

a relaxation group during two months with good recovery afterwards.

She is asymptomatic nowadays and has not been visited by any other specialist.

**Conclusions** Women report more intense, numerous, frequent bodily symptoms than men. This difference appears in samples of medical patients and in community samples, whether or not gynecologic and reproductive symptoms are excluded, and whether all bodily symptoms or only those, which are medically unexplained are examined.

Women may be more aware of and more attentive to weak or diffuse bodily stimuli, which men do not perceive, and some studies suggest that women have greater bodily vigilance and awareness. This could result from the experiences of menstruation, menopause, pregnancy, and lactation which all serve to repeatedly call women's attention to their anatomy and physiology and to sensitize them to bodily changes.

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#### EV0007

### Nursing consultation and the care to depression in elderly

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Depression is a major mental illness affecting the elderly. About 15% of the elderly have some depressive symptoms and about 2% have severe depression. This study was conducted in an Extension Program of the Federal University of the State of Rio de Janeiro (UNIRIO) and the aims are: to identify the prevalence of depression in the elderly attended by the community center "Project Rebirth" in Rio de Janeiro-RJ, and discuss strategies developed in consultation to care the depression.

**Methodology** The elderly are registered in the program and accompanied by a multidisciplinary team. In nursing consultations, whose base is in the realization of Nursing Process, there is the application of the Geriatric Depression Scale named Yesavage – reduced version (GDS-15) held by students under the supervision of the teacher. After classification of the patient on the scale, they develop the care plan based in the Nursing Interventions Classification (NIC), and the nursing diagnoses that have among their factors related to depression and its symptoms.

**Results and conclusions** In addition to interventions carried out in consultation, involving recovery of self-esteem, encouragement of leisure and recreational activities, and supported self-care, the program staff (psychologists, doctors, nurses and occupational therapists) works in partnership in support group health education, encouraging the integration of the elderly. The well-being and self-esteem of the elderly, thus, reduce the triggers of depression, with the integration of participants, students and professionals.

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#### EV0008

### Related factors of anxiety in elderly assisted in nursing consultation

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Anxiety in elderly can be diagnosed based on a detailed history and cognitive examination using various instruments. These instruments aim to obtain information that supports both the syndromic and etiological diagnosis and the planning and execution of therapeutic and rehabilitation measures to be used in each case. During the nursing consultation with elderly people in the Federal University of State of Rio de Janeiro (UNIRIO), many patients with cognitive impairment showed anxious behavior. The study objectives to describe the factors related to the nursing diagnose anxiety in elderly patients attended in the nursing consultation. The consultations are based in the application of the nursing process. After the symptoms analysis, the nursing diagnosis anxiety is complemented with the related factors. The principals are death threat (64%), stressors (19%) and not needs met (17%). The data found are associated with cognitive impairment. Cognitive impairment in the elderly can lead to anxiety, depression and hopelessness, according to many studies.

**Conclusions** Working the cognitive needs, and reducing stressors are appropriate strategies to reduce the anxiety. The care with the health professionals is important to notice the related factors early and improve the strategies.

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#### EV0009

### “Mom, there is a monster in the closet”: The impact of early attachment trauma (EAT) on the development of anxiety disorders and treatment possibilities

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**Objectives** In this workshop, I want to broaden the vision on attachment trauma and highlight the importance to acknowledge EAT as a hidden epidemic.

The significance of EAT in the development of anxiety symptoms becomes more and more apparent.

**Methods** Recognizing the effect, that the quality of the attachment relationship has on the development of a secure attachment bond, is important to understand the factors underlying the development of anxiety symptoms.

The availability, responsiveness, mentalizing possibilities. . . of the parent create a secure base from which the child can explore and develop.

The absence of those features in the child–parent relationship, causes traumatic stress in the child and impacts his psychological and neurological well-being.

**Results** Insecure attachment influences the neurobiology and results in dissociative processes (hyper- and hypo-aroused) expressed in different types of anxiety disorders.

Derived from the neurobiology there is a clear link between anxiety, depression and aggression.

The internal working model (IWM), rises from insecure attachment, influences adversely the child's capability to regulate and relate.

From an intergenerational point of view, an insecure attachment style of the parent implements the absence of affect en stress regulation capabilities and leave the child with the inability to regulate his anxiety.

**Conclusion** There is a clear link between EAT and different types of anxiety disorders.