

## EW0627

### Differences in care intensity held by a consultation-liaison service in a general hospital among patients suffering from different somatic illnesses

J. Valdes-Stauber\*, S. Bachthaler

Zentrum für Psychiatrie Südwürttemberg, department psychiatry and psychotherapy I, university of Ulm, Ravensburg, Germany

\* Corresponding author.

**Background** There are differences in psychiatric comorbidity and perceived diagnosing and psychological supporting needs depending on professionals, units, programs, awareness, and diagnoses. **Objectives** This investigation explores possible differences in psychiatric comorbidity, in care intensity and in care priorities by a psychiatric-psychosomatic consultation-liaison service among main physical disease groups.

**Methods** Three-year survey ( $n = 1,862$  individuals) about all elective referrals from 16 different units in a middle-sized general hospital with 520 beds and 34,000 treated patients per annum. Five clinical and six care variables have been selected from the collected data by means of basic documentation of CLS. Chi-square-tests and ANOVA including Scheffé post-hoc test as well as multivariate regression analyses with robust regression coefficients were performed.

**Results** The sample consisting of 55% women is on average 61 years old, 79% showing current and 35% psychiatric comorbidity prior to hospitalisations. Average GAF amounted to 67.2 (SD = 20.5) and ECOG to 1.22 (SD = 1.38). Psychosomatic disorders (F4) amounted to 38%, mood disorders (F3) to 19% and mental organic disorders (F0) to 11% of psychiatric disorders. Each patient received on average 2.11 (SD = 2.63) contacts and 105 minutes (SD = 144) of treatment time, 59% psychopharmacological and 32% psychotherapeutic interventions. Men and older people receive less, but comorbid patients independently of age and gender more intensive psychological support. There are hardly differences according to physical diseases.

**Discussion** Cancer patients show less psychiatric comorbidity, but more psychotherapeutic interventions. Patients suffering from psychiatric comorbidity received more intensive care and more post-discharge recommendations. Patients treated because of chronic pain received much more interventions and treatment time.

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## EW0628

### A study of anxiety and depression in Vitiligo patients: New challenges to treat

D. Vernal

Government medical college, Kota, psychiatry, Bahraich, India

**Introduction** Vitiligo, a dermatological problem, affects a person's emotional and psychological well being, having major consequences on patient's life. Most of the patients of vitiligo report embarrassment, helpless and low self esteem.

**Aims** To study socio-demographic profile and psychiatric comorbidities and their correlation with site of lesion in vitiligo patients.

**Methods and material** 100 vitiligo patients and 100 subjects as control group who were well enough to complete the assessment were assessed with a semi-structured self designed Proforma, Hospital Anxiety Depression Scale (HADS) to obtain the relevant information. Data so obtained were tabulated, analyzed and conclusions were drawn using suitable statistics (i.e. Chi<sup>2</sup>).

**Results** 79% of vitiligo patients were between age 13 to 45 years, 67% were males, 33% were females patients in study group. In comparison to healthy controls, the psychiatric morbidity was found to be significantly higher in the vitiligo group (62% v/s 25%). 37%, 18%, and 7% vitiligo patients suffered from Mixed anxiety and depressive disorder, Depressive disorder and Generalized anxiety disorder respectively. Incidence of psychiatric morbidity was higher in patients who had lesions more on exposed body areas.

**Conclusions** Vitiligo affected marital, sex life and intimacy. This generates psychological distress and disrupts the social relationship and creates a vicious stress-vitiligo cycle. Among vitiligo cases, psychiatric morbidity was found more frequent in young participants and higher in patients having lesions on exposed body areas.

**Keywords** Vitiligo; Psychiatric morbidity; Anxiety; Depression; Stress

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## e-Poster Walk: Depression - part 3 and obsessive-compulsive disorder

## EW0629

### The effects of brain stimulation with direct electrical current in the treatment of resistant obsessive-compulsive disorders

K. Najafi<sup>1,\*</sup>, Y. Fakour<sup>2</sup>, H. Zarrabi<sup>1</sup>, S.M.R. Khalkhali<sup>1</sup>, N. Ramezanghorbani<sup>2</sup>, T. Najafi<sup>1</sup>, S. Shabafrouz<sup>1</sup>

<sup>1</sup> School of medicine, Guilan university of medical sciences, department of psychiatry, Rasht, Iran

<sup>2</sup> Ministry of health and medical education, department of development and coordination scientific information and publication, Tehran, Iran

\* Corresponding author.

