EPV0046

Treatment methods for patients with psychosomatic illnesses

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Introduction: Psychosomatic illnesses correspond to physical symptoms (with or without objectivable organic lesions), that psychological factors such as stress and personality type, would have a potential effect on their appearance, evolution and / or worsening. These psychosomatic conditions are quite common but difficult to diagnose. Doctors from different specialties are consulted by the patients and multiple examinations and investigations are run by specialists in order to get to the final diagnosis. These psychosomatic conditions may appear under different types of illnesses : respiratory (asthma), dermatological (psoriasis, eczema), digestive (gastric ulcer, ulcerative colitis, Crohn's disease), cardiovascular (arterial hypertension, infarction), neurological (migraine)…
Objectives: Study management modalities of psychosomatic disorders through cases followed in consultation at the university psychiatric hospital Ar-razi of Salé in Morocco
Methods: through cases followed in consultation at the university psychiatric hospital Ar-razi of Salé in Morocco
Results: From the results observed in the patients recruited in this study, we retain the need for a bio-psycho-social approach, through a global approach of the patient in all its dimensions, not only biological, but also psychological and social ; we also retain the essential role of the psychiatrist in the management of these psychosomatic disorders, both in preventive and curative terms, by allowing a better understanding of the interactions between physical and mental health.
Conclusions: psychosomatic conditions are quite common but difficult to diagnose and the need for a bio-psycho-social approach, through a global approach of the patient in all its dimensions, not only biological, but also psychological and social is crucial.

Disclosure: No significant relationships.
Keywords: illnesses; psychosomatic; patient; Treatment

EPV0047

Pregabalin for the treatment of generalized anxiety disorder

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Introduction: Pregabalin is a treatement with a complexe mechanism of action. It's an antiepileptic drug used as adjunctive treatment of partial epilepsy, it is also taken in the treatment of neuropathic pain, and generalized anxiety disorder, in addition to epilepsy. Some of the advantages of pregabalin include. pharmacokinetics, safety, and tolerability. Clinical trials have demonstrated the efficacy of pregabalin comparable to benzodiazepines, without risk of abuse.
Objectives: to assess the efficacy of pregabalin in patients with generalized anxiety disorder in the Ar-Razi university psychiatric hospital in Salé in Morocco
Methods: To assess the place of pregabalin in the treatement of anxiety disorders through patients hospitalized in the Ar-Razi university psychiatric hospital in Salé in Morocco The evaluation instruments are: For anxiety the Hamilton Anxiety Scale and For therapeutic efficacy CGI-therapeutic index
Results: based on the results of our study on the patients who have improved after an optimal duration of treatment, in conjunction with psychological monitoring, we retain that pregabalin can significantly improve the quality of life of anxious patients and also guarantee them a better prognosis
Conclusions: Pregabalin was significantly more efficacious for the treatment of psychic and somatic symptoms of generalized anxiety disorder and was well tolerated by most study patients.

Disclosure: No significant relationships.
Keywords: disorder; Treatment; Anxiety; pregabalin

EPV0049

Gray Matter Deficits of Cortical-striatal-limbic Circuit in Social Anxiety Disorder

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Introduction: The extant findings have been of great heterogeneity due to partial volume effects in the investigation of cortical gray matter volume (GMV), high comorbidity with other psychiatric disorders, and concomitant therapy in the neuroimaging studies of social anxiety disorder (SAD).
Objectives: To identity gray matter deficits in cortical and subcortical structures in non-comorbid never-treated patients, so as to explore the "pure" SAD-specific pathophysiology and neurobiology.
Methods: Thirty-two non-comorbid free-of-treatment patients with SAD and 32 demography-matched healthy controls were recruited to undergo high-resolution 3.0-Tesla T1-weighted MRI. Cortical thickness (CT) and subcortical GMV were estimated using FreeSurfer; then the whole-brain vertex-wise analysis was performed to compare group differences in CT. Besides, differences in subcortical GMV of priori selected regions-of-interest: amygdala, hippocampus, putamen, and pallidum were compared by an analysis of covariance with age, gender, and total subcortical GMV as covariates.
Results: The SAD patients demonstrated significantly decreased CT near-symmetrically in the bilateral prefrontal cortex (Monte Carlo simulations of $P < 0.05$). Besides, smaller GMV in the left hippocampus and pallidum were also observed in the SAD cohort (two-sample t-test of $P < 0.05$).

