



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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EW0378

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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EW0379

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

bond being considered a fundamental developmental experience. The objective of the present preliminary study was to assess whether there are significant correlations between attachment styles and GH levels in a sample of subjects with non-organic FTT. **Methods** We enrolled 27 children (mean age: 9.49 ± 2.63) with non-organic FTT. Perceived attachment security was assessed through the Security Scale (SS) and its subscales focused on maternal and paternal security. Pearson partial correlation was used to test associations between GH levels and SS measures adjusting for confounding factors (i.e. age, gender and BMI).

Results Across all subjects, GH was significantly positively correlated with general security ($r=0.425$; $P=0.038$) and maternal security (SSM) ($r=-0.451$; $P=0.027$) and not significantly correlated with paternal security (SSP) ($r=0.237$; $P=0.264$).

Discussion These findings preliminarily suggest that perceived attachment security may play a role in the etiopathogenesis of non-organic GH deficiencies and add to the accumulating evidence that attachment styles are associated with specific psychoendocrine underpinnings.

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EW0380

Features of coronary heart disease course in patients with depressive disorders

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Multifactor risk for coronary heart disease (CHD) development is associated with susceptibility and depressive reaction to stressful situations that causes search for ways of optimization of integrative assistance to CHD patients with depressive disorders.

Objective To carry out comparative analysis of dynamics of mental and physical state in CHD patients.

Material and methods Two hundred and eighty (57.74 ± 5.59 years) CHD patients with grade II–III angina pectoris were examined. Psychopathological method, Center of Epidemiological Studies-Depression scale (CES-D) were used.

Results Ninety patients (32.1%) had depressive disorders within depressive episode, dysthymia, adjustment disorder. The level of depression according to CES-D varied from 19 to 28 points. Comparative analysis of two groups of patients showed that CHD patients with depression had more severe grade III angina (22.1% vs. 11.6%; $P=0.036$) more frequently. Differences regarding frequency of arterial hypertension (AH) (91.1% vs. 63.2%; $P=0.0002$), type 2 diabetes mellitus (DM) (26.8% vs. 17.5%; $P=0.038$), obesity (30.7 ± 3.9 vs. 29.5 ± 4.5 ; $P=0.015$), arrhythmias (34.4% vs. 25.2%; $P=0.015$); cases of myocardial infarction (47.8% vs. 17.9%; $P=0.0001$) were revealed. Among patients with depressive disorders persons with experience of surgical myocardial revascularization ($P=0.004$), degree II–III of disability (23.3% vs. 11.6%; $P=0.0118$) were present more frequently. Patients with depression were characterized by low economic status (64.4% vs. 23.7%; $P=0.0001$); absence of social

support (34.4% vs. 12.6%; $P=0.0001$); frequent stress situations in personal history (71.1% vs. 32.6%; $P=0.0002$).

Conclusions Depressive disorders caused by psychosocial stress influence negatively CHD course that requires complex approach to therapy of comorbid pathology.

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EW0381

The relationship between coping strategies and sociodemographic characteristics, shame and anxiety in families of children or adolescences with inflammatory bowel diseases: A cross sectional study

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Introduction Ulcerative colitis and Crohn's disease is characterized from a complicated therapeutic management, with bodily and psychological impact to the family.

Objectives This study examined the coping strategies among families with a child or adolescent with IBD.

Aim The aim was to investigate possible sex differences with respect to coping strategies of the parents would correlated to overall coping strategies.

Method The participants were biological parents of patients diagnosed with IBD. The total sample included 61 parents with a mean age 46.2 (SD = 7.4). The parents completed:

- the Family Crisis Oriented Personal Scales;
- the Other As Shamer Scale;
- the Experiences of Shame Scale (ESS);
- questionnaire concerning socio-demographic information.

Results Mother reported higher levels of social support, accept help, passive appraisal, and overall strategies compared to fathers. The strongest difference was found in accept help ($P<0.001$). The feelings of shame of the mothers and fathers of the IBD families were very similar, without statistically significant differences between the groups. The results of the MLR, after controlling for adolescents age, sex and illness duration, revealed that the older age, being a mother, being married and being employment had direct positive associations with the overall coping strategies, while ESS had direct negative associations with the overall coping strategies. The model with all seven predictors explained 68% of the total variance ($R^2 = 0.68$, $F = 6.409$, $P < 0.001$).

Conclusions Our findings provide more detailed information on the coping strategies of Greek families with a child or adolescence with IBD.

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