

Conclusions ED is an iceberg top, of a three-step ladder. The intermediate step is built of personality traits and disorders forging the variety of ED clinical expressions. The hidden base of iceberg is represented by both the emotional (de)regulation and the level of impulsivity. Therapies focused on the base of this iceberg are needed for a clinical resolution of eating symptoms.

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EW0611

Benefits of antidepressant treatment after a stroke

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Introduction Stroke is an important cause of morbidity and is responsible for 9% of all deaths worldwide. The most frequent neuropsychiatric consequence of stroke is post-stroke depression (PSD). It has been shown to be associated with both impaired recovery and increased mortality. The aim of our study is to determine the benefits of antidepressant prescription after a stroke.

Method The databases from *Medline* and *PubMed* were reviewed for articles related to post-stroke depression (PSD), antidepressant treatment and stroke, post-stroke depression and functional recovery, stroke related impairment.

Results Antidepressant drugs have been shown to be effective in treating PSD in six double blind randomized studies. Patients treated with antidepressants had better recovery from disability than patients who did not receive antidepressant therapy: it was proved that antidepressant drugs cause an improvement in cognitive skills and functional recovery in PSD patients. In patients with ischemic stroke and moderate to severe motor deficit, the early prescription of fluoxetine with physiotherapy enhanced motor recovery after 3 months. Some studies showed that PSD can be effectively prevented: nortriptyline, fluoxetine, milnacipran and sertraline appeared to be efficacious in preventing depression after stroke and are to use without significant adverse effects in stroke patients.

Conclusion Antidepressant treatment plays an increasing role in the management of patients with acute stroke. Therefore, early initiation of antidepressant therapy, in non-depressed stroke patients, may reduce the odds for development of PSD, and improve cognitive and functional recovery.

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e-Poster Walk: Consultation liaison psychiatry and psychosomatics - Part 2

EW0612

Polypharmacy among elderly populations

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Introduction Potentially inappropriate prescribing, is highly prevalent among older patients hospitalized with major psychiatric illness. Inappropriate use of psychotropic medications in elderly patients has become a focus of concern.

Objectives To determine the prevalence of potentially inappropriate prescribing including potentially inappropriate medications (PIMs) and potential prescription omissions (PPOs), according to STOPP-START, Beers and PRISCUS criteria applied by CheckTheMeds[®].

Aims To identify potentially IP, PPO and the prevalence of contraindications, interactions and precautions in older patients hospitalized with major psychiatric illness.

Methods Retrospective cross-sectional study with patients over 65 discharged from the Psychiatric acute unit of the university hospital of La Princesa (Madrid) between January 2013 and October 2015 was conducted. The CheckTheMeds[®] program was used to identify IP.

Results A total of 104 elders—74 females and 30 males—were included, with a mean age of 76 years (range: 65–91). An average of 5.73 (range: 1–16) was prescribed drugs at discharge. The IP results STOPP 81.73% ($n=85$), START 43.26% ($n=45$), Beers 94.23% ($n=98$) y PRISCUS 40.38% ($n=42$). Contraindications were described in the 21.15% of the patients, precautions in 83.65% and interactions in 83.65%. Psychotropic drugs were the most often inappropriate prescribed medications.

Conclusion Prescribing omissions are twice as prevalent as IP in the elderly. Currently, inappropriate prescription of psychotropic agents is very common for the elderly. Application of such screening tools to prescribing decisions may reduce unnecessary medication, related adverse events, healthcare utilization and cost and non-pharmacological interventions, should be thoroughly explored.

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EW0613

To the question of the role of consultation liaison psychiatry in diagnostics of psychosomatic disorders

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Background Relevance of consultation liaison psychiatry is conditioned by trend of steady rise of psychosomatic disorders and insufficient development of supplied forms and methods of medical care to patients with this pathology.

Aim To study incidence rate of psychosomatic disorders in primary health care, to develop algorithm of medical care.

Material and methods A total of 2010 patients of the primary health care unit were examined. Methods used: clinical-psychopathological, clinical-dynamic, questionnaire screening, statistical (factor analysis).

Results Mental disorders, co-morbid with physical pathology, constituted 3.9% of the contingent with predominance of psychosomatic disorders—15.6 per 10,000 of the population. Respective from clinical-dynamic structure of psychosomatic disorders three groups of patients were distinguished: in need for consultation by a psychiatrist (22.9%); for course treatment by psychiatrist and subsequent observation by physicians (28%); and for systematic therapy and observation by psychiatrist (49.1%). Patients with psychosomatic disorders addressed general medicine network 1–2 years after onset of mental disorder and 6.4 ± 1.2 years after diagnostics of somatic pathology. Patients had predominantly cardiovascular (37.7%; $P < 0.05$), respiratory (20.5%), and gastrointestinal diseases (20.9%). Exacerbation of psychosomatic disorder was reliably interrelated with psychotraumatic situation and exacerbation of physical pathology. Introduced algorithm of psychiatric consultation consisted of:

- evaluation of mental and physical status;
- distinguishing the nosological groups;
- choice of therapy;
- formation of groups of observation (risk groups in need for course therapy, systematic therapy).

