EAPM 2018

6TH ANNUAL SCIENTIFIC CONFERENCE OF THE EUROPEAN ASSOCIATION OF PSYCHOSOMATIC MEDICINE · EAPM ·

INNOVATIVE AND INTEGRATED APPROACHES TO PROMOTE MENTAL AND PHYSICAL HEALTH

Verona (Italy), 27-30 June 2018

ABSTRACTS BOOK

EAPM
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AZIENDA OSPEDALIERA
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PRECONFERENCE ON PSYCHO-ONCOLOGY JOINT WITH THE CANADIAN ACADEMY OF PSYCHO-SOMATIC MEDICINE, INTERNATIONAL PSYCHO-ONCOLOGY SOCIETY (IPOS) AND WORLD PSYCHIATRIC ASSOCIATION (WPA) – SECTION ON PSYCHO-ONCOLOGY AND PALLIATIVE CARE

CHALLENGES AND OPPORTUNITIES IN PSYCHO-ONCOLOGY: SCREENING, ASSESSMENT AND TREATMENT IN CLINICAL CARE

SESSION 1

SCREENING FOR DISTRESS: BENEFITS AND CHALLENGES

Luigi Grassi

Institute of Psychiatry, Department of Biomedical and Specialty Surgical Sciences, University of Ferrara, Ferrara, Italy

Aims: To analyze the information for the role of screening for distress in oncology in terms of benefits and problems not yet solved.

Methods: Analysis of the most recent literature concerning the policy of screening for distress in different parts of the world and the advantages to implement.

Results: A series of data exist in several countries on the validation and application of psychological tools for screening for distress, including the National Comprehensive Cancer Network (NCCN) guidelines and recommendations for screening from other international agencies (e.g. Canadian Association of Psychosocial Oncology, . The experience in European countries is also extremely promising. Some problems result not to be solved, such as education of health care professionals, development of algorithms defining the steps involved in screening and assessment, implementation of psychosocial oncology services available. Data on the role of screening as a facilitator of communication are also missing.

Conclusions: Screening for distress has become a major and mandatory step for optimal clinical care of cancer patients throughout the world. However, a series of problems need to be addressed to implement the policy in cancer care settings and to show its efficacy in terms of facilitation of communication, eliciting problems and concerns, identifying patients at risk for or showing psychological/psychiatric disorders.

PSYCHOSOCIAL VARIABLES AND CANCER MORTALITY

A.T. Bates - B. Leung - A. Srikanthan - H. Rennie - G. MacKenzie - A. Shokoohi - J. Laskin - J. Wu - C. Ho

BC Cancer, University of British Columbia, Canada

Aims: A number of studies have demonstrated associations between cancer mortality and psychosocial variables. We aimed to examine these associations in a large sample of patients attending a major cancer centre.

Methods: All patients who attended BC Cancer from April 2011-2016 and completed the PSSCAN-R and the Canadian Problem Checklist within 6 months of cancer diagnosis were included. We asked if patients lived alone, had help with IADLs, had regular contact with others, had lost a life partner recently, and had emotional support. We also identified patients with moderate to severe anxiety and/or depression, with analysis to-date being limited to patients 65 and older. Overall survival was estimated using the Kaplan-Meier method with log rank comparison and multivariate analysis conducted using the Cox regression method.

Results: The study included 48,954 patients; median age 66, 55% female, 17% metastatic disease. All measures of social isolation were associated with shorter median survival; living alone: 37 months vs. 57 months, p<0.001; no help with IADLs: 49m vs. 52m, p=0.019; no regular contact with others: 39m vs. 49m, p<0.001; recent loss of spouse: 34m vs. 55m, p<0.001; no emotional support: 44m vs. 52m, p<0.001. Multivariate analysis including baseline disease characteristics demonstrated that older age, male sex, metastatic disease, living alone, recent loss of spouse and no emotional support were significant negative prognostic factors. In the subsample of 26, 323 patients 65 and older, median survival was reduced in patients with significant anxiety (34 m vs 43 m, p<0.001) and depression (31m vs 43m, p<0.001). Multivariate analysis including age, sex, metastatic status, anxiety, and depression showed all variables contributing as predictors (increasing age HR 1.05, male HR 1.11, M1 vs M0 HR 3.62, anxiety HR 1.30, depression HR 1.50).

Conclusions: This large dataset replicates findings of social isolation, depression, and anxiety being significant risk factors for mortality in cancer patients. Further research aimed at developing effective interventions is needed.

SESSION 2

THE ASSESSMENT OF DEMORALIZATION AND ITS CONSEQUENCES IN CANCER

Anja Mehnert (1) - Sigrun Vehling (2)

Department of Medical Psychology and Medical Sociology, University Medical Center Leipzig, Germany (1) - Department and Outpatient Clinic of Medical Psychology, University Medical Center Hamburg - Eppendorf, Germany (2)

Aims: Demoralisation and existential distress are important factors affecting psychological well-being and quality of life in cancer patients. Demoralization refers to a state in which there is a perceived inability to cope, that is associated with a sense of disheartenment and a loss of hope and meaning. Demoralisation may arise from the impact of multiple existential challenges raised by cancer diagnosis and treatment, which include fear of death and dying and the threat to fundamental human needs for autonomy, self-worth and relatedness to others. This contribution provides an overview about the concept of demoralization and the co-occurrence of other mental states such as depression, its assessment and its consequences such as suicidal ideation.

Methods: We analysed a subsample of a representative multicenter epidemiologic study on the prevalence of comorbid mental disorders involving cancer patients in Germany. We assessed demoralization with the Demoralization Scale (DS); the 4-week mental disorders, and suicidal ideation with the standardized Composite International Diagnostic Interview– Oncology (CIDI-O); and depressive symptoms with the Patient Health Questionnaire-9 (PHQ-9).

Results: In total, 430 cancer patients with mixed tumor entities completed the CIDI-O and were analysed in this study. We found clinically relevant levels of demoralization in 21% of the patients. Demoralization co-occurred with a mood/anxiety disorder in 7%; 14% were demoralized in absence of any mood/anxiety disorder. Demoralization and adjustment disorders co-occurred in 2%. Demoralization, but not depression, was associated with a significantly increased risk for suicidal ideation after controlling for mental disorders (RR, 2.0; 95% CI, 1.1-3.5).

Conclusions: The results of this study indicate that demoralization is a relevant and distinct dimension of distress in patients with cancer. Clinically relevant demoralization frequently occurs independently of a diagnosis of a mood, anxiety, or adjustment disorder in patients with cancer and demoralization has a unique contribution to suicidal ideation.

INTEGRATED DEPRESSION CARE FOR CANCER PATIENTS: A COLLABORATIVE CARE MODEL

Michael Sharpe - Jane Walker

Oxford, United Kingdom

Aims: To describe the development, evaluation and implementation of an integrated collaborative care model for depression in cancer patients.

Methods: Two linked services were developed to systematically identify and treat major depression in cancer outpatients. (1) The Symptom Monitoring Service, a 2 stage symptom monitoring and depression screening service, was implemented in three cancer centres in Scotland, UK, and screened more than 20,000 patients for depression. (2) 'Depression Care for People with Cancer' (DCPC) is a systematic, integrated, treatment programme based on the collaborative care model. It includes both pharmacological and psychological treatments and is delivered by a team of cancer nurses and consultation-liaison psychiatrists. We conducted three clinical trials to evaluate its effectiveness and cost-effectiveness. A project in the Oxford Cancer Centre is currently evaluating the process of implementing these services in routine care.

Results: In the SMaRT (symptom management research trials) Oncology 1,2 and 3 trials we found that DCPC is highly effective and also cost-effective. Implementation in the clinical setting is achievable and welcomed by both patients and healthcare professionals but it is also challenging to train staff to work in new ways and to integrate psychological care into a traditional 'physical' healthcare environment.

Conclusions: Systematic identification and treatment of depression in cancer clinics is effective and cost-effective. Implementing this integrated approach in cancer centres brings great benefits but also offers practical challenges.

SESSION 3

COMMUNICATION SKILLS TRAINING IN CANCER CARE: A PATHWAY TO IMPROVE PATIENT SUPPORT

Darius Razavi

Institut Jules Bordet and Université Libre de Bruxelles, Bruxelles, Belgium

Communication skills are now recognized as one of the core clinical skills. Communication is also related to patients' psychological adjustment. Communication is particularly stressful for physicians as they have to break bad news, inform patients about highly complex treatment procedures, and ask for informed consent. Physicians moreover have reported that this stress lasts beyond the interaction. It should be recalled that physicians often have to communicate with depressed and anxious patients and their relatives and to deal with uncertainties and fear of death and dying. Physicians need to tailor information to every patient's needs in order to promote recall of information, to facilitate decision-making and to improve satisfaction. Contrary to common social conversation, professional communication are not learnt spontaneously in the course of a clinical career. Health care professionals thus face very diverse and highly complex communication tasks for which they should be trained. In the last two decades, communication skills training programs designed for health care professionals working in cancer care have been the focus of several research endeavors of our group. The efficacy of these communication skills training programs has been tested in studies using a controlled design. All our studies included a microanalysis of patient-physician interactions in simulated and actual consultations. This presentation will review knowledges about communication skills trainings and will focus on challenges for the future in this area.

PSYCHOLOGICAL CARE IN ADVANCED DISEASE: THE GLOBAL REVOLUTION

Gary Rodin

University of Toronto, Department of Psychiatry - Department of Supportive Care, Princess Margaret Cancer Centre, Global Institute of Psychosocial, Palliative and End-of-Life Care (GIPPEC), University of Toronto, Canada

Aims: The revolution of palliative care has drawn attention to the importance of relieving physical and psychological suffering in patients with advanced disease. However, approaches to relieve psychological distress and to improve psychological well-being in this population are still much less systematized than those to relieve of pain and other physical symptoms. A global knowledge translation project is required for psychological care to become a standard of care for this population.

Methods: A number of psychological interventions have been shown to be effective to relieve depression and other symptoms in patients with advanced cancer, but none have become a standard of care. Managing Cancer and Living Meaningfully (CALM) is a brief, supportive-expressive therapy tailored for patients with advanced disease and integrated with cancer care and early palliative care. CALM has been evaluated in large randomized controlled trials in Canada and in Europe.

Results: CALM has been shown to relieve depression and death-related distress and to support death preparation in patients with advanced disease. A global project involving twenty countries has been launched to establish hubs and networks of CALM training and treatment delivery for this population.

Conclusions: Robust evidence is now available to demonstrate the benefit of psychological interventions for patients with advanced disease. However, a global network is needed for such interventions to become part of routine care. The Global CALM project is a unique knowledge translation initiative for psychological care for patients with advanced disease to be delivered as part of routine cancer care and early palliative care.

WEDNESDAY JUNE 27 15.20-17.30

CARUS MASTER CLASS

TRAUMA-INFORMED CARE INTERVENTIONS

Clare Pain

Department of Psychiatry, University of Toronto; Director of the Psychological Trauma Program, Mount Sinai Hospital, Toronto, Canada

Unresolved psychological trauma can affect an individual’s mental, physical, social, and spiritual well-being. In spite of these effects, it is not unusual for the impact of trauma to be hidden or unacknowledged. As a result, health care providers can feel confused and uncertain when working with trauma survivors, which may leave trauma survivors at risk of not receiving the care they need, even with a clinician’s best intentions.

Trauma-informed care provides a framework that incorporates an understanding of the individual. It promotes sensitivity to engagement so as to ensure survivors receive care appropriate and responsive to their needs; delivered in a manner that facilitates acceptance of the care being offered.

This interactional workshop will address the impact of trauma, and the identification and management of patients suffering from symptoms and problems as a result of unresolved traumatic experiences. Clinical examples, demonstrations of techniques and strategies for working with trauma survivors will bring the theoretical material to life and illustrate the applied principles in practice. Participants are invited to bring clinical cases or submit clinical cases in advance for discussion.

CARUS MASTER CLASS

GROUP INTERVENTIONS FOR STAFF

Molyn Leszcz

Department of Psychiatry University of Toronto, Sinai Health System; President-Elect, American Group Psychotherapy Association, Canada

Aims: Medical and nursing staff working in acute care hospitals experience high levels of psychological stress and vulnerability to burnout through exposure to adverse clinical situations and systemic threats and challenges. A mental health focus on staff interventions can improve wellbeing of hospital staff.

Methods: The lecture will describe interventions and approaches at both the micro and macro levels that contribute to reduced staff stress and improved psychological safety and wellbeing in the workplace, in the setting of Mount Sinai Hospital, a University of Toronto Academic Hospital.

Results: Impacts within the hospital and on its staff at the level of culture, improved staff coping and resilience, improvement of mental health literacy, and reduced mental health stigma, will be illustrated. This includes Mount Sinai Hospital's recognition by the Mental Health Commission of Canada.

Conclusions: Mental health professionals can and should use group their expertise in psychology and group interventions to support their health care colleagues in meaningful and impactful fashion.

WEDNESDAY JUNE 27 19.20-20.00

SPECIAL LECTURE

21ST CENTURY PSYCHIATRY: ACKNOWLEDGING COMPLEXITY WHILE AVOIDING DEFEATISM

Mario Maj

Department of Psychiatry, University of Campania L. Vanvitelli, Naples, Italy

The current perception of a crisis in our discipline has been in part generated by the identi-fication of mainstream psychiatry with the neo-kraepelinian paradigm. The recent crisis of confidence in that paradigm has expanded to some extent into a crisis of confidence in the discipline as a whole. Here I list a series of new principles that are emerging within the current period of "extraordinary science" following the crisis of the neo-kraepelinian paradigm. The domain of psychiatry consists of patterns of intercorrelated reported experiences and observed behaviours which allow professionals to make non-trivial inferences about further course and management (so-called predictive validity or clinical utility). There is no assumption today that these patterns of mental disorder are all "natural kinds" (i.e., discrete entities marking a real division in nature). Our current diagnostic systems are instead likely to be a collection of intrinsically different constructs. The notion that these patterns are independent from each other has proved to be invalid: "comorbidity" is not an artefact of our current diagnostic systems; it is an intrinsic feature of psychopathology. That there is a clear boundary between the normal and the sick is also not supported by current evidence. Research on virtually all the main patterns of mental disorder points to a continuity between the full diagnosable forms and some experiences, behaviours or traits which appear to be relatively common in the general population. The threshold for the clinical diagnosis has to be drawn arbitrarily mostly on the basis of severity or functional impairment, and validated on the basis of its predictive value in terms of outcomes and choice of treatment. A simple deterministic etiological model, such as that applicable to infectious diseases, cannot be extended to mental disorders, which are instead the product of the complex interaction of a variety of vulnerability and protective factors. Rather than searching for disorder-specific genetic or environmental causes, our task is today to identify "constellations" of vulnerability and protective factors which are associated significantly with the various patterns of mental disorder. The idea of a common final pathogenetic pathway leading to each pattern of mental disorder is also regarded today as implausible. The relationship between a given pattern of mental disorder and the response to a given treatment is only probabilistic. All psychiatric therapies do not work in a vacuum, but within a social context, which accounts for a significant proportion of the variance of outcomes. Users should be regularly involved in decisions concerning treatment, as well as in the assessment of outcomes.

CARUS RESEARCH MASTER CLASS

RESEARCH METHODS AND TARGETS OF PSYCHOSOMATIC RESEARCH

Giovanni A. Fava

Department of Psychology, University of Bologna, Bologna, Italy and Department of Psychiatry, State University of New York at Buffalo, Buffalo, New York, United States

The aim of the masterclass is to discuss the main critical issues that are concerned with psychosomatic research, based on the lecturer's extensive experience with Psychotherapy and Psychosomatics. The following issues will be covered:

1. development of a psychosomatic hypothesis
2. formulation of a research protocol
3. choice of assessment instruments, with particular reference to clinimetric principles and the Diagnostic Criteria for Psychosomatic Research
4. writing of the paper
5. submission of the paper to a journal.

The format is interactive, with opportunities for questions and requests for clarification.

CARUS MASTER CLASS

PHYSICAL AND MENTAL HEALTH IN CHRONIC ILLNESS

Graham Thornicroft

Centre for Global Mental Health, Institute of Psychiatry, Psychology and Neuroscience King's College London, De Crespigny Park, London, UK

This masterclass will address:

- The co-occurrence of mental and physical ill health
- The concept of syndemics
- Evidence of premature mortality among people with mental illness
- Evidence of neglect of physical health problems among people with mental illness
- The contributions of stigma towards these problems
- Actions that are needed at the clinical level to address such disparities
- The evidence that integrated care can provide a better approach to the care of people with co/multi-morbid conditions.

References

- Liu, N. H., et al (2017). Excess mortality in persons with severe mental disorders: a multilevel intervention framework and priorities for clinical practice, policy and research agendas. World Psychiatry 16, 30-40.

- Thornicroft G, Mehta N, Clement S, Evans-Lacko S, Doherty M, Rose D, et al. Evidence for effective interventions to reduce mental-health-related stigma and discrimination. Lancet. 2016;387: :1123–32.

ALISON CREED AWARD MASTER CLASS

CONDUCTING RANDOMIZED, CONTROLLED INTERVENTION TRIALS IN PSYCHOSOMATIC MEDICINE

Arthur J. Barsky

Harvard Medical School - Department of Psychiatry at the Brigham and Women’s Hospital in Boston, United States

Randomized, controlled clinical trials are considered the gold standard for establishing the efficacy of a therapeutic intervention. This workshop will use a short description of one such trial as a springboard to a broader discussion of the design, conduct, and reporting of clinical research. Most of the time will be devoted to interaction and discussion among the participants. The discussion may consider how to think through and formulate testable hypotheses; how to go about designing a study to test the hypotheses; how study design influences the choice of methods and procedures, and the selection of the study instruments; thinking through the basics of data analysis; and how to write up and publish studies. If participants are interested, we can also discuss the grant application process and the search for funding.

I will begin the session by summarizing a recently completed randomized, controlled intervention trial (Fallon BF, Ahern, DK, Pavlicova M, Skritskya N, Barsky AJ. A randomized controlled trial of medication and cognitive-behavioral therapy for hypochondriasis. American Journal of Psychiatry 2017; 174: 756-764). This clinical trial compared hypochondriacal volunteers randomized to fluoxetine, cognitive behavior therapy, combined treatment with both, or pill placebo. They were carefully screened to meet eligibility criteria, and assessed at baseline, 12 weeks and 24 weeks after treatment. An intent-to-treat analytic design was used. The results indicated that fluoxetine but not CBT was significantly effective in reducing hypochondriacal symptoms. Joint treatment provided a small incremental benefit.

It would be helpful background for our workshop if the participants would submit several topics or specific questions they would like to discuss. In addition, a brief summary of studies that they may have conducted or are currently planning would be helpful to have in advance.

THURSDAY JUNE 28 11.30-12.50

PLENARY LECTURES

SESSION 1

MAKING AN ECONOMIC CASE FOR INNOVATIVE AND INTEGRATED APPROACHES TO PROMOTE MENTAL AND PHYSICAL HEALTH

David McDaid

Personal Social Services Research Unit, London School of Economics and Political Science, London, United Kingdom

Aims: There is an economic as well as moral imperative for innovative and integrated approaches to promote better physical and mental health. This presentation sets out the economic case for investment, highlighting examples of the costs of not taking action, as well as promising cost effective actions to address somatic disorders and support the mental health of people living with chronic health problems.

Methods: It draws on some preliminary work from two ongoing reviews on these topics, as well as recent economic modelling work in the UK.

Results: The presentation highlights the substantial and potentially avoidable costs both related to excess presentations to health care services, for instance associated with some somatoform disorders, as well as the excess costs associated with multi-morbidity and premature mortality. It identifies cost effective actions that can be taken and emphasises the importance of better co-ordination/ collaboration in the mental/physical health workforce. Ways in which the economic evidence base may be strengthened are set out.

Conclusions: There is a strong economic case for a more holistic approach to the promotion and protection of physical and mental health. Economic incentives could also play a role as one element to help encourage organisational change for innovative and integrated approaches.

THE FUTURE OF THE BIO-PSYCHO-SOCIAL MODEL IN THE AGE OF SYSTEMS MEDICINE

Peter Henningsen

Dept of Psychosomatic Medicine and Psychotherapy; Dean, TUM School of Medicine, Munich, Germany

Aims: To review the impact of current scientific developments on the bio-psycho- social model.

Methods: Narrative review.

Results: Systems medicine has the potential to bring the bio-psycho-social model to a highly needed new level of methodological precision beyond the eclecticism often found in the field. However, most current applications of systems medicine do not integrate psychosocial data, and there are open questions whether this will happen soon. Computational psychosomatics based on the predictive processing model may offer a focussed scientific approach more suitable for the bio-psycho-social model. What we will need in addition is more knowledge about modes of valid explanation in multilevel systems like the bio-psycho-social one – there is more to it than biological reductionism.

Conclusions: In order to remain alive and well in the 21st century, the bio-psycho-social model should make use of new conceptual and empirical developments in science – "riding the wave the psychosomatic way".

THURSDAY JUNE 28 13.30-15.00

SCIENTIFIC SYMPOSIA – SESSION 1

SYMPOSIUM PSYCHOSOCIAL PREDICTORS OF OUTCOME AFTER TRANSPLANTATION

THE STANFORD INTEGRATED PSYCHOSOCIAL ASSESSMENT FOR TRANSPLANTATION (SIPAT): A FIVE-YEAR FOLLOW UP PROSPECTIVE STUDY OF MEDICAL & PSYCHOSOCIAL OUTCOMES

Jose Maldonado - Yelizaveta Sher - M. Benitez-Lopez - F. Hussain

Stanford University, United States

Aims: Assess the ability of assessment tools in predicting long-term medical and psychosocial post-transplant outcomes.

Methods: We conducted a systematized review of our transplant-patient dedicated database to identify and longitudinally follow every patient who received a solid-organ transplant (2008 – 2011) at Stanford Medical Center. All patients had been assessed with the SIPAT pre-transplantation and were closely followed by our transplant multidisciplinary team post-transplantation.

Results: Two hundred and seventeen (n=217) subjects were identified and included in the analysis. The average SIPAT score was 12.9 (SD 8.65) with range of 0 – 42. The average age at the time of transplantation was 51.9 (SD 13.4) years with the range of 20 – 80 years of age. SIPAT demonstrated excellent inter-rater reliability (Pearson's correlation coefficient = 0.853), and high predictability of post-transplant psychosocial outcomes ($P < 0.001$). At 2-year follow-up SIPAT scores predicted post-transplant medical complications: organ rejection episodes ($p=.02$), medical hospitalizations ($p<.0001$), infection rates ($p=.02$); as well as various post-transplant psychosocial complications: psychiatric decompensation ($p<.005$), presence of non-adherence ($p=.09$), and failure of support system ($p=0.02$). When all psychosocial and medical outcomes were combined, and logistic regression analysis was performed on these two pooled outcomes, it was also found that higher SIPAT scores increase the probability of an occurrence of undesirable medical outcomes ($p=0.04$) and negative psychosocial outcomes ($p=0.03$). We are in the process of collecting and analyzing the 5-year follow-up data and expect to have 5-yr post-transplant data analyzed in time to present at the EAPM annual meeting.

Conclusion: SIPAT is a comprehensive screening tool designed to assist in the psychosocial assessment of organ transplant candidates, while standardizing the evaluation process and helping identify subjects who are at risk for negative outcomes after transplantation.

IMPACT OF PRE- AND POST-LIVER TRANSPLANT ADDICTION TREATMENT AND AA ATTENDANCE ON OUTCOMES FOR RECIPIENTS WITH ALCOHOLIC LIVER DISEASE

T.D. Schneekloth (1) - J.P. Arab (1) - S.K. Niazi (2) - D.A. Simonetto (1)

Mayo Clinic Rochester, Rochester, Minnesota, United States (1) - Mayo Clinic Florida, Jacksonville, Florida, United States (2)

Aims: Alcoholic liver disease (ALD) is the second most common indication for liver transplantation (LT). Transplant centers do not have consistent guidelines regarding candidate involvement in alcoholism treatment programs and Alcoholics Anonymous (AA) meetings as prerequisites to listing. Few studies have investigated the efficacy of these interventions in promoting long-term abstinence post-transplant. This study assessed the impact of pre- and post-transplant addiction treatment and AA on post-transplant relapse and survival in alcoholic liver recipients.

Methods: This retrospective review included all LT recipients with ALD from 1/1/2000 to 12/31/2012 at a Midwestern U.S. transplant center. Demographic and clinical data were abstracted from the medical record. Data analysis included descriptive statistics, Pearson/Spearman correlations, chi-square or Fisher's exact test for categorical data, and student t-test for quantitative data.

Results: In total, 236 patients with ALD underwent LT. Mean follow-up was 84.8 ± 56.4 months. Recipients were 83% males with 5-year survival of 75.8%. Relapse to any alcohol use occurred in 17.4%; 5.9% during the 1st year, and <2% after the 4th year. Of the total cohort, 9.3% resumed limited or low-dose drinking; 8.1% resumed high-dose drinking. No single pre-transplant recovery intervention affected outcomes (relapse, high-dose relapse, or alcohol-related death); however, combinations of recovery interventions improved outcomes. Recipients who participated in pre-transplant treatment (PTT) plus AA had less high-dose relapse (p=0.04). Those with PTT, plus AA, plus AA sponsorship also had less high-dose relapse (p=0.03). Subjects with PTT, plus AA, plus AA sponsorship, plus post-transplant AA had less total relapse (p=0.002) and high-dose relapse (p=0.002). Those with post-transplant treatment had less total (p=0.001) and high-dose relapse (p=0.004).

Conclusion: This study demonstrates association between pre-transplant alcoholism recovery interventions, in an additive manner, and reduction in post-transplant relapse to any alcohol use and high-dose relapse in liver recipients with ALD.

DELIRIUM AFTER LUNG TRANSPLANTATION: ASSOCIATION WITH RECIPIENT CHARACTERISTICS, HOSPITAL RESOURCE UTILIZATION, AND MORTALITY

Yelizaveta Sher (1) - Joshua Mooney (1) - Gundeep Dhillon (1) - Roy Lee (2) - Jose Maldonado (1)

Stanford University, Stanford Medical Center, Stanford, United States (1) - Stanford University, Stanford medical Center, Stanford, United States (2)

Aims: Delirium is associated with increased morbidity and mortality. The factors associated with post-lung transplant delirium and its impact on outcomes are under characterized.

Methods: The medical records of 163 consecutive adult lung transplant recipients were reviewed for delirium within 5 days (early-onset) and 30 hospital days (ever-onset) post-transplantation. A multivariable logistic regression model assessed factors associated with delirium. Multivariable negative binomial regression and Cox proportional hazards models assessed the association of delirium with ventilator duration, intensive care unit (ICU) length of stay (LOS), hospital LOS, and one-year mortality.

Results: Thirty-six percent of patients developed early-onset, and 44% developed ever-onset delirium. Obesity (OR 6.35, 95% CI 1.61-24.98) and bolused benzodiazepines within the first postoperative day (OR 2.28, 95% CI 1.07-4.89) were associated with early-onset delirium. Early-onset delirium was associated with longer adjusted mechanical ventilation duration (P=.001), ICU LOS (P<.001), and hospital LOS (P=.005). Ever-onset delirium was associated with longer ICU (P<.001) and hospital LOS (P<.001). After adjusting for clinical variables, delirium was not significantly associated with one-year mortality (early-onset HR 1.65, 95% CI 0.67-4.03; ever-onset HR 1.70, 95% CI 0.63-4.55).

Conclusions: Delirium is common after lung transplant surgery and associated with increased hospital resources.

DO DIFFERENT DIMENSIONS OF DEPRESSION PREDICT MORTALITY AFTER HEART TRANSPLANTATION IN DIFFERENT WAYS?

Britta S. Bürker (1) - Lars Gullestad (1) - Einar Gude (2) - Odd E. Havik (3) - Anne Relbo Authen (2) - Ingelin Grov (2) - Arne K. Andreassen (2) - Arnt E. Fiane (1) - Ira R. Haraldsen (2) - Mary Amanda Dew (4) - Stein Andersson (5) - Ulrik F. Malt (1)

University of Oslo, Oslo University Hospital, Oslo, Norway (1) - Oslo University Hospital, Oslo University Hospital, Oslo, Norway (2) - University of Bergen, University of Bergen, Bergen, Norway (3) - University of Pittsburgh School of Medicine, University of Pittsburgh School of Medicine, Pittsburgh, United States (4) - University of Oslo, University of Oslo, Oslo, Norway (5)

Aims: Our understanding of the prognostic impact of depression after heart transplantation (HTx) on mortality is limited. We explored whether a cognitive-affective and a somatic-affective dimension of depression were verifiable in a sample of HTx recipients and whether these two dimensions of depression were associated with a differential prognostic impact on mortality.

Methods: We conducted principal component analysis (PCA) on the single items of the Beck Depression Inventory – version 1A (BDI-1A) in a sample of 147 HTx recipients, followed for survival status for up to 18.6 years. Subsequently, we conducted uni- and multivariate Cox regression analyses with the resulting cognitive-affective and somatic-affective subscales of the BDI-1A. In the multivariate analyses, we considered relevant somatic covariates (i.e., recipient age, recipient sex, reason for HTx, donor age, duration of cold ischemic time, renal dysfunction, cardiac allograft vasculopathy, smoking status, body mass index, and time between HTx and administration of BDI-1A).

Results: PCA revealed two components, consistent with the cognitive-affective and the somatic-affective dimensions of depression, as previously reported in samples of patients with heart disease. The somatic-affective (HR 1.163, 95% CI 1.094-1.236, p<.001), but not the cognitive-affective (HR 1.013, 95% CI 0.972-1.057, p=.536) subscale of the BDI-1A was associated with increased mortality. The somatic-affective subscale of the BDI-1A was also an independent predictor of mortality in the final multivariate model (HR 1.105, 95% CI 1.029-1.186, p=.006).

Conclusions: Different dimensions of depression after HTx may have differential impact on mortality. If replicated and validated in samples of HTx recipients in which depression is diagnosed by a clinician, these findings may initiate more specific therapeutic strategies in order to improve outcome after HTx.

A JOURNEY IN INTER-PROFESSIONAL QUALITY IMPROVEMENT IN TRANSPLANT PSYCHIATRY: PSYCHIATRISTS BRIDGING THE DIVIDE ACROSS DISCIPLINES

David Banayan (1) - Marissa Brokhof (2) - Lara Tushla (1) - Edward Hollinger (1) - Jessica Ellison (1) - Robin Dreas (1)

Rush University Medical Center, University Transplant Program, Chicago, United States (1) - Rush University of Medical Center, University Transplant Program, Chicago, United States (2)

Aims: This interactive session will explore the development, implementation, and post-implementation analysis of a unique, inter-professional transplant psychiatry quality improvement program in the section of renal transplantation at Rush University Medical Center. Motivation for this initiative was in response to a recognized need for early identification of those transplant candidates who have psychological or psychiatric co-morbidities.

Methods: Qualitative and experiential review of the construction and functioning of an inter-professional transplant quality improvement team from a psychiatrist's point of view. Quantitative analysis of patient flow and cost metrics, impact of early mental health screening on selection outcome and association of that with psychotropic medication use.

Results: Using an inter-professional team consisting of a transplant psychiatrist, pharmacist, social worker, surgeon, registered nurse, and clinical quality consultant, we have reduced the number of patients who undergo a complete medical workup, but who are later disqualified or inactivated as transplant organ recipients. This was achieved by implementation of specially designed screening tools targeting early detection of depressive symptoms, patient use of psychotropic medications or opioids, and the addition of mental health questions to a pre-intake telephone questionnaire. Our program has seen an improvement in patient flow, better allocation of health care resources, lower costs to the transplant program and patients, and a reduction in patient exposure to medical tests/investigations that carry significant health risks but are needed to obtain medical clearance for renal transplant surgery.

Conclusions: Transplant psychiatrists are uniquely poised not only to bridge the divide between the many specialists involved in an organ transplant program, but can take leaderships roles to harness the expertise of team members to improve the quality of organ recipient selection and other important healthcare performance metrics.

SYMPOSIUM EFFECTIVENESS OF INTERVENTIONS IN CONSULTATION-LIAISON PSYCHIATRY AND PSYCHOSOMATICS

DOES INPATIENT CONSULTATION - LIAISON PSYCHIATRY WORK? A REVIEW OF THE EVIDENCE AND RATIONALE FOR A NEW MODEL

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Aims: To review the evidence from published randomised trials for the effectiveness of inpatient C-L psychiatry. To describe a new ‘proactive’ model of C-L psychiatry.

Methods: A critical review of published RCTs of inpatient C-L psychiatry and an examination of the shortcomings of the traditional model of delivery of C-L psychiatry. A review of the non-RCT literature supporting a new proactive model of delivering inpatient C-L psychiatry.

Results: There is little evidence for the effectiveness of the traditional model of inpatient C-L psychiatry; review of the published RCTs suggests shortcomings in the model of C-L evaluated. These shortcomings include: (a) depends on physician referral, (b) lacks a consistent evaluable aim, (c) has limited integration with medical care. There is suggestive evidence for the effectiveness of a new proactive model from centres in the USA.

Conclusions: A new ‘proactive’ model of inpatient C-L psychiatry has the potential to address the shortcomings of the traditional approach by assessing all patients, focussing on reducing time in hospital and being fully integrated with ongoing medical care. A large RCT of this new approach (the HOME study) is needed, and is currently in progress in the UK.

PROACTIVE PSYCHIATRIC CONSULTATION IN GENERAL HOSPITAL: A SYSTEMATIC REVIEW

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Aims: The routine of performing psychiatric consultations only after request of the treating physician has been criticised because this 'reactive' model of consultation would lead to under-recognition and under-treatment of psychiatric disorders in medical patients. This review aims to evaluate the evidence for more pro-active models of consultation in general and academic hospitals.

Methods: A systematic review was performed in Medline and PsycInfo of studies that directly compare the efficacy of more pro-active models of psychiatric consultation to that of 'reactive' consultation. The quality of included studies was systematically assessed using validated risk of bias instruments.

Results: The search yielded 1167 papers, of which 8 were finally included in the review. Two of these studies were systematic reviews of specific organisation models that together included 9 additional studies. Five included studies evaluated the effects of proactive psychiatric consultation; one review evaluated psychiatric consultation as part of inpatient integrated care; another review evaluated models of psychiatric consultation in the emergency ward; two studies evaluated models of child- and adolescent psychiatric consultation, and one study evaluated the impact of avaliability (part-time versus fulltime) of psychiatric consultation. Both proactive psychiatric consultation and psychiatric consultation as part of integrated care did not lead to reduced duration of hospital stay compared to reactive consultation. Moreover, routine psychiatric screening of somatic inpatients did not lead to improved quality of life. Having a separate consultation service for the emergency department reduced waiting time, but had no significant impact on outcome measures.

Conclusions: Although appealing from a conceptual point of view, there is no evidence that supports hospitalwide implementation of proactive models of psychiatric consultation in clinical practice. However, models as well as study designs vary widely, and outcomes have largely been focused on economic outcomes, such as duration of hospital stay, frequency of readmission and cost. Future studies should also evaluate psychiatric outcomes, quality of life and patient satisfaction. Targeted proactive interventions in selected hospital populations may show different results.

PSYCHIATRIC AND PSYCHOSOMATIC CONSULTATION-LIAISON SERVICES IN GENERAL HOSPITALS: SYSTEMATIC REVIEW AND META-ANALYSIS OF EFFECTS ON DEPRESSION AND ANXIETY

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Aims: The present systematic review is part of the development of guidelines for psychiatric and psychosomatic consultation-liaison (C-L) services for patients with comorbid medical and mental disorders or psychological burden in general hospitals. It focuses on one research question: Are C-L services in general hospitals effective for patients concerning symptoms of depression and anxiety at the end of the intervention?

Methods: A systematic literature search, screening all relevant S3-level guidelines, hand searches, and expert surveys were conducted from 2009-2011 with an update in 2016. The following PICOS criteria were used: Population: adults in general hospitals; Intervention: C-L interventions; Comparison: control group design with treatment as usual or attention placebo; Outcomes: depression and anxiety; Studies: randomized controlled trials or controlled clinical trials. Methodological quality was assessed using the Cochrane Risk of Bias Tool. Studies were classified for level of integration of the C-L service using the Standard Framework for Integrated Healthcare (Heath et al., 2013). Random effects models were used to calculate average effect sizes across studies. Moderator analyses were calculated using meta-regression.

Results: 43 studies met the inclusion criteria, including 10443 patients. The effect size for depression was d= 0.31 (95% CI: 0.21 to 0.41), and d=0.19 (95% CI: 0.10 to 0.28) for anxiety. Heterogeneity was very low for anxiety (I^2=0%) and moderate for depression (I^2=63.26%). Level of integration and quality of evidence reduced this heterogeneity, with weaker effect sizes when screening was added to consultation (level 4) as compared to C-L services without screening (level 3) and services with higher levels of integration (level 5, e.g. collaborative care models). The strongest evidence for reduction in depression was found for level 5.

Conclusions: The results show that C-L services are effective for reducing symptoms of depression and anxiety in the general hospital, with stronger results for high levels of integration.

ASSOCIATIONS BETWEEN EARLY CONSULTATION-LIAISON PSYCHIATRY INTERVENTION AND SUBSEQUENT LENGTH OF STAY IN GENERAL HOSPITAL

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Aims: Psychiatric comorbidities are frequent in patients admitted in general hospital, with an estimated prevalence around 30%. Consultation-liaison psychiatry (CLP) interventions may reduce the length of stay but the impact of early interventions remains largely unknown. We retrospectively investigated the association between the timing of CLP intervention and subsequent length of stay in general hospital.

Methods: We included all patients admitted in the European Georges Pompidou Hospital between 2008 and 2016 with a first CLP intervention. Patients who received the intervention in the 48 first hours of their stay were defined as having an early intervention. We used general linear models to examine the association between early intervention and subsequent length of stay after adjustment for age, sex, year of admission, place of residence, admission in intensive care unit, surgical condition and psychiatric diagnosis. Statistical interactions were tested with all covariates.

Results: A total of 5019 patients were included, with 1089 (21.7%) receiving an early intervention. Mean subsequent length of stay in those patients was 8.49 days versus 13.34 in patients with later intervention. Subsequent length of stay was negatively associated with early intervention (β=-5.15; p<0.001). The association was particularly high in patients younger than 60 (β=-6.42; p<0.001), in patients with surgical condition (β=-9.40; p<0.001) and in patients admitted in intensive care unit (β=-10.82; p<0.001). In all patients, after further adjustment for the French version of the Diagnosis-related group (DRG)-based fee, used as proxy of the severity of medical condition, the association decreased but remained significant (β=-1.52; p=0.01).

Conclusions: Early CLP intervention may reduce the subsequent length of stay by several days (from 1.5 to more than 10) compared to later intervention, notably in young patients, and in patients with surgical condition or admitted in intensive care unit. The development of early interventions may have benefits for both patients and health-related costs.

SYMPOSIUM CROSSTALK BETWEEN MENTAL HEALTH ISSUES AND TYPE 2 DIABETES MELLITUS: NEW INSIGHTS 2018

LIFE SATISFACTION IS A PROTECTIVE FACTOR AGAINST THE ONSET OF TYPE 2 DIABETES IN MEN BUT NOT IN WOMEN: FINDINGS FROM THE MONICA/KORA COHORT STUDY

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Aims: This study aims to investigate the association of high life satisfaction with incident Type 2 diabetes in men and women separately.

Methods: A longitudinal analysis was conducted among 7107 participants (men: 3664, 51.5%; women: 3443, 48.5%) aged 25-74 years (mean age 47.8; SD±13.7) of two population-based MONICA/KORA surveys conducted in 1989–1995 and followed up until 2009. Life satisfaction was assessed using a one-item instrument with a six-order response level which was dichotomized into "high" vs. "medium or low". Sex-specific hazard ratios (HR) were estimated using Cox proportional hazards models.

Results: Crude incidence rates for type 2 diabetes per 10 000 person-years were lower in participants with "high" than in "medium or low" life satisfaction (men: 57 vs. 73, women: 37 vs. 48). In men with high life satisfaction, there was a 27% risk reduction of incident type 2 diabetes (HR=0.73; 95%CI=0.56–0.94; P=0.02) in a model adjusted for sociodemographic, behavioural and clinical risk factors. The association lost statistical significance when further adjusting for depressed mood (HR=0.79; 95%CI=0.61–1.03). Life satisfaction was not significantly associated with incident type 2 diabetes in women.

Conclusions: Life satisfaction may be a valuable asset in assessing risk of type 2 diabetes, especially in men, and in the development of more effective prevention strategies to deter onset of diabetes. More research is needed to investigate the underlying potential causal pathways that may link life satisfaction to development of type 2 diabetes.

LATE NIGHT SALIVARY CORTISOL, STRESS-RESILIENCE AND TYPE 2 DIABETES MELLITUS. FINDINGS FROM POPULATION-BASED KORA AGE STUDY

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Aims: We aim to understand the underlying psychoneurendocrinology mechanism of stress resilience in T2DM. We examined the association between late night salivary cortisol levels and stress resilience in type 2 diabetes mellitus (T2DM).

Methods: A cross-sectional analysis was conducted among 761 participants (men=389, women=372, age 65 - 90 years) of the population-based KORA-Age study in Southern Germany. Resilience was assessed by using the screening version of the German RS-11 scale. The association between late night salivary cortisol (LNSC) and stress resilience in individuals with and without T2DM was modelled using linear regression.

Results: Among 761 study participants, LNSC levels were significantly lower in participants with high resilience (31%, N=236) compared to individuals with low resilience (69%, N=525) with age-adjusted mean (95% CI) of 2.36 nmol/L (2.08-2.68) and 2.72 nmol/L (2.41-3.05), respectively (P for difference= 0.03). Our data demonstrated a significant interaction between resilience and T2DM in men (P= 0.03) but not in women (P=0.87). In men with T2DM, increased LNSC levels were observed in low resilience (adjusted mean, 95% CI: 2.42, 2.02-2.91 nmol/L) compared to individuals with high resilience (1.52, 1.52-1.98). After stratifying according to T2DM status, a continuous one standard deviation (SD) increase in LNSC levels were significantly associated with low compared to high resilience among men with T2DM (P=0.005) whereas no significant association in men without T2DM was found (P=0.15). No significant association between LNSC and resilience in women was found.

Conclusions: Lower LNSC levels were observed in men with high resilience. Elevated LNSC levels were observed among men with low resilience and the association was attenuated in T2DM. Thus, in this aged population, a sex-dependent association between hypersecretion of LNSC levels and low stress resilience were observed in T2DM.

THE ASSOCIATION BETWEEN MIDLIFE TYPE 2 DIABETES AND LATE-LIFE COGNITIVE STATUS: FINDINGS FROM KORA-AGE STUDY

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Aims: To investigate the longitudinal association of midlife type 2 diabetes mellitus (T2DM) with late-life cognitive status.

Methods: A longitudinal analysis was conducted among the 2654 participants (1300 men, 48.98 %; 1354 women, 51.02 %) aged 41 to 64 years at baseline of the population-based MONICA/KORA surveys (S1-S3) conducted in 1984–1995 and followed up in KORA Age study (2008/9). Associations were examined between midlife T2DM (S1-S3) and cognitive function (determined by telephone interview for cognitive status-modified, TICS-m in KORA Age) by using linear and multinomial logistic regression analyses.

Results: After a mean follow-up of 19 years, midlife T2DM was significantly associated with mild cognitive impairment (MIC) at older age only in men (Odds ratio = 2.71, 95% CI = 1.24 5.90, p ≤ 0.01). However no significant association was revealed with probable dementia (P-value = 0.89). In addition, no significant association between T2DM and cognitive status was demonstrated in women neither in mild cognitively impaired (P-value = 0.32) nor in probably demented group (P-value = 0.52).

Conclusions: Our findings showed a sex-dependent association between midlife T2DM and late-life cognitive function. Thus, the identification of T2DM in midlife may offer preventive strategy to deter the progression of MCI to dementia at older age.

SYNERGISTIC EFFECT OF SEVERE DEPRESSED MOOD AND OBESITY ON TYPE II DIABETES INCIDENCE: FINDINGS FROM THE MONICA/KORA COHORT STUDY

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Aims: Although it has been established that obesity and depression both contribute to individual level risk of type II diabetes (T2DM), the extent to which obesity can be offset by depression remains unknown. The present study aims to assess the impact of obesity and depression in the development of T2DM in a large cohort of obese patients.

Methods: In a sample of 9340 participants, we assessed the risk of T2DM in obese participants (BMI≥30) with none, moderate and severe depressed mood at baseline who participated in the prospective MONICA/KORA population-based cohort conducted in Southern Germany (baseline examination 1989-1995; mean follow-up time of 19.6 years).

Results: In the total population, obesity was associated with a 7.8-fold higher risk for T2DM (HR 7.8; 95%CI 6.26 to 9.73; p<.0001) than that for normal weight participants, whereas severe depressed mood only increased the risk of T2DM by 29% (HR 1.29; 95%CI 1.06 to 1.57; p=.009). However, among obese subjects with severe depressed mood, the risk of T2DM increased by over 12-fold (HR 12.58; 95%CI 8.23 to 19.24; p<.0001), and among obese subjects with moderate depressed mood, the risk of T2DM increased by over 10-fold (HR 10.46; 95%CI 7.29 to 14.99; p<.0001) in comparison to normal weight subjects without depressed mood.

Conclusions: Among 9340 participants, obesity and severe depressed mood were independently associated with increased risk of T2DM. However, despite the substantial risk of obesity, its synergistic effect with depressed mood was associated with an additional 4-fold risk of T2DM.

GENDER DIFFERENCES IN PSYCHOLOGICAL FUNCTIONING AND CAUSAL BELIEFS IN TYPE 2 DIABETES MELLITUS PATIENTS

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Aims: The aim of this study was to examine whether there are gender differences in psychological functioning (anxiety, depression) and in perception of the causes of the illness in patients with type 2 diabetes (T2DM). Perception of the illness causes, emotional representations and belief in the controllability of the illness were verified in the context of Leventhal's common sense representation of illness model.

Methods: The clinical sample included 88 adults (46 males), aged from 31 to 79 years. Patients were examined in the Outpatient clinic for endocrinology, diabetes and metabolic diseases in the Clinical Hospital Centre Rijeka. Psychological measurements included questionnaires of Illness perception and general anxiety and depression. Diabetic complications, treatment and glycemic control (HbA1c) were analysed from medical records.

Results: There are gender differences in the psychological attribution of diabetes (such as stress or worry, family problems etc. The results show gender differences in anxiety and significant interaction of gender and glycemic regulation in anxiety and depression. Women who have poor glycemic regulation report higher levels of anxiety symptoms and higher levels of emotional representations, and men who have better glycemic regulation report higher levels of depressive symptoms. Considering psychological attributions, anxiety and depression, there are no differences comparing groups due to diabetes complications, nor between groups with regard to treatment (insulin vs oral therapy).

Conclusions: The results suggest the existence of gender differences in the attribution of the illness and psychological functioning of T2DM patients. In working with patients, it is important to pay attention to both medical complications and psychological aspects of illness, taking into account the patient's sex. Patient's beliefs in illness controllability and, consequently, treatment adherence (e.g. taking medication regularly, diet guidelines adherence) will be increased by paying attention to cognitive and affective aspects of the illness.

SYMPOSIUM MEDICAL ASSISTANCE IN DYING: THE CANADIAN EXPERIENCE WITH ASSISTED DEATH

BACKGROUND AND OVERVIEW OF MEDICAL ASSISTANCE IN DYING IN CANADA

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Aims: This session aims to outline a brief history of changes that have led to the legalization of physician-assisted death or Medical Assistance in Dying (MAID) in Canada, describe the operationalization of MAID in Canada under current legislation, list roles psychiatrists can play in the process, present preliminary statistics on where, when, and how MAID is occurring in Canada, and introduce challenging questions for the future.

Methods: Data for this presentation have been collected from literature review, decisions from the Supreme Court of Canada, preliminary reporting by the federal government of Canada, and a report from the British Columbia coroner's service.

Results: There has been a drastic shift in legal opinion between an attempt to legalize MAID in the early 1990s and the most recent Supreme Court of Canada decision. Eligibility for MAID is determined by two physicians or nurse practitioners for each patient. Patients must be consenting adults with capacity to decide to have MAID and must have a grievous and irremediable medical condition from which their natural death has become reasonably foreseeable. There are several roles psychiatrists can play from not participating at all to being the prescribing physician. Most MAID is happening in hospitals but there are geographical differences across the country. Like other jurisdictions, cancer is the most common illness for which MAID is sought.

Conclusions: The Canadian medical system is becoming accustomed to providing MAID. There remain challenges with what is currently happening and legal challenges regarding MAID for mental illness, MAID by Advance Directive, and MAID for mature minors are on the horizon.

ETHICAL, MEDICO-LEGAL, AND POLICY ASPECTS OF MEDICAL ASSISTANCE IN DYING IN CANADA

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Aims: This session aims to help clinicians and policy-makers better understand the ethical and medicolegal nuances of Medical Assistance in Dying (MAID) in Canada. The potential roles of CL psychiatry in the exploration of patients' request for hastened death as well as the assessment of eligibility of requests will be presented from the viewpoint of a bioethicist leading the MAID program at a large academic hospital in Toronto, Canada.

Methods: Data for this presentation have been collected from literature review, decisions from the Supreme Court of Canada, preliminary reporting by the federal government of Canada and the provincial government in Ontario, as well as preliminary qualitative data collected during and after MAID.

Results: In June 2016, Canada enacted legislation on assisted death, commonly referred to as Medical Assistance in Dying (MAID), and an increasing number of jurisdictions are enacting legislation for assisted death in North America. After 18 months of this new legally available option in Canada, many ethical, legal, and policy-related challenges persist. Standardization and operationalization of applying legal eligibility criteria to patients requesting MAID is lacking. Ethical concerns have been raised about the role of CL psychiatrists assessing MAID eligibility. Other emerging ethical issues include organ and tissue donation after MAID.

Conclusions: As more jurisdictions legalize medical assistance in dying, CL psychiatrists need to better understand ethical and medicolegal nuances of the MAID process. Certain lessons learned from the Canadian experience may be transferable and relevant to other jurisdictions.

THE EVOLVING ROLE OF CL PSYCHIATRISTS IN MEDICAL ASSISTANCE IN DYING

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Aims: The purpose of this presentation will be to help CL psychiatrists approach the challenging task of helping patients who request Medical Assistance in Dying (MAID). Since Canada decriminalized assisted death in 2016, CL psychiatrists have been called upon to help explore patients' desire for hastened death and to assess eligibility for MAID. Willing psychiatrists may find themselves without much guidance on how to approach this issue, and this presentation aims to address this gap.

Methods: The data presented in this section are from (a) literature review and (b) extracted from a case series of over 30 patients evaluated for MAID eligibility by CL psychiatrists at a large academic hospital in Toronto, Canada. Data will be presented as clinical vignettes with an emphasis on audience participation.

Results: Many patients approaching end of life have symptoms of depression. Determining whether such patients are so severely depressed that they lack decision-making capacity remains challenging. Little guidance exists in the literature. Due to a unique skillset, CL psychiatrists may be called upon to explore the driving forces behind a patient's request for hastened death, to assess capacity in those who make a formal request for hastened death, to propose treatment recommendations for those patients are deemed ineligible for MAID but who continue to experience distress, or to provide guidance on how to manage the final days of life for those patients who choose to pursue hastened death. Ethical concerns about this role exist, and clinicians generally find themselves lacking knowledge or skill to approach these issues. In addition to highlighting these issues, strategies will be proposed to help clinicians working in this area.

Conclusions: As more jurisdictions legalize medical assistance in dying, CL psychiatrists may be called upon to be involved in any number of aspects surrounding patients' requests for hastened death, despite having little preparation to do so.

SUPPORTING HUNGARIAN HEALTH CARE OPERATORS IN PERINATAL LOSS AND GRIEF

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Aims: Grief caused by pre- and perinatal loss often develops into a phenomenon of complicated or even pathological mourning, a heavy burden for the parents, for their environment and for the medical personnel, as well, yet, it is a less studied field. Objectives: (1) To analyse the presently applied practices in Hungarian healthcare institutions, (2) to compare the valid protocol with the effective support provided and (3) to examine the effects these events have on the helping personnel professionally and psychologically.

Methods: In-depth interviews and questionnaires with the involved personnel (25; 80 respectively). The research focuses on the practice of the institutions regarding overall support of the bereaved families; on the existing and wanted theoretical and practical competencies; on personal attitudes regarding death and loss and on the experienced difficulties.

Results: Acting well when facing pre- and perinatal loss is a specially demanding task for Hungarian personnel, with difficulties in communication, when helping families cope with loss, or when coping with their own feelings, all these involving a high risk for burn-out and compassion fatigue for them.

Conclusions: Trainings with specific focus on loss and grief are to be implemented on all levels of the formative processes to improve coping strategies, communication and adequate supporting skills and competencies aimed at providing better support for the patients and offering self-protecting measures for the operating personnel.

SYMPOSIUM A PSYCHOSOMATIC PERSPECTIVE OF PATIENTS WITH CHRONIC ILLNESSES

PROCESSING OF EMOTIONAL FACES IN PATIENTS WITH CHRONIC PAIN DISORDER

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Aims: Problems in emotion processing potentially contribute to the development and maintenance of chronic pain. These difficulties might also become evident in attentional processing of emotional information.

Methods: We assessed self-reported alexithymia, attentional orienting to and maintenance on emotional stimuli using eye tracking in 17 patients with chronic pain disorder (CP) and two age- and sex-matched control groups, 17 healthy individuals (HC) and 17 individuals who were matched according to depressive symptoms (DC). In a choice viewing paradigm, a dot indicated the position of the emotional picture in the next trial to allow for strategic attention deployment. Picture pairs consisted of a happy or sad facial expression and a neutral facial expression of the same individual. Participants were asked to explore picture pairs freely.

Results: CP and DC groups reported higher alexithymia than the HC group. HC showed a previously reported emotionality bias by preferentially orienting to the emotional face and preferentially maintaining on the happy face. CP and DC participants showed no facilitated early attention to sad facial expressions, and DC participants showed no facilitated early attention to happy facial expressions. We found no group differences in attentional maintenance.

Conclusions: Our findings are in line with the clinical large overlap between pain and depression. The blunted initial reaction to sadness could be interpreted as a failure of the attentional system to attend to evolutionary salient, potentially rewarding emotional stimuli or as an attempt to suppress negative emotions. These difficulties in emotion processing might contribute to etiology or maintenance of chronic pain and depression.

PSYCHOSOMATIC SYNDROMES AND MENTAL PAIN IN MIGRAINE PATIENTS

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Aims: Psychosomatic variables have not yet been investigated in migraine patients. The present study aimed at measuring psychosomatic syndromes and domain in patients affected by chronic or episodic migraine and in healthy subjects.

Methods: 129 subjects were enrolled: 43 chronic migraine (CM) and 43 episodic migraine (EM) patients from the Headache Center of the University Hospital of Careggi (Florence, Italy); and 43 healthy volunteers (HS) enrolled from the general population of the same area. Cases and controls were matched by sex and age (ratio 2:1). All participants received a clinical assessment which included: the semi-structured interview for Diagnostic Criteria for Psychosomatic Research (DCPR); the Semi-structured interview for allostatic load; the Psychosocial Index (PSI); the Mental Pain Questionnaire (MPQ).

Results: Migraine patients had statistically significant higher rates of allostatic overload than healthy subjects (CM=25.6%; EM=20.9%, HS=0.0%; $p<0.001$). Patients with migraine, both CM and EM, showed statistically significant differences when compared to HS in mental pain (2.23±2.15 vs 1.47±1.80 vs 0.95±1.69; $p<0.05$). EM subjects different from HS in terms of psychological distress (7.86±4.57 vs 5.70±5.94, $p<0.005$). CM subjects differed from HS for psychological distress (10.09±6.12 vs 5.70±5.94, $p<0.001$), well-being (4.00±1.36 vs 4.95±1.11, $p<0.05$), and quality of life (2.93±0.74 vs 2.04±0.80, $p<0.05$). EM and CM also differed for well-being (4.93±1.16 vs 4.30±1.36, $p<0.05$). The probability of being EM, if compared to HS, was higher for lower levels of well-being ($\beta=-1.08$, SE=0.43, $p<0.05$) and higher levels of illness behavior ($\beta=0.938$, SE=0.45, $p<0.05$). The probability of being CM, if compared to HS, was higher for lower levels of well-being ($\beta=-0.53$, SE=0.24, $p<0.05$), lower quality of life ($\beta=-0.93$, SE=0.44, $p<0.05$), and higher levels of depression ($\beta=0.179$, SE=0.09, $p<0.05$). The probability of being CM, if compared to EM, was higher for lower quality of life ($\beta=-1.21$, SE=0,54, $p<0.05$).

Conclusions: Migraine patients show psychosomatic diagnoses and a psychosomatic suffering which needs to be assessed and considered in future research as a potential factor influencing the outcome.

PSYCHOSOMATIC SYNDROMES IN PATIENTS WITH PSORIASIS

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Aims: To investigate psychosomatic correlates of patients with psoriasis.

Methods: A consecutive sample of 282 outpatients affected by chronic psoriasis (50.4 females, aged 50.1±12.6; median duration of illness 13 years) was recruited. Most patients (79.5%) were treated as usual and had comorbid diseases (metabolic, allergic, autoimmune, endocrine, inflammatory, respiratory, hematologic and neurologic problems) (54.3%). Disease severity was assessed with the Psoriasis Area Severity Index (PASI) and showed mild activity in 26.2%, moderate activity in 33.3%, and severe activity in 15.6% of patients. Furthermore, patients were assessed for psychiatric disorders (MINI 5.0.0), psychosomatic syndromes (Diagnostic Criteria for Psychosomatic Research, DCPR), and disease-specific quality of life (Dermatology Quality of Life Index, DLQI).

Results: The prevalence of any psychiatric disorders was 14.2% (mainly anxiety and mood disorders) whereas 67% of patients were found positive to at least one of the 12 DCPR psychosomatic syndromes. The most prevalent DCPR syndromes (>10%) were abnormal illness behaviour (AIB) (27%; particularly, illness denial 20.2%), alexithymia (29.4%), irritability (22%), somatization (15.6%), and demoralization (12.2%). Disease severity was not associated with MINI diagnoses while it was significantly associated with DCPR illness denial (p=.006), demoralization (p=.01), alexithymia (p=.006), AIB (p=.006), and mostly psychosomatic severity (DCPR>1) (p<.001). A series of hierarchical regression models showed that PASI severity was significantly predicted by quality of life at 6% and mostly by DCPR alexithymia (10% of additional explained variance) and severity (7% of additional explained variance), after adjusting for age, gender, duration of illness, medical and psychiatric comorbidity.

Conclusions: Psychosomatic syndromes were associated to severity of disease more than medical and psychiatric comorbidity. Alexithymia was also a significant predictor of severity.

PATIENT REPORTED OUTCOME MEASURES INFORMATION SYSTEM (PROMIS) DOMAINS EXPLAIN A LARGE PORTION OF VARIANCE IN QOL IN ADVANCED CKD

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Aims: Patient reported outcome measures (PROMs) assess the illness experience from the patient perspective. There has been little research to assess the relative contribution of clinical, socio-demographic and PROM variables to explaining health related quality of life in advanced chronic kidney disease (CKD). We aim to assess if adding PROMIS® domains will increase the explanatory power of models predicting quality of life of patients with advanced CKD.

Methods: This cross-sectional analysis of a cohort study involved patients with advanced CKD (dialysis and post-transplant) recruited from renal programs in Toronto. The depression, physical function, pain, sleep and fatigue domains of the PROMIS-57 questionnaire (exposure) were completed electronically. Socio-demographic and clinical variables were collected from medical records. The EuroQOL (EQ-5D-5L) was used to measure of quality of life (outcome). Linear regression models were fitted with expanding sets of co-variables to detect the association of the PROMIS domains with predicting the EQ5 score.

Results: 339 patients were recruited into the study. Mean (SD) age was 56 (17) years with 58% males and 50% Caucasians. The EQ-5D-5L scores ranged from 0.12 to 0.9. The model that included socio-demographic variables only (age, gender, ethnicity, marital status, education, income) explained only 5% of the variance (adjusted R^2=0.05). When clinical factors (renal replacement modality, comorbidities, hemoglobin and albumin levels) were added, the adjusted R^2 was 0.17. Addition of the PROMIS domains (pain, physical function, depression, sleep and fatigue) increased variance prediction to 63% (Adjusted R^2 = 0.63). Predicted values from the final model showed strong correlation with measured EQ-5D-5L scores (r=0.805, p<0.001).

Conclusions: The PROMIS domains provide important information about quality of life in patients with advanced CKD. Further research is needed to assess if the PROMIS domains predict additional outcomes (e.g. mortality) above and beyond clinical and socio-demographic variables.

ANOREXIA NERVOSA: FROM PSYCHOSOMATIC FAMILIES TO AFFECTIVE TEMPERAMENTS. A PSYCHOBIOLOGICAL PERSPECTIVE

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Aims: Anorexia nervosa (AN) is a severe mental disorder with a multifactorial and largely unknown pathogenesis. The role of the family in AN has been long debated in this regard. In the 1960s, Minuchin proposed the "psychosomatic families" placing emphasis on pathological interactive familial processes in the pathogenesis of AN. Recent research showed that AN patients' parents showed significantly different personality traits when compared to those of healthy controls (HC)'s parents. However, little is known about the role of affective temperaments in family members of AN sufferers. Therefore, we aimed to perform an investigation of affective temperaments in AN comparing parents of affected individuals versus those of HCs.

Methods: A total of 167 parent/offspring dyads (n=65 inpatients with AN and n=102 HCs) have been enrolled at the Eating Disorders Center of the University of Turin, Italy. Participants' parents were recruited as well. All participants completed the Temperament Evaluation of Memphis, Pisa, Paris and San Diego Autoquestionnaire (TEMPS-A). Affected and unaffected individuals also completed other self-report measures assessing eating and general psychopathology.

Results: Participants were mostly women. Those with AN showed significantly lower body mass index, and more severe eating and general psychopathology than HCs. Patients with AN and HCs differed on all five affective temperaments. AN patients' parents reported significantly higher scores only on the anxious temperament. A heritability index could be generated with a regression model and parents' affective temperaments were found to be associated with those of the offspring for all temperaments but the cyclothymic one.

Conclusions: The role of the family in AN has been long debated with respect to both pathogenesis and treatment. Minuchin's model of "psychosomatic families" pioneered a treatment approach based on the involvement of affected individuals' family members. However, the focus has more recently shifted from a family-centered approach to a model grounded on the gene-personality-environment interaction. Therefore, a better characterization of the biology of AN, including affective temperaments running in families, could be of help in delivering highly individualized treatments, also in the light of the growing support to the direct involvement of families in the treatment of AN, mostly with adolescents.

SYMPOSIUM COMMUNICATION SKILLS TRAINING IN MEDICINE: THE STATE OF THE ART

ENHANCING EMPATHY IN COMMUNICATION TRAINING: THE ROLE OF "DOUBLING" AND "ROLE-REVERSAL" IN ENACTMENTS OF DIFFICULT CONVERSATIONS

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Aims: To illustrate how two essential elements of sociodrama can be used to help learners discover how to use empathic communication in responding to unexpressed thoughts and feelings when confronted with a difficult conversation such as giving bad news.

Methods: A brief theoretical framework will be used to describe the key elements of role-reversal and doubling as used in sociodramatic enactments followed by a video illustration.

Results: The audience will appreciate the steps involved in creating deep empathy for patients and families when given bad news and how this can facilitate effective communication skills.

Conclusions: Simple role-play alone without techniques borrowed from sociodrama for creating empathy often fall short in opening opportunities for empathic responding .

FUTURE DIRECTIONS ON COMMUNICATION IN HEALTHCARE: EXPERIENCE THE KOMPASS COMMUNICATION TRAINING

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Aims: To explore the essentials that constitute a helpful patient-clinician relationship during challenging encounters with seriously ill patients; by converging vulnerable patients' needs in times of crisis to clinicians' competence, while considering personal and institutional barriers.

Methods: a. Reflective summary of teaching methods suitable to promote trusting clinician-patient relationships, based on experiences from experiential KoMPASS communication training(CT). b. Controlled study into effects of experiential CT on clinicians' self-efficacy and burnout. c. Experimental RCT investigating cancer patients' immediate response to a physician's empathic and caring communication style.

Results: When clinicians feel safe in a protected teaching setting, they are enabled to create helpful, trusting relationships with patients and families, by conveying empathy, respect and adequate support, while experiencing positive effects themselves, in terms of higher self-efficacy to communicate and less signs of burnout. From patients' perspective, even under a threatening, anxiety-provoking disclosure of bad news, a short sequence of empathic patient-centered communication influences their psychological state, insofar that they report feeling less anxious and more trustful of the oncologist.

Conclusions: Robust practice-based evidence both from patients' as well as physicians' perspective supports the benefits of empathic, patient-centered communication among seriously ill subjects. Critical revision of current recommendations on teaching communication, as a personal encounter between two subjects as opposed to teaching technical "skills" is required. When aiming to overcome the many obvious, ever increasing barriers when translating evidence to clinical practice an array of challenging questions arises on future directions how best to promote helpful clinician-patient communication in clinical settings. These need to be discussed jointly with international experts during this symposium.

TOWARDS SECOND-GENERATION COMMUNICATION TRAINING

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Aims: The so-called Communication Skills Training (CST) programs, widely implemented, especially in the oncology setting, have increasingly become the target of criticism with regard to (i) their development based on expert opinions, without involving future participants, (ii) their theoretical and pedagogic conceptualization of clinical communication as a set of skills or (iii) the way they have been evaluated.

Methods: Based on these criticisms, we have conducted focus groups with clinicians and developed a communication training program which is empirically anchored and trainee-centred. By focusing not only on the manifest content of clinicians' expressed needs, but also on latent aspects, we were able to move beyond the concept of skills, adopting a reflexivity-enhancing approach, and we are currently in search of news ways to evaluate effectiveness.

Results: So far, the so-called Clinician Reflexivity Training (CRT) has been provided four times and will now be evaluated by means of empirically-searched outcome measures.

Conclusions: The CRT can be considered as part of the emerging "second-generation" of communication training, which provides novel approaches to communication and relationship building, in contrast with traditional trainings based on the concept of skills.

THE EFFICACY OF COMMUNICATION SKILLS TRAININGS: WHERE ARE WE?

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Aims: Communication skills are now recognized as one of the core clinical skills. Communication is also related to patients' psychological adjustment. Communication is particularly stressful for physicians as they have to break bad news, inform patients about highly complex treatment procedures, and ask for informed consent. Physicians moreover have reported that this stress lasts beyond the interaction. It should be recalled that physicians often have to communicate with depressed and anxious patients and their relatives and to deal with uncertainties and fear of death and dying. Physicians need to tailor information to every patient's needs in order to promote recall of information, to facilitate decision-making and to improve satisfaction. Contrary to common social conversation, professional communication are not learnt spontaneously in the course of a clinical career. Health care professionals thus face very diverse and highly complex communication tasks for which they should be trained.

Methods: In the last two decades, communication skills training programs designed for health care professionals working in cancer care have been the focus of several research endeavors of our group. The efficacy of these communication skills training programs has been tested in studies using a controlled design. All our studies included a microanalysis of patient-physician interactions in simulated and actual consultations.

Results: This presentation will review knowledges about communication skills trainings.

Conclusions: This presentation will focus on challenges for the future in this area.

UNDERGRADUATE TRAINING FOR MEDICAL STUDENTS ON BREAKING BAD NEWS IN ONCOLOGY: A CONTINUATION STUDY EXPLORING THE PATIENT PERSPECTIVE

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Aims: This continuation study evaluates from the patient perspective the effectiveness of an individualized training in Breaking Bad News (BBN) in undergraduate medical education. Our previous study showed that medical students benefited from a simulated patient (SP) encounter, followed by an individual supervision based on the filmed SP encounter, with a significant increase of their communication performance in BBN post-training as rated by experts. This continuation study aims to (i) explore the patient perspective on students' improved communication behaviour and (ii) better understand the benefits of such trainings.

Methods: The initial material consisted of pre- and post-training videotaped interviews of 236 fourth-year medical students with SPs. Sixty analogue patients (APs), healthy untrained observers recruited from the general population, were asked to "put themselves in the patients' shoes" and rate their perceptions of 120 randomly selected interviews (60 pre-training and 60 post-training) of 60 students delivering the bad news of advanced cancer with limited therapeutic options (palliative chemotherapy). The APs rated variables such as satisfaction, trust, and medical and interpersonal competence after viewing each video.

Results: This study complements our previous findings and shows, that from the APs perspective, medical students significantly improved their communication competence in BBN after training. APs indeed evaluated the students as more satisfying ($t(59) = 2.75$, $p = .008$), trustworthy ($t(59) = 4.00$, $p < .001$), and competent ($t(59) = 2.76$, $p = .008$) at post-training (as compared to pre-training). Further analyses showed that behavioural changes significantly linked to APs' increased satisfaction at post-training were: more emotional responsiveness, positive talk, information giving, biomedical counselling, and prudent tone of voice.

Conclusions: This continuation study confirms the effectiveness of one-to-one BBN training approach at the undergraduate level from the APs perspective.

SYMPOSIUM YOUNG RESEARCHERS SCIENCE SLAM

SMOKING AMONG PEOPLE WITH MENTAL HEALTH DIFFICULTIES – THE BLIND SPOT

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Aims: People with mental health difficulties (MHDs) die 10-25 years younger than the general population and smoking is a major contributor to this premature mortality.

Methods: To investigate the scope of this problem in Ireland, I conducted a secondary analysis of a nationally representative dataset (n=8,175) and found that people with MHDs were more likely to be smokers and also more likely to have a doctor-diagnosed smoking-related disease. Having established the impact, next I went to a psychiatric setting and surveyed inpatients there to see what if anything is being done. Again I found the smoking prevalence there was higher than the general population rate and also higher than nearby non-psychiatric inpatient samples.

Results: People with MHDs clearly like to smoke - they're adults and it's their decision right? Except I found 75% of the smokers I surveyed wanted to quit. Almost half (46.4%) said they would like advice while in hospital and many had been trying to quit themselves in the past year (38%). In spite of all this, cessation advice rates (10.7%) were low and approximately one third the rate seen in non-psychiatric inpatient samples.

Conclusions: So while patients were being treated for all other substances, referred to dieticians where overweight, sent to the dentist, saw the podiatrist, sent to the physio – all aspects treated, for near 90% of smokers, smoking, the leading preventable cause of death, was not addressed. Crucially though those that did report advice on ways of quitting were significantly more likely to have quit 3 months later.

SOMATOFORM DISORDER, SOMATIC SYMPTOM DISORDER, BODILY DISTRESS SYNDROME, FUNCTIONAL SOMATIC SYNDROMES, PERSISTENT SOMATIC SYMPTOMS: YOU'VE GOT IT, WE NAME IT

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For the past decade or two, bothersome physical symptoms without any detectable organic cause have been labelled "Somatoform Disorders" both in the International Classification of Diseases (ICD) and the Diagnostic and Statistical Manual of Mental Disorders (DSM). Yet, not only the name, but also the diagnostic classification have been subject to much debate.

Recently, things have changed, most notably since the release of DSM-5 in 2013. DSM now refers to patients showing psychological distress due to bothersome somatic complaints as patients suffering from *Somatic Symptom Disorder*. Not all practitioners and even fewer scientists agree to use this terminology: There are suggestions to use the term *Functional Somatic Syndromes instead*, some may prefer *Persistent Somatic Symptoms* and a group of Danish researchers promote *Bodily Distress Syndrom*. Indeed, all these classifications do have arguments in their favour, some even based on empirical data. But are they really all that different?

The presentation will give a brief overview over the various existing concepts, and discuss the advantages and disadvantages of the different approaches. Eventually, the classification of the upcoming revision in ICD-11 will be regarded in detail. However, no promises for any end to the naming discussion in the field of what was formerly known as Somatoform Disorders will be made.

EXAMINING THE IMPACT OF PARENTAL CHRONIC ILLNESSES ON CHILDREN AND ADOLESCENTS' ADJUSTMENT: RISKS AND PROTECTIVE FACTORS

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Aims: Having a parent affected by chronic illnesses represents a risk factor in terms of children's and adolescent's mental and psychosocial adjustment. The number of individuals with chronic diseases and, in turn, of children growing up with a parent suffering by one of them is on the rise. In developed countries, the most common forms of parental chronic illnesses include heart diseases, cancer, chronic respiratory diseases, diabetes, multiple sclerosis and HIV/AIDS. However, to the best of our knowledge, no study has yet examined the effect of parental chronic multimorbidity on their offspring – especially of the co-occurrence of physical and mental illnesses. For these reasons, this PhD project will innovatively examine the impact of parental chronic illnesses on the mental and psychosocial adjustment of their children.

Methods: A total of 400 families (200 chronically ill parents, 200 healthy parents and their children aged 11-20) will be investigated from multiple perspectives in a cross-sectional study. Through a series of regression analysis, the difference between children's symptomatology, distress and quality of life will be evaluated with regard to types of parental illnesses, child characteristics, parental and family characteristics.

Results: This study originally expects to increase insight on risk and protective factors of this at-risk population.

Conclusions: Increased awareness about this topic could ultimately improve the care of families experiencing parental chronic illnesses in Italy, leading to the development of specific screening tools and tailored mental health prevention programs in our healthcare system.

WHY SHOULD WE ADDRESS MENTAL HEALTH IN PATIENTS WITH RARE DISEASES?

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Aims: Rare diseases are a group of diseases defined by a low prevalence (<1:2000) and characterized by a great heterogeneity. Worldwide, there are around 7000 different rare diseases. Consequently, in spite of the rarity of each condition, there are many individuals living with a rare disease.

Methods: The total number of persons in Europe affected by a rare disease is estimated at over 30 million. The majority of rare diseases are progressive, degenerative, often life-threatening and go along with a reduced quality of life as well as with loss of autonomy. Most of the rare diseases have a genetic origin and therefore are incurable.

Results: Rare disease patients face numerous problems in health care such as delayed diagnoses, limited access to adequate treatment and lack of information and scientific knowledge. Attempts to improve health care for rare diseases often focus on developing appropriate public health policies, developing new diagnostic and therapeutic procedures, raising public awareness and increasing international cooperation in scientific research. Mental health is less often subject to initiatives but may be equally relevant. More common chronic conditions often go along with increased psychopathology and first empirical evidence in the field of rare diseases indicates high psychopathological symptom burden of patients with rare diseases, too.

Conclusions: In absence of a medical cure for the majority of rare diseases, mental health can be critical for overall quality of life in this group of patients and should therefore be addressed in treatment, prevention and research.

THE INFLUENCE OF TECHNOLOGY COMMITMENT ON THE EFFICACY OF HRV-BIOFEEDBACK FOR STRESS-MANAGEMENT

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Aims: The recent technological progress has revived the interest in biofeedback treatments for medical and psychological conditions. Current developments of consumer-friendly home-use devices offer exciting new and promising applications, e.g., in stress-management, where heart rate variability (HRV)-biofeedback is one popular method. However, for tailored applications we also need to identify factors that could facilitate or hinder its efficacy. Here, we examine an important but severely neglected factor: individual technology commitment.

Methods: Subjects (n=86) either participated in one-session of HRV-biofeedback or passive relaxation.They rated their stress-level before and after the intervention. Technology commitment was assessed after the experiment. We analyzed predictive effects of technology commitment on subjective posttreatment stress in the HRV-biofeedback (n=43) and passive relaxation (n=39) groups, using regression analyses (controlling for baseline-stress). Control analyses back up the results.

Results: Overall, high technology commitment significantly predicted lower post-treatment stress (β=-.25, *p*=.003). Separate analyses for the intervention groups revealed that this effect was caused by the HRV-biofeedback condition only (β=-.39, *p*=.002), with no significant relationship in passive relaxation (β=-.08, *p*=.472). Effects remained stable in analyses controlling for age, sex, and previous therapeutic experiences.

Conclusions: The results show that technology commitment is an important factor to consider in biofeedback interventions for stress-management: When technology commitment is low, stress might increase rather than decrease in technology-based approaches. However, technophiles may experience enhanced benefits from treatments using modern technology. In a world with rapidly changing technologies, practitioners should take into account their clients attitudes towards technology to provide tailored and efficacious stress-management approaches.

SYMPOSIUM SOMATIC SYMPTOMS AND RELATED DISORDERS IN PRIMARY CARE

THE 2-YEARS COURSE OF MEDICALLY UNEXPLAINED SYMPTOMS IN DIFFERENT HEALTH CARE SETTINGS

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Aims: Medically unexplained symptoms (MUS) are a frequent phenomenon in primary care and other health care settings. Although many patients recover in a year time, in 10-30% of patients symptoms deteriorate or become chronic. Little is known about the different course types when looking at symptom severity, physical functioning and mental functioning. Aim of the study: 1. To assess the 2-year course of MUS, presented in different health care settings, in terms of severity of symptoms and functional status. 2. To identify different course types and to evaluate the clinical interpretability of the results.

Methods: We used data of the PROSPECTS Cohort Study: 325 patients with MUS from different health care settings. Symptom Severity (PHQ-15), physical functioning (RAND 36PCS) and mental functioning (RAND 36 MCS) were assessed at baseline, 6, 12 and 24 months. We applied Latent Class Growth Modelling (LCGM) to identify different course types and also analysed change scores and directions of change.

Results: We identified three course trajectories for all outcomes with LCGM: a stable severe, a stable moderate and an improvement trajectory. The percentages differed for the three outcomes: for symptom severity the percentages for each trajectory are respectively 5.1%, 90.9% and 7.4%; for physical functioning the percentages are 42.3%, 52.2% and 5.5%; for mental functioning the percentages are: 52.4%, 34.2% and 13.4%. However, for all outcomes 80% of participants showed a fluctuating course, with clinically important fluctuations being present in 35-61% of participants. These course trajectories and fluctuating patterns did not vary over settings.

Conclusions: Fluctuations in symptom severity and mental and physical functioning were highly prevalent but these were not detected by LGCM because the fluctuations showed a high interpersonal heterogeneity. The improvement rates and deterioration rates based on change scores are in line with literature, however, the temporal stability of the outcomes is limited, which deserves attention both in research and in clinical practice.

MEDICALLY UNEXPLAINED SYMPTOMS: TIME UNTIL AND TRIGGERS FOR DIAGNOSIS IN PRIMARY CARE CONSULTATIONS

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Aims: To establish the moment in the primary care consultations that General Practitioners (GPs) label symptoms as medically unexplained symptoms (MUS) and to explore what GPs triggers to diagnose MUS at that specific moment.

Methods: GPs consultations were video-recorded. After each consultation the GP indicated whether the consultation was about MUS. The GP was asked to reflect on the video-recorded consultation and indicate the moment he/she labelled the symptoms as MUS. These comments were matched with the video-recordings to establish the exact moment of MUS diagnosis. Qualitative analysis was performed to explore the triggers why GPs label the symptoms as MUS.

Results: A total of 43 of the 393 video-recorded consultations (11%) were consultations in which MUS were presented. In 16 of these consultations, GPs indicated that they already knew at the start of the consultation that the patient would present with MUS. In 20 consultations GPs labelled the symptoms as MUS during the consultation and in one after the consultation. Six consultations were excluded because lack of data. The mean time till GPs label symptoms as MUS during the consultation (n=20) was 3:44 minutes (range: 0:24-16:31, median 1:58). GPs indicate that they consider symptoms presented as MUS because (i) symptoms do not fit a specific pattern, (ii) patients link symptoms to psychosocial context. (iii) of how patients present their symptoms and (iv) incongruence between symptom presentation and the clinic.

ConclusionS: GPs know in about two minutes that the symptoms presented during the consultation are medically unexplained. However, in more than half of the consultations GPs already know at the first beginning of the consultation that the symptoms were MUS.

EXPLANATIONS FOR MEDICALLY UNEXPLAINED SYMPTOMS IN DAILY GENERAL PRACTICE: A QUALITATIVE OBSERVATIONAL STUDY

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Aims: General practitioners (GPs) have a central position in the care for patients with medically unexplained symptoms (MUS). Providing explanations is considered an important part of care for these patients. Although there is ample knowledge on explanations and explanatory models, GPs experience difficulties in explaining MUS in daily practice. This study aims to describe how GPs explain MUS to their patients.

Methods: A qualitative observational study was performed, in which videos and transcripts of 39 general practice consultations involving patients with MUS were thematically analyzed with regard to explanations for MUS, using a combination of deductive- and inductive starting points, and ‘One Sheet of Paper’ tactics (OSOP).

Results: GPs provided explanations in 35 of 39 consultations. From the data several components of explanations emerged: (1) Labels, which varied from a diagnosis to a localization of symptoms, (2) Causes, (3) Mechanisms, i.e., how symptoms develop, (4) Normalization, i.e., a statement that symptoms are within the scope of normal experience and (5) Non-Explanations, i.e., explanations about what is not related to the symptoms. Explanations varied greatly in extensiveness, as some were composed of many components while others consisted of single components. GPs made use of somatically and psychologically oriented explanations as well as combinations of them. Furthermore, explanations were sometimes stated firmly and sometimes only as a possibility.

Conclusions: This study showed that GPs provide explanations for MUS in almost all consultations. These explanations varied greatly in terms of content, extensiveness and whether they were communicated as a fact or as a possibility. More insights into the effects of explanations might support GPs in explaining MUS to their patients.

SEARCHING FOR STRONG SIDES - GENERAL PRACTITIONERS KNOWLEDGE OF STRONG SIDES AMONG PATIENTS WITH MEDICALLY UNEXPLAINED SYMPTOMS

Ingjerd Helene Jossang - Aase Aamland - Stefan Hjorleifsson

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Aims: Sometimes general practitioners (GPs) experience consultations with patients who have medically unexplained symptoms (MUS) as difficult and challenging, and patients may feel that they do not receive good help. A main reason for this is that the training of GPs focuses on finding and treating disease under the biomedical paradigm, whereas MUS align poorly with this paradigm and there is a scarcity of evidence based treatment options. Nevertheless, the GP plays a key role in the follow-up of these patients, and many patients are grateful for the help they receive. Based on theories of embodied subjectivity, the patient can be understood as a lived body – a body fundamentally influenced by the experiences and feelings of that person. One may hypothesise that for patients with MUS it can be helpful if their GP treats them as a co-subject rather than an object or case. Potentially, engaging with the patient as a co-subject can promote good health. A further assumption of ours is that one of the ways in which GP can recognise and respect their patients as co-subjects is through acknowledging a strong side in the patient.

Methods: Based on this, as a way of exploring how GPs can be of help to patients with MUS, our plan is to interview approximately 18 GPs in three focus groups about their experiences with discovering strong sides in patients with MUS and what this discovery meant for the GP.

Results: We will conduct the focus groups in Norway in February-April 2018. We will then perform an analysis according to the method of systematic text-condensation of verbatim transcripts of the focus groups.

Conclusions: To be done after data analyses.

PREVALENCE OF ADVERSE CHILDHOOD EXPERIENCES (ACES) IN A PRIMARY CARE SETTING ITS INFLUENCE ON PHYSICAL AND MENTAL HEALTH

D. Riedl - T. Beck - A. Lampe

University Hospital for Medical Psychology and Psychotherapy, Innsbruck, Austria

Aims: Several studies indicated that adverse childhood experiences (ACEs) may increase the risk of physical and mental illnesses in adulthood. Yet, only limited information on the prevalence of ACEs in adult patients of primary care hospitals in Austria is available. The aim of the present study therefore was to assess the occurrence of ACEs in a large sample of patients in a primary care hospital and to investigate its influence on the patients' current physical and mental health.

Methods: At the University Hospital of Innsbruck data from 1641 patients was collected during clinical routine for this cross-sectional observational study. ACEs were assessed with the German version of the MACE (Maltreatment and Abuse Chronology of Exposure Scale). Physical diseases were assessed with a comprehensive self-administered checklist from the German Pain Questionnaire and psychological symptoms were assessed with the BSI-18 (Brief Symptom Inventory).

Results: Of the included sample, 16.1% reported parental verbal violence, 7.6% parental physical violence, 7.1% emotional neglect, 2.6% physical neglect, and 4.9% were victims of sexual violence. Another 5.4% witnessed physical violence between parents, and 7.1% violence towards siblings. Regarding peer violence, 9.3% reported emotional and 6.2% physical violence. Women reported significantly higher experiences of verbal (Chi^2=14.42, p<0.001) and nonverbal parental abuse (Chi^2=8.03, p=0.003), sexual violence (Chi^2=6.82, p=0.006), emotional peer violence (Chi^2=3.84, p=0.05), and witnessed violence between parents more often (Chi^2=4.63, p=0.02). The number of ACEs patients had experienced was significantly correlated to the amount of physical diseases (r= 0.14, p<0.001), trauma-related symptoms (r= 0.39, p<0.001), depression (r=0.32, p<0.001) anxiety (r= 0.27, p<0.001) and somatization (r=0.16, p<0.001).

Conclusions: A significant number of patients in primary care hospitals have experienced ACEs. The amount of burdens experienced throughout childhood significantly influenced current physical and mental health. The careful assessment of ACEs in the curse of clinical treatment is an important challenge for consultation-liaison psychiatry and psychology.

WORKSHOP

CONSULTATION LIAISON PSYCHIATRY: HOW TO APPROACH DIFFERENT MEDICAL SPECIALISTS; ONE SIZE DOES NOT FIT ALL

K-J. Nauta - B. Broekman - A. Schade - BFP Broekman

Department of Psychiatry VU Medical Centre, Amsterdam, Netherlands

Aims: Doctors of various medical specialisms can make different clinical judgements about psychosocial and psychiatric problems in their patients, based on their own interests, experience and attitude towards psychiatric care. As a consequence, various medical specialists may have different expectations and needs of Consultation Liaison psychiatrists. Understanding these differences is important for improving effectiveness of psychiatric consultation, consultee satisfaction and integrative care of the patient.

Methods: In this interactive workshop we will first provide a brief outline of our conceptual approach towards Consultation Liaison Psychiatry. This will be followed by a discussion on differences in clinical judgments and professional attitudes between the various medical specialists, supported by results of a descriptive study on attitudes of non-psychiatry doctors towards mental health problems and liaison psychiatry services in our hospital. At the end of the workshop, we will explain how Consultation Liaison Psychiatry can be made more effective by connecting to the different attitudes of different specialists. Participants will practice with developing treatment plans for different consultation requests from doctors of various medical specialisms. In the plenary discussion there will be room for sharing insights and ideas. The workshop will be concluded with advice and recommendations for practice.

Results: After completing this 2 hour workshop, the participant will be able to (1) recognize and understand different needs and expectations of various medical specialists that are relevant for psychiatrists working in Consultation Liaison Psychiatry, and (2) improve his/her effectiveness of the psychiatric consultation by adapting his/her communication style in concordance with doctors of diverse medical specialisms and being able to provide a customized treatment plan.

THURSDAY JUNE 28 15.50-16.50

POSTER SESSION 1

TOPIC: COST-EFFECTIVENESS AND SOCIAL ISSUES IN SOMATIC DISORDERS

P2 - SUICIDE ATTEMPTS BY JUMPING AND LENGTH OF STAY IN GENERAL HOSPITAL

L. Todorov (1) - H. Vulser (1) (2) (3) - A. Follin (4) - I. Thauvin (1) - A. Radtchenko (1) - J. Vidal (5) - P. Guigui (2) (6) - F. Limosin (1) - C. Lemogne (1) (2) (3)

AP-HP, Western Paris University Hospital group, Department of Psychiatry, France (1) - *Paris Descartes University, Sorbonne Paris Cité, Faculty of Medicine, France* (2) - *Inserm U894, Centre of Psychiatry and Neuroscience, France* (3) - *AP-HP, Western Paris University Hospital group, Department of Anaesthesiology, France* (4) - *AP-HP, Western Paris University Hospital group, Department of Physical medicine and rehabilitation, France* (5) - *AP-HP, Western Paris University Hospital group, Department of Orthopaedic Surgery, France* (6) - *Department of Psychiatry, AP-HP, Western Paris University Hospital group, Paris Descartes University, Inserm U894, Paris, France*

Aims: Violent suicide attempt, such as jumping from a height, frequently leads to hospitalization in general hospital with high length of stay. However, features associated with length of stay after such suicide attempts remain largely unknown. We aimed to investigate socio-demographic and clinical factors associated with length of stay in general hospital in patients admitted after suicide attempts by jumping.

Methods: Patients admitted after suicide attempts by jumping between 2008 and 2016 were included in this study. A wide range of data was collected retrospectively. Length of stay was log-transformed and general linear models were used to identify its associations with socio-demographic and clinical factors.

Results: The final sample consisted of 225 patients: 42% received a diagnosis of psychotic disorder (F2 code), 26% a diagnosis of affective disorder (F3 code) and 32% (another diagnosis or no diagnosis). Several clinical factors were associated with a longer length of stay: number of injuries ($\beta=0.17$ $p=0.01$), anticoagulation ($\beta=0.62$ $p<0.001$), external fixator ($\beta=0.39$ $p=0.02$), psychotic disorder ($\beta=0.37$ $p=0.01$) and delirium, ($\beta=0.40$ $p=0.002$). Admission in psychiatric ward at discharge was associated with a lower length of stay ($\beta=-0.82$ $p<0.001$).

Conclusions: In patients admitted in medical setting after suicide attempt by jumping, some psychiatric factors, such as psychotic disorder or delirium, may increase the duration of hospital stay by several days (+24 and 29 respectively). The impact on length of stay was nearly similar to those of medical non psychiatric factors, such as anticoagulation or external fixator. In contrast, transfer in psychiatric ward may decrease the length of stay (-6days) suggesting that medical care might have been interrupted due to the psychiatric disorder.

P3 - THE POLYVALENT MODEL OF DEPARTMENT OF MENTAL HEALTH "ASP PALERMO": THE ESTABLISHMENT OF PERSONALIZED CARE

Carreca A. (1) - Caprì C. (2) - Li Puma A. (1) - Settineri P. (1)

Department of Mental Health ASP Palermo, Italy (1) - Policlinic Universitary of Palermo "P. Giaccone", Italy (2)

Aims: Assessment of the effectiveness work of "ASP Palermo's" Consultation - Liason Psychiatry, starting a new partnership with other city's hospital.

Methods: Initially some multidisciplinary teams have been formed. A team was composed of a psychologist, a psychiatrist and a nurse, sometimes also a social worker. For six months this multidisciplinary team assisted hospital's doctors during their ward shift, outpatient procedure and in clinic. The goal of working together was to improve mutual awareness and cooperation. All available instruments used to achieve this target were: Balint's group with hospital's doctors and nurses; after hospital discharge and during hospitalization Consultation – liason psychiatrist took care and supported patient using pharmacotherapy and brief therapy.

Results: In this way, the doctor-patient relationship was improved, the days of hospitalization was reduced, it also maked for better compliance with and outcome from the treatment and care program.
During the last three years, we have followed 918 patients with different diseases, distributed as follows: 57% cancer, 23% heart disease,13 % haematological disorders, 14% hepatic and gastrointestinal diseases,3% fibromyalgia and other conditions. 40% of these patients are still taken care and supported by the multidisciplinary team in the dedicated outpatient Clinic. In this Clinic we have also patients who other specialists or general practitioners send us. We give us a psychopharmacology consult and psychotherapy. Today we took handle 476 patients.

Conclusions: after few years we can say that this multidisciplinary work encouraged patients to get closer to their feeling, guarantees to the patients the continuing assistance; and proved that using an integrated approach, we can give emotional support also to hospital's doctors and nurses.

P4 - DIFFICULTIES IN FINDING LONG TERM SOCIAL CARE FOR PSYCHIATRIC INPATIENTS IN HUNGARY

Papp Éva - Gazdag Gábor

1st Department of Psychiatry and Psychiatric Rehabilitation, Budapest, Hungary

Aims: a significant number of psychiatric inpatients need long term social care after hospitalization. In Hungary four different types of social homes exist: home for elderly, for psychiatric, for handicapped patients and for patients with addiction or severe cognitive decline.

Methods: authors studied the length of hospital stay in the 1st Department of Psychiatry and Psychiatric Rehabilitation of Jahn Ferenc Hospital in those patients waiting for long term social care in a six months period.

Results: longest (mean: 1.6 years) hospital stay was found in those patients waiting for a home for psychiatric patients. Most difficult cases were those in which no relative could help organizing the administrative process or when the patient had no income at all. In these cases waiting time increased to 2.3 years. The survey revealed that those patients with severe cognitive decline had a shorter waiting time (mean: 4.2 months) compared with elderly patients without dementia (mean: 7 months). In those cases in need of chronic inpatient care patient's financial position could significantly influence the length of waiting (5 months vs. 1.5 months). Shortest waiting time (mean: 1 month) was detected in those case where relatives could actively participate in finding the best place for the patient and could financially support the patient as the care in private homes usually require this. Discussion: in Hungary a significant number of those patients waiting for long term social home care are kept in psychiatric departments in spite of the fact that they do not need psychiatric inpatient care during this time. Beside the increased health risk of inpatient stay (nosocomial infection, consequences of immobilization, etc.) this solution of the problem is much more expensive than keeping the patient in any institute of the social system.

Conclusions: According to our results we conclude that increasing the capacity of the social homes is urgently necessary. Although the shortage of the capacities was detected in all forms of long time social homes, the most serious need arisen in psychiatric homes.

P5 - MULTIDISCIPLINARY AND INTEGRATED CARE PLAN FOR DIAGNOSIS AND TREATMENT OF AFFECTIVE DISORDERS DURING PUERPERIUM

R. Riolo - L. Mesiano - A. Donolato - B. Ferrari - B. Ciulli

Azienda ULSS 6 Euganea, Distretto di Psichiatria 2- Camposampiero and Cittadella, Italy

Aims: In the Consultation-Liaison work in the Obstetrics and Gynecology Departments of Camposampiero (since 2010) and Cittadella's hospitals (since 2016), the need for a specific and integrated work for the detection of emotional-affective disorders of puerperium emerged.

Methods: Since 2010 our psychiatric outpatient clinic has been operational with the following objectives: screening for postpartum affective disorders in our hospital; provide counseling and therapy to all women in our area; perform studies and assessments of sociodemographic, psychological and psychosocial characteristics using diagnostic tools and a purpose-built database. All mothers were subjected to an interview 6-8 week after birthgiving by written and/or telephonic invitation for the administration of specific tests. When scoring positive, women were referred to a psychiatrist for consultation; then they received medication and/or psychotherapy or joined a psychotherapeutic group. An open-access clinic is open for new mothers and family members to encourage collaboration and integration with general practitioners of medicine, pediatricians and gynecologists operating in our district.

Results: From 2012 to 2016, 6214 mothers were proposed PPD screening and 3041 accepted it. 618 were positive and out of them. 7,8% suffered from psychiatric disorder and (3,5% with diagnosis of DPP) and 20,7% suffered from emotional disorders. 2017-data are in consolidation. There was a higher percentage of diagnosis of PPD in the clinic with direct access to hospital screening. The project created a network of integrated services, involving an interdisciplinary team: 1. General practitioners and familiar pediatricians, made aware of puerperal disorders and trained to identify and to monitor them; 2. Healthcare professionals of Neuropsychiatry and Family Services, for an early integrated and effective treatment; 3. Neonatologists and nurses of Neonatal Intensive Care to support parents of hospitalized preterm babies.

Conclusions: Considering the absence of mothers' hospitalizations for puerperium disorders in our psychiatric ward since 2010, we can state the effectiveness of this integrated care plan for screening, diagnosis and treatment of perinatal disorders. The creation of a network of integrated services and the possibility of access to the clinic for postpartum affective disorders has proved to be an effective system of early prevention and treatment.

P6 - PERCEIVED STIGMA TOWARDS MENTAL AND PHYSICAL ILLNESS IN HEALTHCARE PROFESSIONALS AND THE LAY POPULATION

Nasim Chaudhry (1) - Sana Zehra (1) - M Omair Husain (2) - Madeha Niaz (1) - Sarwat Sultan (3) - Farooq Naeem (4) - Nusrat Husain (5)

1 Global Mental Health, Pakistan Institute of Living and Learning, Karachi – 2 Faculty of Medical and Human Sciences, University of Manchester, Manchester – 3 Department of Applied Psychology, Bahauddin Zakariya University Multan, Multan – 4 Adult Psychiatry & Health Systems, Centre for Addiction & Mental Health, Toronto – 5 Division of Psychology and Mental Health, University of Manchester, Manchester

Aims: Individuals struggling with mental and physical disorders not only suffer with complications of their illness but often negative perception of ill health from society. There is sparsity of literature exploring prevalence of stigma towards physical and mental illness between healthcare professionals and the lay public. The objective of this study was to investigate the differences in perceived stigma towards mental and physical illness among healthcare professionals and the general population in a lower middle income country.

Methods: This was a cross-sectional study recruiting 1470 individuals aged over 18 years. The sample consisted of three groups: healthcare professionals, healthcare students, and the general public, in Karachi Pakistan. All participants completed the Social Distance Scale (SDS) along with a demographic variable sheet.

Results: Differences in attitudes were found in the three groups. Our preliminary findings suggest that all groups reported poorer attitudes (more stigma) towards mental illness compared to physical illness. The lay public had more pronounced negative beliefs towards mental illness compared to the other two groups.

Conclusions: This demonstrates that mental illnesses are more stigmatized compared to physical disease in Pakistan. Stigma around mental and physical illness has far-reaching consequences, including barriers to recovery and social inclusion. These findings highlight the need for campaigns to increase awareness about mental illnesses not only for the general public but also in health professionals, healthcare students.

P7 - BODY TALK: ATTRIBUTES TO BODY WEIGHT IN EATING DISORDER PATIENTS

Simone Moelbert (1) - Lukas Walder (1) - Maria Alejandra Quiros-ramirez (2) - Betty Mohler (3) - Stephan Zipfel (1) - Katrin Elisabeth Giel (1)

Medical University Hospital Tuebingen, Dept. for Psychosomatic Medicine and Psychotherapy, Tuebinge, Germany (1) - Max Planck Institute for Intelligent Systems, Dept. Perceiving Systems, Tuebingen, Germany (2) - Technical University Darmstadt, Institute for Sports Science, Darmstadt, Germany (3)

Aims: Eating disorders are typically associated with high self-criticism of one's body, and there are hints that patients also stigmatize other people for their weight more than healthy people do. In this study, we use questionnaire data as well as two desktop computer tasks to investigate (1) whether people with eating disorders assign negative attributes to increasing weight and (2) whether weight-related stigmatization is stronger than in healthy controls.

Methods: 30 eating disorder patients and 30 healthy controls are assessed. To measure evaluation of the own body, we use a set of established questionnaires (EDE-Q, BIQ-20, EDI-2). Weight bias is assessed with the Fat Phobia Scale and with two computer tasks. In task 1, we present computer generated bodies of varying body mass index (BMI; kg/m²) and ask for ratings how much a set of adjectives apply to this body. Also, we collect valence ratings for the adjectives. In task 2, participants freely model bodies to fit the same adjectives, and we afterwards compute the bodies' BMI.

Results: We assessed 10 patients with anorexia nervosa, 5 patients with bulimia nervosa and 10 patients with binge eating disorder. Pilot analyses with seven patients suggested significant correlations between BMI and attribution of adjectives. Heavier bodies were evaluated as fatter and more pear shaped, but also as more clumsy, lazy and less goal-oriented. In task 2, the adjusted body weight was significantly correlated with valence of the adjective.

Conclusions: Preliminary data show that our tasks are appropriate to capture weight stigma. More detailed analyses will be presented at the conference. A multi-center assessment is planned to enable comparisons between different diagnoses.

P8 - PERCEIVED DISCRIMINATION IN HEALTH CARE SETTINGS AGAINST PEOPLE WITH MENTAL DISORDERS IN FIVE EUROPEAN COUNTRIES. FINDINGS FROM THE COFI PROJECT

E. Miglietta (1) - S. Petterlini (1) - C. Bonetto (1) - C. Comacchio (1) - D. Cristofalo (1) - D. Giacco (2) - P. Nicaise (3) - A. Pfenning (4) - S. Priebe (2) - M. Ruggeri (1) (5) - A. Lasalvia (5) for the COFI study Group

Section of Psychiatry, Department of Neuroscience, Biomedicine and Movement, University of Verona, Italy (1) - *Unit for Social and Community Psychiatry (World Health Organisation Collaborating Centre for Mental Health Services Development), Queen Mary University of London, London, United Kingdom* (2) - *Institute of Health and Society IRSS, Université catholique de Louvain, Bruxelles, Belgium* (3) - *Department of Psychiatry and Psychotherapy, Carl Gustav*

Carus University Hospital, Technische Universität Dresden, Dresden, Germany (4) - *Psychiatric Clinic, AOUI Hospital Trust of Verona, Verona, Italy* (5)

Aims: Stigma and discrimination encountered in health care settings represent a major barrier for receiving optimal physical health care for people with mental disorders. This study aims to explore levels and determinants of perceived discrimination in health care settings in a large sample of patients with the full spectrum of psychiatric disorders living in five European countries.

Methods: Cross-sectional study conducted in the context of the EU-funded COFI project (COmparing policy framework, structure, effectiveness and cost-effectiveness of Functional and Integrated systems of mental health care). Patients with an ICD-10 diagnosis of psychotic, affective and anxiety disorders admitted over a 14 months period to 57 psychiatric inpatient units in Belgium, Germany, Italy, Poland and UK were assessed at 1 year FU by using the Discrimination and Stigma Scale (DISC-12).

Results: Sample composed by 2074 patients. Descriptive analyses show that 14% reported having been treated unfairly when getting help for physical health problems. Significant differences were observed across countries, with the highest discrimination rate in Belgium (22.3%) and the lowest in Italy (6.9%) (Chi square, $p<0.05$). Patients with anxiety disorders reported the highest rate of perceived discrimination (18.9%) compared to those with affective (13.3%) and psychotic (12.1%) disorders (Chi square, $p<0.05$). Female (16.5%) and unemployed patients (15.2%) reported greater perceived discrimination, compared respectively to males (11.7%) and employed (10.2%) (Chi square, $p>0.05$). Logistic regressions confirmed that being male, living in Italy and being employed were significantly associated with lower discrimination rates (OR=0.39, p=0.00; OR=0.72, p=0.01; OR=0.60, P=0.01) while having an anxiety disorder was associated with higher rate of discrimination perceived by patients (OR= 1.84, p=0.001).

Conclusions: This study confirms that health care settings are perceived as a source of discrimination for at least one-tenth of persons with mental health problems. Factors such as cultural contexts, clinical practices and differences in the organisation of care provision should be explored more carefully to understand how local context specific interventions should be implemented to prevent discrimination in health setting and thus facilitate the access of psychiatric patients to a quality health care.

P9 - HOW DO PATIENTS WITH COMPLEX SOMATIC SYMPTOM DISORDER UTILISE A MULTI-DISCIPLINARY TEAM?

Philippa Bolton

TEWV NHs Foundation Trust, Lanchester Road Hospital, Durham, United Kingdom

Aims: To analyse how somatic symptom disorder patients utilise a multidisciplinary team.

Methods: The Durham and Darlington medically unexplained physical symptoms service is situated within liaison psychiatry services and acts as a ‘step up’ service from the local CBT service for complex patients with somatic symptom disorder. This is a retrospective study looking at 307 patients over 4 years. Identification of what interventions they received and from whom was analysed using retrospective data collected from casenotes. Gaps in service were also identified in order to inform future service development.

Results: Of the 307 patients identified, 27% of patients engaged with support workers for rehabilitation and stabilisation work. 66% of patients saw psychiatrists for diagnostic assessment of comorbid mental illness, medication review and psychological therapy, 41% had nurse-led psychological informed interventions: psychoeducation; bereavement counselling; mental health reviews. 14% of patients attended the non epileptic attack disorder groups. 28% received complex psychological therapy from a psychologist and 18% require systemic interventions i.e. ensuring the healthcare system around the patient is managed. Gaps in service were identified in relation to Occupational therapy (OT) and physiotherapy. Following a health needs analysis, it was found that 46% of patients would benefit from physiotherapy and 54% of patients required occupational therapy.

Conclusions: Patients with complex somatic symptom disorder are shown to require a range of psychologically informed interventions to achieved change. The team psychologist supervises all team members to ensure this occurs. A key component of the service is stabilisation prior to psychological therapy. This is achieved by psychoeducation, psychiatric review to treat comorbid mental illness, stabilisation of the medical system around the patient and support worker intervention utilising behavioural activation and goal attainment strategies to promote self efficacy in symptom management. Physiotherapy and OT are required to manage risk (eg of falls) restore functioning and to work in parallel with psychological therapy and support workers to facilitate recovery. Support workers and OT's can work with voluntary agencies and employers to help patients return to work.

P10 - INTEGRATING PATIENT REPORTED OUTCOMES (PROS) IN NEUROENDOCRINE TUMORS (NETS) CARE: AN ASSESSMENT OF COGNITIVE AND PSYCHOLOGICAL SCREENING TOOLS DURING FOLLOW-UP

J. Hallet - E. Isenberg-Grzeda - J. Kazdan - K.A. Beyfuss - S.D. Myrehaug - S. Singh - D. Chan - C.H.L. Law

Sunnybrook Health Sciences Centre, University of Toronto, Toronto, Canada

Aims: Neuroendocrine tumors (NETs) are a prototype for illnesses existing at the interface of medicine and psychiatry. NETs often secrete vasoactive substances, including serotonin, which can affect mood and cognition, and as slow growing tumors they can impact psychosocial functioning for decades, sometimes well after the rallying support of caregivers has dwindled. Not surprisingly, an association between NETs and neuropsychological symptoms has been suggested, but objective data is limited. We aimed to assess the burden of neuropsychological symptoms in NETs using validated patient reported outcomes (PROs).

Methods: Adult patients with NETs followed at a high volume specialized multidisciplinary clinic were assessed prospectively for mood (BDI-II), cognition (FACT-Cog) and health-related quality of life (EORTC-GEPNET21), as well as patient preference for psychosocial support. Results will be presented from an exploratory preliminary analysis conducted after 2 months.

