

Hemophilia is a life threatening, life long condition caused by absence of or defective coagulation factors. Our clinical experiences show us, that patients with haemophilia, especially older patients, who did not use prophylactic treatment, often are under negative stress and suffer from different psychological problems. They have difficulties talking about their feelings and emotional life and use several defence mechanisms to reduce their mental pain. They start to talk about their feelings late during the psychological treatment. Aim of our study will be to evaluate social and psychological aspects of haemophilia during the long-term psychotherapy and compare them with the ESCHQoL Study results.

Background: Clinical experiences.

Patients with haemophilia often experience high level of anxiety for the risk of bleeding and difficulty in coping with the situation. Comparison between the clinical data and the ESCHQoL Study results showed us, that patients with haemophilia initially tend to denial anxiety, which manifest itself more often through the body symptoms. Some of our patients experienced stigmatised behaviours during their childhood, which, of course is very traumatising.

Conclusion: The ESCHQoL Study results, especially the part, which evaluate the social and psychological problems of patients with haemophilia should be interpret with the caution. Clinical experiences in working with patients with haemophilia have shown that they have difficulties in expressing feelings. During the long-term psychological work with the patients they progresively start to open emotionally and the level and quality of their defence mechanisms start to change. As a consequence the management of haemophilia often improves.

P0219

The evaluation of analgetic use (abuse) in patients with haemophilia

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Haemophilia is a life threatening, life long condition caused by absence of or defective coagulation factors. People with haemophilia tend to bleed internally into joints and muscles, which can lead to pain. Pain is a distressing symptom that can affect people with haemophilia in a number of ways. A bleed into a joint can cause acute, severe pain whereas the long-term effects of recurrent bleeds can lead to chronic and disabling symptoms. People with haemophilia use different types of analgetics for pain relief. Patients with haemophilia need to manage psychological pain, too. A high percentage of hemophiliac patients suffer from different psychological problems, most common anxiety, depression and somatization disorders. Physical and psychological pain need to be differentiated and assessed correctly in order to be managed properly.

According to our clinical experiences, several patients with haemophilia were abusing analgetics to reduce and control comorbid anxiety or depression.

Aim of our study will be to evaluate the analgetic use in patients with haemophilia. We will evaluate the medical records of 180 patients with haemophilia from Slovenian Haemophilia society and search for type of analgetics, indications for its prescription and potential complications: physical and psychiatric side effects (overdoses, analgetic abuse or misuse. The pattern of the analgetic use

will be compared to the results of the quality of life questionnaire and functional parameters of the large joints.

P0220

Psychopathological variables and electrical pain threshold

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Background and Aims: Although there is growing interest in human health and psychological factors efficiency in chronic pains, specially in lowback pain, there has been limited studies of psychopathological aspects, such as somatization, interpersonality sensitivity, hostility and ... with pain threshold. Pain is a affective, complex and cognitive phenomenon, which is highly common in a variety of medical conditions, and debilitate normal life. By the reason, the main aim of this study is to measure the relation of psychopathological variables, consistent with demographic factors with pain threshold and tolerance.

Method: By multi stage sampling of Tehran central branch of I.A university, 50 subjects (25 female, 25 male) in the age range of 22-26 years old, have selected. After testing by specific scales and electrical pain threshold-tolerance, (TENS), data analyzed by two-way analysis of variance.

Result: There is statistical significant relation in pain and psychopathological variables.

Conclusion: This study consistently showed that not only personality characteristics, but also psychopathological aspects, specially anxiety, depression and hostality have relation with pain threshold and tolerance.

P0221

What is the role of HIV positivity in patients with ESLD who undergo to OLTx Iter?

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Introduction: Since 2003 the national research program for solid organ transplantation in HIV patients is active at the Liver Transplantation Centre of Modena. HIV patients who enter this protocol are assessed by the CLP Service. The aim of the present study is to evaluate their psychiatric comorbidity.

Methods: An observational prospective study was conducted comparing ESLD patients with and without HIV. After the assessment, the psychiatrist compiled the TERS and the MADRS. Baseline (B) evaluation was made before the inclusion in the OLTx waiting list and the Follow-Up (FU) one was made 12 months later.

Results: From January 2003 to December 2006 we assessed 553 patients: 39 (6%) with HIV and 361 (94%) without HIV. The two groups were homogeneous for gender (75% of male patients; p = ns) but not for age (46 ± 5 vs 56 ± 9 ; p = ns). Psychiatric anamnesis was negative in 176 (49%) patients without HIV and in 6 (15%) patients with HIV, p<0.001.

At baseline psychiatric comorbidity was present in 33 HIV patients (85%) and in 148 non HIV patients (41%), p<0.001.

At the follow-up MADRS highlights an improvement at all the items for HIV patients. In the non-HIV group score variation was: B = 7.10, FU = 8.15; in the HIV group: B = 10.20, FU = 4.09 ($p < 0.001$).

The average score at TERS was higher in patients with HIV (43 ± 9 vs 35 ± 9 , $p = \text{ns}$).

