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Introduction Metabolic syndrome (MetS) is defined by metabolic and cardio-vascular impairments and is frequently associated with anxiety and depressive disorders. Both MetS and anxiety-depressive syndromes feature similar systemic inflammatory alterations. Inflammation of the large bowel is also a key factor for the development of colorectal cancer (CRC).

Objective To measure the prevalence of MetS and symptoms of anxiety and depression among patients undergoing colonoscopy.

Methods Cross-sectional study. Patients undergoing colonoscopy aged 40 or more, with negative history for neoplasia or inflammatory bowel disease, were enrolled. Data collected: colonoscopy outcome, presence/absence of MetS (IDF and ATP III criteria), presence/absence of depressive and anxiety symptoms assessed with HADS.

Results The sample was made up of 53 patients (female 24, 45.3%). Mean age was 60.66 ± 9.08. At least one adenoma was found to 23 patients (43.3%). Prevalence of MetS ranged from 34% to 36% (ATP III and IDF criteria, respectively). Prevalence of depressive and anxiety symptoms was 20% and 33%, respectively.

Conclusion Prevalence of MetS, anxiety and depressive symptoms among patients undergoing colonoscopy was higher than in the general population.

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

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EW0623

Impact of anxiety-depressive symptoms on outpatients' quality of life: Preliminary results from an Italian observational study

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Introduction Several studies have shown an association between the Short-Form 36 (SF36) scores and anxiety-depressive symptoms, suggesting that depression in particular could reduce Quality of Life (QoL) to the same, and even greater, extent than chronic non-communicable diseases, such as diabetes and hypertension.

Aims To explore the relationship among QoL and anxiety, depressive and anxiety-depressive symptoms in an outpatient sample.

Methods Cross-sectional study. Inclusion criteria: outpatients aged ≥40 years, without history for cancer, attending colonoscopy after positive faecal occult blood test. Collected data: blood pressure, blood glucose, lipid profile. Psychometric test: Hospital Anxiety and Depression Scale (HADS). QoL was assessed with SF36. Statistics performed with STATA13.

Results 54 patients enrolled (27 females). Sixteen patients (30.2%) were positive for anxiety symptoms, ten (18.9%) for depressive symptoms and five (9.4%) for anxiety-depressive symptoms. The perceived QoL was precarious in twelve subjects (22.2%): eight (15.9%) had low score (≤ 42) at "Mental Component Summary" (MCS) subscale, three (5.7%) at the "Mental Health" item and one patient (1.9%) at the "Vitality" one. At the multiple regression analysis, depressive (OR=28.63; P=0.01) and anxiety-depressive symptoms (OR=11.16; P=0.02) were associated with MCS.

Conclusions The association emerging from the present study between depressive/anxiety symptoms and the MCS component of SF36 is consistent with available literature. Study design and small sample size do not allow to generalize results, that need further studies to be confirmed.

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

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EW0624

Prevalence, incidence and comparative meta-analysis of all-cause and specific-cause cardiovascular disease in patients with serious mental illness

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Patients with severe mental illness (SMI) have been described at higher risk of cardiovascular disease (CVD). The aim of this systematic review and meta-analysis was to quantify prevalence, incidence, cross-sectional association and longitudinal increased risk of coronary heart disease (CHD), stroke, transient ischemic attack and cerebrovascular disease (CBVD), heart failure (HF), peripheral vascular disease (PVD), death due to CVD, and any CVD in patients with SMI. We included 92 studies, with a total population of 3,371,461 patients (BD=241,226, MDD=476,102, SCZ=1,721,586, SMI=932,547) and 113,925,577 controls. Pooled prevalence of any CVD in SMI was 9.9% (95% CI=7.4–13.3) (33 studies, 360,144 patients). Compared to controls, after adjusting for a median of 7 confounders, SMI was associated with higher risk of CVD in cross-sectional studies, OR:1.53 (95% CI=1.27–1.83) (11 studies), with CHD OR: 1.51 (95% CI=1.47–1.55) (5 studies), with CBVD OR: 1.42 (95% CI=1.21–1.66) (6 studies), and tended to be associated with HF OR: 1.28 (95% CI=0.99–1.65) (4 studies). Cumulative incidence was 3.6 CVD events in a median follow-up period of 8.4 years (range: 1.76–30). After considering a median of 6 confounders, SMI was associated with higher longitudinal risk of CVD in longitudinal studies HR: 1.78 (95% CI=1.6, 1.98) (31 studies), of CHD: HR: 1.54 (95% CI 1.30–1.82) (18 studies), of CBVD HR: 1.64 (95% CI 1.26–2.14) (11 studies), of HF HR:2.10 (95% CI 1.64–2.70) (2 studies), of PVD, unadjusted RR: 3.11 (95% CI 2.46–3.91) (3 studies), of death due to CVD, HR 1.85 (95% CI 1.53–2.24) (16 studies). In this meta-analysis, the

association between SMI and CVD has been quantified in a world representative sample; we suggest prevention of CVD should be warranted as standard care in SMI.

