

two groups in impulsivity according to BIS-11 ( $66,20 \pm 18,10$  SD for SIB and  $68,40 \pm 11,10$  SD for OCD,  $p=0,82$ ), SIB patients had more diagnosis of others ICD(100%).

**Conclusion:** This study raises the question: Would SIB be an OCS, that increases its severity, or a nosologic entity with its own characteristics, where OCD comorbidity is frequent? The sample size is not large enough to answer these questions, although it seems that some symptoms are shared with both disorders.

### P0083

Genetic syndromes in deaf patients with mental health problems

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At the mental Health Unit for the Deaf of the Gregorio Marañón Hospital in Madrid we have observed that our Deaf patients as a group experience a greater number of Genetic Syndromes than the general population. Clinical diagnosis and intervention of deaf patients is particularly complex, professionals that work with this population must update their knowledge in ORL, Nephrology and Ophthalmology. Our goal is to show how common are these syndromes among our patients treated at our unit from 2003 and describe their psychopathology. Most common genetics syndromes among our patients are Usher syndrome, Waardenburg, syndrome, Noonan syndrome, Cornelia de Lange syndrome and Pendred syndrome. The Gregorio Marañón Hospital in Madrid is one of the few mental health units for deaf people in Europe -that is, the Unidad de Salud Mental para Sordos (USMS). This unique service counts with a psychiatrists, a psychologist and a social worker.

### P0084

Characteristics of patients with undetected psychiatric pathology in primary care

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**Background and Aims:** Previous data suggest that there is an important group of patients between primary care (PC) attendees suffering a psychiatric disorder that remain undetected. Our aim was to know data about this group of patients compared with patients without psychiatric pathology (PWP) and patients with already known psychiatric pathology (PKP).

**Methods:** A random sample of 225 subjects older than 18 years old, from 3 PC Centres of the area of Madrid (Spain) completed the Patient Health Questionnaire (PHQ). Data about medical and psychiatric conditions, drug treatments, days of work lost (last year) and use of health care services (last 3 months), were also collected. Psychiatric and clinical characteristics between groups were compared.

**Results:** 50 (22,2%) patients were suffering a psychiatric condition according to PHQ but without recognition by their general practitioner. This group of patients were younger than PWP and PKP (ANOVA;  $p=0,021$  and  $p=0,013$ ). They were suffering more depressive symptoms and somatic complaints than PWP ( $p<0,001$  and  $p<0,001$  respectively). In terms of days of work lost and use of health care services did not differ from PWP.

**Conclusions:** The results suggest that other reasons rather than the symptomatology (depressive symptoms, somatic complaints) may be

important in the process of detection of mental health problems in PC. Both days of work lost and the number of visits to general practitioner appear to be two determinant factors.

### P0085

Obsessive-compulsive and eating disorders: A comparison of clinical and personality features

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**Aim:** This study attempted to determine whether Anorexia nervosa (AN), Bulimia nervosa (BN) and Obsessive Compulsive Disorder (OCD) share clinical and psychopathological traits.

**Methods:** The sample consisted of 90 female patients (30 OCD; 30 AN; 30 BN), who had been consecutively referred to our Unit. All subjects met DSM-IV criteria for those pathologies. The assessment consisted on the Maudsley Obsessive-Compulsive Inventory, Questionnaire of obsessive traits and personality by Vallejo, Eating Attitudes Test-40, Eating Disorder Inventory, and Beck Depression Inventory. ANCOVA tests (adjusted for age and body mass index) and multiple linear regression models based on obsessive-compulsiveness, obsessive personality traits and perfectionism, as independent variables, were applied to determine the best predictors of eating disorder severity.

**Results:** ANCOVA revealed several significant differences between obsessive-compulsive and eating disordered patients (MOCI,  $p < 0.001$ ; EAT,  $p < 0.001$ ; EDI,  $p < 0.001$ ), whereas some obsessive personality traits were not eating disorder-specific. 16.7% OCD presented a comorbid eating disorder, whereas 3.3% eating disorders had an OCD diagnosis. In the eating disorder group, the presence of OC symptomatology was positively associated ( $r = 0.57$ ,  $p < 0.001$ ) with the severity of the eating disorder. The results were maintained after adjusting for comorbidity.

**Conclusions:** Although some obsessive-compulsive and eating disorder patients share common traits (e.g. some personality traits especially between OCD and AN), both disorders seem to be clinically and psychopathologically different.

### P0086

Reliability, validity, and classification accuracy of a Spanish translation of a measure of DSM-IV diagnostic criteria for pathological gambling

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