

Results The average age is 72 years, 50% are women, 49.4% are married, and 54.1% live in rural areas. Somatic diseases that most frequently motivate admission at the hospital are the endocrine-metabolic (14%), gastrointestinal (12%) and cardiovascular (12.2%). A total of 32.5% of the sample have six comorbid somatic diseases and 55.2% five. A percentage of 14.5 of patients recognize consumption of toxic (cigarettes–12.2%–7.6% Alcohol). One hundred and eight patients have a history of psychiatric disorders (62.8%), especially anxiety disorders (28.4%), depression (14.5%) and organic mental disorders (11.1%).

Conclusions There is a high psychiatric and somatic comorbidity in diabetic patients, therefore it would be desirable early diagnosis and treatment to provide symptomatic control of both types of pathologies.

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EV441

Detection of perceptions and thoughts that may lead to disruption of insulin use in type 2 diabetes mellitus patients

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Aim In this study we aimed to identify the perceptions and thoughts and their association with state/trait anxiety, depression that may lead to resistance to insulin treatment in patients with previously diagnosed type 2 diabetes mellitus (DM) patients in order to facilitate their compliance with insulin treatment.

Method In this study, 120 patients were recruited with a previous type 2 DM diagnosis from the diabetes outpatient clinic. Patients were evaluated with sociodemographic data, State-Trait Anxiety Inventory, Problem Areas in Diabetes Scale, Insulin Treatment Appraisal Scale, Beck Depression Inventory.

Results A majority of the patients were found to have resistance for starting insulin treatment. Most of the patients who were on other treatment alternatives reported that they wouldn't use insulin even if they were prescribed insulin. A significant number of patients reported negative perceptions and thoughts about insulin treatment such as "insulin is a punishment", "it is a shame to use insulin where other people can see". In women injection phobia was significantly higher. Injection avoidance was significantly high and was more related to feeling insufficient about administration instead of worries about pain. Psychological resistance to insulin was significantly related to depression but not associated with state or trait anxiety levels. Lack of education and knowledge was found to be another important contributor to this resistance.

Results Type 2 DM patients show psychological resistance to insulin treatment due to negative perceptions and thoughts about the treatment. Cognitive interventions targeting these factors may be useful to overcome psychological insulin resistance and facilitate glysemic control.

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

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The resource utilisation associated with medically unexplained physical symptoms

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Introduction Patients with medically unexplained physical symptoms (MUPS) may present frequently to hospital settings and receive potentially unnecessary investigations and treatments.

Objective A sample of 49 patients was drawn and their hand-written and electronic clinical records were examined in detail to extricate all MUPS-related secondary care activity within six months of the MUPS presentation (emergency department, inpatient stays, outpatient appointments, and all associated investigations, procedures and medications).

Aims We aimed to assess the frequency and type of MUPS presentations to clinical services and estimate the associated direct healthcare costs.

Method This study was undertaken at Waitemata District Health Board (WDHB), the largest DHB in New Zealand. All patients with a diagnosed presentation of MUPS in 2013 were identified using the WDHB clinical coding system. Their clinical records were screened to select all patients who matched the study inclusion and exclusion criteria. Standardised national costing methodology was used to calculate the associated healthcare costs.

Results Forty-five percent of patients presented to hospital settings at least twice over the one-year timeframe. The most common diagnoses were non-epileptic seizures (31%) and hyperventilation syndrome (30%). The total cost for the sample was NZ\$179, 271 (mean NZ\$3659). Costs were most significant in the areas of inpatient admissions and emergency care.

Conclusion MUPS can result in frequent presentations to hospital settings. The costs incurred are substantial and comparable to the costs of chronic medical conditions with identifiable pathology. Improving the recognition and management of MUPS has the potential to offer more appropriate and cost-effective healthcare nationally and internationally.

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

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psychological experiences reported in regarding hepatitis C and use of interferon: A clinical-qualitative study in a Brazilian university outpatient service considering its possible side effects

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Relevant emotional and behavioural reactions are associated with diagnosis and treatment of hepatitis C that can impair adherence to medical management. Hepatitis C accounts for significant number of both – liver transplants and deaths. Treatment has as major component the interferon alpha, and many of patients can experience side effects that often lead to non-adherence to drug treatment and dose modification.

Objective To discuss psychological meanings attributed to IFN alpha treatment's side effects and its symbolic relation with adher-