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EW0625

Psychological and clinical factors associated with emotional distress related to type 2 diabetes mellitus

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Introduction Stress and coping with diabetes can affect the severity of disease directly, through pathophysiological processes or indirectly, through the patient's own perception of disease by deteriorating adherence to therapy and daily functioning.

Objectives To investigate emotional distress related to T2DM according to demographic, clinical, psychological, metabolic and anthropometric characteristics.

Methods Eighty-two in- and outpatients of both sexes (<65 years) with endocrinologist-diagnosed T2DM, duration ≥ 5 years, treated with either oral therapy, insulin or both, were included in this cross-sectional study. The Beck Depression Inventory (BDI) was employed for assessment of severity of depressive symptoms. The Mini Mental State Examination (MMSE) was used for assessment of cognitive status. The Problem Areas in Diabetes (PAID) (subscale related to emotional problems associated with T2DM) was applied for assessment of emotional distress. Clinical characteristics of the illness were obtained from medical records. Laboratory and anthropometric measures (Body mass index, Waist circumference) were also performed. The level of significance in statistical analyses (Student's *t*-test, Pearson's correlation) was $P=0.05$.

Results The PAID (emotional distress) subscore was significantly higher in patients with psychiatric heredity ($P=0.028$) in relation to these without (Student's *t*-test). Considerable positive correlation between PAID subscore and BDI score ($r=0.588$) ($P=0.000$), and negative correlation between PAID subscore and MMSE score ($r=-0.201$) ($P=0.050$) were also found (Pearson's correlation).

Conclusions Psychological factors: psychiatric heredity, higher intensity of depression and poor cognitive functioning were significantly associated with emotional distress related to the illness in patients with type 2 diabetes mellitus.

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

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EW0626

Clinico-pathological profile evaluation in patients affected by chronic inflammatory bowel diseases

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Introduction Inflammatory bowel diseases (IBDs) have high social impact. Aetiology is still unknown, however multifactorial genesis is surely implicated. We tried to correlate IBDs and psychological distress through evaluated psychometrical instruments and subsequently to relate subjective influences with gastroenteric clinical manifestation, defining new critical elements on which IBD are based.

Methods In our study, we included 57 participants, selected according to their diagnosis, between those attending our gastrointestinal ambulatory: 26 had Chron's disease, while 31 had ulcerative colitis. 78 people without gastroenteric or psychiatric disorder were also included in the study as control group. Psychometric questionnaires were administered to evaluate anxiety and depressive symptoms, quality of live, self-efficacy and resilience (Fig. 1).

Results Levels of anxiety and depression were higher in patients with IBDs than in the control group. STAI-Y highlighted higher state anxiety and trait anxiety levels in first group. HADS showed higher scores in ill patients, as well as CD-RISC showed a more impaired resilience. EQ-VAS, PGWBI and GSE revealed significant differences in health status, psychological wellness and self-efficacy between the two groups.

Conclusions IBDs seem related to psychological diseases. Affected patients have higher anxiety and depression levels than general population as well as lower self-efficacy and resilience. Those elements being strictly linked to physical discomfort contributes to develop a loop in which patients get caught. Creating a model of integrated cooperation between gastroenterologist and psychiatrist during treatment of patients with IBDs seems fundamental to grant at once all the professional figures each patient needs for better care.

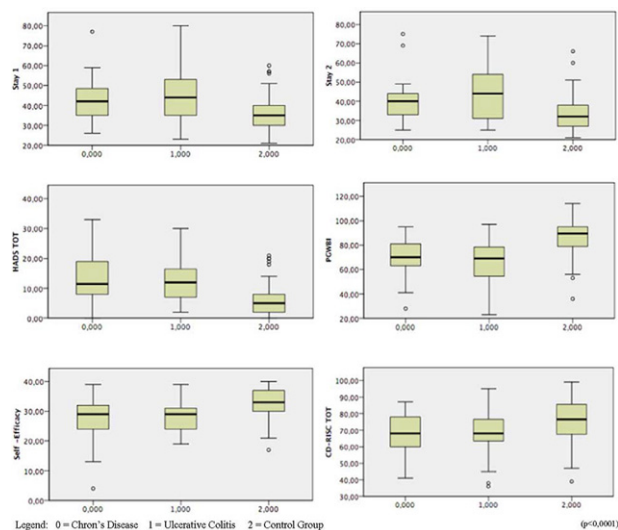


Fig. 1

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