Conclusions: At B HIV patients with ESLD show a greater frailty to psychopathology but they quite improved during FU. The contrary happen in non-HIV group.

P0222

Pregabalin as long-term treatment of fibromyalgia pain

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Introduction: This study (A0081057) was designed to evaluate the long-term safety and efficacy of pregabalin treatment of fibromyalgia (FM).

Methods: In this 1-year, open-label (OL) extension of a 13-week randomized, placebo-controlled trial of pregabalin FM patients had the option of continuing pregabalin at doses of 150 to 600 mg/d. Efficacy was measured by the Short-Form McGill Pain Questionnaire (SF-MPQ), which included sensory and affective pain descriptors, Present Pain Intensity (PPI) index, and a Visual Analog Scale (VAS).

Results: 429 of 431 screened patients entered OL treatment, 249 (58%) completed, 70 (16.3%) discontinued due to an adverse event (AE), and 110 (25.7%) discontinued for other reasons. Median duration of treatment with pregabalin was 357 days (range, 1–402 days); 114 received pregabalin for ≥ 1 year. No clinically meaningful increases in dose were noted over the OL treatment period. Weighted mean dose was 414 mg/d in the first 3 months of treatment and 444 mg/d after 9 months of treatment. SF-MPQ sensory, affective, and total scores were improved relative to baseline, VAS pain score decreased 21 points (0–100 scale), and PPI decreased 0.9 point (0–5 scale). The most frequently reported all-causality AEs were dizziness, somnolence, peripheral edema, and increased weight, most of which were mild to moderate in intensity and of limited duration.

Conclusions: Pregabalin administered for up to 1 year was generally well tolerated by FM patients without evidence of dose increase over time. The sustained improvement in pain measures during OL treatment was consistent with that in shorter term double-blind trials.

P0223

Dynamic of quality of life in patients exposed to aortocoronary bypass surgery

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Objective: To compare indices of quality of life of patients after aortocoronary bypass surgery depending on level of alexithymia.

Material and Methods: We have examined 101 patients with verified diagnosis of IHD (44 – 65 years), exposed to aortocoronary bypass surgery (ABS). Level of alexithymia was identified according to TAS-26 scale. Indices of quality of life (QL) before and a year after surgical intervention were assessed according to general questionnaire of QL SF-36.

Results: Comparative analysis of two groups of patients with IHD exposed to ABS with alexithymia ($n=45$; level of alexithymia according to scale TAS - $80,24 \pm 0,88$) and without alexithymia ($n=56$; level of alexithymia according to scale TAS - $64,13 \pm 1,15$) has been conducted. Mental status of patients in preoperative period and at the moment of catamnesis has detected as statistically significant differences according to frequency of anxious disorders. Level of anxiety according to Sheehan scale before operation in group with alexithymia has constituted $35,67 \pm 2,61$ as compared with $28,34 \pm 1,99$ in group without alexithymia; $p=0,025613$). At the moment of catamnesis statistically significant differences remained during reduction of indices of anxiety. A year after operation patients with high level of alexithymia had worse indices in association with relevant problems both of physical and mental health according to frequency of depressive and anxious-phobic disorders and number of not working persons (remaining disability).

Conclusions: We have revealed statistically significant role of alexithymia in prognosis of dynamic of psychoemotional and somatic status of IHD patients determining quality of life after aortocoronary bypass surgery.

P0224

Anxiety, depression and quality of life in patients with cutaneous factitious disorder: A case-control study

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Background and Aims: Cutaneous Factitious Disorder (CFD) is rare but often chronic and recurrent illness that impairs patients' quality of life. Few are known about its underlying mechanism which often involves emotional factors such as anxiety and depression.

This study aimed to compare depression, anxiety and quality of life scores in patients diagnosed as CFD and in control patients with chronic dermatological diseases.

Methods: It's a case-control study held in dermatology and psychiatry departments of the university hospital Farhat Hached (Sousse, Tunisia). Twenty-five female patients diagnosed as CFD according to DSM-IV criteria were prospectively recruited. The control group consisted of twenty-five female patients with chronic dermatological condition. They were age and disease duration matched. Assessment was based on family and personal history, HAD-S anxiety and depression scores and SF-36 quality of life measures. Statistical comparisons were performed with Chi 2, Student and Fisher tests.

Results: CFD patients had a mean age of 31 ± 8.62 years. They were more often celibates ($p < 10^{-4}$) and had lower educational level ($p=0.21$) than controls. They also had more long family medical history ($p=0.49$), more personal psychiatric antecedents ($p=0.29$) and more previous suicide attempts ($p = 0.10$).

The level of depression and anxiety was the same between CFD patients' group and controls. However, quality of life measures were lower in CFD group ($p < 10^{-4}$).

Conclusion: In spite of a same level of depression and anxiety in the two groups, patients with CFD had a more impaired quality of life than those with other chronic dermatological condition.

P0225

Serious psychiatric adverse events in chronic Hepatitis C patients treated with Pegylated or recombinant Interferon-Alpha plus Ribavirin