Conclusion Consultation liaison psychiatry in general medical institution allows widening accessibility of psychiatric care and makes its provision more cost-effective.

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EW0614

Psychopathological aspects of appearance dissatisfaction in aesthetic medicine

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Introduction The pathogenesis of dissatisfaction of the own appearance in patients without obvious abnormalities is still unexplored. The aim of the study was to investigate the structure of psychopathological disorders in patients without evident appearance abnormalities seeking for surgical or cosmetological correction.

Methods Study sample has included 227 women (average age: 35.8±4.9 years) and 54 men (average age: 30.9±5.7 years)–patients of plastic surgery and cosmetology clinic. The study used clinical psychopathological and follow-up methods of examination.

Results We have found the heterogeneous spectrum of mental disorders in this group of patients: overvalued dysmorphophobia was diagnosed in 26%, anxiety-phobic disorders–23.1%, obsessive-compulsive disorders–in 11%, depression–in 32%, delusional disorders–in 7.5% of patients.

Conclusions The results of our study show that the phenomenon of dissatisfaction with the appearance without obvious cosmetic defects manifests in the course of wide spectrum of mental disorders. The follow-up shows no improvement and even worsening of patients' mental state after cosmetological or surgical treatment. Decision about possibility and extent of the operation should be based on the analysis of patient's mental state and motive for reference to aesthetic medicine specialist.

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EW0615

The development of an abbreviated version of the Cornell scale for depression in dementia (CSDD) for the assessment of depression in palliative care inpatients

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Introduction In the palliative care setting, accurate identification of depression is important to allow delivery of appropriate treatments.

Aims: – 1. To assess rates of depression in palliative care inpatients using the CSDD, comparing with formal clinical diagnosis based on diagnostic and statistical manual of mental disorders (DSM-IV) criteria;

– 2. To identify items of the CSDD that most distinguish depressive illness in a palliative care setting.

Methods We measured rates of depression in patients admitted into a palliative care inpatient unit with the CSDD. DSM-IV clinical diagnosis of major depressive disorder (MDD) was achieved using all available clinical information by an experienced independent rater. We calculated Cohen's Kappa to measure concordance between the CSDD and DSM-IV diagnosis.

Results We assessed 142 patients (56.3% male; mean age: 69.6 years), the majority of which had a cancer diagnosis (93.7%). 18.3% ($n=26$) met DSM-IV criteria for MDD, while 12% scored ≥ 6 on the CSDD with 15 cases of depression common to these two methods ($K=0.65$). Discriminant analysis identified five CSDD items that were especially distinguishing of MDD; sadness, loss of interest, pessimism, lack of reactivity to pleasant events and appetite loss. An abbreviated version of the CSDD, based on these 5 items, proved highly accurate in identifying DSM-IV MDD (AUC=0.94), with sensitivity of 89% and specificity of 84% at a cut-off score ≥ 2 .

Conclusions There was good level of concordance between the CSDD and DSM-IV diagnosis of MDD. We identified five depressive symptoms that are especially discriminating for depression in palliative care patients.

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EW0616

Second generation direct-acting antiviral (DAAs) Treatment on HCV+ patients: Patient reported outcomes (PROs) and psychiatric symptoms in a real world setting sample

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Introduction Anti-HCV treatments are moving away from interferon-alpha towards DAAs, associated with fewer side effects, better tolerability, and better PROs.

Aims To describe neuropsychiatric symptoms and PROs during DAAs treatment in a group of HCV+ patients.

Methods Forty outpatients, scheduled for DAAs treatment, were assessed at enrolment (T0), 4 weeks (T1), at the end of treatment (EOT) and after 12 weeks of follow up (F-UP), by means of MDRS, HAM-D, HAM-A, MRS, Y-BOCS and SF-36. Afterwards the sample was divided into two groups as a function of a positive psychiatric history (19) and compared with each other.

Results Total sample mean scores between W0 and F-UP were compared and an improving trend was observed in all administered scales. An SF-36 items analysis showed a statistically significant difference in emotional role functioning between W0 vs EOT and EOT vs F-UP, in change in overall health status between W0 vs EOT and W0 vs F-UP. A multivariate logistic regression analysis showed that a positive psychiatric history was not associated with an improvement in vitality of 4.3 (minimal clinically important difference). Comparing the two groups, no significant fluctuations in SF-36 scores were founded and major deviations score increases were recorded in patients with a psychiatric history in all scales.

Conclusions Our real world data shows that new regimens do not seem to be associated with psychiatric side effects and conversely a clinical improvement compared to baseline was found, suggesting