chronic neurological disorders. Physiologically, glucose is the primary metabolic fuel for cells. However, many neurodegenerative disorders have been associated with impaired glucose transport/metabolism and with mitochondrial dysfunction, such as Alzheimer's/Parkinson's disease, general seizure disorders, and traumatic brain injury. Ketone bodies and tricarboxylic acid cycle intermediates represent alternative fuels for the brain and can bypass the ratelimiting steps associated with impaired neuronal glucose metabolism. Therefore, therapeutic ketosis can be considered as a metabolic therapy by providing alternative energy substrates. It has been estimated that the brain derives over 60% of its total energy from ketones when glucose availability is limited. In fact, after prolonged periods of fasting or Ketogenic Diet (KD), the body utilizes energy obtained from Free Fatty Acids (FFAs) released from adipose tissue. Because the brain is unable to derive significant energy from FFAs, hepatic ketogenesis converts FFAs into ketone bodies-hydroxybutyrate (BHB) and acetoacetate (AcAc)-while a percentage of AcAc spontaneously decarboxylates to acetone. Large quantities of ketone bodies accumulate in the blood through this mechanism. This represents a state of normal physiological ketosis and can be therapeutic. Ketone bodies are transported across the blood-brain barrier by monocarboxylic acid transporters to fuel brain function. Starvation or nutritional ketosis is an essential survival mechanism that ensures metabolic flexibility during prolonged fasting or lack of carbohydrate ingestion. Therapeutic ketosis leads to metabolic adaptations that may improve brain metabolism, restore mitochondrial ATP production, decrease reactive oxygen species production, reduce inflammation, and increase neurotrophic factors' function. It has been shown that KD mimics the effects of fasting and the lack of glucose/insulin signaling, promoting a metabolic shift towards fatty acid utilization. In this work, the author reports a number of successful case reports treated through metabolic ketosis.

Recent Publications

1. D'Angelo G., Pilla R., Dean J.B. and Ramponi S. Toward a soft computing-based correlation between oxygen toxicity seizures and hyperoxic hyperpnea Soft Computing: DOI 10.1007/s00500-017-2512-z (2017)
2. Pilla R. The ketogenic diet approach as metabolic treatment for a variety of diseases J. Epilepsy: 2:2 <http://dx.doi.org/10.4172/2472-0895.1000e010> (2016)
3. Viggiano A., Pilla R., Arnold P., Monda M., D'Agostino D.P., Zeppa P. and Coppola G. Different calorie restriction treatments have similar anti-seizure efficacy. Seizure: Feb; 35:45-9 (2015)

Biography

Raffaele Pilla, Pharm.D., Ph.D., Doctor Europaeus, received his Master's degree in Pharmacy at G. d'Annunzio University in Chieti-Pescara, Italy in 2005, where he also served internships at the Cell Physiology Laboratory and Molecular Biology Laboratory. Prior, he was an Erasmus Student at Faculté de Pharmacie de Reims in Reims, France. He received his Doctor Europaeus in 2010 from Pitié-Salpêtrière Institute in Paris, France. Also in 2010, he received his Ph.D. in Biochemistry, Physiology, and Pathology of Muscle at G. d'Annunzio University in Chieti-Pescara, Italy.

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