

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.651>

EV0322

Evaluating quality of sleep in patients with diagnosis of chronic obstructive pulmonary disease

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Background Multicenter study showed that sleep disorders was diagnosed in approximately 40% of patients with chronic obstructive pulmonary disease. COPD is a condition that is most widely investigated regarding its relation with sleep.

Objectives Our study is a complementarily one that is carried out to determine how COPD affects the quality of sleep.

Methods This study enrolled 300 patients with COPD, who receive treatment in an occupational diseases hospital of ministry of health, Turkey, and control group of 100 healthy volunteers. This definitive, cross-section study was conducted between 01.02.2016–31.04.2016. Socio-demographic details form, epworth sleepiness scale and Pittsburgh sleep quality index are used to gather the study data. Any disease that affects sleep structure (Obstructive sleep apnea syndrome, substance abuse, irritable leg syndrome, depression, anxiety disorder, peptic ulcer) and a treatment that can affect sleep patterns (antidepressant, anxiolytic, diuretic) and to work all patients who were planned to receive Hamilton depression and were assessed with anxiety scale and anxiety, depression those who have high points to think of the reins are not included in the study.

Results Score obtained from Pittsburgh sleep quality index–A subjective test - was significantly high in the COPD group. Actigraphic sleep parameters that include ‘actual wake time’, ‘actual wake %’, ‘total activation score’ and ‘fragmentation index’ were significantly high in the COPD group comparing to control group. Among actigraphic sleep parameters, ‘actual sleep time’, ‘actual sleep’ and ‘sleep efficiency’ were significantly lower in the COPD group comparing to control group.

Conclusions The study demonstrates that chronic obstructive pulmonary disease poses negative influence on the quality of sleep and leads to sleep disorders.

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<http://dx.doi.org/10.1016/j.eurpsy.2017.01.652>

EV0323

Prevalence frequency of disabilities and psychological symptoms in patients diagnosed chronic obstructive pulmonary disease

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Background Chronic obstructive pulmonary disease (COPD) is a major cause of morbidity and mortality chronic obstructive pulmonary disease can cause intense psychological distress due to the caused problems that individuals experience in their lives. COPD is among a number of medical disorders associated with a high rate of depression and other psychological problems.

Objectives In this study, it is aimed to evaluate the prevalence of psychological symptoms and disability in patients with chronic obstructive pulmonary disease.

Methods The study includes 100 volunteers as a control group and 200 patients diagnosed with COPD who are being treated

in a hospital for occupational diseases of the Turkish ministry of health. It is performed as definitive-cross-sectional between 12.03.2016–30.04.2016. In gathering the data; socio-demographic Information form, brief disability questionnaire and Beck depression scale and SCL 90 R scale are applied. The mean age of the COPD group is 49.2 ± 3.4 (25–78) and the control group is 45.1 ± 2.4 (27–60).

Results In our study, depression was detected in 56% of cases with chronic obstructive pulmonary disease. Mean brief disability questionnaire score was found 7.28. Mild disability was found in 21%, moderate disability in 38% and severe disability in 29%. Moreover, It was also found that obsessive-compulsive and depressive symptoms were higher in COPD cases in comparison with the healthy group.

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<http://dx.doi.org/10.1016/j.eurpsy.2017.01.653>

EV0324

Exploring sources and types of information about Huntington disease received by affected families

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Introduction While revealing the presence of Huntington Disease (HD) within the family setting has received considerable research interest, the sources of information and the detail of which aspects of the illness are discussed remains unexplored. This study's primary aim was to identify HD information sources, both professional and family, and to describe the types of information received by members of affected families, with the hypothesis that some aspects of the disorder would be more fully addressed than others.

Method Clients drawn from a specialist genetic unit looking after families with HD ($n=46$) were engaged in structured interviews and completed standardized questionnaires, including: the psychological adjustment to genetic information scale (PAGIS); and a current psychological distress measure (K10). Participants obtained HD related information from a mean of 4.76 sources (49.3% professional).

Results As expected, genetic and neurological symptoms were more frequently described (97.7% and 86.4% respectively) than cognitive and psychological/psychiatric (63.6%; 52.3%). Regression analyses were used to identify potential predictors of current distress, adjustment, and information satisfaction. Rated satisfaction with information received was higher among participants with a gene positive family member. Across the PAGIS subscales, there were differential associations with the predictors examined.

Conclusions Given that HD is a multi-faceted condition affecting the entire family, needs would be better addressed if information provided went beyond discussion of genetic and movement disorders, and extended to the cognitive, psychological and behavioral aspects which are strongly associated with quality of life.

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<http://dx.doi.org/10.1016/j.eurpsy.2017.01.654>