

keep in mind anxious symptoms when facing a patient at his/her first ACS.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1415>

EV431

Affective disorders in multiple sclerosis

M. Said¹, S. Ouanes^{2,*}, R. Nefzi¹, A. Aissa¹, H. Maatallah¹, H. Ben Ammar¹, Z. El-Hechmi¹

¹ Razi Hospital, Psychiatry F, Mannouba, Tunisia

² Razi Hospital, Mannouba, Tunisia

* Corresponding author.

Background Psychiatric disorders have a remarkable frequency in multiple sclerosis. The leading group of these disorders consists of affective disorders. These psychiatric conditions can worsen the outcome of multiple sclerosis, thus contributing to increase the burden of the disease to both patients and relatives. Managing such a complicated situation needs a focus on the underlying links between affective disorders and multiple sclerosis.

Objective To examine the hypotheses proposed to explain the high prevalence of affective disorders in patients with multiple sclerosis.

Methods Literature was reviewed using the Medline database and the following keywords “bipolar disorder” “affective disorder”, “mania” and “multiple sclerosis”.

Results PubMed research returned 13 results. After manual inspection, 10 articles were retained and examined. The cause of the high comorbidity between multiple sclerosis and mood disorders is regarded as being multifactorial: the medication used in multiple sclerosis possibly inducing/exacerbating mood disturbances, the demyelinating brain lesions which could bring about depression or mania, genetic overlapping with affective disorders and last the psychological reactions and adjustment difficulties to the neurological handicap.

Conclusion Despite the fact that the higher prevalence of affective disorders in multiple sclerosis is well established, these disorders still remain underdiagnosed and undertreated. A shift towards a better assessment of the psychiatric comorbidity in multiple sclerosis patients and the optimal treatment of those disorders is fundamental.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1416>

EV432

Consultation liaison psychiatry in Talavera's hospital during the year 2014

M. Palomo Monge^{1,*}, D.C. Sandra², A.L. Maria Fernanda³, G.M. David¹, T.G. Maria Fernanda¹, D.D. Arántzazu⁴,

S.D.L.P. Silvia³, O.B. Rubén¹, L.D.L. Beatriz¹

¹ Hospital Nuestra Señora del Prado, Psychiatry, 45600 Spain

² Centro de Rehabilitación Psicosocial y Laboral, Psicología, Talavera de la Reina, Spain

³ Hospital Nuestra Señora del Prado, Family Medicine, 45600 Spain

⁴ Hospital General de Ávila, Psychiatry, Avila, Spain

* Corresponding author.

Introduction Analyze the number of interdepartmental consultations carried out at Department of Psychiatry, Hospital Nuestra Señora del Prado from other areas of hospitalization during 2014.

Objectives The goal is to evaluate the prevalence of psychiatric disorders in patients who are hospitalized for other reasons, and which services are needed the most.

Methods Retrospective cross-sectional descriptive study. A record of consultations carried out by the psychiatry service in 2014 was collected. The data were analyzed according to the origin of the consultation service, the month when it was performed and the sex of the patient. The monthly percentage of interconsultations and the percentage represented by each interconsultation service were calculated. They classified according to sex.

Results In 2014, 211 interconsultations were carried out, 104 men and 86 women. Surgery 16, 11%, pneumology 13, 74%, internal medicine 12, 32%, traumatology 8, 06%, digestive 7, 11%), I.C.U. 6, 64%, cardiology 6, 16%, hematology 5, 69%, oncology 5, 21%, pediatrics 4, 27%, gynecology 2, 84%, emergency 1, 90%, palliative 1, 90%, endocrinology 1, 42%, urology 1, 42%, nephrology 0, 95%, E.N.T. 0, 95%, obstetrics 0, 47%, dermatology 0%, ophthalmology 0%, rheumatology 0%. January 12, 8%, February 13%, March 9, 5%, April 6, 2%, May 5, 7%, June 8, 1%, July 6, 2%, August 4, 3%, September 8, 1%, October 12%, November 7, 6%, December 6, 2%.

Conclusions Most of the interconsultations were carried out in January, February and October. However, August was the least busy month. The busiest service was the Surgery service, followed by the Pneumology and Internal Medicine one. There were no interconsultations of the Ophthalmology, Rheumatology and Dermatology services. The consults were in demand mainly by men rather than women.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1417>

EV433

Psychological syndrome analysis (Vygotsky – Luria School) in psychosomatics: Clinical and psychological study of patients with mitral valve prolapse

E. Pervichko^{1,*}, Y. Zinchenko¹, A. Martynov²

¹ Lomonosov Moscow State University, Faculty of Psychology, Moscow, Russia

² Moscow State University of Medicine and Dentistry, Faculty of General Medicine, Moscow, Russia

* Corresponding author.

Introduction One of the dominant methodological principles of Russian clinical psychology (the Vygotsky-Luria School) is the principle of Psychological syndrome analysis (PSA). It can also be heuristically applied to psychosomatics.

Objective To identify a psychosomatic syndrome in patients with mitral valve prolapse (MVP).

Materials and methods We applied various techniques for a qualitative and statistical data analysis of clinical and psychological study. We explored our patients' individual personality profiles, anxiety level (Spielberger et al., 1983), features of achievement motivation (Heckhausen, 1963), emotion regulation strategies (ERS) (Zinchenko, Pervichko, 2014; Pervichko, 2015), dynamics of the patient's emotional state in stress conditions, and degrees of manifestation of MVP clinical symptoms. The study comprised 134 MVP patients, mean age was 24.8 ± 1.2 years, and 73 healthy subjects, mean age was 27.5 ± 1.3 years.

Results MVP patients proved to be more prone to emotional stress; they were also inclined to choose less effective ERS as compared to healthy subjects. ANOVA data revealed dependence of intensity of such clinical symptoms as cardialgia, tension headaches and psychogenic dyspnea on the degree of anxiety level and the presence of dysfunctional ERS in MVP patients. The interpretation of the study results with PSA method suggested that the patients' psychological and clinical characteristics form into a psychosomatic syndrome. The first syndrome-generating factor is the presence of the approach – avoidance motivational conflict in achievement settings. Dysfunctions of emotion regulation appear