**Introduction** Direct brain stimulation with electrical currents is an effective treatment for depression and considering is an effective supplementary treatment of resistant obsessive-compulsive disorder.

**Aim** Assess the effects of brain stimulation with direct electrical current in the treatment of resistant obsessive-compulsive disorders.

**Methods** The present study is a paired clinical trial conducted in a group of 42 patients diagnosed with treatment resistant obsessive-compulsive disorder in the province of Rasht. Direct brain stimulation with electrical current was performed according to the protocol throughout the 15 treatment sessions. The effectiveness of the first, fifth, tenth and fifteenth session(s) of treatment were evaluated based on the Yale-Brown Obsessive Compulsive Scale (Y-BOCS) and results were analyzed using Repeated Measure ANOVA, Spearman Correlation and Pearson Correlation software SPSS version 22.

**Results** All 42 participants stayed throughout the study. Mean age of patients was  $10.14 \pm 29.10$ . Mean test scores of Yale-Brown Obsessive Compulsive Scale in the first, fifth, tenth and fifteenth session of treatment was  $6.78 \pm 28.4$ ,  $4.58 \pm 22.8$ ,  $6.3 \pm 16.4$  and  $5.37 \pm 10.8$ , respectively which is significantly lower ( $P$ -value = 0.00,  $F = 80.12$ ). No significant correlation was observed between the participant's age, sex, education level, marital status and employment status and in any of the test scores of Yale-Brown Obsessive Compulsive Scale in the first, fifth, tenth and fifteenth session of treatment ( $P$ -value > 0.05).

**Conclusion** In order to attain a sustainable long term effects of the proposed treatment, it is recommended that patients be reminded on their next schedule of treatment.

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

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#### EW0630

### Who did it? Exploring gaze agency in obsessive-compulsive (OC) checkers

M. Giuliani<sup>1,\*</sup>, R. Gregori Grigo<sup>2,3,4</sup>, R.M. Martoni<sup>1</sup>, M.C. Cavallini<sup>1</sup>, S.A. Crespi<sup>2,3,4,5</sup>, C. de'Sperati<sup>2,3,4</sup>

<sup>1</sup> IRCCS San Raffaele, department of clinical neurosciences, Milan, Italy

<sup>2</sup> Vita-Salute San Raffaele university, laboratory of action perception cognition, Milan, Italy

<sup>3</sup> Vita-Salute San Raffaele university, faculty of psychology, Milan, Italy

<sup>4</sup> IRCCS San Raffaele, division of neuroscience, Milan, Italy

<sup>5</sup> IRCCS San Raffaele, CERMAC neuroradiology department, Milan, Italy

\* Corresponding author.

**Introduction** Clinically, OC-checkers often report staring compulsions and “lack of action completion” sensations, which have been linked to self-agency alterations. Belayachi and Van der Linden (2009) theoretically proposed that “abnormal” checkers self-agency could be due to an over-reliability on environmental cues and to a tendency to specify actions in a procedural and inflexible way, conceiving them as “low-level” agents. Currently, no studies have experimentally address this issue.

**Objectives** To investigate self-agency in OC-checkers subtype, measuring gaze agency (the ability to understand that we can cause events through our eye movements) and taking into account both agency beliefs and agency feelings.

**Methods** 13 OC-checkers and 13 healthy controls underwent two tasks. “Discovery” task, a completely novel task used to examine causal learning abilities. Subjects watched bouncing balls on a computer screen with the aim of discovering the cause of concurrently presented acoustical beeps. “Detection” task, a two-alternative forced choice task that required subjects to tell whether or not the beeps were generated by their own eye movements.

