

anxiety-depressive disorder who are on the examination and treatment at the psychiatric unit. A control group included 40 patients. We performed the exploration of the peculiarities of clinical anxiety and patterns of therapeutic effect, based on the influence of short-term group and individual psychotherapy in the treatment of anxiety disorders, and evaluation the effectiveness of its recognition.

The development of the methodology of applying a short-term group and individual psychotherapy in the treatment of anxiety disorders based on combination relaxation, hypnosis, cognitive-behavioral techniques in combination on with short-term group therapy.

In fact, this is a new real model psychotherapy based on integrative principles. The high efficacy was shown in 82% patients, compared with 54% efficacy in control group patients.

We will offer a new comprehensive methodology in the treatment of anxiety disorders of neurotic case that will improve the therapeutic efficacy of the treatment process, reduce the time of treatment, reduce the period of drug therapy.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1124>

EV140

Respiratory panic disorder in acute clonazepam treatment and long-term follow-up

A. Nardi*, R.C. Freire, S. Machado, R. Amrein

Federal University of Rio de Janeiro UFRJ, Institute of Psychiatry, Rio de Janeiro, Brazil

* Corresponding author.

Objective to describe with prospective methodology the therapeutic response to clonazepam in the respiratory panic disorder (PD) subtype versus the non-respiratory subtype in a long-term follow-up.

Methods A total of 67 PD outpatients (DSM-IV) were previously divided into respiratory ($n=35$) and non-respiratory ($n=32$) subtypes and then openly treated with clonazepam for 8 weeks. Those who responded were then treated for 3 years. Demographic and clinical features were compared in the two groups. The instruments used to evaluate response were the Clinical Global Impression, the Sheehan Panic and Anticipatory Anxiety Scale, and the Panic Disorder Severity Scale.

Results In the first 8 weeks of treatment (acute phase), the respiratory subtype had a significantly faster response on all the major scales. During the follow-up and at the end of the study (week 156), there was no difference in the scale scores, and the reduction in panic attacks from baseline to end-point did not differ significantly between the two groups. After the acute phase treatment, the patients could undergo psychotherapy. In the respiratory subtype, the disorder had a later onset, was associated with a high familial history of anxiety disorder. The non-respiratory subtype had significantly more previous depressive episodes. Clonazepam had a safe adverse event profile during both phases of treatment.

Conclusion The respiratory PD subtype had a faster response to treatment with clonazepam at 8 weeks than did the non-respiratory subtype and an equivalent response after 6 months of treatment. The response of clonazepam is clearly maintained during the long-term follow-up.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1125>

EV142

Clinical staging in panic disorder and agoraphobia

A. Pavlichenko

Moscow State University of Medicine and Dentistry n.a. Evdokimov, Psychiatry, Narcology and Psychotherapy, Moscow, Russia

There is an increasing literature about the implementation of the staging model in many mental disorders. According to this approach, there are four stages of a psychiatric disorder: prodromal stage, acute manifestations, residual phase, chronic. In this study, we empirically investigate whether additional clinical variables such as clinical manifestations and comorbid disorders may be useful to modify the staging model to panic disorder (PD).

We distinguished inpatient sample ($n=79$) with a diagnosis of "panic disorder" according to the DSM-IV criteria. We propose that the inclusion of prodromal stage of PD does not make clinical sense since the different unspecific neurotic symptoms may proceed to a variety of anxiety and depressive disorders. First stage was characterized by the situationally predisposed panic attacks (PA) with both somatic and cognitive symptoms. Comorbid disorders included somatoform disorders and generalized anxiety disorder (GAD). During second stage individuals experienced agoraphobic avoidance until traveling in public transport. On the other hand, spontaneous PA were accompanied by the only somatic but not cognitive symptoms. The most common patterns of comorbidity were GAD and alcohol misuse. Third stage was associated with the absence or limited symptom attacks and chronic agoraphobia. Major depression and obsessive-compulsive disorder might be an integral part of the clinical manifestations. This study supports that the staging model in PD might be updated by the detailed description of clinical manifestations and comorbid disorders at each stage that may help the practitioners to choose the best strategy for the treatment of a particular patient.

Disclosure of interest The author has not supplied his declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1127>

EV144

Anxiety, depression and perceived health status in patients with epilepsy

F. Smaoui^{1,*}, E. Turki¹, N. Halouani^{2,*}, M. Turki¹, I. Bouchhima¹, N. Bouzidi¹, M. Ben Amar¹, O. Amami², C. Mhiri¹

¹ Habib Bourguiba Hospital, Neurology, Sfax, Tunisia

² Hedi Chaker, Psychiatry, Sfax, Tunisia

* Corresponding author.

Introduction Epilepsy is a chronic disease often disabling, source of stigma and poor quality of life.

Objectives Determine the prevalence of anxiety and depression in patients with epilepsy and the associated factors.

Methods We conducted a prospective, descriptive and analytical study among 20 patients followed for epilepsy in our department of neurology. The study was conducted from February to April 2015. We used a preestablished form to collect the socio-demographic and clinic profile of the patients. The assessment of anxiety and depression was made via the HADS "Hospital Anxiety and Depression Scale" and the perceived health status via GHQ scale "General Health Questionnaire".

Results The average age of our patients was 35.9 years. The average GHQ score was 27.7. It was higher in women without a statistically significant difference. It was positively correlated with the number of attacks during the last 12 months ($P=0.042$), poor treatment adherence ($P=0.007$), the feeling of disability ($P=0.021$) and the feeling of stigma ($P=0.008$). Anxiety was estimated in 35% of cases and 45% were depressed. Depression was significantly associated to the celibacy ($P=0.012$), the feeling of stigma ($P=0.038$) and

the GHQ score ($P=0.016$). Anxiety was correlated with the absence of hobbies ($P=0.02$) and the GHQ score ($P=0.008$).

