

as a second syndrome-generating factor in psychosomatic syndrome in MVP patients.

Conclusions PSA (the Vygotsky-Luria School) can be used as a means to approach diagnostic and prognostic tasks in Clinical psychology and Psychosomatic medicine.

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

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EV434

Low-FODMAP-diet in irritable bowel syndrome offers benefits not only in terms of gastrointestinal symptoms, but also in terms of psychopathology in the medium- and long-term

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Introduction Low-FODMAP (fermentable oligosaccharides, disaccharides, monosaccharides, and polyols) diets are strongly recommended to improve irritable bowel syndrome (IBS) symptoms. They are also hypothesized to improve the psychopathological status that often accompanies the syndrome. A study (Ledochowski et al., 2000) suggested that the ingestion of FODMAPs affected negatively the mood and that the elimination of dietary FODMAPs improved depressive symptoms.

Objectives/aims We aimed to assess the levels of psychopathology pre- and post-diet in IBS patients free of any severe psychiatric disease (e.g., bipolar disorder, major depressive disorder, schizophrenia) or alcohol/substance abuse.

Methods We consecutively recruited 75 IBS outpatients (68% females; age range = 21–68 years) at the Gastrointestinal Outpatient Center of our University Hospital. They filled out the Symptom Checklist-90-Revised (SCL-90-R), a visual analogue scale (VAS) to rate the intensity of abdominal bloating/pain, and a 2-week diary card registering the frequency of bloating/pain. Then, they were blindly assigned to a low-FODMAP diet, a low-FODMAP gluten-free diet and a control diet for 4 weeks. During the last 2 weeks they filled out a 2nd diary card and re-rated the intensity of bloating/pain. Patients were reassessed after a 16-month follow-up. Independent *t*-test, χ^2 test, and one-way ANOVA with Tukey post-hoc test were used.

Results Baseline characteristics did not differ between the three groups. Post-diet and at follow-up, the two low-FODMAP diets, vs. the test diet, improved not only the intensity and frequency of bloating/pain, but also the SCL-90-R GSI, anxiety, and phobic anxiety scores (*P*-values < 0.05).

Conclusions The low-FODMAP diet may improve psychopathology in IBS patients.

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

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EV435 Life satisfaction and enjoyment in medication-overuse headache patients: The role of depression and insomnia

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Introduction Epidemiological research has documented a strong association between medication-overuse headache (MOH) and psychiatric disorders, emotional disturbances, and disordered personality traits, which are associated with worse outcomes, poorer quality of life, and higher costs to the health care system.

Objectives Identifying risk factors for progression of headache into MOH represents one of the most relevant public health priorities and psychiatric comorbidity has been identified as a potential factor related to chronic phases.

Aims The aim of the present study was to determine whether depression and insomnia complaints were associated with satisfaction and enjoyment with one's own life in Medication-overuse headache (MOH) patients, and whether insomnia complaints were able to explain part of the variance of QoL explained by depression.

Methods Participants were 187 consecutive adult outpatients admitted to the outpatient headache clinic. Patients were administered the Quality of Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q), the Beck Depression Inventory-II (BDI-II), and the Athens Insomnia Scale (AIS).

Results The BDI was associated with all the dimensions of the Q-LES-Q, with more severe depression being associated independently with lower satisfaction and enjoyment with one's own life. The AIS was independently and significantly associated only with physical health, such that patients with more insomnia complaints were 3.1 times (*P* < 0.001) more likely to report lower physical health satisfaction.

Conclusions Our findings confirmed that MOH has a negative impact on quality of life, and suggested that depression and insomnia were independently associated with satisfaction and enjoyment of life in MOH patients.

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

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Psychiatric comorbidity and suicide risk in patients with psoriasis

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Introduction Psoriasis has a significant impact on the mental and emotional functioning.

Objective It has been reported that the risk of psychiatric comorbidity increases with the severity of the disorder, and the most frequent associations appear to be those with depression and anxiety.

Aims To analyze the association between psoriasis, mental disorders and suicidal ideation in a sample of patients affected by psoriasis. To investigate the differences between psoriasis patients and patients with other dermatologic diseases.

Methods Participants were 242 consecutive patients (142 women and 100 men), 112 patients with psoriasis (46.3%), 77 with melanoma (31.8%) and 53 with allergy (21.0%). All patients were administered a structured sociodemographic interview and the following measures: the Hamilton Rating Scale for Depression

(HAM-D) and the Hamilton Rating Scale for Anxiety (HAM-A). We also assessed current and previous suicidal ideation and previous suicide attempts.