**Results** Checkers exhibit:

- lower performance scores and confidence ratings when they have to self-attribute the beep cause, but not eye behavioral differences, during discovery task;

- lower confidence ratings, but a level of accuracy similar to that of controls, during detection task.

**Conclusions** Checkers do not show an altered self-agency per se, but what we have called a “doubtful” self-agency: indeed, we argue that agency beliefs alterations found during Discovery task can be due to pathological doubt, rather than to altered agency feelings.

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#### EW0631

### Paroxetine concentrations in obsessive-compulsive disorder: Support for a therapeutic interval

M.B. Humble<sup>1,\*</sup>, M. Reis<sup>2</sup>

<sup>1</sup> Örebro university, school of medical sciences, Örebro, Sweden

<sup>2</sup> University health care in Region Skåne, department of clinical chemistry, division of laboratory medicine, Lund, Sweden

\* Corresponding author.

**Introduction** Previous studies of concentrations of serotonin reuptake inhibitors (SRIs) versus therapeutic efficacy have yielded

inconsistent results. Even if the relationships between the individual's serotonergic system and the clinical symptoms of obsessive-compulsive disorder (OCD) are poorly understood, the SRIs are consistently effective in OCD. However, studies on SRI concentrations in OCD treatment are rare.

**Objectives/aims** To identify possible links between paroxetine concentrations and anti-obsessive response.

**Methods** In a randomised, double-blind trial, comparing clomipramine, paroxetine and placebo in OCD treatment, serum paroxetine levels were measured after 1 week and after 4 weeks of treatment in 18 patients. Anti-obsessive response was assessed with Yale-Brown obsessive compulsive scale (Y-BOCS) and patients' global evaluation (PGE), after 12 weeks of treatment.

**Results** Serum paroxetine concentrations after 4 weeks suggested a therapeutic interval between 50 and 240 nmol/L (13–63 ng/mL). The mean Y-BOCS decrease was 54% inside versus 7% outside this interval ( $t=3.96$ ;  $P=0.0011$ ).

**Conclusions** Paroxetine levels seemingly predicted clinical outcome. Studies with a greater number of patients are necessary in order to confirm this finding and to discern whether it is useful in clinical practice.

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

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#### EW0632

### Augmentation in profound, SRI-refractory OCD: Is aripiprazole superior to other dopamine blockers?

I. Pampaloni\*, H. Tyagi, L. Drummond

South West London and St Georges mental health NHS trust, national services for OCD and BDD, London, United Kingdom

\* Corresponding author.

**Introduction** OCD is a common disorder, affecting 1% of the population and usually responds to treatment with serotonin reuptake inhibitors (SRIs) or exposure and response prevention (ERP) and to augmentation with antipsychotics. However, some patients fail to respond. The national inpatient unit for obsessive compulsive disorder (OCD) and body dysmorphic disorder (BDD) (i) is the only 24-hour staffed inpatient facility for OCD in the UK and treats patients with profound, treatment-refractory OCD. There is evidence of efficacy of aripiprazole in augmenting SRI in severe OCD (ii).

**Objectives** To compare the efficacy of aripiprazole versus other antipsychotics as SRI augmentation.

**Methods** One hundred and nine patients admitted to the unit between March 2006 and September 2011 and discharged on an antipsychotic and an SRI were included. The Yale-Brown obsessive compulsive scale (YBOCS) was administered at admission and at discharge. Data were analysed using SPSS version 23 using analysis of variance (ANOVA). Two groups were compared: those receiving SRI + aripiprazole versus those receiving SRI + another antipsychotic.

**Results** sixty-two patients received SRI with aripiprazole and 47 SRIs with another antipsychotic. Overall, patients showed improvement, with an average YBOCS reduction of 11.7 (33% reduction). Patients taking aripiprazole improved by an average of 13 (36% reduction,  $P<0.05$ ).

**Conclusions** Patients of the national unit with severe, treatment refractory OCD treated with aripiprazole augmentation showed a greater improvement than those on other antipsychotics. Further research into aripiprazole in OCD is warranted.

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