

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.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.335>

#### 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.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.336>

#### 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.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.337>

#### 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.

Treatment strategies should integrate neurobiological, attachment and trauma insights resulting in body oriented therapy, development of affect – and stress – regulation strategies, restructuring the internal working model, the therapeutic relationship as attachment bond. . .

*Disclosure of interest* The author has not supplied his declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.338>

#### EV0010

### Does depression explain poor effort on Symptom Validity Tests (SVT)?

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*Background and aims* Valid assessments require sufficient effort from the part of the testee. Motivation may be compromised, particularly in psychiatric conditions. We examined associations between response bias on free recall and self-reported symptoms in depressed and PTSD patients.

*Participants and methods* This is a cross-sectional study. Patients had depression ( $n = 48$ ), or PTSD or other anxiety disorders ( $n = 37$ ). A control group ( $n = 47\%$ ) had chronic pain disorder, fibromyalgia or chronic fatigue. The Green Word Memory Test (GWMT) was administered to all subjects. The Structured Inventory of Malingered Symptomatology (SIMS), and the Beck Depression Inventory (BDI-II) were administered in subsamples. Study outcome was self-reported depressive symptoms in Symptom Validity Test (SVT) negative cases.

*Results* Average age of the participants was 45.1 years (SD 9.5), 48.5% were female. GWMT was positive in 52.3% of all cases, GWMT and SIMS were positive in 33.8%, and GWMT and SIMS were negative in 37.7%. No significant group effects on GWMT were found. Average BDI-II scores were 32.8 (SD 13.9) for depressed patients, 28.3 (15.5) for those with anxiety disorders, and 27.6 (14.1) for controls ( $P = 0.43$ ). Seventy-eight percent of depressed GWMT negative cases reported at least moderate depressive symptoms (BDI-II > 18), and 44.4% severe symptoms (BDI-II > 29). Approximately half of the GWMT negative cases with anxiety disorders and controls scored BDI-II > 18.

*Conclusions* Non credible test performance is prevalent in disability claimants with affective, mood disorders. However, depressive symptoms per se do not explain poor effort on cognitive tasks.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.339>

#### EV0011

### The cortisol awakening response in anxiety disorders and personality disorders and changes in salivary cortisol level after psychotherapy

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*Introduction* The hypothalamus–pituitary–adrenal axis (HPA axis) dysregulation plays an important role in the pathophysiology

of anxiety disorders. Salivary cortisol level is a useful indicator of HPA axis dysfunction.

*Objectives* Most data suggests elevated cortisol awakening response (CAR) in anxiety disorders, but there are studies indicating opposite pattern (flat CAR).

*Aim* Goal of this study was to determine whether patients with anxiety and personality disorders show a specific daily cortisol patterns and weather this pattern changes after 12 weeks of intensive predominantly psychodynamic combined group and individual psychotherapy.

*Method* The studied population comprised 77 patients, mainly females (72.7%), with primary diagnosis of anxiety disorder 40.9% or personality disorder 59.1%. The Symptom Checklist "0" was used to assess the pre- and post-treatment levels of patients' symptoms. Pre- and post-treatment cortisol levels were measured in three saliva samples collected during one day (at awakening, 30 min after awakening, at 22.00).

*Results* The obtained results were partly similar to previous research. We found four different daily CAR patterns: decreased (drop 30 min after awakening), flat (rise 0–49% 30 min after awakening), normal (rise 50–75% 30 min after awakening) and elevated (rise over 75% 30 min after awakening), two of them (flat and elevated) were considered as typical for anxiety disorders. Groups of CAR pattern differed significantly in the level of sleep symptoms, dysthymia symptoms and avoidance/dependency symptoms. The changes in the CAR pattern after psychotherapy were not significant.

*Conclusions* Anxiety disorders and personality disorders are characterized by more than two specific daily salivary cortisol patterns.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.340>

#### EV0012

### Neurotic personality dysfunctions as factors predisposing for reacting with suicidal ideation to intensive psychotherapy

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*Introduction* Identifying patients' risk of reacting with suicidal ideation (SI) to psychotherapy is an important clinical problem that calls for empirical verification.

*Objectives* Analysis of associations between patients' initial neurotic personality dysfunctions not accompanied by SI and emergence of SI at the end of a course of intensive psychotherapy conducted in integrative approach with predominance of psychodynamic approach in a day hospital.

*Methods* Neurotic Personality Questionnaire KON-2006 and Life Inventory were completed by 680 patients at the time of admission to a psychotherapeutic day hospital due to neurotic, behavioral or personality disorders. Symptom Checklist KO "O" as a source of information about emergence of SI was completed both at the admission and at the end of the treatment. Among 466 patients without SI at the admission, in 4% SI occurred at the end of the treatment.

*Results* A number of neurotic personality dysfunctions (demeanors declared) that significantly predisposed to SI emergence at the end of the treatment were found: physical aggression against close ones ( $P < 0.001$ ), grandiose fantasies ( $P = 0.043$ ), tendencies to resignation ( $P = 0.022$ ) and resignation-related