

entity, in some cases, these symptoms are pre-existent in others the evolution of the infection or a medical cause related with the infection can cause its apparition. Psychosis and depression in patients with HIV have some clinical and therapeutical considerations. Antidepressants and antipsychotics have many pharmacological interactions with antiretroviral therapy.

**Objectives** Review the efficacy and safety of antidepressants and antipsychotics in patients with HIV infection.

**Methods** PubMed was searched for articles published between 1966 and January 1, 2015, using the search terms HIV, AIDS, depression, psychosis, antipsychotics, antidepressants, antiretrovirals. We selected randomized placebo controlled or active comparator control trials.

**Results** Twelve studies for depression treatment and 2 studies for psychosis treatment in patients with HIV infection. Selective serotonin reuptake inhibitors (SSRI) especially fluoxetine and tricyclic antidepressants are effective in treating depressive symptoms in patients with HIV infection. Testosterone and stimulants have been used in patients with mild depressive symptoms, however studies with these agents had a small sample size. Haloperidol and chlorpromazine were effective for AIDS delirium, there are not controlled trials with other antipsychotics.

**Conclusions** Psychiatrists must be concern about the clinical particularities of patients with HIV and depression or psychotic symptoms. The election of antidepressant or antipsychotic has to be made very carefully because of their side effects and interactions.

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#### EW154

### Living with Parkinson disease – the central role of primary care physicians and a multidisciplinary approach

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**Introduction** Parkinson disease is a frequent neurodegenerative disorder. Presence of psychopathology is well described in this illness, nevertheless the etiology is still unknown.

**Methods and aims** The authors present a clinical case of a patient with idiopathic Parkinson disease with depressive symptoms after the decline of his functioning. We aim to emphasize the importance of a multidisciplinary approach and the central role of general physicians in screening these situations.

**Results** The patient is a male with 64 years old, reformed with a personal history of hypertension. With 62 years old he started with mild motor complaints that got worse over time, culminating after a year and half on him being almost dependant for most of his daily activities. He also started to express feelings of sadness, despair, and recurrent thoughts of death. He refused to seek out medical help, but was convinced by his wife to consult his general physician that observed the patient and referenced him to Neurology and Psychiatry consultations. He also started sertraline 50 mg/day. He was diagnosed with Parkinson disease and started medication with ropinirole, levodopa and carbidopa with a good response. In Psychiatry consultation the dose of sertraline was increased to 100 mg/day with improvement, and it was provided information on the disease to the patient and family and also supportive psychotherapy.

**Conclusions** General physicians have a privileged position on screening patients with psychopathology when other physical conditions or illnesses are present. The fast and correct referencing of these patients can improve the prognosis.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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#### EW155

### Psychological mechanisms of the formation of non-psychotic mental disorders in patients with hyperthyroidism

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The application of a comprehensive, integrative, systemic approach to the examination of patients with abnormal thyroid gland has to lie in the basis of planning strategies and tactics of medical programs such patients. On this point of view we consider that non-psychotic mental disorders are developing on the basis of both organic and adaptation levels. Population researches showed that the majority of patients with endocrinological pathology suffer from one of the three DCPR syndromes: irritant mood, demoralization thrown in (desperation), persistent somatization. The task of our work was to investigate mechanisms of psychological defense in patients with hyperthyroidism with non-psychotic mental disorders. One hundred and twenty-five patients were examined. Non-psychotic mental disorders with different syndromic structure were found in 76% of patients (study group), among which anxious-asthenic (38.95%), anxiety and depression (23.16%) were dominant. The method of Robert Plutchik for assessment of the mechanisms of defense was used. In asthenic syndrome we found excessive functioning of negation and regression, inadequate functioning of intellectualization. In patients with astheno-anxious syndrome inadequate functioning of negation, intellectualization, compensation, and excessive repression contributed to the formation of the sensations of anxiety. Excessive compensation, projection, reactive formation generally affected the structure of the astheno-depressive syndrome. The lack of displacing of reactive formation, repression and excessive intellectualization in a complex influenced to the structuring of anxious-depressive syndrome. In hypochondrical syndrome projection, regression and negation were the basis of the formation of clinical picture. Thus, meaningful relationships between intrapsychic level of functioning and syndromological structure of non-psychotic disorders were installed.

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#### EW156

### The psychotic patient at the General Hospital

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**Background** Patients with schizophrenia have a higher prevalence of physical illness and a higher mortality from natural causes than the general population, which is a reason why they can be hospitalized for medical and surgical pathologies.

**Aims** To determine the demand, the reason for consultation and the sociodemographic characteristics of the psychotic patient admitted at the general hospital.

