

Hemophilia is a life threatening, life long condition caused by absence of or defective coagulation factors. Our clinical experiences show us, that patients with haemophilia, especially older patients, who did not use prophylactic treatment, often are under negative stress and suffer from different psychological problems. They have difficulties talking about their feelings and emotional life and use several defence mechanisms to reduce their mental pain. They start to talk about their feelings late during the psychological treatment. Aim of our study will be to evaluate social and psychological aspects of haemophilia during the long-term psychotherapy and compare them with the ESCHQoL Study results.

Background: Clinical experiences.

Patients with haemophilia often experience high level of anxiety for the risk of bleeding and difficulty in coping with the situation. Comparison between the clinical data and the ESCHQoL Study results showed us, that patients with haemophilia initially tend to denial anxiety, which manifest itself more often through the body symptoms. Some of our patients experienced stigmatised behaviours during their childhood, which, of course is very traumatising.

Conclusion: The ESCHQoL Study results, especially the part, which evaluate the social and psychological problems of patients with haemophilia should be interpret with the caution. Clinical experiences in working with patients with haemophilia have shown that they have difficulties in expressing feelings. During the long-term psychological work with the patients they progresively start to open emotionally and the level and quality of their defence mechanisms start to change. As a consequence the management of haemophilia often improves.

P0219

The evaluation of analgetic use (abuse) in patients with haemophilia

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Haemophilia is a life threatening, life long condition caused by absence of or defective coagulation factors. People with haemophilia tend to bleed internally into joints and muscles, which can lead to pain. Pain is a distressing symptom that can affect people with haemophilia in a number of ways. A bleed into a joint can cause acute, severe pain whereas the long-term effects of recurrent bleeds can lead to chronic and disabling symptoms. People with haemophilia use different types of analgetics for pain relief. Patients with haemophilia need to manage psychological pain, too. A high percentage of hemophiliac patients suffer from different psychological problems, most common anxiety, depression and somatization disorders. Physical and psychological pain need to be differentiated and assessed correctly in order to be managed properly.

According to our clinical experiences, several patients with haemophilia were abusing analgetics to reduce and control comorbid anxiety or depression.

Aim of our study will be to evaluate the analgetic use in patients with haemophilia. We will evaluate the medical records of 180 patients with haemophilia from Slovenian Haemophilia society and search for type of analgetics, indications for its prescription and potential complications: physical and psychiatric side effects (overdoses, analgetic abuse or misuse. The pattern of the analgetic use

will be compared to the results of the quality of life questionnaire and functional parameters of the large joints.

P0220

Psychopathological variables and electrical pain threshold

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Background and Aims: Although there is growing interest in human health and psychological factors efficiency in chronic pains, specially in lowback pain, there has been limited studies of psychopathological aspects, such as somatization, interpersonality sensitivity, hostility and ... with pain threshold. Pain is a affective, complex and cognitive phenomenon, which is highly common in a variety of medical conditions, and debilitate normal life. By the reason, the main aim of this study is to measure the relation of psychopathological variables, consistent with demographic factors with pain threshold and tolerance.

Method: By multi stage sampling of Tehran central branch of I.A university, 50 subjects (25 female, 25 male) in the age range of 22-26 years old, have selected. After testing by specific scales and electrical pain threshold-tolerance, (TENS), data analyzed by two-way analysis of variance.

Result: There is statistical significant relation in pain and psychopathological variables.

Conclusion: This study consistently showed that not only personality characteristics, but also psychopathological aspects, specially anxiety, depression and hostality have relation with pain threshold and tolerance.

P0221

What is the role of HIV positivity in patients with ESLD who undergo to OLTx Iter?

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Introduction: Since 2003 the national research program for solid organ transplantation in HIV patients is active at the Liver Transplantation Centre of Modena. HIV patients who enter this protocol are assessed by the CLP Service. The aim of the present study is to evaluate their psychiatric comorbidity.

Methods: An observational prospective study was conducted comparing ESLD patients with and without HIV. After the assessment, the psychiatrist compiled the TERS and the MADRS. Baseline (B) evaluation was made before the inclusion in the OLTx waiting list and the Follow-Up (FU) one was made 12 months later.

Results: From January 2003 to December 2006 we assessed 553 patients: 39 (6%) with HIV and 361 (94%) without HIV. The two groups were homogeneous for gender (75% of male patients; p = ns) but not for age (46 ± 5 vs 56 ± 9 ; p = ns). Psychiatric anamnesis was negative in 176 (49%) patients without HIV and in 6 (15%) patients with HIV, p<0.001.

At baseline psychiatric comorbidity was present in 33 HIV patients (85%) and in 148 non HIV patients (41%), p<0.001.