

Objective The aim of our study was to assess self-esteem and factors associated in patients suffering from epilepsy.

Methods We conducted a cross-sectional, descriptive and analytic study, including 20 patients followed for epilepsy at neurology outpatient department, Habib Bourguiba hospital, Sfax, Tunisia. We collected socio-demographic and clinical characteristics, and used the Rosenberg Self-Esteem Scale (RSES).

Results The mean age was 35.9 ans. Sex-ratio (M/F) was 3. Hobby practice was noted in 45% of cases. The disease evolves since 19.9 years on average. A worsening of health in the last year was felt in 30% of cases. The stigma was reported in 30% of patients. Self-esteem was: very low 5%, low 40%, average 40%, and high 15%. It was better among married patients, living in family and those with disease evolving since more than 10 years, but without a significant correlation. The factors correlated with good self-esteem were: practicing a hobby ($P=0.006$) and absence of stigma ($P=0.001$). Poor self-esteem was significantly correlated with perceived health worsened during the last 12 months ($P=0.02$). It was poor in unstable patients professionally, but without significant correlation.

Conclusion Our study confirms the decline of self-esteem in patients with epilepsy. A better education of these patients to accept their illness, as well as raising public awareness on this affection could facilitate social insertion and improve self-esteem.

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

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EV397

Interest of admission clinical and paraclinical examinations for the detection of organic comorbidities in psychiatry

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Introduction Somatic comorbidities in patients with mental disorders have become an important issue. They complicate therapeutic management and aggravate the prognosis.

Objectives Outline the nature of somatic disorders observed in psychiatry and assess the different interactions between psychiatric pathologies and organic diseases.

Methods We conducted a descriptive retrospective study including 60 patients hospitalized in a psychiatry department during 2 years (2013 and 2014). We included patients having presented a somatic disorder at their admission. Data collection was based on psychiatric and clinical observations.

Results At the admission, somatic examination was abnormal in 53.3% of cases: skin abnormalities 28.3%; blood pressure abnormalities 8.3%. An abnormality of the initial biological tests has been reported in 51.7% of patients: leukocytosis 18.3%; liver test abnormalities 13.3%; hematologic abnormalities 8.3%. The electrocardiograph was pathologic in 35% of cases. These anomalies have required advices from medical and surgical services: cardiology 33.3%; endocrinology 10%, orthopedics 10%. The relationship between somatic and psychiatric pathology was: a comorbidity: 55%; a side effect of psychotropic drug: 5%; an organic origin of the psychiatric disorder: 6.6% and a somatic disorder secondary to the psychiatric pathology: 10%. In the course of this investigation, 6.6% of patients were transferred urgently to a specialist department, the psychotropic treatment was stopped in 10% of cases, and a therapeutic adjustment was necessary in 6.6% of cases.

Conclusion Our study confirms the importance of somatic assessment of patients with mental illnesses. This must be a systematic practice in order to detect in time patients at risk of somatic complications.

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

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EV400

Casting wider diagnostic nets for anxiety and depression: Disability-driven cross-diagnostic subtypes in a large population study

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Introduction Data-driven techniques are frequently applied to identify subtypes of depression and anxiety. Although they are highly comorbid and often grouped under a single internalizing banner, most subtyping studies have focused on either depression or anxiety. Furthermore, most previous subtyping studies have not taken into account experienced disability.

Objectives To incorporate disability into a data-driven cross-diagnostic subtyping model.

Aims To capture heterogeneity of depression and anxiety symptomatology and investigate the importance of domain-specific disability-levels to distinguish between homogeneous subtypes.

Methods Sixteen symptoms were assessed without skips using the MINI-interview in a population sample (LifeLines; $n=73403$). Disability was measured with the RAND-36. To identify the best-fitting subtyping model, different nested latent variable models (latent class analysis, factor analysis and mixed-measurement item response theory [MM-IRT]) with and without disability covariates were compared. External variables were compared between the best model's classes.

Results A five-class MM-IRT model incorporating disability showed the best fit (Fig. 1). Accounting for disability improved the differentiation between classes reporting isolated non-specific symptoms ("Somatic" [13.0%], and "Worried" [14.0%]) and those reporting more psychopathological symptoms ("Subclinical" [8.8%], and "Clinical" [3.3%]). A "Subclinical" class reported symptomatology at subthreshold levels. No pure depression or anxiety, but only mixed classes were observed.

Conclusions An overarching subtyping model incorporating both symptoms and disability identified distinct cross-diagnostic subtypes. Diagnostic nets should be cast wider than current phenomenology-based categorical systems.

Figure not available.

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Pediatric asthma biomarkers in relation to mental disorders of asthmatic children and their caregivers

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