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Introduction: Anxiety disorders are leading contributors to the global disease burden, highly prevalent across the lifespan, and associated with substantially increased morbidity and early mortality.
Objectives: The aim of this study was to examine age-related changes across a wide range of physiological measures in middle-aged and older adults with a lifetime history of anxiety disorders compared to healthy controls.
Methods: The UK Biobank study recruited >500,000 adults, aged 37-73, between 2006-2010. We used generalised additive models to estimate non-linear associations between age and hand-grip strength, cardiovascular function, body composition, lung function and heel bone mineral density in cases vs. controls.
Results: The main dataset included 332,078 adults (mean age = 56.37 years; 52.65% females). In both sexes, individuals with anxiety disorders had lower hand-grip strength and blood pressure than healthy controls, while their pulse rate and body composition measures were higher. Case-control differences were larger when considering individuals with chronic and/or severe anxiety disorders, and differences in body composition were modulated by depression comorbidity status. Differences in age-related physiological changes between female anxiety disorder cases and healthy controls were most evident for blood pressure, pulse rate and body composition, while in males for hand-grip strength, blood pressure and body composition. Most differences in physiological measures between cases and controls tended to decrease with age increase.
Conclusions: Individuals with a lifetime history of anxiety disorders differed from healthy controls across multiple physiological measures, with some evidence of case-control differences by age. The differences observed varied by chronicity/severity and depression comorbidity.

EPP0175

Comparison of Metacognitions in Obsessive-Compulsive Disorder, Generalized Anxiety Disorder, and Healthy Controls

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Introduction: Generalized anxiety disorder (GAD) and Obsessive compulsive disorder (OCD) are common psychiatric disorders. Researchers studying the pathophysiology of these two disorders evaluated the effect of metacognition. However, there is no research examining the metacognition differences of these two psychiatric conditions.

Objectives: This study was performed to compare the metacognitions in OCD, GAD and healthy controls.
Methods: The sample of this study consisted of 158 GAD and 137 OCD patients aged 18-65 years who presented to outpatient psychiatry clinic and applied to the health committee 168 healthy controls without psychopathology. Sociodemographic data form, Meta-Cognitions Questionnaire-30 scale(MCQ-30), Beck Depression Inventory(BDI) and Beck Anxiety Inventory(BAI) were applied to the volunteer participants who met the criteria for participation in the study. The data obtained were evaluated statistically and subjected to statistical analysis.
Results: The mean age was 31.89 ± 10.86 years and was 60.5% (n = 208) women. There was statistical difference between marital status, occupation and income($p < 0.05$). In addition, there was a statistically significant difference between MCQ-30 total and subscales, BDI and BAI ($p < 0.001$). According to the comparison of OCD and GAD patients, 'positive belief', MCQ-30 total and BAI scores were found to be statistically different ($p < 0.05$), 'Uncontrollability and danger', 'Cognitive Confidence', 'Beliefs about The Need to Control Thoughts', 'Cognitive Self-Consciousness', BDI there was no statistical difference between them ($p > 0.05$).
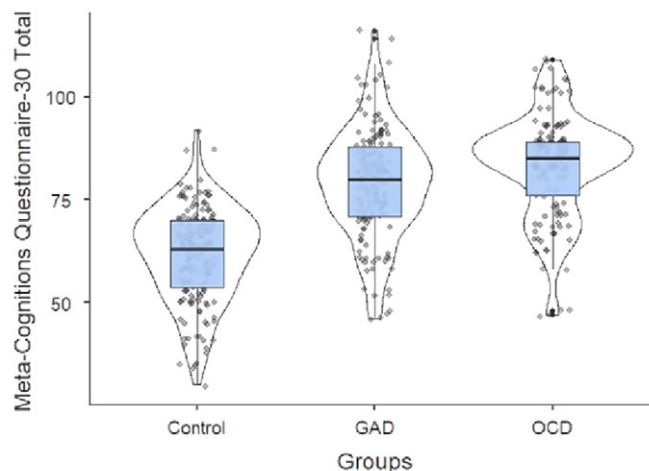
Conclusions: Our results are contributing to the understanding of the uncertainty of development and maintenance of OCD and GAD. Additionally, metacognitions could be important for the diagnosis and treatment of OCD and GAD.

EPP0178

Preliminary evidence for a Theory of Mind impairment in patients with Anxiety Disorders

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Introduction: Theory of Mind is defined as the ability to understand mental states of other people, and is notoriously impaired in patients with Autism Spectrum Disorder. A growing body of evidence suggests an impairment of Theory of Mind in several other psychopathological disorders. However, only few studies have assessed Theory of Mind in patients with Anxiety Disorders (AD), addressing only patients with Social Anxiety Disorder.

Objectives: We aimed to investigate the differences in Theory of Mind between patients with AD and Healthy Controls (HC).

Methods: We enrolled 35 patients admitted in the Psychiatric Unit of Careggi with diagnosis of AD and 31 HC. We administered them: Zung Anxiety Scale (ZSAS), Empathy Quotient (EQ), Reading the Mind in the Eyes (RMET), and Faux Pas test (FP). A t-test for independent samples was performed to assess between-group differences.

