

Introduction: Studies on psychiatric patients have shown that the presence of autistic traits affects the effectiveness of the treatment, decreasing the likelihood of positive clinical outcomes.

Objectives: The aim of the present study is to investigate which are the areas of overlap between psychiatric symptoms and the traits of the autism spectrum using a bayesian approach.

Methods: A sample of 190 adult psychiatric patients, diagnosed with schizophrenia, bipolar disorder, major depression, and personality disorder participated in the study. The RAADS-R questionnaire was used to assess the presence of autistic traits. The severity of psychiatric symptoms was measured with the BPRS and PANSS scales, the perceived well-being and disability using the Whodas and Whoqol scales, the TOL and STROOP for the measurement of executive functions, the attentional matrices for visual-spatial attention, the Raven for general cognitive skills.

Results: No difference emerged between the diagnoses regarding the presence of symptoms of the autism spectrum, which affects 64% of subjects. Logistic regression showed that the severity of symptoms measured as BPRS and PANSS predicted the probability of having autistic traits. Bayesian regression showed that specific autistic traits are indicative of executive functions deficits. Namely, motor impairment severity measured at RAADS is strongly predicted by rule violation with number of correct moves measured at TOL. The other executive functions seemed to be only moderately linked to autistic traits.

Conclusions: These results provide new information about the expression of comorbidity with autism in psychiatric patients.

Keywords: executive function; Bayesian model; autistic traits; Psychiatric symptoms

EPP0220

Parkinson's disease and depression

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Introduction: Parkinson's disease has long been considered as a neurodegenerative disorder of pure motor expression. Motor dysfunction in Parkinson's disease and other parkinsonian disorders is frequently accompanied by nonmotor signs and symptoms, including cognitive impairment, apathy, anxiety, and depression. Among psychiatric disorders comorbid with Parkinson's disease, depression is probably the most important in terms of frequency and impact.

Objectives: The aim of this presentation was to illustrate the importance of considering depressive symptoms in patients with Parkinson's disease.

Methods: A case report describing a patient with depressive symptoms in a patient with Parkinson's disease and literature review.

Results: We report a case of a 57-year-old woman who presented symptoms of Parkinson's disease for two years. She was treated with Benserazide (Madopar). She was referred to our department for depressive symptomatology. The patient suffered from fatigue, insomnia, loss of sexual desire, sadness, anhedonia, and social withdrawal during the last three months. The diagnosis of depression was not immediately retained. Finally, a major depressive episode was diagnosed. Fluoxetine (20mg per day) was prescribed with clinical improvement.

Conclusions: The diagnosis of a depressive episode is most often complex, due to an overlap symptomatic of both disorders. The depression comorbid to Parkinson's disease because of its frequency and impact, requires specific identification and management early.

Keywords: parkinson's disease; Depression

EPP0221

Psychiatric disorders and somatic comorbidities.

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Introduction: People followed at the department of psychiatry have a high prevalence of somatic pathologies that are generally not taken optimal care of in time, which implies excess mortality rate among these patients.

Objectives: To study somatic comorbidities in patients followed at the department of psychiatry of the regional hospital of Gabes (Tunisia).

Methods: We conducted a retrospective, descriptive and analytical study carried out on a clinical population who consult for the first time at the psychiatry department at the Gabes regional hospital during the period from January 1st, 2010 to December 31, 2013. Sociodemographic, clinical and therapeutic data of the patients were assessed. Data were analysed using the software SPSS (20th edition).

Results: The number of patients consulting for the first time at the psychiatry department during the study's period was 1601 patients, with a mean age of 34 years and a sex ratio (M / F) of 0.96. Among these patients, 399 (24.9%) had somatic comorbidity. The most common somatic comorbidity was arterial hypertension (8.1% of patients, n=129 patients). Diabetes mellitus was ranked second with 99 patients (6.2%). The analytical study showed that depressive disorders were significantly more frequent in patients with hypertension (p<0.001), diabetes mellitus (p<0.001) and asthma (p=0.026).

Conclusions: Somatic comorbidities were frequent in patients followed by the department of psychiatry. Paying attention to somatic comorbidities must be part of the evaluation of these patients in order to coordinate effectively with the somatic doctors.

Keywords: Psychiatric disorders; Somatic comorbidities

EPP0223

The role of social acuity assessment in differentiating primary psychoses from drug-induced psychoses

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Introduction: The dual diagnosis among patients with primary psychotic disorders is frequent and causes diagnostic and treatment challenges. In clinical practice, differentiating between substance-induced psychoses and independent (primary) psychoses when the patient is actively using drugs of addiction, is difficult, especially in the acute phase of the psychosis.

