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**Introduction:** Anxiety disorders are very common and burdensome mental illnesses worldwide, characterized by exagerated feelings of worry and fear. These disorders are highly comorbid with other conditions.
**Objectives:** The aim of our study is to explore the physical and psychiatric comorbidities and their clinical correlates. The second objective is to identify the predictors of recurrence of anxiety disorders.
**Methods:** Our study concerned 436 outpatients who met DSM-V diagnostic criteria for anxiety disorders and were followed in the Department of Psychiatry of Monastir (Tunisia) between 1998 and 2017. Selective mutism and seperation anxiety were excluded for lack of cases.
**Results:** Our results demonstrated that Generalized Anxiety Disorder (GAD) was significantly associated with cardiovascular comorbidity (OR=3.208). Social Anxiety Disorder (SAD) was significantly correlated to avoidant personality disorder (OR=17). Patients with suicide attempts are more likely to have a comorbid personality disorder (OR=11.606). Being married and having a later age of onset are predictors of having comorbid depressive disorder. Furthermore, being married, having an anxiety-anxiety comorbidity and a longer duration of untreated illness (DUI) are predictors of recurrence.
**Conclusions:** Our study highlights the fact that comorbidities (physical and psychopathological) call for a closer follow up due to the higher risk of recurrence, the higher risk of suicide attempts and the poorer treatment response.

**Disclosure:** No significant relationships.
**Keywords:** Anxiety disorders; recurrence; comorbidities; clinical correlates

## EPV0011

## Primary clinical testing of the questionnaire "Brief questionary of quality of anxiety" in patients with generalized anxiety disorder

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**Introduction:** The clinical differentiation of anxiety can play an important role, particularly in response to treatment. Patients with generalized anxiety disorders (GAD) reflect anxiety, therefore questionnaires are effective. Previous attempts to create a questionnaire assessing the quality of anxiety assessed only one aspect – tolerance to uncertainty (3). The new questionnaire covers such aspects of anxiety as behavioral manifestation, hypochondria, relation to cognition, personal trait and expectation from treatment.
**Objectives:** Clinical testing of the questionnaire.
**Methods:** 38 GAD patients (total score of Hamilton depression rating scale 27±4.7), aged 42.5±13, 75% females and 38 healthy volunteers aged 36.5±11, 74% females. The questionnaire included 8 statements, (two of them have subparagraphs). The testing version does not include statement about expectations from treatment. It takes 10 minutes to fill it out.
**Results:** The difference between groups were found in following statements:
"I am often told that a am worried about small things" ($\chi$2 22 p=0.00001)–behavioral presentation of anxiety.
"When I am anxious, I find it difficult to concentrate" ($\chi$23,6 p=0.059)–cognitive aspect.
"My anxiety is getting worse, when I can't complete the task strictly according to the instruction" ($\chi$2 13.6 p=0.0002) -obsessive aspect.
"My anxiety is getting worse, when something goes wrong" ($\chi$2=9 p=0.002)-obsessive aspect.
"My anxiety is getting worse, when I need to make my own decision" ($\chi$29 p=0.003)- narcissism
"My anxiety is getting worse when I have to hold back irritation or discontent" ($\chi$24.2 p=0.04)-narcissism.
**Conclusions:** Only part of statements differs GAD patients from healthy volunteers, but they cover different fields of mental functioning.

**Disclosure:** No significant relationships.
**Keywords:** generalized anxiety disorder; quality of anxiety; Questionnaire

## EPV0012

## Differences in the effects of anxiolytics bromodihydrochlorophenylbenzodiazepine and fabomotizole in patients with anxiety disorders in dependence on their individually-typological features.

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**Introduction:** Personalized approach in drug therapy is an essential line of modern psychiatry. Experimental and clinical studies of anxiolytics have shown differences in drug effects in dependence on genetically determined reactions to stress and personal features.
**Objectives:** To evaluate of the therapeutic effects and effectiveness of bromodihydrochlorophenylbenzodiazepine and fabomotizole in dependence on individually-typological features of patients with anxiety disorders.
**Methods:** 45 patients (mean age 33,3±9,7 years) with generalized anxiety disorder (n=22) and panic disorders with agoraphobia (n=23) participated in this open-label study. 13 patients treated with typical anxiolytics bromodihydrochlorophenylbenzodiazepine at dose 2 mg daily and 32 patients treated with atypical fabomotizole at dose 30 mg daily. The duration of treatment was 14 days. Minnesota Multiphasic Personality Inventory, Psychiatric Symptoms Severity Evaluation Questionnaire and CGI-E were administered.
**Results:** Asthenic features (high pessimism, anxiety, individualism) were revealed in 26 patients and stenic features (high impulsivity, rigidity and optimism) were revealed in 19 patients. Patients with asthenic features had tranquilo-activating effect of bromodihydrochlorophenylbenzodiazepine, whereas patients with stenic features had tranquilo-sedative effect. The tranquilo-activating effect of fabomotizole was revealed in patients with stenic features. High efficacy of bromodihydrochlorophenylbenzodiazepine was

