

**Objectives and aims** To report and discuss the consequences of bariatric surgery on changes in antidepressant drug absorption.

**Methods** We present all published in vitro and in vivo studies on antidepressant drug absorption after bariatric surgery.

**Results** In vitro studies showed that only bupropion had a significantly increased dissolution in a post-RYGB environment; venlafaxine and citalopram showed no alteration of dissolution; fluoxetine, paroxetine, sertraline, and amitriptyline had a significantly decreased dissolution in a post RYGB environment. Some in-vivo studies reported that only citalopram and escitalopram had an increased dissolution.

**Conclusion** After bariatric surgery, special caution is required in patients using antidepressant medication because of the expected changes in drug absorption, nutritional status, and electrolyte balance.

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

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### EW0375

#### Differential effect of childhood trauma subtypes on fatigue and physical functioning in chronic fatigue syndrome

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**Objective** There is a large consensus concerning the important aetiological role of childhood trauma in chronic fatigue syndrome (CFS). In the current study, we examine the differential effect of childhood trauma subtypes on fatigue and physical functioning in patients with CFS.

**Methods** One hundred and fifty-five participants receiving treatment at the outpatient clinic for CFS of the Antwerp University Hospital in Belgium were included in this study. Stepwise regression analyses were conducted with the outcomes of the total score of the Checklist Individual Strength (CIS) measuring fatigue and the physical functioning subscale of the medical outcomes short form-36 health status survey (SF-36) as the dependent variables, and the scores on the five Traumatic Experiences Checklist (TEC) subscales as the independent variables.

**Results** Fatigue and physical functioning scores in CFS patients were significantly predicted by sexual harassment only. A significant effect of emotional neglect, emotional abuse and bodily threat during childhood on elevated fatigue or reduced physical functioning levels could not be found.

**Conclusion** There is a differential effect of childhood trauma subtypes on fatigue and physical functioning in CFS patients. Sexual harassment emerged as the most important predictor variable. Therefore, childhood (sexual) trauma has to be taken into account in assessment and treatment of chronic fatigue syndrome.

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

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### EW0376

#### Joint hypermobility syndrome and anxiety disorder: Structural brain correlates

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**Introduction** Joint hypermobility syndrome/Ehlers Danlos III (JHS/EDS III) is a common, connective tissue condition. This group is over-represented in panic/anxiety disorders and exhibits autonomic abnormalities and heightened interoceptive sensibility. Previous neuroimaging in healthy volunteers with hypermobility has observed differences in key emotional brain regions, notably amygdala and insula.

**Aims and objective** To explore, in a clinical population, the structural brain correlates underpinning the association between JHS/EDS III and anxiety.

**Method** Seventy participants were divided into four experimental groups: (2 × 2 factor design: presence/absence of hypermobility; presence/absence of anxiety). Hypermobility was assessed using Brighton Criteria. All participants underwent brief tests of autonomic function and interoception. Structural images were obtained using a 1.5T MRI scanner. Results are reported at whole brain uncorrected significance threshold of  $P < 0.001$ .

**Results** Comparison of grey matter volume revealed increased insular volume in anxious patients with JHS/EDS-III compared to anxious patients without (Fig. 1A, B), correlating with initial peak heart rate on standing. Additionally, amygdala volume correlated with hypermobility score in anxious patients, but not in non-anxious individuals (Fig. 1C, D). Amygdala volume correlated with interoceptive accuracy.

**Conclusions** This data implicates amygdala and insula as likely neural substrates mediating clinical relationships between hypermobility syndrome and anxiety, demonstrating the relevance of autonomic and interoceptive influences on this relationship. Further work hopes to explore functional and structural connectivity between these regions in JHS/EDS-III.