

discussed how mindfulness based cognitive therapy can be used as an intervention to disrupt this feedback.

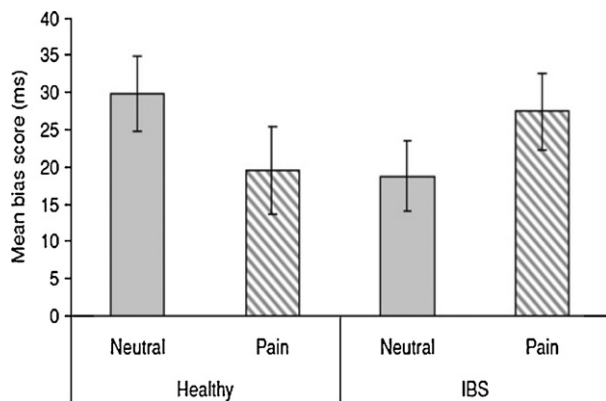


Fig. 1 Attentional bias in IBS and healthy groups with pain and neutral stimuli. Target in the same (valid) or different (invalid) position as the cue, bias = (RT invalid – RT valid).

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EV0026

Conversion disorder: Unexplained symptoms of silenced emotions?

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Introduction Conversion disorder is a condition defined by the presence of symptoms of altered voluntary motor or sensory function, not intentionally produced or feigned, presumed to be the expression of a psychological conflict or stressor, but mimicking neurological diseases or other medical conditions, that must be excluded before this diagnosis is made. The suspicion of conversion disorder arises when clinical findings are incompatible with the suggested neurological or medical conditions and there is a temporal relation between the onset of the symptoms and a psychological stressor. However, when these hints are absent, diagnosis may not be clear and require wider workup.

Objectives/aims To make a brief review on conversion disorder and present an illustrative clinical-vignette.

Methods We collected information from medical records and interview with the patient and made a research on PubMed with the MeSH terms “conversion disorder”.

Results We present a 51-years-old female outpatient with episodes of paralysis of left upper and lower limbs. Some months before the onset of these symptoms, her daughter came to live with her. Their relationship became very conflictual. Electroencephalogram, laboratory and imaging studies were normal. She did not tolerate the antidepressants tried (SSRI, SNRI and trazodone), but reported to feel better with amisulpride and alprazolam.

Conclusions Widely discussed in the past as “hysteria”, conversion disorder is still intriguing, because little is known about the link between body and mind, making the management of patients with this disorder challenging and highlighting the need for more studies on the topic.

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

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EV0027

Diagnosis of generalized anxiety disorder in Russia: The results of a web-based survey of psychiatrists

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Introduction There is a lack of attention on generalized anxiety disorder (GAD) in the psychiatrists' education programs in Russia. The consequence of this is difficult to estimate because of insufficiency of the GAD epidemiology in Russia.

Objectives Are estimation of the comparative prevalence of diagnosis of GAD among other anxiety and stress related disorders; psychiatrists' knowledge about GAD and their therapeutic approaches.

Methods The invitations to survey were sent by e-mail to members of the Russian Society of Psychiatrists; 888 psychiatrists took part in the survey. Twenty-six percent of them worked in inpatient departments, 43% – in outpatient departments, 15% – in somatic services, 17% – researchers and university professors.

Results A total of 83% of respondents have diagnosed GAD at least once during last year. Most often GAD was diagnosed by psychiatrists of somatic services. Mixed anxiety and depressive disorder was diagnosed in 2.5 times more often than GAD; adjustment disorders – in 2.1 times. Doctors have noted that among their patients with other mental disorders 26% have chronic anxiety, but most of doctors do not establish the comorbid diagnosis of GAD for these patients. Only a quarter of doctors consider that detachment of GAD from other anxiety disorders is based on the features of etiology and pathogenesis. In the treatment of GAD together with SSRIs, SNRIs, and pregabalin prescribing, doctors often prescribe benzodiazepines, atypical anxiolytics (hydroxyzine, buspirone) and low-potency antipsychotics (alimemazine, chlorprothixene).

Conclusions Increasing attention to GAD in the psychiatrists' education programs may improve diagnosis and treatment of this disorder in Russia.

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EV0028

Deep brain stimulation – Is there hope for obsessive compulsive disorder?

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Introduction Deep brain stimulation (DBS) is a neurosurgical procedure under investigation for a range of psychiatric and neurological disorders. One of them is obsessive compulsive disorder (OCD), which is a neuropsychiatric illness that often develops in childhood, affects 2% of the general population and causes significant impairment across the lifespan. Some cases are refractory to pharmacotherapy and psychotherapy and that is why new treatments have been investigated over the last decades.

Objectives/aims In this paper, we intent to do a review of the literature about the efficacy of DBS in the treatment of OCD.