Objectives: The aim of the study is to identify clinical data relevant for differentiating between primary psychoses triggered by addictive drug misuse and substance-induced psychoses, using psychometric scales.

Methods: The study was conducted on 111 patients divided in four samples: 28 dual diagnosis psychotic patients (DD), 27 bipolar patients (BD), 25 schizoaffective patients (SCA) and 31 patients with schizophrenia (SCZ). The subjects were assessed using scales for the severity of psychiatric symptoms, cognitive functions and social acuity (theory of mind): BPRS-E (Brief Psychiatric Rating Scale – Expanded), MoCA (Montreal Cognitive Assessment), CBS (Cambridge Behavioral Scale), and RMET (Reading the Mind in the Eyes Test). The tests were performed when patients were in the remission phase of the psychosis.

Results: BPRS-E scores showed significant differences between DD subjects and patients from the other three samples (primary psychoses). CBS revealed significant differences between the DD subjects and patients with schizophrenia spectrum psychoses (SCA and SCZ). RMET identified significant differences between DD and BD patients.

Conclusions: Although differentiating between substance-induced and primary psychoses remains a difficult task, social acuity assessment performed in remitted patients may be helpful in guiding the clinician to establish a more accurate diagnosis.

Keywords: dual diagnosis; substance-induced psychosis; schizophrenia; bipolar disorder

EPP0225

Depression after acute traumatic injuries in children

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Introduction: Acute traumatic injuries in children are diverse: skeletal trauma, traumatic brain injury (TBI), spinal injury (SCI), amputations, combined trauma and others. Severe injuries lead to severe disability and desadaptation of the child. It is known that children tolerate hard the awareness and acceptance of their new state.

Objectives: To study emotional disorders after traumatic injuries in children at early stages of rehabilitation.

Methods: 159 children up to 18 y.o.: 80 (TBI), 60 (SCI), 19 (amputation, skeletal injury, electro-trauma). Methods: psychopathological, psychological; scales, questionnaires.

Results: In children after severe and moderately severe TBI, depression was detected in 43% as a consequence of injury and recovery of mental activity. In children with SCI, depression was detected in

48% as a reaction to stressful situation. In children with amputation, severe skeletal injury, electro-trauma depression was in 60%, both as a consequence of organic recovery of mental activity and as a reaction to psycho-traumatic situation. In the acute period, children had comprehensive interdisciplinary rehabilitation. Neuropsychiatrist recommended neuropharmacotherapy with antidepressants from the group of serotonin reuptake inhibitors (sertraline), GABA preparations. For psychological support, gestalt correction techniques were used.

Conclusions: After acute trauma, depression in children occupies a significant place in clinical picture. Genesis of depressive disorders can be caused both by organic damage to brain structures and by reaction to psychotraumatic situation. In order to improve rehabilitation effectiveness, to make patient's returning to usual living environment easier as well as to improve the quality of life, interdisciplinary approach is needed since early stages of rehabilitation and after.

Keywords: Depression; Children; traumatic injuries; Rehabilitation

EPP0226

Clinical dynamics of anhedonia symptom in mood disorder and in alcohol use disorder

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Introduction: Anhedonia is an important transdiagnostic phenotypic characteristic of schizophrenia, mood disorders (MD), alcohol use disorder (AUD) and other mental diseases. This Symptom could reflect the neurochemical abnormalities in addictive and affective disorders when the function of reward system is dysregulated (Koob G.F., 2017).

Objectives: To compare the severity of Anhedonia in clinic of MD and AUD in dynamic of antidepressant therapy

Methods: The study enrolled 93 patients under treatment in MHRI Clinics: 45 AUD (F10.2; ICD-10) and 48 MD patients (F31-F34; ICD-10). The evaluation of Anhedonia was provided with the SHAPS modified for clinician administration (SHAPS-C) (Rezvan A., 2014).

Results: Due to statistical analysis, we found the level of anhedonia in the MD group was higher than in the AUD group before the treatment. After four weeks of antidepressant therapy the scrutiny of score difference shows less changes in severity of the Symptom in the AUD group (Table 1) Table 1. Dynamics of Anhedonia in MD and AUD groups by SHAPS-C

Conclusions: Anhedonia in the structure of AUD is less pronounced than in MD, but responds less to antidepressant therapy. The study is supported by RSF Grant no. 19-15-00023 "Clinical features and search of potential biomarkers of comorbidity of alcoholism and affective disorders".

Keywords: anhedonia; mood disorders; alcohol use disorder