Image 2:

Table 5. HbA1c-DAS Correlations

		HbA1c	DAS_total	DAS_IA	DAS_SA	DAS_ANT	DAS_ANC
HbA1c	Pearson Correlation	1	0.420**	0.122	0.362**	0.210*	0.229*
	Sig. (2 ends)		<0. 001	0.237	<0.001	0.040	0.025
	N	97	97	97	97	97	97

**. The correlation is significant at the 0.01 level (2 ends).
*. The correlation is significant at the 0.05 level (2 ends).

Image 3:

Table 8. NPI13-DAS Correlations

	L/A	G/E	E/E	DAS_total	DAS_IA	DAS_SA	DAS_ANT	DAS_ANC
L/A	1	0.469**	0.600**	-0.077	-0.054	-0.072	-0.047	-0.005
G/E	0.469**	1	0.382**	-0.127	0.029	-0.092	-0.130	-0.086
E/E	0.600**	0.382**	1	-0.148	0.011	-0.243*	-0.040	-0.006
NPI-13	0.874**	0.756**	0.797**	-0.140	-0.010	-0.159	-0.088	-0.039

**. The correlation is significant at the 0.01 level (2 ends).
*. The correlation is significant at the 0.05 level (2 ends).

Conclusions: Our results allowed us to conclude that the capacity for insight may sometimes arise in the context of already existing consequences of diabetes, in patients with poor metabolic control. Some studies had already highlighted the dubious role of increased individual perception of illness with diabetes regulation, while others were consistent with our observations, regarding the role of gender and family history in insight.
Despite these results, we propose that the knowledge of the profile of patients with insight and the anticipation of a low insight to the disease at the time of diagnosis or during follow-up allows the individualization of medical practice and the use of insight as a tool for better metabolic control of patients, ideally should arise before the development of vascular complications.
However, further studies are needed, ideally with a larger and more diverse, to understand if there are other factors that may be related to insight in the disease, as well as the development of techniques for acquisition of insight in patients with diabetes.

Disclosure of Interest: None Declared

EPP0556

Evaluation of cognitive functions, emotional disturbances and acceptance of the disease in patients with cardiovascular disorders and type D personality

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Introduction: The majority of people with cardiovascular disorder meets the criteria of type D personality. Its prevalence, however, favours experiencing negative emotions and avoiding social connections [Kupper et al. Int J Cardiol. 2013;166(2) 327-33]. Cardiovascular disorders' steady morbidity growth entitles to search for the factors, which have an impact on functioning, acceptance of the disorder and obeying doctor's orders among patients with this diagnosis [Leu et al. J Formos Med Assoc. 2019;118(3) 721-729]. One of the factors, which largely determines mental efficiency, except for anxiety and depression symptoms, is cognitive functioning [Burkauskas et al. Cogn Behav Neurol.2016;29(2)91-9, Schiffer et al. Eur J Heart Fail. 2008;10(8) 802-10].
Objectives: Evaluation of cognitive functioning, acceptance of the disorder, intensifying of anxiety and depression symptoms among people who suffer from cardiovascular diseases with type D personality and seeking for relationships between those parameters.
Methods: 102 people took part in the study, including 63 men and 39 women, the average age amounting to 65,471 (SD±10,567). Patients were divided according to the presence of type D personality, gender and cardiological diagnoses. The DS-14 scale was used to assess the type D personality, the HADS scale to assess the symptoms of anxiety and depression, and also the AIS scale to assess the acceptance of the disease and MoCA 7.2 scale for cognitive functions. The original questionnaire was used to collect the necessary sociodemographic data, data on the type and course of the main disease, comorbidities and medications taken.
Results: About 37% of respondents meet the criteria of type D personality. The AIS scores correlate negatively with age, disease duration, and with both components of the DS-14 scale (negative emotions-Ne and social inhibition-Hs). Both DS-14 subscales correlate positively with HADS-A and HADS-D, and the DS-14 (Ne) subscale is also positively associated with age. The results of the MoCA scale negatively correlate with age and duration of the disease. People without personality traits of type D have higher AIS scores, lower HADS-A (fig.1) and HADS-D scores (fig.2), and higher MoCA scores (fig.3) than those with type D personality. There were no differences between patients with ischemic heart disease and patients with ischemic heart disease and heart failure. In the subscale of social inhibition DS-14 (Hs), women obtained a higher result.
Image:

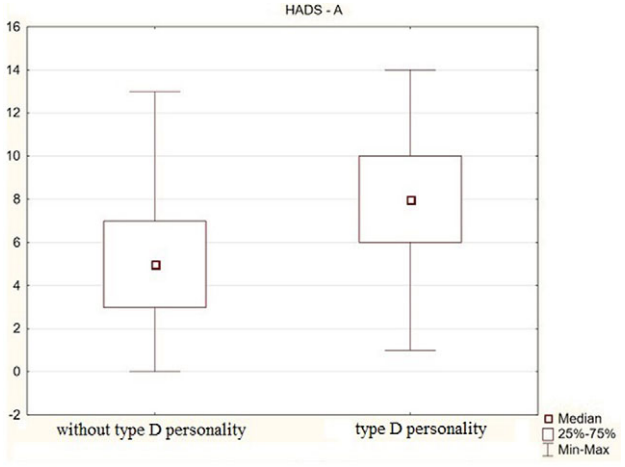

Figure 1. Differences in the intensity of symptoms of anxiety between patients with personality type D and without

