Background   Patients with schizophrenia have a higher prevalence of physical illness and a higher mortality from natural causes than the general population, which is a reason why they can be hospitalized for medical and surgical pathologies.

Aims   To determine the demand, the reason for consultation and the sociodemographic characteristics of the psychotic patient admitted at the general hospital.

Methods   Sociodemographic variables (age, sex, marital status, education, place of residence, residential housing, with who they live, work status) and health care (service of origin, type of request and its relevance, complaints, days of delay between the request and assistance, number of visits, average length of stay).

Study design   Prospective epidemiological study of 80 psychotic patients (F.2 ICD-10), from the total of 906 consults solicited from 1 January 2012 until 31 December 2014. Bioethical considerations: compliance with these principles justice, non-maleficence, autonomy and beneficence.

Results   The average age is 58.34 years old, 60% were male, 73.8% single, 81.3% with primary education, 52.5% living in urban areas; and the 88.8% of cases were pensioners. The Departments that generate a greater demand are Internal Medicine (53.8%), Orthopaedic Surgery (10%), Pneumology (8.8%) and ICU (8.8%). The most frequent reasons for consultation are assessment/treatment setting (77.5%), abnormal behavior (30%), disorientation (18.8%) and psychotic symptoms (18.8%).

Conclusions   The typical profile of psychotic patients hospitalized for medical-surgical diseases is a male, middle-aged, single, with primary education and pensioner; from whom it's sued consultation for adjusting of treatment, and secondly for abnormal behavior.

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

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EW157

Innapropriate sinus tachycardia – cardiac syndrome or anxiety-related disorder?

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Introduction   Relation between psychology, psychiatry and cardiology are multidimensional and begin to have growing importance in the diagnosis and treatment of patients of cardiosurgery, electrocardiology and cardiac rehabilitation. Inappropriate sinus tachycardia (IST) is a rarely diagnosed clinical syndrome characterized by excessive resting heart rate (HR) or disproportional increasing HR during exercise. The mechanisms of IST are not well understood. It is speculated that psychological factors might be of importance.

Aims   The purpose of the study was to evaluate possible relation between the level of anxiety, personality traits and control of emotions, emotional intelligence, coping with stress strategies and manifestation of IST.

Methods   The participants were 23 women with a diagnosis of IST (age range 31.8 ± 8.72) and 23 women (28.7 ± 4.4) without cardiac diseases. The research applied psychological tools including: State–Trait Anxiety Inventory, NEO-Five Factor Inventory, Courtauld Emotional Control Scale, Emotional Intelligence Questionnaire, Coping Inventory for Stressful Situations and an originally developed sociodemographic questionnaire.

Results   It has been found that that the group of women with IST received higher results in Trait Anxiety Inventory compared to the group of healthy women and the relation was highly statistically significant ($P = 0,009$). No other differences were found.

Conclusions   Inappropriate sinus tachycardia can be considered as an anxiety related disorder. However, its pathogenesis and classification position remains elusive.

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

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EW158

Aspects of cardiac anxiety in patients with a myocardial infarction

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Introduction   When the heart is in danger – as is true during a myocardial infarction (MI) – this is life-threatening and as such can provoke specific fear: so-called cardiac anxiety. Both general anxiety and depression are associated with cardiac prognosis in MI-patients. However, as most treatment studies have not shown beneficial effects on cardiac prognosis, the need to examine specific aspects of anxiety and depression post-MI has been advocated.

Methods   We examined whether cardiac anxiety can be reliably assessed with the Cardiac Anxiety Questionnaire (CAQ) in 237 hospitalized MI-patients. Cross-sectional associations were explored, as well as possible trajectories of cardiac anxiety in the year post-MI (by latent class-analysis) and its association with quality of life. Finally, the prognostic association of cardiac anxiety with major adverse cardiac events (MACE) including all-cause mortality was examined with cox-regression-survival analysis.

Results   The CAQ is a valid and reliable instrument in MI-patients and assessed fear, attention, avoidance of physical exercise, and safety-seeking behavior. Higher cardiac anxiety was associated with more psychological distress but lower severity in cardiac injury. In the year post-MI four cardiac anxiety trajectories were identified; higher cardiac anxiety was associated with worse quality of life. CAQ score significantly predicted MACE in a five-year-follow-up period, even after adjustment for age, cardiac disease severity and depressive symptoms ($HR_{baseline}$: 1.60 [95% CI: 1.05–2.45], $P = 0.029$; $HR_{3-months}$: 1.71 [0.99–2.59]; $P = 0.054$).

Conclusion   Cardiac anxiety is an important and potentially modifiable factor in the treatment of MI-patients: it is prevalent and associated with quality of life and cardiac prognosis.

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

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Cultural Psychiatry

EW159

The experience and impact of stigma in Saudi people with a mood disorder

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