

	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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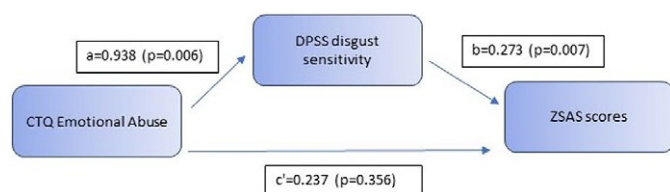
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**Introduction:** Several studies demonstrate that disgust, defined as a revulsion response aimed at distancing an individual from a potentially harmful or noxious stimulus, is linked to post-traumatic stress following sexual trauma even when accounting 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 ( $R^2=0.18$ ).

**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

## Bipolar disorders

### O004

#### Lithium-associated hypothyroidism: Reversible after lithium discontinuation?

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**Introduction:** The association between lithium and thyroid dysfunction has long been known. Yet it is not known whether lithium-associated hypothyroidism is reversible, once lithium treatment has been stopped.

**Objectives:** To determine whether lithium-associated hypothyroidism was reversible in patients who subsequently discontinued lithium.

**Methods:** Retrospective cohort study in the Swedish region of Norrbotten into the effects and side-effects of lithium treatment and other drugs for relapse prevention (LiSIE). For this particular study, we reviewed medical records between 1997 and 2015 of patients treated with lithium.

**Results:** Of 1340 patients screened, we identified 90 patients with lithium-associated hypothyroidism who subsequently discontinued lithium. Of these, 27% had overt hypothyroidism at the time when thyroid replacement therapy was initiated. The mean delay from lithium start to thyroid replacement therapy start was 2.3 (SD 4.7) years. Fifty percent received thyroid replacement therapy within 10 months of starting lithium. Of 85 patients available for follow up, 35 (41%) stopped thyroid replacement therapy after lithium discontinuation. Six patients reinstated thyroid replacement therapy subsequently. Only one of these had overt hypothyroidism, occurring 13 days after stopping lithium and 11 days after stopping thyroid replacement therapy.

**Conclusions:** Lithium-associated hypothyroidism seems reversible in most patients, once lithium has been discontinued. In such cases, thyroid replacement therapy discontinuation could be attempted much more often than currently done. Based on the limited evidence of our study, we can expect hypothyroidism to recur early after discontinuation of thyroid replacement therapy if at all.

**Disclosure:** MO: scient adv. board member Astra Zeneca Sweden; UW: educ. activities Norrbotten Region: Astra Zeneca, Eli Lilly, Janssen, Novartis, Otsuka/Lundbeck, Servier, Shire and Sunovion. All others: none.

**Keywords:** lithium; adverse effects; bipolar disorder; hypothyroidism

### O005

#### The WHO-5 well-being scale and its correlation to depressive and manic symptoms among outpatients with bipolar disorder or unipolar depression

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**Introduction:** There is a lack of longitudinal studies of patients with bipolar disorder (BD) or unipolar depression (UD) in terms of psychological well-being as measured by the WHO-5 and the correlation to symptom scores. It is of interest to investigate whether the WHO-5 is useful in monitoring patients with mood disorders over time, as a tool in measurement-based care, and as a supplement to other psychometric measures.

**Objectives:** In this study we investigate the correlation at baseline between the depressive symptom scores according to the 6-item Hamilton Depression Score (HDS-6) and the WHO-5 scores in outpatients treated for BD or UD. Furthermore, in patients with BD we investigate correlations between manic symptom scores according to the modified Bech-Rafaelsen Mania Scale (MAS-M) and the WHO-5 scores. Lastly, in patients with BD or UD, we investigate the correlations between endpoint-baseline change in WHO-5 and change in MAS-M and HDS-6.

**Methods:** A longitudinal study of 200 outpatients diagnosed and treated for either BD or UD. Patients will be measured at baseline and at least four weeks later. Baseline data are presented as frequencies, means and standard deviations or medians with interquartile ranges as appropriate. All correlations are presented as scatter plots and a Spearman correlation analysis

**Results:** The study is ongoing, but the results will be available for presentation at the EPA in 2021.

**Conclusions:** The WHO-5 may represent a relevant outcome measure in the treatment of BD and UD.

**Disclosure:** No significant relationships.

**Keywords:** bipolar disorder; who-5; quality of life; unipolar depression

### O006

#### Higher illness burden is associated with reduced heart rate variability in bipolar disorder

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