Results Patients with psoriasis (compared to other groups of patients) more frequently had a comorbid mood disorder (16.1% vs 3.9% and 0.0%, respectively for patients with melanoma and patients with allergy; $\chi^2_2 = 14.98$; $P < 0.001$), past suicidal ideation (33.9% vs 15.6% and 18.9%, respectively for patients with melanoma and patients with allergy; $\chi^2_2 = 2.05$; $P < 0.01$) and attempts (6.3% vs 0.0% and 0.0%, for the other groups of patients; $\chi^2_2 = 8.37$; $P < 0.05$). Patients with psoriasis reported higher HAM-D scores than melanoma patients.

Conclusions The clinical evaluation of patients with psoriasis should include the assessment of psychiatric comorbidities and the routinely assessment of suicide risk.

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

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EV437

Apathy and impulse control disorders association: A study in a sample of Parkinson's disease patients

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Introduction Parkinson's disease (PD) is a neurodegenerative disorder that is associated with a wide range of motor symptoms, cognitive deficits and behavioral disorders. Apathy and impulse control disorders (ICDs) are common in these patients and have been considered opposite ends of a reward and motivation disorders continuum.

Aim To evaluate the association and impact of ICDs presence on apathy symptoms in PDs patients, considering the influence of other psychopathological symptoms on this association.

Methods This is a cross-sectional, observational study in which 115 consecutive medicated PD patients without dementia (mean age 61.22 ± 13.5 years; 63.5% men) were recruited. All the patients underwent a psychiatric and neurologic evaluation. Motor dysfunction was assessed with the Unified Parkinson's disease Rating Scale (UPDRS), ICDs were evaluated with the Minnesota Impulse Control Disorders Inventory (MIDI) and apathy with the Lille Apathy Scale (LARS). The Hamilton Depression scale (HAM-D). The State-Trait Anxiety Inventory (STAI-S) and Barrat Impulsivity Scale (BIS) were also administrated.

Results Twenty-seven (23.5%) patients showed an ICD. Patients with an ICD scored higher in apathy ($P = 0.012$), trait anxiety ($P = 0.003$) and impulsivity ($P = 0.008$). There were no differences in depressive symptoms. In the linear regression analysis, TCI was associated with more severe apathy ($b = 4.20$, $t = 2.15$, $P = 0.034$).

Conclusions ICDs and apathy are frequent in PD. Although ICDs have been related with a hyperdopaminergic state and apathy with low dopamine levels, the observed frequent association suggests common etiopathological mechanisms.

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Seizure as a conversion symptom, a case report

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Introduction Patients with conversive disorder could show atypical clinical presentations with neurological symptoms that are not frequently seen currently.

Case Report A 21-year-old female who was diagnosed of conversive disorder was admitted into a short-stay psychiatric unit for two weeks to introduce treatment and receiving a diagnosis. She presented few seconds long seizures in members without biting her tongue and keeping control of sphincters, always surrounded by relatives. A neurological study was made with CT scan and electroencephalography and no evidences of neurological abnormalities were found. Various treatments were used but seizures went worse. Venlafaxine (150 mg/day) was prescribed after hipothymic reactive symptoms were observed, which together with pshycotherapy achieved clinical improvement in the two months follow-up.

Discussion Patients with conversive disorder don't respond appropriately to pharmacologic treatment. In order for patients to understand the situation it is important to keep them updated in an empathic manner. It is important to exclude other causes.

Conclusions A detailed psychopathological exploration should be made in all conversive patients, to explore symptoms and comorbidities that could reveal new therapeutic treatment.

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Diabetes: Psychiatric and somatic comorbidity

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Introduction Diabetes mellitus (DM) has been associated with major depressive disorder, schizophrenia, Alzheimer's, Parkinson's and mild cognitive impairment. To determine the psychiatric and somatic comorbidity in diabetic patients treated by our Liaison Psychiatry Unit.

Methods Sociodemographic variables (age, sex, marital status, place of residence) and clinical (somatic disease that motivates the admission, comorbid somatic pathology, number of concomitant somatic diseases, drug consumption and its type, psychiatric history, previous psychiatric diagnosis, number of concomitant psychiatric disorders).

Study Design Epidemiological study of 172 diabetic patients, from the total of 906 consulted from 1 January 2012 until 31 December 2014.

Bioethical considerations The study complies with the principles of justice, non-maleficence, autonomy and beneficence.