Results: Of 80 patients, 27.5% had BP and 65.2% GEP primary NETs. Metastases were present in 65% and 30% were hormonally active (elevated 24-hour urinary 5-HIAA). No patients had an established cognitive or psychiatric diagnosis. Median time from NETs diagnosis to PROs measure was 82 (IQRL: 64.5-125) months. Using the BDI-II, 16.3% of patients presented mood disturbances, 17.5% signs at or above the level of clinical borderline depression, and 8.8% moderate to severe depression. FACT-Cog assessment revealed moderate perceived cognitive impairment (median 61, IQR: 50-68, possible range 0 to 72) and considerable reduction in perceived cognitive ability (median 5, IQR: 2-10, possible score 0 to 28). On the EORTC-GEPNET21, social functioning was the most impacted domain (median 16.7, IQRL 8.3-33.3). Gastro-intestinal, endocrine and treatment related symptoms were mildly impacted. Patients preference (very likely/likely to use) for psycho-social support was: social work 23.8%, psychology services 32.6%, psychiatry services 36.2%, and patient support group 36.3%.

Conclusions: Using validated PROs, one out of 5 patients presented signs of clinical depression and perceived cognitive impairment during the maintenance phase of care. While physical symptoms appeared well-controlled, social functioning was impacted. These results provide insight into the need to routinely screen NETs during follow-up in order to offer support and improve patient-centered longitudinal care.

P11 - NARRATIVES ABOUT EMBODIED PERSONS AS A WAY OF BRIDGING OF THE PSYCHE-SOMA GAP

Stefan Hjorleifsson (1) - Kjersti Lea (2)

University of Bergen, Department og global health and primary care, Bergen, Norway (1) - University of Bergen, Department of education, Bergen, Norway (2)

Aims: To develop a philosophical anthropology for medicine that avoids the psyche-soma distinction and other similar hyphenations as in the bio-psycho-social model.

Methods: Drawing on the theories of Taylor (on what it means to be a person), Leder (on the lived body) and Gadamer (on "the enigma of health" and interpretation) we will present a narrative account of patients as embodied persons who are socially situated and hold moral values. We will present the case history of a man called Zac who suffers extensive and troublesome symptoms that exceed his capacity for self-management. Zac's symptoms also defy his general practitioner's understanding and the patient risks excessive and harmful investigations. Our narrative account of this person will offer a way of interpreting his symptoms that relates Zac's interpretation of his embodied situation to his values and aspirations.

Results: The above narrative about Zac's predicament avoids perpetuating a dichotomous understanding of the psyche-soma relationship and may enable Zac and his doctor to engage with Zac's health problems in a more adequate, truthful and constructive way than does a conventional biomedical approach.

Conclusions: A narrative and morally grounded understanding of embodied personhood can be particularly helpful in complex situations where health and health problems traverse conventional boundaries between body and mind.

P12 - PSYCHOLOGICAL MEDICINE IN PRIMARY CARE – A PILOT STUDY

Julia Hose (1) - Sarah Burlinson (2)

Pennine Care NHS Foundation trust, Royal Oldham Hospital, Manchester, United Kingdom (1) - Pennine Care NHS Foundation Trust, Royal Oldham Hospital, Manchester, United Kingdom (2)

Aims: 'Medically unexplained symptoms' are recognised as a major source of distress for people suffering with them; as well as a significant challenge for healthcare professionals, with terms such as 'heart sink patient' sometimes being applied. They are also financially costly, with an estimated annual cost in the UK of at least £3.1 billion per year. 'Psychological Medicine in Primary care' was developed as a pilot service model to develop an innovative collaborative care model based in general practice settings. The pilot team provided tailored idiographic assessments, formulation and person specific case management in addition to consultation and supervision for other professionals. This presentation will focus on the findings from the initial pilot project. Consideration is also given to the process of scaling up the project.

Methods: A mixed method analysis consisting of: Pre- and post-referral attendance data, including "purpose of appointment" for 100 patients. Semi-structured interviews with eight GPs were conducted and subjected to a qualitative thematic analysis.

Results: 35% reduction in GP attendance in the equivalent time before and after referral, with a reduction in appointments for the unexplained symptoms. Feedback from GPs included themes relating to the project's specific impact on their working life, organisational culture, patients' clinical presentation, and filling a major gap in service for a challenging patient cohort with whom they had felt 'stuck'.

Conclusions: Meaningful change was demonstrated in health behaviours for a group of hard to engage, complex individuals as recognised by professionals charged with their care. GPs attributed the success of the service to the integrated model, assertive and flexible team approach and the intense nature of the support provided. Findings from the pilot project have been incorporated into the development of a larger scale team structure seeking to meet the same goals for a larger population and also incorporating the complex needs of individuals receiving a personality disorder diagnosis. The process of this 'scale up' procedure will be considered in greater detail together with proposed on-going efficacy monitoring.

P13 - UTILISATION OF WHOLE-PERSON BIOPSYCHOSOCIAL TECHNIQUES FOR MEDICALLY UNEXPLAINED SYMPTOMS

Kelvin Leung (1) - Matthew Rowett (2)

Surrey & Borders Partnership NHS Foundation Trust, Farnham Road Hospital, Guildford, United Kingdom (1) - Tees, Esk and Wear Valleys NHS Foundation Trust, Roseberry Park Hospital, Middlesbrough, United Kingdom (2)

Aims: In clinical practice, medically unexplained symptoms (MUS) are common, estimated to be affecting 4-10% of the population worldwide. Communication of MUS to both patients and services is often poor, leading to stigma and poor treatment compliance. The existing guidelines for its management have been 'patchy' and not been standardised. We aim to provide a descriptive account of our practice in order to emphasise the importance of bridging this body-mind divide and to stimulate further service evaluation.

Methods: A MUS clinic sit-in session was arranged on 20 January 2014. The specific techniques used by the consultant-in-charge were recorded. The physician's narratives to his MUS-specific personal approach were obtained.

Results: The following themes have been consistently identified during the consultations: Acknowledgement – Acknowledge patient's frustration helps set the tone for a psychological formulation; Validation – Take a full history of the onset and course; Enquire illness perception; Exploration – Discuss the emotional impact; Identify co-morbid psychopathology, living arrangement and relationships; Maintain a conversational style; Use metaphors; Formulation – Use Timeline to obtain the personal history (e.g. quality of relationships, childhood adversity and illnesses, events in parents' lives); Explanation – Reassure cultural acceptability; Provide a model of the symptoms; Describe existing treatment evidence; Give realistic expectations.

Conclusions: We have devised an illustrative account of a whole-person biopsychosocial model for the management of MUS. This has prompted further audit and research for its acceptability and validation. An individualised and holistic approach for MUS is required due to the complex nature of these symptoms. The outcome is heavily determined by the cultural and social circumstances.

P14 - NEUROLOGISTS‵ ASSESSMENT OF MENTAL COMORBIDITY IN ROUTINE CLINICAL CARE – COMPARISON WITH A STRUCTURED CLINICAL INTERVIEW

Karina Limburg (1) - Andreas Dinkel (1) - Gabriele Schmid-mühlbauer (2) - Heribert Sattel (1) - Katharina Radziej (1) - Sandra Becker-bense (3) - Peter Henningsen (1) - Mariann Dieterich (3) - Claas Lahmann (4)

Technical University Munich, Klinikum rechts der Isar, Department of Psychosomatic Medicine and Psychotherapy, Munich, Germany (1) - SchlaU-Schule, (School for young refugees), Munich, Germany (2) - Ludwig-Maximilians-University, German Center for Vertigo and Balance Disorders, Munich, Germany (3) - University Medical Center Freiburg, Department of Psychosomatic Medicine and Psychotherapy, Freiburg, Germany (4)

Aims: Mental health comorbidities are frequent in patients with vertigo and dizziness (VD). The current study was conducted in a specialised interdisciplinary university center for VD, where clinical routines consist of a structured work-up in which neuro-otological and neurological tests are performed to detect possible organic vestibular deficits. In addition, psychiatric disorders and comorbidities are considered. The study aimed at evaluating neurologists' awareness of psychiatric next to somatic disorders within patients' first examination in terms of diagnostic congruence between neurologists' diagnoses and structured clinical assessment of mental disorders.

Methods: The study involved 392 patients. Diagnostic evaluation included a) structured history-taking (including psychosocial anamnesis), neurological, and neuro-otological diagnostics conducted by neurologists and b) a structured clinical interview for mental disorders (SCID-I) conducted by psychologists and final-year medical or psychology students. Cohen's Kappa was calculated to determine agreement rates regarding depression and anxiety disorders; in addition, sensitivity and specificity were evaluated.

Results: Neurologists' assessments led to at least one psychiatric diagnosis among the main diagnoses in 40 (10.2 %) patients, whereas the structured clinical interview led to at least one DSM-IV psychiatric diagnosis in 174 (44.4 %) of the patients. Agreement was low ($\kappa < 0.2$); sensitivity was low (15 %) but specificity was high (98 %).

Conclusions: Agreement between the diagnosis of neurologists and structured clinical interviews for psychiatric disorders is low. Since psychiatric disorders are frequent in VD and tend to take a chronic course, improving early recognition and implementing appropriate care concepts is vital. In this regard, possible approaches will be discussed.

P15 - GUIDELINES FOR THE DEVELOPMENT OF INTEGRATION BETWEEN GENERAL PRACTITIONER AND PSYCHOLOGIST

Annalisa Moro (1) - Valentina Cutrupi (1) - Mariangela Spera (2)

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Aims: The aim of the poster is to outline a possible development of the project of co-presence between the general practitioner (GP) and the psychologist. The Project of co-presence between the GP and the psychologist has been guided and promoted by Luigi Solano, Professor of Psychosomatics at the Sapienza University, who found funding for its realization within the Post-Graduate School in Health Psychology at the Sapienza University. The project led to the accumulation of a significant know-how regarding both the psychological intervention done in this context, and, above all, the integration of medical and psychological competencies in view of the bio-psycho-social well-being of the population. The project development that we are presenting is proposed by health psychologists that have participated in the co-presence Project with the aim of carrying it on through varied fundings (local authorities, foundations, European Union).

Methods: The team of practitioners involved in this project (psychologists, medical doctors, and others) will adopt a participated methodology for amplifying the co-presence model in several directions: diffusion and promotion of the results of the already realized interventions of co-presence between the GP and the psychologist; expansion of the practice of co-presence; training for psychologists, GPs, and specialists; evaluation-research on the results of the integration between the medical and the psychological competencies; conversation with the local authorities about the right to health. These activities can be carried out also as local experimentations, as extensions to some niche Italian experiences (Azienda del Friuli, Comune di Galatina – Lecce).

Results: Expected outcomes are the diffusion, the growth, and the normalization of the Project of co-presence between the GP and the psychologist.

Conclusions: As the psychology services of the public health authorities decrease while demand increases, and as the fragmentation of health interventions grows, the GP office may represent a fundamental turning-point, as the reference place for the collection of the health needs of the population.

P16 - PREDICTORS OF HEALTH-RELATED QUALITY OF LIFE IN PATIENTS WITH PRIMARY AND SECONDARY BRAIN TUMORS

Johanna Weiss (1) - Johanna Freidel (1) - Peter Herschbach (1) - Anna Furmaniak (1) - Hans Geinitz (2) - Florian Ringel (3) - Bernhard Meyer (4) - Andreas Dinkel (1)

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Aims: To identify relevant predictors of Health-Related Quality of Life (HRQoL) in patients with primary and secondary brain tumor (BT).

Methods: 93 patients with primary or secondary BT participated in this cross-sectional study. HRQoL was assessed using the SF-12. Potential predictors of HRQoL were drawn from sociodemographic, clinical and psychosocial patient characteristics. Patients completed questionnaires assessing anxiety (GAD-2), depression (PHQ-2) and cancer-related distress (QSC-R23). Clinical characteristics were recorded from patients' medical records. Neurocognitive deficits were assessed using a standardised neuropsychological test battery. Descriptive statistics, t-tests, chi-square-test and binary logistic regression analyses were performed to identify relevant predictors of HRQoL.

Results: 93 patients (57 % women; age 51.7±12.6 years) with primary (62,1 %) or secondary (37,9 %) BT were included in the study. In univariate analysis several factors were significantly associated with reduced HRQoL. In multivariate analysis however, Karnofsky-Performance-Status (KPS) was identified as the strongest predictor of reduced physical QoL, followed by psychological distress. With regard to mental HRQoL, depression and anxiety were the most relevant predictors.

Conclusions: Apart from the KPS, psychosocial patient characteristics were found to be the most relevant predictors of HRQoL in patients with primary or secondary BT. Sociodemographics and most clinical characteristics, as well as the number of impaired neuropsychological domains, did not show relevant associations with HRQoL.

P17 - EVIDENCE FOR MOOD-DEPENDENT ATTENTIONAL PROCESSING IN ASTHMA: ATTENTIONAL BIAS TOWARDS HEALTH-THREAT IN DEPRESSIVE MOOD AND ATTENTIONAL AVOIDANCE IN NEUTRAL MOOD.

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Aims: Attentional biases have been observed in populations with psychological disorders, but have been under-investigated in populations with physical illnesses. This study investigated potential attentional biases in asthma as a function of mood.

Methods: Asthma (N = 45), and healthy (N = 39) participants were randomly allocated to a depressed or a neutral mood state induction. They completed a visual probe task that measured participants' reaction times to health-threat and neutral pictures and words.

Results: Compared to the healthy controls, the asthma group showed attentional bias towards health-threat pictures in depressed mood, and avoidance of health-threat pictures in neutral mood.

Conclusions: Attentional biases were found in a group with a physical illness as a function of induced mood. It is suggested that attentional processes in people with physical illness may be important in relation to symptom perception and illness management.

P18 - MENTAL WELL-BEING AND ITS DETERMINANTS AMONG THE OLDEST OLD

E. Lara (1) (2) (3) - N. Martín-María (1) (2) (3) - M. Ådnanes (4) - F. Amaddeo (5) - J. Cresswell-Smith (6) - V. Donisi (5) - A. Forsman (7) - L. Grigoletti (5) - T. Halvorsen (4) - J. Kalseth (4) - J. Kaasbøll (4) - L. Nyholm (7) - L. Melby (4) - J. Nordmyr (7) - L. Rabbi (5) - K. Wahlbeck (6) (7) - M. Miret (1) (2) (3)

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Aims: To elucidate the determinants of mental wellbeing among the oldest old in four European countries.

Methods: The qualitative study used participatory focus groups (FG) including participants belonging to the age category oldest old (i.e. 80 plus). Participants were recruited from senior community centres, adult day care centres and nursing homes in Finland, Italy, Norway and Spain. Sites were carefully selected in order to obtain a broad representation of participants with different levels of functioning. FGs were carried out from April 2017 to January 2018. Ethical approvals were obtained from the local ethics research review committees. All FGs were audiotaped, transcribed verbatim and translated from the national languages into English. Analysis of the transcripts was conducted following the "content analysis" approach using Nvivo software.

Results: In total, 24 FGs were performed involving 121 participants (mean age 85.7; 73.6% females). The participants' perspectives of mental well-being were classified into four main themes: health, social aspects, personal factors and external factors. All participants were unanimous about considering physical health as an essential requirement for mental well-being (being free from illness, staying independent, and having a restful sleep, among others). Respondents largely emphasized the important role of social aspects: having a close and frequent relationship with children and grandchildren was highlighted as necessity for their mental well-being. Communication, support or shared experiences were also seen to add value for mental well-being. Regarding personal aspects, being active emerged as the main topic. Respondents talked about engagement in many activities (keeping busy) together with personal development (purpose in life, help others, etc.) and attitude (optimism).Some external factors such as peaceful environment, care assistance and financial security were also highlighted.

Conclusions: Our findings revealed that being healthy, having significant social relationships and engaging in productive and inspiring activities are considered by the oldest old as determinants of their mental well-being.

P19 - INDIVIDUAL EVALUATION AND HEALTH OF PUBLIC SERVANTS

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Aims: Being work a social activity for the mutual recognition, the realization and the development of identity this study aims to assess: -What is the impact of individual performance evaluation related to given goals (SIADAP) on the professional relations and in the health of public servants?

Methods: A qualitative longitudinal exploratory study, through clinical interviews on the effects, over 10 years, of the new individual evaluation, of the New Public Management, with 12 leaders and subordinates in the Public Administration

Results: Where there was a "public service logic", management by professionals of the same branch who knew the workers, and promotions by seniority (eg. doctors were managing hospitals), now the "logic of pretence evaluations" arises, where managers, distant and omnipotent, evaluate quantitatively the merit of performance by goals, based on benchmarking, rankings and quotas that distort the evaluation of actual work done. Without group strategies, all employees are lonely and competing, fearing not achieving goals, with the hierarchy accusing subordinates in public of incompetence, laziness, and indiscipline. Anger, revolt, cleverness, and somatic markers do not lead to gregariousness and cooperation for survival. The "public servants" instead of empathic and concernful attitudes show themselves as unmotivated and in ethical suffering. Many are vulnerable to psychosomatic diseases. At the level of the mind, when in distress, they react with hyperactivity or indifference, until exhaustion. Others react strangely, feeling the loss of recognition, and enter depression. Insecurity extends to relationships outside work, in love and parental life, but also in social relations, with disconnection and disorganization of relationships. Disturbances associated with pain, chronic fatigue and insomnia, in somatic functional syndrome, or the inflammation of the extremities, joints and spine in musculoskeletal disorders. Among these employees, there are some with alcohol and drug use, hypertension and cardiovascular disease.

Conclusions: It is necessary to create discussion and collective decision spaces in the workplace, cooperative management, and implementation of work psychosomatic consultations.

TOPIC: HEALTH MANAGEMENT, TRAUMA, CROSS-CULTURAL AND GENDER ISSUES

P20 - THE ROLE OF ALEXITHYMIA ON THE OUTCOME OF A SELF-MANAGEMENT PROGRAM IN SUBJECTS WITH ANXIETY AND CHRONIC PAIN.

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Aims: The purpose of this study is to evaluate how much the degree of alexithymia can affect the outcome of a Self Management Program (SMP) in subjects with chronic pain and anxiety.

Methods: Subjects were monitored for 12 months with the following treatment: a) first 2 months of only drugs treatment, b) 2 additional months of SMP (psychoeducational course, mindfulness meditation, self-hypnosis and yoga practice) added with drugs, c) then the monitoring of drugs and SMP was performed at 6, 9 and 12 months after baseline without others interventions. At each time, HADS for anxiety and depression, General Self Efficacy test and SF-36 for quality of Life were used as outcome measures. Alexithymia (TAS-20) was assessed only at baseline.

Results: In these preliminary data, 42 subjects reached 6-months follow up. We observe an improvement of SF-36 (Vitality: F = 9,25; p<.001; Social functioning: F = 6,34; p<.005, Mental Health: F = 10,99; p<.001; Mental Health Index or MHI: F = 5,22; p<.005), anxiety (F = 6,12; p <.005) and total HADS (F = 4,80; p<.01) after 6 month of SMP. The degree of Alexithymia and each of its factors did not affect the results, except for the MHI, which worsens with the increase of the TAS factor 3 scores (F = 3,06; p<.05; ANCOVA)

Conclusions: At 6 months, an improvement in quality of life (QoL) and anxiety can be observed using SMP. The externally oriented thinking (F3) seems to be the factor of Alexithymia that more affects the improvements in QoL with SMP.

P21 - COUPLE RELATIONSHIP AND CARDIAC DISEASE: THE ROLE OF ALEXITHYMIA ON THE COURSE OF MYOCARDIAL INFARCTION

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Aims: To evaluate the effect of alexithymia, measured in both the member of the couple, on the course of myocardial infarction in the male partner.

Methods: 64 couples were recruited from the Cardiology Department of the San Giovanni Hospital of Rome and from the Cardiology Department of the Montfort Hôpital in Montréal, after about a month from the myocardial infarction of the male partner. Both partners filled out the 20-Item Toronto Alexithymia Scale. Medical variables on the course and progression of the myocardial infarction were collected after 6 months from the first examination.

Results: Results showed significant effects of patients’ alexithymia scores (but not of partners’ alexithymia) on some 6 months follow up medical outcomes. Specifically, total alexithymia scores predicted the patients’ weight (Beta=.35, p<.05) and the frequency of physical exercise during a week (Beta=-.32, p<.05). Differently, only partners’ alexithymia total scores revealed significant (or close to be significant) effects on other outcomes, such as the patients’ minimal blood pressure (Beta=.37, p<.05), and the maximum blood pressure (Beta=.29, p<.08). Moreover, the High Density Lipoprotein (HDL cholesterol) was significantly predicted by both patients’ (Beta= -.73, p<.01) and partners’ (Beta= -.44, p<.05) total alexithymia scores.

Conclusions: Data contribute to confirm the effects of couple relationship on health, and specifically the relationships between both patients’ and partners’ alexithymia and the cardiovascular health after a myocardial infarction. Improving psychological treatments for the couples, focused on emotion regulation, should be necessary to support the patient’s adaptation to the post-infarction condition and to avoid infarction relapses over time.

P23 - “IT COULD WORK!”: FEASIBILITY AND HEALTH OUTCOMES OF A GUIDED-WALKING INTERVENTION IN PATIENTS WITH FUNCTIONAL PSYCHOSIS

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Aims: The life expectancy and the overall health of patients affected by functional psychosis are dramatically worse compared to their healthy counterparts. Among the modifiable risk factors that contribute to increased mortality and morbidity in this population, extreme physical inactivity plays a major role. The feasibility and effectiveness of low-cost, low-risk, sustainable exercise interventions in this population require verification. AIM: test the feasibility and health outcomes of a walking-based physical activity program.

Methods: We divided 355 patients affected by functional psychosis in a control (#176, continued their habitual lifestyle) and intervention group (#179, were prescribed 60 min of guided-walking once per week) and tested them before and after a 6-months guided-walking intervention. Data were compared by two-ways (group and time) repeated measures ANOVA.

Results: Groups were not different at baseline for all the variables measured in the study. Even though the patients were required to exercise only once per week, only 42% of the patients in the intervention group participated to at least 50% of the prescribed walking sessions (compliant subgroup), totalising 15±7/18 sessions and 912±388/1080 min. The remaining 58% of subjects reached 2±3/18 sessions and 123±175/1080 min in the 6-months period (non-compliant group). Glycaemia, hemoglobin concentration, vitamin-D, triglycerides and blood pressure were unaffected by the intervention. In the compliant subgroup only, LDL (129±36 and 119±31 mg/dl before and after training respectively, p=0.048), resting heart rate (83±14 and 78±14 b/min, p=0.029), body weight (85±16 and 83±16 kg, p=0.040), BMI (30±5 and 29±5, p=0.039) and waist circumference (104±13 and 100±15 cm, p=0.002) were slightly yet significantly reduced. In addition, the compliant group did not show the significant reduction of HDL that was displayed by both the control and non-compliant groups at 6 months compared to baseline.

Conclusions: The low-cost, low-risk, sustainable guided-walking intervention proposed in our study had a relatively good compliance (42%) in this low-compliance population. It is remarkable that the very small “training dose” prescribed in our study (corresponding to 15-20% of the minimal training load to maintain health in adults) produced significant, generalised benefits on the main cardio-metabolic risk factors in this extremely inactive population.

P24 - CULTURAL NORM OR INCEST: HOW INTERPRETER SERVICES MADE THE DIFFERENCE

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Miss R, an adolescent female, recently immigrated from Southern Asia, native speaking only, presented to the child emergency department on behest of her primary care doctor due to concerns of anorexia.☐ She arrived at night with her older sister and adult brother.☐ Her brother refused to allow staff to examine the patient without his presence and insisted that he translate instead of using an interpreter. The emergency room staff became concerned about this behavior. Staff also noted unusually "intimate" contact between the patient and her brother.☐ A consult was placed to the emergency psychiatry consult service to assess for "depression and concerning behaviors."☐ During the interview there was concern that she had an intellectual disability and could not accurately report her problems. In addition the team worried that the brother was purposefully limiting the details shared by the patient and his sister. With the help of a telephone interpreter, which provided insight into important cultural factors, a thorough psychiatric evaluation was completed, which facilitated an informed decision making process. This poster will describe the interview, assessment, and decision making process used to delineate whether this sibling interaction was a manifestation of sexual abuse or a normal sibling interaction in their culture.☐ A review of the literature on the use of interpreter services in helping to provide culturally competent psychiatric care will be discussed, given the vital role this service played in the final decision regarding this case.☐

P25 - CURANDEROS AND LIMPIAS: CULTURALLY COMPETENT PEDIATRIC PSYCHIATRY ON THE TEXAS-MEXICO BORDER

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Aims: To highlight by the presentation of an illustrative case the importance of cultural competence as an essential ingredient in medical and psychiatric care.

Methods: Case history and analysis of two inpatient pediatric psychiatry admissions and focused literature review of cultural paradigms in the treatment of children with psychiatric manifestations in a border community.

Results: Two cases with similar features: Hispanic females, ages 10 and 12yrs, with multiple inpatient psychiatric admissions due to depression, visual hallucinations and auditory hallucinations commanding that they harm themselves or family members. At the onset of hallucinations, families initially sought counsel from local curanderos (faith healers) who performed "limpias" spiritual cleansing rituals of the home and of the patient before involving psychiatry. These rituals are used to cleanse the home, body, mind and soul of negativity and remove the effects of witchcraft, generational curses, phobias and fears. In both cases families continued services of the local curanderos throughout multiple inpatient stays, concurrent with mental health treatment. Families openly shared their cultural beliefs as the treatment team took time to establish rapport and build trust, foundations of providing culturally competent care. Additionally, the treatment team took time to explore each families' worldview's and beliefs regarding sickness causation, understanding what they believed in physical and spiritual causes. Questions included what the illness meant, what was being done at home to address these challenges, dialogue that allowed a collaborative effort with families to define a mutually acceptable treatment plan.

Conclusions: Culturally responsive health care is key to reduce health care disparities and promote health equity. There are multiple factors that interact to impact equity in health care. Research shows that a significant contributor to health disparities is health care provider behaviors, in particular, lack of familiarity with and discriminatory attitudes toward individuals of different backgrounds. Cultural competence, is one crucial component of a multilayered network that can improve health care for all.

P26 - GLYCAEMIA CHANGES AFTER FEP: WHY MIGRATION AND ETHNICITY MATTER?

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Aims: Antipsychotic medications (APs) represent the core treatment for psychosis and schizophrenia. However, their use has been associated with an increased risk of developing metabolic side effects, including hyperglycaemia and Type II diabetes. Our study aimed to evaluate the glycaemia changes of an incidence sample of first episode psychosis (FEP) in Bologna Italy and if those changes were correlated to socio-demographic, clinical and treatment characteristics.

Methods: All patients aged 18-64 years with FEP who had contact with the Bologna West Community Mental Health Centres (Bo CMHC) between 2010 and 2014 were asked to participated at the incidence study. A follow-up has been conducted in October 2016. Fasting plasma glucose, triglyceride and cholesterol levels were evaluated at the time of enrolment; further blood assessments were retrospectively retrieved from clinical charts at the follow-up.

Results: Out of 50 patients who had FEP during the incidence-study period, currently 18 had available blood examinations, collected during the follow-up period and are included. They do not differ for age, gender and ethnicity from the excluded patients. We appreciated a significant increasing of the mean glycaemia level, that was particularly relevant in migrant compared to natives and in non-Caucasian compared to Caucasian.

Conclusions: Migrants and in particularly non-Caucasian migrants seem to be at more risk of developing hyperglycaemia after FEP compared to natives. More attention should be paid in prescribing antipsychotic to migrants with FEP Further studies are needed to clarify which factors could explain the metabolic vulnerability found among migrants after FEP.

P27 - PSYCHOSOCIAL DISTRESS, ETHNICITY AND IMMIGRANT STATUS IN ESKD PATIENTS

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Aims: Psychosocial distress (depression, anxiety and social difficulties) is frequent in patients with end stage kidney disease (ESKD). Immigrants face multiple challenges potentially resulting in psychosocial distress, especially in the context of chronic illness. We compare the prevalence of psychosocial distress between immigrant and nonimmigrant patients with ESKD.

Methods: Cross-sectional, convenience sample of patients with ESKD in Toronto. We used the PHQ-9 questionnaire to measure depression, GAD-7 for anxiety and the Social Difficulties Inventory (SDI) for social difficulties. Anxiety, depression, and social difficulties were defined as a score of ≥10 on the GAD-7, PHQ-9, and SDI, respectively; "any distress" as ≥10 on any of the scales. Information was collected using a tablet-based electronic data capture system. Logistic regression models were used to identify factors associated with psychosocial distress among immigrant groups.

Results: Among the 431 participants (mean [SD] age 56 [16] years, 59% male, 49% immigrants), 77% of non-immigrants were Caucasian, compared to 29% of immigrants. Depression was present in 20%, anxiety in 13%, social difficulties in 32% and any distress in 38% of the participants. The association between immigrant status and "social difficulties" (OR=1.78; 95%CI=1.02-3.12, p= 0.043) and "any distress" (OR=1.83; 95%CI=1.11-3.05, p= 0.019) was significant in multivariable adjusted models. These associations, became insignificant after adjusting for ethnicity. To assess the combined impact of ethnicity and immigrant status, mutually exclusive variables white-nonimmigrants, white-immigrants, nonimmigrant others and immigrant others were created. In the fully adjusted multivariable models compared to white-nonimmigrants, immigrant others (OR=2.94; 95%CI=1.64-5.28, p<0.05) had higher odds for any distress. The association for nonimmigrant other participants (OR=1.95; 95%CI=0.74-5.12, p= 0.167) and immigrant white participants (OR=1.85; 95%CI=0.89-3.88, p= 0.097) was not statistically significant.

Conclusions: Our results demonstrate that psychosocial distress is associated with immigrant status and ethnicity in patients with ESKD. These patients may benefit from psychosocial support.

P28 - THE IMPACT OF HEPATITIS C SEVERITY ON COGNITIVE AND EMOCIONAL FUNCTION: THE GENDER EFFECT

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Aims: According to the World Health Organization about 3% of the world population (170 million people) is infected with hepatitis C virus (HCV). This infection is the source of a systemic disease with hepatic and extrahepatic manifestations and, besides it's individual impact and associated economic burden, patients frequently present neuropsychiatric symptoms like fatigue, anxiety, depression and neurocognitive deficits, which impairs the global prognosis. Gender research in symptom profiles, pharmacologic response and therapeutic adherence is scarce in literature and it is mandatory to clarify eventual differences to adapt interventions. The aim of this research is to characterize psychological and neurocognitive profiles in HCV infected patients, before treatment, and describe gender differences.

Methods: Eighty-six patients (63 men; 23 women) with HCV underwent psychological (Hamilton Anxiety; Hamilton Depression; Beck Depression Inventory) and neuropsychological evaluation (Battery of Lisbon for the Assessment of Dementia (BLAD): the BLAD is a comprehensive neuropsychological battery evaluating multiple cognitive domains and validated for the Portuguese population, before starting treatment. Disease severity was evaluated by Platelet Ratio Index (APRI) and Fibroscan (transient Elastography).

Results: In a logistic regression model, the psychological and neuropsychological results were not related to disease severity (APRI and Fibroscan). According to gender, differences were found in psychological evaluation (Hamilton Anxiety and Depression; $p<0.05$) as well as in the neuropsychological tests (digit span direct; $p<0.05$ and digit span total; $p<0.01$) with higher rates of anxiety and depression and worse cognitive performance in women.

Conclusions: The severity of hepatitis C does not appear to be related to emotional and cognitive status. On the contrary, gender differences were found in anxiety, depression and working memory, with women presenting worse scores. Those results deserve further investigation.

P29 - GENDER DYSPHORIA AND PSYCHIATRIC CO-MORBIDITY

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Aims: Transgender people attending health-care services suffer from psychiatric illnesses and have a high risk of psychiatric morbidity. The treating psychiatrists are often faced with specific, unique and challenging issues. Also undisputed, is the fact that Gender dysphoria is an independent risk factor for suicide. Despite the probability that Gender Dysphoria might not be classed as a psychiatric diagnosis in the future editions of ICD10, understanding the psychological functioning and trends of co-occurring psychiatric illness in transgender adolescents and adults is important for determining an appropriate management plan.

Methods: Review of recent literature published in reliable psychiatric journals and references in textbooks. We have reviewed recent literature that looks at: 1.Prevalence of psychiatric disorders and psychopathology among transgender people; 2.The role and outcome of medical and surgical interventions; 3.Role of psychotherapy; 4.Special issues facing the psychiatrist.

Results: It was found that transgender people present with a high prevalence of psychiatric disorders and psychopathology, especially affective disorders such as depression and anxiety; and personality disorders. When the desired aim is to transition to the opposite sex, triadic therapy includes sustained experience of living in an identity-congruent gender role, hormonal treatment and surgery. Studies have also shown a marked reduction in psychopathology during the process of gender reassignment therapy.

Conclusions: People with gender identities that are less sustained or do not fit into a binary male/female gender framework, those who do not wish to pursue physical treatments and those for whom sex reassignment has been unsuccessful in addressing their gender dysphoria may all be suitable for a specially adapted group psychotherapy. Psychotherapy and physical treatments are not mutually exclusive and many patients wish to pursue both options concurrently. Psychotherapy and other gender-related counselling have potential benefits even during transitional stages. Clinicians treating transgender people should expect to encounter certain recurring themes specific to working with gender identity disorders- like binary rigidity, genital centrality, rejection, confusion and the questioning of authenticity of gender roles. An innovative and integrated approach in dealing with patients with gender dysphoria will help patients in dealing with psychiatric comorbidity as well as improving their quality of life.

P30 - DIFFERENCES IN COMORBIDITY AND DEPRESSION BETWEEN MEN AND WOMEN WITH HEART FAILURE

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Aims: Hear failure (HF) is the 5th leading cause of death. Patients with HF report low quality of life and depression. Depression in HF patients is associated with morbidity and mortality. Etiology and diagnosis of HF differs between men and women, and women with HF have depression more often. However, knowledge about the differences in comorbidities between men and women with or without depression is limited. The purpose of our study was to establish differences in comorbidities between men and women and between depressed and non-depressed men and women. We hypothesized that there are differences in comorbidities between men and women with HF (with and without depression).

Methods: The prevalence of 16 comorbidities was obtained by studying a database with 38807 participants from 39 different research projects in the Netherlands, executed between 2010-2013 (the Older Persons and Informal Caregivers Survey Minimal dataset). Out of the 38807 participants, only those patients who reported HF were included in this study. Mann-Whitney, Kruskal Wallis, Chi-square tests and multilevel logistic regression models were used to analyze differences between groups.

Results: We included 7009 patients, who had reported HF. The mean age was 80 (range 52-102 years), and 56.4% was female. Fifteen percent of the participants came from research projects in the general population, nursing home or retiring community, 25% from projects in a hospital setting and 60% from primary care setting projects.
Depression was registered more often in women than men: 13.0% vs. 9.5% ($p<0.001$). Of the 15 other comorbidities, 10 were more common in women. After adjusting for age and study setting, depressed men and women had a higher prevalence of most comorbidities compared to non-depressed men and women.

Conclusions: Our study indicates that in patients with HF, the prevalence of comorbidities was higher in women and in depressed patients. To improve HF management strategies for both men and women, it is important to study the complex relationship between gender and depression and other comorbidities. We also recommend further research to study whether routine screening and treatment for depression in men and women with HF, reduces morbidity and mortality.

P31 - GENDER: FITNESS TO PLEAD FOR MEDICAL IDENTITY?

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Aims: To evaluate the perception of GI (Gender Identity) as medical entity and in context of religious and legal norms.

Methods: A cross sectional study was applied using convenient sampling from September to December 2016. Consenting participants above age 18 were recruited from all sectors of Karachi, Pakistan. The questionnaire was adapted[2] to assess the perception of GI.

Results: 626 inhabitants of Karachi participated. 47.1 % were males and 52.9 % were females. The mean age of participants was 34.92. 73.6 % were married once, 58.6% were unemployed, 88.2% were formally educated, 52.3% were Urdu speaking, 96.6% were Muslims with 55.3% moderate religious inclination, and 85.9% belonged to middle class. 55.6% considered GI as personal preference and 23.8% as immoral act. 39.6% acknowledged it as medical entity, 54.8% felt the need of Pakistan law revision and 24.6% endorsed legitimate medical intervention, 6.9% believed it’s acceptable in religion. Being female and ever married has significant association against participants accepting GI as medical entity, Pakistan law revision and religious acceptance with p-value <0.05. 51-71% endorsed medical, 25-54% environmental factors as cause of GI. 18-79% considered psychological and 56-60% medical interventions as a cure. However, participants with religious acceptance regarded 23-53% alternative methods of cure.

Conclusions: Majority conceded GI as medical entity and need of revision of law for legitimate medical intervention. However, religion seems to have its impact.

P32 - GENDER AND CHILDHOOD TRAUMATIC EXPERIENCES IN FIRST EPISODE PSYCHOSIS (FEP) PATIENTS

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Aims: Physical and sexual abuse, both during childhood and adulthood, are common among psychotic patients. Physical and sexual abuse impact on the outcome of both physical and mental health and female patients are more likely to have been exposed to physical and sexual abuse than males. The present study aims to assess the impact of childhood physical and sexual abuse by gender on healthcare needs in a large cohort of FEP patients.

Methods: This study was conducted within the context of the GET-UP project, a cluster randomized controlled trial testing the effectiveness of an integrated multi-elements psychosocial intervention on a large cohort of FEP patients. The sample addressed here is composed of 444 patients, assessed at baseline and at nine-month with a set of standardized measures including PANSS for psychopathology, CAN for needs for care and CECA-Q for childhood traumatic experiences.

Results: Physical abuse was detected in 30.6% of patients, 61.2% males and 38.8% females. Sexual abuse was detected in 16.2% of patients, 41.5% were males and 58.5% females. Despite the high proportion of patients being exposed to childhood physical and sexual abuse, the impact of gender and childhood abuse on healthcare needs (CAN "health" total, met and unmet domains) was not significant.

Conclusions: In our sample, gender and childhood physical and sexual abuse did not show an impact on healthcare needs of FEP patients at psychosis onset. However, we do not know their impact on long-term health of psychotic patients and further research on gender differences is still needed, with the purpose of delivering gender-sensitive effective mental health care.

P33 - PREVALENCE AND DETERMINANTS OF SECONDARY TRAUMATIZATION IN CAREGIVERS WORKING WITH REFUGEES WHO SUFFERED EXTREME VIOLENCE BY THE ISLAMIC STATE

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Aims: Refugees fleeing persecution, torture or sexual violence are at high risk of developing both acute and chronic psychological disorders. Systematic violence, as committed against the Yazidi minority in Northern Iraq by the terror organization known as the Islamic State, can be seen as a particularly traumatic burden to the victims, but also to caregivers providing treatments and assistance to them. The intense exposure to traumatic content may cause secondary traumatization in respective caregivers. This study aims (1) to identify the prevalence of secondary traumatization in caregivers working with traumatized women and children from Northern Iraq; (2) to determine the specific distressing factors and resources of the caregivers; as well as (3) to analyze whether caregivers' personal history of trauma or flight, attachment styles or working arrangements as well as support offers qualify as risk or resilience factors for secondary traumatization.

Methods: In this cross-sectional study, N = 84 caregivers (social workers, psychotherapists/physicians and interpreters) in the context of a Humanitarian Admission Program for women and children traumatized by the so called Islamic State were investigated about their work-related burdens and resources. Secondary traumatization was assessed with the Questionnaire for Secondary Traumatization (FST). To identify relevant determinants for secondary traumatization multiple linear regression models were performed.

Results: Secondary traumatization was present in 22.9% of the participating caregivers, with 8.6% showing a severe symptom load. A personal history of traumatic experiences, a personal history of flight, a higher number of hours per week working in direct contact with refugees as well as a preoccupied attachment style were detected as risk factors for secondary traumatization. A secure attachment style could be identified as a resilience factor for secondary traumatization.

Conclusions: Caregivers working with traumatized refugees are at high risk for developing secondary traumatization. Based on the findings of this study and theoretical considerations, a framework of classification for different types of trauma-associated psychological burdens of caregivers working with traumatized refugees is proposed. Implications for the training and supervision of professionals in refugee- and trauma-care are discussed.

P34 - PSYCHIATRIC SYMPTOMS AND RESPONSES IN INDIRECT EXPOSURE OF DISASTER: FROM PSYCHIATRIST OUTREACH DATA ON ONE HIGH SCHOOL IN KOREA

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Aims: Two hundred and fifty 11th grade students and teachers of Danwon High School were drowned to death during school trip by Sewol ferry disaster on April 16th, 2014. The goal of this study is to figure out the experience of psychiatrists who volunteered and provided psychiatric services to the students in the Danwon High School.

Methods: From the second day to 138th day after the disaster, the pro bono psychiatrists provided post-disaster interventions for the non-trip 10th and 12th-grade students in Danwon High School. Officially, 167 psychiatrists conducted outreach about 550 encounters. The study questionnaires were distributed retrospectively to psychiatric volunteers conducted outreach at the Danwon High School. We surveyed about the experience of pro bono psychiatrists including students' chief complaints, psychiatric problems, clinical diagnosis, and their treatment recommendations from the interview. This study received approval from the Eulji University's Institutional Review Board (IRB No. EMCS 2016-02-004).

Results: We could reach 72 (43.1%) out of 167 volunteers, and they reported 212 (38.6%) out of total 550 encounters. Among them, 51 (70.83%) volunteers were women. The common chief complaints were the mental-health problem, companion problem, and family problem. The frequent symptoms were anxiety (20.4%), depressive mood (13.6%), and concentration difficulty (13.5%). The frequent clinical diagnosis of students were: normal reaction (38.8%), acute stress disorder (23.2%), adjustment disorder (17.0%), anxiety disorders (8.9%), and post-traumatic stress disorder (6.3%). More than half of the students were needed "additional counseling/therapy(39.7%)" or "referral to psychiatric treatment (13.7%)".

Conclusions: In the acute aftermath of the Sewol ferry disaster, volunteer psychiatrists were able to provide services. These services included psychiatric assessment, crisis counseling, psychological first aid, and referrals for ongoing care. Although systematic diagnoses could not be confirmed, the fact that more than half of the students were perceived to have a psychiatric diagnosis and a substantial proportion needed further treatment. Future research should focus on the short and long-term effects of psychiatric interventions as well as characterizing post-disaster mental health needs and patterns of service provision.

P36 - SELF-PERCEPTION AS A STRESSOR IN PATIENTS WITH DISSOCIATIVE DISORDERS

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Aims: Dissociative disorders (DD) are associated with avoidance of aversive stimuli. The confrontation with their own faces in a mirror (CFM), an experimental paradigm which is considered a tool for the assessment of self-perception, is typically avoided by patients suffering from DD. However, CFM- associated subjective and psychophysiological stress reactions of DD patients, which most likely inform on the still unknown pathobiology of dysfunctional self-perception in DD, have yet not been elucidated.

Methods: Aiming to bridge this gap in knowledge, 18 DD patients and 18 healthy controls (HCs) were confronted with their faces in a mirror. CFM-induced subjective self-reported stress, acute dissociative symptoms as well as sympathetic and parasympathetic drive were assessed.

Results: We could demonstrate that DD patients experience more subjective stress and acute dissociation than healthy controls but no activation of the sympathetic and parasympathetic nervous system upon CFM exposure.

Conclusions: Self-perception resulted in serious self-reported stress accompanied by blunted autonomic reactivity in DD patients. Therapeutic approaches promoting self-perception and self-compassion and especially MCF might be useful as goal-oriented diagnostic and therapeutic tools in DD.

P37 - PREVALENCE OF SLEEP PROBLEMS AND ITS IMPACT ON ANXIETY, DEPRESSION AND QUALITY OF LIFE IN KOREAN FIRE FIGHTERS

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Aims: Professional fire fighter is a strenuous and unique occupation due to the high levels of stress and risk involved as well as the low control nature of the job. Anxiety and depression are prevalent in the professional fire fighters' population and constitute a dominant area of investigation. Limited attention have been given to impact of sleep problems on the anxiety, depression and quality of life in fire fighters. The aim of this study is to evaluate prevalence of sleep problems and its impact on anxiety, depression and quality of life in Korean fire fighters.

Methods: Using simple sampling method in a cross-section study in Jeonbuk province of Korea, sleep problems, anxiety, depression and quality of life of 1669 professional fire fighters were measured with Patients Health Questionnaire-9 (PHQ-9), Generalized Anxiety Disorder 7 item (GAD-7) and brief version of World Health Organization Quality of Life assessment scale (WHOQoL-Brief). Sleep problem was measured with 3 item of PHQ-9, the definition of sleep problems group was not able to initiate sleep or maintaining sleep. We measured cross-sectional Odds ratios for sleep problems group on depression and anxiety by logistic regression analysis.

Results: The prevalence of sleep problem of Korean fire fighters was 51.2%. Korean fire fighters with sleep problems showed not only more anxiety ($p<0.001$) and depression($p<0.001$) but also lower quality of life ($p<0.001$). The sleep problems group was more likely to suffer from depression (OR=47.537,95%, Cl: 33.669- 64.323) and anxiety (OR=9.822, 95%, Cl: 7.529-12.813). The severity of sleep problems in Korean fire fighters was positive correlated with depression and anxiety.

Conclusions: These results show that higher prevalence of sleep problems in Korean fire fighters and Korean fire fighters with sleep problems have more depression and anxiety, and less quality of life than fire fighters with\-out sleep problems. Sleep problems are important risk factor on the depression and anxiety in Korean fire fighters. Early detect of sleep problems of fire fighters will be needed to manage of depression and anxiety'.

P38 – FEASIBILITY STUDY OF A MANUALIZED GROUP INTERVENTION FOR HEAD AND NECK CANCER PATIENTS

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Aims: Patients with head and neck cancer have an increased risk of not returning to work compared to other cancer patients. Among those who return to work a third loses their work in the medium term. Despite their psychological, social and physical distress and their expressed need for psychological support the majority of head and neck cancer patients does not receive psychological counselling or psychotherapeutic support. So far there are no intervention programs that aim to support this patient group in their return to work.Therefore, we have developed a group intervention program that is targeted at improving work ability in patients with head and neck cancer. Furthermore, we want to improve patients' quality of life, self-efficacy expectation and psychological well-being.

Methods: In a randomized controlled trial head and neck cancer patients either receive a manualized psychosocial group intervention or two sessions of socio-legal advice. Inclusion criteria are psychological and work-related distress; patients who receive retirement pension, with acute alcohol dependency and suicidality were excluded. The group intervention consists of eight two-hour sessions, where each session addresses a specific topic such as communication and stress at work, coping mechanisms and health-related behavior. Groups are led by a psychotherapist and a former head and neck cancer patient (peer). Patients in the control group can address any socio-legal topic during two sessions with a social consultant. Work ability, quality of life, self-efficacy expectation and psychological well-being are assessed after eight weeks and at six months follow-up. To test the feasibility of the group intervention we conducted a pilot study. Semi-structured interviews were used to assess adherence to the intervention and practicability. Furthermore, each session was evaluated by the patients.

Results: Four male patients took part in the pilot group. Two patients were present at every session and two patients were present at six sessions (85.5% attendance rate). Three patients said the intervention fit very well with their daily life and three patients expressed high satisfaction with it. Three patients emphazised the importance of the peer.

Conclusions: Adherence to the RELIANCE intervention was high. Next to expert input the presence of the peer as identification figure seems to be of crucial importance. The RELIANCE intervention is feasible and was well received by the patients.

P39 - DIFFERENCES BETWEEN PSYCHOSOMATIC PATIENTS AND PERSONS IN THE GENERAL POPULATION IN REGARD TO SELF-RATINGS OF CAPACITIES / SOFT SKILLS AND IMPAIRMENT

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Aims: Chronic illness does not only result in reduced well being but also in an impaired capacity to cope with daily life, which again results in participation restrictions. In psychosomatic patients impairment is preferably related to soft skills, which are of special importance in modern work environments. Parallel to the Mini-ICF-APP, an observer rating instrument for expert assessments, the Mini-ICF-APP-S has been developed, a pararallel self rating scale. To test the validity of the Mini-ICF-APP-S a sample of psychosomatic inpatients was compared with persons from the general poplation.

Methods: A convenience sample of N=1143 inpatients of a psychosomatic department and N=102 unselected persons in a public train filled in the Mini-ICF-APP-S.

Results: About 90% of the persons on the train rated their soft skill capacities positive, with lowest ratings in respect to endurance and self care. Psychosomatic patients rated their capacities as insuffienct in about 30%. This was especially true for flexibility, proaktivity, endurance, assertivenes, social competence and self care. There were significant differences between persons on work or sick leave, elderly and younger, males and females and different diagnostic groups.

Conclusions: The Mini-ICF-APP-S can describe subjektive capacity profiles in the sense of „soft-skills ", recording individuell strengths and weaknesses. Such information is helpful in the diagnosis and treatment of psychosomatic patients and especially in social expert assessments.

TOPIC:STRESS, IMMUNE FUNCTION, AND PHYSICAL DISEASE

P40 - SALIVARY CORTISOL AND CORTISONE: UPLC-MS/MS METHOD VALIDATION AND TEMPORAL VARIABILITY OVER ONE WEEK

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Aims: The present study aims to provide a comprehensive analytical and biological validation of an ultra-performance liquid chromatography-tandem mass spectrometry (UPLC-MS/MS) method for analysis of salivary cortisol and its inactive metabolite cortisone. Variation in cortisol awakening response (CAR) over one week were investigated.

Methods: Saliva samples were collected from 19 healthy volunteers. To determine CAR, participants collected saliva samples at three time points: immediately after awakening, 15 and 30 minutes thereafter. The same procedure was repeated each morning over one week period. In addition, all participants filled in diaries containing information about duration of sleep, time of awakening, smoking, and coffee and alcohol intake. Upon collection, the saliva samples were stored at -20°C until analysis. Prior to analysis, the saliva samples were thawed and spiked with internal standard and extracted using solid phase extraction columns (Oasis Prime-HLB). The identification and quantification of cortisol and cortisone were performed using the developed UPLC-MS/MS method, on a Waters Aquity TQ-XS system.

Results: The obtained limits of quantification (LoQ) were 1ng/ml for cortisol and 500pg/ml for cortisone. Intra-assay accuracy values of calibration points were between 83-111%. The mean levels of cortisol and cortisone in the total sample were 3.55 ± 1.99 ng/ml and 10.51 ± 3.46 ng/ml, respectively. In the first 30 minutes after awakening, there was a 70% increase in the average cortisol levels (CAR) and a 49% increase in the levels of cortisone. A high intra-individual variability of CAR was observed over the week (CV ranged between 17.9-68.9%), whereas the inter-individual variability of the average CAR equaled 28.2%. Furthermore, the changes in CAR were related to variables from participants' diaries.

Conclusions: The UPLC-MS/MS method has shown to be a sensitive and specific technique for determination of salivary cortisol and cortisone. However, in the clinical context, CAR data should be interpreted with precaution due to high inter- and intra-individual variability.

P42 - FUNCTIONAL RELAXATION, SURE, SLOW- PACED BREATHING, BILATERAL STIMULATION: IS THERE A FURTHER RELEVANT STRESS REDUCTION IN YOGA TRAINED PEOPLE?

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Aims: The term Yoga is connected with the idea of provide good concepts of self-regulation and a certain life style and especially with India. We were interested, whether stressed people having grown up in such a cultural context could profit from further relaxation interventions.

Methods: We did a controlled comparison study. Tested were 28 voluntary participants (age between 22 and 60; 4 male), included were 25 (if stress-level before was at least more often than 2 times higher than 3) with 4 consecutive interventions: SURE (somatic universal regulative exercise, 3 min), a motion-based, the Sufi Meditation like intervention, SPB (slow paced breathing, 4 min), bilateral stimulation (Lying 8, 3 min) and FR (functional relaxation 3 min); pre - post changes were documented using Visual Analog Scales (VAS).

Results: No significant difference between the four pre-stress ratings (t-Test for related samples, two-sided, $p>0.05$). Highly significant effects in all types of interventions ($p<0.0001$), no differences between the interventions. Responders (at least improvement of 2/10): >95 %. Only one out of 25 showed no effects. FR was most effective (only 1 non responder, 10 times the best intervention; bilateral stimulation (lying 8; 1 real non responder, 4 times the best intervention), SURE (2 non responders, 5 times the best intervention) and SPB (3 non-responders, 6 times the best intervention); non responders were rated only if stress-level before intervention was >3.

Conclusions: Also Indian students can profit by learning western styled structured short relaxation techniques. Those who already practice Yoga regularly, naturally are more likely to improve. It does make sense to "export" interventions for self-regulation, because Yoga exercises like Pranayama Yoga seem not to be suitable for immediate stress regulation in crisis-situations, but there must be a selection of techniques due to the fact, that people respond individually to the four different approaches.

P43 - EVOLUTION OF DEPRESSIVE SYMPTOMS INDUCED BY INTERFERON-ALPHA DURING THE HCV TREATMENT

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Aims: psychological factors and the response of the immune system cause depressive symptoms and Major Depressive Disorder (MDD) during HCV treatment with IFN-ɑ and ribavirin. The aim of this study was determination of the importance of biological factors and psychological factors in formation of depressive symptoms during HCV treatment

Methods: 99 Caucasian patients receiving pegylated IFN- ɑ and ribavirin treatment for chronic hepatitis C type participated in the prospective cohort study. Symptoms of depression were assessed with Montgomery – Åsberg Depression Rating Scale (MADRS), before the treatment, at weeks 2,4,8,12,24 of treatment and 24 weeks after treatment. Neuroticism (N) was measured with Eysenck Personality Questionnaire – Revised (EPQ-R/N) just prior to treatment.

Results: MADRS mean (SD) ratings rose from 6.3 (4.7) before treatment to maximum 14.6 (7.4) at week 24, and dropped to 5.6 (6.1) at 24 weeks after treatment. Factor analysis revealed 3 factors: first – MADRS at weeks 0 - 12 (46% of variance), second – MADRS and N before treatment and (20% of variance), and third – MADRS 24 weeks after treatment, and partially at 24 week of treatment (24% of variance). Depressive symptoms before treatment were related to neuroticism level before treatment, depressive symptoms 24 weeks after treatment were related to neuroticism level after treatment, depressive symptoms forming first factor were not related to neuroticism.

Conclusions: Depressive symptoms during the HCV treatment with interferon were related to inflammation and cytokines activity, not psychological factors related to neuroticism.

P44 - JOB STAIN MODEL AND PSYCHOSOMATIC HEALTH IN PORTUGUESE CALL CENTERS

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Aims: What is the effect of the job strain model among telemarketer's relationships and in their health?

Methods: Exploratory study using qualitative method, with interview technique, with 10 young adult employees, with migratory trajectories, higher education courses, working 8 to 10 hours a day under precarious work, with minimum wage and with no career progression (80,000 telemarketers in Portugal).

Results: I. The assistant operators, serve customer messages in a "smiley voice", with pre-prepared scripted answers, timed, and recorded. The supervisors can change their pronouns to have easy-to-pronounce names. It is the job strain model, maximum requirement, lack of time and minimal control in decision making!
There is confusion between human resources management and the use of moral harassment: "offences in public", "forcing disqualifying tasks". II. Relationships of loving intimacy and parentality, invaded by work: "my husband seems a client speaking", "I do not dedicate myself to having a family", "low sex drive". Moreover, social relations are almost non-existent: "when I have a day off I sleep all day". And the possibility to make life projects are scarce: "I'm always saying it's temporary, but I can't get out of it". III-Mental / somatic vulnerabilities were detected in all interviewees. Three typologies of vulnerability were found: Alert phase symptoms (anxiety, sleep disturbances, <social withdrawal, fatigue); Symptoms of the resistance phase: (fears of going to work, chest pains, insomnia, nightmares, dreams about work, depression, depletion, cognitive distortions) Somatic symptoms and illnesses: (obesity, bulimia, low back pain, respiratory problems, hypertension, cardiovascular problems.

Conclusions: The work organization of telemarketers conveys a conforming adaptation, assuming borrowed identities. A considerable number of telemarketers portrays symptoms of alexythimia. Telemarketers become vulnerable to mental and somatic disorders.
These findings confirm the results of meta-analysis on the impact of work on health (Whitewall 1 and 2)

We’ve started a service of psychosomatic consultation for Portuguese telemarketers and will developed a quantitative study on the Job Strain Model effect on the health and relationships.

P46 - PROPIONICACIDEMIA PRESENTING AS CATATONIA IN AN ADULT

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Aims: We will discuss the importance of careful evaluation to rule out physical causes of new onset psychosis, discussing a patient initially diagnosed with voltage-gated potassium channel (VGKC) autoantibody encephalitis and then, correctly with propionicacidemia, a metabolic disorder, usually diagnosed in infants with failure to thrive and rarely diagnosed in adulthood or with psychosis.

Methods: Ms A, a 32 year old woman with a history of depression presented with disorganized behavior, selective mutism, stereotyped movements and response to internal stimuli. She was initially diagnosed with VGKC encephalitis, but psychotic symptoms worsened despite intravenous immunoglobulin (IVIG) and plasma exchange treatment (PLEX). On examination, she did not follow commands, had stereotypic movements, whispered incoherently, appeared internally preoccupied and was paranoid.

Results: MRI of brain: Multiple nonenhancing signals in caudate and lentiform nuclei bilaterally; EEG: mild diffuse slowing, no epileptiform changes; Lumbar puncture, CSF culture unremarkable; Anti-VGKC sample collected after PLEX and IVIG positive (347), on repeat exam borderline (214); Urine positive for methylcitric, propionulglycine and hydroxypropionic acid. Pediatric genetics was consulted and the patient was diagnosed with propionicacidemia.

Conclusions: Propionicacidemia is an autosomal recessive genetic deficiency of propionyl-Co-A carboxylase, an enzyme important in the metabolism of amino acids and fatty acids. Deficiency leads to accumulation of organic acids toxic to myocardium and brain. It principally presents in neonates and leads to intellectual disability and death. Diagnosis in adults is rare and presentation is predominantly with cardiomyopathy. There are no reports of psychosis in adults without metabolic imbalance. Our patient’s presentation may have been delayed by her lifelong vegetarian diet as she only began consuming milk and meat six months prior to symptom onset. She was started on a high calorie, low protein diet, with additional levocarnitine, and low dose aripirazole. Increased awareness of paraneoplastic encephalitis as a cause of new onset psychosis has led to more accurate treatment, but sometimes we need to look further if the patient is not treatment responsive.

P47 - INVOLVEMENT OF HCN CHANNELS IN THE ONSET OF NEUROPATHIC PAIN: A PSYCHOSOMATIC AND INTEGRATIVE PERSPECTIVE

Involvement of HCN channels in the onset of neuropathic pain: A psychosomatic and integrative perspective

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Aims: To review the involvement of HCN channels in the onset of neuropathic pain and at the same time, in the genesis of depression and anxiety which often comorbid with neuropathic pain and affect negatively his outcome (Mousavi et al., 2016). Some herbal substances seems act through HCN channels bringing with them analgesic and antidepressant properties.
The injury of nervous system induces chronic neuropathic pain, which is characterized by spontaneous pain, hyperalgesia and allodynia (ICD 11 classification, Treede et al., 2015). During chronic inflammation or neuropathy, sensitization of various ion channels may contribute to neuronal hyperexcitability and cause persistent allodynia and hyperalgesia, the hallmarks of pathological pain.

Methods: For this narrative review, 220 articles have been found in Pubmed, Cochrane, and Google Scholar network using: “HCN channels”, “HCN channels and pain”, “HCN channels and herbal substances”, “HCN channel and depression” as key words.

Results: Hyperpolarization-activated, cation nonselective (HCN) channels are first reported in the sino-atrial node (SAN) whose current If is responsible for the pacemaker activity of these cells (Noma and Irisawa, 1976). HCN channels belong to the super-family of voltage gated potassium channel, are assembled with four subunits (1-4) of which HCN 1 and in particular HCN 2 (cAMP dependent) appear to be involved in the genesis of neuropathic pain. Studies in the rat showed that acute inflammatory stimulus is associated with hypersensitivity in response to mechanical and thermal stimuli (Emery et al., 2011) and the persistent inflammation increases Ih in C-nociceptors and causes a higher expression of HCN2 in primary afferents (Luo et al., 2007). The sensitization of HCN2 is showed also in the primary sensory cortex and is reduced using a blockade HCN drug ZD7288 (Schnorr et al., 2014). HCN dysfunction have been involve in the stress induced depression and anxiety in animal models. Blockade of HCN channels by ZD7288 increases functionally connected firing activity of PFC network, Hippocampus, mesocorticolimbic circuits that is impaired in a range of psychiatric disorders (Ku and Han, 2017).

Conclusions: Herbal treatment (e.g. Salvia Miltiorrhiza, eugenol) modulating HCN channels could be proposed as integrative-psychosomatic intervention for the onset of neuropathic pain-depression comorbidity.

P48 - ALTERNATION VIGIL/SLEEP DREAM AND THE CONSTRUCTION OF THE PLASTICITY OF CONSCIOUSNESS

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Aims: To know the roles of vigil/sleep alternation for the plasticity of consciousness in children.

Methods: A qualitative exploratory study with 9 children, between 4 and 9 years old, safe (RQ-C) and sleep quality (CSHQ-PT), evaluated in interviews, with dream collection, dream drawings, free drawings, Figure de Rey, Proof of Mira Stamback, Rorschach, WIPPSI and WISC III.

Results: I. About children 4-5 years old: Dreams come from outside and are in the air, in the eyes. Visual perception of the contents, with static images, without emotions. Emotions arouse awakening. Spontaneous reports. In vigil, space is two-dimensional and time exists in the present. Episodic memory. Theory of mind centered on the child, with intentionality. Consciousness vigil with dream aspects.
II. About children 6-7 years old:
"The Dreams come from the head and are in the bedroom. Images with coherent narrative. Memory reprogramming. The accounts include moving human figures, self-participation and emotions. Dream is reported in function of parental style.
In vigil, space-time acquires three-dimensionality. semantic memory; Theory of the mind of the other as another, empathy and inter-intentionality. Vigil awareness that includes learning from experience.
III. About children 8-9 years old:
Dreams come from the self (they are internal) and are in the thought. Development of complex narratives with self-references. Simulation of real movements and with emotions. Selection and synthesis of memories. Clear distinction between reality and dream. Dreams relevance in day to day life is related to the importance the parents gave to sharing them.
In vigil, three-dimensional space-time with access to perspective. Episodic and semantic memories. Thought integrates emotion and feeling. Mind theory with inter-intentionality and empathy. Awareness of the ability to simulate new situations and explore new opportunities.

Conclusions: Physiological states of the vigil\sleep\dream alternation, with a chronobiological basis and psycho-cultural synchronization, reach maturity around 7 years of age.
Through dreams, children access virtual reality, in the form of a dreamlike primary consciousness.

P49 - DIFFERENTIAL ELECTROPHYSIOLOGICAL CORRELATES OF PANIC DISORDER IN NON-PULSATILE TINNITUS

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Aims: The prevalence of panic disorder (PD) reportedly is up to fivefold higher in people with tinnitus than it is in the general population. The brain networks in the two conditions overlap but the pathophysiological link remains unclear. In this study the electrophysiological brain activity is investigated in adults with non-pulsatile tinnitus with and without concurrent PD.

Methods: Resting-state EEGs of 16 participants with non-pulsatile tinnitus and PD were compared with those of 16 peers with non-pulsatile tinnitus without PD and as many healthy controls. The sLORETA technique was used to identify group-specific electrophysiological frequencies in the brain and to approximate the brain regions where differences occurred. The influence of distress was investigated and functional connectivity charted using the ROI approach (amygdala, anterior cingulate cortex (ACC), insula, precuneus).

Results: The comorbid group showed significantly diminished theta activity ($p<0.05$) in the precuneus (BA7) compared to the tinnitus group without PD as well as in another region of the precuneus (BA31) as compared to the controls. Higher levels of distress influenced results in the tinnitus group without PD, while in those with PD a diminished connectivity was observed between the dorsal ACC and the other three ROIs as contrasted to the controls.

Conclusions: Adults with non-pulsatile tinnitus and concurrent PD show differential brain activity patterns to tinnitus only sufferers and healthy controls. Higher levels of distress may modulate brain activity in the absence of PD. Besides general distress measures, a psychiatric assessment is recommended in future tinnitus research and clinical designs.

P50 - DYSTHYROIDISM: IS IT ONE OF SUICIDE SQUADS?

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Aims: For a decade S. Korea has the highest suicide rate among OECD countries even with fabulous medical check-ups and insurances. But unfortunately, Thyroid Function Test(TFT) has not been included in routine check-ups. Even if asked, blood sampling and follow-up is relatively ignored compared with expensive ultrasonography to rule out cancer, which threatens to everyone. Many symptoms of psychiatric disorder are known to be interfered by dysthyroidism. But in the case of subclinical dysthyroidism, treatment strategies are controversial. We've found how many psychiatric outpatients are suffered from subclinical dysthyroidism and their relation with autonomic nerve system activity and clinical improvement.

Methods: The Three-hundred three four outpatients who visited E&M psychiatry clinic from November 2016 to June 2017 were recruited and Two-hundred forty four subjects which met diagnostic criteria of schizophrenic spectrum disorder, affective spectrum disorder and anxiety spectrum disorder (F20 – F45 by ICD-10) were finally eligible for this study. Patients who were diagnosed with pervasive developmental disorder and any psychiatric disorder due to general medical condition were excluded for minimizing confounding variables. The 244 cases were divided into two groups as euthyroid hormone group(EH) and dysthyroid hormone group(DH), depending on whose blood concentration of either Thyroid Stimulating Hormone(TSH) or free T4 are in the normal range of reference values or not. Besides lots of psychiatric scales, Heart Rate Variability(HRV) Tests and Blood concentrations of Thyroid hormones were especially performed to all patients, both results of which are hardly interfered by transient affective state. SCL-90R and Clinical Global Improvement scale(CGI) were also performed to know the severity of symptoms and improvement in both groups. Descriptive statistics were used to know how many patients belong to dysthyroidism and incidences of co-morbidity, such as addictive disorder, which's known as difficult to treat and have very poor clinical course. ANCOVA was used to evaluate the differences between euthyroid and dysthyroid group to check whether dysthyroid state relates with autonomic nerve system activities and CGI. Partial correlation and Multiple regression analysis were conducted to determine thyroid hormone as a predictive value.

Results: 1) 20.93% of psychiatric outpatients are turned out to have dysthyroidism (Fig 1.) : Which means nearly 21 of 100 people visit psychiatry clinics are in abnormal thyroid states. 2) Among those, 90% even didn't know that they had thyroid problems and 10% of them knew their thyroid problems, but just as unsignificant or unrelated with their affective states. 3) SCL-90R and CGI score (not shown above) in DH group after administration of T4 or PTU showed significant clinical improvement ($p<0.01$), including co-morbid addiction pathology with Affective disorder and with Panic disorder even without any anti-addictional agents. 4) The DH group, of which TSH or Free T4 values were out of normal range, was positively correlated with Total Power (TP) Score of autonomic nervous system. This result might be due to over-compensation of parasympathetic nervous tone. (Table 1.) 5) Multiple regression showed dysthyroid state could be the predictive value for assessment of clinical course and determinants of prescribing thyroid-related agents for improvement in a psychiatric perspective. (Table 2.)

Conclusions: This Study has successfully showed that 1) TSH and Free T4, which are known to be related with oxidative stress and degeneration in neurons, are one of major predictive factors in planning treatment strategy and assuming prognosis. 2) Even though it's been ignored and world-widely controversial, we've found that administration of T4 or PTU is absolutely required if blood concentration of TSH or Free T4 is out of normal range, regardless of any psychiatric diagnosis. 3) Co-morbid addictional disorders were improved so surprisingly without any anti-addictional drugs, irrespective of which patterns are substance or behavioral and clinical periods. 4) Repeated multi-centered study should be required as soon as possible to check and validate this result, so as to be one of references for establishing national policy of suicide prevention in South Korea.

P51 - METABOLISM OF TRYPTOPHAN AND DEPRESSIVE SYMPTOMS SIX MONTHS AFTER INTERFERON-ALFA TREATMENT

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Aims: The aim of this study was to determine the influence of the pegylated interferon alfa-2a (PEG-IFN-α2a) on tryptophan metabolism along the kynurenine pathway during 24 weeks of treatment and up to 6 months after the end of treatment.

Methods: We evaluated 26 patients with chronic hepatitis C (genotype 3) treated with PEG-IFN-α2a with oral ribavirin, so as to determine the activation of indolamine 2,3-dioxygenase (IDO) and tryptophan (TRP) concentration. The patients were examined 7 times: before they started treatment (week 0) and after weeks 2, 4, 8, 12, 24 as well as 6 months after the end of the treatment. We also assessed the relationship between the IDO activity, TRP and depressive symptoms measured by the Montgomery Asberg Depression Rating Scale (MADRS).

Results: IDO activity and the total MADRS score were significantly increased in comparison to baseline whereas TRP concentration declined during the treatment. IDO activity and TRP concentrations were significantly associated over time with the total MADRS score ($\beta=0.07$ $P=0.004$ and $\beta= -0.2$ $P=0.002$ respectively). Six months after the end of treatment the total MADRS score was significantly lower when compared to baseline (5.3 vs 8.0 $P=0.01$), IDO activity (KYN/TRP) was significantly higher when compared to baseline (69.5 vs 57.2 $\beta=0.21$ $P=0.000$) and TRP concentration was significantly lower when compared to baseline (30.0 vs 35.6 $\beta=-0.21$ $P=0.001$).

Conclusions: In conclusion it is important to note that the present study is the first report on the prolonged activation of IDO 6 months after the end of Interferon-Alfa treatment. Therefore, practical recommendation resulting from our investigations is that patients should receive specialized psychiatric care for a minimum of 6 months after interferon treatment.

P52 - FACING LOSS: DEEP EMOTIONAL ADJUSTMENT TO CHRONIC ILLNESS

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Aims: Chronic illness has a marked impact on emotional adjustment at the individual level. The nature of this impact is complex and has implications for clinical practice. The aim of the present study is exploring specific emotional strategies used by persons with type 2 diabetes mellitus in order to cope with feelings of loss associated to chronic illness experience.

Methods: A cross-sectional research design has been employed. Twenty-six persons with type 2 diabetes mellitus and 25 comparison persons matched for age and gender were enrolled and assessed using Beck Depression Inventory-II and an experimental projective technique where the person is symbolically confronted with his/her own condition of loss/damage. Independent T-tests were performed.

Results. Persons with type 2 diabetes mellitus reported higher mania than the comparison group (Cohen's d= 0.83).

Conclusions: A higher level of mania in persons with type 2 diabetes mellitus may refer to a psychological defence mechanism enacted in order to protect the self from feelings of loss and depression related to chronic illness experience. However, if the mania is too high, the person may begin to deny having diabetes with negative consequences on his/her own self-care. Further exploration of deep emotional adjustment to chronic illness is needed, especially considering implications for the person's own self-care.

P53 - THE RELATIONSHIP BETWEEN STRESS, HEALTH ANXIETY\HYPOCHONDRIA, ANXIETY SENSITIVITY AND ALEXITHYMIA IN JEWISH AND ARAB YOUNG ADULTS IN ISRAEL

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Aims: The aim of this current study is to examined the relationship between stress, health anxiety\hypochondria, anxiety sensitivity and alexithymia in Jewish and Arab young adults in Israel. We hypothesize that (H1) elevated levels of stressful life event will predict health anxiety over and above the potentially confounding effect of symptoms of depression and various anxiety disorders (i.e., panic, generalized anxiety, and obsessive-compulsive disorder). As well, we hypothesize that (H2) anxiety sensitivity will mediate the link between stressful events and health anxiety. Our third hypothesis (H3) is that alexithymia will moderate the causal chain described in H2, such that this causal chain will be particularly pronounced among young adults with elevated levels of alexithymia. Differences between Arab and Jewish young adults in the aforementioned causal chain will be examined on an exploratory manner.

Methods: One-hundred and fifty Arabs and one-hundred and fifty Jewish young adults (age range: 20–30) at Achva college will fill out five questionnaires (The Health Anxiety Questionnaire, Short Health Anxiety Inventory, Anxiety Sensitivity Index—3 (ASI-3), Life Event Test and Toronto Alexithymia Scale).

Results: After collecting the data we will perform a statistical analysis that examines our hypotheses.

P54 - ANXIETY SENSITIVITY IN THE GENERAL POPULATION: ASSOCIATION WITH DEMOGRAPHIC FEATURES, PSYCHOLOGICAL DISTRESS, PERSONALITY, AND COPING STRATEGIES

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Aims: The aim of this study was to identify the demographic and psychological correlates of anxiety sensitivity (the belief that anxiety has physical, cognitive, and social negative consequences) in the general population.

Methods: The study design was cross-sectional. Five hundred subjects (50% males, mean age 41 ± 16.1 years, range 18-87 years, 49.4% married/living as married, 66.4% with a paid job, 85.2% with a high school degree or a University degree) completed the Anxiety Sensitivity Index (ASI) by Peterson and Reiss, Kellner's Symptom Questionnaire (SQ), the Big Five Inventory-10 (BFI-10) by Rammstedt and John, and Carver's Brief-Coping Orientation to Problems Experienced (Brief-COPE).

Results: The "physical concerns" and "cognitive concerns" ASI scores were significantly higher in women than men. The "physical concerns" ASI subscale was also significantly associated with older age, lack of a paid job, being married/living as married, and having at least one child. Scores on the "social concerns" ASI subscale were higher in people with a high school degree or a University degree than those with a lower educational level. As to the association between anxiety sensitivity and psychological features, the ASI "physical concerns" score was significantly predicted by higher levels of anxiety, somatization, and neuroticism and by coping strategies characterized by denial, self-blame, use of emotional support, and reduced acceptance. The ASI "cognitive concerns" dimension was significantly associated with depressive symptoms, somatization, neuroticism, lower conscientiousness, and denial and self-blame coping strategies. Lower levels of extraversion and use of self-distraction, denial, and self-blame coping strategies significantly predicted the ASI "social concerns" score.

Conclusions: Anxiety sensitivity could explain the higher risk of anxiety symptoms in some demographic subgroups, especially women and unemployed people. Somatization, neuroticism, and the use of coping strategies based on self-blame and avoidance seem to increase the vulnerability to anxiety sensitivity. Anxiety sensitivity could mediate the relationship between neuroticism and the higher risk of psychological distress found in literature. Somatization symptoms may prompt anxiety sensitivity through an heightened selective attention to bodily sensations. Avoidance-related and self-blame coping strategies may prevent people from learning how to adequately face stressful situations, leading to decreased tolerance to anxiety symptoms.

P55 - TIME COURSE CHANGES OF DEPRESSIVE-LIKE BEHAVIORS INDUCED BY LIPOPOLYSACCHARIDE IN MICE

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Lipopolysaccharide (LPS) is widely used to induce sickness and depressive-like behaviors in rodents. However, depressive-like symptoms caused by LPS is known to be somewhat controversial. In the present study, to investigate the appropriate time point of LPS (0.83 mg/kg, i.p.) on depressive-like behaviors, we have performed various mood disorder behavioral experiments such as anorexia and sickness behaviors, open field test (OFT), elevated plus maze (EPM), and tail suspension test (TST) in mice. Food and water intakes and changes in body weight were significantly reduced compared with the vehicle group after 3, 6, and 24 h of LPS treatments. In addition, LPS significantly induced hypothermia after 3 and 6 h compared with 0 h injection group. However, body temperature was slightly recovered compared with the 6 h after LPS injection at 24 h after the administration. Additionally, the LPS-treated mice group showed significant increased anxiety- and depressive-like behaviors in the OFT, EPM, and TST at 1 and 6 h after injection. However, all increases in LPS-induced behaviors substantially restored after 24 h. Our positron emission tomography (PET) study demonstrated that LPS treatment significantly decreased the expression level of serotonin transporter (SERT) after 6 h in the brain. However, these reductions were reversed at 24 h after the LPS administration. Taken together, our data provide evidence that LPS induces sickness behaviors, which resulted in several depressive-like behaviors in mice. The effects of LPS were most severe at 1 and 6 h after administration, but recovered generally after 24 h. These changes may be involved with the expression of SERT in the mouse brain.

P56 - INVOLVEMENT OF NMDA RECEPTORS IN CHRONIC SOCIAL DEFEAT STRESS IN MICE

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Aims: Depression is a complex neuropsychiatric disorder because patients suffering from it have different symptom combinations at the pathophysiological level. Stressful experiences have been reported to favor the development of depression in humans. Recently, N-methyl-D-aspartate (NMDA) receptors have emerged as a key factor that plays an important role in the pathophysiology of mood disorders. Exposure to stress known as a major precipitating factor for mood disorders enhances NMDA receptors that can contribute to changes of emotional behaviors and physiological alterations. Among the various animal models of mood disorders, chronic social defeat stress (CSDS) model based on social conflict is highly relevant to stress-induced psychopathology in human. However, there is little study regarding alterations of MNDA receptors in the CSDS. On these bases, this study was designed to investigate the effects of CSDS on emotional behaviors and the protein expression of NMDA receptors in mice.

Methods: To perform this study, C57BL/6J mice were divided by sham group and CSDS group. The CSDS group was exposed to CSDS for 15 consecutive days followed by a series of behavioral tests, and brain samples were processed for Western blot.

Results: CSDS induces social avoidance, decreased open arm entries and time in elevated plus maze, and reduction in central activity in open field test. Moreover, CSDS significantly increased the protein levels of NMDA receptors subunits (NR2A and NR2B) and postsynaptic density-95(PSD-95) protein, which is anchored with NR2, in the hippocampus ($p<0.01$, $p<0.01$, $p<0.05$, respectively), amygdala ($p<0.01$, $p<0.01$, $p<0.001$ respectively), and striatum ($p<0.05$, $0<0.01$, $p<0.05$, respectively). In the prefrontal cortex, however, the protein levels of NMDA receptors subunits (NR1, NR2A and NR2B) and PSD-95 were not changed by CSDS.

Conclusions: These findings suggest that depressive- and anxiety-like behaviors by CSDS may be specifically related to the alterations of NR2A, NR2B, and PSD-95 in the hippocampus, striatum, and amygdala. Taken together, this study can suggest that NMDA receptor and PSD-95 play an important role in the stress-related disorders such as depression and anxiety disorders.

P57 - "ANXIOUS ATTACHMENT AND EMOTIONAL VULNERABILITY FACING THE DIAGNOSIS: A STUDY WITH BREAST CANCER AND HIV INFECTED PATIENTS"

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Aims: The study aims to explore and characterize attachment styles, psychophysiological reactivity and indicators of emotional distress in samples breast cancer (BCP) and HIV patients (HIVP) in a timeframe close to the diagnosis.

Methods: One-hundred fifty-three subjects were interviewed (51 female BCP and 42 male HIVP from Central Hospitals, Lisbon city, and 60 healthy gender-matched controls), gave their informed consent and completed: 1) a basic sociodemographic and medical questionnaire; 2) the Portuguese versions of the Revised Adult Attachment Scale (Collins & Read, 1990), the Brief Symptom Inventory (Derogatis, 1983) and the Distress Thermometer (Roth et al., 1998). Autonomic reactivity parameters were collected at different moments during the interview - at the baseline; when the medical history of BC or HIV diagnosis was assessed and, finally, when participants reported negative life events (NLE) in the past year.

Results: Clinical groups were similar to controls regarding several demographic variables and NLE. At the time of the interview BCP had received the diagnosis on average in the last month and HIVP within the last 4 months. BCP showed less dysfunctional attachment styles and self-reported psychopathological symptoms than controls, nevertheless the appraised distress through an analogic measure was significantly higher ($p<.05$). HIVP showed higher distress, emotional symptoms and dysfunctional attachment styles. Both clinical groups showed anxious attachment patterns strongly associated with emotional symptoms (.580; $p=.000$), also related with Skin Conductance Level (SCL) measured during the description of NLE by HIVP (.554; $p=.000$).

Conclusions: The quality of the attachment schemes seems to be related with the early emotional vulnerability and adjustment facing a diagnosis like breast cancer or HIV infection. Implications for clinical intervention are discussed.

TOPIC: COPING STRATEGIES IN SOMATIC DISORDERS

P59 - THE EFFECT OF PHYSICAL ACTIVITY IN AN ALPINE ENVIRONMENT ON QUALITY OF LIFE IS MEDIATED BY RESILIENCE IN PATIENTS WITH PSYCHOSOMATIC DISORDERS AND HEALTHY CONTROLS

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Aims: Physical activity (PA) in an outdoor environment has been shown to exert positive effects on mental well-being beyond those found for PA indoors. The specific effect of an alpine environment has not been investigated so far. Here we evaluate the association of PA in an alpine environment with resilience and quality of life (QOL) in patients with psychosomatic disorders and controls.

Methods: 194 patients with psychosomatic disorders (mostly somatoform disorder and major depressive syndrome) and 326 healthy controls were included in this cross sectional study. Data were collected using an online questionnaire. PA was scored using an adapted version of the Global Physical Activity Questionnaire including the environmental aspect (indoor, outdoor, alpine environment). Resilience was assessed using the Resilience Scale-13, QOL using the WHOQOL-BREF. Group comparisons, correlation and mediation analyses were performed.

Results: Patients showed significantly lower levels of resilience ($p<0.001$) and QOL ($p<0.001$) compared to controls. PA in an alpine environment was associated with resilience (patients: $r=0.35$, $p<0.001$; controls $r=0.18$, $p<0.001$). There were no significant associations between PA in other environments (outdoor or indoor) and resilience. PA in all three environments correlated with subcategories of QOL. The effect of PA in an alpine environment on QOL was partly mediated by resilience in patients (68% of total effect mediated, $p<0.001$) and controls (49% mediated, $p=0.006$).

Conclusions: There is a positive effect of PA in an alpine environment on mental health beyond that of physical activity itself. Preventive and therapeutic programs should thus include physical activity but also take additional benefits of natural environments into account.

P60 - AUTOBIOGRAPHICAL MEMORY, RUMINATION AND BEHAVIOURAL DISENGAGEMENT IN *CHRONIC FATIGUE SYNDROME / MYALGIC ENCEPHALOMYELITIS (CFS/ME) AND ASTHMA*

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Aims: The aim was to discover whether people with CFS/ME and people with another chronic condition, asthma, differ systematically from healthy individuals, and from each other, in the way they process autobiographical memories. In particular (a) do the CFS/ME and asthma groups ruminate more on autobiographical memories of activity than healthy controls, (b) do they ruminate more on general autobiographical memories than on specific ones, and (c) are more general autobiographical memories associated with greater behavioural disengagement?

Methods: Participants were 92 CFS/ME, 61 asthma, and 67 healthy people, matched for age and gender. Participants recalled and received probes about four types of occasion (unusually physically active, felt physical pain, felt very tired, and were happier than usual).

Results: Both the CFS/ME and Asthma groups ruminated more on activity memories than healthy controls, $p < .01$. The CFS/ME group also ruminated more on general memories than on specific memories, $p < .01$. The more general the autobiographical memories of activity and happy occasions, the greater was the behavioural disengagement that the CFS/ME group exhibited, $p < .01$.

Conclusions: Autobiographical memories of physical activity were ruminated on more by both CFS/ME and asthma groups. In the case of the CFS/ME group, more general memories were associated with greater behavioral disengagement; encouraging greater specificity of autobiographical memories may be clinically beneficial.

P61 - PSYCHOLOGICAL VARIABLES ASSOCIATED TO SELF-MANAGEMENT AND ADHERENCE AT DIABETIC PATIENTS

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Aims: The patient's self-management abilities and the maintenance of a long-term good adherence are essential aspects of quality care in diabetes. This study aimed to identify the relationship between several psychological variables (illness perceptions, coping strategies and optimism) and two variables reflecting a good adjustment to diabetes (self-management and therapeutic adherence).

Methods: Cross-sectional study. 88 patients (32 men, 56 women, mean age = 53.86, SD = 9.08) diagnosed with type 2 diabetes were administered five standardized psychological instruments: Brief Illness Perception Questionnaire (BIPQ), Brief COPE, Life Orientation Test-Revised (LOT-R), Diabetes Self-Management Questionnaire (DSMQ) and Medication Adherence Report Scale (MARS). Later, a multiple regression analysis was run, in order to point out the most significant correlations between the study variables. Covariates included gender and age.

Results: The use of functional coping strategies (FCS) correlated to the ability to control glucose intake (CGI) (p<.02), diet (CD) (p<.01) and the global self-management score (GSM) (p<.03). Optimism correlated to the ability to run physical activities (p<.003) and GSM (p<.02). Dysfunctional coping strategies (DCS) correlated only to GSM (p<.04). In men, the use of FCS correlated to CGI (p<.02), CD (p<.02), but also to GSM (p<.01) and adherence (p< .04). In women, the use of DCS correlated with the index of healthcare use (p<.01) and GSM (p<.02). Age had a positive correlation to GSM, irrespective of gender (p<.01), and to diet control in women (p<.02).

Conclusions: Our study points out the possible role of functional coping strategies in influencing several critical parameters for the patient's adjustment to diabetes (self-management, adherence). This correlation is more significant in men, whereas in women, the use of dysfunctional coping strategies seems more important. Optimism and age are secondary factors, which could improve the global self-management of diabetes in certain conditions. These results could be important for orienting counselling and psychotherapeutic strategies in diabetic patients.

P62 - VALIDITY AND SENSITIVITY TO CHANGE OF THE SOMATIC SYMPTOM DISORDER – B CRITERIA SCALE (SSD-12) IN A CLINICAL POPULATION

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Aims: DSM-5 introduced the concept of Somatic Symptom Disorder (SSD), including positive psychological criteria as part of the diagnosis. The Somatic Symptom Disorder – B-Criteria scale (SSD-12) is a brief self-report questionnaire to measure these new criteria. This study examines the psychometric properties of the SSD-12 within a German psychosomatic inpatient rehabilitation sample and provides evidence for its sensitivity to change.

Methods: Before and after receiving inpatient treatment, patients completed the SSD-12 and the Health49-subscale on somatoform complaints. The psychological improvement of the patients was evaluated by therapists at the end of treatment. Effect sizes (ES) and standardized response means (SRM) of pre- and post-SSD-12 mean changes were calculated for subgroups of patients who did or did not improve according to self-reported somatoform complaints and therapists' evaluation.

Results: N=328 patients were included in the analyses. Psychometric properties of the SSD-12 were in line with previous results from different clinical settings. SSD-12 scores at discharge were significantly lower compared to scores at admission both for subgroups of patients that improved according to clinicians (t=3,322, p<.01) and for patients that improved according to self-report (t=5.059, p<.001), whereas there was no decline in those groups which did not improve based on these criteria. Effect sizes of change in SSD-12 scores in the improved subgroups were ES=-0.20 and ES=-0.30 respectively, standardized response means were SRM=-0.31 and SRM=-0.40.

Conclusions: Results for the use of the SSD-12 in a psychosomatic inpatient sample are in line with results from the general population and primary care. In addition, we showed that the SSD-12 is sensitive to change over treatment time, and is therefore a useful and time-efficient questionnaire for monitoring psychological burden associated with bothersome somatic symptoms.

P63 - CONDITIONED PAIN MODULATION AND PAIN SENSITIVITY IN FUNCTIONAL SOMATIC SYNDROMES. THE DANFUND STUDY.

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Aims: Altered pain regulation resulting in unresolved chronic pain symptoms are believed to be important for understanding of functional somatic syndromes (FSS). The aim was to examine pain regulatory mechanisms in a population-based sample encompassing various FSS.

Methods: We used data from a subsample of the Danish Study of Functional Disorders (DanFunD; N=2199) derived from a random sample of a Danish adult population. Pressure pain thresholds (PPTs) were recorded at the tibialis anterior and trapezius muscles. Descending pain control was assessed by conditioning pain modulation (CPM) determined as the change in PPTs on tibialis muscle reassessed during conditioning by cold water stimulation. The presence of irritable bowel syndrome (IBS; N=66), Fibromyalgia (FM; N=104), Chronic Fatigue Syndrome (CFS; N=187), and Bodily Distress Syndrome (BDS; N=334) was established by questionnaire data. Multivariate logistic analyses were performed stepwise accounting for age, sex, analgesics and psychological distress comparing each of the FSS-groups with a group without pain.

Results: Mean PPT (tibialis) was 565 kPa in persons without pain and varied 478–520 in the FSS groups. The differences were non-significant (p>0.05). Corresponding figures for mean PPT (trapezius) was 508 kPa and 421–459, all differences being significant. Absolute CPM was 200 kPa in person without pain and varied from 170–220 in the FSS groups, lowest for FM and CFS. Corresponding figures for relative CPM was 42% and 40–60%, lowest for CFS. These differences were not significant, but persons with both FM and CFS (N=39) showed a significant difference in relative CPM compared to those without pain. PPT and CPM in persons with pain symptoms, but not fulfilling any FSS criteria (N=732) showed no difference to persons without pain

Conclusions: Data showed no convincing support for an abnormal descending pain control in FSS. However, descending pain control may exist among those with more than one FSS. Existing literature in favour of an abnormal pain regulation is mainly based on smaller case-control studies with risk of selection bias. This is the first larger population-based study, but more large scale epidemiological data are needed.

P64 - WHAT GENERAL PRACTITIONERS THINK ABOUT THE NEW DSM-5 DIAGNOSIS 'SOMATIC SYMPTOM DISORDER' –RESULTS FROM QUALITATIVE INTERVIEWS WITH GENERAL PRACTITIONERS

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Aims: It often takes a long time and several medical diagnostic procedures until a somatoform disorder (F 45.x, ICD-10) is diagnosed and a suitable therapy for affected patients is established. The new DSM-5 diagnosis of somatic symptom disorder (SSD) aims to improve the diagnostic process by using positive criteria, that is, symptom-related distress and excessive thoughts, feelings, and behaviors relating to bodily symptoms. The former negative criterion of ruling out organic diseases for the persistent and burdensome somatic symptoms does not apply in SSD. Thus far, the new DSM-5 diagnosis SSD has not been introduced officially in primary care in Germany. This study investigates what general practitioners (GPs) think about the new concept.

Methods: 15 GPs (ten female and five male) were interviewed using a semi-structured guideline based on results from six focus groups with GPs. The interviews were recorded and transcribed verbatim. Data was analyzed using the approach of conventional qualitative content analysis where categories are mainly derived directly from the texts.

Results: Preliminary qualitative analyses show different opinions of the GPs considering the new DSM-5 diagnostic criteria. Some GPs expect the new diagnosis SSD to better reflect their subjective perception and daily work experiences with these patients. Other GPs have concerns to overlook fatal organic diseases while focusing on psychological factors.

Conclusions: The new diagnosis SSD has the potential to lead to a more constructive diagnostic process for GPs in primary care and to establish a faster access to a suitable treatment for affected patients. Our study results show that some GPs are ready to integrate the new diagnostic concept into their daily work and might help to develop precise suggestions for the implementation of the new diagnosis and its therapeutic consequences in GP's daily work while other GPs have more concerns about the new diagnostic concept. German Research Foundation: „Identification of barriers and difficulties involved in the process of diagnosing somatic symptom disorders in primary care (LO 766/13-1; SCHE 1689/5-1)"

P65 - PROMOTING BODILY FOCUSED THERAPIES IN THE SOMATIC SYMPTOM DISORDER

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Patients with somatic symptom disorders have excessive and distressing bodily feelings. Most often, they spontaneously decrease physical activity and try to focus less on bodily sensations in an attempt to improve physical symptoms. Cognitive and behavioral therapies propose a rather different approach. Patients are urged to expose themselves to situations at risk of bodily discomfort like physical exercise. In the mindfulness based cognitive therapy, it is even suggested that paying particular attention to bodily feelings eventually decreases the symptoms. There is good evidence that those therapies are useful. Yet, patients are often reluctant to enter the treatment program since its principles seem antinomic to their own strategies to cope with their symptoms. Recently a Bayesian cognitive model was proposed to account for the pathogenesis of the somatic symptom disorder, encompassing and going beyond previous understandings of the disease. Bayesian models postulate that contextual anticipations of plausible sensations play a key role in shaping the content of perceptual bodily awareness. From this perspective, excessive bodily feelings in patients with somatic symptom disorders result from impaired cognitive predictions while the information transmitted from the peripheral nervous system remains unaffected. Hence, although symptoms are experienced as physical, the signals produced by the body itself are not pathological and can even help reshaping bodily perceptions that are biased by false cognitive predictions. We argue that a clear and simple explanation of this model to patients with somatic symptom disorders is likely to help them to better adhere to bodily focused therapies. The model could also be explained in a liaison letter to corresponding physicians to foster better coordinated care.

P67 - DETECTING SOMATIC SYMPTOM DISORDER: DIAGNOSTIC ACCURACY OF THE SSD-12 IN COMBINATION WITH THE PHQ-15

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Aims: DSM-5 introduced the chapter of Somatic Symptom and Related Disorders to improve the diagnosis of somatoform disorders. It is unclear whether existing self-report questionnaires are useful to correctly identify patients suffering from the new diagnosis. Our study therefore investigates the diagnostic accuracy of the PHQ-15 in combination with the SSD-12 in detecting somatic symptom disorder.

Methods: For this cross-sectional study, participants were recruited from a psychosomatic outpatient clinic. PHQ-15 and SSD-12 were administered and compared to SSD criteria from a semi-structured diagnostic interview. Sensitivity and specificity were calculated for optimal individual and combined cutoff points. Receiver operator curves were created and area under the curve (AUC) analyses assessed.

Results: Data of n = 372 patients (31.2% male, mean age: 39.3 years (SD =13.6)) was analyzed. 56.2% of the patients fulfilled the diagnostic criteria for SSD. Diagnostic accuracy was adequate for each individual questionnaire (SSD-12: AUC = 0.74; 95% CI = 0.69-0.80; PHQ-15: AUC = 0.70; 95% CI = 0.65-0.76). Combining both questionnaires slightly improved diagnostic accuracy (SSD-12 + PHQ-15: AUC = 0.77; 95% CI = 0.72-0.82). Optimal combined cutoff points were ≥ 23 for the SSD-12 and ≥ 9 for the PHQ-15, with sensitivity and specificity equal to 69% and 70%.

Conclusions: The combination of the SSD-12 and the PHQ-15 provides an easy-to-use and time- and cost-efficient opportunity to identify persons at risk for SSD in a psychosomatic setting. The fact that the AUC values are not as high as those found for screening questionnaires for depression or anxiety, might be due to the rather imprecise SSD criteria of DSM-5 which altogether seem to include more patients, or by the ego syntonic nature of the SSD symptoms themselves. However, if systematically applied, effective screening and subsequent diagnosis-appropriate treatment might help to reduce disease burden and health care excess costs.

P68 - CLINIMETRIC PROPERTIES OF THE ITALIAN VERSION OF THE MAJOR DEPRESSION INVENTORY

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Aims: The Aim of the present study was to evaluate the clinimetric properties of the Italian version of the Major Depression Inventory (MDI), a self-report scale for depression.

Methods: The MDI was completed by 97 healthy subjects and 78 subjects with type 2 diabetes, all aged 18-64 years, with no history of psychiatric disorder, all recruited in Italy. The MDI consists of 10 items, rated on a 6-point Likert scale. Other scales completed by the participants included the Symptom Questionnaire (SQ) and the Beck Depression Inventory-II (BDI-II). Confirmatory factor analysis for the MDI was run. To analyze the unidimensionality of the MDI the Loevinger coefficient of homogeneity was used. The internal consistency of the scale was calculated via the Cronbach’s alpha coefficient. Sensitivity and specificity were assessed via the Receiver Operating Characteristic Curves. Pearson correlations allowed to study concurrent validity.

Results: The factor structure of the Major Depression Inventory was consistent with a one-factor solution. The Loevinger coefficient for item 10 was below the acceptance level (< 0.30), thus it was excluded to improve the measure of scalability. The resulting 9-item scale showed an acceptable coefficient of homogeneity (> 0.40). Cronbach's alpha was > 0.70. A positive and statistically significant correlation was found between the MDI and the subscales of the SQ. The scale showed good sensitivity and specificity to detect subjects with depressive symptoms when the BDI-II was used as index of diagnostic validity.

Conclusions: The Major Depression Inventory was found to display acceptable clinimetric properties and should be considered as a questionnaire to choose when the aim is to assess a dimensional measurement of major depression.

P69 - A STUDY OF ANGER AND ALEXITHYMIA IN KOREAN PATIENTS WITH TENSION HEADACHE

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Aims: Tension headache is a commonly encountered disturbance of neurology and psychiatry and it has been shown to be associated with psychological factors or disturbance such as depression and anxiety. Of particular importance to clinicians are the relationship between anger and alexithymia. In this study, we investigated anger and alexithymia in Korean patients with tension headache.

Methods: The subject were 30 patients with tension headache diagnosed by neurologist and they were compared to 30 healthy control group. The results of medical investigation of patients including brain CT and EEG were negative. All subjects were evaluated for depression, anxiety, anger and anger expression and alexithymia. The measures included Beck Depression Inventory(BDI), Spielberger State-Trait Anxiety Inventory(STAI), Spielberger State-Trait Anger Expression Scale(STAXI), and Toronto Alexithymia Scale(TAS).

Results: The patient with tension headache reported significantly more symptoms of depression, more difficulty describing feeling to other in TAS, less anger-in and anger-out expression in STAXI than the control subjects. Depressive symptoms in patients with tension headache were positively correlated with state anxiety, trait anxiety, alexithymia, state anger and anger-in expression.

Conclusions: These finding lend support that tension headache is associated with affect dysregulation and it may play role in features of tension headache. Psychosomatic treatment of patients with tension headache will be needed.

P70 - DEPRESSION AND MORTALITY IN PEOPLE WITH TYPE 2 DIABETES MELLITUS, 2003 TO 2013: A NATIONWIDE POPULATION-BASED COHORT STUDY

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Aims: Previous reports have demonstrated a bidirectional relationship between depression and diabetes mellitus (DM), accentuating a need for more intensive depression screening in DM patients. There is a relative paucity of data on the mortality of depressed DM patients in Korea.

Methods: Retrospective data from January 2003 to December 2013 were collected for adult Type 2 diabetes mellitus (T2DM) patients older than 30 years using the National Health Information database maintained by the Korean National Health Insurance Service (NHIS). Mortality rates and hazard ratios for each age group (stratified into six age groups) of patients diagnosed with T2DM in 2003 were estimated the overall survival rates according to the T2DM status until the given year of 2013.

Results: The annual prevalence of depression was consistently higher in T2DM group from 2003 to 2013. The mortality hazard ratio was higher in the depressed in all age groups, and the risk was higher in male groups and in younger-aged groups

Conclusions: Depression was significantly associated with a high mortality risk in T2DM patients; hence, a more systematic surveillance of T2DM patients to identify risk factors for depression might contribute significantly to reducing mortality risk in this group of patients.

P71 - ASSOCIATION OF DEPRESSIVE SYMPTOMS WITH HEALTH CARE SERVICE UTILIZATION IN ADULTS WITH CHRONIC DISEASE: A NATIONALLY REPRESENTATIVE SAMPLE

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Aims: We investigated the association of depressive symptoms with heath care service utilization in adults with chronic disease using a nationally representative sample of South Korean population. The potential moderating effect of gender and the potential mediating effect of the subjective health status in the association between depression and health care service use in adults with chronic disease were also investigated.

Methods: The Korea Welfare Panel Study (KOWEPS) in 2015 dataset was analyzed for 5,841 people with one or more chronic disease aged 19 years or older. We assessed three dependent variables on health care service utilization: number of outpatient visits and hospitalization, and days spent in the hospital per year. Depressive symptoms were evaluated by the Center for Epidemiologic Studies Depression Scale, 11-item version (CES-D-11).

Results: In the multiple linear regression analyses controlling for all socioeconomic and health related variables, prevalence of depressive symptoms and CES-D-11 score were significantly associated with increased numbers of outpatient visits and hospitalization and hospitalization days (all, $p<0.001$). Hierarchical moderated regression analyses showed significant interactions between CES-D-11 score and gender in regard to numbers of outpatient visits ($p<0.01$), number of hospitalization ($p<0.01$), and hospitalization days ($p<0.01$). The subjective health status significantly mediated the association between CES-D-11 score and all health care service utilization indexes.

Conclusions: Among adults with chronic disease, depression was associated with significantly higher health care utilization. Gender had moderating effects in the association between depression and health care utilization.

P72 - POST-TRAUMATIC STRESS DISORDER IN RESIDENT PHYSICIANS

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Aims: To determine the prevalence of PTSD symptoms in University of British Columbia's resident physician population based on the new DSM-5 criteria.

Methods: A link to an online questionnaire containing 27 questions, including residency training and year as well as the PCL-5 which corresponds to the diagnostic symptoms of PTSD outlined in the DSM-5, was e-mailed and completed by University of British Columbia's resident physicians.

Results: A total of 43 residents completed the survey and of those 38 had completed data. Mean PCL-5 score was 10.3 for the thirty-eight subjects. Examining the differences between PCL-5 score and resident year yielded the following: PGY-1=8.6; PGY-2=16.5; PGY-3=3.6; PGY-4=4.0; PGY-5=7.7. With respect to type of traumatic event and PCL-5 score the following was observed: Death=5.3, Violence=13.8, Medical Error=8.0, Bullying=38.0, None=45.0. Kruskal-Wallis test showed no statistically significant differences in total PCL-5 score for PGY or type of traumatic event. Regardless of post-graduate year or trauma experience, four subjects out of thirty-eight (10.5%) had a total PCL-5 score of 33 or greater, while one subject (2.5%) had a score greater than 50.

Conclusions: The results from this study conclude that resident physicians do suffer from PTSD symptoms at a rate higher than the average American population. (Kessler et al., 2005) As PTSD symptoms can often be very distressing and potentially negatively affect work ethic, further studies are indicated to better understand these symptoms and hopefully lead to better care in treating PTSD symptoms in resident physicians.

P73 - ACCEPTANCE AND COMMITMENT THERAPY AS TREATMENT OF FEAR OF CANCER RECURRENCE

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Aims: One of the most prevalent long-term consequences of surviving cancer is FCR, which is associated with decreased quality of life and higher healthcare costs. The majority of cancer survivors report a need for professional help in dealing with FCR. Evidence-based psychological intervention for reducing FCR is lacking. In the current study group based ACT to reduce FCR will be evaluated.

We aim to improve quality of life among cancer survivors by targeting fear of cancer recurrence (FCR) with Acceptance and Commitment Therapy (ACT).

Methods: A randomised trial will be conducted to evaluate the effectiveness ACT. A sample of 200 patients with curatively treated cancer (breast, colorectal and lung cancer) will be recruited from Vejle Hospital, Denmark. Participants will be randomised to the intervention or usual care group (1:1). Self-report measures will be completed at baseline, 6 (post-intervention) and 12 months. Primary outcome is FCR severity; secondary outcomes are healthcare costs, socioeconomic- and health status. The intervention group will receive acceptance and commitment group therapy, i.e. third generation cognitive behavioral therapy in groups of nine patients in 9 weekly 3.5-hours sessions & 1 booster session 1 month after 9th session, a total of 35.5 hours.

Results: The results are under analysis and will be presented in the Poster

Conclusions: ACT might be a useful treatment to reduce the impact of FCR among cancer survivors. The results of the study will provide information useful in daily clinical practice.

P74 - DEPRESSION IN YOUNG ADULTS DIAGNOSED WITH CANCER – AN ANALYSIS OF THE OUTCOMES OF 1970 BRITISH COHORT STUDY

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Aims: To analyse in a large cohort (BCS-70) the risk of depression in young patients diagnosed with cancer.

Methods: Data of the 1970 British Cohort Study were gathered, with permission, from the UK Data Service. In our paper they were drawn from the 16, 26 and 30 years wave (association with cancer). Depression was assessed with Malaise Inventory (with a cut-off set at 8 points).

Results: At age 16, only severe cases of depression were identified, representing 83 out of 5344 patients (1.55%). At 26, 1233 out of 7678 (16.05%), and at age 30, 1409 out of 11210 (12.56%) had depression and 136 (1.2%) had cancer. No significant increase in cancer rate risk was met at age 30 for individuals displaying depression at age 16 (OR = .988, CI = .985-991, p < .627). Depression at 26 years did not represent either a risk factor for cancer at age 30 (OR = 1.193, CI = .662-2.150, p < .671). However, there was a solid increase in risk of depression for people diagnosed with cancer by the age of 30, compared with people without cancer (Exp (B) = 2.327, CI = 1.527-3.445, p < .001). The socio-economic status did not contribute to an additional risk of depression at patients with cancer, aged 30 (Exp (B) = .946, CI = .745-1.200, p < .946).

Conclusions: The abovementioned data indicate that the risk of depression is higher at people with onset of cancer before 30. Our study did not identify an increased risk for depression by socioeconomic status. Instead, they suggest the importance of active screening and treatment of depression at young patients with cancer.

P75 - PREVALENCE AND FACTORS ASSOCIATED WITH DEPRESSION AMONG PATIENTS AFFECTED BY CHRONIC INFLAMMATORY ARTHRITIS

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Aims: To estimate the prevalence and factors associated with the development of depression among patients affected by rheumatoid arthritis (RA).

Methods: During an one year period, patients affected by RA have been consecutively enrolled. For each patient demographics and disease characteristics were recorded; the Hospital Anxiety and Depression Scale (HADS) was administered. HADS is a validate questionnaire to assess depressive and anxiety symptoms in patients affected by somatic disorders admitted to general hospital. An HADS≥11 was considered diagnostic for depression.

Results: We recruited 231 patients affected by RA, finding a prevalence of depression of 13.9% (95 % CI 9.4 – 18.3%). Overall, patients with depression, when compared with patients without, were older (p=0.008) more frequently females (p=0.049), with a lower education (p=0.036), higher physician global assessment (p=0.001), and patient global assessment(p=0.001), more comorbidities (p=0.027). In particular, they had any cardiovascular, neurologic or musculoskeletal issue (p=0.018, p=0.032, p=0.014, respectively) and more often used glucocorticoids or NSAIDs. Conversely, no association was found between depressive symptoms and the use of biologic therapies or the presence of inflammatory markers. Interestingly, a positive history of depression was present only in few patients with an HADS ≥ 11.

Conclusions: These preliminary results suggest that more than one every seven patients with RA could suffer from depression, thus depression might be undiagnosed in a significant number of patients. Comorbidities, anti-inflammatory medications and both physician- and patient- driven evaluation of disease burden were the most striking factors associated with depression in this cohort of patients with RA.

P76 - REFERRALS OF PATIENTS WITH ADJUSTMENT DISORDER TO A CONSULTATION-LIAISON PSYCHIATRY SERVICE OVER A 10-YEAR-PERIOD

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Aims: To examine the psychiatric interventions and the clinical features of a sample of patients with adjustment disorder (AD) receiving Consultation-liaison psychiatry (CLP) service in a general hospital over a 10-year-period.