Conclusion It is important to detect these psychiatric disorders and to manage generators factors to ensure a better quality of life and social integration for these patients with epilepsy.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1129>

EV145

The psychological impact of melasma.

A report of 30 Tunisian women

F. Fatma¹, I. Baati¹, M. Mseddi², R. Sallemi^{1,*}, H. Turki², J. Masmoudi¹

¹ Hedi Chaker University Hospital, Psychiatry A, Sfax, Tunisia

² Hedi Chaker University Hospital, Dermatology, Sfax, Tunisia

* Corresponding author.

Introduction Melasma is a common disorder of acquired hyperpigmentation characterized by tan or brown macules and patches localized to photo-exposed areas of the face.

Objective To study the psychological impact of melasma on Tunisian women.

Methods We conducted a cross-sectional study on thirty patients with melasma who attended the dermatology department of the University Hospital in Sfax (Tunisia).

The questionnaire included socio-demographic and clinical data. We used four measurement scales:

- MELASQOL questionnaire;
- Rosenberg Self-Esteem Scale;
- Hospital Anxiety and Depression Scale;
- Body Image Questionnaire.

Results The mean age was 34.6 years. The majority was living in urban areas (90%), was married (56.7%) and had a profession (80%). Sixty percent of patients were anxious and 16.7% were depressed. Both self-esteem and body image were respectively altered in 43.3% and 36.6%. The average score of MELASQOL was 31.77%. It was higher in single woman (36.8 vs. 28.4), younger than 40 years old (31.5 vs. 21.7), having a low socioeconomic status (45.2 vs. 29) and working in private sector (40 vs. 24).

The quality of life was more damaged in patients with disease duration less than five years ($P=0.024$).

Anxious patients had higher MELASQOL scores than non-anxious (38.17 vs. 22.17; $P=0.008$), as well as depressed patients (49 vs. 28.32; $P=0.009$).

High MELASQOL scores were correlated with low self-esteem ($P=0.05$) and altered body image ($P=0.04$).

Conclusion Although benign, melasma causes an important psychological impact such as anxiety, depression, low self-esteem and poor body image. These effects should be considered in the care plan.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1130>

EV147

Dissociative disorder – unraveling the mystery

L. Sousa*, A. Antunes, S. Oliveira

Hospital de Santa Maria, Lisbon Academic Medical Center, Psychiatry and Mental Health, Lisbon, Portugal

* Corresponding author.

Introduction Dissociative disorders are among the most enigmatic and controversial psychiatric pathologies. In the last decades, great interest has emerged in understanding its pathophysiology, nonetheless, problems in recognition and management of these disorders are still challenging the psychiatric community.

Objectives We describe a paradigmatic case of a dissociative disorder illustrating the “choice” of dissociation as a strategy for coping with a traumatic reality.

Aim Call attention to problems that interfere with the recognition, diagnosis and management of dissociative disorders.

Methods Bibliographic research was conducted through the PubMed in the Medline library and clinical information was obtained through medical records and clinical interviews with the patient.

Results A 51-year-old Brazilian woman with no psychiatric history presented to the psychiatric outpatient care with apparent dissociative symptoms, these consisted of amnesia for episodes of agitation and aggressive behavior that occurred mainly at bed time. She had been previously on general practice and neurology consultations but none organic diagnose was made. Already in psychiatry, it was recognized that those symptoms developed together after a car accident and the beginning of a romantic relationship. It was also recognized that she has sexual dysfunction and a history of sexual abuse by a family member during her childhood, a known risk factor to dissociative disorders.

Conclusions Skepticism and lack of understanding might be the reason for late psychiatric referral after the realization of various expensive and time-consuming medical exams. Improving the recognition of dissociative disorders will conduce not only to better clinical outcomes but also improve cost effectivity of medical interventions.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1132>

EV148

Burnout and neurotic symptoms among medical students

A. Tereszko^{1,*}, K. Drozdowicz², M. Szymura¹, A. Tuleja¹, W. Korzeniowski¹, A. Kozłowska¹, M. Siwek², D. Dudek²

¹ Jagiellonian University Medical College, Students' Scientific Association of Affective Disorders, Kraków, Poland

² Jagiellonian University Medical College, Department of Affective Disorders, Kraków, Poland

* Corresponding author.

Introduction Medical studies are considered one of the most stressful majors and the medical profession is one of the most at risk of burnout. Some studies indicate the presence of symptoms of burnout already in the early stages of career, or even before it started, i.e. during studies preparing for the profession. Medical studies may be such a case and it can affect the mental health deterioration and cause the occurrence of both burnout and neurotic symptoms.

Objectives Assessment of the impact of the course of studies on mental health of students and the risk of rapid burnout.

Aim Estimation of the prevalence and severity of burnout and neurotic symptoms among medical student depending on the year of study.

Methods Seven hundred and eighty-one medical students participated in the study. We used translated version of Maslach Burnout Inventory-Student Survey and Polish questionnaire – Symptom checklist S-III – for neurotic symptoms assessment.

Results There was no significant difference in MBI-SS subscales and symptoms checklist between first and last year of studies. Difference turned out to be significant when 1st and 6th year students with 3rd year – in Symptom checklist ($P<0.01$ and $P<0.05$, respectively), MBI-SS emotional exhaustion subscale ($P<0.01$ for both) and depersonalization subscale ($P<0.01$, significant only when compared with 1st year students).

Conclusions Study revealed interesting pattern of burnout and neurotic symptoms, with theirs greatest severity at the beginning and the end of studies.