

Results Multivariate analysis revealed that days between transfusions ($\beta = -0.454$), reduced activity ($\beta = 0.350$) and age ($\beta = -0.207$) explained 30.1% of the variance in Stress [$F(3.91) = 13.04$ $R^2 = 0.301$ $P = 0.03$]. Reduced activity ($\beta = 0.417$) and days between transfusions ($\beta = 0.318$) explained 30.3% of the variance in Anxiety [$F(2.92) = 19.96$ $R^2 = 0.301$ $P = 0.03$]. Finally reduced activity ($\beta = 0.334$), days between transfusions ($\beta = 0.364$), and reduced motivation explained 41.3% of the variance in Depression [$F(3.91) = 21.34$ $R^2 = 0.413$ $P = 0.03$]. Levels of ferritin, haemoglobin, age and present condition of health had a NS effect in the models.

Conclusions Similar factors were found to affect stress, anxiety and depression in the sample, with days between transfusions and reduced activity being the major factors affecting the psychological symptoms in haemoglobinopathy patients. More research is needed in order for all the biopsychosocial factors to be revealed in this field.

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EV0023

Depression, anxiety and stress symptoms among students in Albania explored by DASS-42

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Introduction In Albania, at the current time, no research has been conducted to assess students' risk for depression, anxiety and stress.

Objectives To explore which group of students are at risk for depression, anxiety and stress.

Aim The aim of this study is to explore the symptoms of depression, anxiety and stress among students according to the 42-item Depression Anxiety and Stress Scale (DASS-42).

Material and methods The DASS-42 was translated from English to Albanian, culturally verified, back-translated and administered to 570 students in university campus of Tirana district. Exploratory factor analyses (EFA) and Cronbach's alpha, were performed to identify the psychometric properties of the Depression, Anxiety, and Stress subscales and the overall scale.

Results EFA with equamax rotation indicated that the 42 items loaded on three factors accounting for 53.2% of the total variance, 19.9% for depression, 17.6% for anxiety and 16.7% for stress subscale. The internal consistency coefficients were high, ranging from 0.90 to 0.93 for subscales and 0.96 for the scale. The mean score of females for the overall scale $M = 28.0 (\pm 36.3$ SD) was significantly higher as compared to males $M = 22.9 (\pm 36.5$ SD), ($t = 2.6$, $P < 0.01$). Females also had a significant higher score $M = 11.5 (\pm 12.8$ SD), for depression as compared to males $M = 8.7 (\pm 12.6$ SD), ($t = 2.4$, $P = 0.02$), whereas no difference was found with regard to anxiety ($P = 0.2$) and stress subscales ($P = 0.07$).

Conclusions Female students, students from rural areas and married individuals have more total scores for depression, anxiety and stress symptoms.

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EV0024

Somatic-type delusional disorder and comorbidity mood disorder

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Chronic delusional disorder encompasses what classical termed as paranoia and paraphrenia. This disorder is characterized by the presence of one or more non-bizarre, permanent and systematized delusions. Cognitive functions of the patient not affected, judgment and reason are not affected if the subject is not addressed delirious. Delusional theme includes life-like experiences, including: persecution – persecutory type –, suffering from a disease – somatic type –, to be loved by someone famous – erotomaniac type –, the partner is unfaithful – jealous type – or having a special quality or gift – megalomaniac type –. Usually, patients lack awareness of mental illness and often prior to contact with mental health, made a pilgrimage by different specialists looking for an organic explanation.

The description of a case report of a 47-year-old male who has a delusional belief body deformity secondary to manipulation by a physiotherapist suffering a muscular pain in the lumbar region is performed. Prior to psychiatric diagnosis, begins a long journey by different specialists.

As a consequence, somatic-type delusional disorder is a challenge in the diagnosis and treatment in the medical field because it is required a multidisciplinary approach for these patients.

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EV0025

How painful is this? Idiosyncrasies of attention in irritable Bowel syndrome

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Introduction Theoretical controversy surrounds the issue of the extent to which cognitive processes can be identified which are characteristic of patients with irritable Bowel syndrome (IBS). The issue is important because particular patterns of idiosyncrasies would suggest tailored therapeutic interventions.

Objectives To map the processing of pain information in IBS and healthy participants in relation to physical and social threat, using latency as well as frequency metrics.

Methods Participants (20 with IBS and 33 controls) were tested in an extended exogenous cuing paradigm whose derived measures included assessments of bias, engagement and disengagement. They also completed a battery of health and illness activity tests.

Results There was a significant interaction between bias in processing of pain (physical threat) and of neutral stimuli, as shown on Fig. 1. Further significant idiosyncrasies were observed in the relations between measures of attention and levels both of symptoms and of illness behaviour.

