Treatment strategies should integrate neurobiological, attachment and trauma insights resulting in body oriented therapy, development of affect – and stress – regulation strategies, restructuring the internal working model, the therapeutic relationship as attachment bond...

Disclosure of interest The author has not supplied his declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.338

EV0010

Does depression explain poor effort on Symptom Validity Tests (SVT)?

J. De Jonghe[1,*], T. Schoemaker[2], S. Meyer[1], D. Lam[3]
[1] *Noordwest Ziekenhuisgroep, Geriatric Medicine/Medical Psychology, Alkmaar, Netherlands*
[2] *Noordwest Ziekenhuisgroep, Medical Psychology, Den Helder, Netherlands*
[3] *Slotervaart Hospital, Medical Psychology, Amsterdam, Netherlands*
* *Corresponding author.*

Background and aims Valid assessments require sufficient effort from the part of the testee. Motivation may be compromised, particularly in psychiatric conditions. We examined associations between response bias on free recall and self-reported symptoms in depressed and PTSD patients.

Participants and methods This is a cross-sectional study. Patients had depression ($n = 48$), or PTSD or other anxiety disorders ($n = 37$). A control group ($n = 47\%$) had chronic pain disorder, fibromyalgia or chronic fatigue. The Green Word Memory Test (GWMT) was administered to all subjects. The Structured Inventory of Malingered. Symptomatology (SIMS), and the Beck Depression Inventory (BDI-II) were administered in subsamples. Study outcome was self-reported depressive symptoms in Symptom Validity Test (SVT) negative cases.

Results Average age of the participants was 45.1 years (SD 9.5), 48.5% were female. GWMT was positive in 52.3% of all cases, GWMT and SIMS were positive in 33.8%, and GWMT and SIMS were negative in 37.7%. No significant group effects on GWMT were found. Average BDI-II scores were 32.8 (SD 13.9) for depressed patients, 28.3 (15.5) for those with anxiety disorders, and 27.6 (14.1) for controls ($P = 0.43$). Seventy-eight percent of depressed GWMT negative cases reported at least moderate depressive symptoms (BDI-II > 18), and 44.4% severe symptoms (BDI-II > 29). Approximately half of the GWMT negative cases with anxiety disorders and controls scored BDI-II > 18.

Conclusions Non credible test performance is prevalent in disability claimants with affective, mood disorders. However, depressive symptoms per se do not explain poor effort on cognitive tasks.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.01.339

EV0011

The cortisol awakening response in anxiety disorders and personality disorders and changes in salivary cortisol level after psychotherapy

E. Dembinska*, K. Rutkowski, J. Sobanski, K. Cyranka, M. Mielimaka, A. Citkowska-Kisielewska
Jagiellonian University Medical College, Department of Psychotherapy, Krakow, Poland
* *Corresponding author.*

Introduction The hypothalamus—pituitary—adrenal axis (HPA axis) dysregulation plays an important role in the pathophysiology of anxiety disorders. Salivary cortisol level is a useful indicator of HPA axis dysfunction.

Objectives Most data suggests elevated cortisol awakening response (CAR) in anxiety disorders, but there are studies indicating opposite pattern (flat CAR).

Aim Goal of this study was to determine whether patients with anxiety and personality disorders show a specific daily cortisol patterns and weather this pattern changes after 12 weeks of intensive predominantly psychodynamic combined group and individual psychotherapy.

Method The studied population comprised 77 patients, mainly females (72.7%), with primary diagnosis of anxiety disorder 40.9% or personality disorder 59.1%. The Symptom Checklist "0" was used to assess the pre- and post-treatment levels of patients' symptoms. Pre- and post-treatment cortisol levels were measured in three saliva samples collected during one day (at awakening, 30 min after awakening, at 22.00).

Results The obtained results were partly similar to previous research. We found four different daily CAR patterns: decreased (drop 30 min after awakening), flat (rise 0–49% 30 min after awakening), normal (rise 50–75% 30 min after awakening) and elevated (rise over 75% 30 min after awakening), two of them (flat and elevated) were considered as typical for anxiety disorders. Groups of CAR pattern differed significantly in the level of sleep symptoms, dysthymia symptoms and avoidance/dependency symptoms. The changes in the CAR pattern after psychotherapy were not significant.

Conclusions Anxiety disorders and personality disorders are characterized by more than two specific daily salivary cortisol patterns.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.01.340

EV0012

Neurotic personality dysfunctions as factors predisposing for reacting with suicidal ideation to intensive psychotherapy

P. Rodzinski, A. Ostachowska, K. Cyranka, K. Rutkowski, E. Dembinska*, J. Sobanski, A. Citkowska-Kisielewska, M. Mielimaka
Jagiellonian University Medical College, Department of Psychotherapy, Krakow, Poland
* *Corresponding author.*

Introduction Identifying patients' risk of reacting with suicidal ideation (SI) to psychotherapy is an important clinical problem that calls for empirical verification.

Objectives Analysis of associations between patients' initial neurotic personality dysfunctions not accompanied by SI and emergence of SI at the end of a course of intensive psychotherapy conducted in integrative approach with predominance of psychodynamic approach in a day hospital.

Methods Neurotic Personality Questionnaire KON-2006 and Life Inventory were completed by 680 patients at the time of admission to a psychotherapeutic day hospital due to neurotic, behavioral or personality disorders. Symptom Checklist KO "O" as a source of information about emergence of SI was completed both at the admission and at the end of the treatment. Among 466 patients without SI at the admission, in 4% SI occurred at the end of the treatment.

Results A number of neurotic personality dysfunctions (demeanors declared) that significantly predisposed to SI emergence at the end of the treatment were found: physical aggression against close ones ($P < 0.001$), grandiose fantasies ($P = 0.043$), tendencies to resignation ($P = 0.022$) and resignation-related