Methods: Longitudinal descriptive study assessing 1,569 adult inpatients with AD (DSM-IV-TR criteria) admitted to non-psychiatric units of the University Clinical Hospital of Barcelona (Spain), who were consecutively referred to our CLP service between 2005 and 2014.

Results: The subgroup of patients with AD represented a 16% of the total psychiatric consultations requested (subtypes: 40.9% with depressed mood, 32.8% with anxiety and 26.3% with mixed symptoms). They were aged 54.9 ± 17.5 years and 53.7% of them were female. The main referral sources according to departments were Haemato-Oncology (20.5%), Surgery (10.9%) and Cardiology (8.5%). The two most frequent reasons for referral to our CLP service were for the assessment of depressive symptoms (49.4%) or anxiety (27.2%). During hospitalization 28% of the patients with AD were given only one consultation by our CLP team, 47.8% of them were visited 2–3 times and the rest (24.2%) required a more extensive follow-up. 90.2% of patients with AD needed a psychopharmacological intervention and the majority of them (84.4%) were recommended for further psychiatric health care after discharge.

Conclusions: Our results suggest that CLP interventions for AD are similar to those for other psychiatric disorders in respect to a high rate of psychopharmacological prescription and to the need of a similar amount of clinical time. There was a good concordance between the reasons for referral considered by medical/surgical colleagues and the diagnosis established by our team.

TOPIC: SOMATOFORM DISORDERS AND MEDICALLY UNEXPLAINED SYMPTOMS

P77 - COURSE TRAJECTORIES OF FUNCTIONAL SOMATIC SYMPTOMS, DEPRESSION AND ANXIETY DURING ADOLESCENCE

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Aims: Functional somatic symptoms (FSS) are known to be related to depression and anxiety in adolescents, but little is known about the etiology of this relation. A commonly adopted hypothesis is that adolescents express complex depressive and anxious feelings as FSS at a young age, but learn to express them affectively during adolescence. This suggests that during adolescence FSS would decrease while depressive and anxiety symptoms would increase, but this has never been investigated before. This study examines trajectories of FSS and depressive/anxiety symptoms in a large community sample of adolescents while taking into account heterogeneity across persons, symptoms and time.

Methods: Data of 1439 adolescents followed from age 11 to 25 years in the TRacking Adolescents' Individual Lives Survey (TRAILS) were included. FSS and depressive and anxiety symptoms were assessed bi- to triennially with the Youth Self Report (ages 11, 14 and 16 years) and Adult Self Report (ages 19, 22 and 26 years). Three-Mode Principal Component Analysis was used to capture heterogeneity in symptom data by identifying a parsimonious number of components for persons, symptoms and time.

Results: Symptoms were decomposed into FSS and depressive/anxiety symptoms, and time into early and late adolescence. Two person-mode components were found. Person-mode component 1 was characterized by decreasing FSS and decreasing depressive/anxiety symptoms and was related to being male. Person-mode component 2 was characterized by decreasing FSS and increasing depressive/anxiety symptoms and was associated with being female, having a lower socio-economic status and having experienced traumatic events.

Conclusions: FSS and depressive/anxiety symptoms show varying trajectories during adolescence, suggesting that different mechanisms may underlie their association. The similar trajectories in person-mode component 1 suggest that FSS and depressive/anxiety symptoms may have a common etiology, while the opposite trajectories in person-mode component 2 might be the result of changing expression of emotions during adolescence.

P78 - COMMUNICATION ABOUT DEPRESSION AND ANXIETY IN THE PRIMARY CARE INTERVENTION FOR MEDICALLY UNEXPLAINED SYMPTOMS: A QUALITATIVE STUDY

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Aims: Depression and anxiety are highly prevalent in patients with medically unexplained symptoms (MUS). It is often assumed that patients are not open to discuss depression and anxiety in relation to MUS and doctors are hesitant to explore this. However, there is a lack of studies observing the way in which doctors and patients with MUS communicate about depression and anxiety in daily practice. This study aims to describe doctor-patient conversations about depression and anxiety in a primary care intervention for MUS.

Methods: We conducted a qualitative analysis of two studies of the Symptoms Clinic, a consultation intervention for patients with MUS in primary care. The intervention was provided by five general practitioners in a structured set of three or four consultations. Audio-recordings and transcripts of consultations were analyzed inductively to describe the communication about depression, anxiety and related symptoms. A total of 41 consultations of 12 patients were included in the preliminary analyses, although more consultations will be included in the final analyses.

Results: Patients and general practitioners frequently discussed depression, anxiety or related symptoms such as frustration or embarrassment. Most discussions started during the first consultation of the Symptoms Clinic, but they often continued in follow-up consultations. Patients initiated the conversations about depression and anxiety more often than general practitioners, and general practitioners differed in the way they responded. Bidirectional links between depression and anxiety and MUS were described by patients as well as general practitioners.

Conclusions: Patients are aware of the relation between depression and anxiety and MUS and present opportunities to discuss this. If general practitioners use these opportunities optimally, they may increase patients' insight into their mental health and its close association with MUS.

P79 - THE INTEROCEPTIVE AWARENESS QUESTIONNAIRE (IAQ) DIFFERENTIATES BETWEEN AND WITHIN PATIENT GROUPS WITH STRESS-RELATED BODILY COMPLAINTS VERSUS HEALTHY CONTROLS

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Aims: We developed the Interoceptive Awareness Questionnaire (IAQ) to respond to two concerns related to existing assessment tools for body awareness:(a) the lack of a clear distinction between sensations and symptoms, and (b) the limited number of interoceptive response channels. The IAQ is a 19-item multi-modal self-report measure assessing awareness of interoceptive stimuli. Factor analysis performed on a large healthy sample (N=1366) revealed two subscales with good psychometric properties:(F1) awareness of sensations, referring to sensory information from within the body, and (F2) awareness of symptoms, denoting experiences of bodily information in a negative manner. Here we aimed to explore 1) whether patients who experience stress-related physical symptoms in daily life differ in scores on the IAQ compared with healthy controls, and 2) whether there are differences between patient groups with regard to the IAQ.

Methods: IAQ data were compared in 6 datasets:(1) panic disorder (N=27) vs overstrain (N=34) vs chronic fatigue syndrome (CFS)/fibromyalgia (FM; N=23); (2) healthy (N=20) vs CFS/FM (N=18) vs irritable bowel syndrome (IBS;N=14); (3) healthy(N=30) vs CFS/FM(N=28) vs overstrain(N=30) vs panic disorder(N=29) vs burn-out(N=29); (4) healthy(N=24) vs IBS(N=26); (5) healthy(N=25) vs medically unexplained dyspnea(MUD; N=29); (6) healthy (N=41) vs CFS/FM(N=80).

Results: Overall, patients scored higher on IAQ than healthy controls, more specifically on the Sensations subscale (F1). Within patient groups, panic patients had higher scores on the Symptom subscale (F2) compared with other patient groups.

Conclusions: Whereas awareness of sensations differentiates between patients and healthy controls, awareness of symptoms differs between patient groups. The results may help to further disentangle adaptive and maladaptive aspects of interoceptive awareness.

P80 - ASSOCIATION OF SOMATIC SYMPTOM AND RELATED DISORDERS AND SYNDROMES WITH SOCIO-ECONOMIC STATUS: RAPID SYSTEMATIC REVIEWS

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Aims: Somatic Symptom and Related Disorders account for a substantial burden of illness and healthcare use. There is increasing mechanistic research to suggest that these disorders are influenced by early life and subsequent adversity. However, somatic symptom related disorders rarely figure in discussions about health inequalities which often focus on survival rather than symptom burden. We aimed to examine the association of socio-economic status with symptoms and syndromes by secondary analysis of data in reports of population and clinical studies

Methods: We carried out a series of rapid systematic reviews. Individual reviews focus on (1) Multiple symptoms (including abridged somatisation, bodily distress syndrome etc.) (2) Chronic widespread musculoskeletal pain (3) Fatigue (4) Pelvic / genital pain in women and in men (5) Functional neurological symptoms (6) Functional gastro-intestinal disorders. We identified studies through systematic literature searching of two databases (Medline, Embase) with dual sifting of titles and abstracts. We extracted data on a range of indicators of socio-economic status: the most common being years of education.

Results: Initial searches yielded between 600 and 2000 titles per review. Analysis is currently in progress: for the first review, data has been extracted from 21 studies. The results of a meta-analysis will be presented from this and at least one other review from the suite of reviews. Preliminary analysis suggests that at least for multiple symptoms, widespread pain and fatigue there are associations with lower socio-economic status.

Conclusions: Somatic symptom related disorders contribute disproportionately to the burden of illness in socio-economically disadvantaged groups within society. Socio-economic inequalities do not just lead to shorter lives, they lead to more symptomatic lives.

P81 - EMDR IN LIAISON PSYCHIATRY: TREATMENT OF PSYCHOLOGICAL TRAUMA IN PERSONS WITH FUNCTIONAL SYMPTOMS

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Aims: Medically unexplained persistent disturbances in bodily functioning, described as ‘functional symptoms’ can be varied in pathogenesis and symptomology. A broad spectrum of presentation and limited psychiatric treatment options results in a high prevalence in frequent attenders to secondary care, increasing expenditure. Evidence highlighting relationships between psychological trauma and the development of functional symptomatic presentations emphasise the need for a psychiatric component to treatment. Previously Eye Movement Desensitisation and

Reprogramming therapy has been shown to be effective in the treatment of psychological trauma related functional symptoms. This evaluation aims to review an EMDR clinic within psychiatric liaison for treatment of trauma where there are related functional symptoms.

Methods: Twelve persons referred to a nurse consultant outpatient clinic, completed EMDR treatment for trauma. Outcome scores were recorded using the Impact of Events Scale. A service evaluation using descriptive data and repeat-subject measures was completed.

Results: Reduced scores on the Impact of Events scale was observed for all patients. A Wilcoxon Signed-Rank test indicated that the median score on the IES post-test (Mdn=3.5) was significantly lower than the pre-test score, (Mdn=57), W (7) =0, p≤0.01.

Conclusions: Functional symptoms are prevalent in acute secondary care, often associated with historical psychological trauma. Integrating EMDR into psychiatric liaison therapy can reduce the impact of trauma and has potential for subsequent improvement of functional symptoms. Treatment is specialist and treatment lengths are relatively long in comparison to other liaison clinics. Consideration should be given to the cost of training and provision by liaison services versus savings by the acute trust and wider health system. At the time of evaluation only one member of the team had completed EMDR training. Further evaluation on improvement of functional symptoms and financial impact should be considered.

P82 - RESPONSE BIAS AS A MEASURE OF SOMATIC SYMPTOM DISORDER. A STUDY OF MEDICO-LEGAL AND DISABILITY CLAIMS

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Aims: Somatic symptom disorder is highly prevalent in the setting of medico-legal and disability claims assessments. While some persons over report affective symptoms, others may present with non-credible cognitive symptoms. Specific cognitive tests and self-rating scales are used to assess response bias during clinical examination. We studied prevalence and outcome of response bias in different patient groups.

Methods: This is a single site cross-sectional study using a convenience sample (n=398) in the setting of medico-legal or disability claims in the Netherlands. The Green Word Memory Test (GWMT) is a performance validity measure and was administered to all subjects. The Amsterdam Short Term Memory Test (AKTG), the Structured Inventory of Malingered. Symptomatology (SIMS), and the Beck Depression Inventory (BDI-II) were administered in subsamples. Participant who scored positive on two or more on the before mentioned tests were classification positive Response Bias according to Slick criteria (Slick et al.,1999). Regular cognitive tests, intelligence test and the Beck Depression Inventory (BDI-II) were administered.

Results: All participants except one were in the age range 18-65 years (average 46.9 SD 10.5), 41.5% were female, and 51.2% had a least a college degree. Referral reasons were general medical problems (n=20), neurological disease (n=70), traumatic brain injury (n=44), psychiatric disorder (n= 251), or other (n=4). A total of 188 cases (48.3%) were classified Slick positive, with highest prevalence in psychiatric disorder ((56.2%) and lowest in neurological disorder (n=30%). BDI-II, IQ and measures of episodic memory, attention/executive function all differed significantly between Slick positive and negatives cases.

Conclusions: Non-credible test performance was prevalent in this Dutch study that include many patients with somatic symptom disorder. Insufficient effort and over reporting of psychological symptoms invalidate results of regular psychological testing.

P83 - THE ASSOCIATIONS BETWEEN PSYCHOLOGICAL DISTURBANCES IN FIBROMYALGIA PATIENTS, COMMON PSYCHIATRIC DIAGNOSES OF THEIR CHILDREN AND PAIN EXPERIENCES

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Aims: The aims of this study were to (1) determine psychological states and wellbeing of living kidney donors and (2) assess their interaction and association with subjective evaluations of donors. The hypothesis was (1) living kidney donors would have similar deppression and anxiety scores with normal population and (2) subjective complaints will interfere with psychological state and wellbeing.

Methods: This cross-sectional study was conducted with 208 living kidney donors (123 F; 59.1%), aged between 22 and 79 years (48.74±11.78), underwent nephrectomy in the years from 2006 to 2017. All donors were evaluated face to face. The sociodemographical data collection form, an 8-question survey developed by researchers for subjective evaluations, the Beck Depression Inventory (BDI), the Beck Anxiety Inventory (BAI), and Contentment with Life Assessment Scale (CLAS) were administered.

Results: Only few donors, 3.8% and 7.2%, revealed above the clinical cut off scores at BDI and BAI respectively. This was equivalent to normal population. 80% of respondents were satisfied with life. Only 5 donors (2.4%) claimed their experience as 'regretful' and depicted higher scores of depression and lower life satisfaction ($p<0.001$). Similarly, 33 (15.9%) donors having thought of getting ill easily after operation were found to be more depressive and anxious with lower life satisfaction ($p<0.001$). In most cases their relationship to the recipient was reported not to be changed (64.4%) or even improved (32.5%) and that was found to be related to lower depression scores ($p<0.001$). Respondents within the first year of donation depicted higher depression ($p=0.019$) and lower life satisfaction ($p=0.001$) scores. Finally, postoperative complications were found to increase anxiety and lower satisfaction of life ($p=0.018$, $p=0.026$). Degree of affinity between donors and recipients showed no difference in postoperative psychological outcomes and life satisfaction.

Conclusions: These results suggest that living kidney donation is a treatment without negative impact on donors' life satisfaction and mental status, however the results of unvalidated additional survey questions underlined the importance of following up donors especially in the first year is crucial and screening for donors'subjective experiences is useful in providing additional insight.

P84 - MANAGEMENT STRATEGIES FOR MEDICALLY UNEXPLAINED SYMPTOMS IN THE SYMPTOMS CLINIC: A QUALITATIVE STUDY

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Aims: General practitioners (GPs) have a central role in the treatment of patients with medically unexplained symptoms (MUS). Patients with MUS have been shown to benefit from specific, concrete advice regarding self-management. Little is known about the self-management strategies GPs advise their patients with MUS. The aim of this study is to describe these strategies provided in the primary care Symptoms Clinic specialized in MUS.

Methods: We conducted a qualitative analysis of consultations in the Symptoms Clinic, a specialized clinic for patients with MUS in primary care. The intervention was provided by five general practitioners in a set of three to four consultations. Firstly, we performed a thematic analysis of self-management strategies. Secondly, we explored the way in which GPs and patients elaborated on these self-management strategies in follow-up consultations. Audiotapes and transcripts of 41 consultations of 12 patients were analyzed in the preliminary analyses, although more consultations will be included in the final analyses.

Results: The GPs in this study advised seven different types of self-management strategies: changing cognitions and emotions, changing external conditions, changing activity level, targeting the body, gaining information, social support and dealing with the medical system. The self-management strategies were often considered as a shared endeavor as both GPs and patients took initiative, made changes and evaluated the strategy. The extent to which this shared endeavor was achieved varied across the series of sessions. Shared endeavor seems to be associated with a positive evaluation of the self-management strategy.

Conclusions: Self-management strategies are frequently advised by GPs in the Symptoms Clinic. Different types of strategies are discussed; some are tested by the patient and most of them are evaluated in the sessions. If GPs are aware of the importance of a shared endeavor, patients may benefit more from the intervention.

P85 - EFFICACY OF HYPNOTHERAPY IN ASSOCIATION WITH COGNITIVE-BEHAVIORAL THERAPY IN SOMATOFORM DISORDERS

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Aims: Evaluation of efficacy of hypnotherapy in association with cognitive-behavioral therapy in somatoform disorders.

Methods: The study was controlled clinical trial, nonrandomized, included 30 patients (21 womens and 9 men, age 18-67) diagnosed with somatoform disorders, who have accepted utility of psychotherapy for their somatic symptoms - this selection has led to increased external validity of the study. We used an integrative, eclectic approach to psychotherapy, by associating hypnoanalysis and cognitive-behavioral elements with ericksonian hypnosis, the basic therapeutical way (12 sessions, one per week). Symptoms assesment was done with Common Mental Disorders Questionnaire (CMDQ) , Hamilton Anxiety Rating Scale, Hamilton Depression Rating Scale, Global Assesment of Functioning Scale (GAFS), and by establishing of average somatoform symptoms score (by measuring symptoms intensiy on a scale of 1 to 10).

Results: At the end of therapy, improvements in physical and emotional status were seen in 76.66%, and remissions in 23.33% of the patients enrolled in the study (p=0,016). At 6 months after completion of treatment, improvements were maintained in 53.33%, and remissions in 23.33% of patients (p= 0,025). Even in terms of recurrence, the symptoms have been better managed by patients after psychological treatment. Hypnotherapy was useful by including the body in therapy in hypnotic trance, with awareness of the mind-body relationship, by stimulating emotion symbolization and by accesing traumatic memories and releasing suppressed emotions by hypnoanalysis. Cognitive-behavioral elements was useful by behavioral prescriptions, by identifying and replacing dysfunctional automatic thoughts related to bodily symptoms and conscious or unconscious irrational cognitions that are frequently the origin of somatoform symptoms.

Conclusions: Even if the study has limits, he demonstrated that hypnotherapy in association with cognitive-behavioral therapy has proven its usefulness in improving or remission of symptoms in patients with somatoform disorders. The studies in psychotherapy of somatoform disorders are relatively few. New studies are required in the field of psychotherapy of somatoform disorders, with deeper analysis of intrapsychic conflicts and the way of forming symptoms.

P86 - DYNAMIC RELATIONSHIPS BETWEEN STRESS AND SELF-COMPASSION IN PATIENTS WITH SOMATIC SYMPTOM DISORDER DURING A SELF-COMPASSION INTERVENTION

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Aims: The seemingly emerging field of personalized medicine is in need of innovative methods to analyze dynamic longitudinal relationships between variables within individuals. Dynamic structural equation modeling was used I) to evaluate the change of self-compassion and stress during a self-compassion training for patients with somatic symptom disorder, and II) to examine longitudinal relations between stress and self-compassion in these patients.

Methods: The pilot study (N=7) consisted of four consecutive phases with diary measurements of 28 days each (baseline, training part 1, training part 2, follow-up). Each day, stress level and two aspects of self-compassion were measured with visual analogue scales [0-100] in a short online survey. The time course and dynamic relationships between stress and self-compassion were analyzed for each individual separately using Mplus 8.

Results: Training effects were indicated for most patients: during the intervention period, self-compassion significantly increased in five patients and stress levels reduced in three patients. A significant autocorrelation (an association between successive measurements) for stress was found in one patient; a significant autocorrelation for self-compassion was found in two patients. A significant time-lagged association between compassion and reduced

stress levels the next day was found in one patient. While adjusting for auto- and cross-correlations in the model, a significant same-moment negative association between self-compassion and stress was found in five patients.

Conclusions: Self-compassion training was indicated to be effective in patients with somatic symptom disorder. Innovating time-series analysis techniques such as dynamic structural equation modeling fit the personalized medicine paradigm as was shown in analyses of intensive longitudinal dynamic processes between stress and self-compassion in patients with somatic symptom disorder.

P87 - PREDICTORS OF RESPONSE TO PSYCHOLOGICAL TREATMENT IN SOMATOFORM DISORDER AND SOMATIC SYMPTOM DISORDER: A META-ANALYSIS

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Aims: Somatoform disorder and somatic symptom disorder are associated with substantial psychosocial and functional impairment. Meta-analysis can clarify whether this group of disorders tends to be difficult to treat and whether effects of therapy depend on specific variables. The main aim of the present meta-analysis was to examine whether type of intervention and type of outcome variable predicted response to treatment.

Methods: Included were studies evaluating a psychological intervention given to patients diagnosed with somatoform disorder or somatic symptom disorder. Of 2,655 initially identified records, 22 studies were eligible for quantitative analysis, involving 3,160 patients. Outcome domains were somatic symptoms, psycho-behavioral features (e.g., psychopathology) and illness consequences (e.g., mental and physical well-being and functioning).

Results: An overall medium-to-large pre-post effect size across 27 intervention conditions (d = 0.77) and a medium pre-post effect size across 10 control conditions (d = 0.49) was obtained. Psychological interventions were significantly superior to control conditions for illness consequences but not for somatic symptoms or psycho-behavioral features. Pre-post effect sizes for cognitive-behavioral therapy (CBT) did not significantly differ from those of other psychological interventions. Longer symptom duration, younger age and lower methodological quality predicted larger effect sizes.

Conclusions: Overall, the present findings suggest that psychological interventions are effective in improving illness consequences but may not yield larger amounts of change when compared to control conditions in terms of symptoms or psychopathology. Effects of CBT did not prove superior to effects of other psychological interventions. Relatively modest effects of treatment and the difficulty of identifying modifiable predictors of treatment effects, such as type of treatment, provide support for previous suggestions in the literature that somatoform disorder is difficult to treat.

P88 - AUTISM SPECTRUM DISORDER IN CHILDREN AND ADOLESCENTS AT A NON-EPILEPTIC SEIZURES CLINIC: RATES AND IMPLICATIONS FOR PRACTICE

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Aims: Non-epileptic seizures (NES) are paroxysmal events which to an observer resemble epileptic seizures, but do not have the electrophysiological correlates of epilepsy and are regarded as psychogenic. Affected children and young people (CYP) have high levels of psychiatric morbidity. Although autism spectrum disorder (ASD) is often associated with epilepsy, ASD occurring in NES has only been described in a single case report. The current study aims to capture rates of ASD within an NES clinical sample and to descibe features of cases with NES and ASD, their assessment and progress in order to improve understanding and clinical outcomes.

Methods: 61 CYP were referred for assessment and treatment of NES to the Psychological Medicine Team at GOSH between 2012 and 2016. A case notes review identified cases with ASD. A structured proforma was then used to characteristics of CYP with NES and co-morbid ASD including demographics, co-morbidities, clinical presentation, treatment course and questionnaire measures. Where the Development and Well-Being Assessment (DAWBA: R Goodman et al, 2000) had been administered, two clinicians independently generated psychiatric diagnoses. Engagement with the DAWBA was subsequently noted using qualitative descriptors focussing on whether CYP and family had left particular questions incomplete and when experiences were described in unexpected sections of the questionnaire.

Results: Ten (16.4%) CYP had a diagnosis of ASD and brief case histories will be described, highlighting co-morbidity such as social anxiety. Of those with NES and ASD who undertook the DAWBA, families and CYP sometimes gave short responses to questions or omitted whole sections. Many psychiatric diagnoses were not made via the DAWBA though were confirmed in clinic. Physical symptoms, including NES, were often described when asked to discuss psychological issues.

Conclusions: ASD was an important co-morbidity in the NES population seen at this tertiary referral centre. CYP and families with ASD and NES tend to express distress via a somatic route and identification of psychiatric comorbidity requires care, especially when using structured tools. Neurologists working with children with ASD and suspected epilepsy should be vigilant for NES. Services for NES should be configured to facilitate timely identification of ASD.

P89 - RESTING-STATE FUNCTIONAL CONNECTIVITY IN ADOLESCENTS WITH PSYCHOGENIC NON-EPILEPTIC SEIZURES

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Aims: Psychogenic non-epileptic seizures (PNES) in adolescents are an understudied phenomenon characterized by episodes of atypical, neuroanatomically unexplainable cognitive, sensory or motor symptoms. Their mechanism is unknown. However, an oversensitivity to anxiety stimuli seems to be a fundamental feature of PNES, and functional magnetic resonance imaging (fMRI) studies of pediatric anxiety have found altered resting-state connectivity within and between the brain's default mode network (DMN) and salience network (SN). We hypothesized that adolescents with PNES would demonstrate hyperconnectivity between the DMN and SN relative to controls.

Methods: Resting-state fMRI data was acquired from a study of 13 PNES youth and 16 matched controls. Parents completed a demographic questionnaire that included lifetime medical, neurological, and psychiatric diagnoses. Psychiatric assessment included child and parent self-report measures - the Childhood Anxiety Sensitivity Index (CASI), the Child and Adolescent Survey of Experiences (CASE) - and a structured psychiatric interview, the Kiddie Schedule for Affective Disorders and Schizophrenia (K-SADS). Quality assessment of fMRI data identified 27 usable scans (13 PNES, 14 controls). FMRI preprocessing was performed with FMRIB Software Library (FSL). A spherical seed was placed in the precuneus (for DMN) and another in the posterior SN. Functional connectivity analysis between the two seeds was conducted with CONN.

Results: The PNES group showed statistically significant hyperconnectivity between the two seeds ($p\text{-FDR} < .02723$) compared to controls. Connectivity strength in PNES subjects, but not controls, correlated positively with number of K-SADS anxiety diagnoses ($r = .817$, $p < .001$) and CASI score ($r = .614$, $p < .001$). There was no statistically significant correlation between connectivity strength and CASE measures.

Conclusions: Our results are consistent with our hypothesis that PNES adolescents would show hyperconnectivity between the DMN and SN relative to controls. The correlations observed in PNES subjects between connectivity strength and both number of K-SADS anxiety diagnoses and anxiety sensitivity suggest a relationship between PNES and severity of comorbid anxiety. Although our results require replication, they represent a step towards characterizing the neural correlates of PNES.

P90 - HIPPOCAMPAL STRUCTURE IN ADOLESCENTS WITH PSYCHOGENIC NON-EPILEPTIC SEIZURES

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Aims: Psychogenic non-epileptic seizures (PNES) in adolescents are an understudied phenomenon characterized by episodes of atypical, neuroanatomically unexplainable cognitive, sensory or motor symptoms. Their mechanism is unknown. However, an oversensitivity to anxiety stimuli seems to be a fundamental feature of PNES, and neuroimaging studies of pediatric anxiety have found alterations in hippocampal structure. We hypothesized that adolescents with PNES would demonstrate differences in hippocampal shape and volume relative to controls.

Methods: Neuroimaging data was acquired from a study of 13 PNES youth and 16 matched controls. Parents completed a demographic questionnaire that included lifetime medical, neurological, and psychiatric diagnoses. Psychiatric assessment included the Childhood Anxiety Sensitivity Index (CASI), the Child and Adolescent Survey of Experiences (CASE), and a structured psychiatric interview, the Kiddie Schedule for Affective Disorders and Schizophrenia (K-SADS). Image quality assessment identified 25 usable scans (11 PNES, 14 controls). The automated, atlas-based FreeSurfer-initiated large-deformation diffeomorphic metric mapping (FS+LDDMM) pipeline was used to produce hippocampal surfaces for each subject. Principal component analysis was performed on the surface data to produce principal component shape measures for each subject. Repeated-measures ANOVA was used to examine shape differences between and within subjects. SurfStat was used to localize significant group differences on shape and relate to clinical variables.

Results: Left hippocampal volume was significantly smaller in PNES adolescents than in controls [F(23) = 5.24, p = 0.032]. Left hippocampal shape was also significantly different between both groups [F(1,23) = 5.97, p = 0.0226]. There was no difference between groups in right hippocampal volume or right hippocampal shape. Among both PNES adolescents and controls, CASE negative impact ratings reported by parent correlated with left hippocampal volume loss (r=-0.401, p=0.047). No other clinical measures had a statistically significant relationship with left or right hippocampal volume. In both groups, increased the total number of K-SADS anxiety diagnoses was associated with inward deformation in the subiculum region of the left and right hippocampus and in the CA1 region of the left hippocampus.

Conclusions: Our results are consistent with our hypothesis that patients with PNES would show differences in hippocampal shape and volume relative to controls, though differences were only identified in the left hippocampus. Total number of K-SADS anxiety diagnoses was associated with changes in hippocampal shape but not volume. Although our results require replication, they represent a step towards characterizing the neural correlates of PNES.

P91 - DO PSYCHOLOGICAL FACTORS PREDICT THE DISCREPANCY BETWEEN SUBJECTIVE AND OBJECTIVE RESPIRATORY-HEALTH COMPLAINTS IN THE WORKING AGE POPULATION – A TEN YEAR FOLLOW UP STUDY

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Aims: Respiratory symptoms without objective findings are common in the general population and psychological factors associate with the prevalence of reporting them. We examined if self-perceived respiratory symptoms or psychological factors in the baseline predict self-perceived respiratory symptoms at the follow-up in the absence of objective findings of respiratory pathology, at the working age population.

Methods: We used data from the Health 2000 and 2011 studies (BRIF8901), comprising a nationally representative follow-up sample of Finnish people. Our subsample included participants aged 41 to 65 years-old. Respiratory functioning was measured by a spirometry test in the baseline and at follow-up. Structured questionnaires were used to measure self-perceived respiratory symptoms (SRS) as well as psychological factors of alexithymia, sense of coherence, and illness worry (health anxiety). Individuals with a diagnosed respiratory or major psychiatric disease were excluded, giving a sample comprising 1,814 participants. Logistic regression analysis was used to investigate the unique and overlapping associations of baseline SRS and psychological factors with SRS in the follow-up.

Results: Despite a normal spirometry result, 25 per cent of the subpopulation experienced SRS at follow-up. Together with self-perceived respiratory symptoms, increasing body mass index and smoking at baseline predicted an increased likelihood of exhibiting respiratory symptoms ($p<0.0001$) at follow-up. Of the psychological factors, alexithymia predicted the SRS most strongly ($p<0.001$), even after several adjustments.

Conclusions: Respiratory symptoms, in the absence of any objective findings of respiratory pathology, appear to be related to prior experience of respiratory symtomatology but also psychological vulnerability of the individual. The results suggest that alexithymia is associated with a worse respiratory health outcome at the follow-up.

P92 - MEDICALLY UNEXPLAINED SYMPTOMS IN THE GENERAL POPULATION

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Aims: This study assessed the prevalence of medically unexplained symptoms (MUS) and their association with demographic characteristics and psychological distress in men and women from the general population.

Methods: The study had a cross-sectional design and was performed in 250 men (mean age 40.9 ± 16.3 years, range 18-86 years, 47.2% married/living as married, 74% with a paid job, 85.2% with a high school degree or a University degree) and 250 women (mean age 41.2 ± 15.9 years, range 18-87 years, 51.6% married/living as married, 58.8% with a paid job, 85.2% with a high school degree or a University degree). Each participant completed the Screening for Somatoform Symptoms-7 (SOMS-7) by Rief and colleagues for the assessment of MUS and Kellner's Symptom Questionnaire (SQ) concerning anxiety, depressive, somatization, and hostility symptoms.

Results: MUS that were scored more often as much or very much impairing by males were as follows: back pain (7.2%), joint pain (6%), pain in the legs and/or arms (5.2%), headaches (4.4%), sweating (3.6%), and excessive tiredness (3.2%). Back pain (13.2%), painful menstruation (8.8%), pain in the legs and/or arms (8.4%), bloating (8.4%), joint pain (8%), headaches (7.6%), and irregular menstruation (7.2%) were the symptoms most frequently rated as much or very much impairing by females. Gender was the only demographic feature significantly related to the SOMS-7 score: women scored higher than men did. The presence of a medical condition was significantly associated with a higher SOMS-7 score, even though only among males. As to the relationship between MUS and psychological distress, the SOMS-7 score was significantly predicted by depressive and somatization symptoms in males and by somatization and hostility symptoms in females.

Conclusions: MUS seem to occur in an important percentage of people from the general population, with pain-related symptoms being the most frequent ones. The significant association between the SOMS-7 and the SQ somatization score reflects a good concurrent validity of the SOMS-7. Future studies should examine whether different dimensions of psychological distress are significantly associated with specific clusters of MUS. Early identification of MUS may allow for a prompt clinical intervention to prevent undue health-related costs.

P93 - PSYCHOLOGICAL PROFILES AND HEALTH STATUS IN PATIENTS WITH SOMATOFORM DISORDER

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Aims: Systematic reviews showed that effects of interventions in somatoform disorder are small to moderate. One reason for these modest effects could be lack of specificity of interventions that were offered to heterogeneous groups of patients. To test the potential usefulness of tailoring interventions, a first step is to examine heterogeneity of this group. Therefore, the objective of the present study was to identify distinct, clinically meaningful psychological profiles within a sample of patients with somatoform disorder, and to examine to what extent these profiles differ from each other in terms of health status

Methods: This cross-sectional study included 393 patients with somatoform disorder. They filled out self-report questionnaires with regard to coping, illness cognitions, personality, body image, flexibility, social support (profile variables) and health status (psychopathology, somatic symptoms, mental wellbeing and physical functioning). The data for the present study were collected in the diagnostic phase, before start treatment. At that time somatoform disorder was diagnosed.

Results: Principal component analysis (oblique rotation) identified three higher-order factors labelled Positivity (P), Vulnerability (V), and Avoidance (A). Subsequent cluster analysis showed five clinically meaningful psychological profiles (meaning of symbols: −− very low, − low, * average, + high, ++ very high): Maladaptive (P −, V ++, A ++), Inflexible (P −, V +, A *), Limiting (P +, V *, A +), Active (P *, V *, A −−), and Adaptive (P+, V−−, A-). These profiles differed from each other in terms of severity of somatic symptoms, psychopathology, physical functioning and mental wellbeing with mostly worst scores for the maladaptive and inflexible profile groups and best scores for the adaptive and active profile groups.

Conclusions: Heterogeneity of somatoform disorder was shown by five clinically meaningful profiles that were associated with health status. An avenue of future research is to evaluate whether psychological interventions that are tailored to specific psychological profile subgroups contribute to greater treatment effectiveness.

P94 - NEUROPSYCHOLOGICAL PROFILE OF PATIENTS WITH FUNCTIONAL MOVEMENT DISORDERS: THE PRELIMINARY DATA

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Aims: Although the subjective cognitive complaints are frequent in functional (psychogenic) movement disorders (FMD) patients, our knowledge of neurocognitive aspects of FMD is still very limited. Abnormalities in attentional processes seem to play an important role in the manifestation of functional neurological symptoms. Our objective was to assess cognitive functioning in patients with FMD with main focus on the attentional aspects.

Methods: Nineteen patients with clinically established FMD (mean age 48.6±10 years, 5 males) and 19 age and sex matched control subjects underwent a complex neuropsychological assessment. Administred neuropsychological battery covered following domains: short-term memory (Rey Auditory Verbal Learning Test- AVLT), attention (the Trail making test- TMT part A, the Digit span forward and word and colour condition of the Stroop Task), executive functions (TMT part B, colour–word interference condition of the Stroop Task; phonemic fluency tasks), processing speed (Digit Symbol-Coding test) and working memory (the Digit span backward and the N-back task). To evaluate neuropsychiatric symptoms and cognitive complaints the Beck Depression Inventory (BDI-II), the State-Trait Anxiety Inventory (STAI X-1, STAI X-2) and the Cognitive Complaints Questionnaire (QPC) were used. A statistical comparison of patient and control group was performed using Welch’s T-Test

Results: In comparison with control group, FMD group showed worse performance in AVLT A1-A5 scores ($p<.01$), Digit span sum score ($p<.05$), Digit symbol-coding score ($p<.01$), TMT scores (TMT A: $p=.001$, TMT B: $p<.05$), phonemic fluency task scores ($p<.001$), and all three Stroop test conditions ($p<.05$). Moreover, patients with FMD also reported significantly higher scores of cognitive complaints, depressive symptoms and trait anxiety compared to healthy controls ($p<.05$). No group differences were found in AVLT delayed recall scores.

Conclusions: Based on the preliminary data, this study confirmed abnormalities in cognitive functioning and higher level of subjective cognitive complaints, anxiety and depression in patients with FMD. Patients showed poorer attention, learning ability and worse performance in tasks requiring processing speed compared to control group. Future research should further address abnormalities in these specific cognitive processes and clarify whether cognitive complaints represent a comorbid functional symptom or result from abnormally focused attention or eventually from associated mood disorder.

P95 - THE ROLE OF AN INTEGRATED BIOPSYCHOSOCIAL MODEL OF CARE IN IDIOPATHIC STOMATOPYROSIS MANAGEMENT: A QUALITATIVE PILOT STUDY

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Aims: Idiopathic stomatopryrosis is a chronic condition characterized by burning sensations affecting oral mucosae, in absence of pathological alterations that could justify the magnitude of the reported symptoms. The aim of the present study is to assess the efficacy of an integrated biopsychosocial approach in the clinical management of idiopathic stomatopyrosis disorders.

Methods: pilot study involving 10 patients complaining for oral burning sensations, in 2 cases associated with taste and smell subjective alterations. Each patient was followed by a multidisciplinary team directed by a maxilla-facial surgeon and was offered a psychological intervention devoted to explore and treat the cognitive and emotional components associated to oral discomfort. Mindfulness, PNL techniques and Hypnotic Psychotherapy were also used to help patients in managing their symptoms. Psychopharmacological therapy was prescribed if required. The symptoms were periodically evaluated with NRS scale. Subjective patient's evaluation was also recorded.

Results: NRS score was 7,5 at pre-treatment and became 3 after psychological intervention (p=0,002; Wilcoxon paired t-test). 9 Patients described the therapeutic results as satisfactory. 4 Patients had a benefit from Clonazepam prescription. The psychological intervention consisted of 3 to 17 sessions for each patient.

Conclusions: Data obtained from the present pilot study suggest that an integrated biopsychosocial approach can contribute to lower idiopathic stomatopyrosis symptoms. Further studies are required to establish a reliable and generalizable protocol

P96 - 'TO SLEEP: PERCHANCE TO DREAM!' - DETAILED SLEEP HISTORY - AN ESSENTIAL TOOL IN POST-TRAUMATIC STRESS DISORDER EVALUATION AND MANAGEMENT

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Aims: To highlight by the presentation of illustrative cases the essential nature of a detailed sleep history in the evaluation of Post-Traumatic Stress Disorder.

Methods: Presentation of two case histories that highlight the essential nature of a detailed sleep history within the comprehensive evaluation of PTSD.

Results: A 36- year-old Hispanic male was seen for combat associated PTSD. He described classical night terrors rather than the common PTSD nightmare. Detailed historical exploration for depersonalization events was thus undertaken. He had a history of amnestic depersonalized rages. He estimated that 1/3 of a routine day was spent in an amnestic 'black hole.' He was most disturbed by finding text messages and voicemail from people he didn't know or could not consciously recall. A 71-year-old Hispanic male presented with late onset PTSD (symptoms for the past 10 years) featuring nightmares, which by his wife's description met criteria for REM sleep behavior disorder (RBD). As late onset PTSD has been closely associated with onset of dementia, the presence of his RBD focused attention on exclusion of dementia with Lewy bodies.

Conclusions: PTSD sleep history requires a detailed exploration of the precise nature of any nightmares complicating the disorder. Sleep Terror in association with PTSD is a marker for daytime depersonalization in association with PTSD symptoms and suggests the need for analytical psychotherapy in addition to the more conventional cognitive based psychotherapies and pharmacotherapies. Late onset PTSD associated with REM Sleep Behavior Disorder is highly suggestive of underlying dementia with Lewy bodies.

P97 - THE INFLUENCE OF DEPRESSIVE SYMPTOMS AND PHYSICAL ILLNESS ON SLEEP DISTURBANCE IN ELDERLY PEOPLE

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Aims: This study was conducted to collect basic data for the elderly mental health by identifying the influence of depressive symptoms and physical illness on sleep disturbance.

Methods: Among 1535 Medicaid people at least 60 years of age residing in Chungju, 1262 people were examined from 25 April 2011 until 31 July 2011. We investigated the general characteristics of the patients and the history of physical illness. Also we did screening test for depression and sleep quality. Data analysis was done by t-test, Pearson's correlation, step by step regression analysis with SPSS. SPSS/PC WIN 19 version.

Results: Among the 1262 survey personnel, 520(41%) people had depressive symptoms and 718(57%) people had sleep disturbance. Also, 140(11%) people had been diagnosed as stroke, 712(56%) people had hypertension, and 279(22%) people had diabetes mellitus. There was no significant difference in physical illness, age, height, weight between the sleep disorder group and the normal group, but in the sleep disorder group, the depression symptom was significantly larger (p <0.001) and also in female group than male group respectively (p = 0.006). It was found that there was a static correlation between depression symptoms and the quality of sleep (correlation coefficient of Pearson 0.360). Among stroke, hypertension, diabetes and other physical disorders, stroke and diabetes did not significantly correlate with sleep quality. However, hypertension was found that it had static relationship with sleep quality (Pearson's correlation coefficient 0.057). As a result of carrying out the stepwise regression analysis to investigate the description amount of the change, statistically significant results were not found for other causes such as stroke and diabetes. Depression symptoms and high blood pressure showed the greatest explanation (13.2%).

Conclusions: The study showed that depressive symptoms are significant associated with sleep quality in elderly over 60 years old. So we suggest that elderly people with sleep disturbance need care for depression and hypertension.

TOPIC: THE INTERFACE BETWEEN PHYSICAL AND MENTAL DISORDERS

P98 - SOMATIC SYMPTOM BURDEN IN OUTPATIENTS WITH ANOREXIA NERVOSA AND BULIMIA NERVOSA

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Aims: Somatic conditions have been well studied in anorexia nervosa (AN) and bulimia nervosa (BN). Yet, the subjective somatic symptom burden of patients has been relatively neglected by research. Therefore, this study investigated the frequency and spectrum of somatic symptom burden in patients with AN and BN. Secondarily, associations between somatics symptom burden with quality of life and sick-leave were tested.

Methods: In this cross-sectional study, somatic symptom burden (PHQ-15) was assessed in 153 outpatients with AN or BN. Associations between somatic symptom burden and quality of life (QoL, SF-12) were examined using Body-Mass-Index (BMI), depression (PHQ-9) as well as anxiety (GAD-7) as mediators. Using regression analysis, the association between days of sick leave and somatic symptom burden was tested adjusting for age, gender and type of eating disorder.

Results: Patients reported loss of energy (94.8%), changes in appetite (87.7%), upper gastro-instestinal symptoms (88.4%) and headaches (71.9%). In contrast, few patients reported chest pain (28.1%), pain during sexual intercourse (19.6%) and fainting spells (11.1%). Compared to patients with AN (n=90, mean BMI = 17.2), patients with BN (n=63, mean BMI = 21.8) reported a higher somatic symptom burden (11.18±5.60 vs. 13.4±5.14, *p*=0.016). Somatic symptom burden had a direct effect on the physical quality of life and this relation was neither mediated by BMI nor depression or anxiety. Somatic symptom burden only had a significantly direct effect on psychological quality of life when BMI was considered as a mediator. Patients with AN reported sicker leave compared to patients with BN

(3.8±5.38 vs. 2.1±3.9, *p*=0.019). Independent from this difference, increased somatic symptom burden was associated with more sick leave (*β*=0.19, *p*=0.036).

Conclusions: Subjective somatic symptom burden is frequent and shows a wide spectrum in patients with AN and BN. Particularly patients with BN appear to suffer from more somatic symptom burden. Whether the subjective somatic symptom burden is predicted by somatic conditions, somatosensory factors or eating disorder characteristics needs futher investigation. As somatic symptom burden is associated with decreased Qol and more days of sick leave, we conclude that it further adds to the psychological burden of AN and BN.

P99 - TRANSLATION, CULTURAL ADAPTATION AND EVALUATION OF THE PSYCHOMETRIC PROPERTIES OF PERSIAN VERSION OF MULTIDIMENSIONAL BODY SELF RELATIONS QUESTIONNAIRE

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Aims: The Multidimensional Body Self Relations Questionnaire (MBSRQ) is a standard self-report inventory that widely used in body image research. The aim of this study was to translate, to adapt culturally and to evaluate the reliability and validity of the MBSRQ-AS (short form of MBSRQ).

Methods: We used World Health Organization guideline as the methodological model for Persian translation and cultural adaptation. The Persian version of MBSRQ-AS was administered to a convenience sample of 250 students at Tehran University of Medical Sciences. The content validity, internal consistency, and test-retest reliability of the instrument were assessed.

Results: Forty-eight percent of participants were female. Two items of questionnaire changed partially during the process of translation and cultural adaptation. The content validity index of the Persian version was 0.72 according to Fleiss Kappa Statistic. The Cronbach's ɑ coefficient for internal consistency of subscales ranged from 0.76 to 0.87. The intra class correlation (ICC) coefficient for test-retest reliability of the whole instrument was 0.83.

Conclusions: The Persian version of Perception of MBSRQ-AS could be considered as a good cross-cultural equivalent for original English version. The instrument is a reliable instrument in terms of internal consistency and test-retest reliability.

P101 - PREVENTING EATING DISORDERS IN HUNGARY USING THE INTERNET

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Aims: ProYouth is an Internet based platform to help the screening and prevention of eating disorders (ED). The program provides questionnaires to assess ED status, discussion forums, group chat and individual chat. The countries participating in the program: the Czech Republic, Germany, Ireland, the Netherlands, France, Hungary, Italy and Turkey.Target groups differed in each country. In Hungary there were no built-in restrictions as to who could participate, but it was mostly advertised to students in higher education, aged 18 and above. The aim of this study is to evaluate whether we managed to reach people at risk of developing eating disorders.

Methods: We analyzed the data of 2533 young adults aged 18-35 (6.6% men, 93.4% women) in this online cross-sectional survey. Status assessment included Short Evaluation of Eating Disorders, Weight Concerns Scale, the Patient Health Questionnaire for Depression and Anxiety, demographic data, self-reported weight and height, and previous/current treatment for eating disorders.

Results: Our results show that 2.7% (n=69) of participiants were at the time of screening under treatment for eating disorders, 22.9% (n= 579) had severe impairment, 52.9 % (n=1334) had considerable concerns about their weight, and only 21.8% (n= 551) were slighty impaired or symptom free.

Conclusions: Treatment of eating disorders is difficult and costly. Therefore it is imperative that we pursue prevention in this area. Using the Internet proved to be an effective way of reaching out to people in risk of developing eating disorders.

P102 - THE INGREDIENTS OF EATING DISORDERS

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Aims: Dysfunctional eating is related to many temperamental features including perfectionism, neuroticism, obsessive–compulsiveness, narcissism, sensation seeking, impulsivity, and emotional regulation. Both impulsivity and emotional regulation are amongst the stronger determinants of dyscontrolled behaviours, including binge eating and purging. Our study aims to disentangle the relationship between eating disorders (ED) and personality disorders (PD) under the hypothesis of shared difficulties in emotional regulation and impulsivity.

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-six percent of ED patients satisfied also criteria for PD. Cluster B occurred more frequently in Bulimia Nervosa (BN) and Binge Eating Disorders (BED), whereas Cluster C PD was strongly associated with Restrictive Anorexia (AN-R) ($p<0.001$). Scores at the Barratt Impulsiveness Scale-11 (BIS-11) were higher in Cluster B compared to Cluster C ($p=0.019$). Difficulties in Emotion Regulation Scale (DERS) mean scores were similar in BN, BED and AN Binge Purging but significantly lower in AN-R. After adjustment for ED, multinomial logistic regression analysis demonstrated a positive association between DERS and Cluster B PD and a negative association between BIS-11 and Cluster C PD.

Conclusions: Emotional dysregulation and impulsivity are common psychopathological background for "over controlled" and "discontrolled" behaviors ED and PD.

P103 - A QUALITATIVE STUDY: EXPLORING EXPERIENCES AND NEEDS OF ADOLESCENTS WITH SELF HARM

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Aims: Suicide is a major global public health challenge and is the 3rd leading cause of death in 15-35 years old. According to the World Health Organization (WHO) more than 70% of suicide deaths are in low and middle income countries (LMICs). Self-harm (SH) and suicide data from LMICs like Pakistan is lacking because these acts are considered as criminal, also socially and religiously condemned. The purpose of present study is to explore lived experiences and needs of adolescents with a history of self-harm and their perception about CBT based psychosocial intervention.

Methods: In depth qualitative interviews were conducted with 10 adolescents (age 12-18 years) with a history of SH recruited from different public hospitals in Rawalpindi, Pakistan. A semi-structured topic guide was prepared based on existing literature and findings from discussions with mental health professionals. Data was analysed using framework analysis.

Results: The major themes that emerged from the analysis were; predisposing factors (aggression, impulsivity), precipitating factors (interpersonal conflicts, escape from current situation), reaction of the family (grief and troublesome), perception of CBT based interventions (perceived as helpful, pictorial worksheets as more effective, involvement of family members).

Conclusions: Refining a cultural and contextual based explanatory model of self-harm in adolescents for cultural adaptation of psychological interventions support the critical role qualitative data collection and analysis can play in suicide prevention research.

P104 - FACTORS ASSOCIATED WITH DELIBERATE SELF-HARM METHOD AMONG PATIENTS IN A TERTIARY HOSPITAL IN SOUTH AFRICA

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Aims: Hospital-based research provides important insight into the burden of suicide behavior and methods used in deliberate self-harm (DSH). This information may be useful to plan suicide related intervention and prevention programs. We aimed to investigate the socio-demographic and clinical factors associated with the methods used in DSH at a tertiary hospital in Cape Town, South Africa.

Methods: Socio-demographic, clinical and treatment data were collected from 238 consecutive DSH patients who presented for emergency department treatment at the hospital. Univariate analyses and logistic regression models were used to explore the associations between these variables and, violent and non-violent method of DSH.

Results: Self-poisoning was the most common method of self-harm (80.3%, n=191). Prescription medication was the most common form of self-poison (57.6%, n=137) while a significant number of patients used the non-prescription medication paracetamol (40.9%, n=54). In the bivariate regression analysis, male gender, stating that the reason for DSH was to escape a situation and history of substance use were associated with violent method of DSH.

Conclusions: This study contributes to emerging literature on methods used in deliberate self-harm in South Africa. There is an urgent need to improve monitoring of prescription medication commonly used in DSH. More research on the source of prescription medication and its relationship to DSH is needed in this context. Limiting the quantity and reviewing the packaging of paracetamol available in supermarkets may effective strategies of means restriction that should be adopted in the South Africa. This study underscores the need for increased collaboration between the Department of Social Development and the Department of Health in providing substance use interventions to high risk population groups.

P105 - KETAMINE USE FOR SUICIDAL IDEATION IN THE GENERAL HOSPITAL: CASE REPORT AND SHORT REVIEW

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Aims: The incidence of suicide in patients of general hospital is estimated to be three to four times higher than in general population. This risk is particularly high in patients admitted in medical settings following a suicide attempt. Preventing measures are thus required but can generally not be as high as in a psychiatric setting. Treatments that may contribute to decrease suicide thoughts are of particular interest for consultation-liaison psychiatrists. Recent evidence indicates that ketamine may have a rapid anti-suicidal effect.

Methods: We report the case of a 47-year-old woman admitted in general hospital following a suicidal attempt by poisoning and treated with ketamine for persistent suicidal ideations. The patient was treated with two infusions of 0.5 mg per kg at day 0 and day 2 in the presence of an anesthesiologist familiar with ketamine use. We also review the literature on ketamine use for suicidal ideation.

Results: The treatment was well tolerated. Beck's Scale for Suicidal Ideation score decreased from 35/38 before treatment to 0/38 at day 7. The patient did not report any suicidal thoughts anymore. Although further studies are required to support anti-suicidal effects of ketamine, the safety of this product, routinely used in general hospital for anesthesiology or in painful patients, seems to be in favor of ketamine use in medical inpatients at high risk for suicide.

Conclusions: Available data suggest that, given the favorable safety profile of ketamine, its use to treat severe suicidal ideation might have an excellent benefit-risk ratio, especially in medical wards where multi-disciplinary collaboration and monitoring conditions are optimal.

P106 - CAPGRAS SYNDROME TREATED WITH ARIPIPRAZOLE IN POSTMENOPAUSAL WOMAN WITH PITUITARY ADENOMA AND NEURODEGENERATIVE DISEASE: A CASE REPORT

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Aims: We report a case of a patient with a history of a pituitary adenoma and Capgras delusion that resolved with aripiprazole

Methods: A 56 yo female with a history of Dementia, pituitary adenoma, hypothyroidism, hypopituitarism, multiple cerebrovascular accidents with resolved Left Hemiplegia was brought to Emergency Room by her husband due to worsening paranoia and capgras delusion; she believed her husband was a "strange mean man" trying to assume the identity of her husband who passed away from a heart attack. Pt reports he has been trying to poison her food x 1 year. On initial evaluation, she is disheveled, pleasant, calm, awake, alert, oriented to person, location, date, year with poor insight as to why she is admitted. She responds to external stimuli. Speech is fluent, but dysarthric and hypophonic; repetition intact; naming intact; follows 4-step commands, concentration intact, recall 4/4, answers questions appropriately. She has decreased Visual fields on Left > Right temporal areas. All other cranial nerves are grossly intact. Patient was started on home medications of Hydrocortisone, Levothyroxine, and chlorthalidone. She was not able to tolerate trials of olanzapine or fluphenazine due to weight gain and urinary incontinence, respectively. Aripiprazole was started and titrated to 10mg. After one month of treatment, patient no longer endorsed paranoia or delusional content, was notably euthymic, and requested to return home with her husband.

Results: MRI with and without contrast: Large sellar and suprasellar mass measuring 4.6 x 3.3 x 3.4 cm compatible with a pituitary macroadenoma, resulting in significant mass effect upon the optic chiasm, third ventricle, and inferior frontal lobes. Cavernous sinus invasion with likely encasement of both internal carotid arteries. Chronic bilateral anterior borderzone transcortical.

Conclusions: Capgras syndrome has been implicated in neurodegenerative disease, epilepsy, traumatic brain injury, and pituitary tumors.

P107 - NEW ONSET PSYCHOSIS AND MANIA ASSOCIATED WITH PARIETAL LOBE SEIZURES

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Aims: We report a case of a patient with new onset psychotic and manic symptoms after the onset of seizures.

Methods: A 34-year-old male with hypertension and developmental delay presented with new onset seizures in May 2016 at age 33. This was followed by new onset dysthymic mood symptoms. Patient was put on Levetiracetam and Carbamazepine in June 2016 by neurology with improvement in mood. Patient became noncompliant with both medications and started to display manic symptoms of pressured speech, poor sleep and grandiosity. He also displayed psychotic symptoms; delusions that his deceased dog is on TV talking to him, ideas of reference regarding wrestlers on TV, paranoid ideations, and auditory hallucinations. Patient was started on Risperidone. Through coordination with neurology Levetiracetam was discontinued at the end of April secondary to concerns for drug-induced symptoms. However, in May 2017 patient continued to have psychiatric symptoms and Carbamazepine was switched to Valproic Acid. Patient displayed cognitive changes including difficulty with attention and memory. In November 2017 patient continued to experience intermittent paranoia and ideas of reference, but no manic symptoms. Patient experienced multiple falls at this time and was followed by neurology for seizures.

Results: MRI: Mild periventricular white matter changes. Diffuse supratentorial atrophy. EEG: Epileptogenic area of cortical irritability in the right central and parietal regions. MOCA: 8/30, clock with all numbers on left side.

Conclusions: High comorbidity exists between epilepsy and psychiatric disorders. Epilepsy patients may display neurocognitive impairment and hemispatial neglect. This case is consistent with recent evidence implicating the right parietal cortex in the pathogenesis of psychotic symptoms. Although levetiracetam may lead to psychiatric symptoms they usually stop after discontinuation, which was not the case here. Given hypertension and white matter changes patient will need to be monitored for development of Binswanger's disease. Our case demonstrates the importance of coordinating care with neurology and close monitoring for psychiatric symptoms in patients with seizures.

P108 - THE ROLE OF PSYCHIATRISTS IN THE DIAGNOSIS AND TREATMENT OF AUTOIMMUNE ENCEPHALITIS

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Aims: Autoimmune encephalitis (AE) are a newly described group of diseases characterized by an inflammatory process of the central nervous system caused by autoantibodies directed against neuronal cell surface antigens that primarily affect the limbic structures. The initial presentation is often psychiatric; therefore, psychiatrists have a key role in the diagnostic process of these patients. The purpose of this work is to exemplify through a clinical case report the complexity of diagnostic approach and treatment strategy in patients with AE, as well as raising questions about the importance of an appropriate psychiatric assessment and treatment.

Methods: We describe the clinical case of a patient attended by the Liaison Psychiatry service at Gregorio Marañón Hospital, in Madrid, Spain. This patient was admitted to the Neurology service and received a clinical diagnosis of encephalitis with primary psychotic symptoms. We conduct a literature review on the prevalence of AE with psychiatric onset and the recommended assistance.

Results: The patient exposed is a 40-year-old woman who acutely developed psychotic and manic symptoms alongside altered level of consciousness, meningism, cognitive impairment and headache. Early neurological examination and electroencephalography showed abnormalities while brain MRI, cerebrospinal fluid examination and serological tests were also performed, with negative results. She was diagnosed of seronegative AE. A coordinated treatment by both neurologists and psychiatrists was carried out, with a positive outcome. The coexistence of diverse neurological and psychiatric symptoms turned the diagnostic and therapeutic management into a challenge that required a multidisciplinary approach.

Conclusions: An in-depth study of a patient with AE lets us obtain some basic deductions regarding assessment and management that could be easily extrapolated to many other clinical scenarios. Psychiatric symptoms may hinder the diagnosis. A proper organic screening must be conducted in patients with primary psychotic symptoms, as an early treatment with corticosteroids, plasmapheresis and/or immunotherapy significantly improve the prognosis.

P110 - PSYCHOLOGICAL DISTRESS OF MYASTHENIA GRAVIS

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Aims: Although MG patients suffering from their muscle weakness and its related psychological symptoms, few studies have been done to measure the psychological burden quantitatively imposed by MG. Therefore, we sought to assess several aspects of psychological distress of MG patients quantitatively and compare them to normal healthy controls in the 19-year-old military candidates.

Methods: In Korea, a conscription system has been adopted, wherein all men 19 years old and over have military duty. Before joining the army, all men undergo evaluations of physical and psychological status by clinicians from all departments of the Military Manpower Administration (MMA). Among them, we reviewed 988,720 medical records of Korean military candidates aged 19 years from February 2010 to January 2013. MG was diagnosed by neurologists based on the results of acetylcholine receptor antibody test, repetitive nerve stimulation test, or clinical manifestations in the hospitals and MMAs. Psychological distress was evaluated using Korean Military Multiphasic Personality Inventory (MPI). We controlled the variables for age, sex, and race-ethnicity (19-year-old men in Korea).

Results: Among validity scale, faking good subscale was significantly lower level in MG group ($t = -2.564$, $p = 0.012$), but faking bad and infrequency subscales were no difference ($t = -1.190$, $p = 0.236$; $t = -1.010$, $p = 0.315$). Among neurosis scale, somatization subscale was significantly higher level ($t = 2.340$, $p = 0.021$) and anxiety subscale was increasing tendency ($t = 1.826$, $p = 0.070$) in MG group. Among psychopath scale, both schizophrenia and paranoia subscales were no difference between healthy control and MG groups ($t = -0.124$, $p = 0.901$; $t = 0.288$, $p = 0.774$).

Conclusions: We estimated psychological burden of MG in the 19-year-old military candidates in Korea. Less faking good attitude, higher level of somatization scale and increasing tendency of anxiety scale of MG patients may represent psychological distress burdened by MG. It is not yet apparent whether psychological distress is related to the illness-related symptoms or psychiatric vegetative signs.

P111 - EVALUATION OF A REGISTRAR-LED NEUROPSYCHIATRY CLINIC

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Aims: Depression and anxiety disorders are common amongst outpatients attending neurology clinics, and can have a greater effect on their quality of life than their neurological symptoms. Moreover, they are frequently not identified and treated. As such we aimed to identify and screen neurology outpatients, and invite them to attend a registrar-led neuropsychiatry clinic running one session every fortnight.

Methods: The Hospital Anxiety and Depression Scale (HADS), and the Neurological Disorder Depression Inventory for Epilepsy (NDDIE) were used to identify potential cases in patients attending a general neurology outpatient clinic. If they screened abnormally (positively) they were invited for assessment in the neuropsychiatry clinic. In addition, patients identified by neurologists as potential cases could be referred directly.

Results: 90 (range 80-100) screening questionnaires were handed out over 12 months. 48 (53%) were returned. Average age was 60, with 23 females, 19 males, and 6 unknown. 24 of 48 screened positively (50%). Of these patients, there were 30 neurological diagnoses, the most common neurological diagnosis was Parkinson’s disease in 10 (33%), seizures or epilepsy in 5 (17%), non-epileptic attack disorder in 2 (7%), the remaining 36% had other neurological disorders, and 7% of disorders were unknown. 21 patients were seen in clinic, with three referred directly, and the remainder from the screening process. Of the psychiatric diagnoses made, 7 had a depressive disorder (38.89%), 2 had generalised anxiety disorder (11.11%), 1 had mixed anxiety and depressive disorder (5.56%), 1 had personality disorder (5.56%), 1 had multiple psychiatric diagnoses already made (5.56%), 1 had pathological crying/organic personality change (5.56%), 3 had subthreshold anxiety symptoms (16.67%), and 1 had no mental illness or particular symptoms (5.56%). Interventions included, antidepressant initiation, switch, or increase N=9 (43%), assessment and advice only N=9 (43%), and a wide range of other interventions. At the clinic’s termination, one patient was referred for follow up with secondary care mental health services, one was already under secondary care mental health services, and the remainder were followed up in primary care.

Conclusions: The findings from this clinic replicate the reported high prevalence of undiagnosed psychiatric illness in neurology outpatients.

P112 - A STUDY ON THE FACTORS THAT INFLUENCE THE CLINICAL COURSE OF ALCOHOL USE DISORDER IN KOREA

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Aims: Alcohol use disorder has a high rate of relapse and is a chronic disease that needs lifetime management. The onset, course, and relapse of the alcohol use disorder are influenced by various biological, psychological and social factors. The purpose of this study is to investigate the factors that influence on the clinical course of alcohol use disorder patients in Korea.

Methods: For all alcohol use disorder patients registered to the medical institutions and community organizations who met the selection criteria, their clinical courses (follow-up, drop out of follow up) were tracked. The selection criteria were: age 19-65; diagnosis of alcohol use disorder; the alcohol use disorder patients or those who were receiving therapeutic intervention at the time of the survey and within one year of recovery. Out of 440 people, 305 were analyzed. Logistic regression analysis was performed to determine the factors that influence the clinical course of alcohol use disorder.

Results: Religious affiliation and the income level were meaningful. The onset age (25 as the criteria) showed that the cases where the disorder onset after 25 years old has 8.899 times higher probability of clinical course follow up. Higher depression showed 1.067 times higher possibility of 'dropping out of following up' clinical course. Having care management experience had 1.920 times more possibility to follow up on clinical course. Higher quality of life resulted in 0.963 times reduction in the possibility of dropping out of the clinical course follow up.

Conclusions: Since the alcohol use disorder patients who do not have any religion or has low-income level showed a high possibility of following up on clinical course, it can be confirmed that the hospitals and local communities act as helpful resources for the alcohol use disorder patients who do not have sufficient social and economic resources. It is also necessary to check the onset age and whether accompanied by depression symptom and its degree for ongoing follow up on the clinical course of the alcohol use disorder patients. It is recommended that systematic and professional case management should be offered to the alcohol use disorder patients continuously.

P113 - SMOKING IN HEROIN METHADONE- OR BUPRENORPHINE-MAINTAINED SUBJECTS: THE ROLE OF PSYCHIATRIC SYMPTOMS AND PSYCHOLOGICAL DISTRESS

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Aims: Higher rates of cigarette smoking, psychiatric comorbidities and psychological distress, have been found among heroin subjects if compared to the general population. This study evaluated whether psychiatric symptoms and distress might contribute to cigarette consumption among heroin users.

Methods: 1.057 subjects with a lifetime diagnosis of heroin dependence were enrolled at the Addiction Unit of the Verona University Hospital. Among them, 106 were non smokers (i.e. not smoke cigarettes daily); 494 moderate smokers (i.e. 1-14 cigarettes daily); 457 heavy smokers (i.e. ≥15 cigarettes daily). The Symptom Checklist-90-Revised (SCL-90-R) and the General Health Questionnaire-12 (GHQ-12) were administered. Chi-square, Kruskal-Wallis test, post-hoc Mann-Whitney, and multiple logistic regression adjusted for age and sex (independent variables: SCL-90-R, GHQ-12 scores; dependent variables: smoking status: no smoker vs moderate/heavy smoker) were performed using SPSS 21.

Results: Moderate and heavy smokers were more frequently single and had higher anxiety, hostility, paranoid ideation, obsessive-compulsive symptoms, sleep problems, interpersonal sensitivity and somatization no smokers (p-value range= .03-.001). No differences were found between smokers (both moderate and heavy) and no smokers on psychological distress (p=.78). No differences were found between moderate and heavy smokers on clinical or socio demographic data (p-value range= .07-.78). Somatization was associated with a doubled risk be a moderate smoker (odd ratio = 2.31; 95% CI = 1.27-4.19; p = 0.006) or a heavy smoker (odd ratio = 2.47; 95% CI = 1.34-4.56; p = 0.004) than to be no smoker.

Conclusions: Somatization contributes to cigarette smoking among heroin users; it might be a treatment target in smoking cessation/prevention interventions for heroin users.

P114 - UTILIZATION OF A MEDICAL SCREENING TOOL TO REDUCE MIS-TRIAGE OF PATIENTS WITH MEDICAL CONDITIONS TO PSYCHIATRIC EMERGENCY DEPARTMENT

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Aims: When taken to facilities with separate general and psychiatric emergency rooms, patients presenting with behavioral symptoms are often triaged to psychiatric ED despite significant medical issues. We studied 99 such cases and found that this resulted in significant delay in care, complicate morbidity and management of such patients. Based on our findings and literature review, we developed a Ten-Item Medical Screen (TIMS), a tool that can be utilized to reduce such mistakes.

Methods: We identified key factors that result in mis-triage and developed a comprehensive screening tool to be utilized by nursing during handoff from triage to the psychiatric ED. The 10 questions selected address age, abnormal vitals, mental status and substance use.We trained psychiatric ED nurses to conduct this screen and supervised utilization. We are currently studying the impact of this intervention on the total number of patients that are mis-triaged by reviewing the patient log in the psych ED as well as examining electronic medical records.

Results: We are currently in the process of collecting data but initial results have face validity. Many screening questions appear to be reliable predictors of patients in need of medical clearance.

Conclusions: In facilities with separate psychiatric and medical emergency rooms, patients who present with behavioral symptoms may be at risk for mis-triage. Utilization of our medical screen tims can reduce the occurrence of this error and improve patient outcome.

P115 - CONSULTATION-LIAISON PSYCHIATRY FOR OUTPATIENTS IN A GREAT METROPOLITAN HOSPITAL: AN OBSERVATIONAL STUDY

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Aims: To investigate the sample of outpatients referred from General Practitioners (GP) to Service of Consultation-Liaison Psychiatry of the ASST GOM Niguarda of Milan over a 1-year period.

Methods: In a descriptive way, data from all psychiatric consultations for outpatients referred from General Practitioners (GP) to Service of Consultation-Liaison Psychiatry of the ASST GOM Niguarda of Milan over a 1-year period (2017) were collected by a structured clinical report including socio-demographic features, features of referrals, features of back-referrals.

Results: 555 consultations were performed. Subjects were mainly female (60.3%) with an average age over 65 years (32.8%). 38.5% of these patients was at the first contact with a mental health specialist. The diagnoses formulated were distribuited as follows: the most common diagnoses were affective disorders (48%), followed by anxiety disorders (29%), adjustment disorders (9%), personality and organic mental disorders (5%) and, finally, psychosis (3%).

Conclusions: General Practitioners are confronted daily by physical/psychiatric multimorbidity with its extensive costs of suffering for patients and consumption of medical and economic resources. Consultation-Liaison Psychiatry remains the guardian of holistic approach to the patient and Consultation Services in General Hospital could therefore to be referred to as “filters” for mental health care, in particular for patients with minor depressive or anxiety disorders. It is worth noting that psychiatric disorders, even when sub-clinical, worsen outcome whereas their early detection and treatment reduce health care costs significantly.

P116 - PSYCHOLOGICAL, NUMERIC AND GRAPHIC METHODS OF ASSESSMENT IN CHRONIC PAIN PATIENTS

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Aims: Chronic pain patients use linguistic but also symbolic ways to express their pain and disability. The objectives of the study were to examine the associations between pain intensity, Pain Drawings (PD), Pain Words (PW), psychological and socio-demographic variables and to investigate their impact on functional ability. Patients' Pain Drawings were included as an indicator of their depiction of pain extent.

Methods: Cross-sectional study with chronic pain patients referred to our Pain Center over one year. Patients completed self-administered questionnaires: SF-36 including physical component summary (PCS) as an indicator of functional ability, McGill Pain Questionnaire, Visual Analogue Scales (VAS), Hospital Anxiety and Depression Scale. Pain Drawings characteristics (lines, arrows, crosses) were analyzed and summed. Full data were available for 236 of 285 patients; 63% women, 65% ≤10 years of education. Mean pain duration: 8 years SD±11. Pearson correlations between PCS, VAS, PD, PW and psychological measures were performed and linear regressions were performed with PCS score as the dependent variable.

Results: Socio-demographic data (gender, age, educational level) and pain duration were not related to PCS levels. PCS was negatively correlated with PD (r=-.238, p=0.000), PW (r=-.315, p=0.000), anxiety (r=-.238, p=0.000), depression (r=-.601, p=0.000), and VAS scores (r=-.458, p=0.000). The final model explained 48% of the variance in PCS with patients using more PD (log transformed) (-11 points for every log unit; p=.0000), having higher VAS (-0.3 points/unit on VAS; p=.0000), and expressing higher levels of depression (-2.3 for 1 additional point on HADS; p=.000) displaying lower PCS scores.

Conclusions: Psychological, numeric, and graphic facets of pain appraisal enabled assessing linguistic as well as symbolic ways patients use to define their suffering and functional ability. Extra-linguistic ways of assessment can be useful in chronic pain patients.

P117 - THE ROLE OF PSYCHOLOGICAL FLEXIBILITY IN PAIN WITH HEADACHE

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Aims: Headache is a disease with symptom patterns extremely variable, but in many cases it can affected the patient's quality of life. The psycho-physical stress is recognized to be the main trigger to headaches attack and affected the frequency of attacks. The aim of this study is to investigate the relationship between the psychological flexibility and the clinical psychological symptoms (somatization, obsessive-compulsive symptoms, interpersonal sensibility, depression, anxiety, hostility, paranoid ideation, sleep disorders) in headache patients with MOH (Medication overuse headache).

Methods: Ninety consecutive patients with headache have completed the questionnaires to the Neurology Unit of the "Sacro Cuore-Don Calabria" Hospital of Negrar (VR, Italy). Patients were assessed at pre-treatment ACT based with following standardized self-report measures: Migraine Disability Assessment (MIDAS), General Health Questionnaire (GHQ-12), Buss-Durkee Hostility Inventory (BDHI), COPE-NVI, Symptom Check List (SCL-90), Distress Thermometer (TD), the Acceptance and Action Questionnaire (AAQ-II), and the Valued Living Questionnaire (VLQ).

Results: Prelinary data show a significant correlation between the psychological flexibility (AAQ) and psychological symptoms (SCL 90) (r = -0.60; p<0.001); this data is also confirmed with the significant correlation between AAQ and TD (r = -0.38; p<0.001); Further correlations emerge between the age of pain and SCL 90 (r = -0.22; p=0.03), between SCL90 and age in which the headache arose (r = 0.24; p=0.02), between SCL 90 and MIDAS (r =0.25; p= 0.02), between MIDAS and TD (r = 0.34; p= 0.001), between TD ed SCL (r=0.38; p<0.001).

Conclusions: This study shows as higher levels of psychological flexibility correlate with a lower degree of psychological and distress suffering. These preliminary data show that psychological flexibility could therefore predict the ability to adapt in situations of chronic pain such as headache.

P118 - BEHIND A COMPLEX PRESENTATION OF CHRONIC PAIN – THE PATIENT'S EXPERIENCE AND HOPE

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Aims: The aim of this case is to demonstrate the complex nature of a chronic pain via patient's narrative of her experience of illness and hope for the future. The psychiatric component of her chronic pain was not initially apparent to both the patient and services, leading to patient feeling judged and rejected by medical services. This case also aims to advocate, in tandem with health policies, that services (e.g. Liaison psychiatry) should be available and easily accessible for people experiencing medically unexplained physical problems.

Methods: A semi-structured interview was carried out to obtain a first-person account of the patient's experience of chronic pain. Interview questions were predetermined and sent to patient prior to the interview. Patient was interviewed at home, a year after discharge from Liaison psychiatry. With her consent, interview was recorded and transcribed for analysis purpose. All patient and clinicians' details are anonymised.

Results: The presentation was one of chronic abdominal pain, with recurrent admission to hospital wards and emergency services. She was first referred to Liaison psychiatry for suicidal thoughts. Our understanding of the presentation is one of a somatoform pain disorder, as no identifiable physical cause was found and strong psychological factors were indicated. Patient gave detailed account of her illness experience (Part A); its effects on patient's family (Part B); experience of care from Liaison psychiatry (Part C), service provision for people with chronic pain and its often-neglected mental health aspect (Part D) and patient's hopes for the future (Part E).

Conclusions: The psychosocial implications of chronic pain are enormous. These include hopelessness, social isolation, impaired self-esteem and confidence, self-blame, guilt, damaged relationships and, as a result, co-morbid mental health issues. Early involvement of Liaison psychiatry can target the core psychological issues and provide appropriate interventions at an earlier stage, reducing miscommunication and repeated admission to emergency services.

P119 - AFFECTIVE AND RELATIONAL COMPONENTS OF PAIN IN A REHABILITATION SETTING

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Aims: This study aims to evaluate quantitatively and qualitatively the pain perception of stroke and orthopaedic patients in a rehabilitation setting and to compare it to the quantitative assessment of pain done by the physiotherapists.

Methods: the stroke group (n=43) completed the Visual Analog Scale (VAS) and the Questionario Italiano del Dolore (QUID) at T0 (admission to the hospital) and T1 (discharge) for a quantitative and qualitative assessment of pain, respectively. At the same time, an ethero-evaluation of pain was done by the physiotherapist of the patient through the VAS. A control group of orthopaedic patients (n=111) also completed the same questionnaires at T0 and T1 and received the ethero-evaluation of pain by the physiotherapist.

Results: Differences in self- and ethero-evaluated VAS scores did not emerged between stroke and orthopaedic groups, neither at T0 nor at T1 ($p>0.05$). Furthermore, both groups' VAS scores significantly decreased at the discharge ($p=0.00$). The affective dimension of pain prevails compared to the somatic, cognitive and mixed ones in both groups at T0 and at T1. In the majority of cases, a concordance between the patient and the physiotherapist evaluation of pain emerged in both groups (about 51%) at T0. When this concordance was missing, physiotherapists mainly underestimated the pain of the patient. Nevertheless, the concordance between patients and physiotherapists significantly increased ($p<0.05$) at T1. Interestingly, in the cases of discordant evaluation of pain, patients have shown higher VAS scores at the admission to the hospital than the cases of concordance ($p=0.03$).

Conclusions: The general increase of the concordance and the decrease of the VAS scores at T1 may highlight a role of patient-physiotherapist relationship in the subjective evaluation of pain. Furthermore, the higher VAS of the patients in cases of discordant evaluation may speculatively highlight the role of defence mechanisms of health professionals in dealing with the pain. Although these aspects need to be clarified in future, these results may underline the important role of pain in rehabilitation, which has to be considered also in its affective and relational aspects, in addition to somatic and cognitive ones.

P120 - CHARACTERISTICS OF CHRONIC PAIN EXPERIENCE REGARDING PATIENTS' PSYCHOSOCIAL STATUS AND THEIR PERCEPTION OF THE SOCIAL IMPORTANCE OF EXPERIMENTAL SITUATIONS

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Aims: To identificate various biopsychosocial aspects of pain experience and their mutual connections in the context of depression and anxiety level. The characteristics of the experimental situations and the patients' life situations were also considered.

Methods: Questionaires were applied to 87 randomly chosen patients, who have been treated in the Pain management clinic of Ljubljana University Medical Centre. Questionaries contained (dependent) variables regarding various self-evaluations of pain, levels of mood (depression, anxiety Zung questionnaires), profile of five personal traits BFI – Big Five Inventory, self-perception of physiological response to pain and other social-cognitive characteristics of pain perception. Independent variables were experimental condition (researchers of lesser or greater importance, self-evaluations of pain at the beginning or at the end of the questionary – patients allocated randomly), and experience of a serious stressor in the past year.

Results: Significant ($p < 0.05$) higher levels of depression have been established in patients with an experience of a recent serious stressor, of non-Slovene nationality and with back pain. Perception of jeopardy because of pain in a social environment has been different with respect to gender. Comparable self-evaluation of own sensitivity to pain has been found significantly different regarding to the perception of the importance of the researchers' status: in the condition of their importance being perceived as lower, patients evaluated themselves as more sensitive to pain. A part of the self-evaluation of pain has been significantly different regarding to the location of questions in the questionary: patients asked about pain intensity at the beginning have evaluated their current pain as significantly higher.

Conclusions: Pain can be modulated with cognitive-emotional as well as with situational factors, which could be introduced in every day clinical practice.

P127 - BREAKING BAD NEWS: THE ATTITUDES OF ONCOLOGISTS TOWARDS DELIVERING UNFAVORABLE MEDICAL INFORMATION TO ADVANCED CANCER PATIENTS AND THE SUPPORTING ROLE OF THE PSYCHOLOGIST DURING COMMUNICATION

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Aims: Giving bad news, such as a severe diagnosis or imminence of death, is one of the most challenging tasks that clinicians must deal with as a part of the patient care. It often elicits intense emotions and stress both in patients and in clinicians. The aim of the present study is to explore the attitude towards and practice of oncologists in giving information on diagnosis to patients with advanced disease, and the possible role of the psychologist in supporting clinician during communication.

Methods: Qualitative study. An ad hoc semi-structured interview was administrated to each clinician working in the Oncology Unit of Sacro Cuore - Don Calabria Hospital of Negrar, Verona (Italy). The whole sample was divided in two groups: senior oncologists (aged > 40 years) and young oncologists (aged ≤ 40 years). Each interview was recorded and transcribed. Qualitative analysis of content was performed on transcriptions by two independent evaluators. One of the evaluators was blinded to the identity of oncologists. A comparison between answers of senior and young oncologists was performed. All the clinicians of the oncology staff, 5 males and 4 females (mean age: 49.2; mean work experience: 17.4) completed the interview.

Results: Overall, young oncologists declared to give more information to patients on the diagnosis of advanced stage disease, compared with senior oncologists who reported to give less information. Regarding communication with care-givers, both young and senior oncologists reported to deliver them depth information. All clinicians reported stress and different emotions during communication of bad news to patients. When oncologists were asked on the possible role of the psychologist in the communication process, the main answers were the psychologist may help the staff in communication skills training, support the patients during communication, support the clinicians in the management of difficult patients or difficult situation, and give feedback information concerning psychological characteristics of the patients.

Conclusions: Oncologists reported that communication of bad news to patients and their care-givers in advanced cancer often represent a stressful moment and recognize the usefulness of team working with the psychologist.

P128 - LIFESTYLE AND CANCER: THE IMPACT OF BODY IMAGE FLEXIBILITY ON DIETARY HABITS AND WEIGHT GAIN, DURING ADJUVANT THERAPY IN BREAST CANCER

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Aims: Weight gain is a demonstrated side effect in the adjuvant treatment (chemotherapy, endocrine therapy, radiotherapy after surgery) of breast cancer. Little is known concerning the impact of psychological variables. Recent evidence emphasized the role of body image flexibility: "the capacity to experience the ongoing perceptions, sensations, feelings, thoughts, and beliefs associated with one's body, and body changes, fully and intentionally while pursuing chosen values". The aim of the study is to explore the impact of this construct on eating behavior and weight gain in breast cancer patients during treatment.

Methods: Observational study. All patients coming to the Nutrition Clinic of the hospital from August 2013 to August 2015, were invited to complete questionnaires on eating behavior (TFE.Q-51), psychological flexibility (AAQ-2, BIAAQ) and distress perceived (Stress Thermometer). The whole sample was divided in two groups on the basis of participants weight changes (g1: increased; g2: loss/no change); difference among groups were analyzed with T-test and correlation analysis (Spearman's Rho).

Results: 54 breast cancer patients completed the study (age: M=53; [SD=9.39]). T-test analysis showed significant difference between groups, g1 reported lower scores in BIAAQ [g1: M = 54.17 [DS = 16.69], g2: M = 65.15 [DS = 13.85], p <.05) and higher scores in TFEQ total score (g1: M = 60.28 [SD = 5.08], g2: M = 43.08 [SD = 24.70, p <. 05]) and in TFEQ-disinhibition scale (TFEQ-Disinhibition g1: M = 8.62, [SD = 2.53], g2: M = 6.02 [SD = 2.14], p <.05). Significant inverse correlation was found between BIAAQ score and TFEQ-Total score (rho = -.482 variables, <.01) and BIAAQ mean score and TFEQ- disinhibition score (rho = -. 480, p <.01).

Conclusions: Lower body image flexibility seem to be associated with dysfunctional eating behaviors (inverse correlation between BIAAQ and TFEQ), specially with: "Disinhibition", the tendency to overeat in response to different stimuli (i.e. palatable foods or emotional distress). Different in weight gain reported in the sample seem to be associated whit this eating tendency. Disinhibition, in line with Act Theory, may represent for patients an attempt to control/avoid internal stimuli as thoughts and distress emotion.

P140 – ACCEPTANCE-ICD STUDY: PRELIMINARY DATA ABOUT EFFECTS OF PSTYCHOLOGICAL FLEXIBILITY IN PATIENTS UNDERGOING IMPLANTABLE CARDIAC DEFIBRILLATOR

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Aim: The proven efficacy of the implantable cardiac defibrillator (ICD) in the long-term treatment of ventricular arrhythmias, represents a surprising result for clinical research (Ezekowitz, 2003).

Recent meta-analysis studies have shown a patient's return to normal functioning and a comparable quality of life and in some cases superior to that experienced before surgery (Francis, 2006).

But a considerable part of patients report poor acceptance of the device, a low perceived quality of life, stress and anxiety and depressive symptoms in the pre- and post-intervention (incidence of anxious symptoms between 24% and 87%, of depressive symptoms between the 24% and 33%, Sears, 2002).

This study is proposed to all patients suffering from ventricular arrhythmias awaiting implantation of the cardiac defibrillator afferent to the Cardiology Unit of Sacro Cuore Don Calabria Hospital, Negrar Italy, to evaluate the effect of psychological flexibility in the adaptation process.

Methods: Thirty tree consecutive patients (mean age = 63.36; sd=15.48; 23 male and 10 female) was included in the study. 75.8% was married, 57.6% retired and 42.4% had an high school degree. 57.6% have from 0 to 3 age of disease. Patients were assessed at pre-intervention with following standardized self-report measures: Hamilton Rating Scale (HAM-A), Survey of patient health-short form (SF-36), The Cardiovascular Disease Acceptance and Action Questionnaire (CVD-AAQ), The Chronic Pain Acceptance Questionnaire (CPAQ).

Results: Prelinary Data show a significant correlation between flexibility (CVD-AAQ) and vitality (SF36) (f(1,20) = 6,39, p=0.02) and level of health (f(1,20) = 5,43, p=0.03).

CVD-AAQ (M=16; SD=7.08); Vitality (M=15.03; SD= 4.22); Health (M=16.45; SD= 4.7)

Conclusions: This study shows as higer levels of flexibility correlate with more vitality and more Health at SF36.

Data seem to confirm results of previous studies about psychological flexibility in patient with physical disease (McCracken, 1998).

Psychological flexibility can be a new construct to explain adaptation to cardiac disease.

However, these are preliminary data.

P146 - ALEXITHYMIA: PSYCHOLOGICAL ASPECT OF PRIMARY HYPERTENSION

Malgorzata Piotrowska-polrolnik (1) - Izabela Krejtz (1) - Pawel Holas (2) - Bartosz Symonides (3)

SWPS University of Social Sciences and Humanities, Psychology, Warsaw, Poland (1) - University of Warsaw, Psychology, Warsaw, Poland (2) - Medical University of Warsaw, Clinic of Internal Diseases, Hypertension and Angiology, Warsaw, Poland (3)

Aims: Blood hypertension is a very prevalent disease and its etiology is poorly known. Currently existing literature indicates that dysregulation of emotions plays an important role in elevated blood pressure (BP) etiology. Alexithymia is understood as an impaired ability to experience and express emotions. In our study we examined the relationship between alexithymia and variability of BP evaluated with 24-hours Ambulatory Blood Pressure Monitoring (ABMP).

Methods: Fifty-five participants diagnosed with hypertension, at age between 18-67 were compared with a complimentary group of thirty-nine healthy participants matched on age (+/- 2 years), level of education and gender. Participants filled out The Toronto Alexithymia Scale (TAS-20), clinical-demographic questionnaire and they were assessed with 24-h ABMP.

Results: As expected, the mean of the scores of alexithymia was higher in hypertensive individuals in subscales of Difficulty Describing Feelings, Difficulty Identifying Feeling and Externally-Oriented Thinking.

Conclusions: These findings provided support that alexithymia is associated with elevated BP. In addition, alexithymia was positively correlated with high and average values of BP. This finding suggests that the higher level of alexithymia is associated with higher BP (systolic and diastolic) in 24-h BP measurement. In the future studies, it would be important to verify if improvement in emotional regulation strategies through training interventions would help to reduce blood pressure in people suffering from primary hypertension.

P188 – LIVING WITH THE "DIFFICULT" PATIENT IN NEPHROLOGY/HEMODIALYSIS

Grignoli Nicola (1) - Isella Giovanni (2) - Schonholzer Carlo (2) - Nesa Claudia (1) - Massari Ilaria (1)

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AIM: The dialysis-requiring renal failure is a shared path affecting patients and nurses, step by step: the decision to deliver the therapy, the rhythm of multi-week sessions, the uncertainty about renal transplantation, continuous monitoring. This close intertwining cohabitation over time with patients and their emotional reactions generates distress in the caregivers which is scarcely recognized. It is necessary to propose projects to prevent burnout or moral distress.

METHODS: Since the early 2000s, the Nephrology and Hemodialysis Service of the Lugano Regional Hospital and the Psychiatry Consultation Liaison Service started a cooperation organizing interdisciplinary meetings that originated a pilot project. These meetings today involve the two hospital departments and different professionals (doctors, nurses, nursing assistants). They are conducted by psychologists / psychotherapists with a frequency of six annual meetings and according to the Balint groups' method: starting from a clinical case, free speech space is allowed, within the practitioners' emotions are discussed. The topics developed starting from the clinical cases were described qualitatively.

RESULTS: The evolution of this project of liaison consultation psychiatry shows a progressive polarization of group discussion towards situations characterized by aggression, with patients defined as called "difficult". The analysis of the specific literature sheds light to clarify how in some cases the patient's difficult emotional experience is reflected in the therapist who, like him, cohabits with anger and a sense of impotence. Hence the suggestion and some recommendations regarding the maintenance of a therapeutic relationship.

CONCLUSIONS: The acknowledgement of the emotional experience of the healthcare professionals and the comparison between various professionals and clinical activities could be a protective factor of the satisfaction and work-related quality of life in nephrology / hemodialysis.

P205 - A CASE STUDY OF AN INDIVIDUAL WITH MEDICALLY UNEXPLAINED TREMORS – WHAT DO WE LEARN FROM THIS?

Kelvin Leung (1) - Foluke Odeyale (2) - Itoro Udo (3)

Surrey & Borders Partnership NHS Foundation Trust, Farnham Road Hospital, Guildford, United Kingdom (1) - Southern Health NHS Foundation Trust, Elmleigh Hospital, Havant, United Kingdom (2) - Early Intervention in Psychosis Services, St. John's Unit, Widnes, United Kingdom (3)

Aims: Patient's experiences, especially those of medically unexplained symptoms (MUS), are often not explored in depth to inform service development, including factors that lead to recovery from the patient's own point of view. This case study sets to understand a patient's experience of treatment and recovery from medically unexplained tremors affecting hand and neck. It is our hope that this case would begin to address the possibilities and technicalities of how services may improve the experiences of patients with MUS.

Methods: Interview method was used. With patient's consent, experience was gathered through interview with predetermined questions, at Liaison Outpatient Clinic, at the point of discharge. The interview focused on the nature and severity of presenting illness; effects of symptoms on patient's life; expectations of treatment; changes observed; perceived effects of treatment; and patient's expectation for services. The interview was recorded and later transcribed into words. These have been anonymised to protect the identities of individuals involved.

Results: We examine a middle-aged man, who was referred to secondary mental health service (Liaison Psychiatry Outpatient Clinic), by neurology team following history of unexplained right hand tremors and neck pain. He had been reviewed by the neurologists and had investigations including a MRI scan, which did not explain his symptoms. Patient was "extremely stressed" about his symptoms and "apprehensive" about attending mental health services. He experienced resolution of physical symptoms and improvements in mental wellbeing. Mental health treatment comprised medications and psychological therapies.

Conclusions: This case demonstrated that a referral to and/or involvement of appropriate mental health services for patients with medically unexplained symptoms should be considered at all times as many benefit from a consideration of psychological factors in their illness causation and treatment. Individuals experiencing MUS deserve positive experiences of well-funded specialist healthcare.

P233 - A TALE OF TWO INMATES: ASSESSING RISK FOR GRAFT FAILURE IN SOLID ORGANT TRANSPLANT CANDIDATES WITH FORENSIC PSYCHIATRIC HISTORIES

David Banayan (1) - Scott Gershan (2)

Rush University Medical Center, Department Of Psychiatry, Chicago (1) - Rush University Of Medical Center, Department Of Psychiatry, Chicago (2)

Aims: In this session we will discuss the clinical and ethical challenges associated with the behavioral assessment of transplant candidates who have forensic psychiatric histories. It remains a formidable taks to determine whether a candidate has been adequately rehabilitated behaviorally and psychiatrically, so as to successfully undertake the myriad responsibilities of maintaining a transplanted organ. As we review the most recent medical literature, we will introduce the audience to our efforts and progress in constructing a novel assessment tool, targeting this specific patient population.

Methods: Comprehensive review of the medical literature; qualitative review of a newly synthesized assessment instrument to stratify psychiatric risks that can lead to graft failure.

Results: There is currently an absence of assessment tools specifically designed to accurately and unbiasedly assess whether a transplant candidate with a forensic psychiatric history has been sufficiently rehabilitated to undertake the burdens of caring for a tranplanted organ. In the United States, the scientific registry of transplant recipients partners with other agencies to acquire data associated with clinical outcomes from organ transplantation, however, there is no readily available source population data about outcomes of patients who have had major trouble with the law.

Conclusions: Our review of the literature reveals that organ transplant programs may err on the side of caution or unwittingly summarily dismiss factors that impact a candidate’s likelihood for success, and this can lead to inequality in treatment, as well as shortened graft survival. The use of an assessment instrument can guide attention to important risk factors and reduce bias in the evaluation of patients who may carry a double stigma of psychiatric and forensic histories.

THURSDAY JUNE 28 16.50-18.20

EURONET-SOMA PLENARY PANEL DISCUSSION

DEVELOPMENTS IN DIAGNOSIS AND UNDERSTANDING OF PERSISTENT SOMATIC SYMPTOMS – DSM-5, ICD-11 AND BEYOND

The lack of a commonly accepted definition and conceptualization of persistent somatic symptoms (PSS) is major challenge for clinicians, patients and researchers. Many of the numerous terms in use for PSS are imprecise, culturally insensitive, and sometimes misleading or stigmatizing. The formerly used term `medically unexplained symptoms´ is particularly unhelpful. Many of the terms used for single syndromes are classified in different medical sections of the current version of the ICD-10. Both, ICD-10 and DSM-5, place PSS within psychiatric categories and leave no symptom overlap with other clinical specialties.

In this panel discussion, we will present and discuss recent developments in the conceptualisation and categorization of disorders involving persistent somatic symptoms. Experts from the EURONET-SOMA group will discuss questions like the importance of psychological criteria for the diagnosis, the comprehensibility, inclusiveness and acceptability of different terms, the location of the diagnoses in the psychiatric chapters versus the somatic chapters of the ICD-10, and issues like the relationship of individual functional disorders and somatic symptom disorder / bodily distress disorder.

THE RELEVANCE OF SOMATIC SYMPTOMS FOR THE FUTURE DIAGNOSIS OF SSD, SOMATOFORM DISORDERS, BDS, ETC.

Per Fink
Aarhus, Denmark

WHAT WE CAN LEARN FOR OUR FUTURE UNDERSTANDING FROM OUR EXPERIENCE WITH DSM-5 SOMATIC SYMPTOM AND RELATED DISORDERS?

Winfried Rief
Marburg, Germany

WHAT'S IN THE "PSYCHO-BUNDLE"?

Anne Toussaint
Hamburg, Germany

A UNIFYING CONCEPT: FUNCTIONAL SOMATIC AND ASSOCIATED DISORDERS

Peter Henningsen
Munich, Germany

SCIENTIFIC SYMPOSIA

SYMPOSIUM THE IMPACT ON LATER LIFE OF TRAUMATIC EVENTS AND THE MODULATORY ROLE OF ATTACHMENT

MEDIATION OF THE EFFECTS OF SEXUAL ABUSE ON PSYCHOTIC PHENOMENA BY AFFECT: DIRECTED ACYCLIC GRAPH ANALYSES USING TWO BRITISH NATIONAL SURVEY DATASETS

P. Bebbington (1) - J. Kuipers (2) - J. Moffa (3) - E. Kuipers (4) - S. Mcmanus (5) - D. Freeman (6)

University College London, United Kingdom (1) - ETH Zurich, Switzerland (2) - University of Basel, Switzerland (3) - Kings College London, UK (4) - NatCen, London, United Kingdom (5) - University of Oxford, United Kingdom (6)

Aims: Directed Acyclic Graph analysis represents a significant statistical advance in our ability to infer causal direction in relationships between variables in complex cross-sectional datasets. Here we will report its utility in linking the affective consequences of sexual abuse to the presence of psychotic experiences (auditory hallucinations and persecutory ideation). We analysed data separately from two National Psychiatric Morbidity surveys in order to provide instant replication.

Methods: We used data from the random general population samples interviewed in the 2007 and 2014 English National Surveys of Psychiatric Morbidity (N=7403 and 7546 respectively). The two surveys used identical procedures for sampling and for the acquisition of the data presented here. Psychotic phenomena were assessed using the PSQ, affective symptoms using the CIS-R. Data on coercive sexual molestation and intercourse were elicited from

participants through a confidential self-recorded computer-based procedure. Childhood abuse occurring before 16 years was distinguished from adult abuse.

Results: Preliminary analyses using standard methods of analysis have shown that child sexual abuse is associated with later adult abuse, and with affective symptoms (worry, mood instability, depression, generalised anxiety and sleep problems). Affective symptoms also appeared to be linked to both persecutory ideation and hallucination. In this presentation we will report results derived from Directed Acyclic Graph analyses to infer more detailed and secure causal pathways between all of these variables.

Conclusions: The capacity of DAGS to model causal relationships from cross-sectional data is greater than that available through other statistical techniques. While this new methodology is not a substitute for causal inference based on therapeutic intervention, it is able to suggest priorities for more targeted psychological intervention.

THE IMPACT OF ATTACHMENT STATUS ON IMPROVEMENTS IN DEPRESSIVE SYMPTOMS, EMOTIONAL EXHAUSTION, AND EMOTION REGULATION STRATEGIES IN THE IN-PATIENT TREATMENT OF PATIENTS PRESENTING WITH BURNOUT SYNDROME

Wolfgang Söllner (1) - Markus M. Müller (1) - Johanna Behringer (2)

Paracelsus Medical University, General Hospital of Nuremberg, Germany: Department of Psychosomatic Medicine and Psychotherapy, Germany (1) - Institute of Psychology, Friedrich-Alexander-University of Erlangen, Germany (2)

Aims: Patients with burnout syndrome suffer from depressive symptoms and emotion regulation deficits. Recent research suggests that depressed patients with secure attachment representations benefit more from in-patient treatment than insecure patients. It is unclear, however, in how far patients suffering from job burnout can – apart from improvements in depressive symptomatology – develop more effective emotion regulation strategies during in-patient treatment, and whether these improvements are impacted on by attachment status. We investigated attachment status as predictor of change in depressive symptoms and emotion regulation strategies across in-patient treatment.

Methods: At intake, the Adult Attachment Interview (AAI) was conducted with 52 patients in psychodynamic in-patient treatment. At intake and discharge, the Questionnaire on Emotion Experience and Emotion Regulation (EER), the ICD-10 Symptom Rating (ISR), and the Maslach Burnout Inventory (MBI) were given. Additionally, a subsample of 22 patients answered the MBI at 6 months follow-up.

Results: 65 % of the participants were 'unresolved regarding trauma and loss', and 72 % were insecure in the AAI. A factor analysis (including a non-clinical sample, total $N = 162$) was conducted on the EER's 15 emotion regulation scales ($KMO = .748$), which yielded four factors, e.g. *Dissociation / Confusion* and *Active and Adaptive emotion regulation strategies*. Depressive symptoms [$F(1, 48)= 34.98$, $p \leq .001$] and dissociation/confusion [$F(1, 48)= 15.37$, $p \leq .001$] generally improved across treatment. AAI security predicted higher improvement in depressive symptoms [$F(1, 48)= 15.37$, $p \leq .001$] whereas security and unresolved status interacted in predicting change in active and adaptive emotion regulations strategies [$F(1, 48)= 3.89$, $p \leq .05$] with the highest improvements in patients who were secure and not unresolved [$F(1, 48)= 6.68$, $p \leq .05$]. In addition, unresolved status predicted change in emotional exhaustion (MBI-E) at follow up, with patients with a resolved status feeling significantly less exhausted than those with an unresolved status ($p = .031$, $d = 1.00$, 95% CI: 0.725 - 1.283).

Conclusions: It seems that patients with insecure and unresolved attachment need to be given particular attention and support to help them benefit from the therapeutic interventions offered in in-patient treatment.

THE ASSOCIATION OF CHILDHOOD TRAUMA WITH PSYCHOTIC-LIKE EXPERIENCES AND THE ROLE OF SALIVARY CORTISOL LEVELS. AN EXPLORATIVE STUDY ON HEALTHY SUBJECTS FROM THE ITALIAN GENERAL POPULATION

S. Tomassi (1) - N. Brondino (2) - C. Bonetto (1) - M. Ruggeri (1) (3) - G. Turco (1) - P. Politi (2) - S. Tosato (1) (3)

Department of Neurosciences, Biomedicine and Movement Sciences, Section of Psychiatry, University of Verona, Italy (1) - Department of Brain and Behavioral Sciences, University of Pavia, Italy (2) - Psychiatric Clinic, AOUI Hospital Trust of Verona, Verona Italy (3)

Aims: Psychotic-like experiences (PLE) exist over a continuum in the general population, and share similar risk factors with psychosis, including childhood trauma (CT). The processes underlying the association between CT and PLE later in life are a matter of open debate. HPA axis dysfunction might represent one of the mechanisms involved. We explored if healthy subjects reporting childhood traumatic experiences had more frequent and/or more distressful psychotic-like experiences (PLEs) than subjects without such exposure. We also analyzed the role of HPA axis functioning as a confounder or a mediator.

Methods: Data collection was done by using CAPE for lifetime PLEs and CECA-Q for trauma. HPA axis functioning was evaluated by salivary diurnal cortisol levels and by the Cortisol Awakening Response (CAR).

Results: Out of 39 subjects (46.2% males; mean age 39), 28.2% reported childhood trauma. 7.7% and 10.3% reported mother and father antipathy, while 10.3% and 18.9% reported mother and father neglect, respectively. Mean frequency for PLEs was 1.41 (s.d. 0.19). A significantly higher lifetime frequency of positive symptoms was found in subjects reporting trauma. This association remained significant after adjusting for CAR, but not for diurnal cortisol levels. Subjects with a history of maternal antipathy showed significantly lower frequency of negative symptoms, also after adjusting for CAR or diurnal cortisol levels. Moreover, they showed significantly lower levels of distress in response to depressive symptoms. This association remained significant when we adjusted for CAR, but not for diurnal cortisol levels. No significant difference was found in cortisol levels (both CAR and diurnal levels) between subjects who recalled a history of childhood trauma and those who did not.

Conclusion: Childhood traumatic experiences and PLEs appears significantly associated in terms of both frequency and distress. HPA axis functioning plays a confounding role rather than a mediation one.

EATING DISORDERS AND SUBJECTIVE IMPACT OF TRAUMATIC EVENTS: THE NEED FOR INNOVATIVE INTERVENTIONS

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Section of Psychiatry, Department of Neuroscience, Biomedicine and Movement, University of Verona, Italy (1) - Psychiatric Clinic, AOUI Hospital Trust of Verona, Italy (2)

Aims: It has been shown that the prevalence of post-traumatic stress disorder (PTSD) in eating disorders (ED) is about 24.3%, confirming their comorbidity, and that subjects with ED that have experienced traumatic events have a worse response to treatment. In the light of this, we explored the impact of traumatic events on psychological variables relevant for ED.

Methods: Subjects in charge at the Regional Reference Centre for Eating Disorders operating for the Italian National Health Service in Verona in the period between 1 July 2014 - 28 February 2017 have been assessed for their characteristics, including EDI.3 (specific scales for ED and general psychological variables relevant for eating disorders) and IES-R (subjective impact of traumatic events).

Results: Out of 53 subjects assessed by EDI.3 and IES-R, 32.1% had AN, 28.3% BM and 39.6% EDNOS. The mean age was 24.1 (SD 9.7) with 94.3% females. Mean BMI was 20.3 (SD 4.3). A percentage of 54.7 was above the cut-off for the presence of PTSD (IES-R score >37). The PTSD group showed a clinically relevant condition (>85° percentile) on drive for thinness, body dissatisfaction, low self-esteem, and personal alienation; moreover, for the composite scores of eating disorder risk, ineffectiveness, affective problems and global psychological maladjustment. The comparison between the two groups showed that PTSD patients always scored higher than no PTSD ones on all scales. These differences reached statistical significance (t test, $p<0.05$) on body dissatisfaction, low self-esteem, personal alienation, interpersonal alienation, interoceptive deficits, and emotional dysregulation; moreover, for the composite scores of eating disorder risk, ineffectiveness, interpersonal problems, affective problems and global psychological maladjustment.

Conclusions: In the light of the results of this observational study, implementing specific treatments to decrease the impact of trauma in ED subjects seems a major target. Thus, we promoted a trial aiming to compare the efficacy of Eye Movement Desensitization and Reprocessing plus Broad Form of Enhanced Cognitive Behavioural Therapy with that of Broad Form of Cognitive-Behavioural Therapy alone. We expect that EMDR plus CBT-Eb will ameliorate the severity of ED compared to CBT-Eb alone, primarily in patients with trauma history.

SYMPOSIUM THE USE OF THE DIAGNOSTIC CRITERIA FOR PSYCHOSOMATIC RESEARCH (DCPR). NEW INSIGHTS FOR MEDICAL PRACTICE (IN COOPERATION WITH THE RESEARCH GROUP IN PSYCHOSOMATICS – GRP)

DIAGNOSTIC CRITERIA FOR PSYCHOSOMATIC RESEARCH (DCPR) AND DSM-5 IN PRIMARY CARE: A COMPARISON

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Aims: There is increasing interest in methods for identifying psychological distress in primary care. The aim of the study is to compare the classification system of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and the revised version of the Diagnostic Criteria for Psychosomatic Research - (DCPR) in the setting of primary care.

Methods: Two hundred consecutive patients (mean age: 46.5 (SD=14.5) years; 68 males and 132 females) in a primary care practice in Italy underwent the Structured Clinical Interview for DSM-5 and the Semi-structured Interview for the DCPR. The PsychoSocial Index (PSI), a self-rating scale based on clinimetric principles, was also administered.

Results: There were 46 patients (23%) with at least one DSM-5 diagnosis. The most frequent findings were somatic symptoms and related disorders (10%), mood (8%) and anxiety (7.5%) disorders. 88 patients (44%) presented with at least one DCPR diagnosis, particularly allostatic overload (15.5%), alexithymia (13.5%) and demoralization (13%). There were 47 patients who had a DCPR-R diagnosis only. Five subjects had a DSM diagnosis without DCPR. Patients with DCPR diagnoses displayed significantly higher levels of stress and psychological distress and significantly lower levels well-being by the PSI.

Conclusions: The findings indicate that the DSM-5 somatic symptom and related disorders chapter captures only a narrow part of the information necessary for the identification of psychological factors that influence the course of medical disorders. Use of the DCPR provides clinical information for a substantial number of patients in primary care who do not satisfy DSM-5 classification criteria and yet present with high stress, psychological distress and impaired well-being.

DIAGNOSTIC CRITERIA FOR PSYCHOSOMATIC RESEARCH VERSUS DSM ASSESSMENT IN MIGRAINE PATIENTS

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Department of Health Sciences, University of Florence, Italy (1) - Headache and Clinical Pharmacology Center, Azienda Ospedaliero-Universitaria Careggi, Florence, Italy (2)

Aims: Psychosomatic syndromes have not yet been investigated in migraine patients. The present study aimed at comparing the classification system of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and the revised version of the Diagnostic Criteria for Psychosomatic Research (DCPR-R).

Methods: 196 consecutive migraine patients (mean age: 43.1; SD=12.4) years; 43 males and 153 females underwent the Structured Clinical Interview for DSM-5 and the Semi-Structured Interview for the DCPR-R.

