25th European Congress of Psychiatry

Oral communications

Oral communications: Anxiety disorders and somatoform disorders; depression; obsessive-compulsive disorder and personality and personality disorders

O001

Impact of childhood trauma on the course of panic disorder

M. De Venter [1,*], F. Van Den Eede [2], T. Pattyn [3], K. Wouters [4], D. Veltman [5], B. Penninx [6], B. Sabbe [2]
[1] University Hospital Antwerp, Psychiatry, Lichtaart, Belgium
[2] University Hospital Antwerp, Psychiatry, Edegem, Belgium
[3] University of Antwerp UA, Collaborative Antwerp Psychiatric Research Institute CAPRI, Wilrijk, Belgium
[4] University Hospital Antwerp, Department of Scientific Coordination and Biostat, Edegem, Belgium
[5] VU University Medical Center, Department of Psychiatry- EMGO Institute of Health care research, Amsterdam, The Netherlands
[6] University Medical Center Groningen, Psychiatry, Groningen, The Netherlands
* Corresponding author.

Objective   To investigate the impact of childhood trauma on the clinical course of panic disorder.
Method   Longitudinal data of 539 participants with a current panic disorder were collected from the Netherlands Study of Depression and Anxiety (NESDA). Childhood trauma was assessed with a structured interview and clinical course after two years with a DSM-IV-based diagnostic interview and the Life Chart Interview.
Results   At baseline, 56.3% reported childhood trauma, but this was not predictive of persistence of panic disorder. Emotional neglect and psychological abuse were associated with higher occurrence of anxiety disorders other than panic disorder (social phobia) and with higher chronicity of general anxiety symptoms (anxiety attacks or episodes and avoidance). Baseline clinical features (duration and severity of anxiety and depressive symptoms) and personality traits (neuroticism and extraversion) accounted for roughly 30 to 60% of the total effect of childhood trauma on chronicity of anxiety symptoms and on occurrence of other anxiety disorders.
Conclusion   After two years, childhood trauma is associated with chronicity of anxiety symptoms and occurrence of social phobia, rather than persistence of panic disorder. These relationships are partially accounted for by duration and severity of anxiety and depressive symptoms, and neuroticism and extraversion.
Disclosure of interest   The authors have not supplied their declaration of competing interest.

O002

Pharmacological and psychotherapeutic interventions for management of post-stroke depression: A Bayesian network meta-analysis of 27 randomized controlled trials

L. Deng
West China Hospital Of Sichuan University, Stroke Clinical Research Unit, Department of Neurology, Chengdu, China

Background   Post-stroke depression (PSD) constitutes an important complication of stroke, leading to great disability as well as increased mortality. Since which treatment for PSD should be preferred are still matters of controversy, we aimed to compare and rank these treatments.
Methods   We did a network meta-analysis to incorporate both direct and indirect evidence from relevant trials by Bayesian random effects model. We searched PubMed, the Cochrane Library Central Register of Controlled Trials, Scopus, Embase for randomized controlled trials of different PSD treatments. The primary outcomes were efficacy and tolerability. We assessed the quality of evidence using the GRADE framework.
Result   From 1347 citations, 27 randomised trials with a total of 1620 participants were included in this network meta-analysis. In terms of primary outcome, only for reboxetine (standardised mean difference [SMD] -12.84, 95% credible interval [CrI] -23.13 to -2.65) and nortriptyline (SMD -7.95, 95% CrI -14.85 to -1.75) enough evidence existed to support superiority compared with placebo. No significant difference was observed in terms tolerability. Considering patient response rate, repetitive transcranial magnetic stimulation (rTMS) was statistically more effective than sertraline plus nimodipine (Relative risk [RR] 5.53, 95% CrI 1.36 to 23.86) and fluoxetine (RR 10.74, 95% CrI 3.55 to 35.97)
Conclusion   Compared with placebo, reboxetine and nortriptyline offered a clear advantage for PSD patients. rTMS is probably the best option to consider in addition of pharmacological treatment. Nevertheless, doctors need to consider our results together

with all known safety and economy information when selecting the strategy for individual patients.

Disclosure of interest The author has not supplied his declaration of competing interest.

O003

Assessing obsessive-compulsive symptoms: The Portuguese version of the Padua Inventory

A. Galhardo [1,*], J. Pinto-Gouveia [2], M. Cunha [1], I. Massano-Cardoso [3]
[1] *Miguel Torga Institute, CINEICC, Faculty of Psychology and Educational Sciences of the University of Coimbra, Psychology, Coimbra, Portugal*
[2] *Faculty of Psychology and Educational Sciences of the University of Coimbra, CINEICC, Coimbra, Portugal*
[3] *Miguel Torga Institute, Psychology, Coimbra, Portugal*
* *Corresponding author.*

Introduction Self-report instruments are useful tools for the assessment of psychopathological symptoms such as obsessive-compulsive symptoms. The Padua Inventory (PI) is a measure that has been widely used in clinical and research settings and studied in several countries.

