

between AC and the level of soluble receptor for advanced glycation end-products (sRAGE) exists.

Methods: The patients were examined 1 day preoperatively with the Mini International Neuropsychiatric Interview and MMSE test to screen for depression, anxiety disorders, and for cognitive impairment, respectively. Blood samples for AC and sRAGE levels were collected both preoperatively and postoperatively. The CAM ICU and MDAS were used within the first 5 days postoperatively to screen for a diagnosis of delirium.

Results: Postoperative delirium developed in 34% (61 of 177) of participants. Multivariate stepwise logistic regression analysis revealed that patients with low baseline AC are at significantly increased risk of developing delirium. Moreover, preoperative AC levels were inversely correlated with postoperative sRAGE concentrations (Spearman's Rank Correlation -0.198; $p < 0.05$). The most optimal cutoff values of the preoperative and postoperative AC that predict the development of delirium were 1.720 mM and 1.893 mM, respectively.

Conclusions: Decreased plasma AC levels are associated with delirium after cardiac surgery and inversely correlated with post-surgery sRAGE concentration. This may be an important pathophysiological consideration in the increased risk of postoperative delirium seen in cardiac surgery patients.

Keywords: Cardiac surgery; oxidative stress; Major depressive disorders; delirium

EPP0260

Raised preoperative monocyte chemoattractant protein-1 as the independent predictor of delirium after cardiac surgery. A prospective cohort study.

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Introduction: Delirium is a frequent and serious complication of cardiac surgery. However, the knowledge regarding pathogenesis of postoperative delirium is limited.

Objectives: To investigate whether increased levels of monocyte chemoattractant protein-1 (MCP-1) and hyper-sensitive C-Reactive Protein (hsCRP) are associated with postoperative delirium in cardiac surgery patients.

Methods: Patients were examined and screened for major depressive disorder (MDD) and cognitive impairment one day preoperatively, using the Mini International Neuropsychiatric Interview and The Mini-Mental State Examination Test. Blood samples were collected pre- and postoperatively for hsCRP and chemokine levels. Following

surgical interventions, the Confusion Assessment Method for the Intensive Care Unit and the Memorial Delirium Assessment Scale with the cut-off score 10 were used to diagnose delirium.

Results: Postoperative delirium screening was found positive in 34% (61 of 177) of patients. Both, pre- and postoperative hsCRP, and preoperative MCP-1 levels were associated with postoperative delirium in univariate comparisons; $p = 0.001$; $p = 0.0004$; $p < 0.001$, respectively. However, according to a multivariate stepwise logistic regression analysis only MCP-1 concentration raised before surgery was independently associated with postoperative delirium, and related to advancing age of participants (Spearman's Rank Correlation 0.192; $p = 0.0103$). According to ROC analysis, the most optimal cut-off for MCP-1 concentration in predicting the development of delirium was 371.81 ng/ml with sensitivity of 77.0% and specificity of 58.6%.

Conclusions: The present study suggests that raised preoperative MCP-1 concentration is independently associated with delirium after cardiac surgery. Preoperative monitoring of pro-inflammatory markers combined with regular surveillance may be helpful in the prediction and early detection of postoperative delirium in this patient group.

Keywords: delirium; Cardiac surgery; Inflammation; Major depressive disorders

EPP0263

Structure of personal disorders in hypertensive disease patients

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Introduction: The structure of personal disorders in hypertensive disease patients remains relevant topic.

Objectives: The study population included 57 hypertensive disease patients; mean age 49,1+9,6 years old (42 females and 15 males). The control group included 62 healthy individuals (49 females and 13 males); mean age 48,1+8,6 years old.

Methods: Emotional condition of subjects was assessed using the Depression Scale of Zung, the Spielberger trait Anger scale and Anxiety, the Toronto Alexithymia Scale and SCL - 90-R Questionnaire.

Results: The study results showed that as compared to the healthy individuals, the hypertensive disease patients showed significantly higher scores of reactive anxiety (46,0+9,0 and 39,0+8,2; $p < 0,01$), personal anxiety (50,3+9,2 and 41,03+7,9; $p < 0,01$), depression (42,7+7,2 and 36,59+5,95; $p < 0,01$), alexithymia (69,4+8,8 and 59,0+9,2; $p < 0,01$), state anger (11,8+3,6 and 10,6+1,8; $p < 0,01$), reactive anger (9,2+2,6 and 8,1+2,4; $p < 0,05$), personal anger (21,4+5,3 and 18,1+4,6; $p < 0,01$), trait anger (8,3+3,0 and 7,3+2,3; $p < 0,05$), self-aggression (16,2+4,9 and 13,4+3,8; $p < 0,01$), aggression towards