Results: 46 patients (23.5%) had at least one DSM-5 diagnosis; 113 patients (57.7%) had at least one DCPR diagnosis. The DSM-5 diagnoses were: somatic symptoms and related disorders (1%), obsessive-compulsive disorder (2%), mood (9.7%) and anxiety (16.3%) The DCPR diagnoses were: allostatic overload (31.6%), type A behavior (8.3%), alexithymia (5.8%), illness denial (5.8%), irritable mood (5.4%), persistent somatization (5.3%), conversion disorder (3.3%), health anxiety (2.9%), thanatophobia (2.5%), anniversary reaction (2.1%), hypochondriasis (1.7%), demoralization (0.8%), nosophobia (0.4%,. There were 14 patients who had a DSM-5 diagnosis only and 81 subjects who had a DCPR diagnosis only.

Conclusions: DSM-5 somatic symptom and related disorders chapter is not adequate to capture psychosomatic information. The assessment of migraine patients needs to be implemented with the DCPR.

APPLICATION OF THE DCPR VERSUS ICD-10 IN NEPHROLOGY AND ONCOLOGY SETTINGS

Luigi Grassi (1) - Yuri Battaglia (2) - Elena Martino (1) - Giulia Piazza (1) - Sara Massarenti (1) - Alda Storari (2) - Silvana Sabato (1) - Maria Giulia Nanni (1) - Angela Caruso (1)

Institute of Psychiatry, Department of Biomedical and Specialty Surgical Sciences, University of Ferrara, Ferrara, Italy (1) - Nephrology and Dialysis Unit, St. Anna University Hospital, Ferrara, Italy (2)

Aims: To expand the information for sub-typing medical patients by using the DCPR in cancer and kidney transplant recipients (KTRs).

Methods: 146 cancer patients and 134 KTRs were administered the DCPR Interview and the MINI International Neuropsychiatric Interview 6.0. for ICD-10 psychiatric diagnosis.

Results: 104 patients (71.2%) presented symptoms meeting the criteria for at least one DCPR syndrome in the oncology setting and 63.4% KTRs met the criteria for at least one DCPR diagnosis, of whom 32.1% with one DCPR diagnosis (DCPR=1), and 31.3% more than one (DCPR>1). Among cancer patients with no formal ICD-10 diagnosis (n = 81), 58% had at least one DCPR syndrome. Among KTRS without any DSM-IV ICD-10diagnosis, 47.7% had at least one DCPR syndrome (p <0.001). Three DCPR dimensions were more frequent than others, specifically Health Anxiety (37.7%), Demoralization (28.8%) and Alexithymia (26%) among cancer patients. Abnormal Illness behaviour (26.1%), Irritability (31.3%), alexithymia (23.1%) and Demoralization (17.2%) were the most common among KTRs.

Conclusions: A high prevalence of DCPR diagnoses was found in both cancer and KTRs, including those who resulted to be ICD-10 non-cases. The DCPR has the potential to add significant clinical information about psychosocial concomitants of medical illness.

DCPR AND ICD-DIAGNOSES AMONG AN ELDERLY POPULATION: MENT_DIS65+ STUDY

M.G. Nanni (1) - C. Da Ronch (1) - S. Massarentia (1) - M. Hartera (2) - L. Grassi (1) and MentDis_ICF65+ Group

Institute of Psychiatry, Dept. of Biomedical and Specialty Surgical Sciences, University of Ferrara, Ferrara, Italy (1) - Department of Medical Psychology, University Medical Centre Hamburg–Eppendorf, Hamburg, Germany (2)

Aims: To examine the prevalence of the Diagnostic Criteria for Psychosomatic Research (DCPR) syndromes in a 65 to 84 years old community sample and their associations with psychosocial variables.

Methods: Mental disorders were diagnosed with an adapted, age-sensitive version of the CIDI, the CIDI65+.25 This fully structured lay interview generates diagnoses according to DSM-IV criteria. Each subject was also administered the Diagnostic Criteria for Psychosomatic Research (DCPR) interview.

Results: Of the whole sample randomized from the Ferrara local registry population and participating, as the Italian centre, to the EU project (n= 524), data of 456 were available the overall prevalence of any ICD-10 mental disorder was 25.9%. DCPR syndromes were found in 58.7% (n= 269) subjects, specifically Alexithymia (n= 187, 42.3%), Illness Denial (n= 46, 10.2%) and Demoralization (n= 53, 11.9%). There were 184 subjects (40.2%) receiving 1 diagnosis, 57 (12.4%) with 2 diagnoses, 19 (4.1%) with 3 DCPR diagnoses and 9 (1.9%) with > 3 DCPR diagnoses. Abnormal Illness Behaviour was present in 72 subjects (15.8%) and Somatization Disorders in 36 (7.9%) people. Psychosocial Factors Affecting Individual Vulnerability (excluding Type-A behaviour), including Alexithymia, Irritable Mood and Demoralization, were diagnosed in 238 (52.2%) participants. Subjects with DCPR diagnoses reported significant scores on all the dimensions of WHO-QoL-Bref, specifically WHO-QoL Global and WHO-QoL subscales (Physical Health, Social Relationships; Environment) and on the self-evaluation of their health in the previous 30 days. With regard to the WHODAS II, subjects with DCPR diagnoses reported higher scores (i.e. a worse functioning) on the LOF (than those with no diagnosis.

Conclusions: This is the first study investigating the prevalence of DCPR diagnoses among an elderly community sample. DCPR syndromes were prevalent in the elderly population and were associated with a reduction of quality of life and level of functioning.

SLEEP BRUXISM: AN INTERDISCIPLINARY CONCERN

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Aims: To explore pathophysiological and psychosomatic mechanisms of sleep bruxism (SB) and its impact on sleep, quality of life (QoL), mental health and somatic functioning.

Methods: 71 young individuals with sleep bruxism and no other important medical conditions underwent sleep evaluation including full overnight video-polysomnography (video-PSG), dental examination, laboratory tests and filled a battery of questionnaires assessing sleep quality, mental state, stress exposure, quality of life and somatic symptoms.

Results: The enrolled patients were 35 years old (SD 11). In PSG evaluation we confirmed moderate SB in 24 (33,8%) and severe SB in 31 (43,7%) participants. In the SB group, 14 (25,5%) met criteria of Obstructive Sleep Apnea (OSA); RR of OSA development in SB group was 1,45. In the SB group, 20 (36,4%) reported possible insomnia, 29 (52,7%) excessive daytime sleepiness, 16 (29%) had positive score in Beck Depression Inventory, 40 (72,7%) reported poor sleep quality and 28 (50,9%) scored positively in Perceived Stress Scale 10. Severe SB was related to higher urine concentration of 17-hydroxycorticosteroids ($p=0,033$), higher oxygen desaturation index (ODI) ($p=0,042$), longer N1 and REM sleep ($p=0,034$ and $p=0,007$, respectively), shorter N3 sleep ($p=0,015$), lower minimal blood oxygen saturation ($p=0,04$) and more arousals ($p=0,0001$). Lower subjective QoL in somatic and psychological domains was related mostly to poor sleep quality ($p<0,01$), insomnia ($p<0,02$), perceived stress ($p<0,001$), depressive symptoms ($p<0,001$) and SB-induced headaches ($p<0,01$).

Conclusions: Due to the development of different somatic and psychiatric symptoms and relatively high risk of OSA comorbidity, SB needs an interdisciplinary approach in diagnostic and treatment procedures. Based on psychosomatic background of SB, especially worsened mental state and QoL require attention from healthcare providers.

SYMPOSIUM TECHNOLOGY BASED SELF-REGULATION INTERVENTIONS TO IMPROVE MENTAL HEALTH IN PSYCHOSOMATIC CONDITIONS

USING AN INTERNET-BASED TREATMENT APPROACH TO REDUCE THE IMPACT OF PREMENSTRUAL SYNDROME - RESULTS OF A RANDOMIZED CLINICAL TRIAL

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Aims: For about 3-8% of women, premenstrual dysphoric disorder (PMDD) and severe premenstrual syndrome (PMS) have a considerable impact on everyday functioning and quality of life. Women report physical, emotional, and/or cognitive symptoms. Although meta-analyses show the efficacy of cognitive behavioural treatments (CBT) to reduce PMS-related distress, it is rarely available in regular mental health care. In addition, fear of stigmatization hold women off from seeking face-to-face psychotherapy. Aim of this study was therefore to develop and evaluate an internet-based self-help CBT program (iCBT) for these patients.

MethodS: 174 women with PMDD or severe PMS were randomly assigned to therapist-guided iCBT (n=86) or a waitlist (n=88), both lasting for 8 weeks. The iCBT programme consisted of 14 modules (e.g. psychoeducation, cognitive restructuring, behavioural changes). iCBT participants received weekly therapeutic support via email. Waitlist participants received treatment after the waiting period.

Results: Mixed model analyses using the full intention-to-treat sample revealed a significant interaction effect of group and time in favour of the iCBT for functional interference through PMS, PMS-related psychological distress, and pain disability. The results are supported by medium to large between-group effect sizes. In addition, significant time and group interactions were found for PMS-distress assessed with a prospective symptom diary. Treatment gains were maintained at the 6-months follow-up.

Conclusions: The guided iCBT was highly accepted and led to strong improvements in PMS-related distress and everyday functioning. An iCBT-approach is not only helpful to compensate for the lack of treatment places but particularly promising for women who have been faced with prejudices due to PMS/PMDD and therefore tend to avoid psychotherapy. Offering treatment in a more anonymous way can help encouraging them to seek psychotherapeutic treatment.

EFFECTS OF A SMARTPHONE-BASED ATTENTION BIAS MODIFICATION TRAINING ON BODY SATISFACTION AND SELF-ESTEEM – A RANDOMIZED CONTROLLED PILOT STUDY

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Aims: Body dissatisfaction plays a crucial role in several somatic conditions (e.g., dermatological conditions) and mental disorders (e.g., eating disorders) and can impair self-esteem and well-being. Recently, implicit modification techniques have been advocated to improve body satisfaction. However, most existing research has been conducted in laboratory environments. The use of current technological devices (smartphones) could help evaluate effects in everyday life. In the present study, we analyzed the potential to improve body satisfaction and self-esteem with an attention bias modification (ABM) training using a smartphone-app in the field.

Methods: For this randomized controlled study with a mixed 2×2-design, 40 female participants were allocated to an intervention or waitlist group (n=20 each). The intervention group used an ABM-smartphone-app for seven days (5 min./day). The app trains users to focus on positive-accepting social stimuli and to ignore threatening social stimuli. We assessed body and appearance satisfaction as well as self-esteem before and after the intervention period. We further collected data on general dysmorphic concerns to analyze their influence on intervention effects.

Results: In a MANOVA, we observed a significant time×group interaction (F=5.02, p=.012) for body and appearance satisfaction. The ABM improved both parameters from pre to post treatment (ps<.019, ds>0.58), while the waitlist group did not change. There were no effects on self-esteem. In regression analyses, dysmorphic concerns predicted improvements in body and appearance satisfaction (β=.44/.47) for the intervention group.

Conclusions: The results show that a brief smartphone-based treatment in the field can improve body and appearance satisfaction, especially in individuals with stronger appearance-related concerns. Thus, smartphone-based ABM interventions could possibly provide a means to improve body satisfaction in groups with appearance-related health conditions, too. Existing communication-devices can be used to provide the intervention in a discreet and unobtrusive way.

EFFECTS OF HEART RATE VARIABILITY BIOFEEDBACK IN PATIENTS WITH DEPRESSION – A RANDOMIZED CONTROLLED TRIAL

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Aims: Depression is a common comorbid disorder in various psychosomatic conditions. Neurovisceral integration models link emotional dysregulation with impaired vagal control. Empirical findings support this assumption, showing the association between depression and reduced heart rate variability (HRV). HRV-biofeedback (HRV-B) is a technology-based self-regulation intervention to increase HRV. Because of the lack of controlled studies in depressive disorders, the present randomized controlled trial (RCT) aimed at evaluating psychophysiological and subjective effects of a one-session HRV-B intervention in a clinical sample.

Methods: Patients with a diagnosis of depression (DSM-5) were randomly assigned to one of two active interventions: HRV-B (n=23) or relaxation (REL, n=19). In both groups, we assessed indicators of HRV (SDNN, RSA) and subjective ratings of arousal and state affect during a pre-baseline, an intervention-phase, a self-regulation-phase without visual feedback, and in a post-baseline. Data were analyzed with ANOVAS (2×4-mixed-design).

Results: For HRV-measures, analyses showed a significant group×time interaction (*F*s>5.63, *p*s<.003): HRV-B, but not REL, increased the subjects' HRV (SDNN, RSA) significantly. In HRV-B, the improvements remained stable in the self-regulation phase without feedback (both measures), and at the post-baseline assessment (SDNN). Subjective ratings showed positive effects on arousal, sadness, and dysthymia in both groups (*F*s>5.67, *p*s<.007).

Conclusions: This study was the first RCT comparing effects of HRV-B with REL in a clinical group with depression. While both treatments had beneficial effects on subjective indicators of depression, we found specific efficacy for HRV-B in improving psychophysiological outcomes. Interestingly, these beneficial effects can be achieved and maintained after only one session of instructed self-regulation that targets HRV. Given the reciprocal relationship between vagal control and emotional dysregulations, HRV-B might be a promising treatment to improve depression in patients with affective disorders. Long-term effects of this brief intervention still have to be assessed.

EFFECTS OF INTERNET-BASED PSYCHOLOGICAL INTERVENTIONS ON EMOTIONAL DISTRESS AND QUALITY OF LIFE IN ADULT CANCER PATIENTS: SYSTEMATIC REVIEW

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Aims: (1) to evaluate the effects of individual internet-based psychological interventions on emotional distress and quality of life in adult cancer patients and (2) to summarize the best available evidence of their effectiveness.

Methods: MEDLINE, PsychINFO, PubMed, CINAHL and Cochrane databases were systematically searched. Empirical studies on individual web-based psychological interventions were included that targeted self-management for adult cancer patients, describing a measurable, clinically relevant outcome with at least one primary or secondary outcome reporting on emotional distress or quality of life. Ninety-four studies initially satisfied the inclusion criteria.

Results: Fifteen interventions, assessed in seventeen studies, were identified. Sixteen studies were randomised trials, with either a wait-list or a control group. Nine studies reported positive outcomes. Emotional distress was reported in fourteen studies, with positive intervention effects in nine studies. Quality of life was reported in eight studies, with positive intervention effects in five of them. Six interventions focused on reducing emotional distress, five interventions on improving quality of life and four interventions addressed fatigue. Eight interventions targeted cancer survivors, four studies aimed recently diagnosed patients, and three focused on patients in active treatment stages. Six interventions were tailored for breast cancer patients, one for prostate patients and one for hematologic patients. The remaining seven interventions were designed for patients with heterogenous cancer diagnosis. Included interventions were too wide-ranging for a meta-analysis.

Conclusions: The results show the clear emergence and potential of web-based interventions in managing emotional distress and enhancing quality of life for cancer patients. Still, due to heterogeneity in interventions tested and targeted populations, additional high-quality studies and further clarifications are needed for these treatments to be considered empirically supported treatments.

SYMPOSIUM THE EMERGING ROLE OF PSYCHOCARDIOLOGY – AN UPDATE 2018

EARLY PSYCHOLOGICAL COUNSELING FOR THE PREVENTION OF POSTTRAUMATIC STRESS INDUCED BY ACUTE CORONARY SYNDROME: THE MI-SPRINT RANDOMIZED-CONTROLLED TRIAL

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Aims: Acute coronary syndrome (ACS)-induced posttraumatic stress disorder (PTSD) and clinically significant PTSD symptoms (PTSS) are found in 4% and 12% of patients, respectively. We hypothesized that trauma-focused counseling prevents the incidence of ACS-induced PTSS.

Methods: Within 48 h of hospital admission, 190 patients with high distress during ACS were randomized to a single session intervention of either trauma-focused counseling or an active control intervention targeting the general role of stress in heart disease. Blind interviewer-rated PTSS (primary outcome) and additional health outcomes were assessed at 3 months follow-up (ClinicalTrials.gov: NCT01781247). Trial results about prevalence were compared with data from previous studies on the natural incidence of ACS-induced PTSS/PTSD.

Results: Intention-to-treat analyses revealed no difference in (mean, 95% Cl) interviewer-rated PTSS between trauma-focused counseling (11.33, 9.23-13.43) and stress counseling (9.88, 7.36-12.40; p=0.40), depressive symptoms (6.01, 4.98-7.03 vs. 4.71, 3.65-5.77; p=0.08), global psychological distress (5.15, 4.07-6.23 vs. 3.80, 2.60-5.00; p=0.11), and the risk for cardiovascular-related hospitalizations/all-cause mortality (OR 0.67, 95% CI, 0.37-1.23). Self-rated PTSS indicated less beneficial effects with trauma-focused (6.54, 4.95-8.14) vs. stress counseling (3.74, 2.39-5.08; p=0.017). The completer analysis (154 cases) confirmed these findings. The prevalence of interviewer-rated PTSD (0.5%, 1/190) and self-rated PTSS were in this trial much lower compared to meta-analytic data and observation studies from the same cardiology department.

Conclusions: Benefits were not seen for trauma-focused counseling when compared with an active control intervention. Nonetheless, in distressed ACS patients, individual single-session early psychological counseling shows potential as a mean to prevent posttraumatic responses. Trauma-focused early treatments should probably be avoided.

BEING ALONE IN THE PHASE OF AN ACUTE LIFE THREATENING CORONARY EVENT: IMPACT ON THE PATIENTS' DELAY TIME

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Aims: The aim of the present study is to investigate the impact of unwitnessed STEMI on prehospital delay and delay related cognitive and behavioural responses of the patients.

Methods: Data were from the Multicentre MEDEA study with a total of 619 ST-elevated myocardial infarction (STEMI) patients. Data on sociodemographic, clinical and behavioural characteristics were collected at bedside. To assess the context of the symptom onset (witnessed or not) and the subsequent responses (behavioural, cognitive, and emotional), the Response to Symptoms Questionnaire was used. Associations with pre-hospital delay were computed using logistic regressions.

Results: Among 619 STEMI patients, a total of 221 (36%) patients were alone during the acute phase of myocardial infarction, and 182 (29%) patients were living alone. These patients experienced severer fear during the acute phase compared with patients with witnessed STEMI but without perceiving their symptoms more seriously. The patients with unwitnessed STEMI were less likely to get into contact with lay others (e.g. family, friends or colleagues) (p<0.0001). In case they did, lay others were less likely to suggest the patients to seek medical help (p<0.0001). Unwitnessed STEMI was not associated with delay time. (196 vs. 213 mins, p= 0.3). However, there was a significant interaction between unwitnessed STEMI and living alone (p=0.02): the patients who experienced an unwitnessed STEMI and were living alone delayed the longest whilst patients who experienced a witnessed STEMI and were living alone delayed the shortest (250 vs. 161mins, p=0.06). The patients who experienced an unwitnessed STEMI and were living alone had increased risk of delay longer than two hours compared with the patients with a witnessed STEMI who were living with someone (OR 1.7, 95% CI: 1.04-2.79) and the patients with unwitnessed STEMI who live alone(OR 2.54, 95% CI: 1.27-5.09). The prolonging effect of unwitnessed STEMI combined with living alone on prehospital delay remains significant only when the lay others did not suggest the patients to seek medical help (OR 2.22, 95% CI: 1.11-4.46).

Conclusions: Unwitnessed STEMI combined with living alone was associated with higher risk of delay. However, this effect was moderated by lay others' behavioral response.

WORK STRESS TOGETHER WITH IMPAIRED SLEEP INCREASES THE RISK OF CARDIOVASCULAR MORTALITY IN HYPERTENSIVE WORKERS: FINDINGS FROM THE MONICA/KORA COHORT STUDY

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Aims: Although many studies have found that work stress and impaired sleep are important risk factors of incident cardiovascular disease (CVD) among initially healthy individuals, whether these risk factors contribute to development of CVD among hypertensive workers is largely unknown. Therefore, we aim to address this knowledge gap.

Methods: 1959 hypertensive workers, derived from the population-based prospective MONICA/KORA cohort study in Southern Germany, who were free of any CVD and diabetes were interviewed at baseline for work stress (high demand plus low control) and impaired sleep (difficulties falling asleep and/or maintaining sleep). Hazard ratios (HRs) and 95% confidence intervals (CIs) were estimated by multivariate Cox proportional hazards models with adjustment for relevant covariates.

Results: During a mean follow-up of 17.8 years, 134 fatal cases of any CVD were identified. Compared with those with low work stress and without impaired sleep, participants with high work stress and without impaired sleep had a 44% higher risk to die from CVD (HR = 1.44, 95% CI = 0.90-2.31), participants with low work stress and with impaired sleep had also an elevated risk (HR = 1.67, 95% CI = 1.06-2.63), whilst the risk was highest among subjects who were exposed to both high work stress and impaired sleep (HR = 2.12, 95% CI = 1.03-4.37). An additive interaction was observed between work stress and impaired sleep.

Conclusions: The findings of our study add a new piece of evidence that work stress together with impaired sleep increase risk of CVD mortality in hypertensive workers.

INFLAMMATORY BURDEN, CORONARY HEART DISEASE AND PSYCHOSOCIAL ASPECTS - RESULTS OF THE INFLAMMATORY METHOD GROUP OF THE "SPIRR-CAD TRIAL"

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Aims: Interrelations between inflammatory processes, the pathophysiology of coronary artery disease (CAD) and psychosocial impacts on the progression of CAD are increasingly in the interest of international research groups. However, findings, which might strengthen the notion of a "psycho-cardio-immunological" three-axis-model are still sparse, especially when exploring mediating factors. The aim of the present study, which was an add-on to the SPIRR-CAD study (Albus et al., 2011), was therefore to examine the pre-post differences of a series of inflammatory parameters in depressed CAD patients.

Methods: A follow-up time of 18 months has been chosen in line with the completion of the psychotherapeutic program (for the intervention group) of the SPIRR-CAD-Study. At baseline (t0), N=533 patients, at follow up (t3) N=336 could be included in the analyses, independent from study arm. A variety of inflammatory serum parameters where assessed and additionally an Inflammatory Burden Score (IBS) was constructed of hs-CRP, IL-6 and TNF-α by dichotomizing normal vs. increased levels (hs-CRP ≤ 3mg/l vs. > 3mg/l; IL-6 ≤ 3.4 pg/ml vs. > 3.4 pg/ml; TNF-α ≤ 8.1 pg/ml vs. < 8.1 pg/ml). Levels of the IBS were calculated uni- and multivariatly with a variety of psychosocial and biomedical parameters.

Results: There were significant alterations for levels of Myeloperoxidase, hs-CRP, IL-6, TNF-α and Leptin between t0 and t3. The IBS showed univariatly anti-inflammatory associations with NYHA classification (p=0.017), diabetes (p=0.001), BMI (p=0.001), comorbidity (p=0.046), socio-economic status (p=0.038), depression (p=0.026) and number of group therapy sessions (p=0.050). In a multivariate model, which combined biomedical and psychosocial variables, diabetes (p=0.019), intake of antidepressive medication (p=0.042) and numbers of group therapy sessions (p=0.043) could be shown predictive for the reduction of the IBS.

Conclusions: In this study it was possible to demonstrate that levels of a number of single inflammatory parameters were altered from baseline to follow-up for depressed CAD patients. Additionally, the IBS was uni- and multivariately reduced when related to a reduction of psychosocial and biomedical strains. It is noteworthy, that dosage of psychotherapy seemed to be correlative and predictive for the reduction of the IBS. These results strengthen the notion of psycho-cardio-immunologic interrelations.

EFFECTIVENESS OF RELAXATION THERAPY IN A CARDIAC REHABILITATION PROGRAM

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Aims: The guidelines ANMCO-SIC-GIVFRC of the cardiologic therapy consider the psychology treatment and the educational support part of the multidisciplinary secondary prevention approach. Several studies observed that treatment programs based on relaxation and distress management, tested on patients with ischemic heart disease, are much more efficient in reducing stress and cardiovascular risk, than traditional medical treatments alone. Consequently, a relaxation guided program, based on “Functional Phycology” (PF), has been tested on coronary patients in secondary prevention. To educate patients on how to learn different techniques that will develop certain abilities, such as identifying and dealing with emotional and physical reactions caused by stress, reducing psychophysiologic symptoms and the level of anxiety, and generally improving the quality of life and well-being.

Methods: Clinic research focused on evaluating the outcome, which compare one test group (GR1), on which was tested the function psychology treatment (PF), to one control group (GR2), which carried out a traditional medical treatment: clinical evaluations, exercise training, lifestyle and medical counselling. The patients were recruited in three years until June 2017.GR1: 130 patients (104 men and 26 women, mena age 60.3) took part in 7 sessions of guided relaxation, within groups of 10 people. GR2: 104 patients (92 men and 12 women, mean age 61.3). Psychometric evaluation before and after the intervention, with specific tests for the Italian population, in order to evaluate: QoL (SF-12); MSP (Mesure du Stress Psychologique); CORE-OM (Clinical Outcomes Routine Evaluation-Outcome Measure); assessment form of the psychophysical wellness for cardiological patients, following the functional psychology method (PF).

Results: It is important to look at the substantial change in GR1 compared to GR2; significant was the improvement in: global fuctioning (p= 0,005), perception of the mental health (p= 0,005), hyperactivity (p=0,002), level of anxiety (p=0,000), anxious and physical symptoms (p=0,007).

Conclusions: These data confirm the positive effects of these relaxation techniques, aiming at improving the general well-being, teaching how to evaluate patients' own health as well as reducing the level of stress in ischemic heart disease.

ORAL PRESENTATIONS SESSION 1

HEALTH MANAGEMENT IN HOSPITAL, PRIMARY CARE AND EMERGENCY ROOM

LITHIUM USE AMONG PSYCHIATRIC PATIENTS - A RISK FACTOR FOR HYPERNATREMIA?

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Aims: Hypernatremia is a serious condition that can potentially become life threatening. It is known, but not well-studied, that lithium can induce nephrogenic diabetes insipidus and thereby increase the risk for hypernatremia. In this study, we tested the hypothesis that lithium was a risk factor for hypernatremia in patients with severe affective disorders.

Methods: A retrospective study of hypernatremia episodes in all patients aged 18 years or over in the county of Norrbotten who received treatment with lithium or any other mood stabilizing medication during 1997-2013. We identified all episodes of hypernatremia during this period and compared the patients using lithium with those who did not.

Results: We identified a total of 204 hypernatremia episodes in 185 patients. For all the 204 episodes, infection (37%) was the dominating cause. Harmful use of substances including alcohol came second. Lithium was only identified as a cause for hypernatremia in 1 % of all the episodes. In patients aged 65 years or less, harmful use of substances including alcohol was the most common cause. Infection was the dominating cause in patients >65 years. There was no significant difference in hypernatremia episodes between lithium users and non-lithium users. Patients who had suffered episodes of hyponatremia or died of these were significantly older.

Conclusions: Lithium does not increase the risk of hypernatremia in patients with severe affective disorder compared to patients who do not use lithium. However, in some patients using lithium, severe episodes of hypernatremia can still occur. Thus, clinicians need to remain vigilant. There is a need for more research concerning other risk factors that may contribute to hypernatremia in patients with severe affective disorder.

ANXIETY IS PREVAILING IN NON-CARDIAC CHEST PAIN SUBJECTS, WHILE SOMATISATION IS NOT. A COMPARATIVE STUDY IN THE EMERGENCY DEPARTMENT

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Aims: The present study aims to assess if non-cardiac chest pain (NCCP) subjects recruited in an Emergency Department were more anxious, depressive or burdened by somatoform symptoms as compared with cardiac chest pain (CCP) subjects, and with subjects without chest pain (WOCP).

Methods: Patients with chest pain not attributable to a gastro-oesophageal reflux disorder were included in the study. NCCP subjects were negative at ECG examination and at troponin test at baseline and after three months. A number of instruments were administered, measuring anxiety and depression (HADS), somatization (somatization scale of SCL-90, TAS-20), and the health-related QoL (SF-12), along with other scales measuring the social and experiential profile.

Results: 435 subjects (of which NCCP were 44.8%) were recruited in the Emergency Department, while other 147 subjects were recruited in a primary care clinic. Logistic regression analysis showed that the levels of HADS anxiety in the three groups were dissimilar, even when adjusted for confounding variables: taking NCCP as reference category, adjusted ORs were 0.64 for CCP (CI95% 0.42–0.96) and 0.23 for WOCP (CI95% 0.13–0.40). When considering the somatization construct, CCP and NCCP subjects reported similar somatic symptom complaints, higher than WOCP subjects. Moreover, even if NCCP subjects showed higher TAS-20 scores than WOCP subjects, these scores were below the range of a possible alexithymia. As for the physical health-related QoL (SF-12, subscale PCS-12), regression analyses showed that the PCS-12 mean score of NCCP was higher than that of CCP (ß=-2.31; CI95% -4.14 to -0.48) and lower than that of WOCP (ß=2.24; CI95% 0.12–4.37).

Conclusions: NCCP subjects are characterized from an elevated anxiety, together with a better physical well-being, when compared with subjects who have a cardiac failure. The somatization construct seems less useful to distinguish NCCP from CCP subjects. Consequently, anxiety should be the major target of our mental-health intervention when treating subjects with chest pain.

TRAINING HEALTH AND MENTAL HEALTH PROFESSIONALS TO IMPROVE ATTITUDES, KNOWLEDGE AND SKILLS IN PROVIDING HEALTHCARE FOR LGBTI PEOPLE

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Aims: The study aims to: develop a training course to raise awareness of LGBT patients' needs and inequalities in healthcare settings and improve care for LGBTI patients; pilot and evaluate the training in 6 European Countries.

Methods: During the EU funded Health4LGBTI Project a training course was co-developed by a team of researchers, health professionals and LGBTI people. The training was piloted in Belgium, Bulgaria, Italy, Lithuania, Poland and the UK, involving medical doctors, nurses and midwives, psychologists and other healthcare staff (including support staff). Pre/post evaluation using questionnaires (including knowledge questions, Likert scales for attitudes, awareness and intended behaviours and satisfaction questions) were performed. Data from 102 trainees who completed the questionnaires were analysed.

Results: The course included 4 face-to-face modules: awareness raising and terminology, health and health inequalities, inclusive communication and practice, trans and intersex health. Participants presented on average an inclusive baseline attitude. Median baseline knowledge score was significantly lower among heterosexual trainees ($p<0.001$), while no significant differences emerged across professions, gender or age groups. Post-test knowledge results were on average better by 30.2%. The participants significantly more often were aware of inequalities in healthcare access faced by LGBTI people ($p<0.001$), intended to discuss sexual orientation, gender identity and sex characteristics as part of routine care ($p=0.011$) and were willing to improve practice to make it more inclusive ($p=0.002$). They also felt more competent to provide care to LGBTI people ($p<0.001$) and acknowledged the need to include LGBTI perspective in medical education ($p=0.004$). The majority of trainees reported that they would recommend this training to work colleagues and recognised its relevance. Their suggestions have been taken into account for refining the training course.

Conclusions: The developed training represents a promising intervention to improve knowledge and skills of health professionals. The dissemination of a training course across Europe could contribute to raise awareness of the challenges and the barriers in accessing and providing health services for LGBTI people and of the relevance of the understanding of social, psychological and identity issues of patients in healthcare settings.

BARRIERS TO HEALTHCARE PROVISION FOR LESBIAN, GAY, BISEXUAL, TRANSGENDER AND INTERSEX (LGBTI) PEOPLE IN SIX EU MEMBER STATES: A FOCUS GROUP STUDY

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Aims: Lesbian, gay, bisexual, trans and intersex (LGBTI) people have been shown to experience significant healthcare inequalities and barriers to healthcare services. This paper discusses an EU-funded study to identify and explore the nature of these inequalities and barriers to healthcare; and to develop subsequent training recommendations for healthcare professionals (HCPs).

Methods: Data were generated through 12 focus groups and 6 supplementary interviews (n=103) with LGBTI people (n=52) and healthcare professionals (HCPs; n=51) in six EU Member States (Belgium, Bulgaria, Italy, Lithuania, Poland and the UK). Participants were recruited purposively through local partners and expanded on via opportunity sampling. Data were analysed using thematic analysis assisted by NVivo data analysis software.

Results: Though HCPs were generally supportive of LGBTI people, barriers were underpinned by three related assumptions about LGBTI-related healthcare held by HCPs. First, that patients are heterosexual, cisgender, and non-intersex by default. Second, that LGBTI people do not experience significant problems due to their sexual orientation, gender identity, and/or sex characteristics. Third, that a person's LGBTI subjectivity is mostly irrelevant for healthcare. The data suggest that it is precisely these assumptions which manifest as significant barriers.

Conclusions: Efforts to improve LGBTI experiences of healthcare should not be limited to tackling the behaviours and attitudes of HCPs with negative views of LGBTI people. Instead, more comprehensive efforts are required to engage with the assumptions held by some HCPs beyond the specifics of medical treatments.

STRESS AND PHYSICAL DISEASE

SUBJECTIVE SOMATIC SYMPTOMS AMONG VICTIMS OF OFFENSIVE BEHAVIORS AT THE WORKPLACE

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Aims: We studied the association between offensive behaviours at the workplace and subjective somatic symptoms.

Methods: Cross sectional data of 13,104 persons participating in an online population survey were analysed. The weighted sample was representative of the Hungarian working population according to sex, age groups, education, and 18 occupational sectors. Measures included the offensive behaviours, stress and burnout scales from the Copenhagen Psychosocial Questionnaire II (COPSOQ II). Subjective somatic symptoms were measured with the relevant items of the Patient Health Questionnaire (PHQ15).

Results: 48.2% of the sample reported exposure to any offensive behaviour in the last year (including bullying, sexual harassment, threats of violence, and physical violence); 9.1% of them reported frequent (weekly or daily) exposure. Prevalence was higher in women (frequent: 10.7%; occasional: 41.9%) than in men (frequent: 7.7%; occasional: 36.6%). The prevalence of high PHQ15 score (≥15) was 49.7% in women and 23.5% in men reporting frequent exposure, a 3-fold risk compared to those who did not report offensive behaviours (16.8% and 5.9%, respectively). PHQ15 scores were significantly correlated with stress and burnout scores. Those who reported bullying also reported being more frequently and longer on sick leave in the past month (no offense 1.7%; occasional 3.7%; frequent 4.7% on sick leave for more than 5 days).

ConclusionS: Screening for psychosocial risk factors at work, especially asking about offensive behaviours can help to identify underlying factors in patients with subjective somatic symptoms.

THE ASSOCIATION OF ACUTE AND CHRONIC SOMATIC DISEASE, DEPRESSIVE SYMPTOMS AND NEUROTRANSMITTER PRECURSOR MONAMINE LEVELS

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Aims: Somatic inflammatory conditions are known to influence neurotransmitter precursor amino acids; such changes can lead to depressive symptoms. Not much is known about the possible differences in acute and chronic somatic conditions. In this prospective study we investigated neurotransmitter precursor amino acids in serum of patients with acute and chronic somatic disease and evaluated their association with depressive symptoms.

Methods: 177 subjects with and without chronic medical comorbidity (factor: chronic somatic disease) admitted to the trauma and orthopaedic surgery ward for an intervention (factor: acute somatic disease) were included in the analysis. Chronic medical comorbidity was scored using Carlson Index, trauma severity using Injury Severity Score and depressive and anxiety symptoms using the Hospital Anxiety and Depression Scale (HADS). C-reactive protein (CRP), neopterin, kynurenine/tryptophan and phenylalanine/tyrosine were analysed by HPLC or ELISA prior to surgery and at discharge. Mixed Model as well as correlation analyses were performed.

Results: CRP and neopterin levels were influenced by the factors "acute somatic disease" ($ps<0.001$) and "chronic somatic disease" ($p=0.041$, $p=0.001$ respectively). The phenylalanine/tyrosine ratio (index of phenylalanine hydroxylase activity) was related to the factors "acute somatic disease" ($p<0.001$) and associated with "mental health-depression" ($p=0.005$), while kynurenine/tryptophan (index of the serotonin pathway) was influenced by "chronic somatic disease" ($p=0.005$). No significant effects of "mental health-anxiety" or interactions of these factors were found. Gender or the intake of antidepressants or antipsychotics had no effect. Differences in HADS depression values correlated with changes in phenylalanine/tyrosine levels.

Conclusions: In conclusion, alterations in phenylalanine/tyrosine pathway were induced by acute somatic disease and related to depressive symptoms, while changes in kynurenine/tryptophan were associated with chronic somatic disease and possibly further downstream catabolites of the measured metabolites, not investigated here, are associated with mental health. The observed effects are probably mediated by inflammation associated with the somatic disease.

DIMMI SI - A RANDOMIZED CONTROLLED TRIAL IN MULTIPLE SCLEROSIS ON INTEGRATED IMAGINATIVE DISTENTION, A TOOL TO COPE WITH FATIGUE. RESULTS FROM RESEARCH TO PRACTICE

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Aims: Fatigue is a frequent, disabling and difficult to treat symptom in neurological disease and in other stress-related conditions; Integrated Imaginative Distention (IID) is a therapy combining muscular and imaginative relaxation, feasible also in disabled subjects; DIMMI SI trial was planned to evaluate IID efficacy on fatigue.

Methods: Design was parallel, randomised 1:1 (intervention: waiting list), controlled, open-label trial. Participants were persons with Multiple Sclerosis (pwMS), persons with insomnia (pwINS) and health professionals (HP) as conditions related with fatigue and stress. The primary outcome was the post-intervention change of fatigue in pwMS;

secondary outcomes were changes on insomnia, stress and quality of life (QoL). Eight IID weekly training group sessions were delivered by a skilled psychotherapist. Study lasted 12 months.

Results: One hundred forty-four subjects were enrolled, 48 for each conditions. The mean change on Modified Fatigue Impact Scale (MFIS) score among exposed was 7.7 [95% CI: 1.1, 14.4] (P=0.023) in pwMS; 7.1 [1.9, 12.3] (P=0.007) among pwINS, and 11.3 [4.3, 18.2] among HP (P=0.002). At the last follow up the benefit was confirmed on physical fatigue for pwMS, on total fatigue for pwINS and HP.

Conclusions: DIMMI SI is the first randomized controlled trial evaluating the efficacy of IID on fatigue. IID resulted a complementary intervention to reduce fatigue in stress-related conditions, in both health and disease status.

FACTORS INFLUENCING HEALTH-RELATED QUALITY OF LIFE OF FAMILIES OF CANCER PATIENTS: A CROSS-SECTIONAL STUDY IN JAPAN

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Aims: The objective of this study was to investigate upon psychiatric disorders and characteristics in family members of cancer patients in Japan.

Methods: We conducted a cross-sectional study from November 2016 to December 2017. A total of 86 families where one of partners took outpatient chemotherapy were invited to complete a questionnaire which asks about their demographic and backgroud information, health-reralted quality of life (HRQOL), family functioning, care burden and stress-coping. HRQOL was measured using the MOS 36-Item Short-Form Health Survey (SF-36), family functiong was measured using by Feetham Family Functioning Survey (FFFS) and care burden was measured using by Burden index of Caregiver (BIC-11). Data were analyzed using t-test, Perason correlations and multiple linear regressions.

Results: Fifty-eight (69.9%) were male and the mean age was 55.4 years. The most common cancer site was breast. The mean level of HRQOL was 49.6 and 48.9 in the physical component summary (PCS) and mental component summary (MCS), respectively, which were lower compared with the average of the general Japanese population. After adjusting for sex, age, BIC-11 score and FFFS scores, the higher discrepancy of family functioning (regression coefficient (B): -4.9, 95%CI -9.7- -0.1) and higher care burden (regression coefficient (B): -0.5, 95%CI -0.9- -0.1) were correlated with lower HRQOL in MCS.

Conclusions: Our findings indicate that care burden and family functioning are factors influencing the health-related quality of life of families of cancer patients.

INTERVENTIONS ON PATIENTS UNDERGOING SURGERY OR ORGAN TRANSPLANTATION

INDICATION FOR PERIOPERATIVE PSYCHOTHERAPEUTIC INTERVENTIONS IN INDENTIFIED CABG AND MITRAL VALVE PATIENTS

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Aims: Heart operations are dramatic experiences for the patients and can result in a psychological trauma. Therefore, two independent studies were conducted to measure levels of anxiety and depression in patients undergoing heart surgery. Aim of the present study was to determine the best timing for delivering psychological interventions.

Methods: 135 consecutive CABG patients were recruited between 2009 and 2010 and assessed at three time-points: one day before surgery, 7 days after surgery and 6 months after surgery with the German version of "Hospital Anxiety and Depression Scale" (HADS). 100 consecutive mitral valve patients were recruited between 2011 and 2013 and assessed using the same methodology.

Results: Patients in the CABG group were aged 46-93 and among them 27% were females. Depression scores in CABG patients were: 20.7% preoperative (standard: 3.2 %), 23.8%, early postoperative and 29.3%. 6 months postoperative. Elevated anxiety scores were: 38.4% (Standard: 19.8 %) preoperative, 34.1% early postoperative and 29.1% 6 months postoperative. Mitral valve patients were aged 22-87 and among them 53% were females. Depression scores in mitral valve patients were: 15.0% (standard 3.2%) preoperative, 20.0% early postoperative and 15.0% 6 months postoperative. Elevated anxiety scores were: 33.0% (standard: 19.8%) preoperatively, 28.0% early postoperative and 18.0% 6 months postoperative.

Conclusions: a) The main difference between the two groups was that DS in the CABG patients was increasing postoperatively, in the long term. b) If postoperative depression can be seen as a reaction to surgery as a stressful event, then CABG patients might have less capacity to withstand stressors of surgery in relation to mitral valve patients. c) The presented cohort of mitral valve patients did not provide any indication on an underlying psychological disorder as a comorbidity, while the identified CABG patients need psychotherapeutic support. d) The preoperative increased AS of mitral patients could require preoperative intervention to reduce state anxiety.

DEVELOPMENT OF A BRIEF PSYCHOLOGICAL INTERVENTION FOR THE MANAGEMENT OF PRE-SURGICAL ANXIETY BEFORE PANCREATIC SURGERY

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Aims: A recent narrative review carried out on 115 studies by Powell et al. (2016) reported different and inconsistent findings on the relation between psychological interventions and surgery outcomes, due to the heterogeneity of these interventions, mainly based on information giving and patient education, and the very different samples of patients considered. The aim of our study is to verify the feasibility and the efficacy of a short individual psychological intervention devoted to increase perceived self-efficacy in managing preoperative anxiety, in a group of patients who will undergo major oncological pancreatic surgery.

Methods: Randomized clinical trial. Half of participants (intervention group) attended a brief psychological intervention based on "the four elements protocol" elaborated by Elan Shapiro the day before surgery, while the other half followed usual care (control group). Perceived level of self-efficacy was measured on a visual analogue scale (range: 1-10). Preoperative anxiety level was measured with the State-Trait Anxiety Inventory Y1 (STAI-Y1), comparing the score before (baseline) and after the psychological intervention in the intervention group, and only at baseline in the control group. T-test, chi-square test and paired sample t-test were adopted where appropriate.

Results: At baseline the two groups of patients (n=40) were comparable for age (F= 0.07 p= 0.799), gender (χ2 =1.60, p= 0.206), anxiety level (F=2,53, p=0.120) and perceived self-efficacy (F=0.195, p=0.662). After psychological intervention, perceived self-efficacy significantly ($T_{(19)}=-6.941$; p<0.001) increased from a score of 7 (SD ± 1.97) to 8.55 (SD ± 1.39), and preoperative anxiety significantly ($T_{(19)}=6.132$; p<0.001) decreased from 42 (SD ± 13.6) to 28 (SD ± 8.37).

Conclusions: Findings support our hypothesis that a psychological intervention specifically devoted to support patients in their abilities to manage preoperative anxiety is feasible and effective.

IS KIDNEY TRANSPLANTATION ASSOCIATED WITH REDUCED PSYCHOSOCIAL DISTRESS AMONG ELDERLY WITH END-STAGE KIDNEY DISEASE?

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Aims: Kidney transplantation (KT) is associated with better survival, less distress and improved quality of life, compared to dialysis. However, these benefits may not be fully attainable for elderly patients, given their increased propensity for complications and side effects. In this study, we aimed to compare psychosocial distress among elderly KT recipients versus patients on dialysis.

Methods: A convenience sample of patients 65 years or older with End Stage Kidney Disease (ESKD) was recruited from several renal programs in Toronto, Canada. Psychosocial distress was assessed using the Patient Health Questionnaire (PHQ-9)(depression), Generalized Anxiety Disorder (GAD-7) (anxiety) and Social Distress Inventory (SDI-21)(social concerns). Psychosocial distress (primary outcome) was defined by a score of ≥10 on at least one of the above scales; a cut-off score of 5 on each scale was used to identify at least mild depression, anxiety and social distress, respectively (secondary outcomes).

Results: Of 138 patients enrolled (mean [SD] age 73[6] years, 62% male), 68% were on dialysis and 32% were KT recipients. Psychosocial distress was identified in 26% of the patients, of whom 97% were on dialysis. Logistic regression revealed that KT was associated with lower odds of psychosocial distress (OR=0.06,95%CI=0.007-0.43), depression (OR=0.12,95%CI=0.04-0.38), anxiety (OR=0.19,95%CI=0.04-0.86) and social distress (OR=0.06,95%CI=0.00-0.35), compared to dialysis ($p<0.05$ for all). The association between treatment modality and psychosocial distress, depression and social distress remained significant in multivariable (age, gender, ethnicity, marital status, education, income, and comorbidities) adjusted regression models.

Conclusions: We demonstrated that KT is associated with reduced psychosocial distress among elderly with ESKD, compared to dialysis. These findings can inform transplant decision-making for this age group.

ANONYMOUS LIVE LIVER DONATION: OUTCOMES OF 50 CASES

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Aims: To describe the outcomes of 50 anonymous live liver donors (ALLD) at the University Health Network in Toronto, Canada.

Methods: The University Health Network is one of the few centres worldwide undertaking transplantation from ALLD. Between 2005-2017, 50 ALLD successfully completed donations at our centre. As part of a review of anonymous living liver donors at our institution, 41 of 50 ALLD who were at least three months post-donation were invited to report on their experience using self-report questionnaires and qualitative interviews. Surgical and medical outcome data was abstracted from medical records.

Results: Of the 50 ALLD, 26 (52%) were women and 24 (48%) were men. Age ranged from 20 – 59 with a median age of 38.5. Most were Caucasian (94%) despite an ethnically diverse population in the city. Half were married or in a common-law relationship. Socioeconomic status was comparable to the population. Seventy percent of ALLD came forward in response to media appeals. The majority (68%) had a prior history of altruistic behaviour. Three ALLD experienced major complications which completely resolved. Anonymity, which is expected of all ALLD, was maintained by 88% of donors. Self-report questionnaires and qualitative interviews were completed by 26 donors. ALLD scored higher than the general population on the Big Five Inventory for Agreeableness and Conscientiousness and significantly lower on Neuroticism. They endorsed post-donation growth in relating to others. Qualitative interviews focused on motivations to donate and their belief in the importance of anonymity in helping to preserve the value of doing a good deed. None of the donors expressed regret about having donated.

Conclusions: ALLD has excellent donor outcomes in our Centre in the context of careful evaluation of potential candidates.

SOMATOFORM DISORDERS AND MEDICALLY UNEXPLAINED SYMPTOMS

PSYCHOSOCIAL FACTORS AND SYMPTOM REPORTING IN INDOOR AIR QUESTIONNAIRES AMONG PRIMARY AND SECONDARY STUDENTS

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Aims: Questionnaires are frequently used to assess perceived symptoms and indoor air quality (IAQ) also in schools. Although the importance of psychosocial factors in symptom reporting has been recognized, little is known about their role in symptom reporting in schools. We examined the associations between psychosocial factors and symptom reporting among primary and secondary students.

Methods: Cross-sectional data came from the survey of IAQ and self-reported symptoms in the Helsinki area (from 2017). 4958 primary students (Mean age=11; 54 school-buildings) and 1739 secondary students (Mean age=14.7; 15 school-buildings) filled in the questionnaires themselves. Symptoms were respiratory, lower respiratory, eye, skin, and general (e.g., headache, tiredness). Psychosocial factors included worry and awareness about IAQ-problems, satisfaction with school environment, and Big Five personality. We dichotomized symptoms to five separate binary scores and analyzed the associations between psychosocial factors and symptoms using multilevel logistic modeling. We repeated the analyses using symptoms that related to school environment.

Results: The most prevalent were respiratory and general symptoms among primary (21% and 20%, respectively) and secondary students (18% and 58%, respectively). Variation between schools of all symptoms was low (1%-2%). In primary students, worry about IAQ (odds ratios [ORs] ranged from 2.06 to 3.41), lower school satisfaction (ORs=1.72 to 2.81), and higher neuroticism (ORs=1.16 to 1.52) were associated with higher odds of reporting all types of symptoms. In secondary students, only worry about IAQ (ORs=2.45 to 3.09) was associated with all symptoms in multivariable models. Lower school satisfaction (ORs=3.03 to 5.56) was related to all symptoms except skin symptoms, whereas higher neuroticism was associated only with general symptoms (OR=1.44). The results with symptoms related to school environment were largely in line to those presented above.

Conclusions: The variability of symptoms between schools was low suggesting that individual differences between students explained bigger share of the variance of symptom reporting than building-related factors. Worry about IAQ was strongly related to all symptoms both among primary and secondary students. In addition, symptom reporting was more common among students with lower school satisfaction and higher neuroticism. These findings need to be considered when interpreting the results of symptoms questionnaires

SYMPATHETIC PREDOMINANCE OF THE AUTONOMIC NERVOUS SYSTEM IN FUNCTIONAL SOMATIC SYNDROMES. THE DANFUND STUDY

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Aims: Earlier reports from smaller case-control studies have shown an association between sympathetic predominance of the autonomic nervous system (ANS) and functional somatic syndromes (FSS). The aim was to explore whether these associations are consistent in a large unselected general population sample.

Methods: The Danish study of Functional Disorders (DanFunD) is a longitudinal population-based study of FSS, including fibromyalgia (FM), irritable bowel syndrome (IBS), chronic fatigue syndrome (CFS), multiple chemical sensitivity (MCS), whiplash associated disorder (WAD) and bodily distress syndrome (BDS). This project is based on the second part of the DanFunD study comprising 7,493 persons aged 18–69 years drawn at random from the general population. Function of the ANS was indirectly assessed by heart rate variability using standardized measurements of consecutive RR-intervals sampled in a supine resting position. Measures used were mean RR, time domain methods (RMSSD), frequency domain methods (LF, HF and LF/HF ratio) and non-linear measures (SD1, SD2). The various FSS were defined according to standard criteria based on symptom reports in questionnaires. Bivariate logistic analyses were performed adjusting for age and sex.

Results: Compared to healthy controls not fulfilling criteria for any FSS (N=5425), FM (N=341) differed on all measures investigated except for LF/HF ratio, i.e. MeanRR, RMSSD, SD1, SD2, LF and HF ($p<0.05$) whereas BDS (N=1269) differed on MeanRR, RMSSD, SD1, SD2 and HF ($p<0.05$). Findings in both the BDS and FM groups indicate lower variability and higher predictability in heart rate suggesting sympathetic predominance. Persons fulfilling criteria for CFS (N=690) and MCS (N=156) differed on MeanRR ($p<0.05$), whereas no differences were observed for IBS (N=269) and WAD (N=121).

Conclusions: Our data support a sympathetic predominance of the ANS associated with symptom-defined FSS, but considerable variations were observed between the included syndromes. Our data confirmed autonomic imbalance as a central pathological mechanism in FSS. Further interpretation of our data will hopefully elucidate correlations between symptom load in persons with FSS and autonomic nervous system activity and reactivity.

PSYCHOSOMATOGENESIS AS AN INSTRUMENT OF AN EVOLUTIONARY PROCESS

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Aims: The aims of the work are to find a general condition for activating psychosomatogenesis including the conditions found in previous research as special cases, which is true for a human and the rest animal world and to find a general function of psychosomatogenesis and another, more general system, in which this function is essential.

Methods: The method of study is theoretical analysis.

Results: Basing on some psychological, medical and biological concepts and current data of physiology, neurobiology, molecular biology and evolutionary biology, we have made some assumptions. 1) Any somatic disease, to be more exact, the mechanisms that cause them, is an instrument of an evolutionary process, like apoptosis and replicative ageing. 2) Individual's mental and behavioral development throughout lifetime, the accumulation of experience in solving the tasks, for which an individual has no stereotyped or known variant of actions, the emergence of new abilities and the sophistication of the mental structure, and, therefore, the stimulation of the development of relevant physiological mechanisms is a part of an integral evolutionary process. To that end, it is not a matter of mastering new behavior and the development of the psyche during the establishment of an adult individual from a child individual. 3) The function of body diseases is to assist in selecting individuals who participate actively in the evolution of the forms and means of the psyche by diminishing the survival of individuals who are not active in developing new behavioral "solutions" and forms of mental regulation or by encouraging individuals to participate in this development. The basic condition for activating the process of body diseases generation is a situation when a living creature stops participating in the evolution of the psyche, when his image of an external or internal life prevents from the development of his own mental structure.

Conclusions: We conclude that our hypothesis is a new concept, which can create a context for further research.

TIME MATTERS: DECREASING BURDEN OF SOMATIC SYMPTOMS IN THE GERMAN GENERAL POPULATION FROM 1975 TO 2013

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Aims: The study determines (1) how burden and patterns of somatic symptom in women and men shifted over time and (2) which demographic and health-related factors determine the degree of somatic symptoms.

Methods: The Giessen Subjective Complaints List (GSCL-8) assessed somatic symptom burden in three representative surveys in West Germany in 1975, 1994, and 2013 among over 4,100 participants aged 18 to 60 years. Somatic symptoms (musculoskeletal, exhaustion, cardiopulmonary, and GASTROintestinal) were compared by a three-factorial ANOVA with sex, age group, and survey year. Symptom load was predicted separately for each survey by multiple regression analyses with demographic factors and health indicators.

Results: Symptom ratings, particularly for cardiopulmonary symptoms declined considerably over the years. Musculoskeletal and exhaustion complaints remained the leading symptoms, and lately there was stagnation in men and increase in women regarding exhaustion. Except for gastrointestinal complaints, scores declined more in women than in men. Excess reporting of women decreased: The proportions of high scorers declined from 22% to 11% among women and from 9% to 6% among men. In separate multivariate analyses somatic symptoms were consistently associated with lower subjective health and increased depression. Female sex, higher age, BMI and unemployment were additional factors.

Conclusions: Potential reasons for the change of quality and quantity of symptom reports are discussed based on societal changes as reflected in increasing age and education level (particularly in women) , and decreasing marriages and medical changes during the observation period. Findings contradict popular notions of an increasing epidemic of common mental disorders and alert to living conditions, cohort and sex as determinants of quality and quantity of symptom reporting.

ORAL PRESENTATIONS SESSION 2

MANAGEMENT OF PHYSICAL COMORBITIES IN VULNERABLE PEOPLE

DEPRESSION, ANTIDEPRESSANTS AND HEMOGLOBIN LEVEL IN THE COMMUNITY. A CROSS-SECTIONAL ANALYSIS OF THE PARIS PROSPECTIVE STUDY III

Hélène Vulser (1) - Cédric Lemogne (1) - Francine Cote (2) - Marie-cécile Perier (3) - Nicolas Hoertel (4) - Pierre Boutouyrie (5) - Frédérique Thomas (6) - Bruno Pannier (7) - Frédéric Limosin (8) - Xavier Jouven (9) - Jean-philippe Empana (10)

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Aims: Anemia has been found to be associated with depressive symptoms in both the clinical and the community settings. However, the extent to which depressive symptoms remained associated with anemia independently of antidepressants remains unknown as no study has examined their respective effects. We therefore investigated the respective association of depression and antidepressants with hemoglobin level in a large community study, the Paris Prospective Study III.

Methods: At study baseline examination, hemoglobin levels were measured among 8640 volunteers aged 50 to 75. Depression was measured with the 13-item Questionnaire of Depression 2nd version, Abridged (QD2A). Antidepressant use was self-reported and validated using medical prescription. We used general linear model to examine the association between both depression and antidepressant use considered in the same model with hemoglobin level (in g/dl), while adjusting for a wide range of socio-demographic characteristics and health-related factors. We also assessed the association with antidepressant classes (selective serotonin reuptake inhibitors (SSRI), serotonin-norepinephrine reuptake inhibitors, others).

Results: Depression status (i.e. a QD2A score above the validated cut-off) and antidepressant use were found to be independently associated with lower hemoglobin level (β=-0.074 p=0.05 and β=-0.100 p=0.02 respectively in the full-adjusted model). SSRI, but not other classes, were associated with lower hemoglobin level (β=-0.114 p=0.03).

Conclusions: The association between depression and anemia is independent of antidepressant use. However, as SSRI's were also related to lower hemoglobin level, they should be used with caution in depressed individuals at risk for anemia.

COGNITIVE IMPAIRMENT IN PATIENTS WITH PSORIASIS: A MATCHED CASE-CONTROL STUDY

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Aims: In the past decade, a few studies have suggested that psoriasis could be associated with the presence of mild cognitive deficits. The aim of the present matched case-control study was to investigate several cognitive domains (executive functions, verbal memory, attention, and language) in a sample of outpatients with psoriasis. We also investigated whether cognitive impairment was associated with poor health-related quality of life (HRQoL) in patients with psoriasis.

Methods: Fifty adult outpatients and 50 age- and sex-matched healthy controls were administered a battery of neuropsychological tests investigating major cognitive domains, psychopathology (anxiety and depression), alexithymia, and HRQoL.

Results: At the bivariate level, psoriasis patients (compared to healthy controls) performed worse on most of the neuropsychological tests, and they also reported more anxiety and depressive symptoms, higher scores for alexithymia, and worse physical and mental health. At the multivariate level, cognitive performance was independently associated with psoriasis even when controlling for psychopathology and alexithymia.

Conclusions: Patients with psoriasis show impaired cognitive performance, high levels of anxiety and depression, and impaired quality of life. Based on the current results, clinicians should assess the presence of psychological symptoms in their patients and evaluate whether the presence of cognitive deficits is limiting the patients’ ability to cope with the disease.

EXPRESSIVE SUPPRESSION AND NEGATIVE AFFECT, PATHWAYS OF EMOTIONAL DYSREGULATION IN PSORIASIS PATIENTS

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Aims: The first aim of this study was to examine the prevalence of two emotion regulation mechanisms-expressive suppression and cognitive reappraisal - in patients with psoriasis compared with healthy subjects. Emotion dysregulation and its association with positive and negative affects and subjective life satisfaction were also considered. The second aim was to assess whether the presence of externalized negative and positive affects of state (emotional reactivity) and trait (emotional tendency) in psoriasis patients could predict difficulties in regulating inner emotions.

Methods: The research participants comprised 172 subjects (70% women). Mean age of patients was 52.50 (SD=16.51; range 18–75 years) while mean age of controls was 50.86 (SD=10.80; range 18–75 years). Seventy-two psoriasis patients and one-hundred healthy subjects completed a socio-demographic schedule and were assessed with measures of expressive suppression and cognitive reappraisal (ERQ-Emotion Regulation Questionnaire), emotion dysregulation (DERS–Difficulties in Emotion Regulation Scale), trait positive and negative affects (PANAS trait–Positive and Negative Affect Schedule Trait), state positive and negative affects (PANAS state-Positive and Negative Affect Schedule Stait) and subjective satisfaction with life (SWLS).

Results: Psoriasis patients reported higher values of expressive suppression compared with controls. Cognitive reappraisal showed no differences between the two groups, while trait positive and negative affect and state negative affect resulted higher in the psoriasis group. The mediation model, having emotion dysregulation as predicted variable and trait and state negative affect as predictors, indicated a significant effect of trait negative affect on emotion dysregulation. In the second step, maintaining emotion dysregulation as the dependent variable, results of a regression method indicated a significant effect of three trait emotions on emotion dysregulation: shame, nervousness and fear.

Conclusions: The results suggest that psoriasis patients used more frequently a maladaptive emotion regulation mechanism (emotional suppression), experienced more negative trait emotions, and used more emotional dysregulation patterns such as lack of emotional clarity, impulse control difficulties, non-acceptance of emotional responses. Three negative specific emotions resulted significantly related to emotion dysregulation in persons living with psoriasis: shame, nervousness and fear.

SELF-RATED WELLBEING AND GENERAL HEALTH IN FINAL YEARS OF LIFE: AN EXPLORATORY POPULATION-BASED STUDY AMONG THE OLDEST OLD

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Aims: To describe wellbeing and analyse the relationship between psychosocial dimensions of wellbeing and health items such as self-reported physical activity, general health and being hampered in daily activities among the oldest old, in comparison to younger age groups.

Methods: As part of the EMMY project (European Welfare Models and Mental Wellbeing in Final Years of Life), data on wellbeing for 43,567 adults (including 2,058 individuals aged 80+) from 24 European countries were extracted from the cross-national European Social Survey (ESS) round 6 (year 2012). Wellbeing dimensions were created based on previous literature (evaluative, emotional, community and supportive wellbeing, functioning and vitality). Bivariate and multivariate explorative analyses were conducted.

Results: Men and women aged 80+ significantly differed in most of the items. Specifically, men reported significantly higher levels of wellbeing in every dimension except for community wellbeing. In comparison to the 18-69 age group, people aged 80+ reported higher scores in the community wellbeing dimension, while similar values in the evaluative wellbeing dimension, and lower scores in the remaining dimensions were shown with respect to the two younger age groups. Among respondents aged 80+, higher levels of wellbeing dimensions were significantly correlated with higher physical activity, better subjective general health and being less hampered in daily activities. This result was confirmed in all age groups except for community wellbeing/physical activity in the 18-69 age group. The highest correlation was found between vitality and subjective general health (both in the 70-79 and the 80+ age group). T-test confirmed such positive associations among the 80+ age group. Multivariate analysis showed significant differences across age groups in the association between wellbeing dimensions and two health items: physical activity and subjective general health.

Conclusions: Exploratory analyses described wellbeing among European individuals aged 80+, indicating that they experienced better community wellbeing than younger adults. Associations among wellbeing dimensions and health items were explored and compared across age groups. Results will also be discussed within the broader context of the EMMY project framework.

INTEGRATED CARE AND COMMUNICATION SKILLS

MANAGEMENT OF PSYCHIATRIC AND SOMATIC COMORBIDITY IN PRIMARY-CARE-BASED STEPPED-CARE MODELS: A SYSTEMATIC REVIEW

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Aims: Stepped-care (SC) models allow for a graded treatment intensity and systematic monitoring and a quick adaptation to the course of individual illness. For an effective implementation in primary care (PC) SC models have to account for the high rates of psychiatric and somatic comorbidity. Thus, the aim of the systematic review was to take stock of whether and how present SC models take comorbidities into consideration.

Methods: Following the PRISMA-statement a systematic literature search was performed using the databases PubMed, PsycINFO, Cochrane Library and Web of Science, complemented by hand search. Selection criteria were: a randomized-controlled trial of a PC-based SC intervention with a control condition, i.e. waiting list, treatment as usual

(TAU) or active treatment, adult samples, a publication date between 2000 and 2017 and English or German language. The screening was organized as a two-stage process by two researchers.

Results: Of 1013 search results, 72 publications reporting on 39 studies were eligible. One third of the trials were conceived for depressive disorders only, one third for depression and further somatic and/or psychiatric comorbidity and one third for one or more conditions other than depression. Comorbidities were explicitly integrated in treatment in 40% of the studies, mainly via transdiagnostic self-management support and interprofessional collaboration. Nearly two-thirds (n = 26) of the analysed trials reported a superiority of the SC model in at least one primary outcome, predominantly compared to TAU.

Conclusions: Despite the existence of several SC models that successfully account for comorbidities, further research on the diverse interactions between different conditions and their impact on treatment response in SC is necessary. The identified treatment strategies need to be adapted to the respective PC systems, e.g. with regard to available healthcare professionals and data protection laws regulating eHealth interventions and electronic patient records.

COMPASS-MEDICINE AND PSYCHIATRY JOINING FORCES TO IMPROVE CARE DELIVERY FOR THE MEDICALLY ILL DEPRESSED PATIENT

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Aims: Psychosomatic Medicine implies a biopsychosocial approach to the study of health and disease, and to the management of clinical conditions. There is increasing attention to the challenges of patients who have medical and mental health problems as they attempt to receive care in fragmented health systems. This symposium is meant to be practical and helpful for those who are interested in new models of integrated care, population based approaches to health, and new roles for psychosomatically trained psychiatrists.

The spread of evidence-based care is an important challenge in healthcare. We evaluated the success of disseminating an evidence-based large-scale multisite collaborative care model for patients with depression and diabetes and/or cardiovascular disease (COMPASS).

Methods: COMPASS was a dissemination trial which included eighteen care systems and 172 clinics who enrolled 3609 patients across the US. Patients recruited had depression and comorbid diabetes or cardiovascular disease and were cared for in primary care clinics. Collaborative care teams used care management tracking systems and systematic case reviews to track and intensify treatment for patients not improving. Targeted outcomes were depression remission and response (assessed with the Patient Health Questionnaire-9) and control of diabetes (assessed by HbA1c) and blood pressure. Patients and clinicians were surveyed about satisfaction with care.

Results: Of those patients with uncontrolled disease at enrollment, 40% achieved depression remission or response, 23% glucose control and 58% blood pressure control during a mean follow-up of 11 months. There were large variations in outcomes across medical groups which will be discussed. Patients and clinicians were satisfied with COMPASS care.

Conclusions: COMPASS was successfully spread across diverse care systems and demonstrated improved outcomes for complex patients with previously uncontrolled chronic disease. Future large-scale implementation projects should create robust processes to identify and reduce expected variation in implementation to consistently provide improved care.

THE ROLE OF NURSES' RESPONSIBILITY AND INTERDISCIPLINARITY FOR THEIR PERCEPTION OF UNMET PATIENT NEEDS IN SPECIALIST MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT SERVICES

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Aims: The aim of the current study was to investigate the role of nurses' responsibility and interdisciplinarity for their perception of unmet patient needs while adjusting for nurses’ demographics and formal competence.

Methods: A web-based questionnaire survey was conducted among nurses (n = 5800) from the member registry of the Norwegian Nurses Organisation. This constituted 78% of the 7400 nurses who work in Norwegian specialist mental health services and substance abuse treatment services. Among 5501 reachable nurses, 1918 (35%) responded.

Results: Adjusted for all remaining factors in the model, male gender was associated with stronger perceived unmet patient needs for psychosocial and somatic health care. High age was associated with more unmet needs regarding economic and legal supervision, whereas working in the mental health sector was associated with more perceived unmet needs in regards of psychosocial care. All the three types of service units (inpatient, outpatient and ambulant team) were associated with somewhat stronger perceived unmet needs in economic and legal supervision. Working in outpatient settings and ambulatory teams was related to more unmet needs in somatic health care. More than six years of work experience was related to fewer unmet needs in psychosocial care. Continuing education in combined substance misuse and mental health work was slightly related to weaker perceived unmet needs in somatic health care. While adjusting for demographic and formal competence variables, the most substantial contribution to the explained variance was, however, exerted by the nurses’ responsibility and interdisciplinarity. Within this block, interdisciplinary interaction was strongly associated with a reduction in all three factors of perceived unmet patient needs. Strictly defined responsibility for the nurses was systematically associated with more unmet patient needs.

Conclusions: The results revealed that strong interdisciplinary communication was related to a reduction in three unmet patient needs factors (psychosocial, somatic and economic and legal needs), whereas strictly defined nursing responsibilities were associated with more perceived unmet needs. Promotion of multidisciplinary interaction and responsibility flow may facilitate better clinical practice among nurses in mental health and substance abuse treatment services.

COPING STRATEGIES AMONG SECOND VICTIMS OF ADVERSE EVENTS: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Aims: Adverse events do not only affect patients but may also have a relevant psychological impact on the involved healthcare providers, who are considered as second victims. The aim of this study was to critically summarize and meta-analyze the type and frequency of coping strategies applied by second victims in the aftermath of an adverse event.

Methods: A systematic search of nine electronic databases without restrictions to publication date and language was conducted. Additional sources like grey databases were also examined. Two reviewers independently screened titles and abstracts of all the records and evaluated the full texts of the eligible articles. Data extraction from the selected studies was performed by the two reviewers and a meta-analysis was conducted using random-effects modeling.

Results: The search of all databases and additional sources provided an overall amount of 7209 records. After the screening of titles and abstracts, 104 potentially relevant studies were identified. The full-text evaluation led to a final selection of 21 studies. Among the numerous coping strategies, *planful problem solving*, for instance, was applied very often (77.4%, 95%CI [59.3 to 88.9]). *Disclosing the error and apologizing to the patient and the family* was used by less than half of the investigated healthcare providers (38.8%, 95%CI [19.5 to 62.3]). *Escape-avoidance* and *considering to leave the profession* were applied, respectively, by 18%(95%CI [10.2 to 29.8]) and 12.5% of the second victims (95%CI[8.0 to 19.1]).

Conclusions: The results of our study, the first one of its kind about second victims, showed that a large number of second victims applies various coping strategies in the aftermath of an adverse event in order to deal with its profound impact. Our findings are expected to serve as a robust basis for developing and implementing support programs for second victims.

DELIBERATE SELF-HARM/SUICIDE/TRAUMA

GUNS, MENTAL ILLNESS AND SUICIDE IN THE UNITED STATES

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Aims/Methods: America is not a particularly violent society, yet it has a homicide rate that is nearly 7 times and a suicide rate that is 20 times higher than 22 high-income countries. One in 4 Americans experience a mental health problem each year, while only 30% of those with mental illness receive treatment. People living with a mental illness are victims of violence at a rate that is 11X higher compared with the general population. Recent events related to mass shootings in the media portray those with mental illness as a menace to society. In reality only 4% of violent crimes involve those with a serious mental illness and only 2% of violent crimes committed by the mentally ill involve weapons. Suicide assessment and management is one of the most important and difficult tasks in psychiatry. Global suicide rates have increased 60% over the past 45 years. Suicide is the 10th leading cause of death globally. Each year over 30,000 people have died by suicide in the US (~105 suicides/day), and one million worldwide (WHO). The overall suicide rate is rising so rapidly that it now outnumbers deaths from car crashes. It is estimated that there are 10 – 40 nonfatal suicide attempts for every completed adult suicide; about 100 – 200 among adolescents. Suicide rates vary based on factors such as race, ethnicity, gender, and age. Suicide is typically impulsive in nature. As such, many patients remain uncertain to the last moment, with little premeditation, and are often ambivalent about dying. No, short-term risk factor(s) have been identified to determine when, or even if, a patient will attempt or complete suicide. In fact, commonly used criteria for approving hospitalization for potentially suicidal patients have not been proven predictive of future attempts. The easy access to guns in America has a disproportionate effect among the mentally ill when it comes to suicide. About 85% of attempted suicides with a gun result in fatalities; compared to only 4% of attempted suicides among all other methods (e.g., overdose, hanging, self-stabbing) result in fatalities. In fact, 19,392 of the 31,000 deaths from guns in the United States in 2010 were suicides, far more than the number of homicides or unintended shooting deaths.

Results/Conclusions: This presentation will review the psychobiological factors associated with suicide; review suicide warning signs; and assist clinicians to conduct an adequate, individualized suicide assessment so that providers are able to identify, treat, and manage acute, patient-specific suicide risk factors, including specific interventions.

A COMPARISON OF PSYCHIATRIC AND PRIMARY CARE FOLLOW-UP AFTER EMERGENCY DEPARTMENT PRESENTATIONS OF DELIBERATE SELF-HARM

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Aims: Morbidity and mortality after deliberate self-harm (DSH) are high, so mental health care shortly after DSH is recommended. We wished to determine the impact of mental health follow-up after DSH by examining the association between a mental health visit and risk for repeat DSH, with or without intensive care unit (ICU) admission or death.

Methods: We conducted a retrospective observational cohort study using multiple linked population health administrative databases for the entire province of Ontario, Canada (population ~14 million) to track all Ontario residents aged 18 years or older with a hospital emergency department visit for DSH with or without hospitalization between April 1, 2007 and March 31, 2009. The primary exposure was any mental health visit to a physician (family physician, psychiatrist, both or neither) within 30 days after the index DSH event. The outcomes of interest were repeat DSH; repeat DSH with ICU admission, and all-cause mortality after the 30-day exposure period, with up to 5 years of follow-up. A number of covariates were also examined.

Results: Over two years, 23,140 individuals had emergency department treatment for DSH. Within 30 days, 10.7% had a family physician mental health visit, 17.1% visited a psychiatrist, 3.6% visited both and 68.6% neither. Individuals who received mental health follow-up had more chronic and severe mental illness and higher acuity DSH. Over five years, repeat DSH occurred in 20.7%. Repeat DSH was more common in those who had a mental health visit within 30 days. Adjusting for baseline characteristics attenuated these differences. Similar results were found for DSH with ICU admission (5.0%) and death (7.6%). More frequent follow-up was not associated with better outcome. Timely access to mental health care after DSH was poor at 31%.

Conclusions: Follow-up care had virtually no association with subsequent risk, so treatment as usual is insufficient. Post-DSH care augmented with evidence-based interventions is required.

PHYSICAL HEALTH AND HEALTH RELATED QUALITY OF LIFE IN COMBAT WAR VETERANS IN CROATIA

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Aims: Main objective of the present research was to examine physical health and health related Quality of Life in Croatian Combat War Veterans with and without PTSD.

Methods: This survey included 1450 Croatian war veterans from the whole county. Demographic data Questionnaire, General Health Questionnaire, Social Support Questionnaire, SF 36 (health-related quality of life questionnaire), BDI (Beck Depression Inventory) were used for this purpose.

Results: Median age was 52 years, and all participants had spent more than three years in war. Median age of participants at the time of Homeland War was 26 years (range: 19 years to 50 years). 45% of participants had PTSD, and more than 95% reported some psychological problems related to traumatic experiences such as depressive symptoms and sleeping disturbances. 72% had moderate depression and participants with PTSD were more depressed and had more suicidal ideation compared to those without PTSD. The majority of participants were satisfied with the social support received from their families and communities, but participants with PTSD were more dissatisfied with community support than non-PTSD participants. PTSD participants had greater physical limitations, more physical pain and reported more emotional difficulties than those without PTSD. More than 60% of participants had cardiovascular problems regardless of PTSD diagnosis. 34% of participants with PTSD had oncological disease compared to 9% of those without PTSD. More than 70% were smokers with a BMI> 29. All participants were unsatisfied with their life and had a negative perception of their physical health.

Conclusions: Exposure to traumatic events and having PTSD greatly lead to unhealthy lifestyle, impairing health related Quality of Life and make greater risk to developing life threatening physical problems, such as cardiovascular and oncological diseases.

DIFFERENTIAL INFLAMMATORY AND NEUROENDOCRINE EFFECTS OF CHILDHOOD TRAUMA AFTER INFLAMMATORY AND PSYCHOSOCIAL STRESS IN REMITTED MAJOR DEPRESSIVE DISORDER

Laura Cassiers (1) - Peter Niemegeers (2) - Peter De Boer (3) - Manuel Morrens (4) - Stephan Claes (5) - Bernard Sabbe (4) - Filip Van Den Eede (1)

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Aims: Major depressive disorder (MDD) is associated with inflammation and neuroendocrine dysfunction that may persist after remission. Similar disturbances have also been associated with childhood trauma. The objective of this study was to assess the differential inflammatory and neuroendocrine effects of childhood trauma in response to inflammatory and psychosocial stress in remitted MDD.

Methods: In a single-blind randomised placebo-controlled crossover study, 21 women with remitted recurrent MDD and 18 healthy peers (all aged 25-45 years) were exposed to inflammatory stress (typhoid vaccination) or psychosocial stress (Trier Social Stress Test) or both. Childhood trauma was assessed using the Childhood Trauma Questionnaire and participants were dichotomised into a traumatised and non-traumatised group. Serum ACTH, cortisol, IFN-γ, TNF-ɑ, and IL-6 were measured at regular intervals after each intervention. Multilevel linear modelling was performed with trauma, group and intervention as fixed and subject as random effects.

Results: A significant negative main effect of childhood trauma was found on cortisol levels after exposure to inflammatory and/or psychosocial stress. Interactions with group and intervention were also found: cortisol was lowest in the traumatised group with comorbid MDD but did not differ between trauma groups when exposed to inflammatory stress only (cortisol was not increased in the non-traumatised group). A significant positive effect of trauma was found on TNF-ɑ levels.

Conclusions: In women with remitted depression, childhood trauma is associated with a differential (enhanced) inflammatory and (reduced) neuroendocrine response to psychosocial and inflammatory stress. The enhanced TNF-ɑ after stress may result from the reduced cortisol-induced immunosuppression seen as a trait factor in this population.

PERINATAL PSYCHIATRY

CONTEXTUAL-RELATIONSHIP FACTORS OF MENTAL HEALTH FUNCTIONING OF NULLIPARAS IN THE LAST TRIMESTER OF PREGNANCY

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Aims: To examine the relationship between the relationship-contextual and some demographic indicators that define mental health functioning during the first pregnancy (level of depression, anxiety, fear of childbirth).

Methods: A group of 325 nulliparas in the third trimester of pregnancy were enrolled at the Childbirth preparation program of the University Medical Centre Ljubljana's Division of Gynaecology and Obstetrics. The following instruments were applied: Experiences in Close Relationships-Revised, The Edinburgh Depression Scale, Zung Anxiety Scale, and fear of childbirth score. Three separate multiple linear regression models were built to find association between demographic, social and attachment variables and mental health functioning. Independent variables in each model were age, years of education, planned pregnancy (yes/no), shared household with elder generation (yes/no), emotional support from partner, parents, friends and co-workers (weak to moderate = almost none to moderate support/ strong = strong and very strong support), attachment avoidance and attachment anxiety.

Results: Highly educated nulliparas and those with higher level of co-workers emotional support experience lower level of anxiety in the last trimester of pregnancy, when other predictors in the model are held constant. Nulliparas that live in multigenerational household or have higher level of attachment anxiety experience higher level of anxiety. From all the predictors in the model, only attachment anxiety and co-workers' support are statistically significantly associated with the level of depression. Attachment anxiety plays important role also in experiencing fear from childbirth (higher attachment anxiety - more afraid of childbirth). Women that planned their pregnancy are also experiencing higher fear of childbirth in comparison to those that got pregnant by chance.

Conclusions: Results from our study suggest attachment anxiety is a most important contextual factor regarding mental health functioning in the last trimester of pregnancy.

IMPACT OF OBSTETRIC COMPLICATIONS ON ILLNESS SEVERITY AND CLINICAL COURSE AFTER 2 YEARS FROM THE ONSET IN A COHORT OF FIRST-EPISODE PSYCHOSIS PATIENTS (PICOS STUDY)

S. Tosato (1) - C. Bonetto (1) - M. Corrias (1) - D. Cristofalo (1) - A. Lasalvia (2) - K. De Santi (2) - M. Ruggeri (1) - the PICOS-VENETO GROUP

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Aims: Obstetric complications (OCs) are a well-established risk factor for schizophrenia (OR=2.2) and are associated with the worst clinical outcome. The OCs rates vary worldwide and could be considered a good proxy of the quality of health care during pregnancy and delivery. We explored if obstetric complications (OCs) were associated with illness severity (in term of symptoms, social disability and functioning) and clinical course (continuous, episodic, intermediate, remission) after 2 years from the onset in a cohort of first-episode psychosis patients, recruited in Italy.

Methods: The cohort of incidents cases was enrolled in the framework of the PICOS Study, performed in Veneto Region, Italy. A set of standardized instruments (PANSS, DAS, GAF) was used to collect clinical data. Patients' mothers were interviewed by the Lewis-Murray scale for obstetric complications. Information on illness course was obtained at 2-year follow up with the WHO Life Chart.

Results: Out of 264 patients assessed for obstetric complications at baseline, 29.5% reported at least one OCs. Out of 264 patients, 129 (50.2%) were re-evaluated at 2-year follow-up and 27.1% reported at least one OCs. Patients evaluated at 2 years did not differ from those lost to follow-up. No significant differences were found in illness severity (psychopathology, social disability and functioning) between patients with or without OCs after 2 years from the onset. By considering clinical course, patients with OCs were more likely to have an episodic illness course with respect to those without OCs (37.2% vs 15.3%, p=0.022).

Conclusions: We found that the presence of OCs could help to predict patients with episodic clinical course, which is one of the poorest one. Since OCs are a modifiable risk factors and the improvement of health care during pregnancy and delivery is possible, our study suggest how the improvement of care in gynecology could improve the clinical outcome of one of the most disabling disorder in psychiatry.

USE OF A BRIEF ONLINE MINDFULNESS-BASED INTERVENTION TO REDUCE SELF-REPORTED STRESS AND CORTISOL LEVELS IN PREGNANCY

Karen Matvienko-sikar (1) - Samantha Dockray (2)

University College Cork, School of Public Health, Cork, Ireland (1) - University College Cork, School of Applied Psychology, Cork, Ireland (2)

Aims: Prenatal stress has adverse outcomes for mother and infant but few interventions currently exist to reduce stress and promote prenatal well-being. This pilot study aimed to examine the effect of a mindfulness-based intervention on prenatal stress, cortisol levels, and well-being.

Methods: A pilot randomised controlled trial was conducted with 46 pregnant women. Participants used an online mindfulness-based intervention 4 times a week for 3 weeks. Self-reported prenatal stress, salivary cortisol, and satisfaction with life were completed at baseline, 1.5 weeks later, and 3 weeks later.

Results: Intervention participants demonstrated significant reductions in self-reported prenatal stress in comparison to the control condition (p=.04). Within subjects reductions in waking (p=.004) and evening cortisol (p<.001) measures were observed for intervention participants. Significant effects were not observed for satisfaction with life.

Conclusions: This pilot study indicates the potential of a brief online mindfulness-based intervention for reducing self-report and physiological measures of stress in pregnancy. Reductions in prenatal stress can improve maternal and infant outcomes. Future research is needed to further explore mechanisms and potential benefits of such interventions.

PERINATAL PSYCHIATRY AND BEYOND: THE NECESSITY FOR EARLY PREVENTIVE INTERVENTIONS

Francesca Maggioni (1) - Mirella Ruggeri (1) (2)
Hospital Trust of Verona (AOUI), Italy (1) - Section of Psychiatry, Department of Neuroscience, Biomedicine and Movement, University of Verona, Italy (2)

It is well recognised that mothers who are affected from mental illness in the perinatal period often suffer in silence and therefore over the past decades it has been increasingly addressed the importance of early diagnosis of mental health issues in the perinatal period. What has been less discussed is how these common illnesses can also take a heavy toll on their children. A mother unable to cope with mental and emotional needs often creates challenging instability in families and places significant stress on both adults and children. Exploring individual, family and social factors that increase the likelihood of, or protect children from, negative outcomes are important to the development of evidence-based prevention and response programming in mental health services. Hence it is of vital importance that not only mothers but also family are offered support so that if parents are able to look after their children, they can then cope with their offspring mental and emotional needs. It has been highlighted in many studies the importance of building mothers' awareness of vulnerabilities they might encounter and how and where they can find help themselves.

Now time has come to respond to the increasing evidence of the strong link between children adversity and the future negative outputs such as problematic attachment, cognitive and social-emotional development issues or emotional and behavioural disorders. That in a nutshell often means adult mental health problems.

The aim of the Section of Psychiatry AOUI-Verona is to develop a multidisciplinary Service for Early Intervention – so called 0-30 - to address emotional and mental issues not only in the perinatal period but also during early childhood and adolescence to offer a thorough assessment of the problem, evidence-based interventions and long term monitoring of the cases. In order to be able to deliver the most effective intervention the service will collaborate with local services such as Obstetrics and Gynecology , Pediatric unit and CAMHS.

FRIDAY JUNE 29 9.30-11.00

SCIENTIFIC SYMPOSIA

SYMPOSIUM EVALUATION OF RECIPIENTS IN TRANSPLANTATION MEDICINE

EXCEPTION PROTOCOL FOR LIVER TRANSPLANTATION IN THE TREATMENT OF FULMINANT ALCOHOLIC LIVER DISEASE

Jose Maldonado - Filza Hussain - Aparna Goel

Stanford University, Stanford Medical Center, Stanford, United States

Aims: Alcohol is one of the most commonly used psychoactive drugs in the world and evidence suggests that as the consumption of alcohol increases, so does the incidence of psychosocial and medical problems. Alcoholic liver disease is one of the most serious medical consequences of long-term alcohol abuse and is the most common cause of cirrhosis in the Western world. Orthotropic Liver Transplantation (OLT) was recognized by the National Institutes of Health (NIH) in 1983 as an appropriate treatment modality for end-stage alcoholic liver disease. In 1988, Starzl demonstrated that the post-transplant survival of patients with advanced alcoholic liver disease was equal to that of patients with end-stage liver disease attributable to other causes.

Methods: The members of the Stanford liver transplant, addiction medicine and transplant psychiatry teams created a joint commission to study the selection of patients with fulminant alcoholic liver disease (ALD) who may be appropriate for OLT, despite limited sobriety. The commission reviewed the published literature to date, including available protocols fromacross the globe.

Results: The commission determined that available data could be used to identify ALD patients at low risk for recidivism after OLT. This presentation will review: (1) the long-term hepatic effects of alcohol use disorder and its effects on survival; (2) the factors associated with excessive alcohol consumption after OLT and its effects on outcomes; (3) known predictors of relapse among patients with ALD, including the so-called "6-month rule"; and (4) the prognostic factors associated with success after transplantation. At the end, we will discuss the Stanford Exception Protocol for proceeding to OLT in patients with fulminant ALD who are not expected to survive 6 months.

Conclusions: Cumulative experience has demonstrated that the 1-year actuarial survival p-OLT for patients with ALD (66%–93%) equal to the survival of patients transplanted for nonalcoholic liver disease (56%–87%). So, whether patients with ALD should receive transplants is no longer controversial; yet the debate relates to what criteria should be used to make that determination.

PRETRANSPLANT PSYCHOSOCIAL FUNCTIONING PREDICTS SURVIVAL OF PATIENTS ON WAITING LIST FOR HEART TRANSPLANTATION - RESULTS OF A PROSPECTIVE STUDY

F. Vitinius (1) - A. Reklat (1) - M. Hellmich (2) - E. Klask (1) - T. Wahlers (3) - P. B. Rahmanian (3) - R. Pfister (4) - J. Müller-Ehmsen (5) - C. Albus (1)

Department of Psychosomatics and Psychotherapy, University Cologne Medical Center, Germany bInstitute of Medical (1) - Statistics, Informatics and Epidemiology, University Cologne Medical Center, Germany (2) - Department of Cardiothoracic Surgery, University Cologne Medical Center, Germany (3) - Department of Internal Medicine III (Cardiology), University Cologne Medical Center, Germany (4) - Department of Internal Medicine 3, Asklepios Klinik Altona, Hamburg, Germany (5)

Aims: Only few studies have focused on the interaction between pretransplant psychological variables and adherence to therapy after heart transplantation (HTx). The objective of this study is to identify psychological predictors of nonadherence and survival.

Methods: Patients listed for HTx were evaluated before (t0), immediately after HTx (t1) and 6 months thereafter (t2). Psychosocial functioning was measured by the Transplant Evaluation Rating Scale (TERS). Depression and anxiety were assessed by Patient Health Questionnaire (PHQ-D) and the Hospital Anxiety and Depression Scale (HADS-D). Barriers to immunosuppressive adherence post-HTx by the Medication Experience Scale for Immunosuppressants (MESI).

Results: 50 patients were evaluated pre-HTx and 14 patients after HTx. There was a moderate correlation between the TERS and depression at t0 ($r = 0.53$, $p<0.001$). Results of the TERS (t0) and the MESI (T2) showed a strong correlation ($r = 0.84$, $p<0.001$). According to the TERS, the patients were divided into three risk groups. Compared with inconspicuous patients (n=23), risk patients (n=21) and patients with concern (n=6) demonstrated a higher mortality (Kaplan-Meier curve) and raised MESI values.

Conclusions: These results suggest that the TERS may be a powerful predictor for survival. There is need for further longitudinal data which may confirm our results including a larger sample size.

PSYCHOSOCIAL CONTRAINDICATIONS TO TRANSPLANT LISTING DECISIONS: A NATIONAL SURVEY OF USA SOLID ORGAN TRANSPLANT PROGRAMS

G.H. Lee - A. Wall - D. Magnus - J.R. Maldonado

Stanford University, United States

Aims: Transplant programs routinely factor psychosocial listing criteria; yet these have not been systematically studied since 1993 (Levenson).

Methods: All 650-solid organ USA-transplant programs received a Qualtrics-online survey to identify the extent they consider psychosocial criteria to be contraindications (absolute [AC], relative [RC], irrelevant [Irr]).

Results: Data grouped as follows. Psychosocial: Programs differ regarding the active use of cigarettes (AC heart 75.6% kidney 22.0% liver 17.6% lung 93.3%, $p <0.001$), recreational marijuana (AC heart 56.4% kidney 23.6% liver 23.5% lung 71.1%, $p < 0.001$), and alcohol (AC heart 75.6% kidney 58.3% liver 56.5% lung 88.9%, $p < 0.001$); and lack consensus regarding undocumented status (AC 24.8% Irr 21.2%, $p < 0.001$).Medical: Most programs consider as absolute contraindications BMI > 45 (AC 67.5%) and age > 80 (AC 55.4%); 28.4% of programs use HIV seropositivity as AC, while 31.6% Irr. There is variation among organs program listing practices for BMI > 45 (AC heart 70.5%, kidney 70.9%, lung 93.3%, liver 45.9%), age > 80(AC heart 79.2%, lung 76.9%, liver 65.0%, kidney 27.8%), and HIV seropositivity (AC heart 34.6%, lung 60.0%, kidney 17.3%, liver 22.4%). Psychiatric: Adult programs are more likely to consider psychiatric factors to listing (AC dementia adult 47.9%, pediatric 26.8; current suicidal ideation adult

82.9%, pediatric 57.4%; unstable schizophrenia adult 87.6%, pediatric 61.4%; unstable affective disorder adult 66.7%, pediatric 39.6%; unstable personality disorder adult 60.3%, pediatric 36.6%).

Conclusions: Programs today are more stringent (vs Levenson 1993) with regards to cigarette use (Current AC 17.6%~93.3% vs AC 1.3%~43.6%), current incarceration (AC 41.2%~61.4% vs AC 20.6%~46.2%), lack of social support (AC 37.2%~64.4% vs AC 2.6%~9.0%); less stringent with regard to use of recreational drugs other than marijuana (AC 60.0%~88.9% vs AC 69.5%~92.3%). Although program attitudes toward psychosocial characteristics may fluctuate in response to contemporary scientific and political discourse, drafting more formal and universal policies may help minimize biases and improve fairness in the process of making listing decisions.

MEASUREMENTS OF ADHERENCE IN RENAL TRANSPLANT RECIPIENTS: WHAT IS THE BEST METHOD?

Erim Yesim - Lieb Marietta

University Hospital Erlangen, Department of Psychosomatic Medicine and Psychotherapy, Erlangen, Germany

Aims: Aim of this presentation is to provide a detailed overview of current measurement methods of adherence in renal transplant recipients, evaluating their benefits and disadvantages.

Methods: Our investigation is based on current literature on adherence measurement in renal transplant recipients from 2000 to 2018. We will survey the most common methods of measurement and make comparisons concerning their accuracy, practicability and economy.

Results: Most common methods in current research are electronic monitoring, self-reports, collateral reports and examination of trough levels. Although self-reports as well as collateral reports are economic, they tend to overestimate adherence. The use of trough levels is complex and its accuracy depends on the specific medical regimen. Electronic monitoring provides a dynamic and long-term measurement on adherence behavior and is frequently considered the best method. However, it can misestimate adherence, due to its potential interventional effect. The diverse measurement methods display only low to moderate correlations.

Conclusions: Since contemporary measurement methods display diverse features and correlate remotely, current literature suggests a combination of methods (“Triangulation”) to enhance accuracy.

SUPPORTING INFORMED TREATMENT DECISIONS: EDUCATING PATIENTS ABOUT KIDNEY TRANSPLANT USING THE EXPLORE TRANSPLANT ONTARIO PROGRAM

D. Belenko (1) - C. Richardson (1) - V. Gupta (1) - T. Ahmed (1) - N. Edwards (1) - M. Novak (1) - J.D. Peipert (2) - A. Waterman (2) - I. Mucsi (1)

University Health Network, Toronto, Canada (1) - David Geffen School of Medicine, UCLA, Los Angeles, CA, United States (2)

Aims: Kidney transplantation (KT) is the preferred treatment for patients with End-Stage Kidney Disease, yet many eligible patients do not pursue KT. In this pilot study, we assessed the impact of the Explore Transplant Ontario (ETO) education program on increasing KT knowledge and readiness for pursuing KT.

Methods: Non-randomized, parallel arm prospective follow-up study of patients on maintenance dialysis in two hospitals. Control patients (n=106) received KT education as usual. Intervention (n=124) patients received the ETO package, which combines informational KT brochures with video testimonials from patients & donors about their KT experience, as well as regular discussions about the ETO package. KT readiness and knowledge were assessed with validated questionnaires at baseline and at 6 and 9 months afterwards.

Results: The intervention group was significantly older (mean [SD] age = 63 [10] vs 55 [14], p<0.001) and less likely to have completed Grade 12 (57% vs 88%, p<0.001). Baseline knowledge scores were higher in the control group (mean [SD] 8.41 [3.6] vs 7.29 [3.2], p<0.05). At baseline, intervention and control patients had similar living donor KT (LDKT) readiness (56% vs 53%, p=0.70). At 6 months, KT knowledge scores increased significantly more for the intervention group (mean [SD]: 1.68 [3.3] vs 0.72 [2.6], p=0.03). Intervention group patients who watched the videos, compared to those who did not, had near significantly higher KT knowledge (mean [SD] 9.5 [3.1] vs 8.3 [3.5], p=0.06) and were significantly more likely to increase in LDKT readiness after 6 months (23% vs 5%, p=0.02), with similar results at 9 months. The majority of patients surveyed rated the education process as very useful.

Conclusions: Transplant education using the ETO program, particularly the use of videos, lead to improvement KT knowledge and readiness in Canadian dialysis patients.

SYMPOSIUM MENTAL HEALTH OF IMMIGRANTS AND REFUGEES

PREVALENCE OF MENTAL DISTRESS IN SYRIAN REFUGEES WITH RESIDENCE PERMISSION IN GERMANY

Y. Erim (1) - A. Zbidat (2) - G.M. Schmitt (2) - E. Georgiadou (1)

Department of Psychosomatic Medicine and Psychotherapy, Friedrich-Alexander University Erlangen-Nürnberg (FAU), Erlangen, Germany (1) - Erlangen City Council, Employment Agency, Erlangen, Germany (2)

Aims: In this study, we examined the prevalence of posttraumatic stress disorder (PTSD), depression and generalized anxiety and explore its relation with various socioeconomic variables among Syrian refugees in Germany with residence permission status.

Methods: This examination was part of a register-based study in Erlangen, Germany. Between July and December 2017 participants were recruited in the city of Erlangen and at the time of this investigation, a total of 518 Syrian refugees with residence permission lived in this city. The response rate was 38.6 %; as such, a total sample of 200 participants was included in the study. The survey instruments included demographics, migration-related variables, and symptoms of posttraumatic stress (Essen Trauma-Inventory, ETI), depressive symptoms (Patient Health Questionnaire-depression module, PHQ-9) and anxiety (Generalized Anxiety Disorder, GAD-7).

Results: One hundred forty-nine (75.3 %) participants personally experienced and/ or witnessed traumatic events. Sixty-one participants (30.5 %) were screened for at least one diagnosis. Twenty-two participants (11.4 %) met the criteria for a PTSD diagnosis, 29 participants (14.5 %) for at least a moderate to severe depression and 27 participants (13.5 %) for at least a moderate anxiety. Linear regression analysis revealed different predictors for severity of PTSD, depression and anxiety.

ConclusionS: It is well known that the prevalence rates for refugees in general are high. In comparison to other studies about Syrian refugees we found lower levels of mental distress. This indicates that for this refugee population the mental distress seemed to reduce over time and with better post-migration conditions. The degree of PTSD of Syrian refugees in Germany is also associated with the future validity of permission.

POST MIGRATION FACTORS AND REFUGEES' POLITICAL AND LEGAL POSSIBILITIES TO RECEIVE MENTAL HEALTH CARE IN EUROPEAN COUNTRIES

Julia Schellong - Clara Von Verschuer

Psychotherapy and Psychosomatics, Medical Faculty Technical University Dresden, Dresden, Germany

Aims: Many refugees experience severely stressful events in their home countries, during migration and occasionally even after arriving at their destination. Individual reactions not only influence mental health but also somatic wellbeing. Trauma-associated and post migration problems are often obscured by somatic symptoms, such as headaches, abdominal pain, or distress in other extremities. Recognizing these symptoms as originating from mental instead of somatic problems is highly challenging, not only for the refugees themselves, but also for medical personnel not specifically trained in stress-related disorders. Furthermore, the psycho social sector in general and psychotherapists in particular are not even sufficiently trained in intercultural concepts and interpreter-assisted communication. But there arose exciting examples targeting this mission in Europe.

Methods: On one hand, information on mental health symptoms and postmigratoric stress factors will be referred, collected from a sample of Arabic speaking refugees who presented themselves in the refugee outpatient clinic of the Association of Statutory Health Insurance Physicians in Dresden. Instruments used were PHQ-15 (Patient Health Questionnaire-15), PCL-5 (Posttraumatic Stress Disorder Checklist) and PMLDQ (Postmigration Living Difficulties Questionnaire). On the other hand political and legal possibilities to receive mental health care in the European countries were explored. Exemplary solutions from Germany and Europe conveying knowledge of screening instruments, trauma-informed care and interpreter-assisted communication will be presented.

Results: In the mostly male sample (75.0%), 46.9% presented a cutoff for general anxiety and 37.5% for Posttraumatic Stress Disorder (PTSD). The major migratory stressor mentioned was connected to the wellbeing of family members (87.5%). Post migratory stressors were significantly correlated with somatoform complaints. These ought to be thoroughly addressed. Among much dismay, euphoria and chaos in the last years, a plethora of creative solutions have evolved. The models that performed best in Europe were those of "stepped care" for treatment of mentally vulnerable refugees. They contain gradual approaches to prevention and treatment of mental health crises in refugees and also their aid workers. Organizational and administrative structures tightly connect personnel in the entire spectrum of care, i.e. psycho-social and medical. Particular attention is given to the overarching inclusion of voluntary workers, health care professionals, especially primary care physicians and trauma focused trained psychotherapists.

Conclusions: Treating refugees requires high levels of transparency and interdisciplinary networking because of the heightened challenge in itself and the ever-changing nature of the conditions. They all, in particular physicians, play an important role in identifying possible traumatization and subsequently guiding towards adequate treatment.

PSYCHO-SOCIAL SUPPORT NEEDS, DEPRESSION AND UTILIZATION OF PSYCHOLOGICAL/ PSYCHIATRIC TREATMENT IN CANCER PATIENTS IN GERMANY: A REGISTER-BASED CROSS-CULTURAL STUDY

E. Morawa - Y. Erim

Department of Psychosomatic Medicine and Psychotherapy, University Hospital of Erlangen, Friedrich-Alexander University Erlangen-Nürnberg (FAU), Erlangen, Germany

Aims: The present study explored important psycho-social support needs, the severity of depressive symptoms and the utilization of psychological/ psychiatric treatment in cancer patients with and without migration background (MB) in Germany. Cross-cultural differences in the examined variables were analyzed.

Methods: In a register-based study support needs were investigated in oncological patients without MB or with Turkish (TR), Polish (PL) or other MB living in Germany in the following areas: psychological support, medical support, support regarding information about the health care system/ cancer treatment and support in managing everyday tasks. The severity of the depressive symptomatology was measured with the Patient Health Questionnaire – depression module (PHQ-9). Besides, utilization of psychological/ psychiatric treatment at the time of the investigation was analyzed.

Results: 137 patients without MB (= Germans) und 92 patients with MB (TR: n = 30, PL: n = 27 and other MB: n = 35) participated in the study. With respect to the psycho-social support needs significant differences between the four groups have only been found in the area of psychological support (Germans: 26,9%, TR: 48,3%, PL: 14,8% and another MB: 22,9%, p = 0.031). Significant cross-cultural differences have also been observed concerning depressive symptoms (p = 0.035): Turkish patients (13,3%) as well as patients with other MB (14,3%) have more frequently achieved the cut-off-value (≥ 15) for severe levels of depressive symptomatology than German (3,7%) or Polish patients (3,7%). In terms of the utilization of psychological/ psychiatric treatment no significant differences have been detected (Germans: 8,7%, TR: 17,9%, PL: 4,2% and another MB: 15,6%, p = 0.26).

Conclusions: Our results indicate significant differences between different migrant groups with regard to the frequency of severe depression levels and psychological support needs.

A COMPARISON OF PHYSICAL HEALTH IN MIGRANTS AND NATIVES ACCESSING PSYCHIATRIC SERVICES: AN EXPLORATIVE STUDY ON DATA FROM THE VERONA PSYCHIATRIC CASE REGISTER

D. Cristofalo (1) - C. Bonetto (1) - M. Ballarin (1) - F. Amaddeo (1) - M. Nosè (2) - C. Barbui (1) (3) - M. Ruggeri (1) (2)

Department of Neuroscience, Biomedicine and Movement Sciences, Section of Psychiatry, University of Verona, Verona, Italy (1) - Psychiatric Clinic, AOUI Hospital Trust of Verona, Verona, Italy (2) - WHO Collaborating Centre for Research and Training in Mental health and Service Evaluation, Section of Psychiatry, University of Verona, Verona, Italy (3)

Aims: The interplay between physical and mental illness in migrants has arisen a high degree of concern in the European countries. In spite of this, few studies have compared the health of migrant and natives. In this paper, we aim to describe differences in physical comorbidities between natives and migrants seeking psychiatric care in the catchment area of Verona, an affluent city located on the north of Italy.

Methods: Using the Psychiatric Case Register covering the catchment area of Verona, all individuals with a first ever psychiatric contact with the mental health services from 2000 to 2015 were identified and data were extracted. T and Chi-square tests (p<0.05) were applied for comparisons.

Results: Data on physical comorbidities were available for 16.335 patients. Differences between natives and migrants were found for age (52.2 vs 36.5) and psychiatric diagnosis (psychotic disorders: 4.0% vs 10.0%), while no difference was found for sex (males: 40.6% vs 42.6%). 35.9% natives and 59.3% migrants had no physical comorbidities. Concerning physical illnesses, no differences were found in the frequencies and specific patterns, with the exception of cardiovascular disorders (16.0% vs 4.9%), infectious diseases (1.9% vs 4.0%) and multiple comorbidities (12.9% vs 3.9%). In the group below 30 years 70.8% natives and 74.5% migrants had no physical comorbidities. The profile of physical illnesses confirmed a difference only in infectious diseases (0.9% natives vs 4.3% migrants). In the group above 30 years, 28.9% natives and 51.3% migrants had no physical comorbidities. The profile of physical illnesses showed differences in cardiovascular disorders (18.7% natives vs 6.9% migrants) and multiple comorbidities (15.1% natives vs 5.4% migrants).

Conclusions: This study shows a picture of the balance of physical and mental health that seems different from the perception of the local communities. It seems clear that environmental factors have a role in modulating the health of the migrants, as shown by the higher rate of psychosis and the susceptibility to infectious diseases, in front of an overall physical health that seems even better in migrants than in natives. These findings might help to devise more targeted interventions in these disadvantaged subjects.

ETHNIC DIFFERENCES IN ILLNESS INTRUSIVENESS AMONG PATIENTS WITH END STAGE KIDNEY DISEASE

M. Novak - T. Ahmed - N. Edwards - A. Ayub - C. Richardson - S. Dano - M. Khalid - I. Mucsi

University Health Network, Toronto, Canada

Aims: Several studies have described important ethnic differences in illness perceptions and health related quality of life. Little information has been published about ethnic differences in illness intrusiveness among patients with end stage kidney disease (ESKD) in Canada. We wanted to assess whether illness intrusiveness is different among Canadian patients with ESKD of various ethnic groups.

Methods: We recruited a cross-sectional convenience sample of patients from several dialysis clinics in Toronto. Non-English-speaking patients were excluded. The Illness Intrusiveness Rating Scale (IIRS) was used to assess illness intrusiveness (min-max: 7-91; higher score more illness intrusiveness). We used the PHQ-9 questionnaire to measure depressive symptoms, GAD-7 for anxiety and the Social Difficulties Inventory. Ethnicity was self-identified. Clinical information was extracted from medical records. Data has been collected using a tablet-based electronic data capture system.

Results: Of 171 participants (mean [SD] age 55 [13] years, 63% male), 56% were White, 18% Asian, 16% Black and 10% Other. The mean (SD) IIRS score was 25(16). The mean (SD) IIRS score was higher among Asian (55 [18], p<0.001) but not among Black (47 [14], p=0.432) compared to White (42 [15]) Canadians. In a multivariable adjusted (age, sex, education level, income, comorbidity score, hemoglobin, serum albumin, dialysis vintage, and also for depression, anxiety and social difficulties) linear regression model, however, both Asian and Black Canadian ethnicity was associated with the IIRS score (B=6.9, 95%CI 0.24 – 13.64, p=0.043; B=6.92, 0.75-13.1, p=0.028 for Asian and Black patients, respectively).

Conclusions: We found significantly greater illness intrusiveness among both Asian and Black compared to White Canadian patients with ESKD. Further research is required to understand the underlying mechanisms that contribute to worse quality of life among Asian and African Canadian patients.

SYMPOSIUM PERSISTENT SOMATIC SYMPTOMS – NOVEL CONCEPTS AND INNOVATIVE RESEARCH FROM THE EURONET-SOMA GROUP

EXPLANATORY MODELS FOR PERSISTENT SOMATIC SYMPTOMS: A SYSTEMATIC REVIEW

Lisbeth Frostholm (1) - Tim C. Olde Hartman (2) - Sebastian Kohlmann (3) - Andreas Schröder (1) - Per Fink (1) - Bernd Löwe (3) - Angelika Weigel (3)

Aarhus University Hospital, Research Clinic for Functional Disorders and Psychosomatics, Aarhus, Denmark (1) - Radboud University Nijmegen Medical Center, Department of Primary and Community Care, Nijmegen, The Netherlands (2) - University Medical Center Hamburg-Eppendorf & Schön Clinic Hamburg Eilbek, Department of Psychosomatic Medicine and Psychotherapy, Hamburg, Germany (3)

Aims: Understandings of persistent somatic symptoms (PSS) vary widely among health professionals. Thus, particular primary care givers struggle to provide patients with convincing psychoeducation about symptom development, maintenance and treatment options. Furthermore, the existing expertise on explanatory models for PSS not readily available to health professionals and their patients. The aim of this study was, therefore, to summerize explanatory models for PSS to be directly applicable for for clinical use.

