

was seen in 38% of the patients. The most common condition was IDD (27.1%), followed by affective and anxiety disorders (22 and 15.3% respectively). Considering patients with IDD, we found differences in locus ( $P=0.001$ ) (present in 34.3% of non-established locus, 8.6% of extra-temporal locus and 57.1% of temporal locus) but not with hemisphere, sex, type of crises, treatment. We neither found correlation with age, number of crisis or number of treatments.

**Conclusions** Psychiatric co-morbidities as IDD do not appear in the DSM-IV but are prevalent and could be related with temporal locus.

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

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### EV0305

#### Cardiovascular risk factors, anxiety symptoms and inflammation markers: Evidence of association from a cross-sectional study

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**Introduction** Anxiety disorders and Cardiovascular (CV) diseases, among the most common disorders in Western World, are often comorbid. A chronic systemic inflammatory state might be a shared underlying pathophysiological mechanism.

**Aims** To investigate the association between anxiety symptoms, CV risks factors and inflammatory markers in an outpatient sample.

**Methods** Cross-sectional study. Inclusion criteria: outpatients aged  $\geq 40$  years, attending colonoscopy after positive faecal occult blood test, negative medical history for cancer. Collected data: blood pressure, glycaemia, lipid profile, waist circumference, BMI, PCR (C Reactive Protein), LPS (bacterial Lipopolysaccharide). Psychometric tests: HADS, TCI, IMSA, SF36. Statistical analysis performed with STATA13.

**Results** Fifty four patients enrolled (27 males, 27 females). Sixteen patients (30.19%) were positive for anxiety symptoms. Thirty-three patients (61.11%) had hypertension, 14 (25.93%) hyperglycaemia and 64.81% were overweight, with frank obesity ( $BMI \geq 30$ ) in 11 subjects (20.37%). Anxiety symptoms were associated with low hematic HDL values ( $OR = 0.01$ ;  $P = 0.01$ ) and high concentration of triglycerides ( $OR = 0.023$ ;  $P = 0.02$ ) at the multiple regression model. At the univariate logistic analysis, anxiety was associated with LPS ( $OR = 1.06$ ;  $P = 0.04$ ).

**Conclusions** Further evidence over the epidemiological link between common mental disorders and CV diseases was collected, with possible hints on pathophysiology and causative mechanisms related to inflammation. The importance of screening for anxiety and depression in medical populations is confirmed. Suggestions on future availability of screening tools based on inflammatory-related indicators should be the focus of future research.

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

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### EV0306

#### How are personality traits and physical activity involved in colorectal carcinogenesis? A cross-sectional study on patients undergoing colonoscopy

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**Introduction** Inflammatory state of the large bowel is a key factor for the development of colorectal cancer (CRC). It has multifactorial aetiology, including psychological determinants. Physical activity may have a protective function against CRC via anti-inflammatory properties; on the contrary, personality traits correlate with an unhealthy and dangerous lifestyle.

**Objective** To measure the association between personality traits, lifestyle and colonoscopy outcome.

**Methods** Cross sectional study. Patients undergoing colonoscopy aged 40 or more, with a negative history for cancer or inflammatory bowel disease, were enrolled. Data collected: colonoscopy outcome, smoke, alcohol, physical activity, presence/absence of Metabolic Syndrome, personality traits assessed by the Temperament & Character Inventory (TCI).

**Results** In a sample of 53 subjects (females = 24, 45.3%), the mean age was  $60.66 \pm 9.08$ . At least one adenoma was found to 23 patients (43.3%). Twenty patients were smokers (37.74%), 36 (67.92%) drank alcohol at least weekly; approximately 60% reported regular physical activity. At the multivariate regression, the outcome was associated to: TCI Self Transcendence domain (ST) ( $OR = 1.36$ ,  $P = 0.04$ ) and physical activity ( $OR = 0.14$ ,  $P = 0.03$ ).

**Conclusion** People with ST's characteristic personality traits and sedentary life style are more likely to have precancerous colorectal lesions. This confirms the protective role of physical activity, and suggests to further explore the role of personality in cancerogenesis.

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

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### EV0307

#### Psychiatry intervention in cerebellar cognitive affective disorder: Case report

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**Background/objectives** Cerebellar cognitive affective syndrome (CCAS) is a condition that arises from cerebellar lesions. CCAS can easily be overlooked by medical teams; therefore a bibliographic