AA is valid for alcohol withdrawal syndrome diagnosis and plays situation relapsing role in alcoholizing prolongation.
Conclusions Alcoholic anorexia is starting to declare even at early stages of alcoholic addiction formation. It is more illustrative in periodically recurrent and exaggerating drinking bouts when dynamic intestinal obstruction risk is high. Findings obtained ground alcoholic anorexia attribution to urgent conditions with necessary integrated relieving therapy and secondary prevention.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0608

Evaluation of the cardiovascular disease risk of the psychiatric inpatients of a university hospital by using Framingham risk score

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Introduction According to literature, the patients with severe mental disorder have higher cardiovascular disease risk than the normal population.
Objectives The current study based on the assumption that elevated inflammatory markers may be related to cardiovascular disease risk in psychiatric patient population.
Aims This study is aimed to define the relation between the inflammatory reactant, C-reactive protein levels and 10-year risk of coronary heart disease according to Framingham risk score (FRS).
Methods A total of 204 patients (106 female–98 male) who admitted to the psychiatric service between March and November 2015 and diagnosed with major depression, bipolar disorder and psychotic disorder were included in the study. Participants were evaluated by their gender, age, body mass index, waist circumference, high density lipoprotein levels, total cholesterol levels, systolic and diastolic blood pressures, diabetes comorbidity and CRP levels.
Results Ten-year risk of cardiovascular disease was found significantly higher at males than females ($P < 0.001$). There was no correlation between the FRS and the CRP levels which is an acute phase reactant and a contributer of atherogenesis ($P = 0.763$). However, mean values of CRP levels were determined as 0.59 ± 0.07 mg/dL for females and 0.56 ± 0.07 mg/dL for males. These levels are both high compared to the normal value which is up to 0.34 mg/dL. There was also a remarkable correlation between FRS scores and waist circumference ($P = 0.012$).
Conclusions Framingham risk score can be used to detect cardiovascular disease risk and can be helpful in management of pharmacotherapy of the high-risk population.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0609

Co-morbidity of psychiatric/physical disorders with alcohol abuse/dependence in a sample of clients of the emergency department of the psychiatric hospital of Attica–Greece

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Introduction Increased coexistence of psychiatric symptoms in patients with alcohol abuse/addiction is highlighted in the literature. Equally high is the coexistence of physical illnesses due to the harmful effects of alcohol.
Aims To record the profile and the characteristics of individuals with psychiatric/somatic co-morbidity who attend the psychiatric emergency department/(PED) of the largest psychiatric hospital in Greece.
Methods/Results A total of 1058 individuals, with a mean age of 44.4 years, were identified having alcohol problems in a five-year time period (2010–2015) in the context of the PED, while the majority of them was found to have psychiatric co-morbidity. The most common diagnosis was psychotic syndromes (24.2%), followed by affective (23.8%), personality (12.5%), and somatoform and anxiety disorders (6.3%). About 3% of the sample presented acute alcohol poisoning or severe withdrawal symptoms, coexistence with severe somatic disease and organic mental disorders. More than a third (37%) of them had to be hospitalized, while the involuntary hospitalization rates (21%) were higher than the voluntary ones (16%). Finally, 13.65% suffered from co-morbid somatic diseases with need of immediate emergency and hospital care.
Conclusions The abuse and/or dependence of alcohol are largely associated with the coexistence of psychiatric and physical diseases. The psychiatric and physical co-morbidity, as regards attendance and hospitalization–involuntary and voluntary–, present a higher rate in men (86%) and mainly affects people of productive age. Additional data are needed to explore detailed factors that could contribute to a better design of more appropriate services for patients with alcohol use disorders.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0610

The eating disorders iceberg: Emotional deregulation and impulsivity lay below

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Introduction Eating disorders (ED) and personality disorders (PD) are often interplayed in every-day clinical practice. Less is known on patient's emotional deregulation and impulsivity.
Aims To investigate whether clinical features of ED and PD correspond to a specific impulsivity and emotional background pattern.
Objective ED, PD, impulsivity and emotional regulation.
Methods A group of outpatients with ED ($n = 39$) was compared to a group of healthy controls ($n = 40$) by means of semi-structured interviews and standardized questionnaires (BIS-11, DERS, Eat-26, SCID-II and STAI), in order to evaluate association between clinical features (ED and PD) and altered impulsivity or/and emotion regulation.
Results Seventy-five percent of ED cases matched also diagnostic criteria for PD. Cluster B diagnoses occurred more frequently in Bulimia Nervosa (BN) and Binge eating disorders (BED) whereas Cluster C PD was strongly associated with restrictive anorexia (AN-R) ($P < 0.001$). BIS-11 scores were significantly higher in cluster B as compared to cluster C PD ($P = 0.019$). People with PD have a significantly higher DERS score compared to people without ($P < 0.001$). Mean DERS scores were similar in BN, BED and AN Binge purging (AN-BP) but lower in AN-R ($P < 0.001$).

