

- evaluation of mental and physical status;
- distinguishing the nosological groups;
- choice of therapy;
- formation of groups of observation (risk groups in need for course therapy, systematic therapy).

**Conclusion** Consultation liaison psychiatry in general medical institution allows widening accessibility of psychiatric care and makes its provision more cost-effective.

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

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#### EW0614

### Psychopathological aspects of appearance dissatisfaction in aesthetic medicine

V. Medvedev<sup>1,\*</sup>, V. Frolova<sup>1</sup>, V. Vissarionov<sup>2</sup>

<sup>1</sup> PFUR university, chair of psychiatry-psychotherapy and psychosomatic pathology, Moscow, Russia

<sup>2</sup> Beauty institute, Moscow, Russia

\* Corresponding author.

**Introduction** The pathogenesis of dissatisfaction of the own appearance in patients without obvious abnormalities is still unexplored. The aim of the study was to investigate the structure of psychopathological disorders in patients without evident appearance abnormalities seeking for surgical or cosmetological correction.

**Methods** Study sample has included 227 women (average age: 35.8±4.9 years) and 54 men (average age: 30.9±5.7 years)–patients of plastic surgery and cosmetology clinic. The study used clinical psychopathological and follow-up methods of examination.

**Results** We have found the heterogeneous spectrum of mental disorders in this group of patients: overvalued dysmorphophobia was diagnosed in 26%, anxiety-phobic disorders–23.1%, obsessive-compulsive disorders–in 11%, depression–in 32%, delusional disorders–in 7.5% of patients.

**Conclusions** The results of our study show that the phenomenon of dissatisfaction with the appearance without obvious cosmetic defects manifests in the course of wide spectrum of mental disorders. The follow-up shows no improvement and even worsening of patients' mental state after cosmetological or surgical treatment. Decision about possibility and extent of the operation should be based on the analysis of patient's mental state and motive for reference to aesthetic medicine specialist.

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

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#### EW0615

### The development of an abbreviated version of the Cornell scale for depression in dementia (CSDD) for the assessment of depression in palliative care inpatients

M. Mohamad<sup>1,\*</sup>, B. Davis<sup>1</sup>, F. Twomey<sup>2</sup>, M. Lucey<sup>2</sup>, M. Conroy<sup>2</sup>, D. Adamis<sup>3</sup>, D. Meagher<sup>1</sup>

<sup>1</sup> University of Limerick, psychiatry, Limerick, Ireland

<sup>2</sup> Millford care centre, palliative medicine, Limerick, Ireland

<sup>3</sup> Sligo mental health services, psychiatry, Sligo, Ireland

\* Corresponding author.

**Introduction** In the palliative care setting, accurate identification of depression is important to allow delivery of appropriate treatments.

**Aims:** – 1. To assess rates of depression in palliative care inpatients using the CSDD, comparing with formal clinical diagnosis based on diagnostic and statistical manual of mental disorders (DSM-IV) criteria;

– 2. To identify items of the CSDD that most distinguish depressive illness in a palliative care setting.

**Methods** We measured rates of depression in patients admitted into a palliative care inpatient unit with the CSDD. DSM-IV clinical diagnosis of major depressive disorder (MDD) was achieved using all available clinical information by an experienced independent rater. We calculated Cohen's Kappa to measure concordance between the CSDD and DSM-IV diagnosis.

**Results** We assessed 142 patients (56.3% male; mean age: 69.6 years), the majority of which had a cancer diagnosis (93.7%). 18.3% ( $n=26$ ) met DSM-IV criteria for MDD, while 12% scored  $\geq 6$  on the CSDD with 15 cases of depression common to these two methods ( $K=0.65$ ). Discriminant analysis identified five CSDD items that were especially distinguishing of MDD; sadness, loss of interest, pessimism, lack of reactivity to pleasant events and appetite loss. An abbreviated version of the CSDD, based on these 5 items, proved highly accurate in identifying DSM-IV MDD (AUC=0.94), with sensitivity of 89% and specificity of 84% at a cut-off score  $\geq 2$ .

