

functioning and on attention, memory, executive functioning, and social cognition.

Results In KBG patients, mild to moderate intellectual disabilities (WAIS IV Total IQ = 63.5 ± 10.7 , range: 45–84) were established with a mental age that was lower than mean chronological age (6.4 ± 2.6 years versus 11 ± 5.7 years, respectively). When compared to both control groups, results indicated a relatively strong processing speed and social cognitive functioning of patients with KBG while direct recall of auditory memory was relatively poor most probably due to attentional dysfunction.

Conclusions The cognitive profile of this group of 17 patients with KBG is characterized by mild intellectual disability and diminished sustained attention in verbal tasks. Implications for diagnostic procedures and clinical management of the syndrome are discussed, also with regard to the question how this relates to classificatory diagnosis of ADHD.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.2026>

EW0158

Deaf blindness and mental health – Prevalence of Mental disorders of an upper Austrian outpatient service

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Introduction People with deaf blindness are a vulnerable group concerning mental health problems. Due to their constraints in orientation, mobility, access to information and communication they often suffer from a lack of interpersonal relationships and accessibility to health care.

Aims To assess the prevalence of mental disorders in patients with deaf blindness and exam associations with forms of communication.

Methods A retrospective data evaluation of all outpatient charts of patients treated between 2000–2013 in a specialized outpatient unit that provides primary care for all deaf people for the whole catchment area of Upper Austria was conducted. Data were analysed regarding the degree of visual and hearing impairment and the presence of a mental disorder.

Results Forty-seven of 1500 patients were identified as deaf blind including 12 suffering from Usher Syndrome. Of those 29 (61.7%) were at least once diagnosed with a mental disorder, most frequently with a mood disorder (MD) (F30–F39) in 40.4%; an anxiety, stress-related, somatoform disorders (AD) (F40–F49) in 12.8% and a schizophrenia, schizotypal and delusional disorders (F20–F29) in 10.6%. Deaf blind patients suffered compared to deaf patients more often from a MD (40.4% vs. 11.3%) however less often from an AD (12.8% vs. 32.6%). No significant association between the form of communication and being diagnosed with a mental disorder could be found.

Conclusion Patients with deaf blindness suffer to a high extend from mental disorders, especially MDs. It is of utmost importance to reduce the burden of this population and improve access to specialized services to diminish isolation as major risk factor.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.2027>

EW0159

Anxious distress is associated with increased immune dysregulation in patients with major depressive disorder

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Introduction Although depression with anxious distress appears to be a clinically relevant subtype of Major Depressive Disorder (MDD), whether it involves specific pathophysiology remains unclear. Inflammation has been implicated, but not comprehensively studied. We examined within a large MDD sample whether anxious distress and related anxiety features are associated with differential basal inflammation and innate cytokine production capacity.

Methods Data are from 1078 MDD patients from the Netherlands study of depression and anxiety. Besides the DSM-5 anxious distress specifier, we studied various dimensional anxiety scales (e.g. Inventory of Depressive Symptomatology anxiety arousal subscale [IDS-AA], Beck Anxiety Inventory [BAI], Mood and Anxiety Symptoms Questionnaire Anxious Arousal scale [MASQ-AA]). Basal inflammatory markers included C-reactive protein, interleukin (IL)-6 and tumor-necrosis factor (TNF)- α . Innate production capacity was assessed by 13 lipopolysaccharide (LPS)-stimulated inflammatory markers. Basal and LPS-stimulated inflammation index scores were created.

Results Basal inflammation was not associated with anxious distress in MDD patients (anxious distress prevalence 54.3%), except for modest positive associations for IDS-AA and BAI scores. However, anxious distress was associated with higher LPS-stimulated levels (interferon- γ , IL-2, IL-6, monocyte chemotactic protein (MCP)-1, macrophage inflammatory protein (MIP)-1 α , MIP-1 β , matrix metalloproteinase-2, TNF- α , TNF- β , LPS-stimulated index). Other anxiety indicators (number of specifier items and anxiety diagnoses, IDS-AA, BAI, MASQ-AA) were also associated with increased innate production capacity.

Conclusions Within a large MDD sample, the anxious distress specifier was associated with increased innate cytokine production capacity but not with basal inflammation. Results from dimensional anxiety indicators largely confirm these results. These findings provide new insight into the pathophysiology of anxious depression.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.2028>

EW0160

Psychiatric disorders in adults with intellectual disabilities: A preliminary study of prevalence and associated factors

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