

an immediate gain in PROs over the treatment period, particularly the psychiatric subgroup.

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EW0617

A violation of emotion regulation as a central link in pathogenesis of stress-induced hypertension

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Introduction Essential hypertension (EH) is one of the most common diseases of the cardiovascular system. Today, scientists discover more and more patients whose BP values during work appear to be higher than those values during free time. This form of EH is called “hypertension at work”.

Objective To study the role emotion dysregulation in the pathogenesis of EH.

Materials and methods A projective study of emotion regulation was undertaken with our modified version of Rosenzweig Picture-Frustration Test (Zinchenko, Pervichko). At the second stage of the study, the simulation of emotional stress with the aspiration level modelling was carried out. The level of state anxiety, BP values and levels of catecholamines, renin and angiotensin I were taken before and after the experiment. Eighty-five patients with “hypertension at work” (mean age: 45.9 ± 2.8), 85 patients with “classical” EH (mean age: 47.4 ± 4.5 years) and 82 healthy subjects (mean age: 44.9 ± 3.1) took part in the study.

Results “Hypertension at work” patients significantly more frequently than patients from the second group and healthy subjects are more prone to rumination, disasterization and repression of their emotions. They will seldom employ the strategy of subjective-objective interactive transformations; their edibility to actualize new meanings in traumatic situations is diminished. We showed that emotion regulation strategies in “hypertension in the work” patients were ineffective in overcoming the emotional tension and created the conditions for chronization of high blood pressure, and could be considered as the central link in pathogenesis of stress-induced hypertension.

Conclusion The results contributes to enrich our understanding of etiology and pathogenesis of EH.

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Parental styles and quality of life in the families with adolescents suffering from inflammatory bowel diseases

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Background Inflammatory bowel diseases (IBD) in adolescents are chronic medical conditions with a substantial influence on the well-being of the family members.

Methods Total of 27 adolescents suffered from IBD, and 39 healthy adolescents completed questionnaires ADOR (parenting styles

assessed by teenagers), KidScreen-10 (quality of life), SAD (Scale of Anxiety in Children), and CDI (Children’s Depression Inventory). Their parents completed the Beck Anxiety Inventory (BAI), Beck Depression Inventory (BDI-II), and Pediatrics Quality of Life Family Impact Module (PedsQL).

Results The parental styles of mothers and fathers of IBD adolescents and the parents of healthy controls were without statistically significant differences except for the fathers’ positive parental style, which was significantly higher in the fathers of controls. There were no statistically significant differences between IBD children and the healthy controls in the quality of life assessed. However, the parents’ quality of life of ill children was statistically significantly lower than of the parents of the controls. The mothers of IBD adolescents were significantly more anxious and the fathers more depressed than the parents of the healthy controls, but there was no difference in the levels of anxiety or depression between IBD adolescents and the controls. Positive parental style of parents of IBD children positively correlated with the quality of life of adolescents. Positive parental style of the fathers correlated negatively with the state and trait children’s anxiety and negatively correlated with severity of childhood depression.

Conclusions The parents of the adolescents with IBD represent important group for psychosocial support.

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EW0619

Description of the prevalence of psychiatric disturbances in patients with refractory epilepsy

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Introduction Psychiatric morbidity in epilepsy is high, with prevalence rates of up to 50%, being higher in treatment-refractory cases. This co-morbidity worsen the quality of life. Psychiatric comorbidities are hampered by atypical presentations or disorders, which do not appear in the DSM-IV or ICD.

Objectives To describe the psychiatric morbidity in a group of patients with refractory-epilepsy.

Aims To provide evidence of the high morbidity and show the prevalence of the different psychiatric disorders.

Methods We cross-sectional assessed psychiatric disturbances in resistant-epileptic patients using SCID for DSM-IV and clinical interview for epileptic specific psychiatric conditions. We grouped psychiatric disturbances into six clusters:

- affective disorders;
- anxiety disorders;
- psychotic disorders;
- eating disorders;
- conduct disorder;
- substance use disorder.

We also considered epilepsy specific conditions as Interictal Psychotic Disorder (IPI) and Interictal Dysphoric Disorder (IDD) characterized by 3/8 symptoms: depressive mood, anergia, pain, insomnia, fear, anxiety, irritability, and euphoric mood.