Conclusions Detailed evidence was obtained of anomalies in attention in IBS. The results may be interpreted in terms of interactive feedback between pain perception in relation to the gut, pain-specific attentional processes, and health behaviour. It will be

discussed how mindfulness based cognitive therapy can be used as an intervention to disrupt this feedback.

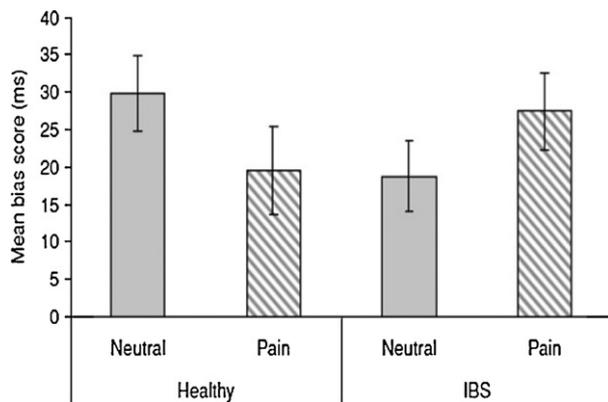


Fig. 1 Attentional bias in IBS and healthy groups with pain and neutral stimuli. Target in the same (valid) or different (invalid) position as the cue, bias = (RT invalid – RT valid).

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EV0026

Conversion disorder: Unexplained symptoms of silenced emotions?

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Introduction Conversion disorder is a condition defined by the presence of symptoms of altered voluntary motor or sensory function, not intentionally produced or feigned, presumed to be the expression of a psychological conflict or stressor, but mimicking neurological diseases or other medical conditions, that must be excluded before this diagnosis is made. The suspicion of conversion disorder arises when clinical findings are incompatible with the suggested neurological or medical conditions and there is a temporal relation between the onset of the symptoms and a psychological stressor. However, when these hints are absent, diagnosis may not be clear and require wider workup.

Objectives/aims To make a brief review on conversion disorder and present an illustrative clinical-vignette.

Methods We collected information from medical records and interview with the patient and made a research on PubMed with the MeSH terms “conversion disorder”.

Results We present a 51-years-old female outpatient with episodes of paralysis of left upper and lower limbs. Some months before the onset of these symptoms, her daughter came to live with her. Their relationship became very conflictual. Electroencephalogram, laboratory and imaging studies were normal. She did not tolerate the antidepressants tried (SSRI, SNRI and trazodone), but reported to feel better with amisulpride and alprazolam.

Conclusions Widely discussed in the past as “hysteria”, conversion disorder is still intriguing, because little is known about the link between body and mind, making the management of patients with this disorder challenging and highlighting the need for more studies on the topic.

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EV0027

Diagnosis of generalized anxiety disorder in Russia: The results of a web-based survey of psychiatrists

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Introduction There is a lack of attention on generalized anxiety disorder (GAD) in the psychiatrists' education programs in Russia. The consequence of this is difficult to estimate because of insufficiency of the GAD epidemiology in Russia.

Objectives Are estimation of the comparative prevalence of diagnosis of GAD among other anxiety and stress related disorders; psychiatrists' knowledge about GAD and their therapeutic approaches.

Methods The invitations to survey were sent by e-mail to members of the Russian Society of Psychiatrists; 888 psychiatrists took part in the survey. Twenty-six percent of them worked in inpatient departments, 43% – in outpatient departments, 15% – in somatic services, 17% – researchers and university professors.

Results A total of 83% of respondents have diagnosed GAD at least once during last year. Most often GAD was diagnosed by psychiatrists of somatic services. Mixed anxiety and depressive disorder was diagnosed in 2.5 times more often than GAD; adjustment disorders – in 2.1 times. Doctors have noted that among their patients with other mental disorders 26% have chronic anxiety, but most of doctors do not establish the comorbid diagnosis of GAD for these patients. Only a quarter of doctors consider that detachment of GAD from other anxiety disorders is based on the features of etiology and pathogenesis. In the treatment of GAD together with SSRIs, SNRIs, and pregabalin prescribing, doctors often prescribe benzodiazepines, atypical anxiolytics (hydroxyzine, buspirone) and low-potency antipsychotics (alimemazine, chlorprothixene).

Conclusions Increasing attention to GAD in the psychiatrists' education programs may improve diagnosis and treatment of this disorder in Russia.

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EV0028

Deep brain stimulation – Is there hope for obsessive compulsive disorder?

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Introduction Deep brain stimulation (DBS) is a neurosurgical procedure under investigation for a range of psychiatric and neurological disorders. One of them is obsessive compulsive disorder (OCD), which is a neuropsychiatric illness that often develops in childhood, affects 2% of the general population and causes significant impairment across the lifespan. Some cases are refractory to pharmacotherapy and psychotherapy and that is why new treatments have been investigated over the last decades.

Objectives/aims In this paper, we intent to do a review of the literature about the efficacy of DBS in the treatment of OCD.