**Conclusions** There was good level of concordance between the CSDD and DSM-IV diagnosis of MDD. We identified five depressive symptoms that are especially discriminating for depression in palliative care patients.

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

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#### EW0616

### Second generation direct-acting antiviral (DAAs) Treatment on HCV+ patients: Patient reported outcomes (PROs) and psychiatric symptoms in a real world setting sample

M. Moneglia<sup>1,\*</sup>, A. Santangelo<sup>1</sup>, I. Burian<sup>1</sup>, L. Gragnani<sup>2</sup>,

F. Elisa<sup>2</sup>, M. Quargnolo<sup>1</sup>, S. Pallanti<sup>1</sup>, A.L. Zignego<sup>2</sup>

<sup>1</sup> Azienda Ospedaliero-Universitaria Careggi, Neurofarba, Florence, Italy

<sup>2</sup> Azienda Ospedaliero-Universitaria Careggi, Masve, Florence, Italy

\* Corresponding author.

**Introduction** Anti-HCV treatments are moving away from interferon-alpha towards DAAs, associated with fewer side effects, better tolerability, and better PROs.

**Aims** To describe neuropsychiatric symptoms and PROs during DAAs treatment in a group of HCV+ patients.

**Methods** Forty outpatients, scheduled for DAAs treatment, were assessed at enrolment (T0), 4 weeks (T1), at the end of treatment (EOT) and after 12 weeks of follow up (F-UP), by means of MDRS, HAM-D, HAM-A, MRS, Y-BOCS and SF-36. Afterwards the sample was divided into two groups as a function of a positive psychiatric history (19) and compared with each other.

**Results** Total sample mean scores between W0 and F-UP were compared and an improving trend was observed in all administered scales. An SF-36 items analysis showed a statistically significant difference in emotional role functioning between W0 vs EOT and EOT vs F-UP, in change in overall health status between W0 vs EOT and W0 vs F-UP. A multivariate logistic regression analysis showed that a positive psychiatric history was not associated with an improvement in vitality of 4.3 (minimal clinically important difference). Comparing the two groups, no significant fluctuations in SF-36 scores were founded and major deviations score increases were recorded in patients with a psychiatric history in all scales.

**Conclusions** Our real world data shows that new regimens do not seem to be associated with psychiatric side effects and conversely a clinical improvement compared to baseline was found, suggesting

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

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

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#### EW0617

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

E. Pervichko<sup>1,\*</sup>, Y. Zinchenko<sup>1</sup>, O. Ostroumova<sup>2</sup>

<sup>1</sup> Lomonosov Moscow state university, faculty of psychology, Moscow, Russia

<sup>2</sup> Moscow State university of medicine and dentistry, faculty of general medicine, Moscow, Russia

\* Corresponding author.

**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 angiotonin 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.

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

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#### EW0618

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

D. Zmeskalova, J. Prasko\*, M. Ociskova, E. Karaskova, V. Mihal, D. Kamaradova, K. Latalova

University hospital Olomouc, department of psychiatry, Olomouc, Czech Republic

\* Corresponding author.

**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.

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

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#### EW0619

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

S. Ramos-Perdigues<sup>1,\*</sup>, E. Bailles<sup>2</sup>, A. Mane<sup>3</sup>, L. Pintor<sup>4</sup>

<sup>1</sup> Psychiatry unit, Can Misses hospital, Ibiza, Spain

<sup>2</sup> Department of experimental and health sciences, psychiatry, university Pompeu Fabra, Barcelona, Spain

<sup>3</sup> Institute of neuropsychiatry and addictions, Parc de Salut Mar and Foundation IMIM, psychiatry, Barcelona, Spain

<sup>4</sup> Epilepsy unit, hospital clinic of Barcelona, Psychiatry, Barcelona, Spain

\* Corresponding author.

**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