Conclusions: For the first time, the current study investigated the structural alterations of CT and subcortical GMV in non-comorbid never-treated patients with SAD. Our findings provide preliminary evidences that structural deficits in cortical-striatal-limbic circuit may contribute to the psychopathological basis of SAD, and offer more detailed structural substrates for the involvement of such aberrant circuit in the imbalance between defective bottom-up response and top-down control to external stimuli in SAD.

Disclosure: No significant relationships.

Keywords: cortical-striatal-limbic circuit; magnetic resonance imaging; social anxiety disorder; Cortical thickness

Bipolar Disorders

EPV0050

Lurasidone in treatment of manic episode

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Introduction: Lurasidone is an atypical antipsychotic used in the treatment of schizophrenia and bipolar depression. Both indications are approved by the FDA nowadays, whereas in Europe it is only approved for schizophrenia. Lurasidone has been barely studied for the treatment of acute mania, nonetheless it is sometimes used off-label.
Objectives: A case of a patient with a manic episode treated with lurasidone is presented, in order to provide further evidence on this topic.
Methods: The patient is a 43 year-old-woman with diagnosis of type I bipolar disorder, personality disorder and borderline intellectual functioning, resident in our Hospital's long-stay psychiatric rehabilitation unit. She was previously under treatment with venlafaxine 75 mg/day, valproate 1500 mg/day and levomepromazine 25 mg on demand; remaining stable for months. The patient presented an episode consisting on agitation, irritability, verbiage, tachyphase, verbal aggressiveness and behavioral disturbances. Psysical restraint was needed for one day long and zuclopenthixol acetate 50 mg IM was administered twice within 5 days for the acute agitation. Venlafaxine was immediately withdrawn and lurasidone was progressively introduced up to 111 mg daily.
Results: Approximately 3 weeks after the treatment adjustment, the patient reached the psychopatological stabilty.
Conclusions: Antidepressive withdrawal and introduction of Lurasidone were effective to treat the acute manic episode in this patient. It has been previosuly suggested that lurasidone caused improvement in emergent manic symptoms in patients with bipolar depression, and in subsyndromal hypomanic symptoms in patients with mixed features of depression. However, no studies have been made yet to evaluate the efficacy of lurasidone in acute mania.

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Keywords: manic episode; Treatment; lurasidone; bipolar disorder

EPV0052

Orexins and bipolar disorder: A review

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Introduction: Bipolar disorder (BD) is a chronic deteriorating illness which has a strong impact on functionality. In the past few years, orexins have gained importance as possible biomarkers of circadian rhythms, affected in BD. Up to this date, we have not found any bibliographical review evaluating the association of orexins and BD.
Objectives: To review published literature in relation to the associaton of orexins and BD.
Methods: A bibliographical search was conducted in PubMed. Inclusion criteria were a) the study evaluated orexins in plasma or cerebrospinal fluid, and b) patients with BD were included within the subjects of study.
Reference lists of the articles that met inclusion criteria were also examined.
Results: Ten articles were retrieved from the initial search. Only three met inclusion criteria and another one was selected from the reference list examination. One study observed significantly higher levels of orexin A in plasma of BD patients versus depression and controls. Other found higher concentration of orexin A of unipolar and bipolar depression versus controls, but this result was not statistically significant. Another one did not find differences in orexin A concentration between mania, depression and controls. The remaining study detected significantly lower concentration of orexin A in BD versus depression, schizophrenia and controls.
Conclusions: Despite being heterogenous, the results point out there are differences in orexin levels in BD when compared to other diagnostic groups or controls. This sets a starting point to focus research on this subject and continue analyzing the role of orexins as biomarkers in BD.

Disclosure: No significant relationships.

Keywords: hypocretin; circadian rhythms; bipolar disorder; orexins

EPV0053

Role of DSM5 Anxious Distress Specifier Interview in symptoms severity and medication adherence in 1st episode mania

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Introduction: -Anxious Distress Specifier is one of the newly added specifier in diagnosis and managment of bipolar disorder.This unique item may paly a role in not only the symptoms severity