

	HC	AD	ED	F.	Sig.
DS	14,39+ 5,17	20,94+ 7,52	19,82+ 6,28	23,59	0,000
DP	18,73+ 5,58	23,65+ 6,58	25,00+ 5,33	26,91	0,000

disorders and anxiety disorders. Among healthy controls there was a significant association between DS and Anxiety levels (B: 0.579, T:3,416 p:0,001).

Conclusions: Anxiety and disgust are typical emotions of anxiety disorders and eating disorders. However, they are increased both in anxiety and eating disorders and they are associated in healthy controls. The nature of this association needs to be deeply investigated.

Disclosure: No significant relationships.

Keywords: eating disorders; Anxiety; disgust; disgust sensitivity

O002

Anxiety disorders and childhood exposure to emotional abuse: The mediating role of disgust

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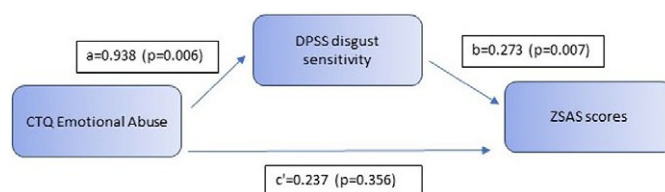
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Introduction: Several studies demonstrate that disgust, defined as a revulsion response aimed at distancing an individual from a potentially harmful or noxious stimulus, is linked to post-traumatic stress following sexual trauma even when accounting for associated fear and anxiety. One of the suggested mechanisms implicated in this association is a feeling of mental contamination. Recent neuroimaging studies demonstrated that exposure to contamination activates the insular cortex. In addition, disgust sensitivity correlates with the activation of the insular cortex.

Objectives: We aimed to investigate the psychopathological role of the emotion of disgust in the development of anxiety symptoms in patient with an history of abuse.

Methods: We enrolled 84 patients admitted in Psychiatric Unit of Careggi with diagnosis of Anxiety Disorders. We administered to them: Zung Anxiety Scale (ZSAS), Childhood Trauma Questionnaire (CTQ), Disgust Propensity and Sensitivity Scale-revised (DPSS-r).

Results: Results showed a significant mediation of the association between CTQ emotional abuse scores and total ZSAS scores via



DPSS disgust sensitivity scores in patients with anxiety disorders (p=0.022). Total effect and indirect effect of emotional abuse on severity of anxiety symptoms were significant (total effect = 0.494; p=0.051, indirect effect: 0.256, p=0.022), while there was no significant direct effect from emotional abuse to anxiety symptoms in the total model (direct effect: 0.237, p=0.356). The model explained 18% of variance in anxiety symptomatology (R²=0.18).

Conclusions: Such preliminary data suggest a possible mediating role of disgust in development and maintenance of childhood abuse-related anxiety, making it a potential target for psychotherapy.

Disclosure: No significant relationships.

Keywords: disgust; childhood; Anxiety; emotional abuse

O003

Toxoplasma gondii seropositivity in patients with depressive and anxiety disorders

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Introduction: Toxoplasma gondii (T. gondii) is an obligate intracellular parasite that is estimated to be carried by one-third of the world population. While evidence has been found for a relationship between T. gondii infection and schizophrenia, its relationship with other psychiatric disorders like depressive and anxiety disorders shows inconsistent results.

Objectives: The aim of the present study was to examine whether T. gondii seropositivity is associated with affective disorders, as well as with aggression reactivity and suicidal thoughts.

Methods: In the Netherlands Study of Depression and Anxiety (NESDA), T. gondii antibodies were assessed in patients with current depressive (n=133), anxiety (n=188), comorbid depressive and anxiety (n=148), and remitted disorders (n=889), as well as in healthy controls (n=373) based on DSM-IV criteria. Seropositivity was analyzed in relation to disorder status, aggression reactivity and suicidal thoughts using multivariate analyses of covariance and regression analyses.

Results: Participants were on average 51.2 years (SD = 13.2), and 64.4% were female. Seropositivity was found in 673 participants (38.9%). A strong positive association between T. gondii seropositivity and age was observed. No significant associations were found between T. gondii seropositivity and disorder status, aggression reactivity and suicidal thoughts. The adjusted odds ratio (OR) for any remitted disorder versus controls was 1.13 (95% CI: 0.87-1.49), and for any current disorder versus controls was 0.94 (95% CI: 0.69- 1.28).

Conclusions: No evidence was found for a relationship between affective disorders and T. gondii infection

Disclosure: No significant relationships.

Keywords: Toxoplasma gondii; Depression; cognitive reactivity; Anxiety