



Figure 1 Structural neuroimaging of the relationship between joint hypermobility and anxiety. A. Insula structural differences in anxiety disorder in those with hypermobility syndrome compared to those without. B. Plot showing differences in insula volume. C. Amygdala structural differences, demonstrating significant interaction between anxiety status and degree of hypermobility. D. Plot showing interaction between anxiety on the relationship between amygdala volume and hypermobility source.

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EW0377

Psychiatry and primary care: A global medical care

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Patients suffering from psychiatric disorders have a decrease in life expectancy of 15 years compared to the general population. This excess mortality is not related predominantly to suicide but mostly to a higher frequency of somatic diseases, such as cardiovascular, neoplastic, metabolic diseases. Their high prevalence and their low diagnoses are related to a poorer access to screening, prevention and somatic care than in the general population. Indeed, we estimated that more than 60% of patients treated in public psychiatry do not have a general practitioner (GP) in France. The GP has a role in the coordination, prevention and management of patient health care circuit. To allow a better access to general practitioner, a consultation and a somatic network have been created in Lyon. The purpose is to bring the user back into the primary care system, to ensure a durable monitoring, and a better prevention of avoidable diseases. Patients without GP are oriented to the consultation by their referent psychiatry team. During three consultations with a doctor and a nurse, an assessment of the patient's overall health is realized as well as a synthesis and a redirection to the city network. This reinstatement also allows a better communication between somatic and psychiatric care, to insure a more global view of the patient. A work around the re-empowerment and social rehabilitation is carried out to re-anchor the person in the city and in the care, which every citizen is entitled.

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Efficacy and safety of antidepressants as analgesics in chronic pain: A review

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Introduction Due to the aging population worldwide, chronic pain is becoming an important public health concern. Chronic pain is bidirectional associated with psychiatric disorders including depression and anxiety. Antidepressants are widely used as adjunct therapy for the treatment of chronic pain for many disorders. **Objectives and aims** To review available literature on the efficacy and safety of antidepressants for the treatment of chronic pain, including neuropathic pain, fibromyalgia, low back pain, and chronic headache or migraine.

Methods We performed a detailed literature review through PubMed, EMBASE and Cochrane's Library to assess the efficacy and safety of antidepressants in chronic pain conditions.

Results In neuropathic pain, fibromyalgia, low back pain, and chronic headaches/migraine, tricyclic antidepressants (TCAs) showed a significant analgesic effect. Selective serotonin reuptake inhibitors (SSRIs) are not effective for the treatment of low back pain and headaches or migraine. Venlafaxine, a serotonin norepinephrine reuptake inhibitor (SNRI) showed significant improvement of fibromyalgia and neuropathic pain. Duloxetine (SNRI) also reduced the pain in fibromyalgia.

Conclusion TCAs are the 'gold standard' antidepressant analgesics. However, an electrocardiogram and postural blood pressure should be implemented prior to TCA treatment and TCAs should be initiated at low dosages and subsequently increased to the maximum tolerated dose. One should pay attention to their cardiotoxic potential, especially in the older population. For the treatment of neuropathic pain, SNRIs are second-line agents. Although better tolerated, in most types of chronic pain conditions, the effectiveness of SSRIs is limited. To conclude: start low, go slow, and prescribe with caution.

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Exploring the correlation between perceived attachment security and levels of GH hormone in a sample of children with non-organic failure to thrive: Preliminary findings

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Introduction Short stature caused by growth hormone (GH) deficiency is one of the causes of the "Failure to Thrive" (FTT) condition. In absence of clear organic causes, several different psychosocial conditions may play a role in explaining the FTT phenotype. Advances in developmental psychology have highlighted the role of emotions and caregiving behaviors in the organization of child's personality and psychobiology, with the mother-son attachment