– evaluation of mental and physical status;
– distinguishing the nosological groups;
– choice of therapy;
– formation of groups of observation (risk groups in need for course therapy, systematic therapy).
Conclusion Consultation liaison psychiatry in general medical institution allows widening accessibility of psychiatric care and makes its provision more cost-effective.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0614

Psychopathological aspects of appearance dissatisfaction in aesthetic medicine

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Introduction The pathogenesis of dissatisfaction of the own appearance in patients without obvious abnormalities is still unexplored. The aim of the study was to investigate the structure of psychopathological disorders in patients without evident appearance abnormalities seeking for surgical or cosmetological correction.
Methods Study sample has included 227 women (average age: 35.8 ± 4.9 years) and 54 men (average age: 30.9 ± 5.7 years)–patients of plastic surgery and cosmetology clinic. The study used clinical psychopathological and follow-up methods of examination.
Results We have found the heterogeneous spectrum of mental disorders in this group of patients: overvalued dysmorphophobia was diagnosed in 26%, anxiety-phobic disorders–23.1%, obsessive-compulsive disorders–in 11%, depression–in 32%, delusional disorders–in 7.5% of patients.
Conclusions The results of our study show that the phenomenon of dissatisfaction with the appearance without obvious cosmetic defects manifests in the course of wide spectrum of mental disorders. The follow-up shows no improvement and even worsening of patients' mental state after cosmetological or surgical treatment. Decision about possibility and extent of the operation should be based on the analysis of patient's mental state and motive for reference to aesthetic medicine specialist.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0615

The development of an abbreviated version of the Cornell scale for depression in dementia (CSDD) for the assessment of depression in palliative care inpatients

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Introduction In the palliative care setting, accurate identification of depression is important to allow delivery of appropriate treatments.
Aims: – 1. To assess rates of depression in palliative care inpatients using the CSDD, comparing with formal clinical diagnosis based on diagnostic and statistical manual of mental disorders (DSM-IV) criteria;
– 2. To identify items of the CSDD that most distinguish depressive illness in a palliative care setting.
Methods We measured rates of depression in patients admitted into a palliative care inpatient unit with the CSDD. DSM-IV clinical diagnosis of major depressive disorder (MDD) was achieved using all available clinical information by an experienced independent rater. We calculated Cohen's Kappa to measure concordance between the CSDD and DSM-IV diagnosis.
Results We assessed 142 patients (56.3% male; mean age: 69.6 years), the majority of which had a cancer diagnosis (93.7%). 18.3% ($n = 26$) met DSM-IV criteria for MDD, while 12% scored ≥6 on the CSDD with 15 cases of depression common to these two methods ($K = 0.65$). Discriminant analysis identified five CSDD items that were especially distinguishing of MDD; sadness, loss of interest, pessimism, lack of reactivity to pleasant events and appetite loss. An abbreviated version of the CSDD, based on these 5 items, proved highly accurate in identifying DSM-IV MDD (AUC = 0.94), with sensitivity of 89% and specificity of 84% at a cut-off score ≥2.
Conclusions There was good level of concordance between the CSDD and DSM-IV diagnosis of MDD. We identified five depressive symptoms that are especially discriminating for depression in palliative care patients.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0616

Second generation direct-acting antiviral (DAAs) Treatment on HCV+ patients: Patient reported outcomes (PROs) and psychiatric symptoms in a real world setting sample

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Introduction Anti-HCV treatments are moving away from interferon-alpha towards DAAs, associated with fewer side effects, better tolerability, and better PROs.
Aims To describe neuropsychiatric symptoms and PROs during DAAs treatment in a group of HCV+ patients.
Methods Forty outpatients, scheduled for DAAs treatment, were assessed at enrolment (T0), 4 weeks (T1), at the end of treatment (EOT) and after 12 weeks of follow up (F-UP), by means of MDRS, HAM-D, HAM-A, MRS, Y-BOCS and SF-36. Afterwards the sample was divided into two groups as a function of a positive psychiatric history (19) and compared with each other.
Results Total sample mean scores between W0 and F-UP were compared and an improving trend was observed in all administered scales. An SF-36 items analysis showed a statistically significant difference in emotional role functioning between W0 vs EOT and EOT vs F-UP, in change in overall health status between W0 vs EOT and W0 vs F-UP.A multivariate logistic regression analysis showed that a positive psychiatric history was not associated with an improvement in vitality of 4.3 (minimal clinically important difference). Comparing the two groups, no significant fluctuations in SF-36 scores were founded and major deviations score increases were recorded in patients with a psychiatric history in all scales.
Conclusions Our real world data shows that new regimens do not seem to be associated with psychiatric side effects and conversely a clinical improvement compared to baseline was found, suggesting