Image 2:

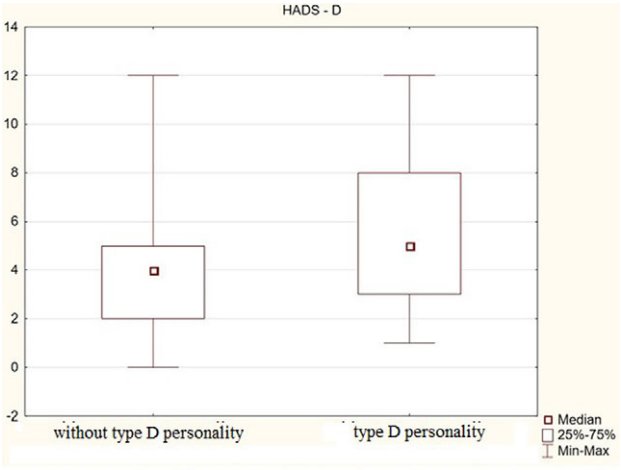

Figure 2. Differences in the intensity of symptoms of depression between patients with personality type D and without

Image 3:

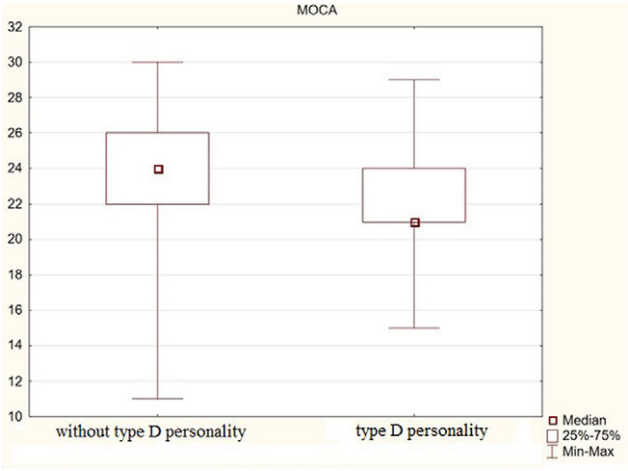

Figure 3. Differences in the performance in MOcA test between patients with personality type D and without

Conclusions: 1. People with D personality are more difficult to accept their illness, they are characterized by a higher level of depression and anxiety, and weaker cognitive functions.
2. Women are characterized by stronger social inhibition.
3. Younger people with a shorter medical history accept the disease more easily.
4. Heart failure is not a factor differentiating the studied group of patients.

Disclosure of Interest: None Declared

EPP0557

Optimizing the Correction of Depressive Disorders in Patients with Primary Hypothyroidism

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Introduction: Population recent studies have shown that most patients with endocrine pathology suffer from at least one of the three DCPR syndromes: irritable mood, demoralization (despair), persistent somatization. The thyroid gland is a unique organ among the glands of internal secretion, in the pathology of which non-psychotic mental disorders are extremely common. Therefore, the use of a complex, integrative, systemic approach in the examination of patients with thyroid pathology should be the basis of planning the strategy and tactics of the treatment program for such patients.
Objectives: We examined 132 patients with primary hypothyroidism.
Methods: We used psychopathological method and an adapted methodology for assessing typologies of psychological defence. It was the method of Robert Plutchik adapted by L.I.Wasserman, O.F. Eryshev, E.B.Klubova for assessment of the next mechanisms of defense: negation, projection, regression, displacement, repression, intellectualization, reactive formation, compensation.
Results: In 108 patients, who made up 81.12% of the total number of investigated, various forms of non-psychotic mental disorders were detected, among which 23 patients (12.04%) had an anxiety-depressive syndrome, and astheno-depressive syndrome (32.41%). It was established that excessive compensation, projection, reactive formation formed a tendency to increased self-control, to analysis and introspection, self-justification, isolation, which in general influenced the structure of the astheno-depressive syndrome. Insufficient reactive formation, displacement, and excessive intellectualization in a complex contributed to the formation of subjective feelings of anxiety and fear in patients, led to the avoidance of problematic situations, unnatural slowness with behavioral manifestations of anxiety, therefore influenced the structuring of anxiety and depressive disorders at the same time. Thus, significant connections have been established between the intrapsychic level of functioning and the formation of astheno-depressive and anxiety-depressive disorders, which should be used in the planning of psychotherapeutic and psychocorrective measures.
Conclusions: This approach ensures that endocrinologists and general practitioners master the simplest skills for providing psychocorrective care to patients with depressive disorders. It includes the application of elements of rational psychotherapy, in order to form a sense of control over their own condition and the ability to master negative influences, which contributes to stabilization their general condition and improvement of the quality of life. So medical care to such patients should focus on early diagnosis and correction of nonpsychotic mental disorders. Both medications and psychological influences should be used in the treatment of such patients.

Disclosure of Interest: None Declared