Methods: A systematic literature search was conducted in three databases (PubMed, PsycINFO, EMBASE) and supplemented with an expert panel. Peer-review full-text articles in English language published between 1990 to June 2017 were eligible for inclusion. EURONET-SOMA experts in the field identified additional core publications.

Results: After the removal of duplicates, 1138 studies were undertaken a title and abstract screening and the remaining 484 studies a full-text screening. Of 95 included studies, 6 reported on principles for the development and presentation of explanatory models, 84 decribed different explanatory models (e.g. n=20 medically unexplained symptoms, n=16 chonic pain, n=10 CFS, n=8 IBS) and 6 studies empirically investigated explanatory models with regard to patient variables.

Conclusions: The present review provided a first important step to condense existing expertise on explanatory models for PSS for clinical use. However, further research is needed to examine the influence of explanatory models on patient variables.

MASTER YOUR SYMPTOMS: PILOT STUDY OF AN ONLINE TOOLBOX FOR DIAGNOSIS AND TREATMENT OF FUNCTIONAL SOMATIC SYMPTOMS

Rosmalen Judith (1) - Van Gils Anne (2) - Hanssen Denise (2)

UMCG, Psychiatry and Internal Medicine, Groningen, The Netherlands (1) - UMCG, Psychiatry, Groningen, The Netherlands (2)

Aims: Functional Somatic Symptoms (FSS) are responsible for many consultations in medicine. Various healthcare professionals are involved in diagnosis and treatment of FSS. This leads to inconsistent and sometimes contradictory approaches and hampers patient-centered care.

Methods: To overcome these difficulties, we developed the online toolbox Master Your Symptoms (MYSymptoms). MYSymptoms aims to improve diagnosis and treatment for FSS. The system uses personalization algorithms and was developed using input of patients and a broad group of clinicians experienced in FSS treatments.

Results: MYSymptoms currently contains eight online tools that support care for FSS: (1) e-learning on FSS for healthcare professionals; (2) website with patient information; (3) online assessment system for symptom severity and limitations; (4) guideline-based referral advice; (5) patient profiling system identifying individual treatment targets; (6) person-tailored smartphone diary with build-in pattern recognition; (7) personalized online self-help treatments; (8) online routine outcome monitoring system. We are currently exploring MYSymptoms user experiences collected by interviews of both healthcare professionals and patients with FSS who have been working with MYSymptoms. We will present experiences from patients, general practitioners, physiotherapists, psychologists, medical specialists and occupational physicians, illustrated by quotes from the interviews.

Conclusions: MYSymptoms supports patient-centered and personalized care for FSS. Ideally, MYSymptoms contributes to the implementation of evidence-based treatment for FSS in different healthcare settings.

DOES COMPLEMENTING COGNITIVE BEHAVIOUR THERAPY WITH EMOTION REGULATION TRAINING FOR PATIENTS WITH MEDICALLY UNEXPLAINED SYMPTOM ENHANCE THE OUTCOME? FINDINGS OF A MULTICENTRE RANDOMIZED CONTROLLED TRIAL

W. Rief (1) - J. Schwabe (2) - M. Kleinstäuber (1) (2) and the ENCERT Research group

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Aims: Medically unexplained symptoms are likely to have a persistent course and to be associated with disability and high health care costs. Cognitive behaviour therapy (CBT) is recommended as first-choice treatment in various national treatment guidelines. Although CBT has a strong evidence of efficacy, effect sizes are only moderate. Previous research demonstrated deviations in emotional processing in MUS patients from healthy subjects. Therefore the central aim of the current study was to find out if the therapy outcome can be improved when CBT is complemented with emotion regulation training.

Methods: For a multicenter RCT 255 patients were recruited and randomly assigned to 20 sessions of either conventional CBT (N = 128) or CBT with emotion regulation training (ENCERT; N = 127). Eligible participants had to be diagnosed with at least 3 persisting, distressing and disabling MUS. The primary outcome (somatic symptom severity) and secondary outcomes (symptom disability, depressive symptoms, health anxiety, general psychopathology, symptom coping, quality of life, emotion regulation skills) were assessed at pre-treatment, session 8, end of therapy, and at 6-month follow-up.

Results: Hierarchical linear mixed-effect models revealed strong improvements for primary and secondary outcomes in the ITT-samples of both treatment groups. Significant time*group interactions indicated stronger beneficial effects of ENCERT for the outcomes health anxiety, emotion regulation skills, general psychopathology, and symptom coping. Results of moderator and mediator analyses allude to higher effects of ENCERT in subgroups with comorbid mental disorders.

Conclusions: Current findings are based on a high-quality randomized controlled study design and a large, thoroughly screened sample. The results are therefore of high validity and reliability and demonstrate that CBT as well as CBT complemented with emotion regulation training have strong effects on primary as well as secondary outcomes in MUS patients. The results allow Conclusion about ENCERT to be more beneficial than conventional CBT for patients in specific subgroups of the sample.

HEALTH CARE FOR PERSISTENT SOMATIC SYMPTOMS ACROSS EUROPE – A QUALITATIVE ANALYSIS OF THE EURONET-SOMA EXPERT EXCHANGE

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Aims: Across Europe, about 20 Mio. individuals suffer from persistent somatic symptoms (PSS), referred to as somatoform disorders, medically unexplained physical symptoms, functional disorders, and lately somatic symptom disorders. Despite several overlapping European guidelines, presumably, there is large diversity in their practical use and in the actual health care situation with regard to treatment approaches, availability of specialized mental health care and multidisciplinary approaches. The aim of this expert exchange within the European Research Network on Persistent Somatic Symptoms (Euronet-Soma) was to compare health care for PSS across 9 European countries, to illustrate commonalities and differences, and to discuss challenges for a pan-European research agenda.

Methods: During a Euronet-Soma expert meeting, a case vignette fulfilling ICD-10 criteria of undifferentiated somatization disorder was introduced. Then, 24 experts from 9 European countries completed a semi-structured assessment regarding the routine management including diagnostic procedures, treatment recommendations, and country-specific health care aspects. The presentation of results was followed by a moderated discussion on commonalities, differences, best practice models, as well as implications for research. A qualitative content analysis using the videos and semi-structured assessments was performed.

Results: Across Europe, major commonalities included the role of the primary care physician as first contact person and coordinator of diagnostic and treatment procedures. In most countries, a conservative use of antidepressants was recommended, while pain medication was not broadly recommended but commonly given. Despite extensive somatic testing in clinical routine, experts agreed on wisely choosing necessary tests. Major differences existed regarding the terms used and availability of guidelines. The routine establishment of guideline recommendations varied broadly across Europe, from unstructured care to defined stepped collaborative pathways (e.g., Netherlands). Recommendations to initiate psychotherapy, as well as its content, length and payment policy largely varied.

Conclusions: Within the limitation of being non-exhaustive and non-systematic, this exchange among leading European experts in the field of PSS pointed to the large variability in health care routines and treatment opportunities for patients with PSS. The diversity of health care for PSS pose a challenge for the evaluation and implementation of treatment approaches within a pan-European research agenda.

RELATIONSHIP BETWEEN SYMPTOM PERCEPTION DISTORTION AS ASSESSED IN DIFFERENT EXPERIMENTAL PARADIGMS IN PATIENTS WITH FUNCTIONAL DISORDERS

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Aims: Patients with functional somatic syndromes (FSS) show a reduced correspondence between induced physiological changes and self-reported symptoms in a rebreathing paradigm. Patients with FSS also report elevated symptoms unrelated to physiological changes after induction of negative affective states in an affective picture viewing paradigm (Van Den Houte et al., 2017, Psychosom Med, 79, 1000-7; Van Den Houte et al., 2018, J Psychosom Res, 106, 49-55). Here, we investigated whether distorted symptom perception in one paradigm was associated with distorted symptom perception in the other paradigm, and we explored the role of individual difference variables in these effects.

Methods: Patients (N=81, 71 women; mean age = 42.67, SD = 10.62) with fibromyalgia and/or chronic fatigue syndrome participated in a test session comprising 4 well-validated paradigms, among which the picture viewing and the rebreathing paradigm. Using multiple mixed model analyses, it was tested whether elevated symptoms resulting from inducing a negative affective state had an effect on dyspnea ratings during recovery from CO2-inhalation. In an exploratory way, we assessed the role of several individual difference variables as moderators.

Results: There was no relationship between a patient's symptom induction effect in the picture paradigm and the patient's level of distortion in dyspnea perception during recovery. Negative affect was a moderator in both paradigms. Absorption and the difficulty identifying feelings moderated the symptom induction effect after picture viewing, whereas the amount of symptoms in daily life (PHQ) moderated perceived dyspnea.

Conclusions: Whereas both paradigms investigating symptom perception processes have demonstrated distortions in FSS patient, distorted symptom perception in one paradigm is unrelated to distortion in the other paradigm. Only trait NA moderated effects in both paradigms.

SYMPOSIUM RECONSOLIDATION OF MALADAPTIVE MEMORIES AS A THERAPEUTIC TARGET: FOCUS ON TRAUMA AND ADDICTION

MEMORY AS A COMMON PATHOGENETIC ELEMENT OF ADDICTIONS AND POSTTRAUMATIC DISORDERS

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Aims: Maladaptive memory is a phenomenon that characterizes both Post Traumatic Stress Disorders (PTSD) and Substance Use Disorders (SUD). The symptomatology of PTSD includes distressing memories and flashbacks triggered by reminders and external cues. Similarly, memories associated to SUD induce responses such as craving and increased risk of relapse. Although extinction/exposure therapy may reduce the conditioned response, however it is not effective in the long-term and does not modify the original memory trace. Recently it was shown that a retrieved maladaptive memory might become vulnerable to interference and results in an updated, reconsolidated, engram. Thus, this ability to change memories has been proposed as an intervention for PTSD and SUD. Basic research identified occurrence and timing of specific brain events as targets for pharmacological and behavioural manipulations. Others' and ours studies aimed to characterize these mechanisms and processes underlying SUD memory reconsolidation.

Methods: Protocols of animal and human lab models were used in order to specific retrieve memories under controlled conditions, and open a temporal window of lability (lasting up to 6 hours following retrieval). Memories could be selectively reactivated and newly safe information could be integrated into the initial memory trace by pharmacological or behavioural modulation (such as post-retrieval extinction).

Results: Molecules targeting neural pathways involved in SUD-related appetitive memories are able to selectively inhibit memory reconsolidation in lab animals suggesting the involvement of specific mechanisms. On the other hand, when combined with reconsolidation, the introduction of an extinction session after memory retrieval in humans permanently attenuated conditioned responding confirming that the interference by a new and safer learning is able to interfere and inhibit the original maladaptive memory.

Conclusions: It appears that drugs and psycho-behavioural therapy acting on memory reconsolidation may modulate the neurobiological mechanisms, neural circuits and behavioural responses as a stand-alone therapy or possibly combined. The main critical issue is the specificity of the way under which memory is reactivated, so that further research is focused on protocol development. However, current findings open the possibility for psychotherapy on both appetitive and traumatic memories characterized by a specific and safe intervention.

GENETICS, TRAUMA, ADDICTION

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Aims: The role of genetic predisposition in the pathogenesis of addiction is well documented, in particular with respect to genetic traits that affect personality characteristics of impulsivity and loss of control. These characteristics increase the likelihood of exposure to and taking on psychoactive substances. However, the transition from occasional use to continuous use and dependence would be conditioned by a range of environmental and personal factors, among which a central role is played by trauma. Heightened impulsivity may be either a predisposing risk factor or the consequence of alcohol/substance use. The result is a vicious cycle that obstacles abstinence, treatment success, and increases relapse. Impulsivity was also found to be a high-risk factor for early substance use, and it is related to the severity of drug abuse and treatment retention. Impulsivity is mediated by biological and psychosocial processes. From a psychological prospective, impulsive personality seems to be linked with early childhood experience of trauma and loss. The purpose of this paper is to report the state of the art of the complex relationship between genetic and traumatic factors in the genesis of addiction in order to give a rationale to the interventions of memory manipulation in the treatment of addiction.

Methods: Revision of scientific literature on genetic and traumatic factors interaction in the genesis of addiction and on the role of memory retrieval/reconsolidation in addiction treatment. Presentation of new data on relationship between trauma, impulsivity and motivation in subjects attending to a residential program for substance use disorders.

Results: Growing evidence supports an etiological link between posttraumatic disorders and substance use disorders. Addiction behaviour assumes the functional role of normalize or "self-medicate" trauma-related symptoms (Khantzian,1997). Childhood Trauma impact not only on the addiction onset, but also on the motivation underlying behavioural change. In fact, we found a significant relationship between impulsivity, motivation and drop-out in 234 subjects with a traumatic history attending to a residential program for substance use disorders. In other words, trauma can act in the genesis and maintenance of substance-use disorders both through the increase of impulsivity and as a "self-medication" of traumatic symptoms

Conclusions: Both the treatment of post-traumatic disorders and substance-use disorders may benefit from interventions of memory reactivation/reconsolidation. Some interventions already in use in the treatment of addiction can be referred to this model, for example the "12steps" groups and the MBRP, while others are being studied, such as EMDR.

TRAUMA AND ADDICTION – A PSYCHOSOMATIC APPROACH

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Aims/Methods: In clinical neurology functional neurological symptom (conversion) symptoms (FNS) are a quite frequent and singular challenge – as disorder on its own (FNSD), and even more so when overlaying a neurological disease. Even though patients may show no evident psychiatric problems, the presence of FNS strongly suggests some kind of psychoform and/or somatoform dissociation, and accordingly a pathoplastic influence of former traumatic experiences. These experiences, and a comorbid addiction as well, are easily concealed by the physical symptoms – symptoms that at the same time are some expression of the adversities and traumata suffered. On this background everyday clinical practice was used for the development of a specific diagnostic and therapeutic course of action, adopting a participant observation approach, complemented by concomitant research on patients with functional neurological symptom disorder.

Results/Conclusions: A well directed diagnostic and therapeutic approach notably requires attentiveness for the "psychopathology of the body". In more than 20 years of clinical practice a treatment model has been developed that directly combines neurological, neuropsychiatric, functional and psychotherapeutic interventions. With regard to the traumatic experiences and their psychopathological consequences hidden in the symptom both physical and psychotherapeutic measures are oriented toward an improvement of the patient's awareness of his body and the emotions and cognitions linked to its reactions. Apart from interventions targeting trauma and addiction, therapy thus has to focus on emotion regulation, coping behaviour, the "unheard-of, scandalous message" (Israel 1976) of the symptom and the integration of shame and guilt.

TRAUMA AND ADDICTION: THERAPEUTIC ASPECTS

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Aims: Addiction is a multifactorial syndrome, which originates from the combination of genetic factors and life history. Considering underlying traumatic situations is fundamental for the success of treatment: the usual treatments for addictions should get usefully combined with posttraumatic therapies. The effectiveness of posttraumatic therapeutic interventions in that way is easier to reach and to understand. In fact, both traumatic and addiction memory can be changed through reactivation / reconsolidation interventions. It seems that integrating non verbal methods like symbolic work, body interventions, emotional groups, Eye Movement Desensitization and Reprocessing (EMDR) et al to traditional psychotherapy is surprisingly worthwhile. The non verbal methods trigger the vulnerability of underlying traumatic memories and therapeutic interventions on the traumatic material get possible. Cognitive elaboration during a second moment is particularly important.

Methods: A pilot study in a residential setting enlightens the correlation between Eye Movement Desensitization and Reprocessing EMDR and reduction of craving due to maladaptive memories.

Results: On the basis of our data, EMDR is able to reduce both craving and posttraumatic symptoms in patients with Substance Use Disorders.

Conclusions: In the addiction field it seems worthwhile to emphasizes therapeutic interventions and methods that are able to influence maladaptive memories regarding craving and trauma.

DESCRIPTION AND EVALUATION OF AN ACADEMIC HOSPITAL NALOXONE DISTRIBUTION PILOT PROGRAM

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Aims: To implement an overdose education and naloxone distribution (OEND) program on medical and psychiatric wards of an urban academic medical center.

Methods: An OEND consult service was piloted on 2 medical units and 1 inpatient psychiatric unit. Eight residents from three specialties (Psychiatry, Internal Medicine, Family Medicine) staffed the service with two faculty mentors. Take-home naloxone kits were obtained from the New York City Department of Health free of charge and incorporated into the inpatient pharmacy formulary. Primary teams placed a consult for patients at risk of opioid overdose who were then assessed by the OEND consult service. Eligibility criteria included: opioid use disorder, high dose opioid use (≥50 morphine meq daily), concurrent use of opioids with benzodiazepines or alcohol, current hospitalization for opioid overdose or withdrawal, methadone or buprenorphine use, recent incarceration, and patient request. Patient understanding was assessed through teach-back and a naloxone kit was provided.

Results: From April 2016 to January 2018, the OEND consult service received 151 consults, resulting in 142 eligible patients. Of those, 35 (25%) used ≥50 morphine meq daily, 37 (26%) used opioids with benzodiazepines or alcohol, 44 (31%) used heroin, 43 (30%) used daily methadone or buprenorphine, 16 (11%) were hospitalized for opioid overdose or withdrawal, 13 (9%) had opioid use disorder and 2 (1%) requested kits. Of eligible patients, 119 (83%) had not received OEND previously, and 95 (67%) were trained and provided naloxone. Of the 47 eligible who were not trained, 29 (62%) declined, 7 (15%) were discharged or left against medical advice before training, and 11 (23%) already had a naloxone kit.

Conclusions: OEND implementation on inpatient wards is possible. The majority of eligible patients had never received OEND, suggesting that inpatient wards provide unique opportunities to reach at-risk populations. To expand this program, a full-time OEND trainer was hired to educate and proactively identify at-risk patients from the medical record.

SYMPOSIUM IMPROVEMENT OF QUALITY OF CARE USING NEW METHODS

ARE PATIENTS WITH PRE-ORTHOTOPIC LIVER TRANSPLANT PSYCHIATRIC CONSULTATION DIFFERENT IN BIO-PSYCHO-SOCIAL COMPLEXITY FROM OTHER CONSULTATION INPATIENTS? A STUDY FROM A CONSULTATION - LIASON PSYCHIATRIC SERVICE

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Aims: The Modena Psychiatric Consultation–Liaison Psychiatric Service (MCLPS) provides consultations for medical-surgical inpatients, including psychiatric assessment of patients waiting for Orthotopic Liver Transplantion (pre-OLT). This study aims to measure bio-psycho-social (BPS) complexity, affective symptoms and their associations in pre-OLT patients in comparison with average medical-surgical inpatients assessed by the MCLPS.

Methods: All consecutive pre-OLT patients referred to the MCLPS for pre-OLT screening between 01/02/2017 and 01/08/2017 underwent diagnostic assessment and were administered the Intermed-Self Assessment (IMSA) and the Hospital Anxiety and Depression Scale (HADS). Controls were any other medical-surgical inpatients assessed by MCLPS. Clinical and demographics variables were collected for each patient. Statistical analysis was conducted with Stata 13.

Results: Twenty-five pre-OLT patients (76% men, mean age 54.8 years) were enrolled, matched with 31 controls (79.97% women, mean age 58.48). A caregiver was present for the whole pre-OLT sample and for 70% of controls. One transplant candidate and 9 controls reported IMSA>21, the cut-off for BPS complexity. Four pre-OLT patients (16%) and 20 (64.52%) controls reported symptoms of anxiety and depression at HADS. At univariate logistic regression analysis, IMSA total score was significative in pre-OLT patients (p= 0.03) and was associated with presence of a care-giver (Fisher's exact test= 0.044). HADS-A (OR 6.28, p=0.002), HADS-D (OR 5.19, p=0.005), total HADS (OR 9.54, P=0.001) were statistically significative in pre-OLT patients.

ConclusionS: Pre-OLT patients reported lower levels of BPS complexity and anxiety/depressive symptoms in comparison to other inpatients. The presence of a care-giver could effectively reduce BPS complexity among these patients.

WHO ARE OUR COMPLEX PATIENTS IN THE HOSPITAL, AND HOW TO IDENTIFY THEM

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Aims: Hospitals are looking for ways to improve care for complex patients. A solution for improvement is to add a case manager to a team to coordinate the care for these patients. But who are these complex patients and how do we define them? In two large academic hospitals, we examined whether the Intermed Self-assassment questionnaire can detect complex patients and can therefore be a tool to identify patients who benefit from case management in the hospital.

Methods: A cross sectional prevalence survey in two academic hospitals. The study population were inpatients in all clinical departments (admitted ≥24 hour). Excluded were patients admitted on the ICU, CCU and ER. We collected data from the electronic medical record and completed questionnaires together with the patient at one random day in 2017 and 2018. Descriptive statistics and chi-squared tests were performed with SPSS version 24.0.

Results: The study in 2017 in one academic hospital (N=241/114) showed that 22% of the patients can be defined as 'complex', i.e. a score of 19 or higher on the IMSA. 20% of admitted patients experienced long lasting psychiatric problems in the past, and 11% reported psychiatric problems during admission. Although 'only' 3% reported no social support at all, 21% of the patients reported support but not at all time or immediately available. 25% reported negative experiences in the past with health care workers, and 33% expects to be in need for more health care support in the near future. A (non)significant relation was found between a high IMSA score and prevalence of decubitus and re-admission. Data and results of the study in two academic hospitals, performed in 2018, will be presented at the EAPM conference.

Conclusion: A first cautious conclusion is that the percentage of complex patients found with the IMSA corresponds with results from previous studies. The IMSA is suitable to identify complex patients and provide additional information about the areas of complexity. Therefore, the IMSA can be used as an efficient tool to determine for which patients case management is useful.

SHORT INTERVENTION TARGETING PSYCHOSOMATIC CARE IN ELDERLY PATIENTS WITH COMPLEX HEALTH CARE NEEDS (ASSIST) – A RANDOMIZED CONTROLLED TRIAL

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Aims: The aim of the ASSIST study was to assess the efficacy of a short patient-oriented intervention targeting psychosomatic care in elderly patients with complex health care needs.

Methods: Participants were recruited from the population-based study sample of the ESTHER cohort study. The INTERMED interview for the Elderly (IM-E) was used to identify patients with bio-psycho-social complex health care needs. People aged 60 years and older with complex health care needs (IM-E score ≥ 17) were offered to participate in the intervention study. Participants were randomized to either a control or an intervention group. In the control condition, general written information was provided at the conclusion of the regular home visit. In addition, in the experimental condition a second home visit was conducted by a trained psychosomatic doctor. During the course of this home visit- depending on the outcome in the different domains of the IM-E - information was given about diagnosed chronic diseases, a (potential) mental disorder, psychological or social support facilities, and possible coordination of care. Supportive counseling regarding family problems, self-management and coping with chronic conditions was also given. A follow-up assessment was conducted six months and three years after the beginning of the study.

Results: n=175 patients with complex health care needs were included in the study. At the 6-months follow-up no differences between intervention and control group were found. However, at the 3-year follow-up the intervention group showed significantly reduced bio-psycho-social health care needs compared to the control group. No differences between groups were found regarding health-related quality of life.

Conclusions: A longer supportive home visit from a trained psychosomatic doctor appears to have some effect on the health care needs of complex older people. Several ideas regarding the most apparent needs the people showed and the possible mode of the intervention and effect will be discussed in the frame of the presentation.

A NOVEL APPROACH TO USE NARRATIVES IN A ROUTINE QUALITY ASSURANCE

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Aims: Nearly all routine quality assurance programs in psychiatry and elderly care are based on normative measurements. We are using scales to compare means and to calculate differences and changes. However, we know that the most important aspects of quality of care are not measured by those scales but are hidden in the narratives of the individual patients and professionals. Many healthcare professionals are frustrated by an overdose of useless but mandatory scales to account for the quality of the delivered care or to receive reimbursement. There is a fundamental methodological problem that makes it difficult to change this situation. In order to be accountable for the quality of a service we need some kind of aggregation of the information hidden in the narratives.

Methods: We think that a very important aspect in developing such a method is to change the person who is responsible to attach categorical meanings to the narratives. In qualitative research this is done by the researchers and we think this should be done by the person who is posting the narrative. This allows us to detect latent clusters of narratives with similar meanings.

Results: We will elaborate on the problems and the solutions we encountered during this promising research in order to make the information in narratives meaningful in an aggregated manner.

Conclusions: It is not only necessary but also possible to (re-)introduce the narrative information as the most important outcome measurement in mental health care and longterm care.

THE PROJECT “MENS SANA IN CORPORE SANO”. IMPROVING TREATMENTS QUALITY FOR PEOPLE WITH STRICT MENTAL HEALTH DISORDER: HEALTH CARE AND LOCAL TERRITORY

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Aims/Methods: The presence of a high comorbidity between mental disorders and organic disorders requires a deep consideration of the territorial service organisation for what concerns care and assistance, since the beginning of the treatment. The DSM occupies a privileged position in facing these kind of problems and plays a strategical role in the relationship both with hospital and local healthcare Services and with other agencies of the community. The Project “Mens sana” of DSM of Trieste is a process which has involved the enabling programs on several levels. The first one was the engagement and the motivation of the people with strict mental disorders. The second one was the engagement and motivation of the CSM operators, because the flow of information needs an ongoing and logical reinforcement for what concerns clinical practice and culture of Services. The third aspect was the partnership between DSM, MMG and Healthcare Services, in order to improve the users’s treatment access (agreements, procedures or operating protocols between services). Another relevant aspect has concerned health-risky lifestyles (physical and sport activities, socialization and diet care), by promoting informals, associative and friendly social networks, as well as the guidance to correct lifestyles and food consumption and the already scheduled CSM food service conversion.

Results/Conclusions: In the 2017, the Project has involved 311 subjects, including in the network of the community through personnalize ways.

SYMPOSIUM THE ORGANIC NATURE OF FUNCTIONAL GASTROINTESTINAL DISORDERS: A CROSS-CULTURAL MULTI-PROFESSIONAL DEBATE

DO CULTURALLY ADAPTED INTERVENTIONS WORK FOR IBS? LESSONS LEARNED FROM PAKISTAN

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Aims: Irritable bowel syndrome (IBS) is a highly prevalent functional bowel disorder and has ability to reduce patients' quality of life and imposes a significant economic burden to the healthcare system. The primary aim was to conduct a randomized controlled trial of a culturally adapted psychological intervention and to determine its acceptability and feasibility for patients with IBS in Pakistan,

Methods: Sample included 44 patients, aged between 18-55 years, both male and female, receiving treatment for IBS. Diagnosis of IBS was confirmed using IBS Rom III. Participants were assessed using Hospital Anxiety and Depression scale (HADS), Pain Vigillance Awareness Questionnaire (PAVQ), EuroQol-5Dimensions (EQ-5D). Mini International Neuropsychiatric Interview (MINI) was used to confirm the diagnosis of anxiety and depression. Participants were randomized into two groups; Culturally adapted Cognitive Behaviour Therapy (CaCBT) with Treatment As Usual (TAU) or TAU alone. There were 25 patients in CaCBT arm and 19 in TAU arm. Total 10 sessions were delivered over a period of 3 months. Assessments were done first at baseline and then at 3-months. In-depth qualitative interviews were conducted with 18 patients before and after completion of intervention (total 36 interviews).

Results: The trial had 100% retention rate. Preliminary analysis indicates significant improvement in health related quality of life, reduction in pain feelings and pain vigilance, and improvement in scores on Hospital Anxiety and Depression scale (HADS). Qualitative component of this trial indicates that the intervention helped patients with IBS to develop understanding of association between stress and bodily symptoms, break their avoidance cycle, improved their coping strategies, and was perceived acceptable for the participants.

Conclusions: The culturally adapted intervention was acceptable for patients with IBS. This trial however is only a first step for effective management of patients with disabling IBS. The results of this study need to be confirmed in a larger multicentre trial designed to explore the effectiveness and cost effectiveness of this culturally adapted intervention before widespread implementation is justified.

DIFFERENCES IN REPORTING AND MANAGING IBS SYMPTOMS BETWEEN SOME EUROPEAN COUNTRIES

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Aims: Irritable bowel syndrome (IBS) is the prototype of the functional gastrointestinal disorders, being the most frequent and most embarrassing for patients and healthcare providers. Important epidemiologic differences exist in prevalence of IBS. These differences can be caused by different psychosocial factors, not only by different phenotypes. We looked for differences in clinical presentation of IBS and on management by healthcare providers in different areas or countries.

Methods: A literature survey was carried out, looking for epidemiological differences in IBS and on particular occurrence of psychosocial factors. We also present own data on geographical particularities in clinical and psychological characteristics in different countries.

Results: We observed a variability in the methodology of IBS identification across the world. Methodological differences in survey are a first explanation for the differences recorded. Differences in respect to psychological factors were also observed. In our country, Romania, we recorded a high score for catastrophizing (Gerson et al). A comparative study between Romania and South Italy also detected some differences in respect to psychological factors in IBS patients. Management differs also between countries according to the acceptance or not of the Rome diagnostic criteria.

Conclusions: IBS is differently reported in different countries or areas. Psychosocial factors may also differ between areas. The differences can therefore be explained not only by methodological differences but by psychological variations in perceiving and interpreting symptoms.

DISEASE AND ILLNESS SEVERITY: 2 FACES OF 1 COIN OR 2 COINS OF ONE FACE? A COMPARISON BETWEEN IBD AND IBS PATIENTS AT THE PSYCHOSOMATIC OUTPATIENT UNIT IN BOLOGNA

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Aims: To describe depression and anxiety severity and Quality of Life (QoL) of the outpatients with Gastro-Intestinal (GI) disorders attending the Bologna Psychosomatic Unit during 1 year (2016).

Methods: Naturalistic study: all patients with GI diagnoses referred by gastroenterologists to the Bologna Psychosomatic Unit during the 2016 were evaluated by one psychiatrist for psychiatric diagnoses (ICD-10 criteria). All patients were administered the HADS for anxiety and depression severity evaluation and the SF-36 for quality of life.

Results: 32 patients were evaluated (73% women); 23 were affected by organic GI disorders (19 by IBD inflammatory bowel disorders); 9 suffered because functional GI disorders (6 IBS irritable bowel syndrome, accordingly with Roma IV criteria). More than half of the patients received the psychiatric diagnoses of depressive disorders (17, 53%); 7 (22%) anxiety disorders, 3 somatoform disorders; 2 eating disorders; 2 OCD; 1 schizoaffective disorder. Interestingly the HADS did not showed significant differences in anxiety and depression severity between organic and not organic GI patients. IBD patients showed a significantly higher impairment of the QoL as assessed by SF-36.

Conclusions: Our clinical study enlightened that from the clinicians' point of view the sample of patients attending the Bologna psychosomatic unit was very heterogeneous for GI as well as psychiatric diseases severity; however, the dimensional approach based on psychiatric illness severity evaluation did not showed significant differences between "organic and not organic" GI patients. Low QoL and not psychiatric illness's severity appeared to be correlated with the GI disease's severity.

NUTRITION, SLEEP, PHYSICAL EXERCISE: IMPACT ON MENTAL HEALTH

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Aims: Until recently nutrition and various other lifestyle factors were predominantly in the focus of medical disciplines like cardiology, endocrinology or gastroenterology. As mental disorders are multifactorial diseases and as such are complex, emerging evidence suggests that nutrition, exercise and sleep also play an important role in the aetiology, progression and treatment of mental disorders. In this regard research has mostly focused on depression and anxiety, but there is also evidence for other mental disorders like schizophrenia or autism.

Methods/Results: Some details concerning the relationship between diet and sleep on neuro-transmitter processes, immune-inflammatory pathways or oxidative stress will be demonstrated. ifications of life style factors and diet are increasingly recognised as potential therapeutic options. Mostly used are nutrient-based supplements and essential elements in combination. But also healthy diet patterns with a high intake of vegetable, fruits and fish have proven beneficial in the treatment.

Conclusions: If we better understand the microbiota-gut-brain axis and its impact on behaviour, mood and cognitive processes, diet and lifestyle factors do not only contribute to the treatment but also to the prevention of mental disorders.

SYMPOSIUM PSYCHOSOCIAL RESPONSES TO STRESSFULL LIFE EVENTS

POST-TRAUMATIC STRESS DISORDER AND SEROTONIN TRANSPORTER IN BREAST CANCER PATIENTS

L. Grassi (1) (2) - M.G. Nanni (1) (2) - W. Lam (3) - M. Rubini (4) - G. Piazza (1) - S. Sabato (1) - G. Schillani (5) - T. Giraldi (6) - E. Croce (1) - R. Fielding (3) - R. Caruso (1) (2)

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Aims: We prospectively examined the relation of both the 5-HTTLPR genotype and a series of psychosocial variables with PTSS symptoms among breast cancer patients.

Methods: The Impact of Event Scale-IES, the Brief Symptom Inventory-18-Anxiety subscale, the Distress Thermometer (DT), the Mini-MAC/Anxious Preoccupation (AP) and Hopelessness (H) subscales, the Hospital Anxiety-Depression/depression subscale (D), and the Social Support scale were administered in a sample of 147 breast cancer patients on two occasions: within six moths from diagnosis (T0) and six months after the first assessment (T1). Also, cancer-related problems (Problem List) and stressful events in the year before diagnosis (Paykel Life Event interview) were assessed. The 5-HTTLPR was genotyped at T0.

Results: No difference was found between *s/s*, *s/l* and *l/l* patients on both PTSD and PTSS and any other psychosocial variable at T0 and T1. PTSS at T0 were associated with Mini-MAC/AP and HADS/D, while scores on IES-Intrusion, IES Avoidance, BSI-Anxiety, and DT at T0 were predictors of IES-Intrusion, IES Avoidance, BSI-Anxiety, and DT, respectively, at T1.

Conclusions: No association was found between 5-HTTLPR polymorphism and PTSD/PTSS, that, in contrast, were predicted by a series of psychosocial variables to be carefully monitored and routinely assessed in cancer patients.

INJUSTICE, HUMILIATION, AND EMBITTERMENT: FREQUENT AND IMPAIRING BURDENS IN PSYCHOSOMATIC INPATIENTS

Michael Linden

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Aims: Interpersonal problems can be very burdensome and result in psychological problems, especially when they are persisting. A special type of problem is the experience of injustice and humiliation and feelings of embitterment. Aim of this study was to assess the rate and consequences of humiliation, injustice and embitterment in psychosomatic inpatients and investigate their relation to other burdens in life and impairment.

Methods: In a psychosomatic department 200 inpatients filled in the "Post-Traumatic Embitterment Scale, PTED-Scale" and the "Differential Life Burden Scale, DLB-Scale".

Results: A severe negative life event that hurt very much and that caused considerable embitterment was reported by 66.5% of patients. In 58.5% of cases there was a life event which was seen as very unjust and unfair. Both items were answered with definitely yes in 51.5% of cases. Experience of humiliation and injustice was associated with increased rates of impairment on a global level. It is predominantly related to the family and the workplace.

Conclusions: Humiliation, feelings of injustice and consecutive embitterment are frequently seen in psychosomatic patients, and result in negative well-being and impairment. This type of negative life event and emotions should get proper attention in the diagnosis and treatment of psychosomatic patients.

DEMORALIZATION AND EMBITTERMENT IN YOUNG PEOPLE

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Aims: According with the most recent scientific literature, different psychological responses to stressful life events can be observed, and this variability can be explained by the existance of multifactorial causes (organic, individual and interpersonal factors). Even young people may experience, in connection to events considered subjectively significant, a wide range of enduring emotional states of suffering, like demoralization and embitterment. We examined the prevalence of these two conditions in a sample of young Italian students.

Methods: The Demoralization Scale (DS), the Post-Traumatic Embitterment Disorder Scale (PTED Scale) and the Psychological Well-Being Scale (PWB) were administered in a sample of 290 students of the University of Ferrara, aged between 19 and 29 years.

Results: According to the DS, by using the cut-off score of 48, 31 students (10,69%) resulted to have a clinically significant level of demoralization (with higher scores for the items: "I feel irritable", "I am angry about a lot of things", "I tend to be hurt easily"). By using the PTED Scale, with a cut-off of 38, 107 students (37%) showed a symptomathology suggestive of Post-traumatic Embitterment Disorder (according Linden criteria). The correlation between the DS and PTED scales, as well as between these and the Well-Being Scale, was found to be significant ($p<0.001$).

Conclusions: Demoralization, and in particular feelings of injustice and consecutive embitterment are frequently seen in young people, and result in negative well-being and impairment. This type of negative life event and emotions should get proper attention in young people, in order to identify young suffering people and provide them specific treatments.

POST-TRAUMATIC GROWTH IN ADVANCED CANCER PATIENTS

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Aims: We examined the influence of an innovative individual meaning centered psychotherapy (Managing Cancer and Living Meaningfully - CaLM) on promoting post-traumatic growth (PTG) while reducing psychosocial distress in patients with advanced cancer patients.

Methods: The Post Traumatic Growth Inventory (PTGI) was administered to patients undergoing CaLM psychotherapy and to a control group receiving Usual Care at baseline (T0), and after 3 (T1) and 6 (T2) months treatment.

Results: A total of 50 patients were randomized. Of these, 18 subjects completed at least T1 in CaLM and 19 completed at least T1 in Usual Care. A significant statistical improvement was observed in CaLM group for PTGI "New Possibilities" subscale at T1 (p 0.01); while "Spiritual Change" subscale significantly changed in this population at T2 (p 0.02). No, statistically significant changes were observed in the control group.

Conclusions: Findings of this pilot study suggest that CaLM therapy has the potential to promote post-traumatic growth in patients with advanced cancer.

«WHAT DOES IT MEAN STRESS?». AN INTEGRATE APPROACH IN PRIMARY CARE: GENERAL PRACTITIONER AND PSYCHOLOGIST WORKING TOGETHER

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Sapienza - Università di Roma, University, Roma, Italy (1) - Health Psichologist, self-employed, Siena, Italy (2)

Aims: The word "stress", so generic and so socially accepted, has become a "big container" where the patient's life history is inescapably put aside. Normalizing stress, the health care system puts in the background two components of the highly advocated bio-psi-social model. The goal of this communication is the exploration of life events experienced by patients who turn to the general practitioner (GP) with a health request. Since the sixties, studies have showed the strong correlations between somatic health and life events, now we wonder if these events are take into consideration to the diagnosis and treatment of somatic pathology.

Methods: The research is a three-month structured observation in two general practice studies of two different Italian regions for one day per week. The doctor and the psychologist jointly receive the patients. The patients considered are all those who turn to the general practice the days of co-presence without distinction between somatic or psycho-social questions. The data were collected through a report compiled jointly by a doctor and a psychologist.

Results: The results show that stressful life events, which are currently not taken into account in the planning of interventions, constitute an important part of the elements of fragility that the person presents, and they could be considered as factors of vulnerability, useful to define a more appropriate intervention.

Conclusions: The health care system should include the biological aspects of the disease within a broader concept of health. The patient, that the general practitioner finds, does not respond to the needs of fragmentation of current medicine, they rather require a more complex vision that includes the phase of life and the psycho-social determinants that affect the patient's health. We hope our work can foster the consideration on how to develop new forms of intervention that could be really appropriate.

SYMPOSIUM NEUROIMAGING INVESTIGATION OF THE TRAJECTORY FROM EMOTIONAL DISTRESS TO PATHOLOGY

FRONTO-MESOLIMBIC NETWORK AND EMOTIONS: NEUROIMAGING CORRELATES OF RISK SEEKING AND AVOIDANCE IN ADOLESCENCE

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Aims: Adolescence is a transitional stage of psychological development characterized by major biological, cognitive and social changes. During adolescence, major anatomical and functional changes (i.e. synaptic pruning) occur in several regions of fronto-mesolimbic networks, which are involved in processing emotional and contextual inputs. The present research aims to explore the association between brain cortical thickness and temperamental measures explored with the Temperament and Character Inventory (TCI-125 items) in a sample of healthy adolescents. Investigating the association between brain cortical indices and emotional processing style might help elucidating the neurobiological underpinnings of emotional dysregulation.

Methods: Twenty-four healthy adolescent (mean age 17.1, range 14.5 - 20.83) recruited at the IRCCS E. Medea of Bosisio Parini underwent clinical assessment including TCI and a 3T structural MRI. Cortical thickness of specific Regions of Interest (ROIs) was extracted using FreeSurfer images analysis.

Results: The thickness of the right superior frontal sulcus was positively correlated (p =.004, β = 12.67) with the TCI subscale 'Harm Avoidance' (TCI-HA) and negatively correlated with the subscale 'Novelty Seeking' (TCI-NS). Moreover a positive correlation was found between the thickness of the medial occipito-temporal gyrus and TCI-NS scores (p=.02, β = 4.94).

Conclusions: Our data showed that TCI-HA, inherent to the tendency towards a more cautious behaviour and avoidance of danger, correlated positively with the cortical thickness of the right superior front sulcus. Consistently, the same ROI was inversely correlated with TCI-NS, which instead represents subjects most vulnerable to risk / danger (Novelty seekers). The TCI-NS score was also positively correlated to the thickness of medial parahippocampal gyrus. In line with the previous literature, our study confirmed the role of the prefrontal cortex in modulating cognitive and emotional functioning. Moreover it was highlighted a supplementary role of the parahippocampus, possibly involved in the processing of contextual information.

CORTICAL FEATURES OF SOMATIZATION IN HEALTHY CONTROLS

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Aims: Somatization symptoms (SOM) were reported to be strongly associated to other internalized problems (i.e., anxiety and depression), also sharing similar underlying psychobiological mechanisms. In particular, limbic regions, together with prefrontal, parahippocampal, and cingulate cortices, represent a fundamental anatomical substrate for emotion regulation and stress response. The aim of the present study was to explore the neuroanatomical correlates (i.e. cortical thickness) of somatization in a group of Healthy Controls (HC).

Methods: Sixty-five HC (38.5% of female, 28.5±6.12 years-old, ranging 28-62) were recruited for the study and the revised version of the 90-items Symptom Checklist (SCL-90) was administered to measure primary symptom-dimensions. Structural neuroimaging acquisition was performed in a 3T Magnetic Resonance Imaging (MRI) scanner and the thickness of 31 cortical regions was semi-automatically extracted with FSL. Preliminarily correlation analyses were conducted, followed by mediation analysis with non-parametric bootstrap procedure (1,000 simulations).

Results: In the sample, SOM did not differ by sex (t_{63}=-0.51, p=0.610) or age (r=0.18, p=0,152). A negative correlation was found between SOM (r=-0.287, p=0.020), anxiety (r=-294, p=0.018), depression (r=-401, p=0.001), interpersonal-sensitivity (r=-0.374, p=0.002) symptoms and the thickness of the right rostral-anterior cingulate cortex. Moreover, SOM negatively correlated with thickness of the right parahippocampal gyrus (r=-0.253, p=0.042).

Conclusions: In a group of HC, all dimensionally measured internalized symptoms, including somatization, negatively correlated with the thickness of the right cingulate cortex. Only f somatization, was negatively correlated with right parahippocampal gyrus thickness. These very preliminary results suggest that anxiety, depression and somatization symptoms shared common substrates, such as limbic structures and related cortical areas. Further investigations are needed to better elucidate the specific brain network associated with somatization and related disorders.

A NEUROBIOLOGICAL INVESTIGATION OF ATTACHMENT IN FIRST EPISODE PSYCHOSIS

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Department of Neurosciences, Biomedicine and Movement Sciences, Section of Clinical Psychology, University of Verona, Italy (1) - Scientific Institute IRCCS "Eugenio Medea", Polo del Friuli Venezia Giulia, Italy (2) - Department of Neurosciences, Biomedicine and Movement Sciences, Section of Psychiatry, University of Verona, Italy (3) - Psychiatric Clinic, AOUI Hospital Trust of Verona, Verona, Italy (4) - Department of Pathophysiology and Transplantation, University of Milan, Italy (5) - Departments of Psychiatry and Behavioral Neurosciences, Wayne State University School of Medicine, Detroit, United States (6)

Aims: Insecure attachment in adults is associated to vulnerability to diseases and to accesses to health services. In particular, it is also associated to maladaptive coping strategies in psychosis. The present research aims to study which brain features could be related to insecure attachment style in First Episode Psychosis (FEP).

Methods: Two groups were recruited: First Episode Psychosis (FEP; N=50) in the context of GET UP STUDY and Healthy Controls (HC; N=53). Groups did not show differences in sex (females: 44.0%, FEP vs 35.8%, HC; p=0.548) nor in age (years: 29.4±9.40 vs 28.9±6.47; p=0.428). In FEP group, 40 participants had a diagnosis of Non-affective psychotic disorder, while 10 participants had an Affective one (without differences by sex, p=0.357, and age, p=0.728). All participants compiled the Experiences in Close Relationships questionnaire (ECR), scored on the Anxiety and Avoidance dimensions to obtain a measure of Attachment style (Secure vs Insecure). Structural MRI was available for all participants, with measures of cortical surface for 31 regions of interest. Analyses of covariance were conducted to study the main effect of group and attachment style and their interaction.

Results: FEP group showed a higher percentage of insecure attachment style (94.0% vs 13.2%, p<0.001), as well as higher scores in both avoidance ($F_{1,99}$=272.61, p<0.001) and anxiety ($F_{1,99}$=8.33, p=0.005) dimensions compared to HC. No difference resulted between non-affective and affective FEP in avoidance (p=0.532) nor in anxiety (p=0.957). The main effect of group (FEP vs HC) was statistically significant for FEP, having a smaller superior parietal region surface than HC (p<0.001). Moreover, the interaction of group and attachment style was significant, with a pronounced reduction of superior parietal surface (both left, $F_{1,97}$=7.41, p=0.008; and right, $F_{1,97}$=11.45, p=0.001) in FEP with insecure attachment.

Conclusions: This work confirmed previous research about specific attachment modalities in psychoses. The insecure attachment style, defined with anxiety and avoidance dimensions is associated to the early stage of psychosis a possible role of the superior parietal surface in the development and maintenance of psychosis is suggested but needs further investigations.

EFFECTS OF ALEXITHYMIA ON CORTICAL SURFACE AND THICKNESS IN RECENT-ONSET NON-AFFECTIVE PSYCHOSIS

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Aims: Cognitive aspects of alexithymia include the ability to recognize and understand one's own feelings. Alexithymia was extensively studied with neuroimaging techniques and it was reported to be significantly associated with psychotic disorders and at-risk states. The aim of the present study is to understand the role of cognitive alexithymia in cortical features (i.e., surface, thickness) of recent-onset non-affective psychosis (FEP).

Methods: Forty-five participants with FEP (35.6% of females, aged 28.5±8.97) and 35 healthy participants (HC; 37.1% of females, aged 26.7±3.99) were assessed with the Toronto Alexithymia Scale (TAS-20) and underwent a 3T Magnetic Resonance Imaging (MRI) acquisition. The surface and the thickness of 31 brain Regions of Interest (ROI) were semi-automatically extracted with FSL and compared by clinical group (FEP vs HC), controlling for sex and age. The TAS-20 sub-scales (Difficulty Identify Feelings, DIF; Difficulty Describing Feelings, DDF; Externally-Oriented Thinking, EOT) were included in linear models to evaluate their possible effects on structural measures. High alexithymia was defined by a TAS-20 total score above 60.

Results: Higher scores in total TAS-20, DIF, and DDF were observed in FEP compared with HC (with p≤0.001) and a trend toward statistical significance was observed for EOT (p=0.011). Furthermore, more FEP than HC showed high alexithymia (35.6% vs 2.9%, p<0.001). Groups differed on multiple ROIs with reductions in occipital lobe and increment in insular one and in right anterior cingulate. After correcting for multiple comparisons, and taking into account sex, age and group (F75,1=11.7, p=0.001), only DDF (Difficulty Describing Feelings) showed a significant negative correlation with the right lateral orbitofrontal cortex thickness (r=-0.295).

Conclusions: Alexithymia resulted distinctly associated with FEP. However, the DDF subscale (Difficulty Describing Feelings) was associated with right prefrontal cortex thickness, regardless of the group (FEP vs HC). Together with the extensive cortical effects of group (extended also to limbic and insular lobes), this result suggest that alexithymia associated with FEP affects high cognitive functions.

BRIDGING NEUROSCIENCE RESEARCH AND CLINICAL PRACTICE IN ANOREXIA NERVOSA

A. Favaro

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Aims: Research in neuroimaging, connectomics and neuropsychology is growing in the field of eating disorders. Our recent studies in the field of neuroscience with a particular attention to those aspects that have direct or indirect clinical implications will be reported. Although a lot of new knowledge is available in the neuropsychology and neuroimaging of eating disorders, it is still difficult to translate research findings into practice and clinical implications. This study reports about neuroimaging and neuropsychological researches that demonstrated that neuropsychological and brain morphological characteristics have a significant predictive effect on the outcome.

Methods: More than 200 patients with anorexia nervosa and 200 healthy women were recruited to explore neuropsychological functioning and a subgroup (58 patients and 38 controls) underwent a neuroimaging study.

Results: Our data show that high cognitive inflexibility and low central coherence are predictors of poor outcome, even after controlling for the prognostic effect of body weight and duration of illness. The neuroimaging study demonstrated that low gyrification significantly predicts outcome (p=0.008; 84% correctly classified) at a 3-year follow-up. Finally, we found the presence of a significantly more clustered, segregated and less efficient overall covariance network in the poor-outcome group, while patients with a better prognosis show a more integrated and global efficient network configuration.

Conclusions: Our findings show potential links between neuropsychological and neuroimaging findings and the response to treatment of patients with anorexia nervosa. Neuroscientific advances might help clinicians in identifying treatment-resistant patients and in developing new treatment techniques.

WORKSHOP

HOW TO UNDERSTAND THE PSYCHODYNAMIC ASPECTS OF THE CONSULTATION (SAME CASE – DIFFERENT VIEWS) - AN EAPM-APM WORKSHOP

Kemuel Philbrick (1); Friedrich Stiefel (2); Manfred Beutel (3); Wolfgang Söllner (4)

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Aims: The EAPM and APM both support training C-L psychiatrists and psychosomatists to carry out psychodynamically-informed assessments of how patients unconsciously shape the meaning of their illness and the challenge to press on in life. Faced with multiple competing pressures to efficiently care for medical patients, C-L psychiatrists and allied health professionals will better meet the needs of their patients if they are equipped to listen and think through the whole meaning of the patient's illness and suffering. The workshop will address two questions: 1) How does dynamically informed consultation provide added value for patients and colleagues? 2) How can we cultivate the development of this skill set in trainees?

Methods: We will address these issues through presentation and discussion of two cases that illustrate the advantage provided by dynamically informed consultation. A panel of experienced and analytically trained C-L experts will show how a psychodynamic understanding of powerful emotional responses in (a) the patient and his or her relatives, (b) the ward's medical team, and (c) the psychiatric consultant, enables the examination of transference and counter-transference phenomena and underlying unconscious conflicts.

Results: The commentary will illustrate how trainees can be encouraged to cultivate they to integrate dynamic formulation into their consultative work.

Conclusions: Presenting actual patients, drawing on the deep experience of the panel members to comment, and then inviting audience participation in further reflection on the challenges of working with the medically ill who have significant psychodynamic contributions to their behaviour will strengthen the ability of all participants to bring these skills to bear on their daily clinical work.

FRIDAY JUNE 29 11.20-12.40

PLENARY LECTURES

SESSION 2

THE CLINICAL ROLE OF PSYCHOSOMATIC MEDICINE

Giovanni A. Fava

Department of Psychology, University of Bologna, Bologna, Italy, and Department of Psychiatry, State University of New York at Buffalo, Buffalo, N.Y, United States

There have been major transformations in health care needs in the past decades. Today the changed spectrum of health conditions (e.g., multimorbidity, chronicity) points to the inadequacies of a medical care that is centred primarily on the diagnosis and treatment of each disease separately. The aim of treatment should be the identification of all modifiable biological and non-biological factors, and the attainment of individual goals. Accordingly, the traditional boundaries among medical specialties, based mostly on organ systems (e.g., cardiology, gastroenterology), appear to be more and more inadequate in dealing with symptoms and problems that require an integrated approach. The alliance between commercial interests in medicine and biomedical reductionism is likely to highlight the importance of single etiological factors and therapeutic agents in the management of disease. From psychosomatic medicine, a land of innovative hypotheses and trends, many indications for changes in the current practice of medicine and psychiatry are now at hand. The aim of this presentation is to outline current and potential clinical applications of psychosomatic methods, with particular reference to assessment with clinimetric indices such as the Diagnostic Criteria for Psychosomatic Research, strategies for health behavior modification, psychotherapeutic interventions, and use of psychotropic drugs.

CHRONIC ILLNESS - PHYSICAL AND MENTAL HEALTH

Graham Thornicroft

Centre for Global Mental Health, Institute of Psychiatry, Psychology and Neuroscience King's College London, De Crespigny Park, London, United Kingdom

This talk will address:
- The co-occurrence of mental and physical ill health
- The concept of syndemics
- Evidence of premature mortality among people with mental illness
- Evidence of neglect of physical health problems among people with mental illness
- The contributions of stigma towards these problems
- Actions that are needed at the clinical level to address such disparities
- The evidence that integrated care can provide a better approach to the care of people with co/multi-morbid conditions.

References

- Liu, N. H., et al (2017). Excess mortality in persons with severe mental disorders: a multilevel intervention framework and priorities for clinical practice, policy and research agendas. World Psychiatry 16, 30-40.
- Thornicroft G, Mehta N, Clement S, Evans-Lacko S, Doherty M, Rose D, et al. Evidence for effective interventions to reduce mental-health-related stigma and discrimination. Lancet. 2016;387: :1123–32.

FRIDAY JUNE 29 13.20-14.40

PLENARY LECTURES

SESSION 3

PATIENTS IN CONTEXT: A CALL FOR A COMPREHENSIVE UNDERSTANDING OF THE MEDICALLY ILL

Friedrich Stiefel

Psychiatric Liaison Service, University Hospital Lausanne, Switzerland

Despite Engel's call for a bio-psycho-social understanding of the patient, the lived experience of the body and the societal aspects of illness are often absent in the psychotherapeutic work with the medically ill. The challenges and benefits of integrating a broader perspective in consultation-liaison psychiatry are illustrated by means of clinical case vignette, which is analyzed from a psychodynamic perspective and complemented by a phenomenological and societal lecture of the patient's lived illness experience.

GROUP INTERVENTIONS TO SUPPORT HEALTH CARE PROVIDERS

Molyn Leszcz

Department of Psychiatry University of Toronto, Sinai Health System; President-Elect, American Group Psychotherapy Association, Canada

Aims: Medical and nursing staff working in acute care hospitals experience high levels of psychological stress and vulnerability to burnout through exposure to adverse clinical situations and systemic threats and challenges. A mental health focus on staff interventions can improve wellbeing of hospital staff.

Methods: The lecture will describe interventions and approaches at both the micro and macro levels that contribute to reduced staff stress and improved psychological safety and wellbeing in the workplace, in the setting of Mount Sinai Hospital, a University of Toronto Academic Hospital.

Results: Impacts within the hospital and on its staff at the level of culture, improved staff coping and resilience, improvement of mental health literacy, and reduced mental health stigma, will be illustrated. This includes Mount Sinai Hospital's recognition by the Mental Health Commission of Canada.

Conclusions: Mental health professionals can and should use group their expertise in psychology and group interventions to support their health care colleagues in meaningful and impactful fashion.

FRIDAY JUNE 29 15.30-16.30

POSTER SESSION 2

TOPIC PSYCHO-ONCOLOGY AND ORGAN TRANSPLANTATION

P121 - PSYCHOPHYSIOLOGICAL ADJUSTMENT IN OVARIAN CANCER SURVIVORS: A CORRELATIONAL STUDY

F. De Vincenzo (1), C. Cosentino (2), D. Sgromo (3), C. Pruneti (2), A. Contardi (1)

Department of Human Sciences, European University of Rome, Italy (1) - Department of Medicine and Surgery, University of Parma, Italy (2) - ASP Ad Personam, Unit of Services to the Person, Parma, Italy (3)

Aims: Literature shows the pivotal role played by social support, body image, post-traumatic growth and coping on psychological adjustment to ovarian cancer. Heart Rate Variability (HRV) quantifies vagal activity and is associated with cancer prognosis. The purpose was to investigate relationships between the psychological variables and HRV as objective index of mind-body integration.

Methods: 22 ovarian cancer survivors were assessed at Parma Hospital (Italy) using Multidimensional Scale of Perceived Social Support (MSPSS), Derriford Appearance Scale-59 (DAS-59), EORTC Quality of Life Questionnaire 3.0 (EORTC QLQ-C30), Coping Orientation to Problems Experienced - New Italian Version - 25 (COPE-NVI-25), Post-Traumatic Growth Inventory (PTGI). HRV was detected using PsychoLab VD13SV (Satem). A non-parametric data analysis was performed by Spearman's rho correlations.

Results: A "positive attitude" coping strategy was negatively associated with DAS-59 total score (rho=-.64, p=.001), "general self-consciousness" (rho=-.60, p=.003), "social self-consciousness" (rho=-.53, p=.012), "sexual and bodily self-consciousness" (rho=-.67, p=.001), "negative self-concept" (rho=-.64, p=.001), "facial self-consciousness" (rho=-56, p=.006) of appearance, "physical distress and dysfunction" (rho =-.45, p=.036). An "Orientation to problem" coping strategy was negatively associated with DAS-59 total score (rho=-49, p=.02), "negative self-concept" (rho=-.55, p=.009) and "facial self-consciousness" (rho=.52, p=.012). Low-high frequencies ratio of HRV was related to PTGI total score (rho=.57, p=.006), "relating to others" (rho=-.54, p=.009), "personal strength" (rho=-.57, p=.005), "new possibilities" (rho=-.57, p=.005).

Conclusions: This study highlighted a link between HRV and post-traumatic growth. This relationship could promote positive psychophysiological mechanisms inhibiting tumor progression processes. Finally, we hypothesized that an alloplastic tendency could facilitate an adjustment to the acute period of disease by restricting the experience of negative emotions and thoughts.

P122 - THE ROLE OF PSYCHOLOGICAL FLEXIBILITY IN CANCER PAIN

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Aims: This study tested psychological flexibility (thereinafter flexibility) in cancer patients with chronic pain. Our hypothesis is that greater flexibility correlates with less attentional focus on pain, less use of medications, less depression or anxiety symptoms, less distress and less pain interference on the quality of life.

Methods: Thirty-three consecutive patients (mean age = 64.7; sd=11.8) with pain and cancer diagnosis of different etiologies were recruited in the Oncology department of Sacro Cuore-Don Calabria Hospital in Verona, Italy. All patients presented chronic pain during hospitalization. A total of 78.8% was married, 42.4 % retired, 90.9 % had children and the mean years of education were 9.8. A proportion of 48.5% of patients was in active treatment, 39.4% in diagnostic phase and 12.1% in palliative care. Patients were assessed at pre-intervention with the following standardized self-report measures: Vital statistics form, Pain statistics form, Numerical Rating Scale (NRS) for pain, Brief Pain Inventory (BPI), Acceptance and Action Questionnaire II (AAQ-II), Hospital Anxiety Depression Index (HADS), Distress Thermometer (DT).

Results: NRS and BPI showed these average scores: pain during hospitalization (M=2.69; sd=1.39), average pain during 24h measured by nurse (M=1.86; sd=1.88), average pain during 24h measured by BPI (M=3.09; sd=2.19) and number of days with pain during hospitalization (M=8.03; sd=7.66). Data showed a significant correlation between flexibility and distress (rho=-0.45; p<0.01), anxiety (rho=-0.73, p<0.001), depression (rho=-0.59, p<0.001) and HADS total score (rho=- 0.73; p<0.01). Results show lower correlation levels (p<0.05) for interference of pain on emotions (rho=- 0.36) and schooling age (rho=0.42).

Conclusions: This study showed that higher levels of flexibility correlated with more advanced schooling age, less distress, less anxiety, less depression and less interference of pain on emotions. Conversely, age, medications, average pain and pain durability were not significant. Psychological flexibility can be a new construct to explain adaptation to pain and cancer. However, these are preliminary data and further studies are required to better understand the role of flexibility in cancer patients.

P123 - DIGNITY THERAPY+: A BRIEF PSYCHOLOGICAL AND EXISTENTIAL INTERVENTION FOR DYING PATIENTS AND THEIR FAMILIES - A PILOT STUDY

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Aims: Palliative care is an important component of any comprehensive cancer care approach. Over the last few decades, there has been significant progress made in symptom management, pain relief, and improving quality of life in patients nearing death via the implementation of palliative care programs. Nevertheless, there remains a shortage of interventions that specifically address psychosocial, spiritual and existential issues experienced by patients approaching death. This study, for the first time, applied Dignity Therapy - a short psychotherapeutic and existential intervention for dying patients - in a German-speaking sample and, additionally, extended the original intervention by including family members (DT+). The first aim of this pilot study was to investigate the feasibility regarding recruitment and acceptance of this new treatment in a Swiss sample. The second aim was to test whether including patient partners or designated family members in Dignity Therapy (DT+) mitigates psychological distress (symptoms of anxiety and depression) in both the patient nearing the end of life and the patient's partner/family member, relative to controls.

Methods: In this pilot study 33 patients were included and randomly assigned to the three groups (11 in each group). Of those patients, finally, 25 were analyzed at follow-up 1, 4 patients died and another 4 refused further participation.

Results: The mean age of the patients was 57.1 years, the mean age of the partners/family members was 51.2 at inclusion. Dignity therapy was feasible in a clinical palliative care setting and highly accepted by the participants. In patients, the mean HADS-scores remained stable with exception those of the SPC-group which increased slightly at follow-up 1. In partners/family members we found a reduction of the HADS levels of three points on average in the DT+-group, a small increase in the DT-group and no change in the SPC-group. We also found a small reduction of dignity-related distress (PDI) in patients of both DT-groups as well as a reduction in desire for hastened death.

Conclusions: The findings of this pilot study indicate that Dignity Therapy, both in its typical version as an individual intervention and in an adapted form including important family members, is feasible in a clinical palliative care setting and highly accepted by the participants. Furthermore, there are some indications that Dignity Therapy can reduce dignity-related distress in patients and thereby may reduce psychological distress particularly in family members.

P124 - IDENTIFYING AND PREDICTING DISTINCT DISTRESS TRAJECTORIES FOLLOWING A BREAST CANCER DIAGNOSIS - FROM TREATMENT INTO EARLY SURVIVAL

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Aims: Most longitudinal studies on distress in breast cancer (BC) patients reported a continuous decrease after diagnosis, however masking individual variations in patterns of adjustment. We sought to identify distinct trajectories of distress during primary treatment into survivorship among newly diagnosed BC patients and to identify variables that are determinants of which patient follows which type of adjustment trajectory. The overall purpose is to provide practice-oriented information on appropriate timepoints for repeated distress measurement, on factors characterizing future patients at-risk and to identify targets for interventions.

Methods: Psychological distress was measured using the General Health Questionnaire at four significant timepoints (after surgery/biopsy, at treatment completion, two and six months thereafter) among 160 newly diagnosed BC patients. A latent growth mixture modelling approach was used to identify distinct distress trajectories.

Results: Four distress trajectories were identified: a 'resilient' pattern (73.1%), a 'high-remitting' (7.7%) trajectory, a 'delayed' increase in distress (7.9%), and a constantly high 'chronic' distress (11.3%). High perceived burden from physical symptoms at treatment completion encompassed a 3.6 fold higher chance for the 'high-remitting' distress trajectory, but also a 70% higher chance for the 'chronic' trajectory. High self-efficacy at baseline increased chances for the 'high-remitting' pattern. Neither type of adjuvant cancer treatment, demographic characteristics, concurrent somatic and/or mental condition, nor baseline distress reliably predicted distress trajectories.

Conclusions: The majority of patients (about 80%) adjust well after receiving a BC diagnosis and through a demanding treatment period, while a substantial minority does not. High patient-perceived burden of physical symptoms irrespective of type of neo-/adjuvant treatment, and high coping self-efficacy is suggesting a transient, self-remitting distress trajectory, while patients experiencing constantly 'chronic' distress, and those developing distress following completion of treatment only cannot be identified by a single, initial measurement. Only systematic tracking with repeated measurement extending into survivorship can eliminate this problem. Interventions during treatment should aim at reducing the impact of symptom burden on women's every-day life and on stabilizing self-efficacy.

P125 - DISTRESS SCREENING IN AN INTEGRATED CANCER TREATMENT APPROACH

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Aims: The aim of this investigation is the screening of distress and its relationship with cancer diagnosis, gender, psychopathology and Quality of Life in recent diagnosed cancer patients.

Methods: Patients were enrolled during admission in a Day Care Hemato/Oncology Unit. After informed consent, they completed a basic sociodemographic and medical questionnaire, the Portuguese versions of the Distress Thermometer (Roth et al, 1998), the Brief Symptom Inventory (Derogatis, 1993) and a Quality of Life Questionnaire (QLQ-C30, Aaronson et al, 1993).

Results: Sample included 207 subjects; 58 % were females, 73 % were married and only 12 % lived alone. Mean age was 59 years (sd 12.7); time since diagnosis was 8.4 months (sd 27.2) and distress mean was 4, 8 (sd 2.3), a level with clinical significance. In fact, 55 % of the patients exhibit a distress score above 4 (cut-off for intervention). The most frequent diagnosis were breast (30%) and lung (28 %) cancers. Analysing levels of distress in different diagnosis, there are no significant differences according to cancer type. Comparing mean values of distress in both genders, difference is significant (p=.003), with higher levels in females than in males (5.2 vs 4.3). However no significant differences between genders were observed in age, time since diagnosis, education level, family support or psychosocial support. Correlations pattern, showed a positive significant correlation between distress and anxiety, depression, somatization and hostility, but a negative correlation with global Quality of Life, as expected.

Conclusions: The screening of distress is widely recognized as an important tool to improve diagnosis and treatment of emotional disorders such as anxiety or depression in cancer patients. The identification of risk factors, such as gender, can be extremely relevant to promote an early intervention. This intervention, in a collaborative care approach, can improve illness experience, patients' quality of life, adherence to therapy and health outcomes.

P126 - PERSONALITY TRAITS, ANXIETY AND DEPRESSION IN GYNECOLOGICAL CANCER

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Aims: To determine the relationship between personality, polymorphisms of the serotonin transporter (5HTT) with the appearance of anxiety and depressive symptoms in patients with gynecological neoplasia; to investigate the anxiety-depressive symptomatology, neuroticism and coping strategies in two different populations for the oncological manifestation in gynecology (cervix-endometrium).

Methods: 40 Gynecological Cancer Patients (GCPs) completed the NEO Five-Factor Inventory (NEO-FFI) and Temperament and Character Inventory (TCI). The mood states were assessed using the Profile of Mood States (POMS) questionnaire, Beck Depression Inventory (BDI) and State Trait Anxiety Interview (STAI-Y1, Y2). The patients' stress and quality of life were assessed through the Perceived Stress Scale (PSS) and European Organization for Research and Treatment of Cancer quality of life questionnaire (EORTC QLQ). They gave their written consent for taking part in the study, for collecting their blood, as well as storing and subjecting it to a genetic analysis. A polymerase chain reaction was employed to identify genotypes at the 5HTT polymorphism.

Results: The analyses across the 5HTT-LPR genotype groups (group S (s/s + s/l); l/l; l/s; s/s) indicated a significant main effect of the s/s genotype on neuroticism (p = .0096), depressive symptoms (p = 0.0407), Cooperativeness character dimension (p = 0.0064). We found a main effect of Neuroticism on depressive symptoms (r = 0.7988, p □ 0.0001), state anxiety (r = 0.7343, p □ 0.0001) and perceived stress (r = 0.5863, p □ 0.0001) according PSS. The correlation between Neuroticism and EORTC QLQ-C30 scores is negative (r = -0.3190, p = 0.0421). Neuroticism and depressive symptoms prevail in the cervix cancer population.

Conclusions: Personalised Medicine Evidences Psychotherapy processes must tend to individuate by knowing biopsychosocial variables, especially in oncology, in such a way as to adapt the intervention to objective data. This would have an impact on depressive symptomatology, immunological processes and quality of life of patients. While this intervention did not reduce the intensity or number of needs, there may be some benefit in administering it to people with pre-existing anxiety or depression. Further, it impacted positively on the physical wellbeing of non-anxious carers.

P129 - SUICIDE RISK ASSESSMENT AND MANAGEMENT IN CANCER PATIENTS

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Aims: To conduct a literature review on the incidence of suicidal thoughts in cancer patients and its association with depression, anxiety and severity of pain, in addition to demographics and cancer type. Cancer patients are particularly predisposed to having suicidal thoughts and attempts. Walker et al found that the incidence of suicide in cancer patients is two times greater than in the general population. Patients are particularly vulnerable to suicidal thoughts and actions immediately following diagnosis, during exacerbation of symptoms and as the severity of illness increases.

Methods: A search of PubMed, ResearchGate, and Google scholar databases was employed to select several articles in peer-reviewed journals

Results: A review of the literature revealed that several psychological and physical factors correlate with increased suicidal thoughts and attempts in cancer patients. Depression, anxiety and severity of pain showed strong correlation with suicidal thoughts in cancer patients, whereas age showed weak correlation.

Conclusions: Clinicians need to be highly diligent in performing suicide risk assessments to determine to which extent patients with cancer struggle with suicidal ideation, intent or plans. Focus should be directed towards highly associated factors, such as depression, anxiety and severity of pain. Early detection and identification of risk factors for suicide, managing psychiatric symptoms and pain, creating a supportive environment and adapting measures to improve quality of life, are essential in decreasing the suicide rate in cancer patients. In addition, enhanced patient-physician interpersonal relationships and open receptive communication play a significant role in the reduction of suicide in cancer patients.

P130 - POST-TREATMENT EMOTIONAL CONDITION IN BREAST CANCER YOUNG WOMEN 2-YEARS PERSPECTIVE

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Aims: The Breast Cancer (BC) diagnosis and related treatments have a strong impact on the women emotional system and quality of life. Several researches, conducted on old sample, define cancer experience distressing and disruptive, but the clinical practice suggests that the outcomes could assume also positive aspects in terms of personal resources. Aim of our study was to examine the psychological resilience among young women in 24 months afterwards BC diagnosis.

Methods: We conducted a cross-sectional study design to evaluate emotional features (depression, anxiety, anger and psychological distress) among young patients (n° 92, mean age 42.6, sd±3.6) over a period of 24 months, and their associations at baseline, 6, 12, 18 and 24 months after diagnosis. The psychological battery was composed of the following psychological questionnaire: STAXI-2, STAI-Y, PDI, BDI-II.

Results: Our findings showed that anxiety seemed decrease in time whereas angry tends significantly to improve; depression was not in pathological range and psychological distress haven't been significant. Just after BC diagnosis patients are focused on surgical and clinical interventions. But the emotional elaboration of the illness occurs after medical treatments (around 12 and 24 months) when patients showed higher need of psychological support.

Conclusions: Those data highlighted the positive personal perspective of the young patients dealing with the cancer experience. The setting of psychological support has to be modeled on that proposing therapeutic strategies oriented to improve mostly their later well-being.

P131 - IF ONCE IS GOOD, IS TWICE BETTER? INDIVIDUALS WHO HAVE ANONYMOUSLY DONATED BOTH A LIVER AND A KIDNEY

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Aims: To describe a cohort of individuals who have successfully acted as living liver and kidney donors on separate occasions.

Methods: As part of a review of anonymous living liver donors at our institution we identified five individuals who acted as both liver and kidney donors. They provided both quantitative and qualitative information about their experience with living donation.

Results: Three of the donors first acted as kidney donors and then went on to make anonymous liver donations while two acted as anonymous liver donors and then went on to make kidney donations. They described their experiences with living donation as positive. They described altruistic motivations for donation and described that the positive impact of the first donation contributed to their decision to donate again. They recognized both physical and emotional benefits for their anonymous recipient and positive psychological and emotional benefits in their own lives.

Conclusions: There are psychologically healthy and highly altruistic individuals who wish to donate more than one living organ anonymously and appear to be able to do so without negative psychological sequelae.

P133 - "DOCTOR I HAVE AUTO-BREWERY SYNDROME"

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Aims: The question arose as to whether there was syndrome that could cause alcohol levels in a liver transplant candidate who claimed sobriety for 5 years.

Methods: The literature was reviewed back to 1991 for quality of the papers and validity of the diagnosis.

Results: This 62 year old female with history of cirrhosis of the liver, diabetes on oral agents presented with urine toxicology screens positive for alcohol over 10 months as follows: 415, 425, 17, 146 and 15. Her MELD score was 12-14. QTc was 474 msec. WBC was 1.78. PHQ-9 score was 3. GAD-7 score was 0. Review of systems: shortness of breath and cough in a non-smoker. No, arrests for driving under the influence. She drank 2 twelve ounce beers per day until 2012. No history of illicit substance use. Her brother abused alcohol. Medications: metformin, furosemide, potassium, Calcium and Vitamin D, magnesium. Review of the medical literature showed that most reports were sensational media stories, or solicitations by attorneys using this syndrome as a drunk driving defense. There were two cases of Japanese children with short gut syndrome with alcohol levels below 80 after high carbohydrate meals. The most commonly cited case was a 61 year old man whose BAC rose suddenly to 120 in 2 hours, which should have produced 24 liters of carbon dioxide, the byproduct of producing 24 grams of alcohol per hour through fermentation. As with this patient, our patient did not have abdominal distention, abdominal pain, or excessive flatulence.

Conclusions: Techniques used to determine alcohol levels in other studies were inadequate: the Breathalyzer and the Widmark method. All people produce endogenous alcohol in small amounts but not enough to be legally drunk. Our patient had high levels early in the day suggesting drinking at home before coming to the hospital. We asked her to complete an alcohol treatment program as for any patient that tested positive for alcohol on every visit as our bioethics consultants always advise to treat like cases alike.

P134 - COMPARISON OF PSYCHOLOGICAL OUTCOMES OF 3 FACIAL TRANSPLANT RECIPIENTS

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Aims: Three facial transplant recipients were followed to investigate changes over time in their quality of life regarding physical and emotional functioning, social functioning, pain and general health.

Methods: The patients were given the SF-36 at intervals before and after the transplant. The first patient is 9 years post-transplant. The second patient is now 3 years post-transplant. The third patient is not quite out one year yet. They were also given the Psychosocial Adjustment to Illness- Self-Rated scale, which surveys health care orientation, domestic environment, social environment, extended family relationships, and psychological distress.

Results: The three patients all have unique reactions to the transplant experience. The longer term outcomes of the first two patients vary, with patient 1 having little change in general health 8 years after the transplant, whereas patient 2 had considerable weight gain and rated his general health much more poorly at 3 years post-transplant. The third recipient at 6 months rated her general health much better than pre-transplant. Social functioning for all three recipients improved, though the first recipient has reported less socializing over the last two years, which she attributes to less interest due to aging as she is now 53 years old. The two older recipients, now ages 53 and 45 reported a steady decline in energy since the transplant, though the youngest recipient age 18 reported a slight increase in energy in the first 6 months after the transplant. Two recipients have shown improvement in emotional well-being. The first recipient has had a good deal of variation in emotional well-being related to family events rather than the transplant. Pain improved for the first recipient until year 6. Pain got steadily worse for the second recipient. The third recipient is reporting a marked improvement in pain in the first 6 months.

Conclusions: Overall social functioning has improved in the recipients, in accordance with inclination. Pain correlates with perception of general health. Physical functioning was better in two recipients who were more fit prior to transplantation.

P135 - DEVELOPING A PERSIAN SEMI-STRUCTURED INTERVIEW FOR THE PSYCHOSOCIAL ASSESSMENT OF CANDIDATES FOR TRANSPLANTATION (PACT) AND EVALUATION OF ITS PSYCHOMETRIC PROPERTIES

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Aims: To design semi-structured interview for the psychosocial assessment of candidates for transplantation (PACT) instrument in Persian.

Methods: By considering the eight dimensions of PACT instrument, we designed a Persian semi-structured interview that included 85 open and close-ended questions. These questions covered all rating categories of PACT scale. The face and content validity of the interview questions were assessed by a group of experts including four psychiatrists and a clinical psychologist. Fifty patients that were referred to liver transplantation unit of Imam Hospital recruited for the study and evaluated by using the newly developed semi-structured interview for PACT. All the interviews recorded by permission of the patients. To assess the inter-rater reliability, the recorded interviews evaluated by another independent psychiatrist. For evaluation of the concurrent validity each patient was assessed in a separate session by a senior psychiatrist with 10-year experience of work in organ transplantation teams by using usual assessment method. For the assessment of test-retest reliability, all the interviews were repeated by another independent rater within the next month by using the newly developed instrument.

Results: The designed instrument had a good face and content validity according to expert group opinions. The inter-rater reliability and test-retest reliability were excellent (ICC=0.82 and ICC=0.78, respectively). The concurrent validly was good (ICC=0.68).

Conclusions: The developed Persian semi-structured interview for PACT had good psychometric properties and could be used to facilitate assessment, to objectify results, and to prevent legal problems with the assessment of candidates for liver transplantation.

P136 - USING THE EDMONTON SYMPTOM ASSESSMENT SYSTEM TO ESTIMATE SYMPTOM BURDEN AND SEVERITY IN PATIENTS ON DIALYSIS AND KIDNEY TRANSPLANT RECIPIENTS

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Aims: To compare symptom prevalence and symptom severity between kidney transplant recipients (KTR) and patients on dialysis, using the Edmonton Symptom Assessment System (ESAS).

Methods: We recruited a convenience sample of adult KTR and patients on dialysis from renal programs in Toronto, who were 30+ days post-transplant or 90+ days following dialysis initiation, respectively. Patients were asked to indicate severity of their symptoms on a 10-point Likert scale, where a score of 10 indicated the most severe symptom possible. Individual ESAS scores were combined to form physical (0-60; pain, tiredness, drowsiness, nausea, lack of appetite, shortness of breath) and emotional (0-20; depression, anxiety) domain score. The ESAS global score combined physical and emotional scores as well as the individual "well-being" score. We compared the prevalence of mild (ESAS global score of 0-30) and moderate/severe (ESAS global score of 31-90) symptom burden between KTR and patients on dialysis. Furthermore, we calculated mean adjusted differences in global, physical and emotional symptom scores between KTR and patients on dialysis while controlling for age, sex, education level (<12 years, ≥12 years), ethnicity (White, Black, Asian, other), serum albumin and hemoglobin concentration, and Charlson Comorbidity Index (<3 vs ≥3).

Results: A total of 423 participants were enrolled [219(52%) patients on dialysis and 204(48%) KTR]. Compared to KTR, dialysis patients had a higher mean(SD) age [62(14) vs 51.3(16.2) years, p<0.001], lower median (IQR) albumin [37(35-40) vs 42 (40-44), p<0.001] levels and lower mean(SD) hemoglobin [112(13) vs 128(16), p<0.001] levels. Of the two groups, the prevalence of moderate/severe symptoms was higher for patients on dialysis [69(31%) vs 28(14%), p<0.001]. The adjusted mean physical, emotional, and global ESAS score for patients on dialysis was 6.85 (p<0.001), 1.85 (p<0.01) and 10.26 (p<0.001) higher than for KTR, respectively.

Conclusions: Consistent to evidence in the literature, our findings suggest that patients on dialysis experience greater physical, emotional and overall symptom burden as well as a higher prevalence of moderate/severe symptoms when compared to KTR. Gaining insight into the symptom experience of KTR and dialysis patients is fundamental to the development of interventions intended to improve their quality of life.

P137 - VALIDATION OF THE PROMIS-57 AND PROMIS-29 IN KIDNEY TRANSPLANT RECIPIENTS

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Aims: The Patient Reported Outcomes Measurement Information System (PROMIS)-57 is a generalizable and universal patient reported outcomes measure to assess health-related quality of life. It has not been validated for patients with chronic kidney disease. We aim to validate the PROMIS-57 and PROMIS-29 questionnaires among kidney transplant recipients.

Methods: A cross-sectional sample of stable kidney transplant recipients was recruited. Each participant completed PROMIS-57, a 57-question instrument covering 7 domains – physical function, anxiety, depression, fatigue, pain, sleep disturbance, and social functioning – alongside validated legacy questionnaires (Patient Health Questionnaire (PHQ9), General Anxiety Disorder (GAD7), Edmonton Symptom Assessment Scale (ESAS), and Kidney Disease Quality of Life (KDQoL-36)). PROMIS-29, a 29-question instrument, is nested within PROMIS-57 and measures the same domains. Structural validity of PROMIS was assessed with confirmatory factor analysis; we report the Tucker Lewis Index (TLI) and Comparative fit index (CFI). Construct validity was assessed with known group comparisons. Internal consistency was evaluated with Cronbach's ɑ and convergent validity was assessed with Spearman's Rho. Test-retest reliability was assessed through the intraclass coefficient (ICC).

Results: Mean(±SD) age of the 177 participants was 51(±17), 58% were male and 55% Caucasian. Internal consistency of each domain was high (Cronbach's ɑ>0.90). Confirmatory factor analysis showed good structural validity (TLI and CFI>0.90). PROMIS anxiety demonstrated strong correlation with GAD7 (PROMIS-57: rho=0.76, 95%CI 0.68-0.82; PROMIS-29:rho=0.73, 95%CI 0.65-0.80). PROMIS depression demonstrated correlation with PHQ9 (PROMIS-57: rho=0.68, 95%CI 0.58-0.76; PROMIS-29: rho=0.63, 95%CI 0.53-0.72). PROMIS physical function demonstrated strong correlation with the KDQol-36 physical composite (PROMIS-57: rho=0.81, 95%CI 0.75-0.85; PROMIS-29:rho=0.79, 95%CI 0.72-0.84). PROMIS fatigue demonstrated strong correlation with ESAS fatigue (PROMIS-57: rho=0.72, 95%CI 0.64-0.79; PROMIS-29: rho=0.73, 95%CI 0.64-0.79). Test-retest reliability was good (ICC>0.6). Known-group comparison supported cohort differences noted in literature.

Conclusions: Our results confirm that PROMIS-57 and PROMIS-29 are reliable and valid instruments among kidney transplant recipients. We propose it as a valuable tool to assess important domains of the disease experience.

TOPIC PSYCHOSOMATICS IN INTERNAL MEDICINE

P138 - OXYTOCIN RESPONSE TO AN ATTACHMENT-RELATED STRESSOR IN PATIENTS WITH PRIMARY HYPERTENSION

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Aims: Higher prevalence of attachment insecurity has been reported in patients with primary hypertension. Oxytocin and its receptor are linked to the attachment system and at the same time are related to blood pressure regulation. Therefore, we aim to investigate the role of peripheral oxytocin in patients with primary hypertension in an attachment sensitive task.

Methods: We recruited 50 patients with primary hypertension, treated with at least one antihypertensive drug, and 25 healthy individuals. After ten minutes of rest, an attachment related interview (Adult Attachment Projective picture system, AAP) and an attachment-related stressor (Separation Recall, SR) were performed, a short-time stressor which activates attachment-related emotions and thoughts by talking five minutes about a personal experience of loneliness. Self-rated attachment avoidance and anxiety were assessed with the questionnaire 'Experiences in Close Relationships – German Version'. Blood samples were taken and blood pressure was measured before and after the AAP, after the SR and after 10 minutes of recovery. Area under the curve with respect to ground

(AUCg) and area under the curve with respect to increase (AUCi) were calculated for oxytocin and blood pressure parameters. Parameters were compared using t-test, partial correlation and ANOVA with repeated measures after logarithmic transformation where appropriate.

Results: Attachment anxiety and avoidance did not differ significantly between healthy individuals and patients with hypertension. Blood pressure and Oxytocin increased significantly during the AAP and the SR ($p<.001$) with blood pressure showing a higher rise in hypertensive patients than in healthy individuals. AUCg of Oxytocin correlated significantly with attachment anxiety ($r=-.293$, $p=.035$) with lower oxytocin levels in individuals with higher attachment anxiety (covariate: DDDs of angiotensin receptor and beta blockers). No further significant correlations were found.

Conclusions: Attachment related stress elicits a significant peripheral oxytocin response without any differences between hypertensive and healthy individuals. Oxytocin levels were reduced with higher attachment anxiety which may be explained by the well-known oxytocin-related anxiolytic properties.

P139 - ISCHEMIA, PSYCHOSOCIAL FACTORS, AND CHEST PAIN IN PATIENTS REFERRED FOR MYOCARDIAL PERFUSION SCAN: PRELIMINARY DATA FROM THE HEART INSIDE OUT (THIO) STUDY

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Aims: Chest pain (Angina Pectoris, AP) is a common complaint in ischemic heart disease (IHD), either in the presence (CAD) or absence (NOCAD) of obstructive coronary arteries. Psychosocial factors and emotions are hypothesized to have a mediating role in this relationship between coronary obstructions and AP complaints. Preliminary data from the THIO study, concerning patients with AP and ischemia, are examined for the differences in psychosocial complaints in the ischemic and non-ischemic group. During myocardial stress-testing, facial expressions are recorded and analyzed for emotions using FaceReader facial recognition software.

Methods: In total 95 patients (mean age 66±9 yr, 50% women) referred for a myocardial perfusion scintigraphy (MPS) between January and September 2017 filled out questionnaires on Type D personality (DS14), depression (PHQ-9), anxiety (GAD-7), and well-being (MHC-SF). Patients were questioned about physical complaints during stress testing and emotions were registered using FaceReader software (N=40).

Results: According to medical records 29 patients (30%) had some form of ischemia (39% female, 61% male, $X^2(2) = 3.25$, $p=.197$), of which severe ischemia was more prevalent in men (9% male, 2% female, $X^2(4) =8.35$, $p=.039$). Patients with some form of ischemia less often reported AP during stress testing (27% versus 41%, $X^2(1) = 1.86$, $p=.173$), and more often underwent previous coronary angiography (47% versus 14%, $X^2(1) =11.98$, $p<.001$). Psychosocial factors were prevalent in these patients, but no differences were observed in psychosocial factors between the ischemic and non-ischemic group (all p's>.05). Patients with AP during stress testing more often had lower levels of well-being (19% versus 4%, $X^2(2) = 10.08$, $p= .006$). FaceReader data show an increase in sadness ($p=.029$) and surprise ($p=.035$) during stress testing. Correlations between the reported emotions during the stress-testing are fair to high (.3-.8).

Conclusions: Preliminary analyses show that the ischemic patients had less AP complaints during MPS stress-testing and that men more often have severe ischemia. Levels of well-being are lower in the group with reported AP. FaceReader data show emerging differences in emotions during stress-testing. Psychosocial impairments are present, but preliminary analysis showed no association with ischemia. Medical records are being retrieved and data collection is on-going.

P141 - STRESS AND COAGULATION IN CORONARY ARTERY DISEASE – BACKGROUND AND CONCEPT OF A NEW STUDY (STANDARDISED PSYCHOTHERAPY INTERVENTION TO REDUCE RISK IN PATIENTS WITH CORONARY ARTERY DISEASE (SPIRR-CAD)

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Aims: The coagulation cascade involves three types of responses: the wall of the coronary arteries, thrombocytes and humoral clotting factors. The cascade facilitates the transition of soluble to insoluble fibrinogen. When vulnerable plaque rupture, the blood is exposed to tissue factor (TF) which is assumed to trigger the coagulation cascade (Freedman 2012) by activating the extrinsic coagulation system (Steffel et al 2006). TF has been found predictive of acute coronary syndrome (ACS) (Campo et al 2013), but the risk of CAD also rises with rising levels of fibrinogen, FVII (clotting factor activity), vWF: Ag, vWF, and D-dimer levels (Folsam et al 1997). Arterial thrombogenesis represents an active, ongoing, and dynamic process. A healthy endogenous fibrinolytic system can prevent the build-up of thrombus. Alternatively, It may also result in destruction of fibrinolytic activity and formation of a potentially lethal thrombus. Along these processes stress experiences may cause break down and disorder of a vulnerable system. In psychologically distressed patients with CAD, pro-coagulant processes may outweigh anticoagulant activity, possibly because of impaired endothelial anticoagulant function, and thereby promote a hypercoagulable state (Austin et al 2013). Psychosocial stress and depression have been associated with hypercoagulability. Depression is also an independent risk factor for sudden coronary events and rupture of vulnerable plaques However, research findings are still inconsistent and need further specification.

Methods: The SPIRR-DAD trial offered an excellent opportunity to study stress and clotting processes. In response to psychotherapy fibrinogen levels decreased iin depressed patients. So far no psychotherapy trial has yet evaluated effects of improving depression on the procoagulant markers specified here.

Results: In this Poster we discuss the strategies taken in SPIRR-CAD to detect import indicators of the coagulation system. What kind of question can be answered and which part of the system needs further exploration to understand and grasp the psycho-cardiologic link in this important field of research.

P142 - DEPRESSION AND METABOLIC SYNDROME

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Aims: The aim of this study is to assess the association between depression and metabolic syndrome, defined by the presence of at least three of the five manifestations (abdominal obesity, impaired fasting glycemia, hypertriglyceridemia, hypertension and low HDL-cholesterol).

Methods: A case-control study was performed, including 44 patients with metabolic syndrome and 44 aged- and sex-matched controls. Depression was assessed using Beck's Depression Inventory consisting into 21 items. Patients with acute diseases, severe co-morbidities and psychiatric diseases have been excluded.

Results: The group with metabolic syndrome included 20 women and 24 men, with a mean age of 51.06 years old; the overall score of depression was 19.34, corresponding to the upper limit of a mild depression, significantly higher than in controls (16.61), t= 2.887, p= 0.002. Patients with 4 or 5 manifestations of metabolic syndrome presented a significant higher score of depression (21.54) comparatively to those with 3 components (18.6), t= 1.817, p= 0.038. Women presented higher depression score (20.4) than men (18.45) but not significantly statistic (t=1.357, p=0.09). Patients with abdominal obesity, impaired glycemia and hypertension presented significant higher depression score than patients with other manifestations of metabolic syndrome, t= 2.143, p=0.01.

Conclusions: Although limited by the small sample size, the study shows a mild to moderate depression that may be associated with metabolic syndrome, especially when it is manifested with 4 or all 5 components. The identification of these correlations may offer a better therapeutical approach.

P143 - FEATURES OF PSYCHOEMOTIONAL DISORDERS IN PATIENTS WITH ARTERIAL HYPERTENSION

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Aims: Cardiovascular diseases (CVD) are one of the most important socio-economic and medical problems, as they occupy one of the first places in the structure of the overall morbidity. The mortality from cardiovascular diseases is also very high despite great success in medical and surgical treatment. Therefore, the search for new approaches to the prevention and treatment of the latter is important. Psychological factors, along with other risk factors, are important in the occurrence and development of such common CVD as ischemic heart disease (IHD) and arterial hypertension (AH).To assess the features of psychoemotional disorders in patients with arterial hypertention and to determine possible methods for their correction

Methods: 56 patients with arterial hypertension at the age of 33-68 years (19 men and 33 women) were examined. In 36% of patients, arterial hypertension (AH) was combined with IHD, 10% of patients had diabetes mellitus, 74% had overweight, obesity, and 40% had dyslipidemia. All patients received antihypertensive therapy. To detect depressive and anxiety disorders, the rapid questionnaire PHQ-9 and the Tsung scale were used. The level of emotional intelligence was determined by the method of N. Hall, the dominant coping-stress behavioral strategies - according to the results of testing for the evaluation of coping strategies S. Normann, D.F. Endler, D.A. James, M.I. Parker.

Results: In 68% of the patients examined, anxiety disorders were detected, and with age the anxiety level increased from mild to severe. 32% of patients had depression, 85% had emotional intelligence disorders in terms of emotional awareness, emotion management, self-motivation, empathy, and the recognition of other people's emotions. Both adaptive and disadaptive coping strategies were observed. In 64% of cases, patients used copy-oriented, task-oriented copying, in 42% - emotion-oriented coping. In 53% of cases, such a coping strategy as an avoidance was used.

Conclusions: Thus, the majority of the patients had elevated levels of anxiety and depression, violations of emotional intelligence and disadaptive coping strategies. They can contribute to mental disadaptation, the progression of arterial hypertension and require appropriate correction. In our opinion, the methods of correction of these disorders can be autogenous training, drug therapy and cognitive-behavioral therapy The study continues.

P145 - IS ABNORMAL ADULT ATTACHMENT A RISK FACTOR IN TAKOTSUBO CARDIOMYOPATHY?

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Aims: Two patients with Takotsubo Cardiomyopathy are presented in which abnormal adult attachment after loss of a marital partner represented a risk factor for development of transient apical ballooning syndrome.

Methods: Case history and analysis with simultaneous review of appropriate cardiology studies. Focused literature research to determine the varieties and severity of underlying psychological factors possibly associated with Takotsubo Cardiomyopathy.

Results: A 52-year-old Hispanic female presented to hospital with severe prolonged chest pain demonstrating classical EKG and echocardiography patterns of transient apical ballooning syndrome with mildly elevated troponin I levels (1.0 ng/dl). She had been divorced for 2 years but still professed intense love for her divorced partner. She had acute onset of ischemic type chest pain, when her Cadillac Escalade, 'the last thing that connected me to my husband' was totaled in a motor vehicle accident. A 61 year old Caucasian female with a normal coronary angiogram accomplished 6 months prior to admission, presented to hospital with flash pulmonary edema and cardiogenic shock. She had classical EKG and echocardiogram changes of Takotsubo cardiomyopathy. Her troponin I was no higher than 2.0 ng/dl. After medical stabilization and extubation she related that her symptoms developed on the day that she vacated the home in which she had lived with her recently deceased husband of 40 years.

Conclusions: Abnormal attachment to another, as manifested by the use of transitional objects in adulthood, is a risk factor for Takotsubo Cardiomyopathy if that transitional object is lost, given up or destroyed.

P147 - DIFFERENCES IN PROCESSING OF EMOTIONAL FACES BY AVOIDANCE BEHAVIOR: IN THE CASE OF UNIVERSITY STUDENTS WITH ACNE

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Aims: People with acne often experience social anxiety (SA). Staugaard et al. (2011) found that SA patients avoided the eyes of sad, disgusted, and neutral faces for longer times than control patients. Himachi and Hashiro (2018) suggested that people with acne and high avoidance (HA) behaviour process emotional faces similarly as those with SA. This study examined the processing of emotional faces in individuals with acne using eye tracking.

Methods: Participants were 16 university students with acne (age=20.50, SD=.52). Avoidance behaviors were evaluated using LSAS-J (Asakura & Koyama, 2008). In the task, a single enlarged face (with either a happy, neutral, sad disgusted, or amgry expression) from the Japanese female facial expression database (JAFFE; Lyon et al., 1997) was shown on a screen for 10 seconds. Eye movement (EM) was recorded using a Tobii X2-60 Eye Tracker. Participants sat 70 cm away from the PC monitor. The eye-tracking device was positioned below the monitor and calibrated. Each of the 20 presentations was preceded by a fixation cross, which participants were instructed to attend to and look at the pictures in any way they chose.

Results: We first classified participants by avoidance behavior scores. Time for first fixation showed a group effect (U=12.00, p=.039). Time for first fixation of HA on the disgust faces (M=.710) was significantly lower than that of the low avoidance behavior group (LA: M=.162). Total fixation duration also showed group effect (U=10.00, p=.023). The mean time of HA for sad faces (M=.670) was significantly shorter than that of LA (M=1.056). To examine the HA valence effect, we used a paired-sample test (Wilcoxon) to compare results for negative faces with happy and neutral faces. The mean for sad faces (M=.398) significantly differed from for neutral faces (M=.506) (p=.028).

Conclusions: Staugaard et al. (2011) found that the main group effect was due to patients having shorter fixation durations on sad faces. In the present study, the acne participants with HA behavior showed a similar tendency. Thus, it is necessary to compare the processing of emotional faces of the people with and without acne.

P148 - PSYCHODERMATOLOGY: A COLLABORATIVE, TRAINEE-LED SERVICE

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Aims: It is widely recognised that chronic skin conditions can have very detrimental effects on individual's mental health. An estimated one third of patients attending dermatology clinics will have co-morbid psychological problems. A further proportion, believed to be approximately 3%, have a primary psychiatric diagnosis. As a result, the British Association of Dermatologists suggest a dedicated psychodermatology service should be available in all areas of the UK. NHS Lothian has a catchment area of 850,000 patients, giving rise to around 33,000 new patient referrals to dermatology every year. Prior to January 2017, there was no psychodermatology provision at all in the region. We aimed to begin a collaborative, trainee-led service in Edinburgh.

Methods: A pre-service initiation questionnaire was issued to all consultants within the department to better understand the perceived need. A clinic template was created and in January 2017, the clinic began to accept and assess patients. A higher trainee in psychiatry and a dermatology counterpart see patients together, in a fortnightly clinic embedded within the dermatology department. We have collected information on the demographics of those referred as well as completed Hospital Anxiety and Depression Scales (HADS) and a Dermatology Life Quality Indexes (DLQI). Finally we have sought the views of our patients through the Consultation and Relational Empathy (CARE) questionnaire.

Results: The survey of our colleagues revealed real dissatisfaction with the previous service provision. We have received 35 referrals in our inaugural fifteen months, and 29 patients attended. Depression was the most common psychiatric diagnosis, (10/29, 34.5%), followed by skin picking disorder/excessive scratching , Body Dysmorphic Disorder and Delusional Infestation. The most prevalent dermatological diagnosis was eczema in 34.5% (10/29), followed by excoriated skin and alopecia. Mean DLQI score at presentation was 15.6 (range 3-27) and HADS 21.9 (range 8-37) indicating significant psychological burden amongst our cohort. Mean drop in DLQI score from initial consult to follow up was 8.6, and HADS was 1.11. Seventeen of the 19 patients that attended over 10 months completed CARE questionnaires. Mean satisfaction score was 44/50. Questions which received comparatively lower scores related to 'explaining things clearly' and 'making a plan of action.'

Conclusions: Our results suggest that it is possible to initiate an effective evidence-based, trainee-led psychodermatology service that is positively received by patients and colleagues alike. We are now developing a targeted website with containing useful patient resources to try and improve our service based on feedback received.

P149 - PSYCHOLOGICAL TRIGGERS AND DISTRESS VULNERABILITY IN PATIENTS WITH URTICARIA AND ANGIOEDEMA

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Aims: Urticaria (U) and Angioedema (AE) can be unleashed by psychological triggers either constantly (the cases of cholinergic urticaria) or facultatively in other clinic-etiologic forms of U or AE. Usually, the etiologic agents in U and /or AE are considered allergens and non allergic factors (e.g. infectious, AINS drugs ,physical stimuli). The aims of paper are to establish incidence of psychologically triggering U and AE (PTU) and distress vulnerability of urticaria patients.

Methods: In 200 patients with U and AE were analyzed incidence of PTU (based on history and clinical observation) and distress vulnerability (anxiety and depression) using Hospital Anxiety Depression Questionnaire (HAD).Author has distributed U and AE patients in a group of 120 patients with relapsing U and AE, induced by food (40 patients), cold (40 patients) and drugs (40 patients) ,and a group with chronic urticaria (80 patients).

Results: Incidence of PTU among relapsing U and AE patients varied between 37,5% (drug induced U) and 25% (cold U/AE). In all situations distress could act alternately or additionaly together with the usual etiologic agents as foods, medicines, infectious ones. Such psychogenic U and AE appear especially in patients with high stress vulnerability -having especially anxiety and /or mild depression , as well as psychiatric comorbidity In chronic urticaria, the incidence of PTU was in 30% of patients and the frequent appearance and persistence of symptoms, especially itching and inesthetic aspects of physiognomy (facial angioedema), could create a vicios circle favorising the triggerring by distress evolution of both U and AE. 60% of patients had high scores on anxiety and 36% high scores on depression.

Conclusions: The treatment of these patients could include psychotropic together antihistamine drugs and even the psychologist's or psychiatrist' intervention, very useful especially in all cases of chronic U.

P150 - IRRITABLE BOWEL SYMPTOMS, HEALTHCARE COSTS AND LABOR MARKET ATTACHMENT – A LONG-TERM POPULATION-BASED STUDY

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Aims: Irritable bowel syndrome (IBS) is associated with increased healthcare use and work absenteeism. We aimed to investigate long-term use of healthcare services and social benefits across IBS symptom groups. Additionally, we estimated excess healthcare costs.

Methods: A longitudinal population-based study comprising two 5-year follow-up studies: Dan-MONICA 1 (1982–1987) and Inter99 (1999–2004) recruited from the western part of Copenhagen County. The total study population (n=7,278) was divided into symptom groups according to degree of IBS definition fulfillment at baseline and/or 5-year follow-up and was followed until December 31st, 2013 in Danish central registries. Poisson regression was used for the analyses adjusting for age, sex, length of education, comorbidity, cohort membership and mental vulnerability.

Results: IBS symptom groups compared to no IBS symptoms were associated with an increased number of contacts to primary and secondary healthcare, as well as weeks on sickness and disability benefits. Accounting for mental vulnerability decreased the estimates and all but two associations between IBS symptom groups and outcomes remained statistically significant. The two associations which became insignificant were contacts to psychiatric hospitals and weeks on disability pension. The excess unadjusted healthcare costs for IBS were 5,069 Danish crowns (DKK) (680 EUR) per year and the overall association between symptom groups and total health care costs were statistically significant.

Conclusions: IBS symptoms influence long-term use and costs of healthcare, as well as use of social benefits in the general population. Mental vulnerability explained some, but not all of the use of healthcare and social benefits.

P151 - PREVALENCE OF FUNCTIONAL GATROINTESTINAL DISEASES(FGID) AND THE COMPARISON OF PSYCHOLOGICAL SYMPTOMS ACCORDING TO THE PRESENCE OF FGID IN PSYCHIATRIC OUT-PATIENTS AT A UNIVERSITY HOSPITAL

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Aims: This study investigated the prevalence of functional gastrointestinal disease(FGID) and comparison of psychological symptoms according to the presence of FGID in psychiatric out-patients at a University Hospital.

Methods: The study was conducted with a total of 170 outpatients visiting the Mental Health Department at a University Hospital. After excluding 26 patients due to unreliable responses, the remaining 144 patients were included in the data analysis. FGID was identified in accordance with the Rome III questionnaire - Korean version. Demographic factors were recorded, and psychosocial factors were evaluated using the Hospital Anxiety Depression Scale (HADS), Patient Health Questionnaire-15 (PHQ-15), Childhood Trauma Questionnaire-Korean (CTQ-K), and State-Trait Anger Expression Inventory (STAXI). Chi-squared test, one-way ANOVA, Student’s t-test and the Pearson’s correlation coefficient was used as statistical analysis methods.

Results: The prevalence of FGIDs of psychiatric out-patients at a university hospital was 43.7%. Among FGIDs, gastroesophageal reflux disease(GERD) was 44.4%, functional dyspepsia(FD) was 20.1%, functional constipation was 18.1%, and irritable bowel syndrome(IBS) was 16.7%. The groups defined by the presence of FGID, non-FGID showed no differences in demographic data. In terms of differences by psychiatric disorder classification, only IBS showed a significant effect of psychiatric disorder ($\chi2=11.408$, $p= 0.022$). The psychiatric out-patients with GERD, IBS, and FD showed higher depression, anxiety, somatic symptoms, and state-trait anger.

Conclusions: This study found that patients with psychiatric disorders had a high prevalence of FGIDs, and psychiatric out-patients with FGIDs showed higher psychopathology. These results suggest that FGIDs could be evaluated and managed for the treatment of psychiatric out-patients.

P152 - RISK FACTORS AND OUTCOMES OF DELIRIUM IN HOSPITALIZED PATIENTS: AN EPIDEMIOLOGICAL STUDY AT THE VERONA UNIVERSITY HOSPITAL

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Aims: The aim was to analyse and describe cases of delirium in hospitalized patients for whom a psychiatric consultation was requested during 2017.

Methods: Patients personal and clinical data were retrospectively reviewed from hospital files and clinical data records. We investigated possible risks and precipitating factors using as outcomes length of stay, deaths, falls and institutionalization after discharge. Features of delirium were collected during the consultation-liaison contacts.

Results: During 2017, 78 requests for consultations to our Unit have resulted in a diagnosis of delirium. In most cases, requests arrived when behavioural disorders were uncontrollable or undermine the adherence to medical treatments. Units which required more consultations were Internal Medicine (41 pts) and Surgical Units (20 pts). Consultations were requested on average 4 days after symptoms onset (range from 0 to 28 days). The majority consisted of hyperkinetic delirium (81%). In total, we examined 26 women and 52 men with an average age of 77 years; only 2 patients were younger than 60 years: one with delirium tremens and one with symptoms of opioid withdrawal. Around 41% of patients had dementia, while 29% had a psychiatric history. One-third had a previous admission in an Intensive Care Unit. Regarding outcomes, 18 people died during the index admission where consultation was requested and 6 died in a subsequent admission. The length of stay was on average 30 days, 16 patients were rehospitalized within a month, 12 were discharged to long-term care or to rehabilitation facilities, 12 had falls and 4 developed decubitus ulcers. Statistics about risks and precipitating factors will be presented.

Conclusions: Literature estimates that delirium is unrecognized in 33-66% cases with serious clinical implications and consequences. We also found that our colleagues were not able to identify signs and symptoms of delirium as in most cases the diagnosis was done during the consultation. For this reason, a project with the aim to raise awareness and train colleagues was implemented, the Confusion Assessment Method questionnaire was piloted in three clinical units in order to obtain earlier diagnosis and better management of delirium. Preliminary results will be presented.

P153 - EFFICACY OF COMBINATION THERAPY WITH SOLIFENACIN AND MELATONIN ON NUCTURIA IN OLD WOMEN WITH LOW COMPLIANCE BLADDER

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Aims: Nocturia is a common symptom in old women with pronounced impact on sleep, quality of life and general health. Much studies have demontrated that low compliance bladder(LCB) was a cause for nocturia and nocturia was the circadian voidig disorder in old women. We examined the efficacy of combination therapy with solifenacin and melatonin in old women with LCB who had suffered from sleep disturbance associated with nocturia.

Methods: Urodynamic tests were conducted in women over the age of 65 who had suffered from frequency. A total of 45 women diagnosed with nocturia and low compliance bladder were selected. After treatment with solifenacin for 4 weeks, 25 patiens dissatisified with nocturia (nocturia quality of life index ≥4) and suspected to have sleep disturbnace (Athens Insomnia Scale ≥6) reseived additional treatment with solifenacin and melatonin for 4 weeks. Outcomes were evaluated by Athens Insomnia Scale(AIS), nocturia-quality of life index(nocturia-QOL).