Results The sample consist on 153 patients, with a mean age of 37. In total, 42.5% were males. One or more axis I diagnoses was seen in 38% of the patients. The most common condition was IDD (27.1%), followed by affective disorders (22%), anxiety disorders

(15.3%), psychotic disorders (4%) and drug use (2%). There were no patients with eating or conduct disorders or IPI.

Conclusions Psychiatric morbidity is frequent in resistant-epilepsy. Despite 38% of patients suffered from at least one axis I diagnoses, IDD was the most prevalent condition and not included in SCID interview.

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EW0620

Cannabinoid hyperemesis syndrome, a treatment discussion

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Introduction Cannabinoid hyperemesis syndrome (CHS), is characterized by recurrent episodes of severe nausea and intractable vomiting, preceded by chronic use of cannabis. A pathognomonic characteristic is compulsive bathing in hot water. The resolution of the problem occurs when cannabis use is stopped. However, patients are often reluctant to discontinue cannabis. Treatment with anti-emetic medication is ineffective. Case series suggested haloperidol as a potential treatment. Other antipsychotics as olanzapine has been used as anti-emetic treatment in chemotherapy.

Objectives To describe three cases of patients with CHS whom showed a successful response to olanzapine, even when, haloperidol had failed.

Aims To present an alternative treatment for CHS which can offer benefits over haloperidol.

Methods We present three cases of patients who suffered from CHS and were admitted to emergency department. All patients were treated with olanzapine after conventional anti-hemetic treatment failure. One patient was also unsuccessfully treated with haloperidol.

Results All three patients showed a good response to olanzapine treatment. Different presentations were effective: velotab and intramuscular. Their nausea, vomits and agitation were ameliorated. They could be discharge after maintained remission of symptoms.

Conclusions Olanzapine should be considered as an adequate treatment for CHS. Its suitable receptorial profile, its availability in different routes of administration and its side effects profile could offer some benefits over haloperidol.

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EW0621

An Italian observational study on subclinical cardiovascular risk factors and depressive symptomatology. A suggestion for the potential utility of a sinergic cardio-psychiatric perspective

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Introduction Growing evidence has been collected over the complex, intertwined pathophysiological connection among subclinical cardiovascular (CV) disease, i.e. atherosclerosis, systemic low pro-inflammatory states and psychiatric disorders/symptomatology (anxiety, depression), with controversial results.

Aim Aim of this study was to investigate the possible link between subclinical CV risk factors (atherosclerosis), depressive symptoms, and inflammation.

Methods Cross-sectional study. Inclusion criteria: outpatients aged ≥ 40 years, attending colonoscopy after positive faecal occult blood test, negative medical history for cancer. Collected data: blood pressure, glycaemia, lipid profile, waist circumference, BMI, PCR (C reactive protein), LPS (bacterial lipopolysaccharide), ultrasound carotid intima-media thickness (c-IMT). Psychometric tests: HADS, TCI, IMSA, SF36. Statistical analysis performed with STATA13.

Results The 54 patients enrolled were equally distributed by gender. CV risk factors were common in the study population, with 33 patients (61.11%) with hypertension, 14 (25.93%) with hyperglycaemia, 20 (37.4%) with hypertriglyceridemia, 19 (35.19%) with low HDL and 64.81% with overweight. High levels of PCR were found in 24 subjects (44.44%). Right c-IMT was increased in 26.41% of the sample, and 11.32% had an atheromatous plaque. Left c-IMT was increased in 24.53% of patients, with a plaque in 7.55% of them. Clinically relevant depressive symptoms were found in the 18.87% of the sample and were statistically significantly associated with PCR (OR = 28.63; P = 0.01).

Conclusions Evidence contributing to the so-called “inflammation theory” of depression and supporting the association between mood and CV disorders was here collected, supporting the need for a multidisciplinary approach to the diagnosis and treatment of such conditions, assuming a clinically-translated PNEI (psycho-neuro-endocrino-immunological) perspective.

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EW0622

Prevalence of metabolic syndrome and of symptoms of anxiety and depression in patients undergoing colonoscopy

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