

**Methods** We present a literature review of some scientific articles found on Pubmed search using “deep brain stimulation and obsessive compulsive disorder/DBS and OCD”.

**Results** Clinical outcome of DBS for OCD shows robust effects in many studies. It appears that most patients regain a normal quality of life after DBS, reporting changes in perception, feeling stronger and more confident, and doing things unreflectively. It seems that DBS is a valid alternative to lesional ablative neurosurgery for severe, therapy-refractory OCD patients, although with partially discrepant results probably related to differences in anatomical targeting and stimulation conditions.

**Conclusions** DBS seems to be a promising modality for the treatment of some refractory psychiatric disorders such as OCD, but the search for the best target still continues. Randomized studies with larger samples are needed to establish the optimal targeting and stimulation conditions.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.357>

#### EV0029

### Is there a difference in prevalence of anxiety and depression symptoms among patients with different stages of hypertension?

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**Introduction** Whether anxiety and depression are associated with hypertension and to what extent is not clear.

**Aims** The aim of the present study was to assess any differences in the prevalence of anxiety and depression among different groups of hypertensive patients.

**Methods** The study cohort comprised of 127 patients (75 male, mean age  $54 \pm 14$ ) who underwent assessment of their blood pressure levels and were divided in four groups: group I (normotensives,  $n = 34$ ), group II (stage 1 HTN,  $n = 33$ ), group III (stage 2 HTN,  $n = 30$ ) and group IV (stage 3 HTN,  $n = 30$ ). The evaluation of anxiety disorder was made by means of Hospital Anxiety Depression Scale (HADS), while the evaluation of depression was made with the Beck Depression Inventory (BDI). Statistical analysis was done with SPSS for windows. *P*-value was set at 0.05 for differences to be considered significant.

**Results** Comparing the four groups of patients there was a significant difference both in BDI ( $8.6 \pm 7.0$  vs.  $11.6 \pm 10.4$  vs.  $27.1 \pm 5.8$  vs.  $32.4 \pm 3.9$ ,  $P < 0.0001$ ) and HADS ( $10.2 \pm 7.2$  vs.  $9.7 \pm 7.0$  vs.  $16 \pm 4.7$  vs.  $27 \pm 5.1$ ,  $P < 0.0001$ ). We proceeded to comparison among the 4 groups and there was a significant rise in the BDI and HADS in three of the four groups group II > group III > group IV,  $P < 0.0001$ .

**Conclusion** These data suggest that there is a clear burden of anxiety and depression as the levels of BP increase. This finding is of important clinical significance as it could contribute to a different approach of hypertensive patients. A larger cohort study could enlightened the mechanisms involved.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.358>

#### EV0030

### Association of arterial stiffness burden with anxiety and depression in different stages of hypertension

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**Introduction** There has been an attempt to associate anxiety and depression with arterial stiffness. In the present study, we assessed differences in arterial stiffness among 3 groups of hypertensive patients compared to control normotensives as well as possible association with anxiety and depression scoring system.

**Methods** The study cohort comprised of 127 patients (75 male, mean age  $54 \pm 14$ ) who underwent assessment of their blood pressure levels and were divided in four groups: group I (normotensives,  $n = 34$ ), group II (stage 1 HTN,  $n = 33$ ), group III (stage 2 HTN,  $n = 30$ ) and group IV (stage 3 HTN,  $n = 30$ ). The evaluation of anxiety disorder was made by means of Hospital Anxiety Depression Scale (HADS), while the evaluation of depression was made with the Beck Depression Inventory (BDI). Arterial stiffness evaluation was done with Cardio-Ankle Vascular Index (CAVI). Statistical analysis was done with SPSS for windows. *P*-value was set at 0.05 for differences to be considered significant.

**Results** Both CAVI R and CAVI L indices were significantly higher as the severity of hypertension progressed ( $P < 0.001$ ). BDI score was significantly correlated with CAVI R (Pearson  $r = 0.53$ ,  $P < 0.0001$ ) and CAVI L (Pearson  $r = 0.39$ ,  $P < 0.0001$ ). HADS score was also significantly correlated with both CAVI R (Pearson  $r = 0.53$ ,  $P < 0.0001$ ) and CAVI L (Pearson  $r = 0.43$ ,  $P < 0.0001$ ).

**Conclusions** There is a burden in the arterial stiffness of this population with the increase of the levels of BP which is not surprising. However, the new finding is that there is a strong correlation with arterial stiffness indices and both anxiety and depression scoring system.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.359>

#### EV0031

### The relationship of social phobia and personality characters in colleague students

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Social anxiety disorder, pervasive and debilitating disorder with a high rate that affects many aspects of human life. The aim of the study was to assess the relation between social phobia and personality traits of Rafsanjan University of medical sciences students. By using Cochran formula and random stratified sampling, 284 person of Rafsanjan University of medical sciences students selected. Participants responded to questions of the NEO Personality and Social Phobia questionnaire. Data analyzed with Pearson correlation coefficient, analysis of variance and regression. Among the individuals, 11.6% had severe social phobia and 4.6% very severe. The relationship between social phobia and neuroticism was reversed and significant and other personality characters were significantly. Neuroticism and openness predicted social phobia