**Methods** Sociodemographic variables (age, sex, marital status, education, place of residence, residential housing, with who they live, work status) and health care (service of origin, type of request and its relevance, complaints, days of delay between the request and assistance, number of visits, average length of stay).

**Study design** Prospective epidemiological study of 80 psychotic patients (F.2 ICD-10), from the total of 906 consults solicited from 1 January 2012 until 31 December 2014. Bioethical considerations: compliance with these principles justice, non-maleficence, autonomy and beneficence.

**Results** The average age is 58.34 years old, 60% were male, 73.8% single, 81.3% with primary education, 52.5% living in urban areas; and the 88.8% of cases were pensioners. The Departments that generate a greater demand are Internal Medicine (53.8%), Orthopaedic Surgery (10%), Pneumology (8.8%) and ICU (8.8%). The most frequent reasons for consultation are assessment/treatment setting (77.5%), abnormal behavior (30%), disorientation (18.8%) and psychotic symptoms (18.8%).

**Conclusions** The typical profile of psychotic patients hospitalized for medical-surgical diseases is a male, middle-aged, single, with primary education and pensioner; from whom it's sued consultation for adjusting of treatment, and secondly for abnormal behavior.

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## EW157

### Inappropriate sinus tachycardia – cardiac syndrome or anxiety-related disorder?

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**Introduction** Relation between psychology, psychiatry and cardiology are multidimensional and begin to have growing importance in the diagnosis and treatment of patients of cardiosurgery, electrocardiology and cardiac rehabilitation. Inappropriate sinus tachycardia (IST) is a rarely diagnosed clinical syndrome characterized by excessive resting heart rate (HR) or disproportional increasing HR during exercise. The mechanisms of IST are not well understood. It is speculated that psychological factors might be of importance.

**Aims** The purpose of the study was to evaluate possible relation between the level of anxiety, personality traits and control of emotions, emotional intelligence, coping with stress strategies and manifestation of IST.

**Methods** The participants were 23 women with a diagnosis of IST (age range 31.8 ± 8.72) and 23 women (28.7 ± 4.4) without cardiac diseases. The research applied psychological tools including: State-Trait Anxiety Inventory, NEO-Five Factor Inventory, Courtauld Emotional Control Scale, Emotional Intelligence Questionnaire, Coping Inventory for Stressful Situations and an originally developed sociodemographic questionnaire.

**Results** It has been found that that the group of women with IST received higher results in Trait Anxiety Inventory compared to the group of healthy women and the relation was highly statistically significant ( $P=0,009$ ). No other differences were found.

**Conclusions** Inappropriate sinus tachycardia can be considered as an anxiety related disorder. However, its pathogenesis and classification position remains elusive.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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## EW158

### Aspects of cardiac anxiety in patients with a myocardial infarction

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**Introduction** When the heart is in danger – as is true during a myocardial infarction (MI) – this is life-threatening and as such can provoke specific fear: so-called cardiac anxiety. Both general anxiety and depression are associated with cardiac prognosis in MI-patients. However, as most treatment studies have not shown beneficial effects on cardiac prognosis, the need to examine specific aspects of anxiety and depression post-MI has been advocated.

**Methods** We examined whether cardiac anxiety can be reliably assessed with the Cardiac Anxiety Questionnaire (CAQ) in 237 hospitalized MI-patients. Cross-sectional associations were explored, as well as possible trajectories of cardiac anxiety in the year post-MI (by latent class-analysis) and its association with quality of life. Finally, the prognostic association of cardiac anxiety with major adverse cardiac events (MACE) including all-cause mortality was examined with cox-regression-survival analysis.

**Results** The CAQ is a valid and reliable instrument in MI-patients and assessed fear, attention, avoidance of physical exercise, and safety-seeking behavior. Higher cardiac anxiety was associated with more psychological distress but lower severity in cardiac injury. In the year post-MI four cardiac anxiety trajectories were identified; higher cardiac anxiety was associated with worse quality of life. CAQ score significantly predicted MACE in a five-year-follow-up period, even after adjustment for age, cardiac disease severity and depressive symptoms ( $HR_{baseline}$ : 1.60 [95% CI: 1.05–2.45],  $P=0.029$ ;  $HR_{3-months}$ : 1.71 [0.99–2.59];  $P=0.054$ ).

**Conclusion** Cardiac anxiety is an important and potentially modifiable factor in the treatment of MI-patients: it is prevalent and associated with quality of life and cardiac prognosis.

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## Cultural Psychiatry

### EW159

#### The experience and impact of stigma in Saudi people with a mood disorder

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