Objectives This study explores the psychometric properties and factor structure of the Portuguese version of the PI.

Methods Translation and translation-back of the original version were executed. A total of 847 participants (468 women and 379 men) from the general population was recruited through a snowball procedure and completed the PI and other mental health measures. The data set was randomly split in order to conduct principal component analysis (PCA) and confirmatory factor (CFA) analysis in two different samples. Moreover, internal consistency, convergent and discriminant validity and test-retest reliability analyses were conducted.

Results From the PCA analysis four factors emerged, comprising clusters of items related to doubting/impaired control over mental activities, contamination/washing/cleaning, checking and worries about losing control over motor behaviors. CFA results revealed that the model presented a poor fit to the data and indicated that the model would benefit from the establishment of correlations between pairs of error terms of items with identical contents. The PI exhibited excellent internal consistency, good test-retest reliability and good convergent and discriminant validity.

Conclusions The PI Portuguese version showed a similar factor structure to the one presented in other studies and revealed good psychometric properties. Nevertheless, results from the CFA suggest that shortening the PI may be advantageous.

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

Oral communications: Anxiety disorders and somatoform disorders; depression; obsessive-compulsive disorder and personality and personality disorders

O004

Anti-basal ganglia antibodies (ABGA) and excitatory neurotransmitters in obsessive-compulsive disorder (OCD)

S. Gnanavel [1,*], A. Parmar [2], P. Sharan [2], V. Subbiah [3], U. Sharma [4], J. Nr [4]
[1] *Northgate hospital, CYPS Child psychiatry, Morpeth, United Kingdom*
[2] *All India Institute of Medical Sciences, Psychiatry, New Delhi, India*
[3] *AIIMS, Neurobiochemistry, New Delhi, India*
[4] *AIIMS, NMR, New Delhi, India*
* *Corresponding author.*

Introduction OCD is a complex disorder with multiple aetiological theories. Recent research points to role of autoimmunity as well as hyperactivity of glutaminergic pathways in aetiopathogenesis of the disorder. It is possible that autoimmune mechanisms may modulate excitatory neurotransmission resulting in OCD.

Aims/objectives This study aimed to study the association between serum anti-basal ganglia autoantibodies (ABGA) and Glx (glutamate + glutamine) levels in caudate nucleus and anterior cingulate cortex as demonstrated by ^{1}H-MRS (proton magnetic resonance spectroscopy).

Methods Thirty psychotropic-naive OCD patients and an equal number of age, gender matched healthy controls were studied using ^{1}H-MRS and levels of Glx were obtained. ABGA was measured using ELISA (enzyme linked immunosorbent assay) technique and categorised as present or absent in the serum.

Results ABGA was present in significantly higher proportion of patients as compared to controls ($P < 0.05$). Glx level was significantly higher (as measured by ^{1}H-MRS) in patients with ABGA as compared to those without ABGA ($P = 0.02$). The study results did not differ based on age, gender, disease severity and illness duration.

Conclusions The study demonstrates presence of ABGA in at least a subset of OCD population. The significant correlation between brain Glx levels and presence of ABGA provides a putative neurobiological framework for OCD. The strengths of the study include psychotropic-naive patients, blinded investigators and use of standardized instruments. The limitations include small sample size, use of Glx as proxy measure of glutamate and lack of other disorder controls. Similar studies on a larger sample are warranted for a better understanding.

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

O005

Reaching out to patients with antisocial personality disorder with brief psychoeducation

M. Hesse*, B. Thylstrup
Aarhus University, Department of Psychology, Aarhus, Denmark
* *Corresponding author.*

Introduction Patients with antisocial personality disorder incur high costs on society, and are at high risk of dropping out of treatment and are often excluded from treatment, yet very little research has been conducted on how to best help these patients.

Objectives To test a six-session psychoeducation program, Impulsive Lifestyle Counselling, in outpatients with substance use disorders and antisocial personality disorder.

Aims To test the efficacy of the intervention versus treatment as usual in community outpatient treatment for substance use disorders.

Methods Pragmatic randomized trial in 13 outpatient community substance abuse treatment uptake areas. Patients were interviewed by blinded interviewers 3, 9 and 15 months post-randomization and tracked through a national substance abuse treatment register. Mixed effects regression were used to assess substance use and self-reported aggression and Cox regression was used to assess risk of dropout.