others (15,9+3,9 and 14,7+3,4; $p<0,05$), somatization (1,27+0,6 and 0,5+0,4; $p<0,01$), hostility (1,2+0,7 and 0,5+0,4; $p<0,01$), obsessive-compulsive traits (1,2+0,7 и 0,6+0,4; $p<0,01$), psychoticism (0,7+0,6 and 0,27+0,30; $p<0,01$) and paranoid traits (1,22+0,6 and 0,5+0,4; $p<0,01$), phobic anxiety (0,6+0,5 and 0,2+0,2; $p<0,01$) and interpersonal sensitivity (1,2+0,7 and 0,7+0,5; $p<0,01$).

Conclusions: Close interrelations between manifestations of anxiety and depression spectrum disorders and anger may be explained by internal conflict between aggressive impulses and the need for adaptive behavior in such individuals, resulting in consistent vicious vortex.

Keywords: hypertensive disease; anxiety; anger; depression

EPP0265

Consultation liaison psychiatry after COVID-19

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Introduction: The paper will describe the experience as consultation-liaison psychiatrist during the Covid 19 Pandemic in a private hospital in Madrid, what we have learned and its implications given the considerable and increasing interest in European Consultation-Liaison research.

Objectives: Following the request of one of the internal medicine department doctors the service was initially provided for patients admitted with the infection but very quickly included relatives and also the hospital staff.

Methods: Patients were offered a telephone consultation that in most cases took place on a daily basis. Referrals were made by a doctor, some of them were locums due to the increasing demands of the service since patients from public hospitals were also admitted. Relatives were also referred by doctors and the frequency was more varied, depending on their needs. Members of the multidisciplinary team referred themselves..

Results: Patients and their families felt that the telephone consultation was useful to them. The work with some members of the staff is ongoing and will continue given the toxic levels of stress that they had to face and the changes taking place at the institution at the time.

Conclusions: The COVID-19 pandemic and the short and long term consequences that will follow will increase our understanding the breadth and depth of Consultation-Liaison Psychiatry and the broad perspective required for a comprehensive evaluation and treatment of patients. My experience as psychoanalytic psychotherapist and organizational consultant proved most helpful.

Keywords: psychotherapy; Organizational Consultancy; covid 19; Consultation Liaison Psychiatry

EPP0267

Gender-related psychosomatic peculiarities of patients with type 2 diabetes mellitus

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Introduction: The problem of specificity of psychological adaptation mechanisms at the patients with Type 2 Diabetes Mellitus (T2DM) is extremely actual. The aim is to investigate gender psychological characteristics associated with T2DM

Objectives: In the comparative study 62 patients (28 male, 34 female; mean age 56,8±2,3 and 55,4±2,7 yrs.) with T2DM (HbA1c 7,3±1,3%) and visceral obesity (Grade 2) were included.

Methods: Research methods: the Depression Scale of Zung, the Spielberger trait scale anxiety, Toronto Alexithymia Scale and MMPI test

Results: T2DM-female-patients in comparison with T2DM-male showed significantly higher personal anxiety scores (51,2+7,6 and 44,1+10,6 respectively; $p<0,05$), depression scores (44,2+7,6 and 36,7+8,4 respectively; $p<0,05$), while alexithymia scores were higher at T2DM-males (68,2+9,6 and 71,7+6,4 respectively; $p<0,05$). In MMPI test (after correction by K-scale) 46,8% of patients demonstrated profiles with elevated scale 1 score (above 70 T-scores, but below 80 T-scores) regardless of gender differences. However, the T-scores for T2DM-male patients were on the average by 1,07 higher than for T2DM-female (58,4 vs 54,4 respectively, $p>0,05$), that indicated more higher concern related to own physical health condition. The female T2DM-patients significantly more often demonstrated profiles with scale 6 peak (exceeding 65 T-scores): 79,4% vs. 21,4%, which indicated the more higher accentuation of personality traits (concealed hostility; protest; rigidity, desire to blame the others for one's failure, et cetera)

Conclusions: The patient's gender has to be taken into consideration at development of clinical, diagnostic and prevention activities of patients with T2DM and visceral obesity.

Keywords: gender; anxiety; depression; alexithymia

EPP0269

Cognitive impairments in patients with treatment resistant epilepsy: Complex rehabilitation in university clinic

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Introduction: Cognitive deficit significantly affects the quality of life of patients. Aims of research was detection of cognitive impairments of varying degrees in epilepsy, and as well as studying the results of