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*Introduction*      Metabolic syndrome (MetS) is defined by metabolic and cardio-vascular impairments and is frequently associated with anxiety and depressive disorders. Both MetS and anxiety-depressive syndromes feature similar systemic inflammatory alterations. Inflammation of the large bowel is also a key factor for the development of colorectal cancer (CRC).

*Objective*      To measure the prevalence of MetS and symptoms of anxiety and depression among patients undergoing colonoscopy.

*Methods*      Cross-sectional study. Patients undergoing colonoscopy aged 40 or more, with negative history for neoplasia or inflammatory bowel disease, were enrolled. Data collected: colonoscopy outcome, presence/absence of MetS (IDF and ATP III criteria), presence/absence of depressive and anxiety symptoms assessed with HADS.

*Results*      The sample was made up of 53 patients (female 24, 45.3%). Mean age was $60.66 \pm 9.08$. At least one adenoma was found to 23 patients (43.3%). Prevalence of MetS ranged from 34% to 36% (ATP III and IDF criteria, respectively). Prevalence of depressive and anxiety symptoms was 20% and 33%, respectively.

*Conclusion*      Prevalence of MetS, anxiety and depressive symptoms among patients undergoing colonoscopy was higher than in the general population.

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

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### EW0623

# Impact of anxiety-depressive symptoms on outpatients' quality of life: Preliminary results from an Italian observational study

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*Introduction*      Several studies have shown an association between the Short-Form 36 (SF36) scores and anxiety-depressive symptoms, suggesting that depression in particular could reduce Quality of Life (QoL) to the same, and even greater, extent than chronic non-communicable diseases, such as diabetes and hypertension.

*Aims*      To explore the relationship among QoL and anxiety, depressive and anxiety-depressive symptoms in an outpatient sample.

*Methods*      Cross-sectional study. Inclusion criteria: outpatients aged $\geq 40$ years, without history for cancer, attending colonoscopy after positive faecal occult blood test. Collected data: blood pressure, blood glucose, lipid profile. Psychometric test: Hospital Anxiety and Depression Scale (HADS). QoL was assessed with SF36. Statistics performed with STATA13.

*Results*      54 patients enrolled (27 females). Sixteen patients (30.2%) were positive for anxiety symptoms, ten (18.9%) for depressive symptoms and five (9.4%) for anxiety-depressive symptoms. The perceived QoL was precarious in twelve subjects (22.2%): eight (15.9%) had low score ($\leq 42$) at "Mental Component Summary" (MCS) subscale, three (5.7%) at the "Mental Health" item and one patient (1.9%) at the "Vitality" one. At the multiple regression analysis, depressive (OR = 28.63; $P = 0.01$) and anxiety-depressive symptoms (OR = 11.16; $P = 0.02$) were associated with MCS.

*Conclusions*      The association emerging from the present study between depressive/anxiety symptoms and the MCS component of SF36 is consistent with available literature. Study design and small sample size do not allow to generalize results, that need further studies to be confirmed.

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

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### EW0624

# Prevalence, incidence and comparative meta-analysis of all-cause and specific-cause cardiovascular disease in patients with serious mental illness

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Patients with severe mental illness (SMI) have been described at higher risk of cardiovascular disease (CVD). The aim of this systematic review and meta-analysis was to quantify prevalence, incidence, cross-sectional association and longitudinal increased risk of coronary heart disease (CHD), stroke, transient ischemic attack and cerebrovascular disease (CBVD), heart failure (HF), peripheral vascular disease (PVD), death due to CVD, and any CVD in patients with SMI. We included 92 studies, with a total population of 3,371,461 patients (BD = 241,226, MDD = 476,102, SCZ = 1,721,586, SMI = 932,547) and 113,925,577 controls. Pooled prevalence of any CVD in SMI was 9.9% (95% CI = 7.4–13.3) (33 studies, 360,144 patients). Compared to controls, after adjusting for a median of 7 confounders, SMI was associated with higher risk of CVD in cross-sectional studies, OR:1.53 (95% CI = 1.27–1.83) (11 studies), with CHD OR: 1.51 (95% CI = 1.47–1.55) (5 studies), with CBVD OR: 1.42 (95% CI = 1.21–1.66) (6 studies), and tended to be associated with HF OR: 1.28 (95% CI = 0.99–1.65) (4 studies). Cumulative incidence was 3.6 CVD events in a median follow-up period of 8.4 years (range: 1.76–30). After considering a median of 6 confounders, SMI was associated with higher longitudinal risk of CVD in longitudinal studies HR: 1.78 (95% CI = 1.6, 1.98) (31 studies), of CHD: HR: 1.54 (95% CI 1.30–1.82) (18 studies), of CBVD HR: 1.64 (95% CI 1.26–2.14) (11 studies), of HF HR:2.10 (95% CI 1.64–2.70) (2 studies), of PVD, unadjusted RR: 3.11 (95% CI 2.46–3.91) (3 studies), of death due to CVD, HR 1.85 (95% CI 1.53–2.24) (16 studies). In this meta-analysis, the