observed in patients with asthenic personality traits ($\chi^2 = 7,8$), whereas in fabomotizole-in patients with stenic individual typological features ($\chi^2 = 9,1$).
**Conclusions:** Patients with stenic and asthenic features had differences in therapeutic effects and the effectiveness of anxiolytics. Personality features determine the sensitivity of patients with anxiety disorders to psychotropic drugs.

**Disclosure:** No significant relationships.
**Keywords:** anxiolytic; individually-typological features; therapeutic effects

## EPV0015

## General Psychosomatic Medicine or the Loss of the Core of Being

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**Introduction:** The authors presents an overview of the schools of learning in the area of modern psychosomatic medicine.
**Objectives:** The author presents different variants for the concept of disease in psychosomatics.
**Methods:** Groddeck was of the opinion that illness was a "creative endeavour". Adler speaks of the will to be ill. Schulz Henke found that there are "gaps" where one would expect "normal life coping". Heraclitus said the character of the human is his fate. In psychosomatic medicine, we must focus attention on the character failings. Viktor von Weizäcker spoke of the revolving door principle. Gebsattel concentrated on the inhibition in becoming. Arthur Jores described psychosomatic disorders as human illnesses. Humans become sick when they find themselves in a "dead-end-street of destiny". They lose their core of being. Günther Ammon describes the psychosomatic reaction as the expression of a disturbed interaction process and advocates the psychoanalytical group therapy in the treatment of psychosomatic illnesses.
**Results:** In psychosomatics one looks for a special personality type or for a special trigger situation. One asks about the childhood anamnesis and the biography, about the characteristic drives and the character problems for the respective illness. Those who have lost their core of being can regain it through self-education and self-reflection. However, a "core of being" must be present.
**Conclusions:** Depending on the illness, character and social environment, it can happen that a patient "learns to express his wishes and fantasies, needs and sensitivities through his respective physical symptoms and complaints.

**Disclosure:** No significant relationships.
**Keywords:** Illness as "creative endeavour; fear equivalents; psychosomatic reaction

## EPV0016

## Haphephobia: a rare specific phobia of being touched

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**Introduction:** Haphephobia is a morbid fear of being touched or touching. The symptoms of Haphephobia are very similar to other specific phobias.
**Objectives:** Presentation of a case of haphephobia due to childhood sexual abuse
**Methods:** Mrs. X., A 22-year-old Bangladeshi female, presents to the psychiatric consult service with an intense fear of being touched by her husband. She told that whenever her husband comes closer to her, her heart starts to pound fast, she feels discomfort in the chest, a burning sensation on her whole body, and loses control over the environment. Furthermore, she can't sleep properly for the fear of being touched. Her in-laws' parents concluded that some 'evil spirits' might cause the symptoms. So her husband brought her to a Psychiatrist. On an in-depth assessment session, ensuring all the confidentiality issues, she told the Psychiatrist that she has a history of brutal sexual abuse followed by the threat to kill her by her stepfather at the age of fourteen.
**Results:** After a thorough medical workup and history gathering, her consultant psychiatrist could elucidate the source of the presenting picture and told her that she developed haphephobia, and suggested taking psychotherapy along with prescribed medicines.
**Conclusions:** Fear of being touched is a particularly difficult fear to cope with. Patients with haphephobia after sexual assault should be handled very cautiously by the experts keeping confidentiality issues in mind. Cognitive-behavior therapy, Exposure therapy, Virtual reality exposure therapy, practicing mindfulness, using daily coping strategies, and medications like beta-blockers, anxiolytics, antidepressants can help a person to overcome haphephobia.

**Disclosure:** No significant relationships.
**Keywords:** Specific phobia; Haphephobia; Anxiety disorders

## EPV0017

## Somatoform disorders. Models of personification oriented therapy

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**Introduction:** Contemporary in Ukraine the special priority has been the somatoform disorders increase. The most significant complications belong to the patient's self-evaluation of the influence of the disease on their social functioning, influence essential part of the self-evaluation of the disease and the important point of therapeutic personality accomodate intervention.
**Objectives:** Develop the stages of personalized models of psychotherapy