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Introduction In 2015, the worldwide point prevalence for diabetes mellitus was 8.8%. Type D personality was found as being more prevalent in type 2 diabetes than in the general population. **Objectives** We aimed to reveal the frequency of type D personality and to analyze the impact of type D personality on both quality of life and angiopathic complications, in patients with type 2 diabetes from our region.

Methods A cross-sectional research was performed on 79 outpatients that were monitored for diabetes mellitus at Timisoara diabetes, nutrition and metabolic diseases clinic. Type D personality was assessed with the DS-14 scale. Quality of life was quantified by using the Q-LES-Q-SF scale (Quality of Life Enjoyment and Satisfaction Questionnaire-Short Form). The angiopathic complications were abstracted from medical records.

Results Type D personality was present in 38 subjects with diabetes mellitus (48.10%). Compared to those without type D personality, patients with type D personality and diabetes had significant lower mean scores for the following domains of the Q-LES-Q-SF scale: social relationships ($P < 0.001$), daily life function ($P = 0.027$), sexual activity ($P = 0.005$), to get around physically ($P < 0.001$), work or hobbies ($P = 0.008$) and raw score ($P = 0.003$). Type D personality did not make any difference regarding micro and macroangiopathic complications of type 2 diabetes patients.

Conclusions Type D personality, a highly frequent entity, did not make the difference with respect to diabetic complications; however, it may interfere significantly with several facets of the quality of life of these patients. These results should be taken into account for an interdisciplinary approach to these patients.

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

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EV0271

Quality of life and its relationship with illness representations in patients with obstructive sleep apnea syndrome

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Introduction Obstructive sleep apnea syndrome (OSAS) is a highly widespread sleep-related breathing disorder that leads to serious impairment in quality of life (QOL).

Objectives We aimed to assess QOL in patients with OSAS and to investigate its relationship with illness representations.

Methods We performed an analytical cross-sectional study of 87 recently diagnosed OSAS patients. Apnea hypopnea index (AHI) was determined by an overnight polysomnography. Excessive daytime sleepiness (EDS) was assessed by the Epworth Sleepiness Scale (ESS). QOL was assessed by the 36-item short form health survey (SF-36). Illness representations were measured by the Brief Illness Perceptions Questionnaire (B-IPQ); High scores reveal a more threatening perception of the illness.

Results Mean age of the participants was 55.7 years (SD = 11.6). According to the AHI, 70.1% of the patients had severe OSAS, and

16.1% had moderate OSAS. The mean score of the SF-36 was 40.2 (SD = 18.7). Overall QOL was impaired in 87.7% of the patients. There was a considerable decrease in both mental and physical QOL. EDS was associated with impairment in mental QOL. Illness representations were negatively correlated with overall QOL ($r = -0.45$; $P < 0.01$). No relationship was found between QOL and illness severity.

Conclusion The present study provides evidence that OSAS has serious influence on QOL of patients, which could be mediated by negative illness perception. So it is extremely important to know how OSAS sufferers perceive their illness to better understand their coping behavior and to improve their adherence to treatment and their QOL.

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EV0272

Impact of coping strategies on emotional status in patients with obstructive sleep apnea syndrome

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Introduction Obstructive sleep apnea syndrome (OSAS) is a common sleep disorder, which leads to higher morbidity, and mortality and can result in various psychological problems, such as depression.

Objectives The purpose of this study was to assess the severity of depression and to examine its relationships with coping strategies in OSAS patients.

Methods We performed an analytical cross-sectional study of 87 recently diagnosed OSAS patients. Apnea hypopnea index (AHI) was determined by an overnight polysomnography. Depressive symptoms were evaluated by the hospital anxiety and depression scale (HADS). Coping strategies were assessed by the brief cope.

Results Subjects included 38 men and 49 women averaging 55.7 years of age (SD = 11.6) with a mean body mass index (BMI) of 33.8 kg m⁻². According to the AHI, 70.1% of the patients had severe OSAS, and 16.1% had moderate OSAS. Depressive symptoms were found in 44.8% of all patients. Emotional coping was used by 72.4%, while problem-focused coping was used by 28.7% of the patients. The score of depression on HADS (HADS-D) showed positive correlation with BMI ($r = 0.48$; $P \leq 0.001$). No significant association was found between HADS-D and AHI. Depressive symptoms were associated with more emotional coping ($P = 0.03$) and with less problem-focused coping ($P = 0.002$).

Conclusion Our findings suggest that depression is highly prevalent among patients with OSAS, and that coping style seems to have a significant influence on emotional status in these patients. Further research should explore the possibilities of intervening on this factor, aiming to lessen depressive symptoms in OSAS patients.

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