

EW0519

Investigation of salivary cortisol response to awakening in underweight and weight-restored patients with anorexia nervosa

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Introduction Anorexia nervosa (AN) is characterized by dysregulated eating that leads to chronic malnutrition, which may be responsible for several physical complications, including endocrine alterations, such as hyperactivity of the hypothalamus-pituitary-adrenal (HPA) axis.

Objectives Several studies have shown a dysregulation of the cortisol awakening response (CAR) in symptomatic AN patients. However, it has not been established if the deranged CAR of underweight AN patients is a primary phenomenon or an alteration secondary to malnutrition.

Aims The aim of this study was to explore the salivary CAR in both underweight and weight-restored patients with AN.

Methods We recruited 59 women: 18 undernourished AN patients, 15 weight-restored AN women and 26 normal-weight healthy controls. Saliva samples were collected in the morning, immediately after awakening and after 15, 30 and 60 minutes, in order to measure saliva levels of cortisol. Participants filled in the state-trait anxiety inventory (STAI) to test their anxiety levels in the morning of the test.

Results Compared to healthy controls, underweight AN patients showed an enhanced CAR whereas the weight recovered patients had a normal CAR. These results were not correlated with levels of anxiety.

Conclusions For the first time, our results demonstrate that the deranged CAR found in acute AN patients is not present in weight-restored ones, suggesting that altered activity of the HPA axis of symptomatic AN patients is a state-dependent phenomenon.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.133>

EW0520

Tracking insomnia seasonal variations through consumption of hypnotics

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Introduction Light-stimulated release of melatonin suppresses the nocturnal production of melatonin and is sending signals to multiple brain areas, including hypothalamic suprachiasmatic nuclei and thus controlling the release of the pineal hormone melatonin and therefore control the circadian rhythm. Consumption of sedatives and hypnotics was used as an indirect measure of seasonal variations in sleep disturbances among inpatients at University Psychiatric Hospital Vrapče.

Methods Retrograde record analysis was performed from 1st January to 31st December 2012 on commonly used hypnotics and sedatives: zolpidem, nitrazepam, flurazepam, and midazolam.

Results The lowest consumption of hypnotics was recorded in the months of November, August and September while the highest consumption was recorded in January, December and March which can be seen in Fig. 1. Although there were differences in the monthly

prescription of hypnotics, when it comes to seasonal patterns, there are no statistically significant differences.

Conclusions There is no significant difference between the consumption of hypnotics in the observed seasons although the consumption of hypnotics is higher in the months with shorter daylight. This study attempted to correlate exposure to light and insomnia through the prescription of hypnotics and it is possible there are other important variables not included in this study.

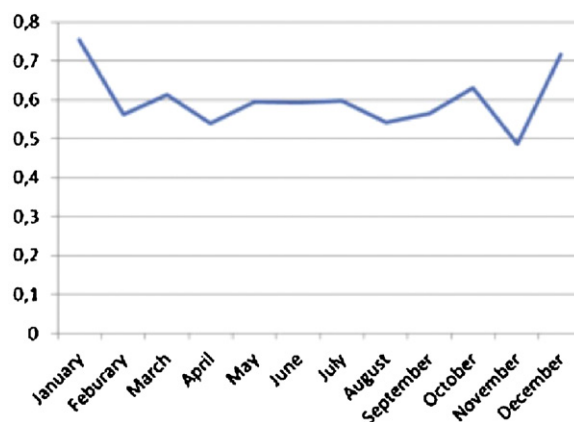


Fig. 1

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.134>

EW0521

Antidepressants-induced sexual troubles

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Introduction For a long time, antidepressants sexual side effects have been neglected. Currently, no reliable scientific data is available regarding the nature and frequency of sexual dysfunction induced by antidepressants. The aim of our study was to evaluate the prevalence and type of sexual dysfunction induced by antidepressants, and to identify factors associated with the occurrence of these disorders.

Methodology A descriptive and analytical cross-sectional study extending over a period of two weeks. For the purpose of this research, a socio-demographic card, the Arizona Sexual Experiences Scale (ASEX) and the Psychotropic-Related Sexual Dysfunction Questionnaire (SALSEX) were used.

Results Fifty-five patients were recruited. The diagnosis of major depressive episodes was dominant (49.1%). Moreover, fluoxetine and tricyclic were in top of the list of antidepressants with respective proportions of 41.8% and 38.2% and respective dose 20.86 mg/24 h and 72.38 mg/24 h. The score using the ASEX scale was 14.63 ± 5.23 . Using the SALSEX scale, 47.3% of patients claimed to have had sexual disorders secondary to antidepressants with a moderate score of 9.19 ± 2.56 . Furthermore, sexual disorders were more common in the elderly aged of 45 (66.66%) as well as in patients started on paroxetine (66.66%) and on sertraline (66.66%) ($P \leq 0.05$).

Conclusion The sexual side effects of antidepressants have a major impact on the quality of life and adherence to treatment. They also represent an important risk factor for relapse and recurrence in major depression, in this context, the prescription of an antidepressant.