

treatment and improve patient's quality of life. The publication was prepared with the support of the "RUDN University Program 5-100".

Keywords: Escitalopram; psoriasis; psychosomatic disease

EPP0230

The quality of life of comorbid patients with pathology of thyroid gland and gastroesophageal reflux disease

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Introduction: In Russia, the prevalence of GERD is 18-46% [Ivashkin V. T., Maev I. V., Trukhmanov A. S., 2011]. GERD leads to a significant decrease in the quality of life of patients, especially with nocturnal symptoms, extraesophageal symptoms (chest pain, persistent cough), and increases the risk of complications such as bleeding from ulcers and erosions, peptic strictures and, which causes the greatest caution, Barrett's esophagus and esophageal adenocarcinomas

Objectives: The medical and social significance of the pathology of the thyroid gland and gastrointestinal tract problem is determined by their high prevalence regardless of age, the annual increase in morbidity and the decrease in the quality of life (QOL).

Methods: Patients were divided in two groups: patients with GERD; patients with GERD and hypothyroidism. Quality of life was studied using the non-specific (general) SF 36 questionnaire.

Results: The lowest indicators were shown by patients with GERD and hypothyroidism (PF scale - Me 75.00 and 45.00 ($p=0.005470$), RF scale - 75.00 and 25.00 ($p=0.043046$), BP scale - 74.00 and 52.00 ($p=0.036493$), GH scale - 58.00 and 15.00 ($p=0.009959$)). The second group was more disadvantaged (VT scale - IU 52.50 and 32.50 ($p=0.098125$), SF scale - 75 00 and 50.00 ($p=0.019016$), RE scale - 33.30 and 0.00 ($p=0.028841$), GH scale - 48.00 and 36.00 ($p=0.025919$)).

Conclusions: According to the results, the presence of combined pathology of the thyroid gland and gastrointestinal tract significantly affected the physical and psychological component of health in the studied patients.

Keywords: quality of life; pathology of thyroid gland; comorbidity; gastroesophageal reflux disease

EPP0231

Executives functions in co-occurring adult attention deficit hyperactivity disorder and alcohol use disorder.

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Introduction: Executives functions (EF) are cognitive processes mediating the ability to successfully regulate thoughts and behaviours in order to fulfil a goal. EF impairment has been found both in the Attention Deficit Hyperactivity Disorder (ADHD) and in the Alcohol Use Disorder (AUD). Deficits in EF may have a major impact on patients' everyday life.

Objectives: The aim of this study was to evaluate EF in a population with a dual diagnosis of Adult ADHD et AUD. We also evaluated the correlation between EF and the dimensions of quality of life.

Methods: For this observational multicentric study, we included patients with AUD starting long-term residential treatment. We used ASRS v.1.1 to screen for Adult ADHD and DIVA to confirm the diagnosis. We assess EF with BRIEF-A. WHOQoL-BREF was used to evaluate quality of life.

Results: Our population consists of 49 patients. Adult ADHD prevalence was 24,49%. Impairment score of all EF explored (Inhibition, Shifting, Emotional Control, Self-Monitoring, Initiative, Working Memory, Planning/Organizing, Organization of materials, Task Monitoring) was higher in patients with co-occurring Adult ADHD and AUD than in patients without Adult ADHD ($p<0,001$). We found strong negative correlation between Psychological Health and impairment score of Inhibition ($p<0,001$), Emotion Control ($p<0,001$), Self-Monitoring ($p<0,001$) and planning/Organizing ($p<0,001$). The other dimensions of quality of life were poorly correlated to EF impairment.

Conclusions: The prevalence of Adult ADHD in AUD patients is high. When AUD and Adult ADHD coexist, EF impairment is stronger and quality of life is poorer. Psychological health and EF impairment are strongly associated.

Keywords: attention deficit hyperactivity disorder; alcohol use disorder; Executives functions; quality of life

EPP0232

Comorbid anorexia nervosa and schizophrenia.

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Introduction: Although schizophrenia and anorexia nervosa are very different disorders, when they occur in the same patient it can be difficult to distinguish whether the alterations in body image are due to psychotic symptoms or correspond to a comorbid eating disorder. It is also relevant to know how they can interact with each other.

Objectives: Presentation of a clinical case of anorexia nervosa in the context of a patient with a previous diagnosis of paranoid schizophrenia.

Methods: Bibliographic review of the relationship between schizophrenia and alterations in the perception of body image by searching for articles in Pubmed.

Results: We present a 48-year-old woman who resides with her mother and a sister. Diagnosed with paranoid schizophrenia and eating disorder. She had previously been admitted to hospital twice. Since 2004, she has been followed up in mental health consultations. The patient reports constant weight changes. A year ago she began to feel overweight and began to restrict her intake and to exercise, having lost 20 kg. She reports psychotic symptoms in the