Results: After monotherapy with solifenacin, significant reduction nocturia episodes (3.5 ± 0.9 to 2.5 ± 0.7, $p<0.001$) were observed. However, 29 patients were dissatisfied with nocturia (noctura-QOL ≥4). Among 29 patients, 25 patients were suspected to have sleep disturbances (AIS ≥6). In these patients, additional therapy with solifenacin and melatonin significantly reduced nocturia episodes (3.1 ± 0.6 to 1.9 ± 0.7, $p<0.001$), AIS(9.3 ± 1.7 to 5.1 ± 2.5, $p<0.001$) and nocturia-QOL(5.8 ± 0.7 to 3.4 ± 0.9, $p<0.001$) compared with patients after treatment with solifenacin only.

Conclusions: Combination therapy with solifenacin and melatonin may be useful for old women with LCB dissatisfied with nocturia and suspected to have sleep disturbance.

P154 - THE EFFECT OF A PHYSICAL TRAINING WITH THE HUMAN BODY POSTURIZER ON DEPRESSION LEVELS IN THE REHABILITATION OF INSTITUTIONALIZED ELDERLY: A PILOT STUDY

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Aims: The Human Body Posturizer (HBP) is an orthosis used in the rehabilitation of subjects with different motor deficits. The rehabilitation with HBP stimulates the area of the pre-frontal cortex, which is involved in the inhibitory modulation of the amygdala whose hyperactivity is involved in the mechanisms of depression. The aim of the present study is to investigate in institutionalized elderly patients the effects on the depression levels of a physical training with the use HBP compared to a traditional training.

Methods: 20 patients hospitalized in the nursing home “RSA Ebraica di Roma” with moderate depression levels were recruited to participate in this study (m = 88, ds = ± 5). The participants were randomly assigned to: a) HBP Group, which carried out physical training using the HBP; b) Excercise Group, which carried out a training without the orthosis. The training was conducted for 6 months (3 sessions each week), with the same kind of exercises with or without the HBP according to the assignment group. A socio-anamnestic questionnaire, the Tinetti Scale, and the Geriatric Depression Scale (GDS) were administered to the participants before and after the period of training.

Results: The two groups were homogeneous for age, baseline motor ability (risk falls) and depression scores. After 6 months of exercise training a significant reduction in depression levels was reported only in the HBP Group ($p < .01$).

Conclusions: A positive effect of the HBP in the modulation of mood in elderly subjects was found. It is possible to hypothesis that a traditional training without the orthosis, as the one followed by the Exercise Group, may require more time to achieve significant results. Clinical implications will be discussed.

P155 - PSYCHOSOMATIC APPROACH TO TREATMENT OF CHILDREN WITH SEVERE CHRONIC DISEASES

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Aims: The psychological factor in the form of mental stress plays an important role in the development and progression of many diseases. Those of them, where his influence is especially strong, received the name “psychosomatic diseases”. However, it should be noted, that mental stress has an adverse effect on the course of any disease, independently of the etiological cause of its development. Therefore, the correction of these disorders is an important aspect in the treatment of any disease and this approach is called psychosomatic. To study the disturbances of the psychoemotional status in children with severe chronic diseases (Crohn's disease, nonspecific ulcerative colitis, autoimmune hepatitis, rheumatoid arthritis) and substantiate the need for a psychosomatic approach in their treatment.

Methods: The study was conducted among 60 children aged 7 to 15 years. The psychoemotional state and the self-concept were studied using the Dembo-Rubinstein self-esteem test and projective techniques – a drawing of a plant or an animal. The nature of the child-parent relationship was studied with the help of Ben-Antoni, Markovskaya and family drawing tests. Psychological correction of the revealed disturbances was carried out in the form of psychological conversations with children and parents in individual and joint formats. In addition, group psychotherapy was conducted with adolescents.

Results: As a result of the research, the psychoemotional disorders in the form of unstable self-esteem, anxiety, neuroticism and depression were found in the majority of children. Among disturbances of child-parent relationship, on the one hand, there was a lack of emotional closeness, acceptance, cooperation, and on the other - increased control, rigidity and confrontation. Among the psychological mechanisms of protection, immature forms, such as idealization, rejection, bias, regression prevailed. In the analysis of family drawings, the problems related to family relationships were also found in most cases. Drawings of a plant and an animal associated with the internal psychoemotional state in most cases also indicated the presence of its disorders and revealed anxiety, depression and other internal problems of the child. As a result of the psychocorrection, the improvement of the psychoemotional state and improvement of child-parent relationship was noted.

Conclusions: Thus, as a result of the study in children with severe chronic diseases the disturbances of psychoemotional state and child-parent relationships were found. They lead to the development of mental disadaptation, negatively affect the course of the disease and require appropriate correction.

P156 - PSYCHOLOGICAL DISTRESS AND MENTAL QUALITY OF LIFE IN PARENTS OF CHILDREN WITH AUTISM SPECTRUM DISORDER: THE EFFECT OF PARENTAL COUNSELING

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Aims: Parents of children with autism spectrum disorder (ASD) commonly suffer from severe emotional distress and report poor quality of life (QoL). There is accumulating evidence that parental psychosocial needs may negatively affect children's adjustment and prognosis and should be taken into consideration when designing early intervention programs. The aim of the current prospective controlled study was to determine the effect of regular parental counseling sessions on psychological distress and mental QoL in parents of ASD children.

Methods: Psychological distress was measured with the Hospital Anxiety and Depression Scale (HADS) and mental QoL was evaluated with the mental health sub-scale of the Short Form Health Survey (SF36). All parents were prospectively followed-up and re-evaluated at 6-24 months from baseline.

Results: 38 parents entered the study, 25 of them attended regular counseling sessions, while 13 did not. All participants' children suffered from ASD according to the DSM-IV or DSM-V criteria and were receiving individualized therapeutic sessions by psychologists, special education teachers, speech and occupational therapists. The two parental groups did not differ significantly at any baseline demographic characteristic with the exception of child's age ($p=0.003$) or at baseline anxiety, depression and mental health sub-scale scores. Statistical analysis revealed a significant between-group difference in the observed changes in anxiety ($p=0.043$) and mental QoL scores ($p=0.016$), with parents under counseling reporting less severe anxiety symptoms and better mental QoL while control parents reported more severe anxiety symptoms and worse mental QoL at follow-up compared to baseline. In contrast, the observed changes through time in depression scores were not significantly different between the two parental groups ($p=0.119$), although control parents reported a clinically significant increase in depression severity at follow-up.

Conclusions: Systematic parental counseling seems to reduce parental anxiety and improve mental QoL thus constituting a necessary part of ASD intervention programs.

P157 - CHANGES OF HEART RATE VARIABILITY IN FIRST-EPISODE DRUG-NAÏVE ADOLESCENTS WITH MAJOR DEPRESSIVE DISORDER: A 12-WEEK PROSPECTIVE STUDY

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Aims: Major depressive disorder (MDD) is a quite common mental disorder affecting adolescents. Therefore, understanding the physiological mechanism of adolescent MDD has important clinical implications for this disorder. Heart rate variability (HRV) studies have observed differences between depressed and healthy comparison participants but there are inconsistencies across studies. This study was aimed to investigate the changes of HRV in first-episode drug-naïve adolescents with MDD after 12-week antidepressant medication treatment.

Methods: We recruited patients aged 13-18, who were diagnosed with MDD. Once they are eligible to our study, we have conducted HRV measure before and after 12-week antidepressant treatment. We also recruited age-matched normal healthy controls and conducted HRV measure for comparison.

Results: The total of number of participants was 31 in the patient group and 26 in the control group. In frequency domain analysis at the baseline, patient group showed lower normalized high frequency (HF norm), and higher normalized Low Frequency (LF norm) and LF/HF ratio than control group, which showed decrease of parasympathetic tone and increase of sympathetic tone. In patient group, LF was significantly decreased after treatment. Score of

Hamilton Depression Rating Scales and Children's Depression Inventory showed positive correlation with LF norm, LF/HF ratio and negative correlation with HF norm.

Conclusions: Analysis of HRV of adolescent MDD group suggests that, imbalance of autonomic nervous system might be a meaningful feature of adolescent depression and HRV also might be used as a biological marker showing pathophysiological changes in MDD.

P158 - SELF-EFFICACY AND SELF-ESTEEM IN PARENTS OF ADHD CHILDREN

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Aims: This study aimed to investigate the development of two self constructs (self-efficacy and self-esteem) in parents of ADHD children. While some literature data suggest, in this respect, that these constructs may be affected by the suffering of the child, other data claim an opposite effect, via the urge of these parents to develop new coping strategies.

Methods: The design was cross-sectional. The study sample comprised 100 parents of ADHD children and 62 parents of normally developed children. All parents were assessed by the Rosenberg Self-Esteem Questionnaire and the Global Self-Efficacy Scale. Several additional socio-demographic data were collected (gender, family structure, academic studies). All ADHD and ADHD-like symptoms in children were collected. Score differences between groups were performed by t test. A linear regression model was estimated in order to adjust for covariates.

Results: The mean age for parents of ADHD children was 38.5 years (SD = 5.4, range 25-52) and for parents of normally developed children 39.0 years (SD = 5.6, range 26-50). While the socio-demographic characteristics of the two groups were similar, self-efficacy and self-esteem differed ($t = 4.717$, $p < .01$ and $t = 4.884$, $p < .01$, respectively), with much lower values in the parents of ADHD children. The linear regression model showed a significant correlation between self-esteem and self-efficacy scores; this correlation was significant also with ADHD children's symptoms ($F_{2,159} = 14.335$, $p < .001$). The amount of symptoms' variance accounted for by self-esteem and self-efficacy was 15.3%.

Conclusions: There is a significant correlation between self-esteem and self-efficacy in parents of ADHD children and the children's symptoms. This raises the possibility of a causal relationship, in the sense that these symptoms could be maintained or amplified by the lack of adjustment in parents. This finding could have implications for the personalization of treatment in ADHD children.

TOPIC PREVENTIVE AND LIFESTYLE MEDICINE

P159 - A QUALITATIVE PROCESS EVALUATION OF THE IMPLEMENTATION OF A QUIT SMOKING PROGRAMME IN ADULT COMMUNITY MENTAL HEALTH DAY SERVICES

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Aims: Little is known about the experiences of people with mental health difficulties in smoking cessation interventions, especially for those with more severe mental illness. This evaluation aimed to review the implementation of a smoking cessation programme in community mental health day services, establish the experience of use from both service user and staff perspectives and refine implementation for future groups.

Methods: In-depth individual interviews with 20 service users and focus groups with 18 staff who worked across 15 centres were employed to explore the implementation of the programme. Thematic analysis was used to analyse the data for emergent themes in relation to key enablers and barriers to implementation at both staff and participant levels.

Results: Implementation was facilitated by an open and engaged recruitment approach, the resourcefulness of facilitators and motivations among participants, including health and money. Barriers included the structure of the service and the lack of a joined-up approach across the health service.

Conclusions: Although an important step forward, there is a clear need for a joined-up approach across the Irish health service which supports those with mental health difficulties in their efforts to quit smoking. Services implementing cessation programmes must work to avoid gaps in availability of care due to staff shortages or competing priorities.

P160 - THE MEMORY-ENHANCING EFFECTS OF 6,7,4′-TRIHYDROXYISOFLAVONE, A MAJOR METABOLITE OF DAIDZEIN, THROUGH THE CHOLINERGIC SYSTEM AND THE P-CREB/BDNF SIGNALING PATHWAY IN MICE

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Daidzein is one of the major isoflavones found in soy-based foods. After ingestion, daidzein is readily changed to hydroxylated active metabolites in the human body. 6,7,4′-trihydroxyisoflavone (THIF), one of the metabolites of daidzein, has several pharmacological properties, including anti-cancer and anti-obesity properties. However, there is no report on the memory-enhancing effect of 6,7,4′-THIF in mice. The present study aimed to evaluate the effects of 6,7,4′-THIF against scopolamine-induced cognitive deficits using the Y-maze and passive avoidance test. Administration of 6,7,4′-THIF significantly improved scopolamine-induced memory impairments in these behavioral tests. In addition, treatment with 6,7,4′-THIF alone enhanced learning and memory in the same behavioral tests. Molecular studies clearly showed 6,7,4′-THIF significantly inhibited acetylcholinesterase (AChE) and thiobarbituric acid reactive substance (TBARS) activities in the hippocampus of scopolamine-induced mice. In addition, immunohistochemistry and Western blot results revealed that 6,7,4′-THIF significantly increased brain-derived neurotrophic factor (BDNF) and phosphor cAMP response element binding (CREB) in the hippocampus of mice. Taken together, these findings demonstrate that 6,7,4′-THIF improves cognitive dysfunction induced by scopolamine, and enhances learning and memory by activation of the cholinergic system and the p-CREB/BDNF signaling pathway in mice.

P162 - INTEGRATIVE LIFESTYLE PROGRAMS IN PSYCHIATRY

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Aims: To explore the impact of lifestyle modification programs on the complex interrelationship between mental and physical health, especially concerning people living with mental health problems.

Methods: A literature review was conducted on the impact of modifiable lifestyle components such as diet, exercise, sleep and relaxation, modification of substance use, and enhancement of social networks on general mental health.

Results: Current evidence suggests that the major components of lifestyle-focused health programs to enhance mental and physical health include the adoption of physical activity and exercise, dietary modification, general psychoeducation, adequate relaxation/sleep and social interaction, use of mindfulness techniques, reduction of substance use, improvement of intersecting environmental factors, and the use of motivation and goal setting techniques. However, the applicability of such programs across different cultural contexts is uncertain.

Conclusions: An integrated lifestyle-focused health response is important for the prevention and early diagnosis, treatment, and management of both physical and mental health. However, there remains potential barriers, challenges and logistical issues in the implementation of such programs within diverse populations.

P163 - QUALITY OF LIFE OF PATIENTS IN AN OUTPATIENT PSYCHIATRIC SERVICE

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Aims: to explore those factors that influence the quality of life (QoL) of patients, presenting at a psychiatric outpatient service in a defined period of time.

Methods: all patients presenting at Tóth Ilona Medical Service – Psychiatric Outpatient Service (TIMS-POS), from Budapest, between 02/01/2018 – 30/01/2018, filled out the SF-36 (36- item Short Form Health Survey) Questionnaire and the EQ – 5D (European Quality of Life) Questionnaire. Demographic data of the participants were collected and statistical analysis was performed using SPSS-11.5.

Results: during the study period 125 patients presented at the TIMS-POS. 118 patients consented to participating in the study. Mean age of the sample was 48.99 +/- 16.3 years. Males were present in 29%. Most frequent diagnoses were affective disorders (41.2%), anxiety disorders (19.3%) or mixed affective-anxiety disorders (18.5%). Majority of the patients had professional training and high-school graduation (23.5% each). Forty three percent of the patients lived in family and more than half of them were employed. Antidepressants with (30.3%) or without (31.9%) benzodiazepines were the most frequently used drugs. The mean value on EQ-5D was 8.2 (+/- 2.2). Results of the subscales of SF-36 were as follows: general health – 52.6%, physical functioning– 75.9%, role limitation due to physical health – 55.9%, role limitation due to emotional problems – 57%, energy/fatigue – 51.4%, emotional well-being – 59.6%, social functioning – 59.1%, pain – 65.6%. There was no significant difference in QoL of patients with different diagnoses. QoL of patients with lower education level proved to be lower in two areas: physical functioning and pain. Unemployed patients had significant lower level of overall physical health (general health and physical health) compared with employed counterparts. The only area, where gender differences were detectable was the physical activity where males scored significantly higher.

Conclusions: in patients with lower education level somatisation-, conversion disorders are more frequent. These patients have lower QoL in domains of pain and physical funtioning. Majority of the older patients, presenting to POS, had also lower education level and have lower QoL in the mentioned domains. Depression can be overrepresented among unemployed patients, influencing their overall physical health, especially at higher ages.

P164 - SURVEY ON FOOD KNOWLEDGE, EMOTIONAL FACTORS AND EATING HABITS: A PRELIMINARY STUDY IN THE GENERAL POPULATION

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Aims: Several studies have highlighted a complex association between eating and emotions. This relationship varies according to the particular characteristics of the individual and according to the specific emotional state. However, only recently the literature is examining the phenomenon of emotional eating which is defined by eating in response to negative emotions (stress, loneliness, boredom, anxiety, etc.) instead of biological needs. Therefore, the aim of this study was to investigate the association between emotional eating, food knowledge, eating habits and psychological factors in an Italian sample from the general population.

Methods: Facebook groups were used to host an online survey: the total number of respondents was 1,019 (938 women, 81 men). The survey collected sociodemographic information and four self-report questionnaires: the General Nutrition Knowledge Questionnaire (GNKQ; Parmenter & Wardle, 1999), the 14-item Mediterranean Diet Adherence Martínez-González et al., 2012), the Big Five Inventory-10 (BFI-10; Rammstedt & John, 2007) and the Emotional Eating Questionnaire (Garaulet et al., 2012).

Results: Analysis of variance has shown that there is not a relationship between lower scores in emotional eating and higher levels of food knowledge or higher adherence to a healthy diet or vice versa. However, higher scores in emotional eating were related to higher consumption of red meat and sweets. In addition, emotional eating scores were negatively correlated to four personality dimensions of the BFI-10 (agreeableness, conscientiousness, extroversion and openness). Higher motional eating scores were also correlated to higher BMI. Finally, T-test showed that emotional eating scores are higher in women than in men.

Conclusions: This study has highlighted a close connection between emotional eating and personality dimensions. According to these results, it may be useful to focus on personality variables when implementing intervention strategies for weight loss and programs for the prevention of overweight and obesity.

P165 - IMPROVING INFLUENZA VACCINATION RATES AMONG MEDICAL PERSONNEL: A MIXED METHODS STUDY

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Aims: Influenza vaccination rates are alarmingly low in medical personnel across Europe, particularly in nurses. Quantitative studies which evaluated previous influenza vaccination campaigns in a university medical centre demonstrated a significant knowledge increase and a positive attitude change. However, at the same time these campaigns failed to effectively improve influenza vaccination rates. The aim of the present study was, therefore, to understand this attitude-behaviour gap in medical personnel to identify starting points for future interventions.

Methods: Structured interviews were conducted with medical doctors and nurses from a university medical centre. The qualitative interview assessed attitudes and behaviour in the current influenza vaccination period and explored group-specific needs of medical doctors and nurses in regards to future influenza vaccination campaigns. With the aim to improve understanding of the attitude-behaviour gap in medical personnel quantitative instruments additionally assessed attitudes towards influenza vaccination (5C Scale), beliefs about stress (Beliefs About Stress Scale), and numerical rating scales were applied to assess perceived work-, symptom- and stress-load.

Results: In total, 24 medical doctors (n = 16 vaccinated) and 21 nurses participated (n = 13 vaccinated) in the present study. Preliminary analyses of the qualitative interviews revealed that medical doctors emphasized the importance of education about individual risks of infection and favoured on-ward opportunities to get vaccinated. Medical doctors opposed incentives for influenza vaccination. Nurses emphasized that influenza vaccination campaigns should rather provide information on personal advantages of influenza vaccination than information about patient safety. Nurses also strived for on-ward opportunities to get vaccinated. Unlike medical doctors, nurses predominantly supported incentives for influenza vaccination.

Conclusions: The preliminary study results highlight the importance of easy accessible influenza vaccination during working shifts and the need for tailored education and awareness interventions that provide medical doctors and nurses with targeted group-specific information.

P166 - OUTCOMES OF ADOLESCENT ORTHOSTATIC DYSREGULATIONS IN PSYCHOSOMATIC MEDICINE

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Aims: Orthostatic dysregulation (OD) such as postural orthostatic tachycardia syndrome (POTS) occurs in school-aged children and adolescents. Psychosomatic comorbidities such as migraine, gastrointestinal disorders, and chronic fatigue syndrome are common in patients with OD. OD has a negative impact on school life and QOL, but it remains to be investigated in this age group. To investigate the impact of clinical factors on outcomes of adolescent OD patients in psychosomatic medicine.

Methods: A retrospective chart review was performed on adolescent OD patients aged 13-18 years from 2007 to 2016. OD was diagnosed by orthostatic intolerance and active standing tests. Comorbid conditions were diagnosed by certified psychosomatic medicine specialists. Ethical approval was obtained from the Research Ethics Committee of St. Luke's International Hospital.

Results: Among 55 participants, 41 were female and mean age was 16.3 years (SD 1.4). Eighteen were transition from pediatricians, and others were adolescent-onset cases within 14.8 months (SD 15.1). Mean durations of illness and treatments were 22.4 (SD 20.1) and 15.2 (SD 18.4) months, respectively. POTS was the most common OD subtype (n=44, 80.0%). Major comorbid mental disorders were eating disorders (n=10, 18.2%), anxiety disorders (n=7, 12.7%) and depressive disorders (n=3, 5.5%). Thirty-five participants had functional disorders (19 migraine, 21 functional gastrointestinal disorders, 6 chronic fatigue syndromes, 3 fibromyalgia). Thirty-nine participants (70.9%) were clinically improved. Female gender, transition from pediatricians, and family psychoeducation were associated with better outcomes. However, duration of illness, family histories, comorbidities, and medications were not significantly related with clinical outcome.

Conclusions: 70% of adolescent OD patients were improved in 2 years after psychosomatic interventions regardless of OD duration, transition, and comorbidities. Family interventions may be an useful treatment for adolescent OD.

TOPIC 4.12 NON-INVASIVE AND INVASIVE OBESITY INTERVENTIONS

P167 - MULTIMETHOD EVALUATION OF ALEXITHYMIA IN SEVERELY OBESE PATIENTS SEEKING SURGICAL TREATMENT

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Aims: The relationship between alexithymia and obesity is uncertain, in fact the literature showed contrasting results. In previously studies the use of self-report instrument for the assessment of the alexithymia construct constantly emerged. The aim of the present study is to use for the assessment of the alexithymia in severely obese patients different instruments, both self-report and clinical interview. Further aim of the study is to investigate the relationship between alexithymia and obesity as measured by body weight.

Methods: Twenty five severely obese patients (7 male, 18 female, mean age 41,08, s.d. 10,3; mean body weight 122,96 kg, s.d. 22,2 Kg) admitted for bariatric surgery completed the 20 items -Toronto Alexithymia Scale (TAS-20) and the Toronto Structured Interview for Alexithymia (TSIA) during the psychological assessment.

Results: Discrepancies between TSIA and TAS-20 evaluation of the alexithymia levels emerged. Qualitative analysis on alexithymia scores showed the obese sample scored higher (m=23.28) than the Italian general population (m=18.4) on the TSIA, while reported lower scores (m=37.88) than the Italian general population (m=44.7) to the TAS-20. Correlation analysis showed that only TSIA total scores were positively related to the Body Weight (p= .01), whereas TAS-20 total and subscales scores showed no significant correlation with the Body Weight.

Conclusions: Qualitative analysis showed different results on the evaluation of alexithymia depending on the instrument employed. The relationship between alexithymia and body weight in obese patients was confirmed only through the use of the TSIA. We can thus hypotheses that the contrasting data showed by literature may be relating to the use of self-report instruments. The TSIA may be a more sensitive tool in assessing alexithymia, overcoming subjects' negation tendency and social desirability.

P168 - OBSTETRIC COMPLICATIONS, NEONATAL AND MATERNAL MORBIDITY IN BIPOLAR DISORDER AND SCHIZOPHRENIA

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Aims: to estimate incidence rates of obstetric complications, neonatal and maternal outcomes of pregnant women with Bipolar Disorder or Schizophrenia and their newborns, balancing risks of untreated illnesses versus those related to exposure to second-generation antipsychotics (SGAs).

Methods: we systematically reviewed the literature using the following key terms: pregnancy OR gestation OR bipolar disorder OR schizophrenia. These search terms were combined with specific terms for illness-related risks in bipolar disorder and schizophrenia (risk of relapse, obstetric complications such as preterm birth or low birth weight, neonatal outcomes such as stillbirth, neonatal or infant deaths, maternal outcomes such as gestational diabetes or preeclampsia) and for treatment-related risks with SGAs (teratogenesis, obstetrical complications and effects on child neurodevelopment).

Results: The risk of relapses during pregnancy associated with abrupt discontinuation of antipsychotics is high both in pregnant women with Bipolar Disorder and Schizophrenia. When untreated, both disorders are linked to a slightly increased risk of obstetric complications for mothers (schizophrenia) and the newborn (bipolar disorder and schizophrenia), although data on drug exposure during pregnancy were not given in the majority of studies. Maternal morbidity (schizophrenia but not bipolar disorder) may be associated with the worst neonatal outcomes (stillbirth, neonatal or infant deaths, and intellectual disability). Untreated bipolar disorder and schizophrenia may be considered independent risk factors for congenital malformations, while SGAs were not associated with increased recurring defects in fetuses. Evidence regarding the potential effects of SGAs on child neurodevelopment remains reassuring.

Conclusions: Both untreated Bipolar Disorder and Schizophrenia during pregnancy and exposure to SGAs are associated with obstetric complications and adverse neonatal/maternal outcomes. Balancing between those risks and considering risks associated with relapses associated with drug discontinuation during pregnancy should inform the clinical practice when dealing with pregnant women with severe mental illnesses.

P169 - BEHIND CLOSED DOORS: DOMESTIC VIOLENCE AND THE IMPACT ON MENTAL HEALTH OF MOTHERS IN THE POSTNATAL PERIOD

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Aims: According to the global WHO estimates, approximately one in every 3 women (35%) have experienced physical and/or sexual violence at some point in their lives. Domestic violence (DV) adversely affect victims' physical and mental health, as well as quality of life. Women experiencing DV during pregnancy are more likely to have postnatal depression and are at greater risk of adverse pregnancy outcomes, such as infant and maternal mortality. In Pakistan, DV is highly prevalent (16 – 80% physical; 48 – 84% psychological). This is a secondary analysis of a cross sectional study assessing postnatal depression in Pakistani women.

Methods: This study was conducted at a maternity and child care centre in Karachi, Pakistan. Data was collected from 753 mothers in the postnatal period using Edinburgh Postnatal Depression Scale (EPDS), Life Event Checklist (LEC) and Brief Disability Questionnaire (BDQ).

Results: Out of 753 mothers, 268 reported history of domestic violence on LEC (35.6%). Higher proportion of women with history of DV were depressed (20.1%), when compared to those who had not experienced DV (12.6%) on EPDS. Rate of suicidal ideation was significantly higher among those with DV (12.7%) as compared to those with no experience of DV (7.8%). Disability scores were also significantly higher in women with DV.

Conclusions: Domestic violence was associated with a greater incidence of depression, suicidal ideation and disability. Our findings illustrate the importance of screening for DV as part of routine antenatal and postnatal care, as well as offering appropriate psychosocial interventions for affected patients.

P170 - INFERTILITY AND ASSISTED REPRODUCTIVE TREATMENT: THE ROLE OF ALEXITHYMIA, ROMANTIC ATTACHMENT AND MARITAL RELATIONSHIP ON THE QUALITY OF LIFE

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Aims: WHO data report that 15-20% of couples suffer from fertility problems with serious implications for the mental, physical, social and couple wellbeing. Aims of the study were to evaluate: possible differences between women and men regarding quality of life, alexithymia, romantic attachment dimensions and quality of marital relationship during an Assisted Reproductive Treatment (ART); the predictive effect of these variables on the quality of life of women and men during the ART.

Methods: 84 women (age m=38.1 sd=5.5) and 25 men (m=37.5 sd=5.6) were recruited in an assisted reproduction clinic of Rome. At the beginning of the ART women and men completed a socio-demographic questionnaire, the Fertility Quality of Life (FertiQuoL), the 20-item Toronto Alexithymia Scale (TAS-20), the Experience in Close Relationship-Revised (ECR-R) and the Couple Relation Inventory (CRI).

Results: Differences between women and men emerged in FertiQuoL Total (p=.02) Emotional (p=.001), Mind-Body (p=.05) and Tolerability (p=.001) subscales scores, in the direction of a lower quality of life in women. Furthermore, women scored significantly higher in Difficulty in Identifying Feelings (TAS-20; p=.04) and Idealization (CRI; p=.01), whereas men scored significantly higher in Erotic Fantasy (CRI; p=.04). Several significant association among quality of life, alexithymia, quality of marital relationship and attachment dimensions were reported in women and men. Regression analysis showed the predictive effect of Difficulty in Identifying Feelings (p=001) and Attunement with partner (CRI; p=.01) on women's quality of life. In the group of men no significant predictive effect emerged.

Conclusions: The findings support a more severe effect of infertility and its treatments on women than men. The findings highlight the predictive effect of the difficulty in identifying feeling and attunement with the partner on the quality of life of women during the ART. Clinical interventions in this field may be focused on the promotion of these abilities in the members of the couple, with possible implications on ART successes.

P171 - THE RELATIONSHIPS AMONG FEAR OF DISEASE PROGRESSION, ANXIETY, DEPRESSION AND MEDICATION ADHERENCE IN PERSONS WITH HIV/AIDS

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Aims: To examine whether anxiety and depression mediates the relationship between fear of disease progression (FOP) and medication adherence, and whether social support moderates the relationship of FOP to anxiety and depression in persons with HIV/AIDS.

Methods: A cross-sectional, multi-center survey involving four university hospitals in South Korea was implemented. The study sample consisted of 201 outpatients diagnosed with HIV/AIDS recruited from attenders at outpatient clinics from December 2016 to June 2017. Participants were asked to complete a self-report survey including Fear of Disease Progression short form, Hospital Anxiety and Depression Scale, Medication Adherence Rating Scale, and Contextual Illness Support Scale.

Results: The results of moderated mediation analyses by Hayes Process Macro indicated that FOP is negatively associated with medication adherence directly and indirectly by increasing depression, and social support moderated the relationship between FOP and depression (n = 141). Direct and indirect effects of FOP via anxiety on medication adherence were not significant, and social support did not moderate the relationship between FOP and anxiety (n = 128). Marital status, which was entered as covariate in analyses, was a significant factor associated with medication adherence, with married status being related to greater medication adherence.

Conclusions: Current results suggest that FOP might negatively affect medication adherence by increasing depression, and social support might attenuate the negative impact of FOP mediated by depression on medication adherence.

P173 - PHYSICAL COMORBIDITIES IN SEVERELY MENTALLY ILL OFFENDERS: PRELIMINARY RESULTS FROM THE PERSON PROJECT

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Aims: Most of the literature about severely mentally ill offenders deals with criminological and psychiatric variables, with a lack of data regarding physical health. We investigated physical comorbidities in a sample of forensic patients.

Methods: The PERSON Project (**P**roc**E**ss, **R**ehabilitation, **S**ervice use, **O**utcome and **N**eeds in community forensic patients) is an observational-naturalistic study with an epidemiological approach. Data collection is performed by means of a standardized chart shared among a group of Mental Health Departments.

Results: The results deal with a sample of 26 mentally ill offenders, evaluated at baseline. 14 patients have no psychical comorbidity, 12 have physical comorbidities. Among the latter, 6 people have been diagnosed with only one physical disease and 6 with more than one. Diagnosis in the group of people with just one disease are: heart failure, asthma, diabetes, hepatitis C, obesity, mensenterium commune. Diseases in the group of people with more than one comorbidity are: cognitive impairment + post-traumatic hemiparesis; diabetes + obesity; encephalopathy + hypertension; hepatitis C + acquired hypogonadism; hypertension + hearth failure + gastro-esophageal reflux disease; hypothyroidism + obesity + diverticulitis + gastro-esophageal reflux disease. As far as diabetes: 24 people do not have it, 1 has only this diagnosis, 1 has it in comorbidity with other psychical diseases. Obesity is not present in 23 people; 1 has just this diagnosis, 2 are obese in comorbidity with other physical diseases. Cardiovascular disorders are absent in 23 people; 1 has only this diagnosis, 2 this one with other physical diseases. Finally, 2 people have hepatitis C (1 as a single diagnosis, 1 with other physical comorbidities).

Conclusions: In contrast with the existing literature, diabetes, obesity and cardiovascular disorders are present only in a small part of our sample. Further investigations with a larger sample and a longitudinal perspective are needed.

P174 - PSYCHIATRY IN A PALLIATIVE CARE TEAM: DYING AT HOME

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Aims: The goal of palliative care (PC) is providing symptomatic relief and improving quality of life for patients and family. Although end-of-life care policy is enabling patients to die at home, the proportion of these does not exceed 50%, for which the absence of specialized PC teams contributes. Also, growing evidence support an integrated model of psychiatric care in PC as beneficial for the patient and family. The goals of this work are: describe the functioning of a Palliative Care Home Team (PCHT) and it´s benefit in dying at home and characterize the psychiatric intervention in PC.

Methods: Prospective study of the patients followed by PCHT, Centro Hospitalar Barreiro-Montijo, Portugal (n=32), during 2017. It was used a descriptive analysis (frequencies and central tendency measures).

Results: PCHT is a pilot project composed by palliative care physicians, a psychiatrist, a psychologist, nurses and a social worker. It works 4 days/week with regular briefings to discuss patients' needs and admissions. Thirty-two patients, with the mean age of 71,5 years and being the majority men (22; 69%), were followed (period/patient: 66,13 days); 19 (60%) of the patients died, and of these, 12 (63%) died at home and 7 (37%) at hospital. Most of the patients had cancer (24; 75%), mainly colon (4; 16,67%), and 13 (41%) had a psychiatric home intervention. Adjustments disorders were the most frequent diagnosis (7; 53,85%) and psychopharmacology (6; 46,15%) the main intervention.

Conclusions: With PCHT, 63% of the patients died at home, which is a higher number than usual, certainly improving quality of life for both patient and family. In this integrated model of care, psychiatry had a role in supervising the patients´ needs and giving support at home in 41% of the cases. Psychiatry has a fundamental role in a patient-centered model of PC.

P175 - LIAISON-CONSULTATION PSYCHIATRY: LEVELS OF ORGANIZATION AND EVIDENCE FOR INTEGRATED CARE

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Aims: The aim of this study is to compare the patterns of referral between periods in a general hospital with Consultation-Liaison (CL) Psychiatry levels I and II (the later in oncology unit).

Methods: Prospective descriptive study of the referrals for CL psychiatry (Centro Hospitalar Barreiro-Montijo, Portugal) comparing the period from September to December of the years 2016 (n=42) and 2017 (n=49).

Results: In the analog periods of 2016 and 2017 it was observed 42 and 49 patients, with the same gender distribution (45% men and 55% women) and similar mean ages 62,17 vs 60,95 years. In both years, most referrals came from the same services: medicine (9 in 2016 vs 15 in 2017), surgery (9 vs 6) and oncology (8 vs 11). Palliative care was exception in 2016, being one of those who asked more collaboration (8). The most frequent reasons for referral were depression (13 in 2016 vs 16 in 2017), evaluation (10 in 2016) and behavioral changes (11 in 2017). In 2017, the referrals for depression and behavioral changes raised 18,75% and 54,55% (respectively) and the referrals for evaluation decreased 50%. In terms of physical pathologies, the majority were cancer (21 in 2016 and 16 in 2017) and infections (13 in 2017), revealing a decrease of 23,81% of cancers observed and an increase of 62,5% in infections. Psychiatric diagnosis suffered an increase of 26,67% in depressions (11 in 2016 vs 15 in 2017) and 33,33% in delirium (10 in 2016 vs 15 in 2017). Delirium was most associated with a cancer diagnosis in both years and with infections (4) in 2017.

Conclusions: The optimal integrated care of CL psychiatry is level III organization. This study showed evidence how a level II organization with the oncology unit allowed a deeper integration of care, as cancers being the most frequent pathologies observed in two different years.

P176 - DEVELOPING A SWEDISH CONSULTATION-LIAISON NURSING SERVICE IN A TRADITION OF PSYCHIATRISTS

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Aims Sweden has so far lacked a solid development in Consultation-liaison (CL) Psychiatry, but at Karolinska University Hospital Huddinge in Stockholm there is a CL-service active since 20 years. During the last three years, this service has expanded with four psychiatric nurses who initially were trained by the senior CL-psychiatrists in a one-year program.

Methods: Due to the lack of a tradition of nurses in CL, it has been a challenge for the CL-service to make the medical departments of the hospital aware of the competences of the nurses and the benefits of establishing liaison with the CL-nurses. The nurses work close with the CL-psychiatrists with the main tasks of assessments and follow-ups, both on the wards and for out-patients, contributing in delivery plans at the specialist maternity care unit, care and nursing development with other departments, teaching and supervising nurse colleagues on wards regarding the specific issues of psychiatric nursing, delivering direct patient care such as e. g. Focused acceptance and commitment therapy (FACT), Motivational interviewing (MI) and de-escalation.

Results: There is now a well-established collaboration with among others the specialist maternity care unit, HIV clinic and the Neurology department. There are regular coordination meetings in a psychosomatic team with representatives from different departments with physiotherapists, occupational therapists, psychologists and the CL-service. Developing areas are delirium care, oncology and diabetes care.

Conclusions: The departments with an already established collaboration with the CL-service and specifically CL-nurses, express satisfaction with the service, and there is a growing interest among medical departments for expansion. There are expectations that the re-imbursement for a regular participation of nurses in the CL-service will be solved in the near future.

P177 - EVALUATION OF OPENING A TYPE III/IV MEDICAL-PSYCHIATRIC UNIT (MPU) ON COSTS AND EFFECTS

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Aims: There is no consensus in literature about the impact of Medical Psychiatric Units (MPU's) on treatment costs and effects. It is our aim to evaluate the effects of opening a MPU on different outcome measures, using a before and after study.

Methods: Patients were included to the pre-MPU group by the staff during morning report. They assessed if patients were eligible for admission to the future MPU, and labeled them as 'pre-MPU patients'. The 'actual MPU' group existed of patients that were admitted in the first full year of existence of the MPU, being 2012. Patient records of all included patients were reviewed in order to obtain information about effects and costs.

Results: The average length of stay (LOS) was increased in the actual MPU group compared to patients that were treated in the pre-MPU group and patients on the actual MPU were fixated more frequently and admitted more often to the intensive care unit (ICU). The costs of medical care from an insurance perspective were higher in the actual MPU group compared to the pre-MPU group. Most of these differences were small and could be the result of including more severely ill patients in the actual MPU group.

Conclusions: Opening of the MPU resulted in an increased LOS and a small increase of costs. Due to an increased number of fixations and days of admission to the ICU it seemed that opening of the MPU resulted in the admission of more complex patients. This suggests that with the introduction of the MPU more complex patients were treated against a small increase in costs.

P178 - DIALOGICAL AND INTEGRATIVE; BENEFITS OF INTERDISCIPLINARY CO-THERAPY TEAM IN OUTPATIENT PSYCHIATRY

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In recent years, there have been many debates about bio-psycho-social model in psychiatry and transformation of mental health care system in the Czech Republic and other former Eastern countries in Europe. In those discussions, a frequent emphasis has been put on dialogical approach, interdisciplinary team collaboration, integrated care, and community work. Within this trend, new clinical practices emerged at different places. In this presentation, we discuss a form of collaboration between a psychiatrist and a psychologist in outpatient psychiatry, which we developed in our clinical practice. The collaboration could be viewed as a true dialogue between a male psychiatrist, who is also trained in systemic family therapy and narrative approaches, and a female psychologist, who works primarily within experiential and emotion-focused modality. The therapists´ different psychotherapy background and their different gender, when reflected and integrated during therapy, enable integrative treatment and both person and family centred approach. No matter what disorder is the patient diagnosed with, the dialogical collaboration and integrative approach helps to avoid language of deficit and disease model during therapy process. At the same time, it provides a space for a combination of various forms of treatment, including medication, without any dogmatic inclinations. The collaboration ranges from a simple referral accompanied with thoughtful discussion through paralleled therapy with regular interdisciplinary consultations to systematic co-therapy team collaboration with couples and families. It is the male (psychiatrist) and female (psychologist) co-therapy team collaboration with couples and families, which could particularly be considered innovative in contrast to typical practices in psychiatry institutions. What are the specifics of male and female co-therapy team? What are the advantages and challenges of various forms of a psychiatrist and psychologist collaboration, including the male and female co-therapy team? What are the benefits of such collaboration for patients, their families, and for therapists? Is such collaboration more suitable for treatment of some disorders and not for others? The questions will be answered, and the specifics of interdisciplinary collaboration will be demonstrated with a case study example.

P180 - "CAN A MULTIMODAL ACT-BASED GROUP THERAPY IMPROVE QUALITY OF LIFE IN PSYCHIATRIC PATIENTS WITH SOMATIC COMORBIDITY?"

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Aims: We aimed to study whether psychiatric patients with somatic comorbidity benefit from a multimodal ACT-based therapy in a day treatment center. In routine mental health care hospital settings cross-diagnostic approaches are needed to account for the diversity of patients with a broad range of diagnoses and ages.

Methods: Controlled naturalistic study comparing ACT vs. CBT in a psychiatric day treatment center of a university-affiliated general hospital in Berlin, Germany. Daily life functioning and quality of life were measured with SF36. Cohen's D as effect size was calculated for each of the individual categories of the SF36.

Results: Study data of n=126 (ACT) vs. n=127 (CBT) patients were analyzed. Preliminary data analysis showed significant improvements for most SF36 categories in both groups, with statistically significant greater improvements for "Physical role" and "Bodily pain" in the ACT group.

Conclusions: ACT-based group treatment may be a valuable cross-diagnostic option in psychiatric patients with somatic comorbidity in multimodal routine care hospital settings.

P181 - THE REWARDING PROPERTIES OF THE 2C SERIES OF PHENETHYLAMINE DESIGNER DRUGS IN RODENTS

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The 2C series drugs are ring-substituted phenethylamines that belong to a group of designer agents similar in structure to 3,4-methylendioxy-N-methylamphetamine (MDMA). These new groups of synthetic designer drugs have increased over the past several years and they are widely used recreationally. Previous studies have reported that 2C family drugs have a combination of hallucinogenic and stimulating effects which increase the abuse of 2Cs causing many accidents. However, the addictive potential of 2Cs has not been studied yet. In this study, to assess the rewarding effects of 2C series drugs, such as 2C-C, 2C-P, and 25D-NBOMe, we evaluated the conditioned place preference (CPP) and self-administration in mice and rats. Treatment with 2C-C (3 and 10 mg/kg, i.p.), 2C-P (3 and 10 mg/kg, i.p.), and 25D-NBOMe (1 mg/kg, i.p.) significantly increased CPP in mice. In addition, 2C-C (0.03 mg/kg/infusion), 2C-P (0.01 and 0.03 mg/kg/infusion), and 25D-NBOMe (0.03 mg/kg/infusion) significantly increased self-administration in rats. Taken together, these results suggest that 2C series drugs of phenethylamine, including 2C-C, 2C-P, and 25D-NBOMe, have the addictive potential and rewarding properties in rodents.

P182 - EFFECTS OF A PSYCHOLOGICAL INTERVENTION ON GLYCEMIC CONTROL AND PSYCHOLOGICAL DISTRESS IN INDIVIDUALS WITH TYPE 2 DIABETES

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Aims: Increasing evidence suggests that psychological distress play an important role in the development and worsening of type 2 diabetes (T2D). Among the spectrum of psychological disorders, there is a wide literature about the association between depression and T2D and current data show an approximately two-fold prevalence of depression in adults affected by diabetes compared to un-affected individuals. Moreover, depression in individuals with T2D is associated with higher blood glucose levels, poorer adherence to therapeutic regimens, more medical complications, and higher hospitalization rates. Nevertheless, at the best of our knowledge, the mechanisms underlying the association between depression and adverse diabetes-related outcomes are currently poorly understood. Aim of this project was to assess the efficacy of a psychological intervention in individuals with T2D on suboptimal glycemic control.

Methods: Fifty-five subjects, 25 females and 30 males were randomized to standard diabetes care or 24 individual weekly sessions of psychological intervention. Those who agreed to take part in the study completed survey batteries at the end of the study (T26) and at 12-week follow-up (T38).

Results: Among those who completed the 24-week study evaluation the group assigned to psychological intervention showed lower hemoglobin A1c (HbA1c) levels ($p=0.02$) and body mass index (BMI) ($p=0.005$), markedly reduced anxiety e depression and higher perceived self-efficacy ($p<0.001$), as compared to the standard care group. Among subjects who completed the follow-up evaluation (N=38) at T38, we did not observe significant differences from baseline (T0) HbA1c levels ($p=0.84$) and BMI ($p=0.47$). With regard to the psychological measures, a significant decrease of anxiety ($p=0.019$) and depression ($p=0.035$) and an increase of diabetes self-efficacy ($p<0.001$) were confirmed at follow-up, while binge eating ($p=0.12$) remained unchanged.

Conclusions: These data show that a 24-week psychological intervention added to standard medical care induces a temporary benefit to the metabolic parameters and a durable and significant decrease of psychological distress in individuals with T2D.

P183 - DELAYED DIAGNOSIS OF NONCONVULSIVE STATUS EPILEPTICUS IN LITHIUM TOXICITY LEADING TO POOR OUTCOME: A CASE PRESENTATION

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Aims: Lithium toxicity is a potential danger in patients on chronic lithium therapy. It typically develops gradually and often presents with neurologic findings such as confusion, ataxia, lethargy, coarse tremors, fasciculations, or myoclonic jerks. In cases of severe lithium toxicity, encephalopathy as well as seizures can occur.

Methods: Review of the literature on the signs of lithium toxicity. We also present a case of a middle-aged female treated with chronic lithium therapy who developed lithium toxicity and non-convulsive seizures.

Results: The patient is a 63 year old Hispanic female with a history of developmental delay, on lithium and thiothixene, who presented with altered mental status in setting of lithium toxicity. Her serum lithium level was > 1.5. Patient's neurological status worsened to the point of encephalopathy and obtundation on physical exam. An EEG was not obtained until later in the treatment course when she was seen exhibiting repetitive movements concerning for seizure, which were short-lived. She was found to be in non-convulsive status epilepticus on EEG. She required four antiepileptic drugs to control her seizures. She did not regain her mental status and ultimately, the family decided to withdraw care. Patient passed away after one month on the medical floor.

Conclusions: The above case is an atypically poor outcome for a patient presenting with chronic lithium toxicity. Timelier EEG and diagnosis may have led to a better outcome for the patient. Lithium-induced confusional states may be secondary to toxic encephalopathy or non-convulsive seizures. The latter needs to be considered in the differential diagnosis of delirium in a lithium-toxic patient as missed or delayed diagnosis can lead to a worsened neurologic prognosis.

P184 - RISKS OF PHARMACOLOGICAL WEIGHT GAIN IN PATIENTS WITH DEPRESSION

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Aims: Antidepressant-associated weight gain results in significant increase of cardiovascular and metabolic disorders risks in patients with depressive disorder. Thus, weight gain in these patient cohorts could be itself classified as the object for complex prospective study. The aim of our study was to evaluate the risks of the antidepressant-associated weight gain in depressive patients.

Methods: 89 patients with depressive symptoms who received antidepressant therapy for at least 6 months were evaluated during the study. All patents were evaluated by psychiatrist and were assessed with the use of psychological instruments (HDRS-17, DEBQ) and laboratory methods (thyroid hormones, testosterone, estradiol, leptin, insulin, apolipoproteins and lipidogram).

Results: Complex analysis of received data showed that antidepressant-associated weight gain was characterized by 4 most important pathological clusters. First cluster was associated with the clinical structure of depression. The patients with atypical depression were more prone for pharmacological weight gain ($p < 0{,}001$). Second cluster was characterized by previous history of metabolic disorders (increase in BMI ($p<0{,}05$) and abdominal type of obesity ($p<0{,}001$)). Hormonal cluster of antidepressant associated weight gain was most commonly represented by TSH ($p<0{,}01$), prolactin ($p < 0{,}001$), insulin ($p<0{,}001$) levels elevation and decrease in testosterone levels ($p<0{,}05$). The cluster of lipid metabolism dysfunction was associated with increase in LDL levels ($p < 0{,}05$) and decrease in HDL levels ($p < 0{,}05$).

Conclusions: Our data showed that that antidepressant-associated weight gain was significantly associated not only with pharmacological agents types but also with individual metabolism and hormonal status risk factors. Understanding of specific mechanisms and interactions in pharmacological weight gain will provide the data most significant for safest individual therapeutic approach in depression.

P185 - COGNITIVE-BEHAVIOURAL INTERVENTION FOR COPING WITH ANXIETY, DEPRESSION IN INFLAMMATORY BOWEL DISEASE

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Aims: Inflammatory bowel disease (IBD) causes severe physical symptoms that predict poorer quality of life (QoL). IBD is also associated with psychological comorbidities, like anxiety and depression. The objective of this study is to evaluate the feasibility and effects of a group intervention using cognitive-behavioural therapy (CBT).

Methods: A 9-week pilot CBT group was conducted. A group of IBD patients were recruited for participation. Participation was voluntary. A psychologist from the center conducted the group, except for two lessons. These two lessons covered the illness and its pharmacological aspects, and were conducted by two different physicians. The group sessions were conducted weekly. Pre and post (3 months) questionnaires were administered during the first and the last sessions. The questionnaires were the Hospital Anxiety and Depression Scale (HADS) for Anxiety and Depression and the Short Form- 12 (SF-12) for Quality of Life.

Results: Out of the 10 patients initially enrolled, 1 patient withdrew due to logistics. From the remaining 9 patients, at least 7 patients participated to all the sessions. One patient did not give back the questionnaires, so he was taken out from the study. Using the "R" software for the statistical analyses, a one- sizes paired t-test was done to compare means of the same subjects before and after the group was conducted. 7 out of 8 patients experienced improvement in depression or anxiety as measured by the HADS questionnaire . The mean of the difference of anxiety scores was significant at 10% level (Mean = -2.00, SE = 1.25, p-value=0.0773). The improvement of depression scores was significant at 5% level (Mean = -1.62, SE = 0.82, p-value=0.0444). Response was more robust in the domain of depression. Regarding the SF-12 scores, the improvement of Physical Component Summary (PCS-12) was significant at 10% level (Mean = 6.75, SE = 4.25, pvalue=0.0779), the mean of the difference of Mental Component Summary (MCS-12) was significant at 10% level too (Mean = 3.83, SE = 2.38, p-value=0.0759).

Conclusions: Patients with IBD showed significant improvement in the domains of anxiety,depression and QoL, after successful completion of a pilot 9- week CBT group. Longitudinal follow-up are planned.

P186 - EMDR IN THE TREATMENT OF PSYCHOSOMATIC SYMPTOMS

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Aims: To study the effect of Eye Movement Desensitisation and Reprocessing (EMDR) therapy on psychosomatic symptoms in patients with a trauma history

Methods: Patients who attended a specialist clinic for psychosomatic disorders (medically unexplained symptoms) and completed EMDR therapy during 2014 - 2016 were retrospectively identified. Entry criteria included psychosomatic symptoms at initial presentation, history of trauma, consent to participate and completion of a course of EMDR therapy. Quantitative data was collected using the outcome measures PHQ-9 (depression), GAD-7 (anxiety), PHQ-15 (somatic symptoms) and IES-R (trauma). Additionally, healthcare utilisation in the 12 months before and 12 months after EMDR therapy was evaluated by a self-reported questionnaire. Qualitative information was also collected.

Results: 7 patients met the entry criteria with the majority being women (n = 6). The number of treatment sessions ranged from 6-16 with a mean session count of 12. Mean PHQ-9 scores reduced from 14.71 (SD=7.3) to 11.57 (SD=11.09). Mean GAD-7 scores reduced from 12.86 (SD 6.01) to 9.21 (SD 8.94). There was a reduction in mean PHQ-15 scores from 15.28 (SD=7.87) to 9.86 (SD=8.17). The mean IES-R also reduced from 57.86 (SD=19.37) to 17.43 (SD=15.6). The majority of patients either strongly agreed or somewhat agreed that EMDR therapy was helpful for their physical symptoms. A reduction in hospital attendance was also observed.

Conclusions: EMDR improved psychosomatic symptoms in patients with a trauma history. There was reduction in healthcare utilisation and improvement in quality of life.

P189 - COMMUNICATION SKILL TRAINING FOR ONCOLOGY FELLOWS: MOTIVATION TO PARTICIPATE

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Aims: Communications skills training interventions have shown positive effect on patient outcomes, but have lacked institutional integration in oncology programs. One factor that may impact institutional integration of these programs is learner motivation. The goal of this project is to better understand the reasons physicians in training choose to engage in communications training.

Methods: Trainees at a comprehensive cancer center, including surgeons, palliative medicine physicians, radiation oncologists, and medical oncologists, are required to participate in communication skills training. Learners are asked to participate in optional program evaluation research. Participants provide demographic/training information and complete a motivation questionnaire at baseline. Communication skills are assessed before and after the workshop. Descriptive data was calculated.

Results: Thirteen physician trainees (54% female) participated so far in this study; 77% were first-year fellows, and the majority (84.6%) of participants indicated 40+ patient contact hours per week. Sixty-one percent of participants were Caucasian and the majority (84.6%) were non-Hispanic; the mean age was 33 years. At baseline, about half (46.2%) of the participants felt they were at least somewhat prepared to communicate with patients and families about a variety of topics. Following the workshop, participants reported feeling more prepared to communicate with patients, with an average increase of 9.3% (2.25 to 2.46 on a scale of 1 to 3). Most participants indicated moderate levels of motivation to participate in the training. However, motivation was most commonly external (e.g. required participation; seeing participation as a means to a goal), rather than internal (e.g. personal desire to learn).

Conclusions: Our preliminary findings regarding the motivation of oncology trainees in learning communication skills demonstrate that intrinsically motivated learners may be more enthusiastic and benefit more from the sessions. However, most learners in the current system are more extrinsically motivated. Previous research suggests motivation in health professional education can be enhanced by changing the educational environment; our study provides foundational data to design a program to enhance provider motivation for communications skills training.

P190 - NARRATIVE SENSITIVITY: A FOUNDATION FOR PSYCHOSOMATIC APPROACH IN MEDICINE

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Aims: What skills must be developed during undergraduate and postgraduate medical training so that physicians are able to practice psychosomatic medicine? In attempt to answer this question, we introduce the term narrative sensitivity. We offer a tentative definition of narrative sensitivity as a prerequisite of narrative and other competencies (Charon, 2003) that seem to be important in medicine based on bio-psycho-social model. In the research project, we focus on assessment of narrative sensitivity in medical students and on refinement of this innovative concept with regard to medical training. The research project has three aims: 1) exploration of various facets of narrative sensitivity in undergraduate medical students; 2) assessment of narrative sensitivity development during undergraduate medical study; 3) refinement of the concept of narrative sensitivity.

Methods: A qualitative study was designed to identify and elaborate various facets of narrative sensitivity. Data was obtained from a group of medical students in the second year of undergraduate medical studies (N = 50) and three years later, in the fifth year of their studies (N = 42). The data was analyzed with use of thematic analysis to identify dimensions of narrative sensitivity. In the second step, a coding system based on these dimensions was developed and students´ responses were coded by two researchers to assess a potential change in narrative sensitivity between the second and fifth years of undergraduate medical study.

Results:: Several dimensions of narrative sensitivity were categorized and a change of narrative sensitivity during undergraduate medical study was identified.

Conclusions: The findings may serve an incentive for a discussion about the structure and content of both undergraduate and postgraduate medical study in the framework of bio-psycho-social model and psychosomatic medicine. The research project and the presentation at EAPM 2018 were supported by grant AZV 16-28174A.

P191 - ANALYSIS OF CAUSES AND REFERRAL PATTERN OF PSYCHIATRIC CONSULTATION IN A GENERAL HOSPITAL

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Aims: Consultation-liason is a unique psychiatric service in a general hospital setting. There are many reasons and routes of consultation. Objective of the study is to identify the reason and pattern of psychiatric consultation in a hospital. And we also observe the change of consultation pattern after 6.5 years of services.

Methods: 3.3% of patients were requested among total inpatients. Total 9686 case records from 6159 patients which were all psychiatric consultations for 6.5 years after opening a general hospital were investigated by using EMR system. Variables of analysis were demographics, reasons for consultation, psychiatric diagnosis, and reconsultation rates. Routes of referrals were analysed by Salcedo's model.

Results: Mean age was 56.67±18.16 and 28% was over 70 years old. 4628 cases (47%) were reconsulted and 998 patients were consulted more than 3 times. Mean consult frequencies was 2.20±2.17. 15.3% was parallel request and 13.7% was complementary request. Common reason for referral was previous mental illness (25.4%), impulsivity (12.2%), insomnia (11.8%), depressive mood (11.6%) and confusion (8.3%). By pattern analysis, irritability and depressive mood increased with time. Common psychiatric diagnosis was mood disorder, delirium and anxiety disorders. During 6 years, psychotic disorder, delirium, and mood disorder were decreased. Reasons of reconsultation were patient with mental illness (37%), irritability (11%) and insomnia (9.8%).

Conclusions: Hyperactive delirium, mood and anxiety disorder among elderly patients might be the main focus of psychiatric consultation in a general hospital setting. For proper management of non-psychiatric patients, clinically valid bedside assessment tools and management guidelines for clinicians are needed for specific referral reasons. Setting education programs about psychiatric problems for medical personnel are also necessary.

P192 - THE MEANING BEHIND THE SCAR: ANONYMOUS LIVE LIVER DONORS' RELATIONSHIPS WITH THEIR SURGICAL SCARS

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Aims: Most existing literature on psychological impacts of scarring has focused mainly on burn victims and oncology patients, and has found it negatively impacts quality of life (i.e. causing depression, post-traumatic stress disorder, and body image issues). Individuals assessed to be anonymous live liver donors are warned about these possible outcomes due to the large scar left from donation surgery. Here, we explore the psychological relationships anonymous live liver donors have with their surgical scar.

Methods: Anonymous donors were defined as individuals whose identity was not made known to their recipient prior to surgery. Of the 50 eligible anonymous live liver donors at Toronto General Hospital between 2005 and 2017, 24 agreed to participate in a qualitative interview. Interviews were audio-recorded, transcribed, and critically analyzed for themes pertaining to participants' perception of their scar. Constant comparative methods (Strauss & Corbin, 1998) were used to understand similarities and differences between study participants.

Results: Most participants attributed significant meaning to their scars. Many pointed to the scar as a symbol of their altruistic act and an ongoing reminder of their positive experience with donation. They described feelings of pride and satisfaction associated with their scar. Looking at their scar prompted them to think about their recipients. Others used the scar as a tool to start conversations about organ donation to raise awareness about the cause. Several remarked at the disconnect between the body image issues they were warned about by their medical team prior to donating, and the positive symbolic value the scar now carries for them.

Conclusions: The majority of donors characterized the relationship with their scar from donation as positive. The distinction between this population and those previously studied may be due to the level of choice these donors had surrounding their surgery, as well as the positive and altruistic meaning of the experience. As such, any physical reminder of the experience did not elicit the negative emotions found in previous studies.

P193 - COMPARATIVE EFFICACY STUDY OF RISPERIDONE, OLANZAPINE AND QUETIAPINE IN DELIRIUM

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Aims: The objective of the study was to compare the efficacy and safety of atypical antipsychotics (risperidone, olanzapine and quetiapine) in patients of delirium admitted to medical and surgical wards.

Methods: This study was a week, prospective, comparative clinical observational study of atypical antipsychotic medications in patients with delirium. The subjects were referred to the consultation-liaison psychiatric service for management of delirium and were screened before enrollment in this study. A total of 61 subjects were assigned to receive either risperidone (N = 20), olanzapine (N = 20), or quetiapine (N = 21). A flexible dose regimen (risperidone -0.25 to 2 mg; olanzapine -1.25 to 10 mg; quetiapine – 12.5 to 200mg) was used. The efficacy was evaluated using the Korean version of the Delirium Rating Scale-Revised-98 (DRS-R98) and the Korean version of the Mini Mental Status Examination (MMSE-K).

Results: There was no significant difference in mean baseline DRS-R98 severity scores and MMSE-K scores between the three groups. The mean age of the patients ranged from 65.5 years. The mean doses of medication were 1.3 mg risperidone, 6.1 mg olanzapine, and 75.8 mg quetiapine. Over one week, the decline in DRS-R98 scores between medications was equal. There were a significant reduction in DRS-R98 severity scores and a significant improvement in MMSE scores over the period of 7 days, but there was no difference between the three groups. Recorded side effects were extrapyramidal symptoms (EPSs) in risperidone-managed patients (4.8%) and sedation with olanzapine (24.5%) and quetiapine (54.6%).

Conclusions: Risperidone, olanzapine, and quetiapine were equally effective in the management of delirium; however, they differed in terms of their side-effect profile. Future studies should evaluate the effect of atypical antipsychotics on mortality, resource utilization, and post-intensive care unit cognition.

P194 - PSYCHOSOMATIC PSYCHIATRY IN SPAIN: THE STATE OF THE ART

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Aims: In a context of increasing interest about Psychosomatic Psychiatry or Psychosomatic and Liaison Psychiatry (PLP), this study was intended to describe recent developments in Spain.

Methods: The Spanish literature was reviewed and a national enquiry was carried out with the following procedure. 1. A specific questionnaire was built in the coordinating center in Zaragoza, with questions directed at the description of PLP Units (PLPU) and their activity. 2. Coordinators in each Autonomous Community were appointed to stimulate the process. 3 The participating hospitals throughout the country answered telematically the questionnaire. Descriptive statistics have been used to describe the collected information.

Results: The important historical background is described, with both medical humanism, and empirical, evidence based ingredients. Among current dominant trends, the influence of the American, consultation-liaison model has been crucial, as well as the implant of psychiatric services in all general hospitals in the National Health Service, NHS. More than 100 hospitals provided data and 60% of them have a PLPU. While the staff is still insufficient, some PLPUs are very active, receive more than 1,500 referrals per year, and 2/3rds of them get out-patient referrals. Most units have specific liaison programs and most train psychiatrists and non-psychiatrists in the national residency program. Research initiatives include the participation in very productive National Networks such as the CIBERSAM.

Conclusions: The general view of development of PLP in Spain is quite positive, aiming at an eventual, sub-specialization in Psychiatry. The future will depend on the vision and compromise of the psychiatric services and the NHS; the commitment and leadership of the psychiatrists; and, certainly, on the advances in research and innovation.

P195 - IRREGULAR HAND MOVEMENTS IN PSYCHODYNAMIC PSYCHOTHERAPY AS A MARKER FOR COMORBID DEPRESSION IN PATIENTS WITH SOCIAL ANXIETY DISORDER

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Aims: Recent research has identified irregular hand movements (“fidgeting”) as a motor sign in patients with social anxiety disorder (SAD) as well as in depressive patients. This raises the question if irregular hand movements are a disorder-unspecific phenomenon or, since SAD patients show a high comorbidity in depression, if it constitutes a specific and therefore, diagnostically relevant sign of depression.

Methods: 23 SAD patients with depression and without depression from the Social Phobia Psychotherapy Research Network Project (SOPHO-NET) were investigated. The patients' hand movements were coded with the NEUROGES-ELAN system for the analysis of kinesic behaviour by two independent certified raters.

Results: SAD patients with comorbid depression showed significantly more irregular and longer irregular on body movements, but less repetitive, specifically repetitive on body movements than SAD patients without comorbid depression. Furthermore, the frequency of irregular movements correlated positively with the level of depression, but not with the level of SAD.

Conclusions: Contrary to the proposition that fidgeting is a sign of social anxiety, the present study supports previous studies demonstrating irregular hand movements in depressive individuals. Furthermore, it appears that irregular hand movements constitute a diagnostically relevant motor sign not only in primary depression but likewise in comorbid depression.

P196 - THE FIRST CONGRESS OF PSYCHOSOMATIC MEDICINE IN CUBA

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The first ever congress of psychosomatic medicine in Cuba took place in Santiago de Cuba from 08th to 10th of February this year with 130 registrated participants. It was the intention to make public the knowledge of pychosomatic medicine and treatment in the cuban medical system. The congress was organized by Universidad Oriente de Santiago de Cuba under direction of Prof. J. Quintero, Prof. A. Cobian and J. Timmermann as honorary president. Five delegators from Germany participated with lectures, covering the german psychosomatic treatment, especially psychosomatic basic care and trauma therapy, under the supervision of Prof. T. Loew, University of Regensburg, and J. Timmermann from Cuxhaven. The presentation of the newly translated book of T. Loew into

Spanish, called „el cerebro: el escenario de la guerra ", was very well received. After the congress 24 cuban doctors took part in the first course of psychosomatic basic care, orientated in the german curriculum „Psychosomatische Grundversorgung ". This course consisted of theory, practical exercises and Balint group. The results suggested that training in psychosomatic medicine should become part oft he postgraduate education for all medical doctors in Cuba. The course will be continued soon.

P197 - VR-DRT PILOT STUDY: A PROTOCOL OF A COGNITIVE DEFUSION VIRTUAL REALITY PROCEDURE, APPLIED TO CANCER PATIENTS WITH ANXIOUS AND / OR CLAUSTROPHOBIC SYMPTOMATOLOGY SUBJECTED TO RADIOTHERAPY

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Aims: Headache is a disease with symptom patterns extremely variable, but in many cases it can affected the patient's quality of life. The psycho-physical stress is recognized to be the main trigger to Headaches attack and affected the frequency of attacks. The aim of this study is to investigate the relationship between the psychological flexibility and the clinical psychological symptoms (somatization, obsessive-compulsive symptoms, interpersonal sensibility, depression, anxiety, hostility, paranoid ideation, sleep disorders) in headache patients with MOH (Medication overuse headache).

Methods: They will be included in the study ninety patients with headache have completed the questionnaires consecutive cancer patients belonging to the Department of Radiation Oncology of "Sacro Cuore-Don Calabria" Hospital, (Negrar, Italy). The pilot research starded in January 2018 and was conducted according to a single-subject model with alternating treatment designs. According to the Masuda protocol (2010), the conditions of defusion and distraction have been alternated using software that has created 50 possible permutations in which 3 conditions of defusion and 3 of distraction appear. The software reproduced words on a three-dimensional object suspended in virtual space and offering the subject the possibility of changing shape, size, color and gravity. Procedure was accompanied by a 5-minute guided meditation that the subject listened to through a headset. The measure used was: Visual Analog Scale (VAS), assessing discomfort and credit given to one's own thoughts, Acceptance and Action Questionnaire (AAQ2) assessing the experiential avoidance and psychological rigidity, Mindfulness Attention and Awareness Scale (MAAS) assessing the subject's ability to remain connected with the present moment.

Results: An electronic database organized (MSO-Excel format) to collected data (socio demographic characteristics, and psycho-clinical variables). The intra-subject variation will be considered for each of the three moments in which each participant has been subjected to the two conditions of thought management. For the analysis of the secondary objects, a descriptive statistical analysis will be carried out; correlations / associations will also be performed on these data. For statistical analysis, the STATA program (v12.o) and SPSS 20.0 will be used.

Conclusions: The purpose of this study is to verifying the feasibility and the effect of a VR-based cognitive defusion exercises, in order to included in a wider protocol ACT model consistent.

P199 - THE SELF-ASSESSMENT KIOSK: DEVELOPMENT AND IMPLEMENTATION OF AN INTERNET RESOURCE FOR SELF-ASSESSMENT OF MENTAL HEALTH AND HEALTH BEHAVIOR THAT PROVIDES PERSONALIZED FEEDBACK

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Aims: Our goals were to develop an internet self-assessment resource for screening of health problems and providing personalized feedback and test its feasibility. It would also collect data to generate and test hypotheses about health which could aid research.

Methods: The Self-Assessment Kiosk was built using previously validated health measurement instruments and implemented on a commercial internet survey platform. Data regarding its usage and the characteristics of its users was collected over 54 weeks. The rate of accrual of new users, popularity of particular measurement domains, frequency with which multiple domains were selected for measurement, and characteristics of users who chose particular questionnaires were assessed. Approval from the Research Ethics Board was obtained.

Results: Of 1,435 visits, 570 users completed at least one measure and consented to research. Growth in the number of users over time was approximately linear. Users were skewed towards old age, higher income and higher education. More than half (55.2%) reported at least one medical condition. The median number of questionnaires completed on the first visit was four. The most commonly chosen questionnaires measured depression (61%), anxiety (60%), attachment insecurity (44%) and coping (41%). Depression and anxiety scores were intermediate between previously studied populations with and without mental illness.

Conclusion: The value of the Self-Assessment Kiosk to users and the feasibility of providing this resource are supported by the steady accumulation of new users over its first year of availability, despite only modest marketing. Completion of multiple measurement instruments will allow the Kiosk database to be interrogated to understand the relationships between health variables. Users who select particular instruments tend to have scores that are higher than found in the general population, indicating that instruments are more likely to be selected when they are salient to users. Self-selection bias limits generalizability and needs to be taken into account when using the Self-Assessment Kiosk database as a research resource.

P200 - USE OF ECMO IN A PATIENT WITH PROBABLE CLOZAPINE-INDUCED MYOCARDITIS

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Aims: Myocarditis is a serious known side effect of clozapine, with most cases occurring shortly after initiation of treatment. Consequences include chest pain and shortness of breath, but it also carries a 50% mortality rate. Mental illness can be a contraindication to organ transplant in these patients, leaving few options. We will present the successful use of extracorporeal membrane oxygenation (ECMO) in a patient who presented with myocarditis after starting clozapine.

Methods: Mr. A, a 23 year-old male with a six year history of schizoaffective disorder, was started on clozapine during a psychiatric admission and presented to the hospital with flu-like symptoms and chest pain. He was found to be in heart failure with ejection fraction of 10-15%. The patient was intubated and placed on ECMO as a life sustaining treatment for profound loss of cardiac function.

Results: Initial ECHO: severe biventricular dysfunction with estimated ejection fraction of 10-15%; EKG: diffuse S-T elevations; Laboratory: Elevated WBC 17.2, elevated CK 902, Troponin 0.41; Lithium level 0.55; Clozapine level 10; Urine analysis negative; Viral Panel negative. Patient was weaned off ECMO and made a good recovery. Discharge ECHO demonstrated return of cardiac function with ejection fraction of 45%

Conclusions: Myocarditis from clozapine treatment has been reported in the literature. However, we believe this is the first report of ECMO used as a bridge to recovery of cardiac function after clozapine induced myocarditis. Initially, as our patient presented with heart failure presumed secondary to medication, all psychiatric medications were held. After recovery of cardiac function and extubation, valproic acid was restarted and titrated prior to his discharge. Given recent cardiac stress, he was not restarted on antipsychotic medication prior to discharge but with a goal of reassessment as an outpatient. Although ECMO offers an option for treatment of such patients, we would suggest further discussion of providing transplants to patients with severe mental illness.

P201 - PSYCHODYNAMIC ONLINE SELF-HELP INTERVENTION AS AN AFTERCARE FOR PSYCHOSOMATIC INPATIENTS: FEASIBILITY AND EFFECTIVENESS

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Aims: Online interventions have the potential to lose the gap between inpatient psychotherapy and aftercare. Therefore, we adapted a psychodynamic online self-help intervention to help participants with little access to their emotions to recognize, regulate, and express their emotions with minimal therapeutic support. The purpose of the study is to determine its feasibility and effectiveness.

Methods: During 4.5 months, all day-hospital and inpatient patients of a psychosomatic clinic were invited to participate in the study. N = 82 patients, were recruited and randomized in an intervention (IG) and waitlist control group (WLC). Patients of the IG got access to the online self-help intervention for ten weeks immediately after discharge, the WLC got access ten weeks later. Among others, we assessed satisfaction, emotional competence and depression at discharge (T0) and at the end of the intervention (T1).

Results: Of the 82 included patients, we could analyze the data of N = 69 (nIG = 36, nWLC = 33) patients. Participants were predominantly female (71%) and had a mean age of 40 years (SD = 14.29). More than half of the participants of the IG completed half of the units, only 13 (36%) completed the intervention. Main reasons for not completing were too much effort was needed (64.3%) and the intervention time was too short (64.3%). 95.2% of the participants in the IG were widely (57.1%) or very satisfied (38.1%). In the ITT analysis, there was a trend favouring IG over WCG at T1 concerning emotional competence (p = .053, d = 0.49). Regarding depression, both ITT and completer analyses revealed significant differences between the groups with dITT = 0.60 and dComp = 1.33.

Conclusions: The psychodynamic online self-help intervention was well accepted by the majority of the patients and was rated very positive. First results indicated a gain in emotional competence and stabilization of psychological symptoms. Further development will serve to tailor the program more to the participants' needs in order to increase adherence

P202 - A QUALITATIVE STUDY OF THE THERAPEUTIC PROCESS IN EMOTIONAL FREEDOM TECHNIQUES PROGRAM FOR HWA-BYUNG PATIENTS

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Aims: The objective of this study is to describe the development of hwa-byung, participation experience of Emotional Freedom Techniques (EFT) group program and recognition about future prognosis of hwa-byung patients.

Background: Hwa-byung, listed as culture-bound syndrome in The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), is Korean somatization disorder which resulted by repressed anger and feeling of unfairness. EFT is one of the energy psychology techniques. During an EFT session, the patients tap the specific points with fingers, using affirmations.

Methods: Five hwa-byung patients have participated in the four weeks program of EFT group treatment. After the end of EFT group program, participants were interviewed semi-structurally and qualitative analysis was conducted. In particular, Giorgi's phenomenological methodology was used.

Results: First, hwa-byung patients were classified into 2 types, repressive type and eruptive type according to their expression patterns. They were chronically suffered by various persistent factors. Second, hwa-byung patients experience doubts, symptom relief, limit/frustration, self-control/acceptance, and self-esteem improvement through the EFT program. Symptom relief was experienced as cool and calm. Tapping was effective in the repressive type, and affirmation was effective in eruption type. Third, the perception of the future was 'It's up to me' and 'I cannot escape', and the repressive types tend to think they cannot escape, and the eruption types tend to think 'It depends on me'. Patients' future coping strategies appeared to be mind-control, avoidance, and seeking professional treatment.

Conclusions: The new finding in this study is that the effect of treatment may be different depending on the type of hwa-byung pattern. This result needs to be confirmed more clearly through further studies. According to the results of this study, it may be possible to apply different treatments considering the type of hwa-byung pattern in clinical practice and clinical trials.

TOPIC: MISCELLANEOUS FOOD FOR THOUGHTS

P203 - DEXMEDETOMIDINE AS A RESCUE THERAPY FOR REFRACTORY HYPERACTIVE DELIRIUM: A CASE REPORT AND REVIEW OF THE LITERATURE

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Aims: 1) to report a case of highly medication-refractory hyperactive delirium in the ICU treated successfully with dexmedetomidine, and 2) to put this into the context of the current body of evidence for management of refractory delirium in critical care settings. Delirium has a high incidence in critical care settings, and is associated with significant adverse outcomes including elevated mortality and increased length of stay. Antipsychotics have traditionally been the mainstay of pharmacological treatment of hyperactive delirium, with haloperidol most widely used in critical care settings. Nonetheless, concerns exist about tolerability and safety of antipsychotics, and limited options have been studied when antipsychotics fail. Dexmedetomidine is a selective α-2 agonist increasingly used in critical care settings for intravenous sedation. There evidence for efficacy in perioperative delirium prevention in cardiac surgery patients, and emerging support for its usefulness in nonoperative patients as a rescue treatment for hyperactive delirium not responsive to haloperidol. However, in cases of prolonged hyperactive delirium where multiple high-dose antipsychotics have failed, dexmedetomidine’s utility is unclear, with little clinical experience reported: we present one such case herein.

Methods/Results: A 57-year-old man with a history of COPD and schizoaffective disorder was admitted to the ICU for severe COPD exacerbation and pneumonia. Initial treatment included propofol sedation, antibiotics, and mechanical ventilation. By Day 3, he developed hyperactive delirium requiring psychiatric consultation and treatment with antipsychotics. Following no response to haloperidol, loxapine was trialed up to 120mg/day; methotrimeprazine was then added after minimal improvement. Following extubation on Day 21, the patient’s agitation worsened and methotrimeprazine was increased to 750mg/day, and zuclopenthixol acetate (Accuphase) was administered to a total of 700mg over 1 week. Following failure of these measures, intravenous dexmedetomidine infusion was initiated on Day 28 at a rate of 0.4mcg/hr over 48 hours. He was then weaned onto an oral clonidine taper and observed. Delirium severity per the Nursing Delirium Screening Scale decreased from 4-day means of 7.75 pre-infusion to 4.00 post-infusion. Four days following completion, delirium clinically resolved and CAM-ICU became negative. Methotrimeprazine was discontinued and loxapine decreased from to 30mg/day without recurrence of delirium. The patient was discharged from ICU three days later.

Conclusions: This case illustrates the utility of dexmedetomidine in treating even highly medication-refractory cases of hyperactive delirium in the ICU setting, and can have the desirable effect of dramatically reducing the need for antipsychotic medication.

P204 - PEDIATRIC PSYCHIATRY ON THE TEXAS-MEXICO BORDER: A CASE PRESENTATION OF 49, XXXXY

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Aims: To highlight by the presentation of an illustrative case that 49, XXXXY males have shared features with Klinefelter’s including hypergonadotropic hypogonadism, but present a more complex physical, medical and psychological phenotype.

Methods: Case history and focused literature review of sex chromosome pentasomy, 49 XXXXY, aggression and conduct problems with change in formulation of medication.

Results: 17yo male with history of 49, XXXXY, intellectual disability with IQ 42, diagnosed at unknown age in Mexico, where he followed neurologist and endocrinologist. At 14yrs pt was on testosterone replacement, fluoxetine 10mg qd and strattera 40mg qd with stability in anxiety seen with decreased nail biting and improved impulsivity. At this time endocrine care was established in U.S. and pt was on testosterone injection 125mg monthly which was decreased after four months to 100mg monthly. After six months, due to his fear of injections, testosterone was changed to androgel 12.5mg/act (1%) 2 pumps daily (50mg) and 3 months later increased to 20.25mg/act (1.62%) 2 pumps daily. Within 2-3 weeks of increasing androgel he began to show increased anxiety increased of nail biting, thumb sucking, irritability, impulsivity, pt started having conduct problems in school (violating peers boundaries) and compulsive sexual behaviors at home. Fluoxetine was stopped and Citalopram 10mg qd started to address new conduct and associated symptoms. At this time pt began therapy with counselor where personal boundaries, self-esteem and pts "feeling that he has to give things or do things for persons in order to have them as friends". Decision made to decrease testosterone to starting dose with subsequent return to symptom baseline.

Conclusions: 49, XXXXY males have shared features with Klinefelter's including hypergonadotropic hypogonadism, but present a more complex physical, medical and psychological phenotype. They have additional physical findings, congenital malformations, medical problems, psychological features, developmental delays, cognitive impairment and behavioral disorders which are more frequent and require strong treatment plans.

P206 - HYPERGLYCEMIA INDUCED HEMICHOREA IN AN ELDERLY PARANOID PATIENT NONCOMPLIANT WITH TREATMENT

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Aims: To educate clinicians on a rare neurologic complication of hyperglycemia that in this case was due to psychotically motivated non-adherence with medical treatment.

Methods: Case Report and Literature Review

Results: An 87-year-old woman with a past psychiatric history of major depressive disorder with psychotic features, and a past medical history of major neurocognitive disorder (dementia), and diabetes mellitus was hospitalized for left sided involuntary movements and abnormal speech. She appeared restless in bed with left arm choreiform-like movements, and reported increased anxiety due to her limb movements. She was noncompliant with all medical and psychiatric medications due to paranoia that she might be poisoned. Her Hemoglobin A1c was >14. Neurological examination, CT, and MRI imaging was unremarkable and the neurology team believed the primary etiology of her presentation was hyperglycemia. In addition to improved glycemic control, risperidone 0.5mg twice daily was started for treatment of paranoia, with eventual resolution of her abnormal movements in several days.

Conclusions: Abnormal movements in patients with a history of psychosis might be misinterpreted as a product of their mental illness. Psychosomatic physicians are uniquely positioned to distinguish the neurologic from the psychiatric and to protect patients from misattribution.

P207 - CASE REPORT: EFFECTIVE PHYSIOTHERAPY TREATMENT FOR FUNCTIONAL MYOCLONUS

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Aims: FND account for 15% of all new patients seen in general neurology referral. Despite the burden in terms of prevalence and disability, evidence regarding effective treatments are still limited. We aim to demonstate that even physiotherapists and psychotherapists not specifically trained in FND, can be effective by taking inspiration from recently pubblished recommandation.

Methods/Results: ML, man, aged 58 years, was evaluated for sudden, clonic movements of neck and shoulder muscles, appeared 2 month earlier. They started abruptly, few months after a major depression episode, since then the patient was in treatment with fluoxetine, he denied use of benzodiazepine. He is an immigrant from France, with Arabic origins, divorced; he has not been working since he came to Swizerland, he is supported by social aid. First the syntome was episodic during the week, then it slowly spread out and became constant; it was described as out of control and not suppresive, associated with a feeling of irritability. It displayed when the patient is not attention-involved in any task: while relaxing on the sofa, sitting or standing and while walking; it stopped during voluntary-directed movements and it did not present during sleep. Although antidepressant treatment, the patient was still feeling lack of motivation and irritability. Brain MRI and EEG performed in a out clinic, resulted negative. The GP made a treatment attemption with sirdalud, totally insuccessful. At the neurological evaluation the myoclonus appeared not stimulus-dependent (opposite to some types of organic myoclonus) and variable in expression: when sitting, in trunk extension, when lying down, in flexion. It was on while the patient was layed down on the bed, and while talking with doctors; it stopped while signing a document. He has no other pathological signs in neurological evaluation (normal reflexes and muscle tone, no bradychinesya or autonomic signs, no abnormalies in gaze or milkmaid's grip). The myoclonus showed distractibility during finger tapping with one hand, and tongue movement side-to-side, not sure entrainment. Further additional electrophysiological diagnostics (neurography, needle myography, SSEP, myoclonus-triggered backaveraging) resulted negative. A polysomnography confirmed myoclonus was not manifesting during sleep. This diagnostic protocol alowed to exclude epilepsy, tumoral/ischemic lesions, degenerative disease, corea, methabolic disease, and muscular disorders. Based on positive signs of variability, distractability and emotional correlation, it was considered a functional myoclous and treated by the dedicated physioptherapist team. The team has multiyear experience in approach to somatophorm disorders: they are used to retraining movements with diverted attention. This can be obtained with cognitive tasks such as conversation, music, menthal tasks or physical exercise such as trying fast, rhythmical, unfamiliar or unpredictable movement. They used distraction tasks as playing ping-pong and football through a traffic-cone path, since rythmic and authomatic motor patterns can retrain the deficit. They tried also defence strategies as blocking the ball thrown by the therapist while the patient is sit on the bed. They combined it with a comunication technique tailored to the patient: pushing him to the target (get controll over the unvoluntary movement) and avoiding to play the syntom down (when it's clearly disappearing during the tasks). During all these tasks the myoclonus was disappearing, so the physiotherapists were reinforcing trust and foster self-management. They encouraged the patient to practise excercise when the syntome is showing, and challenged unhelpful thoughts and behaviours. The patient expressed concern about social isolation due to the grotesque outlook of the symtome and effort in acceptance and management, so he was referred to a Psychiatric evaluation. Fluoxetine was changed with Venlafaxine and he started a psychotherapic treatment focalized on cooping strategies and stress-management techniques. They used a 12-sessions cognitive-behavioural treatment plus some techniques from mindfulness, biofeedback and dialectical behavioural therapy.

Conclusions: There is growing evidence that physiotherapy and psychotherapy could be effective treatments, but the existing literature has limited explanations of what they should consist of. As UK recomandations states ,treatment should address illness beliefs, self-directed attention and abnormal habitual movement patterns through a process of education, movement retraining and self-management strategies within a positive and non-judgemental context.

P208 - PSYCHOSEXUAL IMPACT OF ANTIPSYCHOTICS

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Aims: Sexual function is the physiological capacity to experience desire, arousal, and orgasm. The use of antipsychotic drugs carries a difficult balance between the benefit of relieving psychotic symptoms and the risk of suffering from some of troubling adverse effect. Sexual dysfunction is very common among the patients taking antipsychotic drugs but schizophrenic patients can develop sexual dysfunction that may not be related to drugs. Studies have shown that a majority of untreated schizophrenic patients have a reduced desire for sex, more in females as compared to males, although arousal and ejaculatory functions remain relatively intact. To identify the relevance of individual variables as well as the recognition of clusters of these variables, in the dimension of sexuality in schizophrenic patients. The variables are type of anti-psychotic (typical and atypical). To analyze correlation between these variables and impact on psychosexual relationships.

Methods: The study sample was taken from the Psychiatry Outpatient Department and it consisted of 60 patients with schizophrenia diagnosis meeting the ICD-10 criteria and 20 healthy volunteers from among the staff of the hospital. This is a cross-sectional study. Study participants were divided into three groups Group one 30 patients on typical antipsychotic, group two 30 patients on atypical antipsychotic and 30 healthy volunteers. The patients were enrolled into the study after their written consent. The sample consisted of male patients between 18-50 years of age, sexually active and on regular treatment with a stable dose of antipsychotic for at least two months after achieving clinical stability. Remission was defined by a score of less than 4 on all items of BPRS. Patients having other comorbid medical and psychiatric illnesses as well as primary sexual dysfunction were not included. Patients on more than one antipsychotic drug or other drugs affecting sexual function were also not included. The only allowed medication along with the above-mentioned antipsychotics was trihexyphenidyl, given to control extrapyramidal side effects. The sociodemographic and clinical information sheet, BPRS, and SFQ were the tools used for assessing the patients.

Results: As only clinically stable patients were selected, their scores on BPRS were not compared statistically. Sexual side effects across the typical and atypical antipsychotics groups were compared on SFQ for frequency as well as severity of all the domains. About 18% of the healthy volunteers had their score above 1 SD of the mean, thus having some impairment in one or the other domain of sexual functioning. For the medication groups this was 94% for typical antipsychotic group and 88%, for atypical antipsychotic group. Desire was most commonly impaired in typical antipsychotic group (78%) as compared to (70%) group 2. Erectile dysfunction was also higher in group 1 (42%) comparing to group 2 (36%). Orgasmic dysfunction was equally common to both groups (group 1 – 30% and group 2 – 28%).

Conclusions: Researches expect the most favorable pattern in the sexual sphere with atypical antipsychotic. On the other hand social status (in contrast to married) those patients who do not have stable sexual partner, reported more difficulties in identifying the extent to which the illness and treatment are influencing them in the experience of sexuality. A study of prolactin levels is also a useful complimentary procedure. Implementing this tool in future research, we could probably arrive at a reliable conclusion.

P210 - THE INTEGRATED INTERVENTION BETWEEN HOSPITAL AND PUBLIC MENTAL HEALTH SERVICE: AN EXPERIENCE AT CYSTIC FIBROSIS'S REGIONAL CENTER

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Aims: The Cystic Fibrosis's current therapeutic approach provides for a multidisciplinary team with a doctor, a psichiatrist, a social worker, a nutritionist and a rehabilitator. The goal of this approach is to improve the phisical performance, to protect the quality of psychological development, to reduce the course of the disease and to preserve the quality of life in adulthood. The collaboration between the Department of Mental Health ASP and the Cystic Fibrosis's Regional Center arises from the necessity of this last to have a Psych Consult dedicated. The Cystic Fibrosis doctor-patient relationship is special because it starts from the first months of little patient's life. The operators's personal connection could influence the therapy and the relationship. Moreover the governance of chronic phase, of urgency, of the clinical worsening involve an important emotional charge for the health professionals.

Methods: The Consult-liason psychiatrist organized a support group like Balint's group, twice a month. All the health professionals had to take part.

Results: We reduced the risk of Burn out of the all health professionals of Cystic Fibrosis's Center. We also improve the relationship between doctors and patients's families. The support group provided a sharing the emotional and psych pain of the operators.

Conclusions: Unfortunately, this collaboration was interrupted due to bureaucratic problems. However during two years of work the health professionals were able to sharing emotion and work stress.

P211 - THE POLYVALENT MODEL OF DEPARTMENT OF MENTAL HEALTH "ASP PALERMO": THE ESTABLISHMENT OF A DEDICATED CLINIC

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Aims: Assessment of the work of "ASP Palermo's" Consultation - Liason Psychiatry in partnership with other city's hospital, family doctors and others Psychiatric Department.

Methods: We created a dedicated clinic for chronic disease and dual diagnosis (with a psychiatric and organic disease). The most of patient had a psychiatric illness after a poor prognosis. Consultation – liason psychiatrist took care and supported patient using brief therapy and pharmacotherapy if the symptoms were serious. We give emotional support also to hospital's doctors and for the patients's families.

Results: This work encouraged patients to get close with their feeling, to accept the disease and its treatment, improving the quality of life of patient and their families.

Conclusions: A dedicated clinic can help the take up of hard cases and it can improve the level of service. We guarantee a continuing assistance to the patients.

P212 - PSYCH CONSULT IN CANCER SURGERY: A POSSIBLE MODEL OF INTERVENTION

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Aims: Impact assessment of cancer disease and surgical procedure with a psychiatric/psychological take care.

Methods: First, Consultation-Liason psychiatrists observed the work in cancer surgery ward, then they talked to surgeons and nurses about problems, limits and views on their work done. And last, all together, they conceived a project for hospitalized patients and those who scheduled to have surgery. The Consultation-liason operators set up a "Pre-op groups" with surgeons, anaesthetists and patients. These groups had an holding role: the patients had to be encouraged to get close to their psychoemotional interaction, using clarification, sharing concerns and worries about surgery and illness. The protocol used was performed with two interviews, before and after surgery, during which they had tested the patients with Hospital Anxiety and Depression Scale (HADS, Zigmond et al.) and Coping Inventory for Stressful Situation (CISS, Endler and Parker). At six months and one year from the hospital discharge the patients were tested again.

Results: The establishment of this working group has significantly contributed to an enhanced compliance, reduced days of hospitalization and improve the surgery results and recovery.

Conclusions: The possibility to recognise, to share and to contain the disease's emotions, for example, the experience of mutilation of their body, decrease psychic pain of patients. Moreover, taking care in this way can reduced days of hospitalization, improving the governance.

P213 - THE CARE AND THE WELL-BEING OF HEALTH PROFESSIONALS: A WAY TO INCREASE PRODUCTIVITY

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Aims: The well-being of health professionals shall contribute to get better doctor-patient relationship and it makes hospital much more efficient and most productive.

Methods: The work related stress may involve from a simple lack of relationship between colleagues to "Burn – out". To promote a healthy working climate, it is necessary to improve the feeling of belonging to the hospital, to recognize the professional competence and the personal skills of health professionals. We organized a support group with ward's doctors, twice a month. We also did personal conversation with some colleagues which had necessity to an important psychiatric counseling.

Results: A "free stress" workplace contribute to enhance the health services and the quality of doctor-patient relationship. Additionally, we can also note a improvement in productivity and competitiveness, a reduction of doctor's sick days and a decrease risk of medical error.

Conclusions: The hospital need to promote a health working climate, paying attention to work-related stress and the underlying causes of burn out at the workplace and tackling those causes.

P214 - ON THE MEANING OF TRUST. THERAPEUTIC AND ANTHROPOLOGICAL ASPECTS OF EPISTEMIC AND EVALUATIVE TRUST AS BASIC MEANS OF AFFECT REGULATION

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Aims: One of the most consistent findings in the psychotherapy research literature is that the quality of the relationship between the patient and the therapist is a major determinant of psychotherapeutic effectiveness. Yet so far a consistent and assured definition of a helping alliance doesn’t exist. Recently, Fonagy and his research group have introduced the notion of “epistemic trust” to open up a new understanding of the effectiveness of the therapeutic relationship.

Methods: The presentation outlines Fonagy’s et al. notion of “epistemic trust” and compares it to notions of trust devised in developmental psychology and philosophical anthropology. Special emphasis is placed upon the meaning of trust for affect regulation.

Results: Fonagy characterizes epistemic trust as “trust in the authenticity and personal relevance of interpersonally transmitted information” (Fonagy). Thus it enables an individual to consider new knowledge from another person as trustworthy, generalizable, and relevant to the self. It makes sure that the individual can safely learn from others and from social experience and thus orient himself within a primarily unknown social world. Fonagy et al argue that a loss of epistemic trust might be a central component of all psychopathology and the relearning and recovery of trust at the heart of any effective psychotherapy. Philosophical anthropology offers a more comprehensive perspective insofar as trust is a both an affective, cognitive and conative phenomenon embedded within a specific normative topography that shapes and regulates our moral feelings being inextricably intertwined with our identity (Taylor). I propose that this kind of trust be termed “evaluative trust”.

Conclusions: Fonagy`s et al concept of "epistemic trust" might help to better focus on an important constituent and mechanism of effective psychotherapy. The incorporation of a developmental perspective might help to better recognize the impact of trust not only for epistemic processes, but also for basic affect-regulation within an effective psychotherapy, too. Philosophical anthropology reminds us that for a comprehensive understanding of trust and its significance for affect regulation we have to appreciate its specific normativity.

P215 - ON THE MEANING OF CONCEPTS IN PSYCHOSOMATIC MEDICINE. A PLEA FOR CONCEPTUAL RESEARCH

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Aims: Concepts and conceptual models shape our perception of reality and attitude towards it, not only in everyday life, but also in medical practice and the field of science. Because “the dominant models are not necessarily made explicit … physicians are largely unaware of the power that such models exert on their thought and behavior” (Engel). Currently, psychosomatic medicine’s identity is closely linked with the biopsychosocial model as its conceptual framework. The validity of this framework depends on the semantics of the concepts it is build upon.

Methods: The presentation examines the meaning of concepts in psychosomatic medicine referring to the meaning of science in medicine in general and of the psychosomatic approach in particular, and to findings of the “linguistic turn” in modern philosophy. It asks for the role of conceptual research in psychosomatics and it searches for semantic criteria of psychosomatic concepts.

Results: Medicine is neither a theoretical, nor an applied, but a practical science, whose primary purpose is the relief of human suffering. The whole of medicines’s knowledge serves to achieve this practical aim. Psychosomatic medicine’s aims, contents and methods are constituted by specific concepts at different levels of abstraction. No other field of medicine represents such a wide range of themes and methods from molecular to psychological, social and cultural topics, referring to various methods in order to reach a comprehensive understanding of the singularly embodied human subject. Modern philosophical concepts of language emphasize besides language’s designative function its performative (Austin), communicative (Habermas) and constitutive (Taylor) dimension. Conceptual research provides systematic reflection of fundamental explicit and implicit concepts, relating them to specific semantic criteria.

Conclusions: Psychosomatic medicine is in need of a complementary hermeneutic reflection for clarifying and developing genuinely psychosomatic concepts. Therefore conceptual research has a descriptive and a normative function: descriptively making explicit the meaning of concepts we have; normatively searching for concepts we need for the practice we strive for.

P218 - ON THE ROLE OF EMOTIONS IN PSYCHOSOMATIC MEDICINE. CLINICAL AND ANTHROPOLOGICAL ASPECTS

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Aims: Emotions belong to the most complex biopsychosocial phenomena of human experience. Both as bodily, psychic, mental and moral phenomena their experience and regulation play a central role for the understanding of the embodied human self. Accordingly, the concept of emotion has become a key concept in various scientific disciplines, especially psychological (and psychosomatic) medicine and philosophical anthropology. Yet depending on the theoretical context, the term is imbued with clearly distinct meanings.

Methods: The presentation outlines ancient and current concepts of emotions applied in psychosomatic medicine and puts them into context with theories of emotions developed in philosophical anthropology.

Results: From Antiquity in various historical concepts the cause and cure of many diseases were ascribed to the agency of emotions ("passions"). At the onset of modern psychosomatic medicine a basically linear-causal role of emotions was postulated by mainly psychogenic approaches. The introduction of the biopsychosocial model and the concepts of multicausality and bidirectionality, which constitute basic postulates of present psychosomatic medicine, replaced the ideas of a unidirectional impact between emotions and bodily processes. But the biopsychosocial model changed not only ideas of the emotions' function, but also of their character and composition, thus implying an opening of research to the emotions' biological and socio-cultural formation. Empirical research has so far generated a plenty of neurobiological, physiological and epigenetic facts and considerably enriched our understanding of the emotions' biological nature. In recent years hermeneutic research has developed a wealth of anthropological considerations just as well, concerning mainly the meaning of emotions for ethics, identity- and self-formation, and intersubjectivity.

Conclusions: The bio-psycho-social model implies the necessity of different and complementary methods, that is both an empirical and hermeneutic research of emotions. Yet the current understanding in psychosomatic medicine is dominated by empirical facts. A connection with hermeneutic considerations may provide a more comprehensive and anthropological conception of the emotions' functions and meanings in psychosomatic theory and clinical practice.

P220 - DEVELOPMENT OF A NEW CURRICULUM TO IMPLEMENT THE CANMEDS COMPETENCY MODEL IN THE RESIDENCY TRAINING AT THE PUC CHILE

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Aims: To develop courses in b-learning methodology to train residents at the PUC Chile in generic competencies of the CanMEDS Roles, through which a biopsychosocial and patient-centered approach are promoted.

Methods: To create the courses in b-learning methodology, a standardized and continuous process was carried out, which included the following stages: design, production, implementation, evaluation and redesign. The courses lasted ten weeks each and included seven online lectures and three classroom workshops.

Results: Nine courses were designed in b-learning methodology, promoting the development of the knowledge, skills and attitudes of the CanMEDS Roles, from a biopsychosocial and patient-centered approach. In total, 407 residents have participated in the courses, of which 77.6% (n=316) responded an evaluation survey. A 93.7% (n=296) indicated that the course carried out allowed them to reflect and become aware of the course Role, and 91.8% (n=290) mentioned that they would strongly recommend the course to other colleagues.

Conclusions: The development of these courses has been essential to implement the CanMEDS Framework in the residency training at the PUC, and to respond to the current needs and expectations of the society regarding health care. The need to incorporate the teaching and systematized evaluation of these generic competencies in the different activities of the residency programs is relevant. This challenge will require strengthening the faculty development, in order to teach and assess the CanMEDS Framework.

P221 - COMFORT LEVEL AND PRACTICE TRENDS IN THE MANAGEMENT OF PATIENT AGGRESSION BY HOSPITALISTS IN THE GENERAL HOSPITAL

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Aims: (1) Identify gaps of knowledge and comfort level in the management of patient aggression by hospitalists (general inpatient physician). (2) Identify areas for intervention and improvement in the management of patient aggression in the general hospital. (3) Identify ways in which the Consultation Liaison Psychiatrist can facilitate management of patient aggression by hospitalists.

Methods: Survey of a group of hospitalists providing general care on a tertiary medical center.

Results: Currently gathering data.

Conclusions: Aggression in the healthcare setting is common and associated with increased patient morbidity and medical staff injury and burn out. Though it is well recognized that psychotropic medications play an integral role in its management and that primary care physicians tend to lack comfort with the use of these medications, to date, there is no literature describing the comfort level or practice trends of hospitalist regarding the use of psychotropics or physical restrains for the management of aggression. This is of relevance, as it is recommended that when verbal de-escalation fails, medications be offered as a measure to avoid increased escalation, involuntary medications and restraints. If hospitalists are not comfortable with the use of psychotropics, then medications may not be offered, a missed opportunity for prevention. If hospitalists are not comfortable with the application of physical restraints, these may not be used safely, another missed opportunity for morbidity prevention. A questionnaire will be used to assess comfort level with the management of aggression, comfort level with use of restraints and psychotropics, and the choice of medications.

P222 - IMPLEMENTATION OF AN ELECTRONIC ROUTINE OUTCOME MONITORING AT AN INPATIENT UNIT FOR PSYCHOSOMATIC MEDICINE

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Aims: The importance of patients' self-reports for research as well as daily clinical practice has long been acknowledged and patient-reported outcomes (PROs) and are of increasing relevance not only in psychiatry. Electronic routine outcome monitoring (eROM) provides data that is of use to all health-care professionals improves treatment outcomes and simplifies scientific data assessment. Available studies on eROM focus on its evaluation only and lack a detailed description of the prior implementation procedure. The overall aim of this project was to implement an eROM assessment at the Divison of Psychosomatic Medicine and provide a detailed description of the implementation procedure, a prerequisite for further studies on eROM.

Methods: According to the Replicating Effective Program concept the project consisted of 4 phases: pre-condition (1), pre-implementation (2), implementation (3) and maintenance and evolution (4) with a main focus on the description of the implementation procedure and a short evaluation.

Results: We describe the action taken during the different phases of the implementation procedure and which steps were taken to overcome identified barriers. All multi-professional decisions were carried out based on the Participatory Action Research process. A core set consisting of sociodemographic and clinical data and a comprehensive questionnaire battery covering symptoms, functioning parameters as well as psychological constructs was implemented. In total 164 patients, with a mean age of 38.5 years took part in the eROM assessment from June 2015 to December 2016. The evaluation showed that eROM was appreciated by health-care professionals (85.2%) and patients (70.2%) alike. Along with great acceptance, the majority of patients (89.4%) and health-care professionals (85.7%) experienced no delays in daily clinical routine because of the eROM assessments.

Conclusions: The implementation of the eROM system has been successful so far and results from a first evaluation suggest high satisfaction of patients and health professionals. Our detailed description and experience of the implementation process can provide support to institutions planning to implement eROM assessment into their daily clinical routine. Focusing scientific efforts on the implementation process is essential since this influences all further steps such as evaluation and acceptance.

P225 - INVESTIGATING THE NATURE OF PLACEBO

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Aims: The aims of the work are to analyze the existing hypotheses of the nature of placebo effect and to develop theoretical approaches to its further research.

Methods: The method of study is theoretical analysis.

Results: The experimental research of placebo is limited by studying themes that are subject to systematic studying. Therefore, it becomes difficult to build theoretical models of placebo. Thus, an attempt to treat placebo as the realization of a conditional reflex cannot explain the cases when placebo was not preceded by a positive experience with a truly effective medicine. Therefore, it cannot be an unconditional stimulus. The author offers to distinguish between the cases of a “true placebo” and the mechanism of conditioning, which does not require the participation of cognitive functions. Positive expectation cannot act as an explanation of placebo either, it is just one of its necessary conditions. It shows that we should consider the phenomenon of autosuggestion as a part of placebo mechanism. The author believes that we should continue studying the nature of placebo and try to answer to the question, “Why do we mobilize the search for healing mechanisms, if there is a guaranteed healing by an external mean?”, if there is a guaranteed healing by an external mean". The answer to this question can be associated with the understanding of hypnotic phenomena and treating their genesis in the evolutional development. A refusal to solve the problem at the conscious level is the condition that enables to trigger an unconscious search of solving a problem. This is achieved by confidence in the favorable outcome. Nocebo can also be explained in this context. The author offers the hypothesis of autosuggestion occurrence in the evolutionary development as a mechanism of cubs’ search for acquiring new states when being trained in adult ways of behavior by senior individuals. It is this mechanism that is realized in placebo and nocebo.

Conclusions: We make a conclusion that the above approach is perspective.

P227 - QUESTIONNAIRE ON SLEEP-DREAM ALTERNATION AND VIGIL IN ADULTS

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Aims: Construction and validation of a Questionnaire on the evaluation of sleep/wake alternation in the construction of consciousness plasticity in adults, from the age of 18 years. Consciousness is the characteristic of the mind that allows one to travel in the mind of others and of oneself, continuing in reality. Plasticity is the ability to give new answers, learning from experience and exploring new opportunities (Corballis, 2014).

Methods: Elaboration of 6 hypothetical factorial structures by pre-test (N = 30) and definitive test (N = 676) with operational difficulties. Instrument divided into 2 parts. The first is a one-dimensional scale on sleep; the second is a multidimensional scale on dreams, vigil life, and mind-body health. Answers in a Likert rating scale of 5 points. Scales and subscales defined by the factorial structure exhibit a suitable Cronbach's alpha. Part I and II item redundancy was inspected as well as the convergent-descending validity of the items. The theoretical framework is based on the cognitive neuroscience theories of dream-sleep, as a state of primary consciousness, which reprograms in virtual and prepares the vigil consciousness. (Hobson, A. & Pace-Schott (2002). Hobson A. & Tranquillo N. (2014)).

Results: Validated the factorial structure of the questionnaire, representing the interactions between sleep, dream and wakefulness. Questionnaire in 4 scales. One on sleep habits and the transition between sleep and wakefulness, in the cultural context. The other two relate to the forms and emotions of dreams, future-oriented life projects, real interpersonal relationships, and the intentionality attributed to dreams. Sub-scales relating to hypnagogic periods, emotions, and life projects seem to better represent the interaction between the two states of consciousness. A fourth scale aims to correlate these dimensions with psychosomatic health. The statistical syntheses defined a final questionnaire with 108 items, to be quoted directly, except for 38 of them.

Conclusions: (1) Questionnaire needs replication with adult populations with psychopathology and on multiculturality. (2) Certain items in the questionnaire lack content analysis.

P228 - PERSONALITY OF ADOLESCENTS WITH SOMATIC SYMPTOM DISORDERS AND THEIR MOTHERS VS HEALTHY ADOLESCENTS

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Aims: To describe personality traits of a sample of adolescents with somatic symptom disorders in comparison with healthy adolescents and personality profiles between their mothers

Methods: Prospective, transversal, clínical, non-experimental design. Evaluation of 21 adolescents with somatic symtom disorders (SSD) was performed during pediatric hospitalization from April to December 2017. Psychiatric diagnosis was made based in DSM-V criteria. Symptoms included; cyclic vomiting, abdominal pain, abnormal movements, walking impairments and syncope. Medical investigation excluded physical illness. Psychological evaluation includes Minnesota Multiphasic Personality Inventory (MMPI-A) for SSD adolescents and MMPI-2 for their mothers. Control group of 21 healthy adolescents (HA) was matched by age and gender. Comparison was made with non-parametric statistics.

Results: Mean age of psychosomatic adolescents was 14.8± 1.8. Frequency was greater for girls. Mean age of ASSD mother's sample was 43.3 years and HA mothers mean was 40.2 years. SSD adolescents showed 3,1 coding (Hysteria and Hypochondriasis) coding, which corresponds to somatization reactions, associated to immature, egocentric, manipulative and dependent personality traits, with predominant use of repression and denial, that tend to express physical symptoms under stress, showing significant higher MMPI T-scores in Hysteria (p 0.01), Hypochondriasis (p 0.01) and Paranoia (p 0.02) in comparison with HA. MMPI-2 of maternal SSD adolescents showed 1,3 MMPI-2 coding profiles, with higher scores in Hsypochondriasis (p0.003), Depression (p 0.02), Hysteria (p 0.004) and Psychastenia (p0.04) in contrast to control mothers. PA mothers exhibited a lower Masculinity-feminity score (p 0.019) that may suggest unsatisfaction with gender roles and self-distrusting in comparisson with HA mothers.

