AA is valid for alcohol withdrawal syndrome diagnosis and plays situation relapsing role in alcoholizing prolongation.

*Conclusions* Alcoholic anorexia is starting to declare even at early stages of alcoholic addiction formation. It is more illustrative in periodically recurrent and exaggerating drinking bouts when dynamic intestinal obstruction risk is high. Findings obtained ground alcoholic anorexia attribution to urgent conditions with necessary integrated relieving therapy and secondary prevention.

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**EW0608**

## Evaluation of the cardiovascular disease risk of the psychiatric inpatients of a university hospital by using Framingham risk score

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*Introduction* According to literature, the patients with severe mental disorder have higher cardiovascular disease risk than the normal population.

*Objectives* The current study based on the assumption that elevated inflammatory markers may be related to cardiovascular disease risk in psychiatric patient population.

*Aims* This study is aimed to define the relation between the inflammatory reactant, C-reactive protein levels and 10-year risk of coronary heart disease according to Framingham risk score (FRS).

*Methods* A total of 204 patients (106 female–98 male) who admitted to the psychiatric service between March and November 2015 and diagnosed with major depression, bipolar disorder and psychotic disorder were included in the study. Participants were evaluated by their gender, age, body mass index, waist circumference, high density lipoprotein levels, total cholesterol levels, systolic and diastolic blood pressures, diabetes comorbidity and CRP levels.

*Results* Ten-year risk of cardiovascular disease was found significantly higher at males than females ($P < 0.001$). There was no correlation between the FRS and the CRP levels which is an acute phase reactant and a contributer of atherogenesis ($P = 0.763$). However, mean values of CRP levels were determined as $0.59 \pm 0.07$ mg/dL for females and $0.56 \pm 0.07$ mg/dL for males. These levels are both high compared to the normal value which is up to 0.34 mg/dL. There was also a remarkable correlation between FRS scores and waist circumference ($P = 0.012$).

*Conclusions* Framingham risk score can be used to detect cardiovascular disease risk and can be helpful in management of pharmacotherapy of the high-risk population.

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

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**EW0609**

## Co-morbidity of psychiatric/physical disorders with alcohol abuse/dependence in a sample of clients of the emergency department of the psychiatric hospital of Attica–Greece

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*Introduction* Increased coexistence of psychiatric symptoms in patients with alcohol abuse/addiction is highlighted in the literature. Equally high is the coexistence of physical illnesses due to the harmful effects of alcohol.

*Aims* To record the profile and the characteristics of individuals with psychiatric/somatic co-morbidity who attend the psychiatric emergency department/(PED) of the largest psychiatric hospital in Greece.

*Methods/Results* A total of 1058 individuals, with a mean age of 44.4 years, were identified having alcohol problems in a five-year time period (2010–2015) in the context of the PED, while the majority of them was found to have psychiatric co-morbidity. The most common diagnosis was psychotic syndromes (24.2%), followed by affective (23.8%), personality (12.5%), and somatoform and anxiety disorders (6.3%). About 3% of the sample presented acute alcohol poisoning or severe withdrawal symptoms, coexistence with severe somatic disease and organic mental disorders. More than a third (37%) of them had to be hospitalized, while the involuntary hospitalization rates (21%) were higher than the voluntary ones (16%). Finally, 13.65% suffered from co-morbid somatic diseases with need of immediate emergency and hospital care.

*Conclusions* The abuse and/or dependence of alcohol are largely associated with the coexistence of psychiatric and physical diseases. The psychiatric and physical co-morbidity, as regards attendance and hospitalization–involuntary and voluntary–, present a higher rate in men (86%) and mainly affects people of productive age. Additional data are needed to explore detailed factors that could contribute to a better design of more appropriate services for patients with alcohol use disorders.

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**EW0610**

## The eating disorders iceberg: Emotional deregulation and impulsivity lay below

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*Introduction* Eating disorders (ED) and personality disorders (PD) are often interplayed in every-day clinical practice. Less is known on patient's emotional deregulation and impulsivity.

*Aims* To investigate whether clinical features of ED and PD correspond to a specific impulsivity and emotional background pattern.

*Objective* ED, PD, impulsivity and emotional regulation.

*Methods* A group of outpatients with ED ($n = 39$) was compared to a group of healthy controls ($n = 40$) by means of semi-structured interviews and standardized questionnaires (BIS-11, DERS, Eat-26, SCID-II and STAI), in order to evaluate association between clinical features (ED and PD) and altered impulsivity or/and emotion regulation.

*Results* Seventy-five percent of ED cases matched also diagnostic criteria for PD. Cluster B diagnoses occurred more frequently in Bulimia Nervosa (BN) and Binge eating disorders (BED) whereas Cluster C PD was strongly associated with restrictive anorexia (AN-R) ($P < 0.001$). BIS-11 scores were significantly higher in cluster B as compared to cluster C PD ($P = 0.019$). People with PD have a significantly higher DERS score compared to people without ($P < 0.001$). Mean DERS scores were similar in BN, BED and AN Binge purging (AN-BP) but lower in AN-R ($P < 0.001$).

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