Results: Zung total scores proved to be significantly higher in patients (t(60)=4.375, p<0.001), while Empathy Quotient total scores (t(61)=-3.325, p=0.002), detection of faux pas in Faux Pas test (t(61)=-4.957, p<0.001), RMET total scores (t(63)=-2.269, p=0.031) were significantly higher in healthy controls.
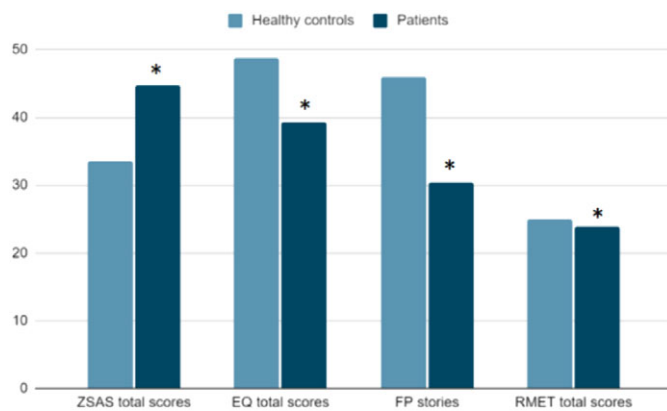
Conclusions: Such preliminary data suggest impairment of Theory of Mind and Empathy in patients with AD as compared to HC. This could be linked to the development and maintenance of anxiety symptoms in patients with AD, making Theory of Mind a potential target in psychotherapy of AD.

Disclosure: No significant relationships.
Keywords: Anxiety; Empathy; Theory of Mind; Anxiety disorders

EPP0179

Impact of central antagonist of cholecystokinin-1 receptors GB-115 on cognitive functions in patients with Generalized Anxiety Disorder.

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Introduction: Generalized anxiety disorder (GAD) is associated with reduced attention, inhibition, decrease of processing speed. The impact of a new peptide antagonist of central cholecystokinin-1 receptors (GB-115) on cognitive processes in patients with GAD is reported.

Objectives: To research the cognitive effects of GB-115 in patients with GAD.

Methods: 25 patients with GAD in ICD-10 (mean age 35,76±8,55 years) treated with GB-115 in clinically relevant dose (6 mg/d) were enrolled to the study. The evaluation of cognitive functions was conducted at background, Day 3, Day 7, Day 14 and Day 21. The laboratory test toolkit included reaction time test, Shulte-Platonov tables, attention tests (using hardware and software complex "NeuroSoft-PsychoTest"). Statistical significance was ascertained by Wilcoxon signed-rank test.

Results: Speed of reaction time increased on the Day 7 (418,17±61,49 msec, p≤0,01), the Day 14 (422,25±70,69 msec, p≤0,01) and the Day 21 of treatment (406,5±52,79 msec, p≤0,01) in comparison with background (449,19±64,91). Attention parameters improved on the Day 3 (305,95±45,31 msec, p≤0,05) and the Day 21 of treatment (300,14±47,74 msec, p≤0,05) in comparison with the background (316,41±42,35 msec). Decrease of time in performance of tables of Shulte-Platonov was also observed on the Day 7 (59,40±13,71 sec, p≤0,01), the Day 14 (57,88±12,82 sec, p≤0,01) and the Day 21 (53,40±13,19 sec, p≤0,01) in comparison with the background (68,84±16,78 sec).

Conclusions: GB-115 revealed cognitive effects such as an increase of processing speed and improvement of different aspects of attention (attentional resource allocation, attention span and switching) after the Day 7 of treatment.

Disclosure: No significant relationships.
Keywords: anxiety disorder; cholecystokinin; anxiolytic; cognitive functions

EPP0180

Anxiety in patients with hyperthyroidism

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Introduction: Mental symptoms are the first manifestations of hyperthyroidism. They include anxiety, dysphoria, irritability, emotional lability, sleep disorders, intellectual dysfunction, mania or depression. Anxiety is the main symptom and requires more detailed study.

Objectives: The objective was to determine symptomatology of anxiety in patients with hyperthyroidism and compare with euthyroid patients.

Methods: The study included 56 patients with hyperthyroidism (high free T3 and free T4, suppressed TSH) and 32 euthyroid patients (normal free T3, free T4 and TSH) of the control group. For psychiatric assessment State-Trait Anxiety Inventory [STAI], Hamilton Depression Rating Scale [HAM-D], and Hamilton Anxiety Rating Scale [HAM-A] were used.

Results: Total scores obtained from STAI, HAM-D and HAM-A were significantly greater in the hyperthyroidism group than that of the euthyroid group (p<0.05). The level of state anxiety in patients with hyperthyroidism was 51.39 ± 0.95 (high level) compared with 41.59 ± 2.41 (moderate level) in the control group. The level of trait anxiety in patients with hyperthyroidism was 46.86 ± 0.69 (high level), and 44.16 ± 2.17 (moderate level) in the control group.