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Conclusions ED is an iceberg top, of a three-step ladder. The intermediate step is built of personality traits and disorders forging the variety of ED clinical expressions. The hidden base of iceberg is represented by both the emotional (de)regulation and the level of impulsivity. Therapies focused on the base of this iceberg are needed for a clinical resolution of eating symptoms.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0611

Benefits of antidepressant treatment after a stroke

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Introduction Stroke is an important cause of morbidity and is responsible for 9% of all deaths worldwide. The most frequent neuropsychiatric consequence of stroke is post-stroke depression (PSD). It has been shown to be associated with both impaired recovery and increased mortality. The aim of our study is to determine the benefits of antidepressant prescription after a stroke.
Method The databases from *Medline* and *PubMed* were reviewed for articles related to post-stroke depression (PSD), antidepressant treatment and stroke, post-stroke depression and functional recovery, stroke related impairment.
Results Antidepressant drugs have been shown to be effective in treating PSD in six double blind randomized studies. Patients treated with antidepressants had better recovery from disability than patients who did not receive antidepressant therapy: it was proved that antidepressant drugs cause an improvement in cognitive skills and functional recovery in PSD patients. In patients with ischemic stroke and moderate to severe motor deficit, the early prescription of fluoxetine with physiotherapy enhanced motor recovery after 3 months. Some studies showed that PSD can be effectively prevented: nortriptyline, fluoxetine, milnacipran and sertraline appeared to be efficacious in preventing depression after stroke and are to use without significant adverse effects in stroke patients.
Conclusion Antidepressant treatment plays an increasing role in the management of patients with acute stroke. Therefore, early initiation of antidepressant therapy, in non-depressed stroke patients, may reduce the odds for development of PSD, and improve cognitive and functional recovery.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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e-Poster Walk: Consultation liaison psychiatry and psychosomatics - Part 2

EW0612

Polypharmacy among elderly populations

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Introduction Potentially inappropriate prescribing, is highly prevalent among older patients hospitalized with major psychiatric illness. Inappropriate use of psychotropic medications in elderly patients has become a focus of concern.
Objectives To determine the prevalence of potentially inappropriate prescribing including potentially inappropriate medications (PIMs) and potential prescription omissions (PPOs), according to STOPP-START, Beers and PRISCUS criteria applied by CheckTheMeds®.
Aims To identify potentially IP, PPo and the prevalence of contraindications, interactions and precautions in older patients hospitalized with major psychiatric illness.
Methods Retrospective cross-sectional study with patients over 65 discharged from the Psychiatric acute unit of the university hospital of La Princesa (Madrid) between January 2013 and October 2015 was conducted. The CheckTheMeds® program was used to identify IP.
Results A total of 104 elders–74 females and 30 males–were included, with a mean age of 76 years (range: 65–91). An average of 5.73 (range: 1–16) was prescribed drugs at discharge. The Ip results STOPP 81.73% ($n = 85$), START 43.26% ($n = 45$), Beers 94.23% ($n = 98$) y PRISCUS 40.38% ($n = 42$). Contraindications were described in the 21.15% of the patients, precautions in 83.65% and interactions in 83.65%. Psychotropic drugs were the most often inappropriate prescribed medicaments.
Conclusion Prescribing omissions are twice as prevalent as IP in the elderly. Currently, inappropriate prescription of psychotropic agents is very common for the elderly. Application of such screening tools to prescribing decisions may reduce unnecessary medication, related adverse events, healthcare utilization and cost and non-pharmacological interventions, should be thoroughly explored.
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EW0613

To the question of the role of consultation liaison psychiatry in diagnostics of psychosomatic disorders

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Background Relevance of consultation liaison psychiatry is conditioned by trend of steady rise of psychosomatic disorders and insufficient development of supplied forms and methods of medical care to patients with this pathology.
Aim To study incidence rate of psychosomatic disorders in primary health care, to develop algorithm of medical care.
Material and methods A total of 2010 patients of the primary health care unit were examined. Methods used: clinical-psychopathological, clinical-dynamic, questionnaire screening, statistical (factor analysis).
Results Mental disorders, co-morbid with physical pathology, constituted 3.9% of the contingent with predominance of psychosomatic disorders–15.6 per 10,000 of the population. Respective from clinical-dynamic structure of psychosomatic disorders three groups of patients were distinguished: in need for consultation by a psychiatrist (22.9%); for course treatment by psychiatrist and subsequent observation by physicians (28%); and for systematic therapy and observation by psychiatrist (49.1%). Patients with psychosomatic disorders addressed general medicine network 1–2 years after onset of mental disorder and 6.4 ± 1.2 years after diagnostics of somatic pathology. Patients had predominantly cardiovascular (37.7%; $P < 0.05$), respiratory (20.5%), and gastrointestinal diseases (20.9%). Exacerbation of psychosomatic disorder was reliably interrelated with psychotraumatic situation and exacerbation of physical pathology. Introduced algorithm of psychiatric consultation consisted of: