group (Pregabalin + antidepressant, 21 patients). Patients also had comorbid diagnoses as follows: F 41.1, F 32, F 33 or F 34. Assessment was done by 100 mm Visual analogue scale (VAS) and by Clinical Global Impression Scale (CGI). Within both groups there was a statistically significant improvement measured by VAS and CGI scales in all repeated measurements, except for the CGI scale in both groups between the second and ninth month where there was no statistical difference. There were no statistically significant differences between CG and EG on both scales either in the beginning or in repeated measurements. There was no difference in the effects of the drugs between EG and CG on both scales- VAS & CGI. Pregabalin as mono or as an adjuvant therapy had equally good efficiency in patients with SD who had partial response on various antidepressants therapy after long-term treatment.

Disclosure of interest Results from part of this trial were published as abstract in european psychiatry, Volume 30. Supplement 1, 28–31 March 2015, Pages 534 – "Somatoform Disorders-a New Target for Pregabalin", http://dx.doi.org/10.1016/S0924-9338(15)30418-1.

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EW0016

Dissociation and therapy of depressive and anxiety disorders with or without personality disorders

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Objective Goal of the study was to analyze the impact of dissociation on the treatment of the patients with anxiety/neurotic spectrum and depressive disorders, and with or without personality disorders.

Methods The sample consisted of inpatients who met the ICD-10 criteria for the Depressive disorder, Panic disorder, GAD, Mixed anxiety-depressive disorder, Agoraphobia, Social phobia, OCD, PTSD, Adjustment disorders, dissociative/conversion disorders, Somatoform disorder or other anxiety/neurotic spectrum disorder. The participants completed Beck Depression Inventory, Beck Anxiety Inventory, subjective version of clinical global impression-severity, Sheehan Patient-Related Anxiety Scale, and Dissociative Experience Scale, at the start and the end of the therapeutic program.

Results The total of 840 patients with anxiety or depressive spectrum disorders, who were resistant to pharmacological treatment in outpatients basis and were referred for hospitalization for the six-week complex therapeutic program, were enrolled in this study. Six hundred and six of them were statistically analyzed. The patients' mean ratings on all measurements were significantly reduced during the treatment. The patients without comorbid personality disorder improved significantly more than patients with comorbid personality disorder in the reduction of depressive symptoms. However, there were no significant differences in change of anxiety levels and severity of the disorder between the patients with and without personality disorders. The higher degree of dissociation at the beginning of the treatment predicted minor improvement. The higher therapeutic change was connected to the greater reduction of the dissociation level.

Conclusions Dissociation presents an important factor influencing treatment effectiveness in the treatment-resistant patients with anxiety/depression with or without personality disorders.

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

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EW0017

Pharmacogenetic association between glutamatergic genes and sri treatment response in obsessive compulsive disorder

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Introduction Pharmacogenetic studies in obsessive-compulsive disorder (OCD) primarily focussing on serotonergic and dopaminergic polymorphisms, provided inconsistent findings. There is recent evidence for glutamatergic abnormalities in OCD.

Aims Examine the association glutamatergic genes with serotonin reuptake inhibitor (SRI) response in OCD.

Objectives To study pharmacogenetic association between SLC1A1 and GRIN2B polymorphisms with SRI response in OCD.

Methods DSM-IV OCD patients were recruited from a specialty OCD clinic and evaluated using the Yale-Brown obsessive compulsive scale (YBOCS), Mini International Neuropsychiatric Interview (MINI) plus, Clinical Global Impression scale (CGI). They were subsequently reassessed with YBOCS and CGI. To study extreme phenotypes, we included only full responders (>35% YBOCS improvement and CGI-I score of 1 or 2) to any SRI ($n = 191$) and non-responders (<25% YBOCS improvement and CGI-I score ≥ 4) to adequate trial of at least two SRIs ($n = 84$). Partial responders were excluded. Genotyping was performed using an ABI9700 PCR machine.

Results Genotype frequencies did not deviate significantly from the values predicted by the Hardy-Weinberg equation. Case-control association analyses revealed no significant association between genotype/allele frequencies with SRI response.

Conclusion Our data does not show any association between polymorphisms in glutamatergic genes and SRI response in OCD though such associations have been found in other studies. More SNP's in the same gene could be responsible for the pharmacogenetic associations. More homogenous sample considering symptom dimensions and other phenotypic variables may be needed. It may be critical to go beyond "usual suspect" candidate gene research. In this regard, a novel approach to identify SRI response biomarkers is the use of cellular models.

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

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EW0018

Long term effect of cognitive behavioral therapy in patients with health anxiety

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Introduction Cognitive-behavioral therapy (CBT) has been found to be an effective treatment of excessive health anxiety (HA), but the long-term effect over 18months has not been examined.

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Objectives Several studies have shown effect of CBT for HA-patients. However, these effects have been short or immediate after therapy. To our knowledge no studies have examined long-term effect of CBT for HA over 18 months.
Aims To investigate the long-term effect of CBT on HA, focusing on level of HA, quality of life, subjective health complaints and general anxiety. Follow-up time was at least 10 years. Our hypothesis was that the effect was sustained.
Methods Patients with HA received 16 sessions of CBT over a period of 12–18 months, and were followed up over at least 10 years. All patients fulfilled criteria for F45.2, hypochondriacal disorder according to ICD-10.
The patients answered several questionnaires, exploring areas such as HA, Quality of life, somatization, and mental health problems. Questionnaires were answered before CBT, after CBT and at follow up. Mixed model analysis was performed in SPSS 23.0 for all questionnaires.
Results All scores were found to be significant in the Pre-CBT–Post-CBT and Pre-CBT–FU (0.034– < 0.001), and none were found to be significant in the Post-CBT–FU.
Conclusions Our findings suggest that for the majority of patients with HA, CBT has a significant and lasting long-term effect. This effect lasts up to ten years post therapy.
Disclosure of interest The author has not supplied his/her declaration of competing interest.

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e-Poster walk: Bipolar disorders - part 1

EW0019

Metabolic syndrome in patients with bipolar disorder treated with atypical antipsychotics, their first-degree relatives and control group

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Introduction and objective Patients with serious mental illness have lower life expectancy and higher prevalence of metabolic syndrome compared to normal population. Although, we have little evidence about their first-degree relatives.
Aims To compare metabolic syndrome in patients with bipolar disorder treated with atypical antipsychotics, their first degree relatives and healthy subjects in two age groups: under and over 40.
Methods This cross-sectional study was conducted on 100 patients with bipolar disorder treated with atypical antipsychotics, 50 first degree relatives and 135 healthy subjects. The prevalence of metabolic syndrome was assessed based on National Cholesterol Education Program (NCEP).
Results Under the age of 40, the prevalence of metabolic syndrome was 15.4% in patients with Bipolar disorder, 17.6% in first degree relatives and 7% in healthy subjects. Systolic blood pressure was significantly higher in bipolar disorder patients ($P = 0.004$). In those over 40, the prevalence of metabolic syndrome was 31.8% in patients with bipolar disorder, 33.3% in first-degree relatives and 32.8% in healthy subjects. Serum levels of HDL were significantly lower in bipolar disorder patients ($P = 0.002$).
Conclusion Patients with bipolar disorder and their first-degree relatives have greater chance for cardiovascular disease due to higher metabolic syndrome. Further investigations are needed for evaluating serious mental illness patients and their relatives.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0020

The effect of long-term lithium treatment on renal functions in patients with bipolar disorder

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Introduction The effect of lithium on tubular functions leading to decreased urinary concentrating ability is recognized. Although there are several studies type, severity and frequency of renal impairment and its correlation with duration of lithium therapy are not well established.
Objectives To explore long-term effects of lithium on patients with chronic bipolar disorder.
Aims We aimed to assess patients with bipolar disorder using lithium at least for six years in terms of renal functions, starting from mild impairments to full blown chronic renal failure.
Methods Fifty-one patients with bipolar disorder and 38 age and sex matched healthy controls were enrolled for the study. Serum BUN, creatinine, uric acid, electrolytes, calcium (Ca), phosphorus (P), vitamin D (25-OH D3) and eGFR levels were measured. The correlations between renal function and mean lithium levels, duration of lithium treatment and GAF scores were calculated.
Results Mean eGFR level of patients with bipolar disorder was significantly lower than that of controls. Serum creatinine, uric acid, Ca and PTH levels were higher, 25-OH D3 levels were lower in the patients than in controls. The duration of lithium treatment was positively correlated with serum creatinine and uric acid levels, negatively correlated with eGFR levels. Mean lithium levels were positively correlated with serum creatinine levels and negatively correlated with eGFR.
Conclusions The study revealed that glomerular functioning of the patient group was significantly lower than that of the control group. The findings suggested that both duration of lithium treatment and high serum lithium levels may have a negative impact on glomerular functions.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0021

Protocol for developing and validating a multivariable prediction model to individualize the risk of recurrence of bipolar disorder in the perinatal period

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Introduction For women with bipolar disorder, childbirth is a high-risk period with 40–50% experiencing a recurrence and 20% developing a severe episode of postpartum psychosis. Bipolar episodes in the perinatal period affect women and their families.