Conclusions: SSD adolescents showed elevation of Hs and Hy, which have been associated to alexitimia, which explains to some extent, somatization as the lack of ability to verbalize feelings. SSDA and their mothers showed 3,1 vs 1,3 mirroring personality codes, which may suggest impairments on adolescent's individuation by maternal modeling of emotional expression through physical symptoms. No financial relationships to disclose.

P229 - EFFECTIVENESS OF INTERACTIVE MENTAL FLEXIBILITY GROUPS FOR PATIENTS ON ACUTE INPATIENT PSYCHIATRIC UNIT

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Aims: Our aim was to examine the effects of group sessions focused on mental flexibility and imaginative thinking to decrease agitation, improve mood, and create a positive environment.

Methods: A 3-month quality improvement research project was facilitated on the acute inpatient psychiatric unit in Syracuse, NY USA. Group sessions were implemented to target inpatients experiencing distress, anger, low self-esteem, and/or ineffective coping strategies. Patients were presented with activities, creative questions, and prompts that encourage cognitive flexibility and imaginative thinking. Sessions were designed to be enjoyable and approachable while also giving patients the opportunity to express their responses through drawing, writing and group discussions. Sessions were 1-hour long and facilitated in a common space for maximum participation. A set of Likert-type scales were administered before and after each session for participants to rate levels of happiness, sadness, and anger. Incidents of agitations, and as-needed medications administration were traced during and 4 hours after each session.

Results: The average daily census on the unit was 17 patients. Average group attendance was 41%. Average agitation incidences were 2% of daily census, and the average of as-needed medications administrations was 10% of daily census. After their initial session, patients indicated an increase in happy feelings (mean 0.46, SD 0.978), a decrease in sad feelings (mean -0.44, SD 1.078), and decrease in anger (mean -1.15, SD 1.984). The training of nursing staff took place after the success of this project. The results of this training showed that 6 sessions 1 hour each was sufficient for the nurses to feel comfortable conducting the group; implementation of such group improved patient-nurse relationship and decreased agitation on the unit.

Conclusions: This study indicated that implementing mental flexibility group sessions on an acute psychiatric floor is viable and well received by both patients and staff. Sessions helped to decrease agitation and reduced the need for extra medication administration. The patients' feedback on their emotions indicated that the group helped them to feel happier, less sad, and less angry. Many patients enjoyed the groups sessions and expressed a boost in self-esteem and more positive outlook on life.

P231 - PERCEIVED PHYSICIAN'S EMPATHY AND THERAPY MOTIVATION AS DETERMINANTS OF LONG-TERM THERAPY SUCCESS OF INPATIENT PSYCHOTHERAPY - A COHORT STUDY

Frank Vitinius (1) - Stephanie Tieden (1) - Martin Hellmich (2) - Holger Pfaff (3) - Christian Albus (1) - Oliver Ommen (3)

Department of Psychosomatics and Psychotherapy, University Hospital of Cologne, Cologne, Germany (1) - Institute of Medical Statistics and Computational Biology, University of Cologne, Cologne, Germany (2) - Institute of Medical Sociology, Health Services Research, and Rehabilitation Science, University of Cologne, Cologne, Germany (3)

Aims: Predictors and determinants for therapy success of inpatient psychotherapy will be assessed at admission (T1), discharge (T2) and at follow-up (1 to 3 years after treatment) (T3).

Methods: The influence of sociodemographic factors, the perceived physician's empathy rated by patients using the Consultation and Relational Empathy Measure (CARE) and the therapy motivation on therapy success (reduction of depressive symptoms) are examined by means of correlation analysis, distribution comparisons and subsequently logistic regression.

Results: Ninety-two (64 females, average age 39 yrs ±12.5 yrs) of 182 eligible patients participated in the catamnestic survey. Only the perceived physician's empathy ($p=0.032$) and therapy motivation ($p=0.008$) had a significant impact on therapy success. Based on these variables a multiple logistic regression of therapy success of 86 complete data sets explained 40% of the variation (goodness-of-fit).

Conclusions: Perceived physician's empathy and therapy motivation should especially be recognized in the context of postgraduate training.

P232 - DOES LEADER FACTOR OR INDIVIDUAL FACTORS MATTER MORE ON MEMBERS' SOMATIC AND MENTAL STATUS?

Shu-chuan Jennifer Yeh (1) - Wen Chun Wang (2) - Ying-ying Lo (3)

Institute of Health Care Management & Department of Business Managemeng, National Sun Yat-sen University, Kaohsiung, Taiwan (1) - Department of Business Management, National Sun Yat-sen University, Kaohsiung, Taiwan (2) - Department of Healthcare Administration, I-Sho University, Kaohsiung, Taiwan (3)

Aims: Servant leaders go beyond their self-interest and focus on opportunities to help followers grow and develop. This study investigates whether servant leaders have more influence than individual optimism on members' somatic and mental health.

Methods: This study was a survey research with individual level as unit of analysis. We randomly collect 155 nurses with minimum working at unit for six months. This study uses scales from the revised servant leadership to measure leader's behavior (12 items, α=.97) and the Revised Life Orientation Test to measure optimism (10 items, α=.58). General Health Questionnaire was used to measure somatic symptoms (7 items, α=.79), anxiety (7 items, α=.89), social dysfunction (7 items, α=.72), and severe depression (7 items, α=.91). The hierarchical regression is used to attain the research purposes.

Results: The average age of the participants is 37 years. Most of them are female and married. Twenty percent of them are leaders. The mean working years in unit are 8 years. The regression results indicated that tenure in unit and optimism are two main factors related to somatic symptoms. For anxiety, leaders with higher servant leadership were associated with less anxiety. However, when we add the factor of optimism, the effect of leadership disappeared and the higher optimism of members was associated with less anxiety. For social dysfunction, servant leadership was negatively related to social dysfunction, then optimism is much stronger predictor for social dysfunction. Compared to level-1 nurses (with less experience), level-2 nurses were related to severe depressive symptoms, and nurses with high optimism are associated with less depressive symptoms. The overall adjusted r-squared ranged from 20.3%~34.5%.

Conclusions: Although servant leaders often concerns member's interests, the influence on members' health are still focused in individual factors, particularly personal optimism. Optimism is related to less somatic symptoms, less anxiety, less social dysfunction, and less severe depression.

FRIDAY JUNE 29 16.30-18.00

SCIENTIFIC SYMPOSIA SESSION 4

SYMPOSIUM UPDATES ON THE ALEXITHYMIA CONSTRUCT

PREDICTING LONG-TERM POST-PARTUM DEPRESSION. THE CONTRIBUTION OF ALEXITHYMIA OVER AND ABOVE NEUROTICISM, RUMINATION, AND SELF-ESTEEM

Olivier Luminet (1) - Anne Denis (2)

Université catholique de Louvain, Research Institute for Psychological Sciences, Louvain-la-Neuve, Belgium (1) - Université Grenoble Alpes, Psychology Department, Grenoble, France (2)

Aims: To assess the impact of neuroticim, rumination, and alexithymia on post-partum depression (PPD) symptoms. Because most of the literature data concern the immediate post-partum period or the first year post-partum, we wanted to assess the longer term impact (1 and 2 years) of these factors on the symptoms of PPD.

Methods: Two studies were performed. In a pilot study, 1-month post-partum, 63 women filled out a sociodemographic information sheet and completed the abbreviated, revised Eysenck Personality Questionnaire, the Ruminative Responses Scale, the Maternal Self-Report Inventory, and the Edinburgh Post-Natal Depression Scale. In the main study, 124 women additionally completed the Toronto Alexithymia Scale (TAS-20). The main study population was divided into 2 subgroups: women in the first year post-partum (n = 74) and those in the second year post-partum (n = 50).

Results: In the pilot study, brooding rumination and low self-esteem were significant predictors of the PPD symptom intensity. Neuroticism, brooding rumination, and low maternal self-esteem were also significant predictors of the PPD symptoms reported in the first year post-partum. Importantly, ruminative thoughts and alexithymia were significant predictors of the PPD symptoms reported in the second year post-partum, with alexithymia predicting an additional 11% of explained variance.

Conclusions: Our results suggest that alexithymia may be an important predictor of the incidence of PPD on the long term. The observation of differences in the PPD models as a function of the post□partum period may open up opportunities for developing novel PPD prevention/treatment programs.

ALEXITHYMIA AND BINGE EATING IN PATIENTS ON A WEIGHT-LOSS PROGRAM

Chiara Conti - Giulia Di Francesco

Department of Psychological, Health, and Territorial Sciences, University "G. d'Annunzio", Chieti, Italy

Aims: Alexithymia is a multifaceted personality trait that involves difficulties in identifying and describing feelings to others, a poor fantasy life and an externally oriented cognitive style. Alexithymia has been described as a vulnerability factor for mental and physical diseases. The aim of this cross-sectional study was to investigate the involvement of alexithymia in binge eating in a sample of 266 obese and overweight outpatients who are seeking treatment for their weight.

Methods: Alexithymia was measured with the 20-item Toronto Alexithymia Scale(TAS-20); binge eating was assessed with the Binge Eating Scale (BES); and depressive and anxiety symptoms were evaluated, respectively, with the clinical interview combined with the Hospital Anxiety and Depression Scale (HADS).

Results: Prevalence of alexithymia was 43.6% in this sample. In a multiple linear regression, higher TAS-20 scores and higher depressive and anxiety symptoms were associated with increased binge eating. Structural Equation Modelling (SEM) revealed that the latent construct of difficulties in identifying feelings had a significant direct association with the BED score ($\beta = 0.23$, $p < 0.001$).

Conclusions: Alexithymia is common in obesity and overweight. Individuals with deficit in identifying feelings, may show increased binge eating, especially in the presence of depressive and anxiety symptoms.

ALEXITHYMIA, EMOTIONAL EMBODIMENT AND INTEROCEPTION

C. Scarpazza (1) - H. Huang (2) - A. Zangrossi (1) - S. Massaro (2)

Department of General Psychology, University of Padua, Padua, United Kingdom (1) - University of Warwick, Warwick Business School- Behavioral Science, Coventry, United Kingdom (2)

Aims: To investigate whether alexithymia is associated with higher interoceptive sensibility and sensitivity but with lower interoceptive awareness.

Methods: 48 healthy individuals were included (61% females, aged 23.2±2.1; estimated power 0.99 basing on previous eta squared=0.61). Psychological factors, including alexithymia (TAS-20 used as a continuous variable) and depressive symptoms (BDI-II used as covariate) were concurrently assessed. According with previous literature, interoceptive sensibility (ISb) was measured by means of the Body Perception Questionnaire and interoceptive sensitivity (ISt) or accuracy was measured by means of the Heart Beat Perception task (HBPT). After the end of each trail of the HBPT each participant rated his/her confidence in the ISt task on a visual analogue scale. Interoceptive awareness (IAw) was defined from the correspondence between ISt and confidence. A regression model was build using ISt as dependent variable and the interaction between confidence and TAS-20 as predictors.

Results: TAS-20 total score positively correlates with both ISb (r=0.52, p=0.0001) and ISt (r=0.48, p=0.0004), even when correcting for BDI-II score using partial correlations (r=0.46 and r=0.42, respectively). The regression model is significant (F [1,46]=11.74, Adjusted R squared=0.186, p=0.0013) and revealed that the relationship between ISt and confidence (IAw) is modulated according to the alexithymia level (TAS-20) (t=3.42, p=0.0013). Interestingly, individuals with higher alexithymia levels are those with higher ISt but low confidence (low IAw).

Conclusions: This study expands previous literature suggesting that interoceptive sensitivity and interoceptive awareness might be dissociated in alexithymia. This study also suggests a possible neurocognitive mechanism for the higher risk of psychosomatic disorders associated with alexithymia: the higher ISt in alexithymic individuals might reflect their abnormal tendency to focus their attention on their own bodily signals. However, due to their low IAw, are not aware of being too much focused on their own bodily sensations and tend to misinterpret their higher ISt as a physical problem, leading to somatisation.

ALEXITHYMIA AND CARDIOVASCULAR DISEASE RISK IN HEALTHY ADULTS

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Department of Clinical and Health Psychology, University of Chieti, Italy (1) - FIDAS (Italian Federation of Associations of Blood Donors), Italy (2) - Dept. Hematology, Transfusion Medicine and Biotechnologies, Civic Hospital, Pescara, Italy (3)

Aims: To investigate whether alexithymia is associated with cardiometabolic risk factors (RF) and increased CVD risk.

Methods: A consecutive and unselected cohort of 1,170 adult blood donors (74.8% males, aged 46.1±10.0) were recruited and assessed for traditional, biochemical (homocysteine and lipoprotein-a) and lifestyle RF. Psychological factors, including alexithymia (TAS-20: 75th centile was used as threshold) and depressive symptoms (BDI-II), were concurrently assessed. We evaluated CVD risk according to Framingham risk score (FRS) and Italian NIH (National Institute of Health) CUORE risk score (CRS). Estimated 10-year CVD risk was calculated with both scores and population was subsequently divided into low-risk *vs.* moderate- to-high risk (FRS <10% *vs.* ≥10% and CRS <3% *vs.* ≥3%, respectively).

Results: The prevalence of moderate-to-high risk was 13% (FRS) and 21% (CRS). The alexithymic group (N=280; 23.6%) had significantly a lower education and occupational status, as well as higher BMI, higher total and LDL cholesterol, higher lipoprotein(a), and depression score than the non-alexithymic group. Consistently, the percentage of subjects at moderate-to-high CVD risk was significantly higher in the alexithymic group for both FRS and CRS. A stepwise forward multivariate logistic regression was used to select predictors of moderate-to-high CVD risk. The results showed that alexithymia was a strong independent predictor of increased estimated CVD risk at 10 years for both FRS (OR: 2.40; 95% CI: 1.38-4.14; p=0.002) and CRS (OR: 2.11; 95% CI: 1.32-3.38; p=0.002), after adjustment for sociodemographic and lifestyle factors, BMI, diastolic blood pressure, metabolic RF (fasting blood glucose, LDL and triglycerides), and biochemical RF.

Conclusions: This large cohort study suggests that alexithymia may be considered a major psychological factor for CVD risk in healthy population. Longitudinal studies are needed for investigating the role of alexithymia in clinical outcomes (morbidity and mortality).

EMOTION REGULATION AND BEHAVIORAL ADDICTIONS: LINKS BETWEEN PROBLEMATIC INTERNET USE, IMPULSIVITY AND ALEXITHYMIA

Torrado M. (1) (2) - Teixeira M. (1) – Bacelar N. (3) - Eusebio S. (1) - Vilar G. (2) - Duran D. (2) - Ouakinin S. (1)

University Clinic of Psychiatry and Medical Psychology, Faculty of Medicine, University of Lisbon, Portugal - General-Directorate for Addictive Behaviours and Dependencies, Ministry of Healh, Lisbon, Portugal (2) – Institute for Preventive Medicine, Faculty of Medicine, University of Lisbon, Portugal (3)

Aims: Problematic internet use (PIU) has been conceptualized as a cognitive and behavioral pattern prior to severe non-substance addictive behaviors, such as internet addiction. Considering the recreational use of internet is widespread, this study aims to characterize PIU in young adults' healthy samples and potential associations with particular emotion regulation constructs - alexithymia, negative affect, impulsivity.

Methods: Seventy-one undergraduate students from University of Lisbon were interviewed after their informed consent. Sociodemographic and psychometric data were collected from a brief questionnaire and the Portuguese versions of Toronto Alexithymia Scale 20 items (Prazeres et al., 2000), Hospital Anxiety and Depression Scale (Pais-Ribeiro et al., 2007), Short Version of the UPPS Impulsive Behavior Scale (Torrado et al., 2017) and Generalized Problematic Internet Use Scale 2, GPIUS2 (Pontes et al., 2016).

Results: Participants were mainly single (93%), 21 years-old on average (SD=3,72), with no diagnosed medical conditions, reported substance use or even moderate to high levels of negative affect. GPIUS2 results placed participants in a moderate risk level (M=37,5; SD=13,46). PIU was significantly related with alexithymia (r=.238; p<.05), impulsivity (r=.293; p<.05) and depressive symptoms (r=.241; p=.05). Deficient self-regulation inherent to

PIU was strongly associated with difficulties in identifying and describing feelings, as well as negative urgency and sensation seeking.

Conclusions: Deficits of emotion regulation combining trace and state dimensions seem to be associated to dysregulated use of internet, with potential impact for the emergence of behavioral addictions. Implications for clinical and preventive strategies are addressed.

SYMPOSIUM PEOPLE HAVE THE POWER: THE ROLE OF CONNECTION IN GROUP INTERVENTIONS ACROSS HEALTHCARE SETTINGS

A C.A.R.E.R. MODEL FOR RESPONSIVE BEHAVIOURS: THE DEVELOPMENT OF TRAINING VIDEOS, AN APP AND E-LEARNING MODULES FOR FORMAL AND INFORMAL CAREGIVERS

Ken Schwartz - Robert Madan

Department of Psychiatry, Baycrest Centre Toronto, Ontario, Canada

Aims: The emotional state and stress level of caregivers can be significant contributing factors to the development and worsening of responsive behaviours which in turn may lead to caregiver burnout. Caregivers require training in effective techniques that can be used to help reduce these behaviours. Our innovative C.A.R.E.R. tool aims to provide the caregiver with a self-reflective exercise to help modify these responses.

Methods: The C.A.R.E.R model is a simplified version of the Affect Education Model which was successfully taught to long-term care staff in a previous study. The C.A.R.E.R model is currently being studied through production of a series of short videos designed to teach the model to family members of people with dementia. A video teaching the approach is followed by scenarios where one person with dementia is becoming agitated and the family member is trying to respond appropriately to the agitation. Each scenario features a wrong way to manage a situation followed by the correct way using the model. Questionnaires will assess the videos' feasibility, user friendliness, engagement, well-being and global impact on level of confidence in managing responsive behaviors.

Results: Videos will be shown. The content of the app for caregivers based on the C.A.R.E.R model will include two components: training content and videos and the tool itself. The content of the e-learning modules will incorporate similar but slightly more comprehensive content designed for healthcare providers and formal caregivers and for family/informal caregivers. Available preliminary results of interviews and focus groups used to design the final content will be presented.

Conclusions: Although other tools exist, the C.A.R.E.R tool more completely addresses the emotional and cognitive reactions of caregivers in the moment to generate more empathic responses. Its use has shown positive results in long-term care and the availability and accessibility of this tool via a smartphone or tablet presents a unique way to support the caregiver in the context of managing responsive behaviors. If caregivers have sufficient training and tools provided through electronic platforms, caregivers will be empowered and less distressed, ultimately improving the quality of life and connection with family or others with dementia.

ACCEPTANCE AND COMMITMENT GROUP THERAPY FOR DIABETES AND PSYCHIATRIC COMORBIDITIES

Inga-marlen Pontow - Ronald Burian - Albert Diefenbacher

Evangelisches Krankenhaus Königin Elisabeth Herzberge, Psychosomatic Day Treatment Unit, Berlin, Germany

Aims: Diabetes is highly prevalent in the general population, and so is comorbidity of diabetes with depression, anxiety, chronic pain and substance abuse. Badly managed diabetes is often a result of maladaptation and psychosomatic comorbidity and causes worse health outcomes due to secondary diabetes related diseases. For people with health-related low daily functioning transdiagnostic and multi-modal approaches are needed. Acceptance and Commitment Therapy (ACT) is a transdiagnostic therapy that can be tailored to individual needs especially in patients with chronic conditions. We aim to study if patients with diabetes and comorbid psychiatric disorders benefit from a group based ACT- approach in terms of psychiatric symptoms reduction, coping with illness, psychological flexibility the same way as patient with other psychiatric and psychosomatic disorders.

Methods: Naturalistic study in a psychosomatic day treatment unit of a University-affiliated inner-city General Hospital in Berlin. The unit is specialized in psychodiabetology. The treatment plan of 4-6 weeks is multimodal and based on ACT, with group sessions as a core component. Structured assessment at admission includes WST and SF12 and at admission and discharge MADRS, PHQ9, PHQ15, FQCI, AAQ-II.

Results: Within the first 14 months 151 patients were treated, with 15,2% having diabetes as a comorbid condition. Mean age was 47.18 years (range 19 – 83), 65 % were female. Psychiatric main diagnoses of the whole cohort were depression, adjustment disorders and chronic pain disorders. Results of pre-post comparisons of psychological and functional outcomes will be presented.

Conclusions: First pilot data indicates that the 3rd wave behavioral therapy ACT in routine care is effective in improving patients' daily life functioning through reducing psychiatric symptoms, increasing psychological flexibility and supporting patients in coping with illness. This holds true for patients with a comorbidity of diabetes.

MINDFULNESS-BASED COGNITIVE THERAPY FOR YOUNG ADULTS WITH CANCER: A MIXED-METHOD STUDY

Mary Elliott

Princess Margaret Cancer Centre, Supportive care, Toronto, Canada

Aims: The young adult population with cancer face unique challenges. This study aims to identify outcomes of a group Mindfulness-based Cognitive Therapy in this population.

Methods: Fifty young adults with cancer participated in a 8-week MBCT program at the Princess Margaret Cancer Centre in Toronto, Ontario, Canada and completed pre- and post-questionnaires evaluating physical and psychological well-being. Fourteen participants also took part in post-intervention semi-structured interviews.

Results: Statistically significant improvements were identified in self-report measures of depression, anxiety, perceived stress, and sleep. Our qualitative analysis provided insight into additional positive transformations experienced by participants.

Conclusions: Although based on a small sample size, limiting its generalizability, this study provides evidence that MBCT can be successful to treat psychological symptoms in young adults with cancer.

DEVELOPMENT OF A PEER-DELIVERED SELF-MANAGEMENT INTERVENTION FOR PATIENTS WITH RARE CHRONIC DISEASES

Miriam Katharina Depping - Natalie Uhlenbusch - Bernd Loewe

Department for Psychosomatic Medicine, University Medical Center Hamburg-Eppendorf, Hamburg, Germany

Aims: The goal of the project was to develop a program for patients with rare chronic diseases that helps them to adjust to their condition. A patient-centered development process aimed at designing a low-threshold intervention informed by patients´ support needs and preferences.

Methods: We employed a mixed-method approach including an online survey with N=300 patients with different rare diseases (80% female, age range: 16-74 years) answering validated questionnaires including the supportive care needs survey (SCNS-SF34) as well as open-ended questions, e.g. which additional support they wish for. The current presentation will focus on qualitative results. We used content analysis to analyze the qualitative data. In addition, we ran focus groups (N = 20) with patients with four distinct rare diseases, namely marfan syndrome, neurofibromatosis, pulmonary arterial hypertension and primary sclerosing cholangitis, to identify what has helped them so far and which additional support they wish for. Focus groups were analyzed with content analysis. We then put together a program based on the results.

Results: Content analysis of the responses in the online survey revealed that patients wish for more and better information, for more contact to other patients affected by their condition and for support in dealing with difficult emotions. The content analysis of the focus groups replicated these results and revealed that patients experienced accepting the diagnosis as a turning point in adjusting to living with the disease.

Conclusions: Based on the results of the multi-method approach, we designed a 6-week intervention that builds on a self-management program guided by a peer-counselor in weekly phone-meetings. Peer-counselors receive a 2-day training for their task and are under supervision by a medical psychotherapist during the process. The self-management program is designed for patients suffering from marfan syndrome, neurofibromatosis, pulmonary arterial hypertension or primary sclerosing cholangitis and includes an information module on the disease. It further comprises acceptance and commitment therapy based therapeutic modules. A randomized-controlled trial is currently under way to test the feasibility and effectiveness of the program.

ASSOCIATIONS BETWEEN HEALTH LITERACY AND HEALTHCARE UTILIZATION IN PATIENTS WITH COEXISTING DIABETES AND END STAGE RENAL DISEASE

K. Griva (1) - M. Nandakumar (2) - M. Rajeswari (2) - E.Y. Khoo (3) - R. Leow (4) - V.Y.W. Lee (4) - A. Kang (4) - S.P. Newman (5)

Lee Kong Chian School of Medicine, Nanyang Technological University, Singapore (1) - National Kidney Foundation, National Kidney Foundation, Singapore (2) - National University Hospital Singapore, National University Hospital Singapore, Singapore (3) - National University of Singapore, Psychology, Singapore (4) City University of London, London, United Kingdom (5)

Aims: Health literacy is concerned with the patient's ability to obtain, process, and act on appropriate health information, and has been linked to patients' self-management ability. In particular, self-management of end-stage renal disease with comorbid diabetes (DM ESRD) places considerable burden on patients, given increased and sometimes conflicting demands, placing patients at increased risk of hospitalization. This study aimed to explore the associations between health literacy and healthcare utilization in DM ESRD patients.

Methods: Depression and Health Literacy was assessed in a prospective outpatient cohort of patients with DM ESRD on the Hospital Anxiety and Depression Scale (HADS) and the Health Literacy Questionnaire (HLQ). Primary outcomes were all-cause admission (number of events; days of hospitalization) and mortality over 15 to 24 months. Negative binomial or Cox regressions were used to model risk factors for hospitalization and mortality respectively.

Results: Of 221 participants [median age 59 years, 39.4% women, 54.8% Chinese], 95 (43.0%) screened positive for depression. Risk for depression was higher for Chinese patients (OR 2.499, 95%CI 1.436 - 4.349, P = .001) compared to non-Chinese respondents. Depression, older age, Chinese Ethnicity, Non-married status, lower education were all associated with lower scores in most health literacy domains. Lower hospitalisation rates were independently associated with home-ownership (IRR=0.639) and higher *Actively Managing Health* HLQ scores (IRR=0.674). Cumulative hospitalisation days were independently associated with serum albumin (IRR=0.914), HbA1c (IRR=1.190), Charson Comorbidity Index (IRR=1.171) and depression (IRR=1.061). Mortality was also significantly associated with *Actively Managing Health* (Hazard Ratio=0.382) after controlling for other risk factors.

Conclusions: These findings suggest that strategies for improving health outcomes and reducing hospitalization and mortality risk in multi-morbid patients may benefit from adopting a stronger focus on critical and communicative domains of Health Literacy as part of patient education and addressing emotional distress.

SYMPOSIUM INNOVATIVE LIAISON – HOW TO INVESTIGATE PHYSICIANS' LIVED EXPERIENCE AND WHY IT MATTERS

STORIES PHYSICIANS TELL ABOUT THEIR PROFESSIONAL EXPERIENCE: A QUALITATIVE STUDY

Bourquin Céline - Orsini Sandy - Stiefel Friedrich

Lausanne University Hospital, Psychiatric Liaison Service, Lausanne, Switzerland

Aims: To investigate the influences and constraints to which physicians are subjected: e.g., society's discourses about medicine, contextual factors related to the medical institution, the formation of professional identity and peer relationship, inner life.

Methods: "Narrative facilitators" were developed to ease stories to emerge and to orient physicians towards themselves and their professional practice. Facilitators consisted of a press-book, a photo-based story, quotes from books of memoir written by physicians, and video sequences. The instructions given to the physicians were facilitator-specific: e.g., what story does this press-book tell about medicine and physicians? to what extent (analogue scale) do you agree with this quote?, why do you agree/disagree?

Results: 33 physicians from various medical specialities and different hierarchical positions of Lausanne University Hospital participated in the study. The dominant narratives of participants revealed for instance that nowadays physicians feel trapped in a declining profession characterized by loss of autonomy, diminished prestige, and personal dissatisfaction; the status of the physician has changed: he is no longer the "God in white" who knows best, physicians may also make mistakes; the physician-patient relationship is modified: the human side of medicine is neglected, physicians have become technicians; the public has an ambivalent stance toward medicine (trust in its progress and mistrust towards physicians).

Conclusions: Physicians' narratives provide valuable insight into their experience, nowadays practice of medicine, and into how they perceive the personal and professional challenges they face. The presentation will focus on selected results from our study, the utility of using narrative facilitators and on their advantages and limits compared to other approaches to explore lived experiences.

A COMPARISON OF PHYSICIANS' PROFESSIONAL EXPERIENCE IN JAPAN AND SWITZERLAND: WHAT SHAPES MORE, THE MEDICAL UNIVERSE OR CULTURE?

Friedrich Stiefel (1) - Fabienne Stiefel (2) - Takeshi Terui (3) - Takayuki Machino (4) - Kunihiko Ishitani (3) - Garry Heterick (5) - Sandy Orsini (1) - Céline Bourquin (1)

Lausanne University Hospital, Psychiatric Liaison Service, Lausanne (1) - Independent, Independent, Lausanne (2) - Higashi Sapporo Hospital, Internal medicine Service, Sapporo (3) - Higashi Sapporo Hospital, Service of palliative care, Sapporo (4) - Southern Cross, Inc., Direction, Sapporo (5)

Aims: To understand how Japanese and Swiss physicians experience their professional life.

Methods: "Narrative facilitators" were developed based on techniques inspired by clinical psychology – projective methods, e.g., short blurred and muted video sequences of a physician, with a patient, with peers, on his own – and visual sociology – photo-elicitation, e.g., photos depicting a physician's workday –, and on purpose-designed techniques – e.g., medicine-related articles published in newspapers or quotes from physicians. Physicians were invited to produce narratives in relation with the facilitators. Transcribed narratives were subjected to thematic analysis.

Results: A gender-mixed sample of 18 Japanese physicians and 33 Swiss physicians from a variety of medical specialties, occupying different hierarchical positions were included. Narratives revealed that both Japanese and Swiss physicians do not consider themselves as lucky heirs of a golden age of medicine, but as a profession in decline. While Japanese physicians seem to stoically face the difficulties, Swiss physicians express being affected by the mutations of their profession and seem trying to figure out how to become part of these evolutions. Specific experiences raised by Japanese physicians were for example a certain lack of communication, be it between physicians and patients or among peers, or the perception that patients have become anxious consumerists, while Swiss physicians were, for example, concerned by issues of recognition or de-subjectivation of medicine.

Conclusions: Research on physicians' lived experience is relevant for themselves, the patients and the society and will also allow to develop strategies to help them to live up to the challenges they face daily.

THE DEVELOPMENT OF A PROFESSIONAL EXPERIENCE EXPRESSION GROUP FOR INTERNAL MEDICINE RÉSIDENTS: MATTERS OF CONCERN AND OF INTEREST

Michael Saraga (1) - Claudio Sartori (2) - Sabine Giroud (2) - Julien Castioni (2) - Céline Bourquin (1)

Lausanne University Hospital, Psychiatric Liaison Service, Lausanne, Switzerland (1) - Lausanne University Hospital, Internal medicine Service, Lausanne, Switzerland (2)

Aims: There has been a growing awareness, that the graduate and postgraduate medical education involves a largely implicit process of « professional identity formation », which has been identified as a risk factor for burnout. At Lausanne University Hospital, we developed a so called "Osler Group" with the aim to explicitly address some of the above mentioned implicit processes of identity formation.

Methods: We recruited 10 voluntary residents of the Service of Internal Medicine to participate in 10 sessions of 105 minutes over the course of 10 months. Sessions were not formally structured, but the three group leaders (one liaison psychiatrist (MS), one senior internist (CS), and one junior chief resident (SG)) selected a number of themes to guide the discussion. Group sessions were recorded and transcribed, and the material is currently analyzed by means of a thematic analysis; the group experience was evaluated in semi-structured, anonymous individual interviews; and the group leaders regularly met to discuss their own experience of the group.

Results: The group was enthusiastically endorsed by the residents, who described an intense relief in sharing the challenges they meet in their professional and personal lives. It offered a safe venue to discuss difficult experiences, notably a sense of disillusion with the profession and a feeling of loneliness. The group seems to have helped the residents recover a sense of purpose and meaning in their choice of medicine.

Conclusions: A small group format appeared to be most adequate to support young medical residents processing their experiences of becoming physicians, but significant logistical challenges remain to be solved.

CLINICAL DECISION MAKING PROCESSES OF PRACTITIONERS REFERRING PATIENTS TO A SPECIALIST

Konstantinos Tzartzas (1) - Régis Marion-veyron (1) - Céline Bourquin (1) - Pierre-nicolas Oberhauser (2)

Lausanne University Hospital, Psychiatric Liaison Service, Lausanne, Switzerland (1) - Faculty of Social and Political Sciences, Lausanne University, Institut social sciences, Lausanne, Switzerland (2)

Aims: To investigate the decision-making process with regard to referral of patients to specialists by general internal medicine practitioners (GPs) working in a tertiary care centre.

Methods: A questionnaire, based on the existing literature on referral to specialists, was distributed to GPs, followed by two focus groups, structured by the results obtained with the questionnaire.

Results: 32 GPs responded to the questionnaire and 18 GPs participated in the focus groups. Thematic analysis of the focus groups revealed two distinct types of situations: a) the "clear-cut situation", where the decision to refer is based on guidelines and b) the "uncertain situations", where GPs hesitate to refer to a specialist, with the second type of situations being a source of considerable preoccupations. The decision-making process then involves three sets of expectations with regard to the consequences of the referral: (i) for the treatment, (ii) for the doctor-patient relationship and (iii) for the practitioner himself. Various factors are associated with the decision, such as the relationship with the patient, contextual (i.e. institutional or colleagues' expectations) and 'personal' elements (i.e. issues of responsibility, or pressure by uncertainty and anxiety). Prior validation by colleagues (specialists or GPs) through informal exchanges seems to relieve some of the decision-related distress.

Conclusions: The referral decision is a key element of general internal medicine. Qualitative studies enable to understand the experience of physicians as they seek the help of a specialist. Our study demonstrates that referral can not be understood in biomedical terms only, but is influenced by the "inner" and "outer" world of the physician. Referral is an emblematic activity, which illustrates that the physicians is always "situated" in his work.

THE RISK OF DEPRESSION DIFFERS IN INFORMED PATIENTS WITH COLORECTAL CANCER

Ying-ying Lo (1) - Shu-chuan Jennifer Yeh (2) - Chun-hsien Li (1) - Fen-ju Chen (1) - Ching-fen Huang (2) - Feng-chen Kao (3)

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Aims: With the professional training and access to medical information, medical practitioners are more aware of disease processes and outcome than the general public. This study assessed whether colorectal cancer patients of medical practitioners have a lower risk to develop depressive disorder than the general public.

Methods: The retrospective data were obtained from National Health Insurance Research Database from 1997 to 2012. In total 118 medical practitioners were diagnosed as colorectal cancer and followed up to identify the occurrence of depression. We applied for case-control study with 472 enrollees of general public matched by gender and age based on the ratio of 4:1 relative to the medical practitioners. Cox proportional hazards regression was conducted to estimate the risk of depression.

Results: Among the identified colorectal cancer patients, 10 (8.5%) of 118 medical practitioners and 55 (11.7%) of 417 general publics were developing Depression, respectively. The mean age was 47.42 years with 245(41.53%) male and 345 (58.47%) female. After controlling for age, gender and chemotherapy, the result of Cox proportional hazards regression indicated that female (HR= 2.79, CI: 1.44-5.40) and age >65 years (HR=2.69, CI: 1.24-5.82) patients have significantly higher risk in developing depression. However, the risk of depression in medical practitioners is lower (HR=0.75, CI: 0.38-1.46) than that of general public with colorectal cancer.

Conclusions: The findings suggest that gender and age are key factors to predict the developing depression in colorectal cancer patients. In comparison with general population, medical practitioners, as informed patients, have lower risk to develop depressive disorder. Therefore, it is essential to emphasize the informed process for general public with colorectal cancer, and offer early intervention to eliminate the risk of developing emotion distress.

SYMPOSIUM MANAGING THE MADDENING COMPLEXITIES IN HEALTH CARE SETTINGS

RECONSTRUCTING BABYLON – COMMUNICATION PROBLEMS CONTRIBUTING TO MEDICAL COMPLEXITIES

Øystein M. Christiansen

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Aims: To discuss the problems arising from growing communication problems originating from (1) migration of patients and health personnel, (2) growth of three- and four letter abbreviations, (3) development of idiosyncratic tribal expressions dividing the separate departments, and (4) the electronic patient files.

Methods: Case presentation and discussion.

Results: How can we cope with these changes, with the least possible damage to patient safety and to the physicians' enthusiasm for their work.

Conclusions: Within the presentation we strive to share ideas to reach these goals.

ON DUTCH BUREAUCRACY, A SERIOUS COMORBID DISORDER

Joannes Mertens

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Aims: To discuss the problems when administrative rules and obligations directly interfere with the service of psychiatric care. Due to regulations, private practice had to reorganised in 'mental healt providing organisation', according to Dutch Health Regulation. The problems with this change and reactions of insurance companies interfered with de service of psychiatric care. This requires a special kind of coping within the patient-doctor relation.

Methods: Case presentation and discussion.

Results: No results to discuss.

Conclusions: Within the presentation we strive to share ideas how to cope with the interference of official organisations, like insurance companies, on the provision of care.

THE SAN FRANCISCO INTERMED SELF-ASSESSMENT VALIDATION STUDY

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Aims: Highly complex, resource intensive, medical-psychiatric patients are ubiquitous in medical clinics. We are completing a study to validate a self-assessment protocol for determining clinical complexity, the Intermed Self Assessment (IM-SA). The IM-SA was previously validated with populations that are more typical than ours (van Reedt Dortland et al, Psychosomatic Medicine, 2017). Our study uniquely assesses the IM-SA for identifying and making clinical predictions for highly complex patients. The designation "high complexity" in our case is based on a cut off score of 21 and above and reflects the multiplicity of diagnoses and numbers of providers required to treat. The IM-SA complements a more time consuming, multiply validated complexity assessment tool, the INTERMED Complexity Assessment Grid (IM-CAG) (Kathol, R et al, Springer, 2016). Patients with low scores on the IM-SA are candidates for standard care. Those with high scores for individualized treatment.

Methods: Our study consists of 125 HIV positive patients at the UCSF (University of California, San Francisco) 360 Positive Care Clinic for HIV/AIDS. Each subject completed the IM-CAG and IM-SA, several other validated clinical assessments, and an interview. Follow up is at 3 and 6 months.

Results: We have finished collecting and processing our data. Preliminary results support our hypotheses that the IM-SA can reliably distinguish and stratify highly complex patients. Based on the IMSA cut off score of 21 (out of 60) for complexity, most 360 patients qualify as "highly complex" and score above 30.

Conclusions: Our initial findings support the value of the IM-SA for identifying and stratifying high complexity patients who require specialized care. The IM-SA can also segregate patients according to their medical, psychiatric, social, and health systems requirements. In the European validation study, the IMSA was found to be a good proxy for the IM-CAG's ability to predict clinical exams, emergency department use, outpatient visits, and hospital admissions. We will determine the whether the IM-SA is similarly predictive with our highly complex patient population.

VISUALIZING COMPLEXITY: THE ACT-MATRIX AS A CROSSDIAGNOSTIC AND TRANSCULTURAL CLINICAL TOOL

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Aims: Our study investigates whether Vietnamese patients living in Germany show comparable benefits from ACT-matrix groups as native German patients in a day treatment center. The „3rd wave" behavioral Acceptance and Commitment Therapy (ACT) has been shown to be effective in a wide range of disorders and in different cultural settings. The ACT-matrix is an easy-to-apply therapy tool for complex clinical situations. Such tools are needed for a wide range of psychiatric diagnoses, somatic comorbidities, and to account for social and cultural diversity in routine mental health care settings.

Methods: Survey of patients with psychiatric disorders (mainly depression, anxiety, substance abuse) and comorbid chronic pain of a day treatment center of a university-affiliated general hospital in Berlin. The survey contained 4 questions on satisfaction and subjective benefit from nurse-led ACT-matrix groups as a component of a a 4-6 weeks multimodal treatment. The clinical application of the ACT matrix will be briefly explained in the presentation.

Results: N=65 patients completed the survey (March-December 2017). 60-70% reported high benefit from nurse-led ACT-Matrix groups (range 7-10 on a 10 point numeric analog scale (NAS)) as a component of a multi-modal therapy. A subgroup analysis of the Vietnamese migrant patients (N=15) showed high degrees of satisfaction and benefit, not only in terms of symptom reduction but also of daily life functioning.

Conclusions: ACT- Matrix shows a good usefulness in a multi-modal cross-diagnostic treatment approach in routine clinical care. It could be applied in both single and group sessions, for case conceptualisation and also for team supervision. As for nurse-led ACT-Matrix groups, our survey showed high patient-satisfaction and subjective benefit in Vietnamese migrants as well as native German patients, indicating its cross-cultural usefulness.

THE EXPERIENCES AND VIEWS OF HOSPITAL DOCTORS WHO HAVE DISCUSSIONS ABOUT RESUSCITATION WITH OLDER MEDICAL INPATIENTS: A QUALITATIVE INTERVIEW STUDY

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Aims: Cardiopulmonary resuscitation is an intensive procedure that is often unsuccessful or even harmful, especially when patients are very unwell. Decisions about whether to attempt resuscitation should be made in advance and discussed with patients or their caregivers, but doctors often describe negative experiences of these discussions which may lead to inappropriate or inadequate care for patients. We therefore aimed to describe the experiences and views of UK hospital doctors of discussions about resuscitation with older medical inpatients or their caregivers.

Methods: We did a qualitative interview study of doctors working on the acute medical wards of the John Radcliffe Hospital, Oxford, UK. We systematically sampled consecutive doctors who had a discussion about resuscitation with an older patient (≥65 years) or their caregiver between May-July 2017 and approached them as soon as possible after the discussion to complete a semi-structured interview. We also theoretically sampled ward doctors who did not have a discussion during the study period. Interviews were audio-recorded, transcribed, and analysed using thematic analysis.

Results: We interviewed 37 doctors (17 consultants, 16 middle-grade and 8 first-year). Many doctors described discussions as difficult. Most felt some degree of anxiety before a discussion, and a few found discussions particularly upsetting and tried to avoid them. Some doctors felt strongly that discussions about resuscitation were an important and rewarding part of their role and actively sought them out, whereas some felt that discussions were better done by a doctor who had a longer-term relationship with the patient. Discussions leading to conflict between doctors and patients/caregivers about a resuscitation decision were particularly difficult. Some doctors avoided these, but many had repeated discussions with patients and caregivers to try to achieve agreement. Inadequate time and physical space were frequent barriers, and some doctors reported that specific training may make discussing resuscitation easier.

Conclusions: Doctors have varying experiences of discussions about resuscitation but all describe some practical, professional or personal difficulties. Attention to factors such as time, space and specific training for doctors may make discussions about resuscitation easier and improve care for patients and their caregivers.

SYMPOSIUM FROM CHILDHOOD TO ADULTHOOD: THE INFLUENCE OF ADVERSE CHILDHOOD EXPERIENCES ON THE PHYSICAL AND MENTAL HEALTH IN ADULTS AND APPROACHES TO PREVENT CURRENT VIOLENCE IN ADULTHOOD

THE INFLUENCE OF ADVERSE CHILDHOOD EXPERIENCES ON PHYSICAL AND MENTAL HEALTH IN ADULTS

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Aims: Previous studies indicated that adverse childhood experiences (ACEs) may not only increase the risk of physical in adulthood, but also the risk of being victim of domestic violence. The aim of the present study therefore was to investigate (a) the influence of ACEs on the current state of health and (b) the relationship between ACEs and experiences of current domestic violence in a large sample of patients in a primary care hospital in Austria.

Methods: At the University Hospital of Innsbruck data from 1867 patients who were treated at the hospital as in- or outpatients was collected. ACEs were assessed with the German version of the MACE (Maltreatment and Abuse Chronology of Exposure Scale) and physical diseases were assessed with a comprehensive self-administered checklist from the German Pain Questionnaire). To investigate the influence of ACEs (0-1 ACEs vs. >4 ACEs) on the probability of occurrence of diseases binary logistic regressions were calculated. Odds Ratios (OR) with 95% CI are presented.

Results: Patients with four of more ACEs showed a significantly higher risk to suffer from chronic pain (OR: 2.61; CI 95%: 1.77-3.85, p<0.001), diseases of the gastrointestinal tract (OR: 2.15; CI 95%: 1.35-3.42; p<0.001), musculoskeletal disorders (OR: 2.16, CI 95%: 1.34-3.35; p<0.001), diseases of the kidney, urinary tract, or primary sexual organs (OR: 2.09, CI 95%: 1.24-3.54; p=0.006) or metabolic diseases (OR: 1.84; CI 95%: 1.14-2.97; p=0.013). Physical neglect, verbal abuse by one's parents and being a witness of violence between parents were the most frequent ACEs related to physical diseases. Furthermore, the number of experienced ACEs was significantly correlated to the level of current domestic abuse (r=0.51, p<0.001).

Conclusions: Patients who experienced ACEs show a significantly higher risk to develop physical diseases and to re-live their violent past in their current domestic environment. Our data indicate how important it is to identify victims of personal violence, but also witnesses of violence in the domestic environment.

THE EFFECT OF EMOTIONAL AND PHYSICAL VIOLENCE AMONGST PEERS ON PHYSICAL AND MENTAL HEALTH IN ADULTS

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Aims: The risk of physical and mental illnesses in adulthood rises with the amount and type of burdens experienced throughout childhood and was interpreted as the result of the cumulative stress that a person experienced. While previously the health-related consequences of sexualized violence, physical abuse and emotional neglect throughout childhood has primarily been at the centre of interest, this study focuses on the later health related consequences of emotional and physical violence amongst peers.

Methods: At the University Hospital of Innsbruck data from 1120 patients concerning burdening childhood experiences was collected using the German version of the MACE (Maltreatment and Abuse Chronology of Exposure Scale). Psychological symptoms were assessed with the BSI-18 (Brief Symptom Inventory), PTSD symptoms with the ETI (Essener Trauma Inventary for adults), information about domestic violence with the HITS (Hurts-Insults-Threaten-Scream) and questions on current illnesses were assessed with module K of the German pain questionnaire.

Results: 65 men and 91 women experienced emotional violence as adolescents (EP), and 38 women and 47 men physical violence (KP) through peers (N=241, 21,5%). Emotional and physical violence amongst peers showed the same effects in adulthood concerning symptoms of depression (U=3309, p= .330), anxiety (U=3590, p= .810), somatization (U=3374, p= .370), BSI- total score (U=3372, p= .371) and PTSD (U=1672.5, p= .224) as sexualized violence in childhood. Contrary to sexualized violence in childhood (Chi2=2.921; p=.087) there was a significant correlation between mobbing during adolescence and domestic violence in adulthood (Chi2=14.68; p<.001). Respiratory diseases (EP: Phi=.079; p= .007), chronic pain (EP: Phi= .075; p= .010, KP: Phi= .080; p= .006;) and allergies (EP: Phi=.154; p < .001; KP: Phi=.062; p= .032) showed a significant but low correlation with violence amongst peers.

Conclusion: The experience of violence at this sensitive developmental phase should find more acknowledgement concerning its prevention as well as its treatment.

DOMESTIC VIOLENCE AND INTIMATE PARTNER VIOLENCE - A CHALLENGE WITHIN THE HEALTH CARE SECTOR. RESULTS OF A SURVEY AMONG PHYSICIANS

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Aims: Domestic violence or Intimate Partner violence (IPV) endangers both mental and physical health. Physician encounter offers the chance to identify afflicted patients, and in consequence to refer them to related support structures. Conversely, patients perceive physicians as an important contact. In order to strengthen physicians in their pivotal function it is necessary to understand their perception of the issue and of their role.

Methods: In 2015 a questionnaire was sent to physicians and dentists registered with the Saxony board of Physicians. It contained items concerning perception of domestic violence, frequency and hurdles in contact with afflicted patients, knowledge and utilization of support structures, and medical education.

Results: 1346 physicians and dentists took part. Frequency of contact was estimated to be low, while readiness to approach patients in case of suspicion was high. 53% expressed uncertainty about where to refer. However, this corresponded with a limited level of awareness of existing manuals and support structures. Most indicated a high request in further education.

Conclusions: In conclusion, motivation and readiness regarding IPV contrast with uncertainty and lack of awareness. Education measures focusing on key players and major network interfaces should endorse physicians in their significant role within the care and prevention system of IPV.

SENSITIZATION TRAINING OF MEDICAL STAFF REGARDING DOMESTIC VIOLENCE AT THE INNSBRUCK UNIVERSITY HOSPITAL

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Aims: According to a study on the identification of victims of domestic violence at the Innsbruck University Hospital, three-quarters of patients find it important to address the subject of violence. It is also known that victims of violence in search of help primarily turn to public health facilities. Therefore, it seems to be a high priority to sensitize healthcare professionals to this topic.

Methods: Based on the concept of the Victim Protection Group at the Innsbruck Regional Hospital, a multidisciplinary training program was developed for the hospital staff. The training includes short lectures on implementing the victim protection group at the LKI, longer lectures on identifying victims of domestic violence and specific aspects of interviewing and communication, as well as full-day workshops with in-depth information and communication training, specific role-playing games and case supervision. The participants of the full-day workshops were examined with regard to the learning effect by means of pre / post evaluation.

Results: There are a total of 38 usable datasets, of which 28 are from women and 5 from males. The average work experience is 5.5 years. The participants belonged to various medical professions. In the areas of dealing with patients (interviewing, resources, referral), significant improvements in subjective safety were noted.

Conclusions: The implementation of the training measures is an important first step towards preventing violence and, according to the current study, is of great importance for the patients. In order to map the learning effect of the participants, the awareness-raising measures must continue to be evaluated and adapted to the needs of the participants.

ADDRESSING STRESS, DEPRESSION, AND ANXIETY IN PEOPLE EXPOSED TO TRAUMATIC EVENTS IN HUMANITARIAN SETTINGS: A SYSTEMATIC REVIEW AND META-ANALYSIS OF PSYCHOSOCIAL INTERVENTIONS

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Aims: To evaluate the effectiveness and acceptability of psychosocial interventions compared with control conditions (waiting list, treatment as usual, attention placebo, psychological placebo, or no treatment) in people living in low- resource settings affected by humanitarian crises.

Methods: We conducted a systematic review and meta-analysis of published and unpublished randomized controlled trials of psychosocial and mental health interventions. We included interventions delivered through any means, including face-to-face meetings, internet, radio, telephone, or self-help booklets between the participant(s) and their helpers. Either individual or group-delivered psychosocial interventions were eligible for inclusion, with no limit to the number of sessions. We searched the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, Pubmed, PyscArticles, Web of Science, and the main local Low-and Middle-Income Countries (LMICs) databases according to the list of databases relevant to LMIC developed collaboratively by Cochrane and World Health Organization Library, up to September 2017, with no limitations on year or language of publication.

Results: Included studies were implemented in various types of humanitarian crises, including armed conflicts and disasters triggered by natural hazards. Psychosocial interventions were more effective than controls in improving post-traumatic stress disorder symptoms (Standardised Mean Difference (SMD) (SMD -1.07, 95% CI -1.34 to -0.79), depression (SMD -0.86, 95% CI -1.06 to -0.67), anxiety (SMD -0.74, 95% CI -0.98 to -0.49), and quality of life (SMD -0.73, 95% CI -1.22 to -0.25). In subgroup analyses according to the type of traumatic event, we found a significant difference between subgroups in terms of PTSD symptoms (p= 0.004), anxiety (p=0.009), and dropouts (p=0.009).

Conclusions: In the near future researchers should conduct further higher quality trials to evaluate the effectiveness of psychosocial interventions over longer periods and including subgroups of the populations. Ideally, trials should be randomised and should adopt culturally appropriate instruments to evaluate outcomes.

SYMPOSIUM THE BODY, THE MIND AND THE GUT: PSYCHOSOMATIC APPROACH OF DIGESTIVE DISEASES

ANGER: A LINK BETWEEN CHRONIC PAIN AND COPING MECHANISMS IN IBS PATIENTS?

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Aims: Many studies have highlighted the importance of psychological factors in the modulation of pain expression. Anger, coping mechanisms and intensity of chronic pain were examined for their relationship in a lot of IBS patients.

Methods: A cross-sectional study was performed at two tertiary gastroenterology centers. A sample of 70 consecutive IBS patients and 55 healthy controls was studied. All participants completed the Brief Cope Inventory, State-Trait Anger Inventory (STAXI-2), and a demographic questionnaire. In order to test the relationship between somatic pain, anger and coping mechanisms, a Pearson's correlation matrix was calculated. Analyses of variance were conducted to measure anger state and trait scores and coping mechanisms between patients and controls. Finally, a mediation model assessed pain as predicting types of coping mechanisms used via anger as mediator.

Results: Pain present significant negative correlation with feeling angry (r=-.298, p<0.001), problem focused coping (PFC) (r=-.226, p<0.011) and avoidant emotional coping (AEC) (r=-.285, p<0.001). Feeling angry was also significantly correlated with avoidant emotional coping (.243r=, p<0.006). One-way ANOVA reported a significant difference between groups regarding feeling angry (F(1,46)=5.54, p=0.020). The mean scores for feeling angry are higher (7.17) in patients than in controls (5.97). Given the impact of feeling angry on the avoidant emotional coping, a mediation analysis was performed. Pain had a statistically significant effect on AEC (beta=-.285, p<0.006) even after correcting for mediators (feeling angry (beta=.177, p<0.046)), but the association between pain and AEC is smaller (-.285 vs. -.247). Anger did not mediate the positive association between chronic pain and avoidant emotional coping. A multiple linear regression analysis was performed to assess whether feeling angry is a potential confounder in the association between somatic pain and PFC. The association between pain and PFC is smaller (.226 vs .235) after adjusting for feeling angry. Given the fact that the change in the coefficient is less than 10%, anger did not meet the criteria for confounding.

Conclusions: The data provide preliminary support for the hypothesis that the positive association between chronic pain intensity and problem focused coping is mediated by anger.

CHARACTERISTICS OF HEADACHE IN PATIENT WITH FUNCTIONAL DYSPEPSIA AND IRITABLE BOWEL SYNDROME

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Aims: Our aim was also to evaluate the most frequent symptoms associated with the headache, and the differences in their features among patients with IBS and FD.

Methods: Our investigation was performed on 420 patients out of which 300 patients satisfied recruiting criteria (174 females and 126 males) with IBS (148) and functional dyspepsia (152), aged 18 to 80, who referred to the gastroenterology unit of the Clinical and Hospital Center "Bezanijska Kosa" from January to December 2015. Diagnosis of IBS was settled according to Rome III criteria. Functional dyspepsia was defined according to Rome III criteria by the presence of at least one of the following symptoms in the last 3 months: bothersome postprandial fullness, early satiation, epigastric pain or epigastric burning, with no significant pathological findings at upper endoscopy. For the evaluation of the headaches, we have used APM Spine and Sports Physicians Headaches Questionnaire, Serbian version, double checked, with 87.5% overlap.

Results: FD suffering individuals have a longer history of headaches (10.91:11.28 years). In the IBS group the number of married persons was higher (77) and in FD group most of the examinees were not married (71). In the IBS group 14.86% members reported no pain at present and in the other studied group (FD) 38 examinees expressed pain as six or stronger. The median of the intensity of headache pain, marked as usual, in IBS group was about five while in the FD group patients claimed that their usual pain was about six or higher. Localization of headaches differed between observed groups: while "belt like" type dominated among IBS suffering patients occipital localization was the most frequent in the FD group.

Conclusions: Some differences in headache characteristics have been obtained between FD and IBD suffering patients. FD patients headache was more intensive, and belt like, while in IBS patients headache was less painful with predominant occipital localization.

ATTITUDE TOWARD FECAL TRANSPLANTATION

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Aims: Despite being used even in ancient time, the fecal transplantation or fecal material transplantation FMT became a hot topic in recent years, when focus was put on the role of diversity of microflora for the health of the gut. Although received with reluctance at the beginning, FMT is progressively used everywhere. Guidelines and stool banks appeared, indications were diversified. In our country the FMT is at the beginning, largely because few are interested in carrying this method out. We investigated the awareness of medical doctors and of patients about the method and their attitude.

Methods: A structured questionnaire was used. An online survey was addressed to doctors, while a printed form was used for patients, adding some information on the method. Data were collected and analyzed. 200 printed forms were given to patients referred to a tertiary center for digestive symptoms.

Results: The return rate of the form by patients was 30%, giving us 67 answers. No patient has used, nor heard about the method, therefore they all were reluctant. Among the medical doctors, none has used the method but all were aware about it. All except 3 declared the disponibility to implement the method if necessary. Most of medical responders were young and therefore more motivated to start FMT.

Conclusions: FMT is a widely performed and standardized method. However patients ignore it and are mainly reluctant to accept it. Unlike the doctors, who are aware of FMT and ready to proceed.

CENTRAL NERVOUS SYSTEM RELATED EXTRAINTESTINAL MANIFESTATIONS IN GASTROINTESTINAL FUNCTIONAL DISORDERS SUFFERING PATIENTS

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Aims: The goal of the paper is the review of the literature data about cortical zones of the brain related to comorbidity migreniform headaches and hysteric globe in patients with the functional gastrointestinal disorders (FGID).

Methods: We have reviewed PubMed, Index Copernicus i Google Scholar bases, using the key words: functional dyspepsia irritable bowel syndrome, extra intestinal manifestations, migraine, conversion disorder, globus hystericus. We have got 385 hits, 187 were suitable for the study, out of which 126 papers were original investigations and 61 systemic reviews and meta analyses.

Results: In FGID patients the decreased cortical thickness in dorso and ventrolateral prefrontal cortices, medial prefrontal cortex, anterior and posterior cingulate cortices, insula, upper parietal cortex, supramarginal and lingual gyrus. Significantly negative correlation has been revealed between Nepean Dyspepsia Index and cortical thickness in medial prefrontal zone, SII zone, anterior cingulate cortex and parahippocampal gyrus. In IBS suffering patients changes have been obtained in inferior frontal gyrus, anterior cingulate cortex and insula. Migraine patients are considered to have reduction in the inferior frontal gyrus, which is overlapping zone with depression in the conversive patients. Changes in the reported zones are thought to be the aftermath of the amygdaloid complex hyper function.

Conclusions: Patients with FGID due to the constant or frequent pain feeling, are developing changes in various cortical zones of the telencephalon, involved in control of pain perception and regulation, emotional and cognitive processes. The appearance of migraine – like headaches and somatiform disorders are the consequence of the chronic pain.

APPLICATION OF THE BDS CHECKLIST WITHIN A PATIENT SAMPLE FROM A PSYCHOSOMATIC OUTPATIENT CLINIC IN GERMANY

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Aims: Bodily Distress Syndrome (BDS) is a clinical diagnosis for functional disorders in primary care. Based on empirical research, it comprises of four determining factors: cardiopulmonary, gastrointestinal, musculoskeletal and general symptoms. These symptoms have been translated into a self-report questionnaire (the BDS checklist). We aimed at replicating the proposed four factor model of the instrument within a German psychosomatic outpatient sample. In addition, we aimed to compare the four subgroups regarding symptom prevalence, psychopathology and quality of life and investigate how well the total number of symptoms predicts physical and mental quality of life.

Methods: In this cross-sectional study, N=413 participants were recruited from a psychosomatic outpatient clinic. The four-factor model of the BDS Checklist was evaluated with both exploratory and confirmatory factor analysis. Chi-squared tests and analyses of covariance were used to explore the differences between symptom cluster groups. Multiple linear regression analyses were conducted to predict mental and physical quality of life.

Results: Exploratory Factor Analysis identified four main factors. Confirmatory factor analyses replicated a four-factorial structure which reflects the four symptoms clusters (n=338, CFI>.951, TLI>.946, RMSEA=.098, 90% CI: .092-.104). Patients assigned to the general Cluster (n=57) showed significantly higher levels of depression and general anxiety as well as lower scores in mental quality of life compared to patients from the gastrointestinal (n=24) and musculoskeletal (n=55) clusters. Patients from the musculoskeletal cluster showed lower physical quality of life than the other groups. Age, health anxiety and number of BDS symptoms significantly predicted physical quality of life, whereas age, education and depression predicted mental quality of life.

Conclusions: The BDS checklist proves to be a useful self-rating questionnaire to screen for somatic symptoms from four predominant symptom clusters. It may be used for case finding in patients with BDS in both clinical practice and in research.

SYMPOSIUM CLINICAL PATHWAYS: A TOOL FOR IMPROVING MENTAL HEALTH OUTCOMES IN MEDICAL SETTINGS

SUICIDE RISK SCREENING IN MEDICAL HOSPITALS: A CLINICAL PATHWAY TO ADDRESS A GLOBAL CRISIS

Khyati Brahmbhatt

University of California, San Francisco, Psychiatry, San Francisco, United States

Aims: Clinical pathways (CPs) have been used widely in pediatric hospital settings to address a range of issues including asthma, diabetes and antibiotic use. They are known to improve consistency in care provided and aligning care with available evidence thereby improving patient outcomes. CPs have not been widely to address mental health conditions in pediatric health settings. Understanding the structure and function of clinical pathways can help in addressing important clinical issues. Attempted and completed suicides are a major contributor to morbidity and mortality across the globe. Most patients who complete suicide have received health care services in the year prior to the completed suicide for unrelated reasons. This might be an opportunity to detect and address suicidal ideation before it proves fatal. This presentation will review the structure and function of clinical pathways and share a clinical pathway developed for suicide risk screening and intervention that was developed by an expert panel of 23 pediatric psychosomatic medicine specialists from US and Canada with the assistance of a grant from the American Academy of Child and Adolescent Psychiatry (AACAP).

Methods: Screening with a validated tool is complemented by a structured plan for intervention is important for successfully implementing suicide risk assessment. A group of psychosomatic medicine specialists with the help of the AACAP Abramson Fund grant standardized workflows for suicide screening in medical hospitals using validated tools and aligned patient interventions to the level of risk for suicide in a patient presenting to the emergency room and inpatient settings. These pathways will be shared with the audience and a discussion on how these can be adapted to local practice settings will help with implementation of these pathways.

Results: Three core documents will be shared, namely the “INTRODUCTION” document that will describe the scope and importance of the problem for which a CP can be of help. The “PATHWAY” workflow is a quick visual representation of the important steps to be taken by a multidisciplinary team of providers in caring for the patient. The “TEXT” document will further elaborate on each step and discuss details of implementation. The CP will address both emergency room and inpatient medical unit workflows and include specific scripts for nursing and other care providers as well as supporting documents that will help with education and engagement of front-line providers.

Conclusions: Suicide is a significant issue and providers in medical hospital settings often interface with these youth. Clinical pathways can empower hospital systems by using validated tools for suicide risk screening to help identify at risk patients early and put into place interventions to address this risk.

SOMATIC SYMPTOMS IN MEDICAL HOSPITALS- A CLINICAL PATHWAY TO IMPROVE CARE

Sigita Plioplys

Lurie Children's Hospital /Northwestern University, Child and Adolescent Psychiatry, Chicago, United States

Aims: Clinical pathways (CPs) have been used widely in pediatric hospital settings to address a range of issues including asthma, diabetes and antibiotic use. They are known to improve consistency in care provided and aligning care with available evidence thereby improving patient outcomes. CPs have not been widely to address mental health conditions in pediatric health settings. Understanding the structure and function of clinical pathways can help in addressing important clinical issues. Somatic symptom and realted disorders (SSRDs) are often misdiagnosed as medical conditions, leading to unnecessary, costly, and potentially iatrogenic medical procedures and treatments. SSRD are the second most common consultation request with prevalence of 17.5% of inpatient pediatric psycohsomatic consults. The care of SSRDs varies amongst clinicians due to lack of evidence based management guidelines. This presentation will share a clinical pathway developed for SSRDs management that was developed by an expert panel of 23 pediatric psychosomatic medicine specialists from US and Canada with the assistance of a grant from the American Academy of Child and Adolescent Psychiatry (AACAP).

Methods: A structured plan for assessing and intervening can help with improving provider comfort in managing SSRDs in medical hospital settings. A group of pediatric psychosomatic medicine specialists with the help of the AACAP Abramson Fund grant standardized workflows for SSRDs in medical hospitals. Evidence and expert consensus were used and stakeholder feedback was gathered to generate the final pathways. These pathways will be shared with the audience and a discussion on how these can be adapted to local practice settings will help with implementation of these pathways.

Results: Clinical pathway is presented in three formats: an "INTRODUCTION" document, a workflow "PATHWAY" visio chart and a detailed "TEXT" document. The "Introduction"document outlines the scope and importance of the problem. The visio chart is a quick visual guide to the essential steps. The "Text" document details the rationale for the steps, includes detailed information for the use of screening tools, scripts for dialogs between the providers and families, Facts for Families, samples of letters to school. Pathway emphasizes early recognition of potential somatization, early involvement of psychiatry and other interdisciplinary services, establishing communication among interdisciplinary team providers and families, initiating treatment interventions to promote somatic symptom control, and facilitating transition to outpatient care.

Conclusions: This clinical pathway is a practical tool for care of hospitalized patients with SSRDs. It will help inpatient interdisciplinary teams, sub-specialty medical providers, behavioral health providers, rehabilitative and other support teams, as well as outpatient primary care providers deliver optimal and timely care.

PREVENTING, RECOGNIZING, AND MANAGING DELIRIUM IN MEDICAL HOSPITALS – USE OF A CLINICAL PATHWAY

Gabrielle Silver

Weill Cornell Medical College, Psychiatry, New York, United States

Aims: Clinical pathways (CPs) have been used widely in pediatric hospital settings to address a range of issues including asthma, diabetes and antibiotic use. They are known to improve consistency in care provided and aligning care with available evidence thereby improving patient outcomes. CPs have not been widely to address mental health conditions in pediatric health settings. Understanding the structure and function of clinical pathways can help in addressing important clinical issues. Delirium is a syndrome that may result from multiple processes impacting the CNS including activation of neuroinflammatory cascade, brain oxidative metabolism, & neurotransmitters. Delirium is highly prevalent in medical hospitals, especially in the intensive care units. Delirium is also associated with problematic short and long-term outcomes and remains important to address. Screening patients for delirium can improve recognition, and instigate prevention and intervention. A screening and intervention clinical pathway for delirium that utilizes validated tools and evidence based recommendations for intervention where available. This presentation will share a clinical pathway developed for delirium and intervention that was developed by an expert panel of 23 pediatric psychosomatic medicine specialists from US and Canada with the assistance of a grant from the American Academy of Child and Adolescent Psychiatry (AACAP).

Methods: The clinical pathway for delirium includes recognition, prevention and management and may facilitate implementation of a structured, consensus and evidence based approach in a wide array of hospitals. The pathway will be discussed with the audience along with a discussion on its implementation in local settings.

Results: The clinical pathway will include the three core documents "INTRODUCTION" which will help the audience learn about the prevalence and importance of pediatric delirium and clarify the usefulness of a CP in addressing this. The "PATHWAY" visio will help bring focus to the importance steps in delirium recognition, assessment and management by a team of multidisciplinary providers. Finally the "TEXT" document will help the audience understand how this can be implemented in their local context.

Conclusions: Delirium is an important contributor to morbidity and can be addressed by preventing, recognizing and managing consistently. A clinical pathway may help with this thereby contribute to improved outcomes.

HEPATITIS C PATIENTS: RESILIENCE AND VULNERABILITY FOR DEPRESSION AND ANXIETY

G. Fasani (1) - S. Tomassi (2) - C. Bonetto (2) - M. Ruggeri (2) (3) - M. Rattin (2) - M. Corrias (2) - G. Carolo (1) - S. Tosato (2) (3)

Unit of Infectious Disease, AOUI Hospital Trust of Verona, Verona, Italy (1) - Department of Neurosciences, Biomedicine and Movement Sciences, Section of Psychiatry, University of Verona, Italy (2) - Psychiatric Clinic, AOUI Hospital Trust of Verona, Verona, Italy (3)

Aims: to explore 1) baseline (BL) depressive/anxiety symptoms in a sample of Hepatitis C patients; 2) if subjects under interferon-alpha (INF) show higher levels of depression/anxiety than subjects under direct-acting antivirals (DAAs) or patients not in treatment, at week 12/24/48; 3) if, at week 48, depression/anxiety is associated with coping strategies, psychiatric history, or recent stressful life events (SLEs).

Methods: Three groups were evaluated at BL: patients about to start INF (A), patients about to start DAAs (B), and subjects not in treatment (C). They were followed up at 12, 24, and 48 week. Data collection was done by using the COPE scale for coping strategies, FIGS and MINI for family and personal psychiatric history, Life Events Scale for SLEs, and the IDS and the HADS scales for depression/anxiety.

Results: Out of the 51 subjects (43.2% males, mean age 47.5), 21 were in group (A), 11 in (B) and 19 in (C). Mean HADS scores at BL were 2.83 (s.d. 3.3) for depression and 3.97 (s.d. 3.1) for anxiety. Mean IDS score was 13.35 (s.d. 7.4). At BL, no difference was found between groups in terms of risk/resilience factors. Within (A), depression increased during the treatment at week 12 in association with denial coping strategies. No difference was found in depression/anxiety rates between (A) and (C) at 24/48 weeks. No difference was found between depressed/anxious and non-depressed/anxious subjects at 48 weeks in terms of resilience/vulnerability factors.

Conclusions: INF treatment is associated with the development of depression and denial coping strategies may increase vulnerability.

INVOLVING PSYCHIATRIC PATIENTS IN THEIR SAFETY: A MIXED-METHOD STUDY WITH FOCUS GROUPS

M. Rimondini (1) - I.M. Busch (1) - V. Donisi (2) - E. Bovolenta (3) - M.A. Mazzi (1) - F. Moretti (3)

Section of Clinical Psychology, University of Verona, Italy (1) - Section of Psychiatry, University of Verona, Italy (2) - Section of Hygiene and Preventive Medicine, University of Verona, Italy (3)

Aims: Active involvement of patients suffering from psychiatric disorders has been addressed as a priority by the WHO European Ministerial Conference on Mental Health. Patient empowerment and patient safety in psychiatric settings are two challenging processes where the knowledge and guidelines available from other medical settings might require some adaptations in order to be applied. Aim of the present study is to explore healthcare professionals' (HPs) opinions regarding the role that psychiatric patients might play in risk-management.

Methods: 95 HPs across diverse disciplines and working in different settings of Mental Health in the city of Verona, accepted to participate to the focus-groups (fgs). In order to synthesis and extract specific topics, the contents expressed in the 12 fgs organized were audiotaped, transcribed and analysed by two independent evaluators applying a coding system.

Results: The great majority of the 763 opinions expressed by HPs referred to *Treatment and Care* (70%). Within this macro-area, the most frequently discussed critical issues were related to the categories "*relying on patient's experience*" (n=32; 14.3%), "*promoting the collaboration with the family*" (n=25; 11.2%), and "*providing information*" (n=22; 9.9%). These categories resulted in part to be indicated by HPs also as potential strategies to empower psychiatric patients: "*therapeutic alliance*" (n=60; 19.6%), "*relying on patient's experience*" (n=53; 17.3%) and "*providing information*" (n=48; 15.6%).

Conclusions: The application of a multilevel codification system offered a precise overview about the potential complex role of psychiatric patients in the risk management during the diagnostic and therapeutic process. Our study provides an outline of the strategies of patients' empowerment that might be applied as well as the challenges that have to be faced in the eyes of HPs. Future studies – including fgs with patients – are expected to allow the implementation of tailored programs aiming to improve patient safety and patients' empowerment in psychiatry on a daily basis.

SYMPOSIUM SLEEP HYGIENE AND WELL-BEING (IN COOPERATION WITH THE ITALIAN SOCIETY OF PSYCHOSOMATIC MEDICINE – SIMP; THE ITALIAN SOCIETY OF CONSULTATION-LIAISON PSYCHIATRY – SIPC; THE ALTA SCUOLA ITALIANA PER LA LOTTA ALLO STIGMA – ASILS)

BODY-MIND ASPECTS OF SLEEP

Lino Nobili

Sleep Medicine Center, Dept. Neurosciences, Niguarda Hospital, Milan, Italy

Aims: To examine the body-mind interaction in sleep.

Methods: Review and analysis of the literature regarding sleep and its body-mind characteristics.

Results: Sleep in all the phases of life is a basic need for body-mind health. Sleeping is a primary need like eating and breathing. A number of studies have shown the relationship between sleep and neuronal plasticity both in infants and adults, as a basic construct for memory and cognitive functions. Furthermore literature has demonstrated the changes in immunological endocrine and metabolic parameters during sleep. Lack of sleep, sleep deprivation disorders in the quality of sleep may have significant negative consequences at behavioural, interpersonal and psychological levels. Furthermore, alteration on blood pressure, mood, and metabolic parameters can be co-determined by sleep disorders.

Conclusions: Circadian and homeostatic mechanisms of sleep should be part of examination in medical settings according to psychosomatic approach.

THE MEANING OF SLEEP AND WELL-BEING

Paolo Girardi

Institute of Psychiatry, School of Medicine and Psychology, Sapienza University, Rome, Italy

Aims: To expand the information about sleep disorders.

Methods: Analysis of the literature concerning sleep. Sleep is as important to our health as eating, drinking and breathing and is fundamental for the quality of life and functioning of human beings. It allows our bodies to restore themselves and play a critical role in cognitive and emotional processing and affective regulation.

Results: Sleep changes are linked to many physical problems such as constant tiredness, loss of coordination, loss of concentration as well as to social difficulties such as problems with relationships and absenteeism and tardiness at work or school. Alterations in biological rhythmicity strongly increase negative mood, irritability and affective volatility. Of particular interest is the concern that alterations in sleep may represent a final common pathway by which various putative risk factors produce psychosis, mood disorders and anxiety disorders in susceptible subjects. For example, sleep /wake changes, in particular insomnia, have been reported as a universal risk factor for the development of manic/mixed or depressive states and of postpartum psychosis.

Conclusions: Research into sleep and circadian rhythm is very important to understand any possible correlation between changes in sleep activity and the presentation of psychiatric disorders, and whether early detection of sleep changes could be used as a potential marker for development of a clinically significant disorder.

SLEEP AND PRECONCEPTIONS

Antonio Minervino

Mental Health Department, Local Health Authorities, Cremona, Italy, Presidente SIMP

Aims: To examine the pre-conception issues related to sleep and sleep duration, including the role of cultural factors.

Methods: The studies regarding the duration of sleep were evaluated with special reference to cultural variables in the literature of different parts of the world (East countries, North America, Europe).

Results: Different modalities of sleep are discussed (monophasic, biphasic, poliphasic) are discussed, in terms of cultural, gender (males versus females), life-style issues. Also a map relative to the several approaches to sleep and duration of sleep in different parts of the world will be presented, including, for example Inumeri, as a specific and socially shared habit to sleep in public in the Japanese culture.

Conclusions: Sleep is markedly influenced by cultural variables, which may determine significant changes of the duration of sleep, with possible consequences on the body-mind equilibrium.

INTEGRATED TREATMENT OF SLEEP DISORDERS: PSYCHOSOMATIC IMPLICATIONS

Rosangela Caruso

Institute of Psychiatry, Dept. of Biomedical and Specialty Surgical Sciences, University of Ferrara, Ferrara, Italy

Aims: Sleep disorders are among the most common conditions that affect the general population The aim of this presentation is to present the main data regarding psychosocial intervention in sleep disorders.

Methods: Literature examining non pharmacological therapies (e.g. stimulus control, progressive muscle relaxation, light therapy, sleep restriction, and cognitive-behavior therapy) has been examined.

Results: The use of behavioral and psychological treatments for sleep disorders has been found to lead to improvements in sleep quality that are sustained long term and long after treatment completion. Reduction in sleep difficulties improve quality of life and lead to a reduction in hypnotic medication use and dependence.

Conclusions: Disturbed sleep has a significant impact on daytime functioning, mood and quality of life.. Sleep initiation and maintenance difficulties have been associated with mood disturbance, fatigue, occupational impairment, higher morbidity and higher health care costs. Individuals with insomnia often do not seek treatment and when they do they typically initiate over-the-counter sleep medications or alcohol. Furthermore, when they reach out to the medical profession they are, most commonly, prescribed hypnotic medication.

RELATIONSHIP OF SLEEP DURATION WITH DEMOGRAPHICS, LIFESTYLE, MENTAL HEALTH, AND CHRONIC DISEASES

C.H. Ng (1) - S.B. Wang (2) (3) - B. Li (2) Y.H. Wu (2) - G.S. Ungvari (4) (5) - Y.L. Fu (2) - C.G. Kou (2) - Y.Q. Yu (2) - H.Q. Sun (6) - Y.T. Xiang (3)

Department of Psychiatry, University of Melbourne, Melbourne, Victoria, Australia (1) - Department of Epidemiology and Biostatistics, School of Public Health, Jilin University, Changchun, China (2) - Unit of Psychiatry, Faculty of Health Sciences, University of Macau, Macao SAR, China (3) - University of Notre Dame Australia / Marian Centre, Perth, Australia (4) - School of Psychiatry & Clinical Neurosciences, University of Western Australia, Perth, Australia (5) - Peking University Sixth Hospital/Institute of Mental Health and Key Laboratory of Mental Health, Ministry of Health, Peking University, Beijing, China (6)

Aims: To investigate the pattern of sleep duration and its clinical variables related to lifestyle, mental health, and chronic diseases in an adult population.

Methods: A multistage stratified cluster sampling was used for this cross-sectional study design. The study recruited 17,320 participants from a province in China. Demographic and clinical data were collected and subjects were interviewed using standardized assessment tools. Sleep duration was defined as short (<7 h/day), long (>9 h/day) and medium sleep (7–9 h/day).

Results: The mean age of the sample was 42.60 ± 10.60 y, with 51.4% being female. In the overall sample, 30.9% and 6.9% had short and long sleep duration, respectively with the mean sleep duration being 7.31 ± 1.44 h. Older age, current smoking, irregular meal pattern, lack of physical exercise, poor mental health, and chronic diseases or multimorbidity were positively associated with short sleep. On the contrary, being married and living in rural areas were negatively associated with short sleep. Living in rural area, current smoking, current alcohol use and lack of physical exercise were positively associated with long sleep, while older age and lower education were negatively associated with long sleep.

Conclusions: Considering the association of short sleep with mental health and chronic diseases, more attention is needed to adddress to sleep patterns in general health care. Future surveys and cohort studies are warranted to examine the effect of short and long sleep on physical and mental health.

SYMPOSIUM A GUIDE TO ANTIRETROVIRAL AND PSYCHOTROPIC MEDICATION MANAGEMENT FOR HIV CARE ACROSS THE ADULT LIFESPAN COURSE FOR HIV CLINICIANS

HIV-ASSOCIATED NEUROCOGNITIVE DISORDER (HAND) TREATMENT IN THE ERA OF ANTIRETROVIRAL THERAPY

Adriana Carvalhal

Univeristy of Toronto, Department of Psychiatry, Toronto, Canada

Aims: The introduction of highly active antiretroviral therapy contributed to a dramatic reduction in HIV-related mortality, but with that came the need to manage many co-morbid conditions; from HIV and treatment-induced, to common age-related illnesses. This panel of international research and treatment experts will provide up-to-the-minute reviews of current research, literature, and clinical experience concerning the treatment of HIV across the adult lifespan. Four separate presentations will include: lively didactics with case presentations, plus a 30-40minute case-based question-and-answer session with the panel and attendees.

Methods: Up to 50% of people living with HIV experience HAND which can significantly impact quality of life and daily functioning, including compromising medication adherence. Individuals with HAND, who often present with depression or other psychiatric conditions, may initially come to the attention of the psychosomatic medicine psychiatrist. Understanding the psychiatric aspects of HAND can provide clinicians with the skills to recognize, and potentially prevent and influence the treatment of the mild and severe forms of impairment, and reduce suffering in persons infected with and affected by HIV and AIDS.

Results: Attendees will be exposed to issues in the diagnosis of HAND, tools to screen for and recognize HAND, identification of co-factors (biological, socio-demographic) that might elevate the risk for HAND, and evolving approaches for the prevention and treatment for HAND.

Conclusions: This presentation will provide you with the tools to recognize and treat HAND, as well as an understanding of what is known and still controversial about these issues.

CHOOSING AND MANAGING CONVENTIONAL AND ATYPICAL ANTIPSYCHOTIC MEDICATIONS IN ADULTS WITH HIV/AIDS

Kelly Cozza

Uniformed Services University of the Health Sciences, Dept of Psychiatry, Bethesda, United States

Aims: The introduction of highly active antiretroviral therapy contributed to a dramatic reduction in HIV-related mortality, but with that came the need to manage many co-morbid conditions; from HIV and treatment-induced, to common age-related illnesses. This panel of international research and treatment experts will provide up-to-the-minute reviews of current research, literature, and clinical experience concerning the treatment of HIV across the adult lifespan. Four separate presentations will include: lively didactics with case presentations, plus a 30-40minute case-based question-and-answer session with the panel and attendees.

Methods: Choosing antipsychotic and mood-stabilizing medications for persons with HIV/AIDS may be complicated by poor adherence as well as short and long-term side effects and potential drug interactions with antiretroviral therapy. This section will provide a review with clinical highlights of antipsychotic medication treatment in HIV care using interactive lecture, case presentations, and audience questions and answers.

Results: Attendees will learn about the compounded sided effects, adverse reactions, and drug interactions in the treatment of psychosis in persons with HIV taking antiretrovirals, and will learn straightforward approaches to medication selection and management.

Conclusions: This presentation will provide attendees with the background and tools to safely select antipsychotic medications for persons with HIV who are on antiretroviral therapy.

GUIDE TO THE PHARMACOLOGICAL TREATMENT OF DEPRESSION AND ANXIETY IN ADULTS WITH HIV/AIDS (WORKSHOP: A GUIDE TO ANTIRETROVIRAL AND PSYCHOTROPIC MEDICATION MANAGEMENT FOR HIV CARE ACROSS LIFESPAN)

Jordi Blanch

Hospital Clínic de Barcelona / Parc Sanitarit Sant Joan de Déu, University of Barcelona, Barcelona, Spain

Aims: The introduction of highly active antiretroviral therapy contributed to a dramatic reduction in HIV-related mortality, but with that came the need to manage many co-morbid conditions; from HIV and treatment-induced, to common age-related illnesses. This panel of international research and treatment experts will provide up-to-the-minute reviews of current research, literature, and clinical experience concerning the treatment of HIV across the adult lifespan. Four separate presentations will include: lively didactics with case presentations, plus a 30-40minute case-based question-and-answer session with the panel and attendees. Depression and anxiety are the most prevalent psychiatric disorders in people living with HIV and AIDS. The aim of this part of the workshop will be to present a thorough review with clinical highlights concerning effective pharmacological treatment of depression and anxiety in HIV care. Attendees will have the opportunity to share their knowledge and clinical experience about the management of depression and anxiety in their HIV+ patients.

Methods: This section will provide a review with clinical highlights of antidepressant medication, benzodiazepines and hypnotic treatment in HIV care using interactive lecture, case presentations, and audience questions and answers.

Results: Attendees will learn how to diagnose depression and anxiety in people living with HIV and also about the side effects, adverse reactions, and drug interactions in the treatment of depression and anxiety in persons with HIV taking antiretrovirals.

Conclusions: This presentation will provide attendees with the background and tools to safely select psychopharmacological treatment for depression and anxiety in persons with HIV who are on antiretroviral therapy.

MAKING SENSE OF ANTIRETROVIRALS FOR HIV: UPDATE AND OVERVIEW OF CURRENT TREATMENT FOR ALL CLINICIANS

Luis Pereira

Columbia Univeristy, Columbia University Medical Center, New York City, United States

Aims: The introduction of highly active antiretroviral therapy contributed to a dramatic reduction in HIV-related mortality, but with that came the need to manage many co-morbid conditions; from HIV and treatment-induced, to common age-related illnesses. This panel of international research and treatment experts will provide up-to- the-minute reviews of current research, literature, and clinical experience concerning the treatment of HIV across the adult lifespan. Four separate presentations will include: lively didactics with case presentations, plus a 30-40minute case-based question-and- answer session with the panel and attendees.

Methods: The introduction of potent antiretrovirals turned HIV infection into a chronic and manageable illness. This presentation will provide a review, with clinical considerations, of the six available classes of antiretrovirals. It will also include the various single-pill combinations, discussing the different potencies, dosages, side effects, and drug-drug interactions. The presentation will also address issues of access and adherence to treatment.

Results: Attendees will learn about the pathophysiology of HIV infection, current guidelines for HIV treatment, mechanisms of action of the different drug classes, side effect profile (including neuropsychiatric considerations), as well as practical strategies to improve access and adherence to treatment.

Conclusions: This presentation will provide attendees with the background and tools to understand HIV treatment, manage potential neuropsychiatric side effects and drug-drug interactions, and implement clinical strategies to improve adherence and outcomes.

MILD COGNITIVE IMPAIRMENT IN A 50+ YEAR OLD HIV POPULATION

Steven Frankel

University of California (San Francisco), Psychiatry, San Francisco, United States

Aims: People with AIDS are especially susceptible to neuropsychiatric disorders. ART (anti-retroviral therapy) has decreased the risk of AIDS-related dementia. However, asymptomatic neurocognitive impairment (ANI) and mild neurocognitive disorders (MND) including associated depression has increased to over 50% in the chronically AIDS infected population, even among those optimally treated. The aim is to assess factors associated with mild cognitive impairment in older HIV infected adults.

Methods: A cross sectional study involving HIV infected patients >49 years of age was conducted at 2 clinics. Adjusted and unadjusted Poisson regression determined prevalence ratios and 95% confidence intervals for demographic, functional, and psychiatric variables. Association with mild cognitive impairment was determined by Montreal Cognitive Assessment (MoCA) scores < 26. The Veterans Aging Cohort Study (VACS) Index, includes medical and demographic measures used to predict 5 year mortality in HIV-infected populations. Physical function was assessed by falls and balance problems over 12 months, and by time for a 4 meter walk. Functional impairment was assessed by Activities of Daily Living (ADLs) [Katz Index] and Instrumental Activities of Daily Living (IADL) [Lawton scale]. CAGE-AID screening identified addiction problems. Health-related quality of life (HRQoL), depression, anxiety, and posttraumatic disorder were also assessed

Results: Of 359 participants 33.7% scored < 26 on the MoCA. In adjusted Poisson analysis the significant variables influencing the MoCA score were: not identifying as homosexual, non-white race, longer 4 meter walk time, and poor social support.

Conclusions: Significant correlations with impaired cognition were poor social support and slowed 4 meter walk (possibly a proxy for neurological-motor impairment). Correlation with age was not significant. Mild-moderate psychiatric illness may also present with a slightly decreased MoCA score. Based on this study there is evidence for both a social and neurological basis for mild cognitive impairment in older HIV positive. These findings may be helpful in identifying therapeutic approaches for this group of patients.

WORKSHOP

HOW TO GET YOUR PAPER PUBLISHED – THE EDITOR’S POINT OF VIEW

Albert F.G. Leentjens (1) - Jess Fiedorowicz (2) - Agnieszka Freda (3)

Past Editor of the J. Psychosom Res, Associate Professor, Department of Psychiatry, Maastricht University Medical Center, Maastricht, the Netherlands (1) - Current Editor of the J Psychosom Res, Associate Professor, Departments of Psychiatry, Epidemiology and Internal Medicine, Iowa Neuroscience Institute, University of Iowa, Iowa City, Iowa, USA (2) - Publisher, Elsevier Health and Medical Sciences, Amsterdam, the Netherlands (3)

Aims: Getting your research published is essential in any scientific career. However, often this is easier said than done. To get your first academic paper into print may seem like an insurmountable task.

Methods: In this interactive workshop you will get first hand tips from the editor and publisher of the Journal of Psychosomatic Research, the official journal of the EAPM, on how to increase your chances to get your paper published. Target audience: PhD students, early career scientists.

Results: By attending you will:

- Learn how to choose an appropriate journal for your research
- Understand what it takes to submit a high quality paper
- Appreciate the importance of writing an excellent abstract
- Improve your ability to write clearly
- Learn how to deal with rejection constructively.

Conclusions: You will leave the workshop with improved skills and strategies for writing up and submitting your research for publication.

ORAL PRESENTATIONS SESSION 3

RECOVERY ORIENTED ASSESSMENT AND INTERVENTION

DOES BLENDED ONLINE CARE IMPROVE OUTCOMES OF INPATIENT PSYCHOTHERAPY? AN RCT WITH AN ADDITIONAL ONLINE SELF-HELP PROGRAM

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Department of Psychosomatic Medicine and Psychotherapy, University Medical Center Mainz, Germany (1) - Department of Occupational, Environmental and Social Medicine, University Medical Center Mainz, Germany (2) - Psychosomatic Hospital, Campus Bad Neustadt/Saale, Rhön-Klinikum AG, Germany (3)

Aims: Despite effective inpatient psychotherapy depressed patients often relapse when adequate aftercare is not available. Online self-help programs have proven effective in milder forms of depression. The aim of the study is to determine the potential of online self-help to increase the effectiveness of inpatient psychotherapy in severe and complex depression.

Methods: N = 229 inpatients with a diagnosis of depression and a BDI score > 13 were randomized to one of two groups: intervention group (IG) and control group (CG). Patients in the IG received access to the online self-help program deprexis®24 for a total of 12 weeks, extending beyond termination of inpatient treatment plus standard inpatient psychotherapy. Patients in the CG had access to an online platform for 12 weeks with relevant information on depression (from open sources, such as patient guidelines), updated on a weekly basis and received standard inpatient psychotherapy. Main outcome was the BDI-II, additional outcomes were depression (PHQ-9), generalized anxiety (GAD-7), self-esteem (RSE), quality of life (Eurohis-Qol) and dysfunctional cognitions (DAS).

Results: At the end of inpatient treatment (lasting an average of 40 days), participants of the intervention group (IG) significantly lower depression scores compared to CG. Group effect sizes were moderate controlling baseline symptom score as a covariate (d = 0.47). Similarly, significant group differences were found regarding anxiety (d = 0.33), quality of life (d = 0.34), self-esteem (d = 0.38), but not regarding dysfunctional cognitions (d = 0.14). Follow-up data three months after program termination showed a better stability of IG compared to CG.

Conclusions: The online self-help program deprexis®24 has significantly improved the effectiveness and stability of outcomes of inpatient psychotherapy of depressed patients compared to an active control group.

GENERALISED MULTIPLICATIVE MODEL FOR ASSESSING OUTCOME IN PSYCHOTHERAPY: CASE STUDY OF ALEXITHYMIA

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Aims: The aim of the present study was to present generalised multiplicative model (GMultM) of alexithymia for assessing outcome of rhythmic movement therapy (RMT). GMultM is a flexible nonlinear regression method which is able to predict the impact of subjects' psychological variables (common factors) as well as their changes on the outcome of psychotherapy.

Methods: A total of 126 healthy clients entering psychological counselling were selected at random and assessed for alexithymia, extraversion, neuroticism, autonomy, locus of control, and hostility. These data were used for the

development of GMultM of alexithymia. After the model was constructed two groups were formed (alexithymics (N=65) vs. nonalexithymics (N=61). Sixty-five alexithymics were randomly assigned to either the RMT intervention group (N=45) or a waiting-list control condition (N=20). After 16-weeks of RMT intervention the participants of both groups were repeatedly assessed with the same measures and the obtained data were used for GMultM simulation experiments to assess the outcome of RMT for alleviation of alexithymia.

Results: Substantial changes in alexithymia and underlying psychological variables were observed among the participants of RMT intervention group compared with clients of control group. Computer experiments with GMultM using pre-post scores of psychological variables of the participants of RMT and control groups indicated that intervention-related changes in several psychological variables were mechanisms underlying alexithymia reduction in subjects participating in RMT program. Jacobson–Truax (JT) method used in our study as the criteria for clinically significant change (CS) indicated that GMultM is predicting satisfactorily not only actual and prognostic levels of alexithymia, but clinically significant change as well.

Conclusions: Our findings indicate the potentials of RMT to alleviate alexithymia. Also the results of our study revealed that GMultM predicts the changes in alexithymia after RMT intervention in each participant satisfactorily and thus can be applied as the individualized assessment tool for psychotherapy’s outcome.

EFFECTS OF A PSYCHOSOMATIC REHABILITATION PROGRAM ON FITNESS FOR WORK

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Aims: Rehabilitation plays an important role in German health care system in order to preserve manpower in occupational work and ability to care for family members. Faced with an increase of early retirement caused by psychic disorders and chronic pain diseases, psychosomatic rehab aims to help patients to regain physical and psychic strength and to solve conflicts in interpersonal relationships.

Methods: 480 participants received a multimodal rehab treatment for body and soul, based on depth psychology and behavior therapy. Mean age 52 years, 55% female, 32% unemployed, 40% unfit for work longer than 4 weeks. Diagnoses: depression 25%, burnout/ chronic fatigue syndrome 28%, chronic somatoform pain disorder 35%, anxiety disorders 5%, somatization disorder 7%. Patients practised sports like nordic walking and received group therapy, art therapy, body awareness training as well as individual conversation therapy.

Results: As measured by the questionnaires BDI II and ICD Symptom Rating (ISR), 72% reported complete or partial remission, 28% no change. 52% persons unfit for work went back to work supported by socio-professional reintegration programs of 3-5 weeks length, 21% began work directly after rehab, for 17% medical leave was continued, 10% retired with an employment disability pension.

Conclusions: Psychosomatic rehab is an effective treatment to prevent early retirement due to employment disability and offers new experiences for a self-reliant life and for a return to work.

ONE-YEAR CHANGES IN CAPACITY AND PARTICIPATION RESTRICTIONS ACCORDING TO ICF OF PATIENTS WITH SCHIZOPHRENIA OR BIPOLAR I DISORDER

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Aims: The bio-psycho-social model of the International Classification of Functioning, Disability and Health (ICF) predicates that illness should not only be described on the level of “impairment of functions” (i.e. symptoms of illness), but also in terms of “limitations in activities or capacities” and “restrictions in participation”. In the field of mental disorders the relationship between dysfunctions, dyscapacities, and problems with participation poses special problems. One way to overcome this problem is to use specific instruments that directly assess the ICF categories. One of this instrument is the Mini-ICF-APP (“Mini instrument for describing capacity and participation in mental disorders” according to the ICF-model of impairment), a rating scale originally developed in Germany that assesses the capacity and participation restrictions according to ICF. At a later time, the Mini-ICF-APP has been translated into English and Italian in validated versions. The aim of this presentation is to report the methods and the results of a study, which investigates changes in capacity and participation restrictions, as measured with the Mini-ICF, over the course of a one-year community-based treatment in patients with schizophrenia or bipolar disorder.

Methods: We recruited 100 consecutive patients with schizophrenia or bipolar I disorder. The assessment instruments included the Mini-ICF-APP and the Clinical Global Impression Scale (CGI) and the Mini-ICF-APP, a validated rating scale derived from WHO International Classification of Functioning, Disability and Health.

Results: Capacity/participation restrictions and psychopathology levels were all significantly improved at one year in each diagnostic group. Moreover, changes in Mini-ICF-APP factors (proficiency, relational capacity, autonomy) were significantly higher in patients who were improved or much improved (CGI-Improvement = 1, 2) compared with the others. A lower duration of untreated illness, higher baseline functional impairment and a higher decrease in psychopathology predicted a higher improvement in total Mini-ICF-APP. After controlling for the effect of these predictors, no difference between diagnostic groups was found.

Conclusions: When a community-based treatment is effective in reducing symptom severity, a concurrent improvement is obtained in capacity and participation functioning. We suggest that the Mini-ICF-APP was sensitive to change in psychopathology and therefore may be used in routine clinical assessments.

RESILIENCE AND VULNERABILITY OF NEURO-BEHAVIOURAL ACTIVITY

THE STANFORD PROXY TEST FOR DELIRIUM (S-PTD): A NEW TOOL FOR THE DIAGNOSIS OF DELIRIUM ACROSS THE MEDICAL SPECTRUM

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Aims: Studies have shown that delirium is misdiagnosed or not detected in 50-85% of cases across various healthcare settings, partly be due current tool’s reliance on patient's participation. We aim to develop a screening tool relying on the observations of nursing staff to provide a more accurate assessment.

Methods: We developed a new tool for the recognition of delirium, the Stanford Proxy Test for Delirium (S-PTD), based on combining DSM-5 and ICD-10 criteria. The S-PTD eliminates the need of direct patient participation in the assessment, instead, nurses complete the tool at the end of their shift; thus using the full shift patient interaction to gain the information needed to diagnose delirium. In our study all participants are consecutively evaluated using three assessments: nurses conduct the S-PTD, a trained research assistant performs the CAM/CAM-ICU; and a psychiatrist performs a neuropsychiatric assessment (“Gold Standard”). Examiners are all blinded to each other’s assessments.

Results: Phase one included 227 subjects in a combined medical/surgical/neurology in-patient unit, and the results found that the PTD has a sensitivity of 79% and a specificity of 91%; taking an average nurse less than 1 minute to complete. In phase two, the tool will be tested against the CAM-ICU, the ICDSC, and a neuropsychiatric evaluation, to determine the psychometric qualities of the S-PTD among critically-ill patients. Phase two is under way but we expect to have it completed and analyzed in time for EAPM.

Conclusions: This will not only be the first diagnostic tool for delirium based on DSM-5 and ICD-10 criteria, but the only tool that is validated among mechanically intubated and non-intubated individuals; providing seamlessly assessment of delirium across all clinical settings. The tool is easy to use, yet comprehensive, and eliminates the problem of patient's lack or inability to cooperate in the examination. The use of observation based tools, such as PTD, may enhance the early recognition and diagnosis of delirium.

TOWARDS A UNITARY MODEL OF DELIRIUM PATHOPHYSIOLOGY

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Aims: The author conducted an extensive literature review of published data of the known or proposed pathophysiological causes of delirium. We then proceed to explain how proposed theories intersect with each other, providing form common end pathways, leading to the characteristic phenotypic presentations of delirium.

Methods: The author conducted an extensive literature review, including PubMed, PsychInfo, MEDLINE, and Cochrane Databases, covering the proven and proposed causes of delirium published to date.

Results: Available data suggests that numerous pathological factors may serve as precipitants for delirium; each having differential effects depending on patient specific physiological characteristics (substrate), each contributing of modifying each other and leading to the development of the proximal or critical factors for the development of delirium. Based on this search a newly proposed theory, the Systems Integration Failure Hypothesis (SIFH), was developed to bring together the most salient previously described theories, by describing the various contributions from each into a complex web of pathways – highlighting areas of intersection and commonalities and explaining how the variable contribution of these may lead to the development of various cognitive and behavioral dysfunctions characteristic of delirium. The specific cognitive and behavioral manifestations of the specific delirium picture results from a combination of neurotransmitters function and availability; variability in integration and processing of sensory information; motor responses to both external and internal cues; and the degree of breakdown in neuronal network connectivity, hence the term acute brain failure.

Conclusions: Delirium is a neurobehavioral syndrome caused by the transient disruption of normal neuronal activity; mediated by alterations in neurotransmitter and dysfunction of neuronal networks, secondary to systemic disturbances. The Systems Integration Failure Hypothesis attempts to explain how the various proposed delirium pathophysiologic theories interact with each other, causing various clinically observed delirium phenotypes. A better understanding of the underlying pathophysiology of delirium may eventually assist in designing better prevention and management approaches.

2018 DELIRIUM UPDATE

Jose Maldonado

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Aims: To provide the audience of the Congress with an update of the latest in the field of delirium research and clinical practice, from the current President of the American Delirium Society (ADS).

Methods: As part of its preparation for the 2018 Annual Scientific meeting of the author will summarize all data published during 2017.

Results: Delirium is a neurobehavioral syndrome caused by the transient disruption of normal neuronal activity due to disturbances of systemic physiology. It is also the most common psychiatric syndrome found in the general hospital setting; causing widespread adverse impact to medically ill patients. Studies have demonstrated that the occurrence of delirium is associated a number of short and long-term problems: Short-term, patients suffering from delirium are at risk of injuring themselves (e.g., falls, accidental extubation) and of accidentally injuring their caregivers due to agitation and paranoia. Long-term, delirium has been associated with increased hospital-acquired complications (e.g., decubitus ulcers, aspiration pneumonia), a slower rate of physical recovery, prolonged hospital stays, and increased placement in specialized intermediate and long-term care facilities. Furthermore, delirium is associated with poor functional and cognitive recovery, and decreased quality of life. Specifically, the presentation will cover: the core diagnostic domains of delirium, delirium phenotype, the reasons why clinicians should care about delirium, the newest available diagnostic tools, the relationship between delirium occurrence and treatment outcomes, the influence of frailty, melatonin and delirium, the latest in delirium prevention and management, and our most current understanding of delirium pathophysiology.

Conclusions: This talk will review delirium's clinical presentation and characteristics and its relationship to frailty and cognition. The presentation will summarize the latest insights into diagnostic tools, behavioral and pharmacological techniques associated with successful prevention and treatment techniques; as well as the latest in delirium research.

UPDATES IN NEUROPROTECTION: HOW PSYCHOTROPIC MEDICATIONS ACTIVATE MECHANISMS OF CELLULAR RESILIENCE

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Aims: Neuroprotection is a rapidly evolving area of scientific research. Research in neuroprotection focuses on the identification and activation of cellular mechanisms that heightens resilience to, and hastens recovery from, biological disease and insults. This session will introduce participants to emerging insights in the downstream mechanisms of a variety of psychotropic drugs such as anti-depressants, antipsychotics, and mood- stabilizing agents. The objective of this session is to help prepare clinicians to engage the literature and clinical studies on neuroprotective agents with an informed, critical eye. Our session will use interactive discussion and audience participation, combined with proprietary animations that we have prepared, to provide a unique learning experience.

Methods: Comprehensive critical review of the medical literature; use of custom animations developed by the authors.

Results: While there are many biochemical pathways that can evoke neuroprotective intracellular responses, several in particular, are noteworthy: enhanced management of radical species; reinforcement of mitochondrial membrane integrity and mitochondrial resilience from hypoxia; arresting noxious, pro-inflammatory cell membrane metabolism by-products, activation of neurotrophic factors such as BDNF, intracellular calcium regulation, and causing major shifts in the resting endogenous balance of pro-apoptotic and anti-apoptotic factors within the cell. While certain antipsychotic medications have been associated with neuroprotective effects, others have been associated with inducing oxidative stress or lacking the capacity to invoke mechanisms of cellular resilience. Anti-depressants and mood stabilizers invoke different mechanisms of neuroprotection, which have the potential to synergize.

Conclusions: While there is a paucity of evidence from human studies demonstrating concrete neuroprotective benefit for many psychotropic agents, novel agents are being synthesized based on the knowledge gleaned about neuroprotective cellular pathways. Translation of in vitro research to human clinical trial studies is challenging because of confounding factors, and prohibitive cost.

PSYCHO-ONCOLOGY

DEPRESSIVE SYMPTOM PROFILES AND SURVIVAL IN OLDER PATIENTS WITH CANCER: LATENT CLASS ANALYSIS OF THE ELCAPA COHORT STUDY

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Aims: To identify depressive symptoms profiles in older patients with cancer, describe the associated factors and assess the prognostic value of the profiles regarding survival.

Methods: Patients ≥70 years old referred to geriatric oncology clinics were prospectively included. Depressive symptoms were used as indicators in a latent class analysis. Multinomial multivariable logistic regression and Cox models examined the association of each class with baseline characteristics and mortality.

Results: For the 847 complete-case patients included (median age 79 years; women, 47.9%), we identified 5 depressive-symptom classes: "somatic only" (38.8%), "pauci-symptomatic" (26.4%), "severe depression" (20%), "mild depression" (11.8%) and "demoralization" (3%). Compared to the "pauci-symptomatic" class, the "somatic only" and "severe depression" classes were characterized by more frequent comorbidities with poorer functional status and higher levels of inflammation. "Severe" and "mild" depression also featured poorer nutritional status, more medications and more frequent falls. “Severe depression” was associated with poor social support, inpatient status and increased risk of mortality at 1 year (adjusted hazard ratio 1.62, 95% confidence interval 1.06-2.48) and 3 years (1.49; 1.06-2.10).

Conclusions: A data-driven approach based on depressive symptoms identified 5 different depressive symptom profiles, including demoralization, in older patients with cancer. Major depression was independently and substantially associated with poor survival.

PATIENT RELATED FACTORS INFLUENCING THE UTILIZATION OF THE PSYCHO-ONCOLOGY SERVICE

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Aims: The present study aimed to analyze the utilization of the psycho-oncology service and its influencing factors.

Methods: A total of N=1754 patients (57.3 % females) with am mean age of M=60.8 years (SD=14.6) used the psycho-oncology service of the University Hospital of Erlangen in 2017. Frequency and duration of psycho-oncology sessions were analyzed retrospectively according to gender, age, family status, and clinical variables.

Results: 1754 patients attended on average 2.6 sessions (SD=3.2) with the psycho-oncology service. More than 70% of the sessions went beyond short encounters and lasted on average 32.6 minutes (SD=12.6). Female patients attended more often sessions than men (p=.000), but gender did not differ regarding session duration. However, higher age was correlated significant negatively with number and duration of sessions (p=.000). Patients not being in a relationship attended significantly more often (p=.022) and longer lasting sessions (p=.024) than patients in a relationship. Also, not having children was associated with longer lasting sessions (p=.007). Furthermore, patients with comorbid mental disorders attended more sessions than patients without. Frequency and duration of sessions according to tumor diagnosis and status of the disease are also reported.

Conclusions: The present study identified correlates of utilization of the psycho-oncology service during a hospital treatment of cancer. The findings show that especially patients not being in a relationship and not having children seem to need an extensive psychosocial support by the psycho-oncology service. Furthermore, female and younger patients and patients with mental disorders more frequently made use of the psycho-oncology service. The results may help to plan prospectively number and frequency of therapy sessions.

THE PRESENCE OF POST-TRAUMATIC STRESS DISORDER IN CANCER SURVIVORS AND ITS IMPACT ON HEALTH-RELATED QUALITY OF LIFE: A CROSS-SECTIONAL STUDY

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Aims: Cancer diagnosis constitutes a major stressor which challenges patients’ physical, emotional and social resources. Several investigations have revealed that cancer survivors commonly report symptoms of cancer-related post-traumatic stress disorder (PTSD) which may continue to interfere with patients’ functioning even at disease-free periods. The primary aim of the current single-center cross-sectional study was to determine the prevalence and correlates of PTSD in a group of cancer survivors. A secondary aim was to detect any associations between PTSD diagnosis and patients’ health-related quality of life (HRQOL).

Methods: PTSD diagnosis was established by a qualified psychiatrist with the use of the PTSD sheet of the Mini International Neuropsychiatric Interview 5.0. HRQOL was assessed with the Short Form-36 Health Survey (SF-36).

Results: 121 individuals (89 females) were enrolled to the study. PTSD was diagnosed in 31 (25.6%) participants. Female gender and younger age were significantly associated with greatest PTSD prevalence (p=0.014 and p=0.002, respectively). No other demographic or clinical characteristic was associated with PTSD. Participants with PTSD reported more severe depression (p<0.001) and anxiety (p<0.001) symptoms and scored lower in both the mental and physical sub-domains of HRQOL, including physical functioning (p=0.001), role limitations due to physical problems (p=0.011), bodily pain (p<0.001), general health (p=0.003), vitality (p<0.001), social functioning (p<0.001), role limitations due to emotional problems (p<0.001) and mental health (p<0.001) compared to non-PTSD participants.

Conclusions: Taken together, PTSD is prevalent in cancer survivors, mostly affecting females and younger patients. The presence of PTSD is associated with greatest impairment not exclusively on psychosocial functioning but also on the physical aspects of HRQOL. Our findings highlight the need for standard psychiatric evaluation and management of cancer survivors in routine clinical care.

MENTAL DISTRESS SYMPTOMS AND LEVEL OF CONTENTMENT WITH LIFE AMONG LIVING KIDNEY E. Göde

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Aims: The aims of the study are to (1) evaluate psychological disturbances in fibromyalgia patients, (2) identify psychopathology of their children and (3) investigate both their effects on FM pain severity and health status.

Methods:16 patients (all female) diagnosed with fibromyalgia according to the American College of Rheumatology (ACR) 2010 criteria and their 22 children were recruited in the study. Adults were evaluated by self-repoted scales that are Beck Anxiety Inventory (BAI), Beck Depression Inventory (BDI), Pittsburg Sleep Quality Index (PSQI), Visual Analog Scale (VAS), Widespread Pain Index (WPI) and Fibromyalgia Impact Questionnaire (FIQ). Children were clinically evaluated by an experienced Child Psychiatrist according to DSM-V criteria. Mann Whitney U test and correlation analysis were applied to analayze data retrieved.

Results: 62.5% (n=10) of the patients scored high on the BAI (M=21.44, SD=9.5) meaning moderate to severe anxiety; 56.2% (n=9) of the patients scored high on the BDI (M=16.37, SD=6.8) meaning moderate to severe depression; 75% (n=12) of patients had bad quality of sleep on PSQI (M=10.00, SD=6.1). Psychopathology was diagnosed in 68.2 % (N=15) of the children and frequency of multiple diagnosis was 36.3% (n=8). The most prevalent diagnosis were Attention-Deficit/Hyperactivity Disorder (ADHD) (n=9; 40.9%), separation anxiety disorder (SAD) (n=6; 27.2%), anxiety disorder not otherwise specified (NOS) (n=4; 18.2%). There were no association between psychological distress of patients and psychopathology in children with VAS, WPI and FIQ scores. On the other hand patients with ADHD diagnosed children have higher WPI scores and patients with SAD diagnosed children have higher WPI and FIQ scores.

Conclusions: Rates of anxiety, depression and sleep disturbances in FM patients were higher than normal population, but have no relationship with pain experience, intensity and the impact of the syndrome. Higher frequency of ADHD and seperation anxiety disorder among the children of FM patients and effects on pain scores warrants more specific evaluation of frequency, possible causes and effects of psychiatric disorders in children on FM patients.

DEPRESSION AND ANXIETY IN PATIENTS WITH DIFFERENT DISEASE

PREVALENCE OF DEPRESSION AND ANXIETY SYMPTOMS IN HIV-POSITIVE MEN WHO HAVE SEX WITH MEN TREATED WITH EFFECTIVE CART

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Aims: Depression and anxiety disorders are the most common psychiatric complication associated with HIV infection. Decline in mental condition commonly manifest itself around the time of diagnosis, however many patients develop symptoms later in their course of illness. Axis I disorders can have an impact on immunological factors and adherence. The aim of this study was to compare the results of depression and anxiety between HIV-positive MSM and uninfected control group and to describe these symptoms among HIV infected individuals.

Methods: In the study participated 88 HIV(+) MSM and 91 uninfected well-matched controls, aged between 23-75. There were examined medical, psychological and demographical variables during neuropsychological evaluation. For assessment of emotional condition there were used mood (KPD) and anxiety (STAI) questionnaires. Medical data came from Warsaw Hospital for Infectious Diseases.

Results: Symptoms of depression were observed among 16% of HIV-seropositive individuals and 11% uninfected MSM. When compared to the controls, HIV-infected patients showed worse results in general level of depression (p<.0.05) and anxiety (p<.0.05), somatic symptoms (p<.0.05) and cognitive weakness (p<.0.001). The results of HIV(+) participants did not differ according to medical factors and duration of HIV infection.

Conclusions: Despite better knowledge about HIV infection and effective treatment, greater tolerance and awareness among people about HIV it can be still observed the decline of mood during HIV infection, especially in somatic and cognitive disturbances and general depressive and anxiety feelings. According to this data, most likely the fact of being infected person has an influence on prevalence of depression and anxiety symptoms, not other medical and immunological factors.

JOINT HYPERMOBILITY AND ITS RELEVANCE TO COMMON MENTAL ILLNESS IN ADOLESCENTS: A POPULATION-BASED LONGITUDINAL STUDY

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Aims: Depression and anxiety are common disorders that show higher prevalence in adults with joint hypermobility, a constitutional variant of connective tissue. The aim of this study was to test the hypothesis that joint hypermobility is associated with common mental illness in adolescents, enhancing understanding of pathoaetiological risk factors for emotional disorder.

Methods: Participants were part of a large British prospective ongoing general population birth cohort study. The original data set comprised 6105 individuals from the cohort with data available on joint hypermobility at age 14 years, a sub-sample had later psychiatric assessments at age 18 years. Joint hypermobility was measured by physical examination at age 14 and 18 years, using the Beighton Scale**.** ICD-10 diagnoses of Depression and Anxiety were obtained using the Clinical Interview Schedule-Revised (CIS-R) and levels of anxiety quantified using the Anxiety Sensitivity Index (ASI)

Results: Presence of generalized joint laxity (GJL) at age 14 years predicted depression at 18 years in males (Odds Ratio (OR) 2.10; 95% CI, 1.17-3.76 but not females. A proximate relationship to physiological arousal was apparent as a mediating effect of recorded heart rate at 14 years. Symptomatic hypermobility (GJL) plus chronic widespread pain (CWP)) at age 18 years was further associated with the presence of anxiety disorder (OR 3.13; 95% CI 1.52-6.46) and level of anxiety (Beta = 0.056, t(3315)=3.27), depressive disorder (adjusted OR 3.52; 95%CI, 1.67 – 7.40) and degree of psychiatric symptomatology (Beta 0.096, t(2064)=4.38).

Conclusions: Hypermobility is associated with common mental disorders in adolescence. Screening for hypermobility may provide important opportunities for intervention to mitigate psychiatric disorder and promote opportunities for early intervention.

CORRELATES OF DEPRESSION AND ANXIETY IN PATIENTS WITH DIFFERENT RARE DISEASES

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Aims: Evidence on psychopathology in rare diseases is scarce. Understanding the conditions under which this patient population shows symptoms of anxiety and depression can help to improve comprehensive treatment. We aimed to investigate if disease-specific aspects as well as somatic symptom severity, illness-perceptions, coping mechanisms and social support are associated with depression and anxiety.

Methods: 300 patients with different rare diseases participated in a cross-sectional online study. We calculated two linear regression models with depression (PHQ-9) and anxiety (GAD-7) as outcome variables. Predictor variables were disease-specific aspects (diagnosis assigned to ICD-10-chapter, visibility of symptoms, time since diagnosis, further diseases) as well as somatic symptom severity (PHQ-15), illness-perceptions (consequences, control, identity, concern, understanding and treatment control; B-IPQ-R), coping mechanisms (constructive attitudes, active engagement in life; heiQ) and social support (heiQ). We controlled for gender and depression or anxiety depending on the primary outcome.

Results: The patients were 80% female, with mean age 44.3 years (SD=12.8, range:16-74). The predictors explained 77% of the variation in depression ($p<0.001$) and 66% in anxiety ($p<0.001$). Significant predictors for depression after controlling for gender and anxiety were: higher somatic symptom severity (B=0.41, $p<0.001$), less control (B=0.17, $p<0.05$), lower levels of concern (B=-0.32, $p<0.01$) and less constructive attitudes (B=-1.40, $p<0.001$). None of the disease-specific variables significantly predicted depression. Significant predictors for anxiety after controlling for gender and depression were: diseases of the circulatory system compared to congenital malformations (B=1.88, $p<0.05$) and more concern (B=-0.32, $p<0.01$).

Conclusions: The data reveal first insight into disease-specific and psychosocial aspects and their association with psychopathology in patients with different rare diseases. Depression shows no association with diagnosis-specific aspects whereas in anxiety there are some disease-specific differences. Somatic symptom severity and cognitive appraisal are associated with depression. Anxiety is associated with concern about the disease. This knowledge can help to support patients in effectively adjusting to the condition.

ACCURACY OF THE OF THE PROMIS-57 QUESTIONNAIRE TO IDENTIFY SIGNIFICANT DEPRESSIVE AND ANXIETY SYMPTOMS AMONG PATIENTS ON HEMODIALYSIS

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Aims: To evaluate the accuracy of the depression and anxiety domains of the Patient Reported Outcomes Measurement Information System, 57 item (PROMIS-57) profile questionnaire among hemodialysis patients.

Methods: In a cross-sectional, convenience sample of patients undergoing hemodialysis, 113 patients completed the PROMIS-57 (includes PROMIS-29), GAD-7 and PHQ-9 questionnaires. Raw scores of legacy tools were converted to calculated PROMIS T-scores using PROsetta Stone© crosswalk files. A cut off score of 10 on GAD-7 and PHQ-9 identified clinically significant anxiety or depression, respectively. Corresponding PROsetta stone cut offs were used to categorize depression and anxiety on the reported PROMIS-57 scales. We computed sensitivity, specificity, positive predictive and negative predictive values. Cohens Kappa was used to assess degree of agreement between legacy and respective PROMIS domains.

Results: Of 113 participants, mean (SD) age was 50 (17) years, 57% were male, 42% white. According to legacy instruments, 13% had moderate to severe anxiety, 27% had depression, while reported PROMIS-57 scores yielded 14% with anxiety and 15% with depression. Calculated anxiety scores showed strong correlations with reported PROMIS-57 ($r=0.695$, $p<0.001$) and PROMIS-29 ($r=0.611$, $p<0.001$) scores. Similarly, calculated depression scores showed strong correlations with reported PROMIS-57 ($r=0.627$, $p<0.001$) and PROMIS-29 ($r=0.594$, $p<0.001$) scores. Cut off scores generated from legacy instruments for moderate-severe anxiety and depression had high specificity (anxiety=0.93, depression=0.95) and moderate sensitivity (anxiety=0.60, depression=0.43). Kappa values indicated moderate agreement between GAD-7 categorization of anxiety vs PROMIS-57 (K=0.51) and PROMIS-29 (K=0.47); also between PHQ-9 classification of depression versus PROMIS-57 (K=0.45) and PROMIS-29 (K=0.41).

Conclusions: The PROMIS-57 depression and anxiety domains are valid self-report tools to assess depressive and anxiety symptoms among hemodialysis patients. Further studies are needed to assess if accuracy can be improved by using the computer adaptive testing PROMIS item banks.

PSYCHOSOMATIC IN CARDIOLOGY

RISK FACTORS FOR INCIDENT DEPRESSION AND ITS INTERACTION WITH ANXIETY IN PREDICTING CARDIAC OUTCOME AFTER A FIRST ACUTE CORONARY SYNDROME

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Department of Medicine and Surgery, Università di Parma, Parma, Italy (1) - Department of Mental Health, AUSL Parma, Parma, Italy (2)

Aims: Depression is an established risk factor for Acute Coronary Syndrome (ACS), nonetheless the literature disagrees on the role played by anxiety and other psychological variables in this relationship. Moreover, it's not clear if the effect of depression lies in its behavioural consequences or whether a dose-effect relationship exists. This study has two aims: (1) to analyse the risk factors of incident depression, defined as new cases in patients with no history of depression, in a sample of patients who were presenting their first ACS; (2) evaluate the impact of incident depression and it interaction with anxiety in predicting the cardiac outcome over a two-year follow-up.

Methods: Three-hundreds-four consecutive patients at their first ACS with no history of depression were evaluated for cardiac risk (GRACE-score), personality (SCID-II), temperamental features (TCI), psychological variables (Alexithymia and Type D Personality), defence styles (DSQ), depression and anxiety (HADS). During the two-year follow-up period, on a regular basis information regarding depression and anxiety and the cardiac outcome were collected.

Results: At baseline risk factors for a post-ACS depressive episode were being widowed, anhedonic, woman, having high novelty seeking, harm avoidance and narcissistic personality traits. Developing a first-ever depressive episode was associated with a three-fold risk for a new cardiac event or death. Moreover, increasing levels of baseline anxiety had opposing effects on cardiac outcome, being a risk or a protective factor depending on the presence or absence, respectively, of incident depression. No dose-response relationship between depressive or anxious symptoms with cardiac outcome emerged.

Conclusions: Clinicians should keep in mind these variables when facing a patient at his/her first ACS, given the detrimental effect of depression on cardiac prognosis. Anxiety after the first ACS might act as a double-edged sword.

RELATIONS OF PSYCHOLOGICAL FACTORS TO THE DYNAMICS OF HEART RATE VARIABILITY PARAMETERS OVER TWO YEARS AFTER CARDIAC SURGERY

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Laboratory of Clinical Cardiology, Institute of Cardiology of the Lithuanian University of Health Sciences, Kaunas, Lithuania (1) - Faculty of Medicine, Klaipeda University, Klaipeda, Lithuania (2) - Rehabilitation Clinic, Kaunas University Hospital, Kaunas, Lithuania (3)

Aims: Autonomic regulation worsens after cardiac surgery (CS), but data about its dynamics are controversial. The aims of this study were to assess the dynamics of heart rate variability (HRV) parameters over two years after CS and to investigate if psychological factors were related to HRV score changes.

Methods: HRV was evaluated in 75 CS patients (mean age - 59.4±9.6 yrs, 73.3% males) at 1.5, 12, and 24 months after surgery. HRV parameters were measured using 5-minute ECG recordings at rest. We assessed RR intervals (NN), standard deviation of mean RR intervals (SDNN), the sympathetic activity index (LF/HF), and low (LFnu) and high (HFnu) frequency domains. For depression and distress measurement, depression and positive symptom distress (PSDI) scales of the Symptom Checklist-90-R (SCL-90R), were applied, and for alexithymia – the 20-item Toronto Alexithymia Scale (TAS-20) was used. At 24 months, the events of cardiac arrhythmias were recorded.

Results: There were 30.7% (n=23) of patients with reduced NN, 72% (n=54) - with reduced SDNN, and 81.3% (n=61) - with increased LF/HF measures. The dynamics of the mean scores of all parameters was positive, but non-significant. At 24 months, the changes in mean scores were as follows: -23.0±152.0 (NNms), 0.1 (SDNN ms), -

0.4±2.5 (LF/HF), - 3.9±20.2 (LFnu), and 3.0±17.0 (HFnu). The analyses have shown significant associations between PSDI and ΔNN (1.5-12 months); PSDI and ΔLF/HF (1.5-12 months); TAS-20 and ΔSDNN (1.5-12 months); TAS-20 and ΔLF/HF (1.5-12 months); TAS-20 and ΔLF/HF (1.5-24 months); TAS-20 and ΔLFnu (1.5-24 months); and depression and ΔLFnu (1.5-12 months).Cardiac arrhythmia events were observed in 6 patients, and the baseline SDNN and ΔSDNN (1.5-24 months) were significantly related to them (p=0.02, U=90.0, Z= - 2.3; p=0.04, U=100.5, Z= - 2.1).

Conclusions: CS patients demonstrated high sympathetic activity, and such states did not change significantly over two years after surgery, and SDNN was significantly related to arrhythmias over two years after CS. Scores of the psychological factor scales were associated with positive changes in HRV parameter scores.

EXHAUSTED PATIENTS WITH CORONARY ARTERY DISEASE ATTENUATE THEIR PROTHROMBOTIC INDEX IN THE SPIRR-CAD TRIAL

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*Supported by German Centre for Cardiovascular Research (DZHK) and German Research Foundation

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Aims: Depression and exhaustion were confirmed as psychosocial independent risk factor for incidence and mortality of coronary artery disease (CAD). It has been argued that depression stimulates higher coagulation and therefore influences pathways of coronary sclerosis progression. In the present study we examined associations of levels of exhaustion, depression and procoagulant markers in the peripheral blood.

Methods: In this multi center psychotherapy trial, 450 men (78.94%) and 120 women (age 18-75 y) with HADS depression scores >7 and any manifestation of CAD, were randomized into the intervention or control group. In this sub study we analysed 143 CAD patients (age <61 y.; 32 w, 111 m) within the study at baseline and follow-up 18 month later. We examined tissue factor (TF), fibrinogen, D-dimer, v Willebrand-facktor (vWF), factor VII (FVII), PAI-1 and a sum score Prothrombotic Index (PI) and their correlations with exhaustion and depression (Maastricht questionnaire, HADS).

Results: There were no significant correlations of examined coagulation factors with depression and exhaustion at baseline. The reduction of depression in both treatment arms of the trial correlated with fibrinogen change (p=0.08), but in contrary to our expectations not with other examined coagulation parameters. In the course of disease fibrinogen decreased (time effect p=0.05) as well as v.WF (time effect p=0.04). As covariate gender became significant in vWF. We found different changes over time in treatment groups in vWF (Wilcoxon Z =-2,442 p= .015) and an interaction time x gender (p=0.056). Patients with high VE (>28) compared to low VE showed significant differences in the coagulation sum score (PI; interaction time x exhaustion group, p=.010).

Conclusions: Both a decrease of fibrinogen and v.WF and of depression and vital exhaustion within 18 months of the study was shown. A different course of PI in patients with high VE and low VE could demonstrated. In vWF seem to be a different outcome in the treatment groups of the study. Coagulation parameters as possible mediators for CAD progression may be influenced in a trial and by high levels of exhaustion.

USING PATIENT-TARGETED FEEDBACK TO INCREASE THE RISK PERCEPTION OF PHYSISICAL INACTIVITY IN CARDIAC PATIENTS: THE RISK-ACT RANDOMIZED CONTROLLED TRIAL

Sebastian Kohlmann (1) - Monica Patten (2) - Bernd Löwe (1)

University Medical Center Hamburg-Eppendorf and Schoen Clinic Hamburg-Eilbek, Department of Psychosomatic Medicine, Hamburg, Germany (1) - University Medical Center Hamburg-Eppendorf, Department of Interventional Cardiology, University Heart Center, Hamburg, Germany (2)

Aims: Physical inactivity is a risk factor for coronary heart disease (CHD). Yet, the management of physicial inactivity in clinical routine is difficult. So far, interventions to increase physical inactivity aim at certain patient groups and are based on cardiac rehab programs or demand interdisciplinary care structure. Effective interventions that target general cardiac risk factors should be available for most cardiac patients. The RISK-ACT randomized controlled trial investigated whether a brief patient-targeted feedback intervention applied within cardiac routine outpatient care increases the risk perception of physical inactivity.

Methods: In total, 122 outpatients with CHD or at least two risk factors for CHD were consecutively recruited and randomized. Over a period of 2 weeks physicial activity was measured using pedometers. Half of the patients received a patient-targeted written feedback about their physical activity level (intervention) during cardiac consultation. The other half of patients did not receive a feeback (control). Primary outcome was defined as risk perception concerning physical activity one month after cardiac consultation. Secondary outcome was the acceptance of feedback.

Results: Patients who received a feedback regarding their physical activity reported a higher risk perception, i.e. they were more likely to report that physical inactivity is a cause for CHD ($p = 0.01$). Regarding the acceptance of the intervention, 77% of patients indicated that the feedback was helpful, 93% said it was easy to understand and 93% wished to receive such a feedback again.

Conclusions: A patient-targeted feedback regarding physical inactivity can increase risk perception in patients at risk for or with CHD. The feedback appears to be well accepted by patients. If such a feedback can also increase actual physical activity, there would be great potential for its dissemination into routine cardiac care.

SATURDAY JUNE 30 10.00-11.30

SCIENTIFIC SYMPOSIA SESSION 5

SYMPOSIUM CHRONIC PAIN AND SOMATISATION ACROSS THE LIFE SPAN

THE ROLE OF EMOTIONAL FACTORS ON THE EXPRESSION OF UNEXPLAINED CHRONIC PAIN IN THE ELDERLY

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Aims: Unexplained chronic pain and somatization in the elderly are much less explored than in younger age groups. With a growing elderly population, these fields should not be ignored insofar as they are representing an emerging domain of clinical practice and research. In the context of the Chronic Pain SIG symposium, an analysis of up-to-date publications on the emotional modulations of chronic unexplained pain or somatization in elderly patients will be presented.

Methods: Analysis and summary of updated publications based on our own studies and literature review from Pubmed database.

Results: Depression is frequently associated with chronic pain. According to a recent review (Zis and al, 2017) this association exists in at least 13% of the elderly population. Our team (Luthy et al, 2015) found an association between depression and pain (explained or not) in 21-23 % of 2793 swiss community-dwelling patients aged 65 to >90 years. In a qualitative study of 40 elderly patients with fibromyalgia 63% were clinically depressed (Pautex, 2012). Clinical observations and the literature underline the increased tendency to somatic presentation of affective disorders in older patients (Goulia, 2012) whereas an association of alexithymia with age is described. As a matter of fact, a recent review pointed to the frequency of somatoform disorders and medically unexplained symptoms (MUS) in later life, although with a possible decline in prevalence rates compared to younger ages (Hilderink et al, 2013). The impact of

Anxiety (Wolitzky-Taylor, 2010), Fear-Avoidance (Stubbs, 2014) and Catastrophism (Hirase, 2017) on chronic unexplained pain complaints and above all'on disability in the older patients also deserve consideration.

Conclusions: Increased awareness of the prevalence of unexplained chronic pain and somatisation in the elderly population as well as their association with emotional factors can be useful for clinicians taking care of an aging population. A summary of recent publications and a research agenda will be presented and discussed.

DO ELDERLY PAIN PATIENTS WITH COMORBID PSYCHIATRIC DIAGNOSES REGAIN QUALITY OF LIFE IN A MULTIMODAL ACT-BASED GROUP TREATMENT?

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Aims: In routine mental health care hospital settings cross-diagnostic approaches are needed to account for the diversity of patients with a broad range of diagnoses and ages. Also, chronic pain is highly prevalent as a comorbidity in many psychiatric disorders such as depression, anxiety and substance abuse. The present study aims to assess whether elderly pain patients (> 60 years) can benefit from a multi-modal ACT-based therapy in age-mixed groups.

Methods: Subgroup analysis of patients>60 years of a larger scale naturalistic controlled study comparing ACT vs. a "gold standard" (CBT) in a multi-modal complex therapy in a day treatment center for psychiatric and psychosomatic disorders in a university-affiliated general hospital in Berlin. Daily life functioning and quality of life was measured with SF36. For each of the SF36 categories Cohen's D as effect size was calculated.

Results: Overall, study data of n=126 (ACT) vs. n=127 (CBT) patients were analyzed. Mean age was 45.55 (SD = 12.97) for ACT vs. 46.83 (SD = 12.49) for CBT. 12% vs. 17% were >60 years old. Preliminary analysis showed significant improvements for most SF36 categories in both groups. However, we found significantly greater improvements in "Physical role" and "Bodily pain" in the ACT group. In patients > 60 years we found better results with CBT in the SF36 categories "Mental health", "Vitality" and "Social function".

Conclusions: In our subgroup analysis patients > 60 years did not show the same benefit from ACT as from CBT-based treatment. This might be an effect of the small size of the subsample. However, for the whole age-mixed and cross-diagnostic study population ACT showed better results than CBT for the SF36 categories "Physical role" and "Bodily pain". Further research seems to be necessary to better meet the needs of elderly pain patients regarding treatment options.

RELATIONSHIP BETWEEN EMOTIONAL AWARENESS, PAIN AND SOMATIZATION IN PRIMARY SCHOOL CHILDREN

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Psychosomatic Center, GIFT Institute of Integrative Medicine, Pisa, Italy (1) - Department of Surgical Pathology and Clinical Area, University of Pisa, Italy (2)

Aims: The primary objective of this study was to evaluate the relationship between pain and somatization and emotional awareness. Lane and Schwartz (1987) defined emotional awareness (EA) as "the ability to recognize and describe one's own and others' emotions". Authors hypothesized that being consciously aware of emotions could be an indicator of a greater degree of empathy, and a greater ability to describe one's own mental and emotional states—skills that would allow subjects to be flexible and to react and respond to different social situations in a manner depending on the context. In patients with frontotemporal lesions, Damasio (1994) found the presence of a compromised ability to experience, understand, express and correctly use emotions. These patients had deficits in *decision-making processes* while maintaining an IQ within the norm. Their emotional dysfunction (including emotional awareness) caused the emergence of somatic symptoms (SS) and psychosomatic disorders. Thus far, few studies have compared EA with SS in large samples of children using the Lane assessment (1990), which refers to the mind theory of EA (Fonagy & Target, 2001).

Methods: 484 primary school children (226 females), aged 6–10 years, were investigated using the Levels of Emotional Awareness Scale for children (LEAS-C) (Bajgarn et al, 2005) for emotional awareness, and the Children

Somatization Inventory - Child Version (CSI; Walker, Garber & Greene, 1991) for somatic symptoms in a single session.

Results: 289 of all children complained of pain, of which the abdominal was the most frequent (59.71%). Their emotional self-awareness (SEA) was negatively correlated with total CSI (r= -.110; p<0.01). No relationship was found with Other-emotional awareness and total CSI scores. Headache (r= -.133; p<0.05) and Low Back (r= -.133; p<0.05) pain site numbers were significantly correlated with SEA.

Conclusions: This study reveals that children with higher SS show an impairment in *reflective function* (which enables a child to distinguish their Self from the Other) of EA.

PSYCHOPATHOLOGICAL FACTORS AND MYOFASCIAL FINDINGS IN MALE AND FEMALE PATIENTS WITH CHRONIC PELVIC PAIN SYNDROME (CPPS) ACROSS THE LIFE SPAN

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Aims: Chronic pelvic pain syndrome (CPPS) is a common pain condition with various psychosocial and somatic symptoms. Psychiatric co-morbidities and myofascial findings are frequent among these patients. Therefor the aim of the study is to analyze psychosocial and myofascial aspects of CPPS patients. Furthermore, the study focus on correlations between this aspects, gender and age differences respectively.

Methods: A cross-sectional study at an interdisciplinary outpatient clinic for patients with CPPS at the University Medical Center Hamburg-Eppendorf, Germany was conducted. Participants underwent a multimodal diagnostic algorithm inclusive psychotherapeutic evaluation and physiotherapeutic assessment. Those with a positive diagnosis of CPPS were included in the analysis. Descriptive statistics were used to characterize the sample and analyze the positive muscle findings. Bivariate correlations were calculated for the association between psychosocial factors, myofascial findings, and age respectively.

Results: A total of N = 187 patients (56.7% female, mean age 49.06 years [SD 17.05]) was included. The patients showed a high psychosocial symptom burden. Furthermore, tender and trigger points are highly present in external and internal muscles. Women had a significant higher symptom severity and significant higher numbers of tender and trigger points. Several significant correlations between psychosocial factors, myofascial findings and age exist.

Conclusions: There might be a link between psychosomatic aspects, myofascial symptoms and age in patients with CPPS; thus, further studies are needed to confirm and explain the linkage. Nevertheless, the results stress the urgent need of a multimodal treatment including psychotherapy and physiotherapy in these patients.

AN INTERNAL INFERNO: SEXUAL ABUSE AND CHILDHOOD VICTIMIZATION AS A CAUSE OF PAIN AND SOMATIZATION IN ADULTHOOD

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Aims/Methods: From early psychoanalytic conceptualization, it was assumed that susceptibility to pain was related to childhood victimization, mainly to sexual abuse. Pain is one of the most common clinical complaints faced by physicians. On the other hand, clinicians do not usually perform a structured evaluation to determine whether the pain is caused by such a childhood injury.

Results/Conclusions: In this lecture, the magnitude of the phenomena of sexual abuse will be described, revealing the known data on abuse and pain, and will suggest a short clinical evaluation on the possible occurrence of abuse.

SYMPOSIUM NARRATIVE-BASED MEDICINE: CLINICAL AND RESEARCH IMPLICATIONS OF THIS MODEL IN A PSYCHOSOMATIC APPROACH TO ILLNESS AND CARE

THE TABOO OF PARENTS' ILLNESS: STORYTELLING AS AN INSTRUMENT TO FACILITATE THE DIALOGUE AMONG PARENTS, TEACHERS AND CHILDREN

M. Rimondini

Department of Neuroscience, Biomedicine and Movement, Section of Clinical Psychology, Verona University, Verona, Italy

Aims: Parents' illness is a stressful life event that impacts children psychological wellbeing. For these children, the school environment represents an important source of support. However, engaging in an honest dialogue about parents' illness may be a challenging task for teachers and schoolmates since concerns of harming the child could affect the quality of the conversation. Preventive interventions aimed to promote social awareness have been widely recognized in other settings as effective instruments to reduce stigma and to provide tools for appropriate support. Aim of the present study is to assess parents' opinions of and reactions to the use of storytelling for introducing the topic of mothers' illness and fragility to their pre-schooler children.

Methods: Two kindergartens in Verona participated in this observational study. Teachers distributed to parents a picture book that tells a story of a mother with cancer, who explains to her son how she will change after chemotherapy. Parents were invited to read the book with their children and to complete anonymously a questionnaire composed by 10 open ended questions exploring their reactions and opinions. A researcher transcribed and analysed all the comments by inductive content analysis.

Results: 29 questionnaires were returned to teachers corresponding to 30% of parents that might had accepted to participate. Most of the participants answered to all the questions of the questionnaire, for a total of 230 comments. Most participants (86%) decided to read the book with their children and expressed positive feelings regarding themselves (i.e. being touched 38%, involved 17% or other pleasant reactions 17%) and regarding their children (i.e. being curious 32%, calm 20% or other pleasant reactions 20%). In general, parents showed a positive attitude towards the potential use of storytelling to talk about harmful life events to pre-schooler kids (86%).

Conclusions: If the encouraging reactions expressed by parents and children in our preliminary study will be confirmed by further and wider explorations, they might represent a prompt for the development of additional educational interventions aimed to introduce, through storytelling, "emotionally challenging" topics, such as parent's illness, and thus to become part of the activities usually offered by teachers.

DIACHRONIC NARRATIVE MARKERS FOR PROCESSING BREAST CANCER EXPERIENCE

Maria Luisa Martino (1) - Daniela Lemmo (1) - Anna Gargiulo (1) - Pasquale Dolce (2) - Daniela Barberio (3) - Valentina Abate (3) - Franca Avino (4) - Raffaele Tortoriello (4) - Giorgia Margherita (1) - Maria Francesca Freda (1)

Federico II University, Department of Humanistic Studies, Naples, Italy (1) - Federico II University, Department of Public Health, Naples, Italy (2) - National Cancer Institute "Fondazione G. Pascale", Clinical Psychology Unit, Naples, Italy (3) - National Cancer Institute "Fondazione G. Pascale", Breast Surgery, Naples, Italy (4)

Aims: The onset of breast cancer, especially for a younger women, is a potentially traumatic experience that risks to impairing the women's quality of life and/or to transit into psychopathological outcomes even years after the end of treatments. The meaning-making processes of a traumatic experience, mediated by the narration, appears in the literature as a key aspect to promote psychic elaboration and construction of well-being. Narrative research proposes significant markers of the narrative transformative process of the experience of illness which refer to a time following the end of medical care. In this case, the narrative is a re-constructive device for an already passed experience. The research project IMPRONTE aims to highlight narrative and diachronic markers of processing the breast cancer traumatic experience studying the narration as a device that promotes different functions, as a processes of meaning-making, during the different phases of medical treatment.

Methods: The research is carried out with the Clinical Psychology and Breast Surgery of the Pascale Hospital of Naples. The data collections is composed by the women with non-metastatic infiltrating ductal carcinoma that the researchers will meet during 4 key moments of the therapeutic process: pre-hospitalization; post-operative counselling; I adjuvant therapy; follow-up. Each meeting provides by a narrative audio-recorded interview to understand the subjective breast cancer experience and the way to go through the treatments and it is accompanied by the administration of outcome and process measures.

Results: Preliminary statistical analyses show diachronic narrative markers, both functional and dysfunctional, that highlight different trajectories of meaning-making, from disorganization to a connection with the experience, related to the different phases of care.

Conclusions: From a personalized medicine point of view, preliminary results allow us to be able to reflect on clinical support practices specific for our vulnerable target.

PSYCHOLOGICAL RESILIENCE IN EARLY BREAST CANCER YOUNG PATIENTS: EXPERIENCE IN REAL LIFE

Dina Di Giacomo

University of L'Aquila, Italy

Aims: Breast cancer diagnosis and treatments have a strong negative impact on women by affecting their quality of life and wellbeing. The psychological resilience, as ability to deal with the fear of adversity turning in a positive life perspective by emotional regulation processing, may make a difference in the recovery phase and in the survivorship care. Our investigation aimed to evaluate the trend for emotional traits in screened younger women over a longer period, starting from the time of diagnosis. We wanted to analyse the psychological conditions of women after hospitalization, from an observational perspective, over three years, involving different patients in five phases of their clinical path.

Methods: An observational study design was conducted with younger patients to evaluate their emotional traits (anxiety, anger, psychological distress, depression) at the time of diagnosis (T0), and 6 (T1), 12 (T2), 18 (T3), 24 (T4) and 36 months (T5) after diagnosis.

Results: Results showed significant differences in each emotional variable during treatment. Anxiety seemed to decrease, whereas anger tended to improve significantly; at 12 months and 24 months from the diagnosis patients seemed more awake about own psychological needs at these times than immediately after the diagnosis (T0) and during the treatments; evidently, women who had recently received a diagnosis (T0) seemed more resilient in response to facing an emergency. The statistical analysis showed a significant difference in Anger measures between time points ($p=0.03$) and post hoc analysis (Duncan test) indicated lower scores at T2 ($p=0.02$) and T4 ($p=0.004$). No significant effects were detected regarding psychological distress (PDI) and depression (BDI). Still, no significant effect on emotional status was detected according to age group (>40 years, 41-45 years, 46-49 years, ≥50 years) or TNM staging label (4 levels), which were evaluated separately.

Conclusions: Increased survival rate after breast cancer diagnosis is strongly linked to regaining a normal life through modified and improved living. Younger women appeared being resilient and better prepared to implement coping strategies in the early stage of clinical breast cancer: they need to be supported to win life back after clinical treatments.

ACT & CFT IN THE CONTEXT OF CANCER: COMPASSIONATE LETTER WRITING

Giuseppe Deledda - Matteo Giansante - Sara Poli

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Aims: Acceptance and Commitment Therapy (ACT) is a contextual behavioural therapy that utilizes several processes to promote psychological flexibility (Hayes et al., 1999). The compassionate letter writing (Gilbert 2009) it is used in the Compassion-focused therapy (CFT), that facilitates patient refocus on their own thoughts and feelings on being supportive, helpful and caring of himself. This study is aimed to explore the feasibility of an ACT intervention with the use of the compassionate letter writing, with cancer patients.

Methods: Nineteen patients with cancer (mean age 53; SD=10,18), completed the compassionate writing letter during the third session. At the baseline has been detected the psychological distress (Distress Thermometer (DT)) and the degree of psychological flexibility (AAQ2 with 7 items). The letters were analysed considering the role of Arbitrarily Applicable Relational Responding (AARR) in psychological suffering, and particularly through observation of the effect of stimuli (compassion letter) in acquire new functions able to transform the functions of stimuli (changing the relation to thoughts perceived adversely), following the aspects of complexity, derivation, and coherence.

Results: Patients showed a high psychological flexibility (AAQ2 M=20.9; SD 7.15), even though they had a high level of distress (TS M=5.3; SD 2.35). The qualitative analysis of the compassionate letter, showing that the verbal internal networks are likely to be influenced or elicited by environmental contingencies, which reinforce these patterns of relational responding and their perceived coherence (eg, "my suffering is understandable and I respect it"). The compassionate letter, can transform the functions of stimuli, on particular patterns of responding to the self (as "I respect me vulnerable"), others (as 'I understand that feeling abandoned by others leads you to close ...') and the world (as "I think it's really hard to do what you do with such an uncertain and threatening context .... I respect you and I learned so many things during this period").

Conclusions: This preliminary study showed that compassionate letter writing method facilitate the process of accepting thoughts, emotions and dysfunctional judgments on the Self (according to the ACT method).

THE STORY OF TOMMASO – A PATIENT WILL TELL HOW NARRATIVE MEDICINE HAS POSITIVELY IMPACTED THE STORY OF HIS ILLNESS AND RECOVERY

SYMPOSIUM EPIDEMIOLOGY OF THE FUNCTIONAL SOMATIC SYNDROMES: STUDIES IN THE NETHERLANDS AND DENMARK

THE RISK FACTORS FOR NEW ONSETS OF IRRITABLE BOWEL SYNDROME, CHRONIC FATIGUE SYNDROME AND FIBROMYALGIA: THE LIFELINES STUDY

R. Monden (1) - J. Rosmalen (1) - F. Creed (2)

University of Groningen, Interdisciplinary Center Psychopathology and Emotion regulation (ICPE), Groningen, Netherlands (1) - University of Manchester, Neuroscience and Mental Health, Manchester, United Kingdom (2)

Aims: To identify and compare the risk factors for new onsets of self-reported irritable bowel syndrome (IBS), chronic fatigue syndrome (CFS) and fibromyalgia (FM) among participants in the Dutch Lifelines population-based study.

Methods: All participants in the Lifelines population-based prospective study (n=152,180) were screened for physical and psychological disorders and detailed data were collected on socio-demographic and psycho-social variables. We followed up over 3 years the participants who at baseline were free of each disorder (IBS, CFS, FM) and free of the key symptoms of each disorder. We identified the baseline variables which predicted a new onset of each disorder. We used penalised logistic regression to identify predictors.

Results: We identified 549 participants (75% female) with new onset IBS, 93 (52.7% female) with CFS and 166 (91.6% female) with FM. The Area Under the Curve (AUC), which indicates the predictive values of the model, were 0.65, 0.72 and 0.84 for IBS, CFS and FM, respectively. The estimated coefficients suggested that the strongest predictors of IBS were: female sex, living on welfare, negative health perception and presence of FM at baseline. Corresponding predictors of CFS were: unfit to work, race, social phobia and feeling unwell with somatic symptoms at baseline. Predictors of FM onset were: female, low income, race, few years of formal education, social phobia and panic disorder, allergies, avoidance of alcohol, feeling unwell with somatic symptoms and with greater analgesic use. IBS was a weaker predictor of FM onset. Further analysis will include larger numbers of new onsets and additional predictors.

ConclusionS: In this study of self-reported functional somatic syndromes we found considerable differences between IBS, CFS and FM both in terms of the degree to which new onsets could be predicted (prediction was good only for FM) and the individual variables which predicted onset. Further analyses will reveal whether these data fail to identify a set of predictors common to all 3 functional somatic syndromes, which would be expected if they represent different forms of the same disorder.

RISK FACTORS AND CHARACTERISTICS OF EIGHT SOMATIC SYMPTOM PROFILES DERIVED BY LATENT CLASS ANALYSIS IN THE DANFUND STUDY

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Aims: Findings on risk factors of functional somatic syndromes vary considerably. Reasons for this include poor delimitation and definition of functional somatic syndromes and selected patient material. In this study, we aimed to describe risk factors and characteristics of eight somatic symptom profiles in the general population. The symptom profiles were used as an alternative, empirical-based delimitation of functional somatic syndromes.

Methods: We used information from the DanFunD study (N=9656 adults), a population-based cohort study of functional somatic syndromes in Denmark. The eight symptom profiles were based on 31 self-reported somatic symptoms and identified using latent class analysis. We investigated the profiles' association with age, sex, education, life-style factors, sleeping trouble, body mass index, handgrip strength, physical fitness, pulse, blood pressure, and self-perceived health adjusted for age, sex and education. Their association with mental distress, health anxiety and adverse life events will be explored. The information was self-reported in questionnaires or measured at a health examination.

Results: The symptom profiles described a group with no symptoms (49% of the population), three groups with a few specific symptoms (36%), three groups with multiple specific symptoms (13%) and one group with all symptoms (2%). The symptom profiles with multiple symptoms were generally characterized by female sex, lower education, no alcohol intake, smoking, unhealthy diet, predominantly sedentary activities, lower physical fitness, sleeping troubles, obesity, reduced handgrip strength, higher pulse and poor self-perceived health compared to the profile with no symptoms. However, the size of the associations differed between the profiles with the profile characterized by all symptoms showing the strongest associations. Likewise, musculoskeletal symptoms and general symptoms tended to be stronger associated with poorer health and lifestyle. The symptom profiles with a few specific symptoms had similar characteristics, but generally, these were less predominant, especially for the profile characterized by gastrointestinal symptoms. Blood pressure was not associated with any of the profiles.

Conclusions: The findings indicate potential risk factors and characteristics of symptom profiles that resemble functional somatic syndromes. The characteristics differed among the specific symptom profiles. The profiles with all symptoms and with musculoskeletal and general symptoms had the strongest associations.

THE NETWORK STRUCTURE OF DIAGNOSTIC CRITERIA FOR CFS, FMS AND IBS

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Aims: Functional somatic syndromes (FSS) are known for substantial clinical and diagnostic overlap. The aim of this study was to explore the interrelatedness of symptoms used in the diagnostic criteria for the three most well-known FSS: chronic fatigue syndrome (CFS), fibromyalgia syndrome (FMS), and irritable bowel syndrome (IBS).

Methods: This study was performed in 134,616 participants (age: 51.7±13.2 years, 57.2% female) of the general-population cohort LifeLines. Participants who suffered from multiple sclerosis, rheumatoid arthritis, inflammatory bowel disease, major depressive disorder and/or generalized anxiety disorder were excluded. The official diagnostic symptoms of the three FSS were assessed by a validated self-reported questionnaire. A network structure of the diagnostic criteria was estimated using the package 'IsingFit' in R to study how diagnostic symptoms were related to one another.

Results: The network showed that all diagnostic symptoms were connected, either directly or via other symptoms. Diagnostic symptoms formed two clusters: one cluster of highly connected CFS and FMS diagnostic symptoms and one cluster of IBS diagnostic symptoms. Still, many connections between the CFS/FMS cluster and the IBS cluster were found. The CFS symptoms "sore throat" and "lymph node tenderness" were less strongly related to the other symptoms but strongly related to each other.

Conclusions: Two non-isolated clusters were found, suggesting that FSS may reflect the same underlying syndrome with a CFS/FMS and an IBS subtype.

CHARACTERISTICS OF FUNCTIONAL SOMATIC SYNDROMES AND BODILY DISTRESS SYNDROME IN THE GENERAL DANISH POPULATION – THE DANFUND STUDY

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Aims: Functional disorders, defined as functional somatic syndromes (FSS) or bodily distress syndrome (BDS), are prevalent in the general Danish population. However, more knowledge about characteristics of the disorders is needed. The aim of this study was to characterize cases of FSS and BDS by several social, mental, physical, and lifestyle outcome measures and compare them for similarities and differences between mutual syndromes and non-cases.

Methods: Cases of FSS, i.e. irritable bowel syndrome (n=337), fibromyalgia (n=442) and chronic fatigue syndrome (n=823), and cases of BDS, i.e. cardiopulmonary (n=137), gastrointestinal (n=405), musculoskeletal (n=1063), and general symptoms (n=408) subtypes were identified from the DanFunD general population cohort (n=9656) by means of pre-defined diagnostic algorithms and compared on 1) Social parameters: Age, sex, and education; 2) Mental parameters: Number of adverse life events, health anxiety (Whiteley-7), mental distress (SCL-8) and kinesophobia (Tampa-7); 3) Physical parameters: Fitness, systolic blood pressure, handgrip and BMI; 4) Lifestyle parameters: Alcohol consumption, diet, smoking and physical activity, and 5) Self-perceived health. Cases and non-cases were compared with linear regression for continuous outcomes and logistic regression for binary and categorical outcomes. The analyses were adjusted for age, sex and education level.

Results: Generally, cases differed from non-cases, and there was a strong association between positive case status and reporting a poor self-perceived health ($p<0.001$). Cases were more prone to be females, having less education, consuming less alcohol, eating unhealthily, being a previous or current smoker, and having a more sedentary lifestyle ($p<0.05$). As for mental parameters, cases had a higher score on all measurements ($p<0.001$). Besides systolic blood pressure, the majority of cases differed from non-cases regarding physical parameters ($p<0.005$), having higher BMI, less exercise capacity and lower handgrip strength. Differences between the various syndromes will be further explored.

Conclusions: Cases of FSS and BDS differed significantly from non-cases regarding aspects of social, mental, physical, and lifestyle parameters, and they were more prone to report a poor self-perceived.

SYMPOSIUM ADVANCES IN THE USE OF PSYCHOTROPIC DRUGS IN PEOPLE WITH SEVERE MEDICAL CONDITIONS NEEDING PALLIATIVE INTERVENTIONS: EVALUATING EFFICACY, SAFETY, AND FEASIBILITY ISSUES

THE CONTINUUM OF DEPRESSIVE EXPERIENCES IN CANCER PATIENTS AND THE ROLE OF ANTIDEPRESSANTS. RESULTS FROM A SYSTEMATIC REVIEW AND META-ANALYSIS

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Aims: Cancer patients are particularly vulnerable to depressive experiences, due to numerous psychological factors (severe prognosis, loss of functioning, disability), social and relational factors (loss of social and work role), and biological factors (endocrine, immune and metabolic disorders, chronic pain, surgery and chemotherapy). In these cases, an intense emotional reaction is generally expected, however it is very challenging to clearly distinguish between this and a true depressive syndrome that meets diagnostic criteria of ICD or DSM. This is even more difficult in the presence of clinical manifestations for which the relative contribution of medical and psychological factors is poorly decipherable (e.g. internal restlessness, anorexia, severe subversion of the sleep-wake rhythm). Thus the evidence regarding the efficacy and tolerability of antidepressants in the general population cannot straightforwardly be extended to cancer patients.

Methods: We conducted a systematic review and meta-analysis of randomized trials comparing antidepressant and placebo. We included studies recruiting patients with a diagnosis of cancer (any type and stage) and depressive symptoms (with or without a formal diagnosis of depression). In order to cover the full spectrum of depressive experiences, we included also patients with cancer and cancer-related distressful symptoms (e.g. asthenia, neuropathic pain, etc.). Being clinically depressed was not a criterion of inclusion.

Results: We identified 19 studies. Compared to placebo, the class of antidepressants was significantly superior in the treatment of the whole spectrum of depressive experiences (SMD -0.285, 95% CI -0.460 to -0.110). This effect remained significant also after separating clinically depressed patients (SMD -0.596, 95% CI -1.041 to -0.150) and patients with cancer-related distressful symptoms (SMD -0.229, 95% CI -0.419 to -0.039). Among antidepressants, SSRIs and mianserin were superior to placebo. Antidepressants and placebo did not differ in terms of acceptability (dropout for any cause: RR 1.02, 95% CI 0.854 to 1.217). The statistical and clinical heterogeneity of results represent the main limitation to data interpretation.

Conclusions: Available evidence suggests that antidepressants (SSRIs and mianserin in particular) are a valuable option to alleviate the impact of depressive experiences and improve the quality of life of cancer patients. However, available randomized studies suffer from several methodological limitations, including small sample size and short follow-up.

EFFICACY OF ANTIDEPRESSANTS ON DEPRESSION, ANXIETY AND QUALITY OF LIFE IN PATIENTS WITH NEUROPATHIC PAIN. RESULTS FROM A SYSTEMATIC REVIEW AND META-ANALYSIS

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Aims: Neuropathic pain shows both an affective and cognitive component and evidence demonstrates how patients suffering from neuropathic pain have a high rate of anxious and depressive comorbidities which may complicate the clinical presentation. These comorbidities have a relevant impact on the personal experience of pain and, more generally, on quality of life. In this patient population, depressive experiences are underpinned by several mechanisms, including pain-specific biological alterations. Moreover, as in other severe medical conditions, making an accurate psychiatric diagnosis is particularly challenging. For these reasons, current knowledge on the effectiveness of antidepressants, collected in people without medical conditions, cannot be applied to patients suffering from neuropathic pain.

Methods: In the light of these considerations, a systematic review and meta-analysis was carried out with the aim of exploring efficacy of antidepressant treatment on depression and anxiety symptoms and quality of life in patients suffering from neuropathic pain. We included studies recruiting patients with a primary diagnosis of neuropathic pain due to any condition. In order to cover the full spectrum of depressive experiences, we included both patients with and without a formal diagnosis of depression at recruitment, provided that depressive symptomatology was evaluated during the study.

Results: Overall, 39 studies fulfilled the criteria for eligibility and were included in the review. Of these, 32 provided data suitable for re-analysis. The meta-analysis of the primary outcome (depressive symptoms) carried out on 14 studies (2504 patients), showed a statistically significant difference between antidepressants and placebo, with

Ads more effective than placebo in improving depressive symptoms (SMD: -0.16; CI 95% -0.28 to 0. 04). Similarly, meta-analysis of studies measuring quality of life (ten comparisons, 1742 patients) showed that antidepressants were more effective than placebo in improving patients' quality of life (SMD: 0.38; CI 95%: 0.08 to 0.68). The clinical heterogeneity of results represent the main limitation to data interpretation.

Conclusions: Evidence suggests that antidepressants used to treat pain in neuropathic pain patients are effective in alleviating the impact of depressive experiences and improve the quality of life in this population of patients.

ANTIDEPRESSANTS FOR THE TREATMENT OF DEPRESSIVE SYMPTOMS IN ADULT PATIENTS WITH ISCHEMIC HEART DISEASE

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Aims: Existing research shows that ischemic heart disease (IHD) is a risk factor for developing depression, and vice-versa. Potential benefits of antidepressants (ADs) in IHD patients include not only reducing depression and anxiety, but also lowering recurrence of cardiovascular events. Although SSRIs are generally considered safe in patients with medical comorbidities, tolerability might be an issue in such a fragile population, including a potential association between AD exposure and increased risk of myocardial infarction. Evidence on AD benefits and risks in IHD patients is currently incomplete and controversial and can hardly be translated into pragmatic clinical indications.

Methods: We conducted a systematic review and meta-analysis of randomized controlled trials comparing antidepressants and placebo in adult patients with a primary diagnosis of IHD, irrespective of the presence of a psychiatric diagnosis at recruitment. The primary outcome was the efficacy on depressive symptoms. Secondary outcomes included anxiety, quality of life, tolerability and disease recurrence.

Results: Nineteen studies were identified, and 13 contributed to the analyses. ADs were significantly more effective than placebo in relieving depressive symptoms (11 comparisons; 1685 patients; standardized mean difference -0.71; 95% confidence interval -1.11 to -0.30). This significant effect was confirmed after removing underpowered and low-quality studies. The vast majority of studies employed SSRIs, which appeared to be effective as a class. In terms of individual drugs, only sertraline and citalopram were significantly superior to placebo. No differences emerged in terms of overall mortality, fatal and non-fatal cardiac events (although the interpretation is limited by the low number of events), as well as acceptability (total dropouts) and tolerability (dropouts due to adverse events).

Conclusions: SSRIs, in particular sertraline and citalopram, represent a safe and effective option for the treatment of depressive symptoms in patients with IHD, while their potential role in preventing IHD recurrence and death has not been confirmed. Relevant outcomes, such as quality of life, are overlooked in trials on IHD patients. Evidence on promising drugs, such as mirtazapine, is lacking.

ADVANCES IN THE USE OF PSYCHOTROPIC DRUGS IN PEOPLE WITH SEVERE MEDICAL CONDITIONS NEEDING PALLIATIVE INTERVENTIONS: EVALUATING EFFICACY, SAFETY, AND FEASIBILITY ISSUES

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Aims: To revise the evidence of the efficacy of psychotropic drugs in managing delirium in palliative care of patients with advanced cancer.

Methods: Delirium is a common complication of advance cancer and can be challenging to treat in palliative care. Most guidelines recommend the use of haloperidol as first choice drug to treat delirium as a complication of advanced cancer and in other comorbidities based on very little evidence from clinical trials. The role of haloperidol and other psychotropics is unclear in managing delirium also because of the variable clinical presentations, and etiologies and potential of recovery but a recent systematic review confirms superiority of antipsychotics to placebo in different types of deliria (Kishi et al 2016).

Results: Two recent randomized placebo controlled clinical trials (Agar et al 2017, Hui et al 207) highlight the difficulties of proving efficacy for psychotropics treatment of delirium in palliative care and the risk of toxicity. In one trial no benefit was associated with the use of haloperidol or risperidone for delirium and the two drugs were associated with more toxicity and morbidity than placebo. In the second trial the addition of lorazepam to haloperidol was effective in improving agitation in palliative care patients with delirium in comparison with haloperidol alone.

Conclusions: Controlled clinical trials do not confirm the role of psychotropics as first line intervention for all patients with delirium in palliative care and suggest personalized treatment strategies combining etiological intervention, appropriate care and careful, symptom-targetted drug trials.

DETERMINANTS OF ANTHROPOMETRIC AND CARDIO-METABOLIC ALTERATIONS IN EARLY PSYCHOSIS PATIENTS: A FOLLOW-UP STUDY

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Aims: People with psychosis often develop metabolic and cardiovascular diseases, due to a number of factors which include unhealthy lifestyle (low physical activity, smoking, alcohol), incorrect dietary habits and antipsychotic treatment. The relative weight of these factors is not yet clearly established. The present research aims to evaluate the effect of these factors on a series of anthropometric (weight, BMI) and cardio-metabolic parameters (blood pressure, heart rate, blood glucose, cholesterol, triglycerides) in a sample of First Episode Psychosis (FEP) patients.

Methods: This study was conducted in the framework of the GET UP program on a sample of FEP patients (n=96) who were assessed at illness onset and at 9 months. The effect of a number of putative explanatory factors - socio-demographic variables, clinical characteristics (PANSS, GAF), dietary habits (EPIC), physical activity (IPAQ) and antipsychotic treatment - on FU levels of anthropometric and cardiovascular parameters and blood chemistry was explored.

Results: At 9 months, a significant increase in both BMI (p=0.005) and cholesterol levels (p=0.011) was found in the overall sample. The increase of BMI was specifically evident in the sub group of patients with dietary patterns not in keeping with the dictates of "Mediterranean diet" (p=0.013), in those who had performed no/low physical activity during FU period (p=0.036), in those who had been taking second generation antipsychotics (p=0.002) (Wilcoxon test). Furthermore, significant increase in cholesterol levels was observed in those who had followed incorrect dietary habit (p=0.035), who had been taking second generation antipsychotics (p=0.005) and higher doses of antipsychotics, regardless the type (p= 0.012). A gender effect was also detected, with male patients showing significant increase in BMI (p=0.002) and female in cholesterol (p=0.004).

Conclusions: These results proved the relevance of prevention initiatives to promote physical health in patients affected by mental illness. Specific programs are needed to minimize the metabolic effects related to unhealthy lifestyle and habits and antipsychotic treatment already in the early stages of psychosis. This should be necessarily done by a close and constant interaction between professionals belonging both to mental and physical health disciplines.

SYMPOSIUM THE ROLE OF TRAUMA AND LIFE EVENTS ON PHYSICAL AND MENTAL HEALTH

TRAUMATIC LIFE EVENTS AND BIPOLAR DISORDER: NEW HYPOTHESES OF INTERACTION

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Aims: Increasing evidence highlights the usefulness of a dimensional approach to mental disorders, particularly when exploring subjects exposed to traumatic experiences. Patients with bipolar disorder (BD), particularly severe forms requiring hospitalization, have been demonstrated to be at high risk for trauma exposure and PostTraumatic Stress Disorder (PTSD), with a negative impact on illness severity and course. Rumination has been recently reported as a relevant factor predicting onset of PTSD through trauma-related cognitive appraisal. The aim of the present study was to explore complex interaction between PTSD, Post-Traumatic Stress Spectrum and Bipolar Spectrum, with a particular focus on the role of rumination.

Methods: 112 BD patients were recruited at the Psychiatric Clinic of University of Pisa (Italy) and evaluated by Trauma and Loss Spectrum–Self Report (TALS-SR) and Ruminative Response Scale (RRS).

Results: In line with previous literature, high rates of PTSD were reported (almost 40%), both in its full-blown and partial forms, without significant gender differences. Statistically significant higher scores emerged in BD patients with PTSD with respect to those without, in the RRS total (p=.002) and Brooding (p=.007) and Depression domain scores (p=.001). Significant correlations (p<.05) also emerged between all the TALS-SR symptomatological domains and most of the RRS total and domain scores; with the highest correlations emerging between RRS scores, Brooding domain (p<. 001) and total (p=.004), and the TALS-SR domain IV "reaction to losses or upsetting events". Furthermore, interesting gender differences emerged in the correlations between Brooding RRS score and TALS-SR "maladaptive behaviour" domain score, with females showing significantly stronger ones than males.

Conclusions: These data suggest ruminative symptomatology may represent an undetected vulnerability element to trauma in BD patients.

THE ROLE OF TRAUMATIC LIFE EVENTS IN MEDIATING SUICIDE RISK IN OBSESSIVE-COMPULSIVE DISORDER

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Aims: 1) to estimate prevalence rates of suicide attempts and suicidal ideation in individuals with OCD, and to identify predictors of suicide risk among subjects with OCD; 2) to specifically investigate the role of stressful life events in mediating suicide risk in OCD.

Methods: a) we systematically reviewed the literature on suicide risk (ideation and/or attempts) and OCD. We included studies with appropriate definition of OCD, cross-sectional or prospective design, that employed a quantitative measure of suicidality and/or reported an outcome measure of the association between suicidality and OCD or examined factors associated with suicidality. b) help-seeking individuals with OCD (YBOCS≥16) were assessed with the Columbia-Suicide Severity Rating Scale (C-SSRS), lifetime version, to inquire about dimensional aspects of suicidality. Stressful life events were recorded with the Paykel Scale of Stressful Life Events. Predictors of high risk for suicide (patients with lifetime suicidal ideation and intent – HR+) were examined.

Results: a) in clinical samples, the mean rate of lifetime suicide attempts is 14.2% (31 studies: range 6- 51.7%). Suicidal ideation is referred by 26.3-73.5% of individuals (17 studies, mean 44.1%); current suicidal ideation rate ranges between 6.4 and 75% (13 studies, mean 25.9). Epidemiological studies found that OCD increases significantly the odds of having a lifetime suicidal ideation as compared to the general population (OR: 1.9-10.3) and a history of lifetime suicide attempts (OR: 1.6- 9.9). Among other predictors of greater suicide risk, two studies found childhood trauma. b) 129 individuals with OCD were enrolled; 12.4% of them were categorized as high-risk subjects according to the C-SSRS and 6.2% attempted suicide during their lifetime. HR+ subjects reported more life events prior to the onset, and more severe life events (higher percentages of severe life events, greater total score).

Conclusions: Overall, suicidality appears a relevant phenomenon in OCD. Both childhood traumata and stressful life events prior to the onset of the disorder increase suicide risk.

THE IMPACT OF CHILDHOOD TRAUMA ON BIOMARKERS RELATED TO GLUCOSE METABOLISM IN FIRST-EPISODE PSYCHOSIS PATIENTS AND IN HEALTHY SUBJECTS

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Aims: Childhood trauma (CT) increase the vulnerability to develop mental disorders, including depression and psychosis and physical health problems, including cardiovascular diseases and type 2 diabetes. One of the possible biological mechanism underlying the association between CT and the future development of metabolic dysfunctions is represented by glucose metabolism. We explored the impact of childhood trauma on plasma levels of biomarkers related to glucose metabolism in healthy subjects and in first-episode psychosis (FEP) patients.

Methods: CT was assessed by CECA-Q. Data on depression, mania, psychiatric disorders in healthy subjects and diagnosis in patients were collected by a set of standardized instruments, together with data on confounders (age, sex) and mediators (BMI and tobacco use for healthy subjects; BMI, positive symptoms and cannabis use for FEP patients). Multivariate linear regression models were estimated to test the associations and the mediation effects by using SPSS.

Results: Out of 72 healthy subjects (45.8% males, mean age 38), 22.2% reported CT. After adjustment for age and sex, Visfatin and C-Peptide were significantly increased in subjects who experienced physical abuse, with the last biomarker also increased in severe sexual abuse. Out of 192 FEP patients (55.2% males, mean age 29), 49.2% reported childhood trauma. After adjustment for age and sex, childhood trauma was significantly associated with C-Peptide (specifically physical abuse), GLP-1 (specifically severe sexual abuse or loss/separation), Insulin (specifically physical abuse or loss/separation) and PAI-1. Visfatin was associated with severe sexual abuse or loss/separation. Mediation effects will be explored in both samples.

Conclusions: Preliminary results suggest that childhood trauma increases the plasma levels of some biomarkers related to glucose metabolism in both FEP and healthy subjects, thus suggesting that abused children could benefit from target interventions aiming at improving both mental and physical health.

TRAUMA, METABOLIC SYNDROME AND OBESITY

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Aims: Since Posttraumatic Stress Disorder (PTSD) seems associated with high rates of comorbid physical illnesses, including hypertension, obesity, and cardiovascular disease, the effect of traumatic stress needs to be considered as a major challenge for both physical and mental health. In the light of this, we aimed to explore whether there is an association between a) PTSD and Metabolic Syndrome (MetS); b) PTSD and obesity.

Methods: We conducted a narrative review of relevant and up to date literature. We searched PubMed, Cochrane Library, and PsycINFO (via Ovid) electronic databases, from database inception till December 2017. In addition, we explored references of systematic reviews and meta-analyses published on similar topics.

Results: Both cross-sectional (OR= 1.37; 95% CI 1.03-1.82) and longitudinal (β □=□0.09 [SE□=□0.01]) evidence confirmed the association between PTSD and MetS, including some of its individual components. Interestingly, PTSD severity brought additional load on MetS (β = 0.08, p = 0.002). Moreover, we found an association between PTSD and obesity (OR 1.55, 95% CI 1.32-1.82). Subgroup and sensitivity analyses including only studies with most accurate methods to assess obesity (OR 1.35, 95% CI 1.05-1.74) and PTSD (OR 1.82, 95% CI 1.33-2.50) confirmed the association.

Conclusions: The current state of research paves the way for future work focused on identifying the peripheral and central biological mechanisms linking traumatic stress to accelerated biological aging and medical morbidity, with an emphasis on processes involved in inflammation, immune functioning, oxidative stress, autonomic arousal, and stress response. In the meantime, since PTSD can contribute to the development of both obesity and MetS, clinicians should regularly assess metabolic disorders.

EXPLORING PHYSICAL SYMPTOMS ASSOCIATED WITH POSTTRAUMATIC STRESS DISORDER BY APPLYING MACHINE-LEARNING TECHNIQUES

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Aims: Posttraumatic stress disorder (PTSD) is commonly comorbid with somatic symptoms, but the mechanisms of association are not fully understood. Identifying clusters of physical symptoms as they occur in individuals may offer insights to the pathophysiologic mechanisms involved in PTSD. The aim of this research was to examine self-reported physical symptoms to describe clusters of individuals with increased rates of PTSD.

Methods: Data were from a cross-sectional study of Australian Defence Force personnel who deployed to the Middle East Area of Operations between 2001 and 2009 (n = 14032). A health symptom checklist of 67 items was used in a multistage strategy utilising machine learning (ML) algorithms and traditional regression techniques.

Results: Clusters based on health symptom checklist of 67 items were identified that had significantly increased rates of PTSD. The ML boosted regression algorithm identified key symptoms as being significantly more common in these clusters.

Conclusions: This research builds on previous work to show the value of machine learning in exploring health symptoms clusters. We identified key symptoms that may help in the early recognition of individuals with PTSD.

SYMPOSIUM A PSYCHOSOMATIC PERSON-CENTRED APPROACH IN THE ORGANIZATION OF MENTAL HEALTH SERVICES (IN COOPERATION WITH THE ITALIAN SOCIETY OF PSYCHOSOMATIC MEDICINE – SIMP; THE ITALIAN SOCIETY OF CONSULTATION-LIAISON PSYCHIATRY – SIPC; THE ALTA SCUOLA ITALIANA PER LA LOTTA ALLO STIGMA – ASILS)

DIGNITY AND STIGMA IN SOMATIC AND PSYCHIATRIC DISORDERS

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Aims: To examine the variables associated with dignity as the "the status of human beings entitling them to be respected, a status which is first and not to be taken for granted" in medicine.

Methods: A population of 450 patients affected by somatic (e.g. cancer, hearth disease) or psychiatric disorders (e.g. schizophrenia, bipolar disorders) were examined by using the Patient Dignity Inventory (PDI), the Spiritual Well-Being Scale (FACIT) the Edmonton Symptom Assessment Scale (ESAS) and the Euro-QOL scale.

Results: Statistically significant associations ($p<0.001$) were found between dignity (and dignity dimensions, including psychological distress, performance and functioning, existential/meaning and purpose) and both spirituality and psychological well-being. Also QOL, in terms of the dimensions of good personal care, high performance status, low pain and low emotional symptoms were related to high dignity and psychological well-being in both medically and psychiatrically ill patients.

Conclusions: Existential burden faced by patients with somatic or mental disorders is extremely important and loss of dignity is a significant factor to be taken into consideration in medicine in order to both implement person-centred approach that include dignity and to possibly early intervene to avoid stigma.

HEALTH AND INTEGRATED CARE PATHWAYS

Paolo Girardi (1) - Luigi Grassi (2)

Institute of Psychiatry, School of Medicine and Psychology, Sapienza University, Rome, Italy (1) - Institute of Psychiatry, Department of Biomedical and Specialty Surgical Sciences, University of Ferrara, Ferrara, Italy (2)

Aims: Integrated care pathways (ICP) are structured multidisciplinary care plans which detail essential steps in the care of patients with a specific clinical problem based on a person-centred and evidence-based framework. This is extremely important in medical and psychiatric settings.

Methods: Analysis of the literature regarding ICP to understand the levels of knowledge of coordinated care pathways, care maps, or anticipated recovery pathways.

Results: From the analysis of the literature, ICP have been proposed as a way of encouraging the translation of national guidelines into local protocols and their subsequent application to clinical practice. Standards for ICPs for adult mental health services were published in the last 10 years, but need and integration with medical services in a more complete body-mind, person-centered approach. Improving systematic collection and abstraction of clinical data for audit and of promoting change in practice, realising the potential for improving patient care and disseminating these principle in a whole approach is mandatory, including the need for anti-stigma intervention both in medical and psychiatric settings.

Conclusions: Guidelines development—literature review, critical appraisal, multidisciplinary consultation, and grading of recommendations by level of evidence—is necessary to improve the levels of ICP in medical and psychiatric settings.

PERSON-CENTRED JOB ORGANIZATION

Antonio Minervino

Mental Health Department, Local Health Authorities, Cremona, Italy

Aims: To present a qualitative analysis of the data relative to the importance of a person-centred approach in job organization

Methods: During the accreditation process of a general hospital ("Oglio Po" Azienda Ospedaliera "Istituti Ospitalieri" di Cremona) by using the criteria of the Joint International Commission, a number of issues regarding interpersonal communication and intra-team conflicts. A series of interviews to health care professionals (n=50, including nurses, nurse chiefs, physicians, administrative personnel) were collected. Each interview was audio-recorded and then transcribed in order to analyze the data via "conversationalism" tools (G. Lai, www.techicheconversazionali.it).

Results: Through the conversational lens a series of themes related to the organization rather than the person ("there are problems in communication", "the organization wants", etc.) in agreement with data from similar studies (e.g. Tavistock Clinic study).

Conclusions: A conversational approach to the interviews is important in defining the several aspects of a complex organization such as a hospital. Also this approach seemed to reduce the limitations of resistances in the health care professionals while focussing attention to the person as the canter of the organization.

PREVENTION AND TREATMENT OF BURNOUT

Silvia Ferrari

University of Modena & Reggio Emilia, Modena, Italy

Aims: Burn-Out (BO) may be conceived as a specific, work-related, expression of psychic strain and is commonly conceptualized through the three classic Maslach's dimensions of emotional exhaustion, depersonalization/cynicism and reduced personal efficacy. Both individual and contextual aspects concur to its development, with health professionals at a high risk.

Methods: Literature on effective strategies to recognize and manage BO was searched and analyzed, with special attention to interventions addressing mental health professionals. Findings will be presented and discussed.

Results: BO may be effectively prevented or slowed down by adopting basic elements of a healthy life-style, also known to be effective in the prevention of other common conditions of psychological unbalance, such as diet, physical activity, leisure and social activities. Evidence is growing about the effectiveness of mindfulness-based techniques and yoga, as well as about various strategies to improve self-awareness of workers, such as, for health professionals, supervisions and Balint-inspired models of group case discussions. The ongoing economic crisis, if on one side contributes to increase the pressure, also stimulates the search for innovative organizational strategies that may also positively impact on BO prevention.

Conclusions: Prevention of BO, rather than treatment of potential psychopathological consequences, has been proved to be more effective and cost-effective, though often disregarded or left to individual initiatives. Mental health professionals, though in themselves a high-risk category of workers, may contribute to a more systematic organization and management of BO-prevention initiatives in their workplaces.

MEDICAL COMORBIDITIES IN PATIENTS RECEIVING RESIDENTIAL TREATMENT: RESULTS FROM THE VALERE (EVALUATION OF OUTCOME IN RESIDENTIAL FACILITIES) PROJECT

L. Iozzino (1) - D. Cristofalo (1) - C. Bovo (2) - C. Bonetto (1) - M. Ruggeri (1) (2)

Section of Psychiatry, Department of Neurosciences, Biomedicine and Movement Sciences, University of Verona, Italy (1) - AOUI Hospital Trust of Verona, Verona, Italy (2)

Aims: Psychosocial and mental health problems are strongly associated with a higher level of dependency and mental–physical multi-morbidity requires special attention. Psychiatric residential facilities (RF) accommodate an even higher proportion of individuals with comorbid mental and physical illnesses compared to the community and this could in some way obstacle the rehabilitative paths and recovery of these patients characterized by complex needs. The aim of this study was to investigate the presence of medical diseases and the patterns of medical comorbidities in a population of patients living in rehabilitative residential settings.

Methods: Patients living in three different types of RF in the catchment area of the Verona Mental Health Department during an index period were recruited. Medical information were collected from patients' medical charts and were categorized according to the impact and severity of comorbid medical diseases.

Results: Out of 191 patients receiving residential treatment, 46.6% had medical comorbidity. The patients with comorbidity compared with those without comorbidity showed a slightly higher but not significant prevalence of males (68.5% vs 62.0%, p=0.363) and a significantly higher age (53.6 SD 11.3 vs 47.5 SD 12.2, p=0.001). Diagnosis was not different in the two groups (schizophrenia and other psychosis: 62.9% vs 64.0%; affective psychosis: 21.3% vs 18.0%; other: 15.7% vs 18.0%; p=0.494). Among those with medical comorbidity, a high percentage (58.4%) had more than a single comorbid medical condition. The most frequent comorbidities were diabetes, obesity, hypertension, mental retardation and alcoholism/liver diseases. Diabetes affected more frequently patients with hypertension and obesity and vice-versa. No differences were detected among patients with no comorbidities, a single medical comorbidity and multiple comorbidities, with the exception of age (patients with no comorbidities were younger than patients with a single medical comorbidity), educational level (patients with a higher level of education had less frequently medical comorbidities) and the number of total and met service needs (higher in patients with no comorbidities).

Conclusions: According with literature, patients with severe psychiatric disorders living in RF had higher medical comorbidities compared to outpatients. However, they did not differ in functioning, psychopathological symptoms, diagnosis, age at onset and quality of life.

SYMPOSIUM OPTIMIZING MEDICAL CONSULTATIONS IN PRIMARY CARE?

HOW CAN GENERAL PRACTITIONERS IMPROVE THE QUALITY OF THEIR CARE?

H.C. Deter - R. Dilg - P. Mitzenegg and the Quality Management in Psychosomatic Basic Care Study Group (QSPSGV)

Charité Universitätsmedizin Berlin Medical Clinic, Division of Psychosomatic Medicine, Germany

Aims: To examine General Practitioners work it seems necessary to identify and estimate their medical consultations or to ask them for their view on their work with patients.

Methods: In this study about quality management in psychosomatic basic care, we collected data of 378 GP´s and Internists out of all 3212 working in Berlin. They were asked for their needs in practical care and 156 of them took part on different quality management programs.

Results: If symptoms decrease since first diagnosis and it was a better health status this was seen as therapeutic success by GP´s (56.1%) and by patients (65.8%). If the patient has understood the physician (79.3%) and the GP had shown empathy (92.6%) this was another reason for satisfaction in both. GP´s reported their need to improve the epidemiologic and clinical knowledge in psychosomatic disturbances like functional GI disorders, pain, depression, anxiety and sleeping disorders as well as sexual dysfunctions. They wanted to improve psychosomatic diagnostic and therapeutic abilities, strengthen the patient-physician relationship and utilize the placebo response. This was done in 9 x 2 hours teaching course which was evaluated in 66 physicians. Diagnostic capabilities ($p<0.05$), prescription behaviour changed and satisfaction with work improved ($p<0.001$).

Conclusions: To optimize GP´s work in all health problems the first step is to understand the need of patients and the need of physicians to optimize consultations. In a second step to tailor special programs for doctor patient relationship and different diseases. In the third step time is so precious that it needs a special consideration: cost adequate behaviour should be taken in account.

HOW SOCIO-DEMOGRAPHIC CHARACTERISTICS INFLUENCE PATIENTS’ PREFERENCES REGARDING THE RECIPROCAL ROLES THAT SHOULD BE TAKEN DURING THE CONSULTATION WITH THEIR DOCTOR

M.A. Mazzi (1) - M. Rimondini (1) - C. Zimmermann (1) - W.G.W. Boerma (2) - J. Bensing (2)

University of Verona, Section of Clinical Psychology, Verona, Italy (1) - NIVEL Netherlands Institute for Health Services Research, the Netherlands (2)

Aims: In the last decades patients’ empowerment and involvement in the medical encounter is widely thought to have measureable benefits to patients. Patient centered medicine has stressed the importance of reciprocity in the consultation and an integration of doctors’ and patients’ agendas. This implies that doctors should be aware of the roles that patients are willing to take and of the responsibilities that patients want to delegate. Aim of the present study is to explore how socio demographical characteristics affect patients’ preferences regarding the reciprocal responsibilities that doctor and patient have in building a relationship.

Methods: A sample of 6129 patients was selected from the European QUALICOPC survey. Participants were asked to complete the Patient Communication Values questionnaire (PCVq), by rating the relevance of 33 patient-generated items on doctor patient communicative behaviours. The items exploring reciprocal mirroring behaviours were selected and paired, in order to check their concordance. The effect of patient socio-demo characteristics on the 10 matched behaviours was tested by applying multilevel ordinal models to account for the 31 European countries.

Results: As an example, the “patient agenda disclosure” was considered a shared responsibility by the 49% (2888) of the participant, while 46% indicated it as doctor’s main responsibility. The logit model showed that women (47 vs 44% of men) and workers (48 vs 44%) preferred a “passive” attitude and confirmed divergences among countries (range of shared responsibility: 28-62%).

Conclusions: In the eyes of the participants, both parties have to make a contribution to the success of a medical consultations. This implies that patient empowerment is the juxtaposition of patient rights and obligations, resulting in a more balanced doctor–patient relationship. The resulting preferences, related to the patients’ profile, confirm the opportunity to tailor, as suggested in literature, the communication according to the needs of the single patient met during the consultation.

WHAT ASPECTS OF CONSULTATIONS DO PATIENTS VALUE MOST?

Christopher Burton

University of Sheffield, Academic Unit of Primary Medical Care, Samuel Fox House, Northern General Hospital, Sheffield, United Kingdom

Aims: Person centred care includes a range of components, but it is often not clear whether some of these are valued more than others and by whom. This symposium presentation will bring together a range of sources on the content, rather than the style, of medical consultations.

Methods: The presentation will briefly describe the presenter's recently published work (Burton, C. D., Entwistle, V. A., Elliott, A. M., Krucien, N., Porteous, T., & Ryan, M. 2017. The value of different aspects of person-centred care: a series of discrete choice experiments in people with long-term conditions. BMJ open, 7(4), e015689). The findings will be considered in the light of other recent scholarship about person centred care.

Results: While much research into consultations has focused on the style of delivery, I will argue that the content of consultations is more important to patients than the way in which it is delivered. Content has to meet patients' needs: to make sense of their illness, to gain practical knowledge about managing their symptoms and situation, and to be helped to live well in accordance with their personal values.

Conclusions: This overview of recent work should help influence future agendas about ensuring consultations in primary care (and perhaps elsewhere) provide what patients value most.

EVALUATION OF THE NATIONWIDE TRAINING CAMPAIGN OF THE PRIMARY HEALTH CARE PERSONNEL IN POLAND IN THE FIELD OF THE ABILITY TO RECOGNIZE AND PREVENT THE PATIENT'S PSYCHOLOGICAL PROBLEMS

Bohdan Wasilewski

Psychosomatic Institute, Psychosomatic Institute, Warsaw, Poland

Aims: Improving the skills of preventive psychiatric care and early detection of symptoms of mental disorders as part of primary care.

Methods: In the period of IX-XII 2017, doctors, nurses, psychologists and rescuers of the primary health care, have been trained in all 16 provinces of Poland. The training concerned the skills of preventive psychiatric care and early detection of symptoms of mental disorders and the ability to contact the patient using Balint Groups. The training was based on a grant from the Polish Ministry of Health.

Results: The aim of the training was to extend the competence of primary care physicians and other members of the therapeutic team in the field of identifying patient's psychological problems, their treatment and prevention. During the program implementation, evaluation of trainees on the suitability of the training and its quality was made. Future research on the effectiveness of the training is planned

Conclusions: Initial assessment of participants of nationwide training in education and training in the field of competence to identify mental problems of primary care patients - was positive.

FACTORS ASSOCIATED WITH THE USE OF PRIMARY CARE SERVICES IN PATIENTS WITH SCHIZOPHRENIA AND RELATED DISORDERS

Carmen Castillejos Anguiano (1) - Berta Moreno Küstner (1) (2) - Carlos Martín Pérez (3) - Antonio Bordallo Aragón (4) - Isabel Ruiz Delgado (4)

Departament of Personality, Assessment and Psychological Treatment, University of Málaga, Campus Teatinos, Málaga, Spain. Andalusian Group of Psychosocial Research (GAP) (1) - Biomedical Research Institute of Malaga (IBIMA), Spain (2) - Andalusian Health Service, North East Granada Sanitary District, Clinical Management Unit at Marquesado, Alquife, Granada, Spain (3) - Clinical Management Unit of Mental Health (CMU-MH) of the Regional Hospital of Malaga. Andalusian Health Service, Spain (4)

Aims: The objective of the study was to elaborate a multilevel explanatory model of the use of primary care services by patients with schizophrenia and related disorders, to identify the factors of patients and the organization of health centres that influence the use of primary care services.

Methods: An observational, cross-sectional study was conducted in the Clinical Management Unit of Mental Health (CMU-MH) of the Regional Hospital of Malaga. The eligible population consisted of all patients with schizophrenia and related disorders resident in the study area. Our dependent variable was the total number of visits to primary care by patients during the three and a half years of follow-up. The independent variables were grouped to perform a multilevel analysis into two levels: 1) Patient variables (sociodemographic and clinical variables); 2) Primary care centre variables. A descriptive analysis of the study variables was carried out. In a second step, a bivariate analysis was performed. Finally, a linear multilevel regression model was adjusted in which level 1 is the patient, and level 2 corresponded to health centers.

Results: 494 patients were included. The patient variables that were independently associated with a higher number of visits to the general practitioner (GP) were: being a woman; being married, living as a couple, being separated, divorced or widowed; and presenting a diagnosis of schizoaffective disorder. Regarding variables of the primary care centers, living in areas of need for social transformation was associated with a greater number of visits to the GP; more visits are received by doctors who have a more active role in mental health issues; in primary care centers where there was a good or very good communication with mental health teams, patients visited less frequently with their GP than with those with worse communication; and finally, patients who resided in an urban environment, visited more frequently with their GP than patients living in rural areas.

Conclusions: Continuity of care care in psychotic patients is crucial, and primary care services play a central role in it. We have found some factors that influence the use of these services by the patients. More studies are needed to determine which other variables could be influencing and thus be able to plan the health services for a better continuity in the care of these patients.

SYMPOSIUM PSYCHOSOCIAL AND PSYCHOSOMATIC ISSUES IN ONCOLOGY AND PALLIATIVE CARE (IN COOPERATION WITH THE ITALIAN SOCIETY OF PSYCHO-ONCOLOGY – SIPO)

SIMILARITIES AND DIFFERENCES OF PSYCHOSOMATIC AND PSYCHOSOCIAL APPROACHES TO CANCER PATIENTS

Paolo Gritti

Dept. of Mental and Physical Health and Prevention, University of Campania, Naples, Italy

Aims: To summarize the relational processes in the family due to the onset, the course and the outcome of cancer in order to understand the similarities and differences of psychosomatic and psychosocial approaches to cancer patients.

Methods: Analysis of the literature concerning relational/family approaches to cancer.

Results: The literature concerning the family environment of patients with cancer highlights two topics: the first regards the change of relationships patterns and feelings in the family as well as in the context of care, the second refers to psychological and/or psychopathological consequences for caregiver. The structure itself of family relationships is negatively affected by the disease. Role conflicts, increasing communication failures, social isolation, disorganized or enmeshed relationships are described. The knowledge of these processes suggest the scheduling of tailored psychological support programs for the partner and the families are extremely important for a psychosocial approach to the disease (with differences when psychosomatic approach is considered etiological, but with similarities, if psychosomatic means person (patient/family) centered approach to improving active collaboration between family, patient and the medical team).

Conclusions: Somatic illness is not only an individual experience of physical and psychological suffering, but also a psychosocial status that modulates the patient's interpersonal relationships. In cancer settings, the therapeutic alliance with the family is a powerful tool to improve the quality of life for the patient, as well as to relieve the psychological distress of the family members who are involved.

COGNITIVE AND EMOTIONAL ASPECTS OF PAIN

Riccardo G. V. Torta

Dept. of Neurosciences Rita Montalcini, University of Turin, Italy

Aims: In the past decade it has become clear that pain is not only a symptom, but can become a disease on itself. Therefore a psychosomatic approach to pain in cancer settings is mandatory.

Methods: The literature regarding the approach to pain in cancer settings form a acogntive and psychological point of view has been examined.

Results: Fro the several studies available, understanding how pain may become chronic is important, as chronic pain affects people's daily life and the consequences are a reduction of the patient's quality of life and a financial burden for the society. Emotional and social components of pain can explain the partial inefficacy of antalgic treatment. The transition from acute to chronic pain causes several anatomo-physiological changes (such as cortical reorganisation, central and peripheral sensitization). These alterations induce a shift with a reduced activity in the sensory brain regions and an increase activity in emotional brain regions. Also neuroimaging studies confirm that chronic pain patients tend to process pain in emotion-related circuits more than in sensory brain regions. Mood depression and pain are also strictly related with a link between depression and pain which is not only clinical, but also pathogenetic, given the common biological background (e.g. neurotransmitters, hormones, proinflammatory cytokines). Cognitive modulation of the pain system has been also indicated as of major importance to understand pain. Attention manipulation, memory mechanisms and expectation can modulate the perception of pain. The placebo phenomenon and to the "non pharmacological drug effect" are further elements indicating that psychological therapies be of help in treating cancer patients' pain.

Conclusions: According to the most recent literature three levels should be considered when examining the role of psychological and cognitive variables in cancer patients' pain: treatment of psychopathological comorbidities, reduction in perceived pain, improvement in the psychological aspects maintaining pain.

DEPRESSION, DEMORALIZATION AND DISTRESS IN ONCOLOGY: A PSYCHOSOMATIC APPROACH

M.G. Nanni (1) (2) - R. Caruso (1) (2) - S. Sabato (1) (2) - L. Grassi (1) (2)

Institute of Psychiatry, Department of Biomedical and Specialty Surgical Sciences, University of Ferrara, Ferrara, Italy (1) - University Hospital Psychiatry, Integrated Department of Mental Health and Addictive Behavior, University S. Anna Hospital and Health Authority, Ferrara, Italy (2)

Aims: It is now known that depression in cancer patients is frequent and can significantly affect quality of life. Likewise, demoralization is a commonly observed syndrome in cancer patients and it deserves to be carefully assessed in clinical settings. We examined the factor structure, concurrent and divergent validity of the Italian version of the Demoralization Scale (DS) in cancer outpatients and the role of psychosocial variables on demoralization.

Methods: Two series of patients with cancer (Study 1, n=197; Study 2, n=164), were submitted to a series of psychosocial instruments, including the Demoralization scale (DS), the DCPR- demoralization module, the Patient Health Questionnaire (PHQ-9), the Mini-Mental adjustment to Cancer–Hopelessness scale (Mini-MAC-HH), the Patient Dignity Inventory (PDI), and the FACIT Spiritual Well-being Questionnaire.

Results: In Study 1, the DS scale was confirmed to consist of four dimensions (57.1% of the variance), i.e. Disheartenment (α=0.87); Sense of Failure (α=0.77), Dysphoria (α=0.73), Loss of Meaning and purpose (α=0.72) (α for the DS-Total=0.91). Demoralization was significantly associated with PHQ-depression and Mini-MAC hopelessness. In Study 2, all the dimensions of demoralization were associated with loss of dignity (PDI), low spirituality scores (FACIT) and depression (PHQ).

Conclusions: Demoralization, as well as depression, is a significant clinical dimension in cancer patients. Certain psychosocial variables including coping (hopelessness), loss of dignity and low spirituality were aspects to be monitored among demoralized cancer patients.

PSYCHOTHERAPEUTIC INTERVENTION IN PALLIATIVE CARE

Rosangela Caruso (1) - Maria Giulia Nanni (2) - Gary Rodin (3) - Chris Lo (4) - Silvana Sabato (1) - Luigi Grassi (5)

Institute of Psychiatry, Department of Biomedical and Specialty Surgical Sciences, University of Ferrara, Ferrara, Italy (1) - University Hospital Psychiatry Unit, Program on Psycho-Oncology and Psychiatry in Palliative Care, Integrated Department of Mental Health and addictive Disorders, Local Health Authorities and University S. Anna Hospital, *Ferrara, Italy (2) - Department of Supportive Care, Princess Margaret Cancer Centre, University Health Network, 16th Floor, 610 University Avenue, Toronto, ON M5G 2M9, Canada (3)*

Aims: Depression, anxiety and demoralization are common conditions in advanced cancer patients. We describe an Italian pilot study, assessing the feasibility of CaLM, a novel psychotherapeutic intervention, developed in Canada. We furthermore describe the methodology of a larger RCT testing the efficacy of the intervention.

Methods: In the pilot study, 50 advanced cancer patients were randomized to receive CALM or Usual Care. The experimental intervention consists of 12 CaLM sessions over 3–6-month and provides reflective space for patients to address 4 main domains: symptom management and communication with health care providers; changes in self and relations with close others; sense of meaning and purpose; and the future and mortality.

Results: The pilot study showed full acceptability and feasibility of CaLM and indicated that patients in the experimental group received general improvement in the main dimensions explored. Qualitative analysis suggested an increased sense of meaning and personal growth.

Conclusions: CaLM psychotherapy appeared feasible and acceptable within the Italian setting of cancer care. Preliminary results indicated CaLM effectiveness in reducing distress and promoting spiritual well-being. A larger sample and a longer follow-up are needed to confirm preliminary findings. With this purpose we have designed a multicenter RCT with 2 conditions (CaLM versus supportive psychotherapy). The coordinating site is the University of Ferrara. The primary outcomes are depression and demoralization. Secondary outcomes include generalized anxiety, spiritual well-being, quality-of-life, attachment security, posttraumatic growth, communication with partners, and satisfaction with clinical interactions. The intervention has cross-national relevance and potential to be offered as standard care in palliative oncology settings.

EMOTIONAL STATUS AND RISK COMMUNICATION AN INTEGRATED ONCOGENIC SETTING FOR BRCA1-2 IN 441 PATIENTS

L. Nadalini (1) - F. Pellini (2) - S. De Sanso (1) - A. Turco (3) - C. Giabardo (1) - A. Invento (2) - S. Mirandola (2) - A. Scarpa (4) - S. Montemezzi (5) - G.P. Pollini (2)

U.S.D. Psicologia Clinica BT, Azienda Ospedaliera Universitaria Integrata, AOUI-Verona, Italy (1) - U.O.C Chirurgia Senologica AOUI-Verona, Italy (2) - Oncogenetista, Università di Verona, Italy (3) - U.O.C. Anatomia patologica AOUI-Verona, Italy (4) - U.O.C. Radiologia, AOUI-Verona, Italy (5)

Aims: Only 15-20% of cases among patients with Breast and Ovarian cancers can be defined "familiar". This occurs every time the pathology develops in several members of the same family and on the same generational line. Only 5-10% of these cases have to be considered "inherited", due to the presence of a genetic mutation that determines a greater probability of the onset of a breast and/or ovary tumour during lifespan. In addition to the spread of the disease in the generational line of the family other factors, that may affect the risk in absence of family members with the same pathology, are the young age of onset, the "triple negative" and male breast's carcinoma. The odds of disease recall a kind of fear already experienced in the past, in which the patient witnessed relatives' loss or unexpected appearance of diseases at a young age and/or in absence of similar experiences. This study is a clinical research related to patients of the Oncogenic Surgery of Breast Unit AOUI – Verona, and the aim is to investigate the emotional status and the correlation between the positivity/negativity mutation BRCA1-2 and the permanence/absence of psychological problems after the reporting of results.

Methods: In a timespan of two years, basal data of HADS test have been collected in a sample of 441 patients (26 male) related to oncogenic surgery before the clinical interview. Two months later, a re-test after the reporting of the results has been carried out, only for those patients whose blood sample for BRCA 1-2 was taken, whether the result was positive in mutation, or not significant.

Results: The access to the blood sample has been given to 295 patients and to the members of 23 family groups among them, whose blood sample turned out to be positive. BRCA 1-2 was positive for 56 subjects and not significant for the remaining subjects, whereas the psychological suffering's index has been found to be standing in many subjects, regardless of the outcome, especially for the index of anxiety.

Conclusions: After the reporting of results, the permanence of psychological suffering in subjects who have benefited from oncogenic consultancy service takes place independently from the presence of BRCA 1 (and/or 2) mutation. Therefore, before the following takeover of the patient, it is considered worthwhile to examine in depth, with the patients and with a proper evaluation, what could influence their status in order to organize the monitoring process or the prophylactic surgery in a proper way.

SATURDAY JUNE 30 9.30-11.00

SYMPOSIUM IMPLEMENTING INTERVENTIONS FOR PERSISTENT SOMATIC SYMPTOMS – FACILITATORS, BARRIERS AND PERSPECTIVES

BARRIERS TO DIAGNOSIS AND TREATMENT OF PERSISTENT AND BURDENSOME SOMATIC SYMPTOMS IN PRIMARY CARE – RESULTS FROM QUALITATIVE INTERVIEWS WITH PATIENTS AND THEIR GENERAL PRACTITIONERS

Marco Lehmann (1) - Nadine Janis Pohontsch (2) - Lisa Rustige (1) - Katinka Kurz (1) - Thomas Zimmermann (2) - Bernd Löwe (1) - Martin Scherer (2)

University Medical Center, Hamburg-Eppendorf, Department of Psychosomatic Medicine and Psychotherapy, Hamburg, Germany (1) - University Medical Center, Hamburg-Eppendorf, Department of General Practice / Primary Care, Hamburg, Germany (2)

Aims: Persistent and burdensome somatic symptoms are difficult to address in the primary care consultation. Barriers to diagnosis and treatment of these symptoms emerge on the part of the patient, the general practitioner (GP), and their mutual interaction. This study analyses the patients' and GPs' views on these barriers.

Methods: We interviewed 15 patient-GP dyads using semi-structured guidelines. Patients with persistent and burdensome somatic symptoms and their GPs were interviewed separately to facilitate open talk about the current personal relationship to each other and about the patient's health-care use and medical history. The interviews will be analysed using conventional qualitative content analysis.

Results: Patients talked about their experiences in the healthcare system in regard to their persistent and burdensome somatic symptoms. They described helpful and negative encounters with GPs and other medical specialists. Moreover, they talked about clinical consultations in the light of negative diagnostic results. GPs mostly reported understanding for the difficult situation of their patients and described their individual management strategies concerning the specific and other patients.

Conclusions: Our analysis of interviews with patient-doctor dyads will offer unique insights into interpersonal processes from which barriers emerge. Knowing these barriers from the different perspectives of patients and GPs will help developing amendments to bring patients with persistent and burdensome somatic symptoms earlier to adequate treatment to relief symptom burden and to assist GPs to manage these usually complex cases.

BARRIERS AND FACILITATORS TO IMPLEMENTING INTERVENTIONS FOR PERSISTENT SOMATIC SYMPTOMS: A SYSTEMATIC REVIEW

Denise Hanssen (1) - Judith Rosmalen (2)

University of Groningen, University Medical Center Groningen, Department of Psychiatry, Groningen, The Netherlands (1) - University of Groningen, University Medical Center Groningen, Department of Psychiatry & Department of Internal Medicine, Groningen, The Netherlands (2)

Aims: In the past decades numerous treatments for persistent somatic symptoms (PSS) have been developed and studied on effectiveness. Still, access to (evidence-based) treatment for PSS remains difficult. In the current systematic review, we aim to integrate existing literature on barriers and facilitators to implementing interventions for PSS in primary and secondary care.

Methods: We have performed a comprehensive search of MEDLINE, PsycINFO, and Web of Science, using a search strategy composed of terms for PSS and implementation. Both quantitative (e.g. surveys) and qualitative research was included, as long as the research referred to facilitators and/or barriers to implementing interventions for PSS. Studies focusing on functional syndromes (e.g. fibromyalgia) will be excluded, as well as studies that are not written in English.

Results: We extracted 5164 papers of which an estimated 1% will meet our in- and exclusion criteria. Facilitators and barriers will be presented for different implementation levels separately, i.e. the innovation, the healthcare professional, the patient with PSS, the social and organizational context, and the economic and political context. Next, these results will be integrated into an implementation model for PSS. We will analyze results separately for primary and secondary care.

Conclusions: Overcoming barriers and enhancing facilitators of implementation can possibly improve access to evidence-based treatments for PSS. Better implementation of these treatments at the intersection of somatic and psychiatric care is urgently needed, not only given the PSS-patient's burden of having physical complaints, but also because of the experienced lack of effective management strategies in professionals working with PSS-patients.

DETERMINING KEY BARRIERS AND FACILITATORS FOR IMPLEMENTATION OF INTERVENTIONS FOR PERSISTENT SOMATIC SYMPTOMS IN PRIMARY CARE: A DELPHI STUDY

Anika Ras (1) - Judith Rosmalen (2) - Denise Hanssen (1)

University of Groningen (RUG) / University Medical Center Groningen (UMCG), Department of Psychiatry, Groningen, The Netherlands (1) - University of Groningen (RUG) / University Medical Center Groningen (UMCG), Department of Psychiatry & Department of Internal Medicine, Groningen, The Netherlands (2)

Aims: General practitioners experience a lack of (effective) management strategies for patients with Persistent Somatic Symptoms (PSS). New strategies and interventions are being developed, but implementation in daily practice appears difficult. Implementation success largely depends on the context in which a new intervention is being embedded. Especially given the heterogeneity of symptoms and the connection with both somatic and psychological care, the context of patients with PSS is complicated. The aim of current study is to explore key barriers and facilitators for the implementation of interventions in the context of patients with PSS in primary care.

Methods: A modified Delphi methodology is used; three online questionnaires will be sent to 35 health care workers working in primary care settings (e.g. GPs, financial advisors) and PSS-experts (e.g. scientists, policy staff). Round one aims to generate ideas about relevant facilitators and barriers, using the framework of Lau et al. (2016). In round two and three, participants will select and subsequently rank the most important barriers and facilitators for implementation of PSS interventions in primary care.

Results: Data will be collected from January 2018 till April 2018. Currently, almost 20 participants filled in the first online questionnaire. Eventually, highest ranked barriers and facilitators are considered to be key outcomes of this study. Based on these outcomes and comparison with existing literature, recommendations will be formulated for the implementation of interventions for PSS-patients in primary care. Preliminary results will be presented at the EAPM conference in June 2018.

Conclusions: The main goal of the current study is to contribute to more successful implementation of new and existing interventions for PSS-patients in primary care. More successful implementation of evidence-based PSS interventions will enhance care for patients with PSS.

STEPPED, COLLABORATIVE, COORDINATED CARE FOR SOMATOFORM DISORDERS (SOFU-NET) - A MIXED-METHODS EVALUATION AMONG HEALTH CARE PROFESSIONALS

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Aims: Managing patients with somatoform and functional disorders can be challenging due to low detection rates, high somatic health care use, and reluctance to initiate mental health treatment. To overcome these barriers, we established Sofu-Net, a guideline-based stepped, collaborative, and coordinated health care network for somatoform and functional disorders. The aim of this mixed-methods study was to evaluate the network, facilitators and challenges for successful care from the health care professionals' perspective.

Methods: Sofu-Net was established among 41 primary care physicians (PCP), 35 psychotherapists, 7 inpatient mental health clinics, and a specialized outpatient clinic in Hamburg, Germany. In a mixed qualitative-quantitative design, network partners completed a survey assessing the motivation to participate, satisfaction with Sofu-Net in general and with the management, detection, and referral of patients in particular, usage and usefulness of the network elements, as well as weaknesses. Following, a qualitative study further explored facilitators and challenges for successful management. Three focus groups with 20 network partners were conducted and analysed using thematic analysis.

Results: Thirtyone PCPs, 28 psychotherapists, and 7 clinics completed the survey (response rate 82.5%). Improving care and faster referral were the most important motivators for participation. Globally, 80% of the network partners were satisfied with Sofu-Net. The majority perceived improvements regarding the management (69.8%), early detection (64.1%), and referral into mental health care (72.3%). The most useful network elements for the PCPs were the screening questionnaire (PHQ) and personal exchange. Weaknesses included the limited communication among network partners (72.3%), and the limited number of partners (67.7%). From the focus groups, main emerging facilitators were the importance of networking and personal exchange, and the usefulness of specific network elements. The need for optimizing patient referral through feedback loops, and the need to overcome "cultural" differences between PCPs and psychotherapists through inter-professional exchange were identified as challenges.

Conclusions: The health care professionals' perspective shows that stepped, collaborative, and coordinated health care networks are feasible and well-accepted. For successful management of the patients, continuous communication and collaboration is indispensable. These results provide relevant guidance for future interdisciplinary health care networks for patients with persistent somatic symptoms.

WORKSHOP

PATIENTS WITH A SEVERE, TREATMENT-RESISTANT CONVERSION DISORDER: HOW TO MOVE ON?

Lineke Tak (1) - Babette de Graeff-Meeder (2) - Mirte Hulscher-Ruks (2)

Specialist Center for Somatic Symptom Disorder, Dimence, Deventer, the Netherlands (1) - Altrecht Center for Psychosomatics, Zeist, the Netherlands (2)

Aims: This interactive workshop teaches the participants how to recognize and look at treatment options for patients with severe, therapy-resistant Conversion Disorder (Functional Neurological Symptom Disorder). Participants will learn how to distinguish between Conversion Disorder and Factitious Disorder, will learn about treatment guidelines for Conversion Disorder and experimental treatment options for severe, therapy-resistant Conversion Disorder with elements of Adolescent Mentalization-based Integrative Treatment (AMBIT).

Methods: In this workshop, we will address the (scientific) history of treatment options for Conversion Disorder. Next, we will explore case studies beyond treatment guidelines, in interaction with the participants: what would be your next step and would AMBIT principles be helpful? Theory: scientifically-based presentation. Practice: case-discussion of patients with severe therapy-resistant Conversion Disorder with participation of the public. Discussing cases, at every next step the question will be asked: 'what would you do now?'. Thereafter, taken treatment steps and effectiveness of these steps, will be discussed.

Results: Conversion disorder has a long history in medicine and is now classified under the Somatic Symptom Disorder and related disorders in DSM 5 (APA, 2013). Treatment consists of physical therapy, psychotherapy, hypnosis and multidisciplinary treatment. However, there is a group patients with Conversion Disorder, that can be referred to as therapy-resistant. Within this group, treatment seems to make symptoms even worse: patients get wheelchair-bound, cannot get out of bed and/or are in need of nasal tube feeding or urinary catheters. Despite the severe symptoms and suffering, they do not get the help that is needed and may end up with primary care only. In this group, we can see a lot of powerlessness within patient, support system and also in professional caregivers. No one seems to get hold of the situation. That makes caregivers often think of a factitious disorder. Using AMBIT and making a 'disintegration grid' may help in those situations with hyper- or hypomentalization, as often seen in patients with therapy-resistant Conversion Disorder and their caregivers.

Conclusions: There are no guidelines for treating the group of patients with Conversion Disorder, who seem treatment-resistant. It is very important to give holding to patients who are simultaneously treated by several specialists. Adult psychiatry may profit from AMBIT when treating those patients.

SATURDAY JUNE 30 11.50-13.20

PLENARY LECTURES SESSION 4

SOMATIZATION: A CONSTRUCT IN NEED OF REEXAMINATION

Arthur J. Barsky

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Considerable confusion surrounds the definition, history, and use of the term somatization. It has been used with different meanings and has referred to different phenomena. It has been conceptualized as resulting from emotional distress, as a help-seeking response to stress, a nonverbal interpersonal communication, a disorder of bodily perception, and as a psychiatric disorder. Given this confusion surrounding the term, a reexamination is in order.

One way of revising the term is to consider the pathognomonic or core feature to be the patients' reaction to their symptoms, rather than the absence of a medical cause for the symptoms. The sine qua non of the condition thus becomes extreme difficulty coping with, tolerating, overcoming, and compensating for somatic symptoms. This revision makes the etiology of the somatic symptom less important: It may be medically unexplained, but could also have a demonstrable medical basis. (In the latter case, the distress and difficulty coping is excessive and disproportionate to the severity and extent of the medical basis.) This de- emphasis of symptom etiology is entirely compatible with the changes made in DSM 5.

Somatization may also be thought of, not categorically as a diagnosis but rather as a dimension--a constellation of somatic cognitive, emotional, and behavioral symptoms that can serve to provide a patient profile of its extent and severity (e.g., mild, moderate, or severe). This profile can then guide the treatment.

IS THERE LIFE AFTER RETIREMENT? FROM VELASQUEZ TO SHEELER!

Frits Huyse

Vrije Universiteit Medical Center Amsterdam

Being an academic doctor, life after retirement is not discussed, it is mainly ignored. Who would be interested? Let's say it is not particularly 'sexy'. I had the luck, that one of my best colleagues Graeme Smith had a painter as partner, Juan Davila. I always have been interested in art stimulated in my youth by the annual holiday travels through Europe with my parents focussing on culture. Problem was, it was to much to grasp. Where to start and where to end. Juan Davila once showed me the history of Australian painting in the National Gallery of Victoria in Melbourne. It led me to the epic book of Robert Hughes 'American Visions', a comparable history of painting in another former British colony, America. It raised all kinds of new questions. Step by step it became a new topic of research, writing and lecturing for new audiences, such as an interdisciplinary group of professors of the University of Amsterdam. Here a story about horses; from Diego Velasquez through Ernest Meissonier, Sally Stanford, Eadweard Muybridge, Marcel Duchamp, the Armory show to Charles Sheeler and his iron horse, the steam locomotive.

LONGITUDINAL EFFECTS AND MEDIATORS OF PSYCHOSOCIAL WORK CHARACTERISTICS ON SOMATIC SYMPTOMS

Raphael Herr (1) (2) - J. Lib (2), A. Loerbroks (2), P. Angerer (2), J. Siegrist (3), J.E. Fischer (1)

(1) Mannheim Institute of Public Health, Social and Preventive Medicine, Medical Faculty Mannheim, Heidelberg University, Germany – (2) Institute of Occupational, Social and Environmental Medicine, Centre for Health and Society, Faculty of Medicine, Heinrich-Heine-University of Düsseldorf, Germany – (3) Senior Professorships on Work Stress Research, Life Science Center, Faculty of Medicine, Heinrich-Heine-University of Düsseldorf, Germany

Objective: The effects of adverse psychosocial work characteristics have been extensively studied and research has recently begun to focus on the association with somatic symptoms.
Prospective evidence is however sparse and mixed. In addition, depression and anxiety might mediate the effects. This study therefore aimed to examine longitudinal effects of psychosocial work characteristics on somatic symptoms and the potential mediation by anxiety and/or depression.

Methods: Longitudinal data from 352 individuals free of potentially stress-related chronic disease were used. Somatic symptoms were measured by 19 items of an established list of complaints at baseline and six year follow-up. Adverse psychosocial work conditions were measured by the effort-reward-imbalance (ERI) model and over-commitment (OC). Adjusted (socio-demographics, social status, lifestyle, and baseline symptoms) linear regression models estimated effects of the ERI model (ERI ratio, effort, reward, OC, and the ERI ratio × OC interaction) on somatic symptoms. In addition, cross-lagged relationship between ERI ratio and somatic symptoms was estimated by structural equation modelling. Furthermore, single and multiple mediation by anxiety and/or depression was investigated.

Results: A strong longitudinal effect of the ERI ratio, as well as of its subcomponents, and OC on somatic symptoms was found (all Bs $\geq | 0.49 |$; p-values ≤ 0.004). These findings were confirmed in the cross-lagged model. Moreover, the ERI ratio × OC interaction was significant (p-value = 0.047). Multiple mediation analyses revealed especially anxiety to mediate the effect of work stressors on somatic symptoms (Sobel test = 0.007).

Conclusions: Adverse psychosocial work conditions prospectively affect somatic symptoms. This effect is potentially moderated by OC, and mediated by anxiety.

AUTHORS INDEX