

## EV0250

### Generalized anxiety disorder comorbidities: Panic and depressive disorder

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**Introduction** It has been well documented that generalized anxiety disorder (GAD) can co-occur with mood disorders and other anxious disorders, particularly panic disorder (PD). These comorbidities can complicate therapeutic management and burden the prognosis.

**Aim** To highlight the relationship between GAD and panic and depressive disorders.

**Methods** We conducted a cross-sectional study, among 250 subjects consulting in 6 primary care units in Sfax, Tunisia. These participants, randomly chosen, were asked to answer a questionnaire after their consent. The diagnosis of GAD and PD were assessed by the "Mini International Neuropsychiatric Interview" of the DSM-IV. Depressive symptoms were evaluated using the "Beck Depression Inventory" (BDI).

**Results** The average age was 39 years. The sex ratio M/F was 1/2. The GAD was diagnosed in 10.8% of participants. The mean IDB score was 3.8. According to this scale, a mild depression was noted in 23.6%, moderate 12% and severe in 2.8% of cases. The GAD was statistically associated with psychiatric histories ( $P=0.009$ ), particularly depression disorder ( $P=0.004$ ) and the history of suicide attempt ( $P<0.001$ ).

The IDB score was significantly higher in participants with GAD ( $P<0.001$ ). Among them, 74% presented moderate to severe depression.

GAD co-occurs with PD in 22.2% of cases. This association was statistically significant ( $P<0.001$ ). Participants presenting GAD- PD comorbidity are at higher risk of developing depression ( $P=0.003$ ).

**Conclusion** One must always think to screen comorbidities in the presence of either diagnosis, in order to ensure a better management.

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

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## EV0251

### Psychiatric hospitals may enhance holistic care by introducing medical and surgical liaison teams

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**Introduction** Patients with mental health problems (MHP) are known to have more physical co-morbidities compared to the general population.

In Malta, Mount Carmel hospital (MCH) which is the main psychiatric hospital (consisting of both acute and chronic wards), is separate from Mater Dei hospital (MDH) which is the general hospital at which medical and surgical care is provided.

Such a division in healthcare may result in inadequate focus on physical health amongst patients of high demand in this regard. This subsequently puts an increased strain on the general hospital through repeated referrals.

**Objectives** The purpose of this study is to show that inpatients with MHP have a significant number of co-morbidities and require multiple referrals to a general hospital for medical and surgical attention.

**Methods** Three hundred and ninety-three inpatients at acute and chronic wards of MCH (during the first week of December 2016) were enrolled in the study.

Treatment charts and iSOFT (healthcare IT software used in Malta) were used to determine patient's diagnosed co-morbidities, number and type of referrals to MDH outpatient clinics (OPC), casualty and admissions at MDH over 1 year.

**Results** Results of the audit indicate that a significant number of inpatients at MCH have medical co-morbidities and the majority have been referred to MDH for OPC and casualty over the past year.

**Conclusions** Having medical and surgical liaison teams in psychiatric hospitals may enhance patient care and reduce the pressure exerted on general hospitals.

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

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## EV0252

### Connection between body mass index (BMI) and expression of symptoms in individuals with mental disorders

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**Introduction** Research shows that the prevalence of obesity is greater in individuals with mental disorders than in general population. According to literature, obesity is correlated with intensity of symptoms and suicidality.

**Objectives** The aim of this study was to determine whether there is a correlation between BMI and severity of symptoms, as well as suicidality and gender. The aim was also to determine whether there is a difference in the severity of symptoms and suicidality among individuals with different diagnoses.

**Methods** Participants in this study were 37 men and 73 women with diagnosis of psychosis, personality disorder, bipolar affective disorder, unipolar depression and anxiety disorder treated in Psychiatric hospital "Sveti Ivan", Zagreb, Croatia. Sociodemographic data were collected and BMI was calculated. All participants fulfilled the DASS 21 (Depression, Anxiety and Stress Scale by Fernando Gomez) and Suicide Severity Rating Scale (Columbia–Suicide Severity Rating Scale (Center for Suicide Risk Assessment)).

**Results** There is no significant correlation between BMI and severity of symptoms, as well as between BMI and suicidality. But there are significant differences in the severity of stress ( $P=0.005$ ) and suicidality ( $P=0.004$ ) in individuals with different diagnoses.

**Conclusions** The results identify that a significant part of individuals with mental disorders are either obese or overweight, but there were no significant differences in relation to suicide and intensity of symptoms depending on the BMI.

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