

costs for patients in the “chronic high” and “worsening” class were significantly higher, as compared to the “stable low” class.

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EW0605

Incidences and risk factors of severe infections in young adults with schizophrenia: A nationwide register-based cohort study in Denmark

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Introduction Patients with schizophrenia deal with many risk factors that make them more susceptible to infections. However, knowledge about incidence and the nature of infections among people with schizophrenia is scarce.

Aims To investigate the occurrence and risk factors for severe infections in schizophrenia patients.

Objectives – to determine incidence rates of infections among young adults with schizophrenia;

– to define risk factors for infections.

Method Population-based nationwide cohort study with selection of all individuals born in Denmark between 1975–1990 and follow-up period from 1995–2013 was conducted. Data from the Danish Psychiatric Central Register and the Danish National Hospital Registry were used. A Poisson regression was chosen to estimate incidence rate ratios of infections and to explore the associations of different risk factors like sex, age, substance abuse and medical co-morbidity with the rates of infections.

Preliminary results 922,564 individuals born between 1975–1990 were included in the study. Overall, 3520 women and 5479 men were identified with schizophrenia. In percentages, 36% with schizophrenia had infectious diseases compared to 25% of background population. Some of severe infections like HIV (0.23% vs 0.05%), sepsis (0.72% vs 0.27%), hepatitis (1.4% vs 0.22%) skin infections (12% vs 6.2%) and tuberculosis (0.12% vs 0.06%) were highly increased in persons with schizophrenia, whereas smaller differences were found regarding CNS infections (0.5% vs 0.4%) and gastrointestinal infections (8.7% vs 6.2%).

Conclusions The preliminary data results suggest, that individuals with schizophrenia have higher prevalence of all types of severe infectious compared to the background population.

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EW0606

Prevalence of depression and anxiety in patients with chronic non-malignant pain—A Danish register-linkage cohort study

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Introduction Anxiety and depression disorders are common in patients with chronic pain. Studies using clinical interviews in patients with chronic pain report prevalence rates ranging between 30–54% for depression and 17–29% for anxiety. This is the first study using contacts with a hospital psychiatric ward to investigate prevalence of depression and anxiety in patients with chronic pain.

Objectives Estimate the prevalence of anxiety and depression in patients with chronic pain referred for interdisciplinary treatment.

Aims To increase the knowledge about mental disorders and chronic pain in secondary health care.

Methods All chronic pain patients referred to and treated at an interdisciplinary pain clinic at Odense university hospital, Denmark from 1 Jan 2005–13 Nov 2015 were included as participants. The Danish National Patient Register was used to collect information on contacts with a hospital psychiatric ward 10-year prior to the first contact at the pain clinic due to depression (ICD-10: F32-F33) and/or anxiety (ICD-10: F40-F41).

Results In total, 7204 patients (64% women; mean age: 48.2) were included. Altogether, 17.8% (95% CI: 16.9–18.7) of patients had contact to a psychiatric ward. The prevalence of unipolar depression were: 6.1% (95% CI: 5.5–6.6) and anxiety: 2.1% (95% CI: 1.8–2.5), while 0.7% (95% CI: 0.5–0.9) had both depression and anxiety.

Conclusions The prevalence rates of depression and anxiety noted in this study were lower than those reported in previous studies. A hospital-based diagnosis seems likely to be less frequent than interview-based measures, yet, might have a higher validity due to the clinician-based assessment.

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EW0607

Psychosomatic and psychopathological paradigms of alcoholic anorexia

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Introduction Alcoholic anorexia (AA), being one of prevalent narcology diseases, up to now has not been studied in psychosomatics and psychopathology paradigm.

Aims and objectives To identify multifactorial pathopsychological, psychopathological, nervous, alimentary, toxicological constituents of AA pathogenesis.

Method Twenty-four patients with alcohol dependence (males aged 29–37) have been studied. Diagnosis was objectified by psychosomatic, pathopsychological complex international valid tests and rating, adequate for investigation design, laboratory, electrophysiology, biochemical, ultrasound and other methods.

Results AA was accompanied with mental and physical post-intoxication exhaustion, asthenizing, tremor, dissomnia, depression, pre-delirium signs. Psychosomatic concept was proposed for reasonable identification of intranosological AA clinical forms in narcological clinical course. Anorectic dipsomaniac conditions are explained pathogenetically with psychosomatic mechanisms of deviant addictive craving behaviour as pathopsychological target and patient's intentional complete or partial refuse food consumption in favour of real in time more quick and brutal attainment of alcoholic drunkenness (Ebrietas Alcoholic). This anorexia fabula draws AA closer to Anorexia Nervosa and mostly reflects compulsive obsession with alcohol use. Pathopsychological, psychosomatic, neurogenous mechanisms of alcoholic anorexia of drinking bout early stages are transformed gradually to post-intoxication alimentary, nervous, psychic exhaustion. Meanwhile,

AA is valid for alcohol withdrawal syndrome diagnosis and plays situation relapsing role in alcoholizing prolongation.

Conclusions Alcoholic anorexia is starting to declare even at early stages of alcoholic addiction formation. It is more illustrative in periodically recurrent and exaggerating drinking bouts when dynamic intestinal obstruction risk is high. Findings obtained ground alcoholic anorexia attribution to urgent conditions with necessary integrated relieving therapy and secondary prevention.

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EW0608

Evaluation of the cardiovascular disease risk of the psychiatric inpatients of a university hospital by using Framingham risk score

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Introduction According to literature, the patients with severe mental disorder have higher cardiovascular disease risk than the normal population.

Objectives The current study based on the assumption that elevated inflammatory markers may be related to cardiovascular disease risk in psychiatric patient population.

Aims This study is aimed to define the relation between the inflammatory reactant, C-reactive protein levels and 10-year risk of coronary heart disease according to Framingham risk score (FRS).

Methods A total of 204 patients (106 female–98 male) who admitted to the psychiatric service between March and November 2015 and diagnosed with major depression, bipolar disorder and psychotic disorder were included in the study. Participants were evaluated by their gender, age, body mass index, waist circumference, high density lipoprotein levels, total cholesterol levels, systolic and diastolic blood pressures, diabetes comorbidity and CRP levels.

Results Ten-year risk of cardiovascular disease was found significantly higher at males than females ($P < 0.001$). There was no correlation between the FRS and the CRP levels which is an acute phase reactant and a contributor of atherogenesis ($P = 0.763$). However, mean values of CRP levels were determined as 0.59 ± 0.07 mg/dL for females and 0.56 ± 0.07 mg/dL for males. These levels are both high compared to the normal value which is up to 0.34 mg/dL. There was also a remarkable correlation between FRS scores and waist circumference ($P = 0.012$).

Conclusions Framingham risk score can be used to detect cardiovascular disease risk and can be helpful in management of pharmacotherapy of the high-risk population.

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EW0609

Co-morbidity of psychiatric/physical disorders with alcohol abuse/dependence in a sample of clients of the emergency department of the psychiatric hospital of Attica–Greece

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Introduction Increased coexistence of psychiatric symptoms in patients with alcohol abuse/addiction is highlighted in the literature. Equally high is the coexistence of physical illnesses due to the harmful effects of alcohol.

Aims To record the profile and the characteristics of individuals with psychiatric/somatic co-morbidity who attend the psychiatric emergency department/(PED) of the largest psychiatric hospital in Greece.

Methods/Results A total of 1058 individuals, with a mean age of 44.4 years, were identified having alcohol problems in a five-year time period (2010–2015) in the context of the PED, while the majority of them was found to have psychiatric co-morbidity. The most common diagnosis was psychotic syndromes (24.2%), followed by affective (23.8%), personality (12.5%), and somatoform and anxiety disorders (6.3%). About 3% of the sample presented acute alcohol poisoning or severe withdrawal symptoms, coexistence with severe somatic disease and organic mental disorders. More than a third (37%) of them had to be hospitalized, while the involuntary hospitalization rates (21%) were higher than the voluntary ones (16%). Finally, 13.65% suffered from co-morbid somatic diseases with need of immediate emergency and hospital care.

Conclusions The abuse and/or dependence of alcohol are largely associated with the coexistence of psychiatric and physical diseases. The psychiatric and physical co-morbidity, as regards attendance and hospitalization–involuntary and voluntary–, present a higher rate in men (86%) and mainly affects people of productive age. Additional data are needed to explore detailed factors that could contribute to a better design of more appropriate services for patients with alcohol use disorders.

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EW0610

The eating disorders iceberg: Emotional deregulation and impulsivity lay below

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Introduction Eating disorders (ED) and personality disorders (PD) are often interplayed in every-day clinical practice. Less is known on patient’s emotional deregulation and impulsivity.

Aims To investigate whether clinical features of ED and PD correspond to a specific impulsivity and emotional background pattern.

Objective ED, PD, impulsivity and emotional regulation.

Methods A group of outpatients with ED ($n = 39$) was compared to a group of healthy controls ($n = 40$) by means of semi-structured interviews and standardized questionnaires (BIS-11, DERS, Eat-26, SCID-II and STAI), in order to evaluate association between clinical features (ED and PD) and altered impulsivity or/and emotion regulation.

Results Seventy-five percent of ED cases matched also diagnostic criteria for PD. Cluster B diagnoses occurred more frequently in Bulimia Nervosa (BN) and Binge eating disorders (BED) whereas Cluster C PD was strongly associated with restrictive anorexia (AN-R) ($P < 0.001$). BIS-11 scores were significantly higher in cluster B as compared to cluster C PD ($P = 0.019$). People with PD have a significantly higher DERS score compared to people without ($P < 0.001$). Mean DERS scores were similar in BN, BED and AN Binge purging (AN-BP) but lower in AN-R ($P < 0.001$).