

association between SMI and CVD has been quantified in a world representative sample; we suggest prevention of CVD should be warranted as standard care in SMI.

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

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EW0625

Psychological and clinical factors associated with emotional distress related to type 2 diabetes mellitus

Z. Stankovic^{1,*}, K. Lalic², M. Jasovic³

¹ Clinical centre of Serbia, clinic for psychiatry, Belgrade, Serbia

² Clinical centre of Serbia, school of medicine, university in Belgrade, institute for endocrinology, diabetes and diseases of metabolism, Belgrade, Serbia

³ Serbian medical society, academy of medical sciences, Belgrade, Serbia

* Corresponding author.

Introduction Stress and coping with diabetes can affect the severity of disease directly, through pathophysiological processes or indirectly, through the patient's own perception of disease by deteriorating adherence to therapy and daily functioning.

Objectives To investigate emotional distress related to T2DM according to demographic, clinical, psychological, metabolic and anthropometric characteristics.

Methods Eighty-two in- and outpatients of both sexes (<65 years) with endocrinologist-diagnosed T2DM, duration ≥ 5 years, treated with either oral therapy, insulin or both, were included in this cross-sectional study. The Beck Depression Inventory (BDI) was employed for assessment of severity of depressive symptoms. The Mini Mental State Examination (MMSE) was used for assessment of cognitive status. The Problem Areas in Diabetes (PAID) (subscale related to emotional problems associated with T2DM) was applied for assessment of emotional distress. Clinical characteristics of the illness were obtained from medical records. Laboratory and anthropometric measures (Body mass index, Waist circumference) were also performed. The level of significance in statistical analyses (Student's *t*-test, Pearson's correlation) was $P=0.05$.

Results The PAID (emotional distress) subscore was significantly higher in patients with psychiatric heredity ($P=0.028$) in relation to these without (Student's *t*-test). Considerable positive correlation between PAID subscore and BDI score ($r=0.588$) ($P=0.000$), and negative correlation between PAID subscore and MMSE score ($r=-0.201$) ($P=0.050$) were also found (Pearson's correlation).

Conclusions Psychological factors: psychiatric heredity, higher intensity of depression and poor cognitive functioning were significantly associated with emotional distress related to the illness in patients with type 2 diabetes mellitus.

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

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Clinico-pathological profile evaluation in patients affected by chronic inflammatory bowel diseases

F. Travagliati^{*,1}, E. Borrelli¹, S. Martinelli¹, L. Dattoli¹, D. Ferrarese², E. Gaetani², F. Scaldaferrì², A. Gasbarrini², L. Janiri¹, G. Camardese¹

¹ Università Cattolica del Sacro Cuore, psychiatry, Roma RM, Italy

² Università Cattolica del Sacro Cuore, gastroenterology, Roma RM, Italy

* Corresponding author.

Introduction Inflammatory bowel diseases (IBDs) have high social impact. Aetiology is still unknown, however multifactorial genesis is surely implicated. We tried to correlate IBDs and psychological distress through evaluated psychometrical instruments and subsequently to relate subjective influences with gastroenteric clinical manifestation, defining new critical elements on which IBD are based.

Methods In our study, we included 57 participants, selected according to their diagnosis, between those attending our gastrointestinal ambulatory: 26 had Chron's disease, while 31 had ulcerative colitis. 78 people without gastroenteric or psychiatric disorder were also included in the study as control group. Psychometric questionnaires were administered to evaluate anxiety and depressive symptoms, quality of live, self-efficacy and resilience (Fig. 1).

Results Levels of anxiety and depression were higher in patients with IBDs than in the control group. STAI-Y highlighted higher state anxiety and trait anxiety levels in first group. HADS showed higher scores in ill patients, as well as CD-RISC showed a more impaired resilience. EQ-VAS, PGWBI and GSE revealed significant differences in health status, psychological wellness and self-efficacy between the two groups.

Conclusions IBDs seem related to psychological diseases. Affected patients have higher anxiety and depression levels than general population as well as lower self-efficacy and resilience. Those elements being strictly linked to physical discomfort contributes to develop a loop in which patients get caught. Creating a model of integrated cooperation between gastroenterologist and psychiatrist during treatment of patients with IBDs seems fundamental to grant at once all the professional figures each patient needs for better care.

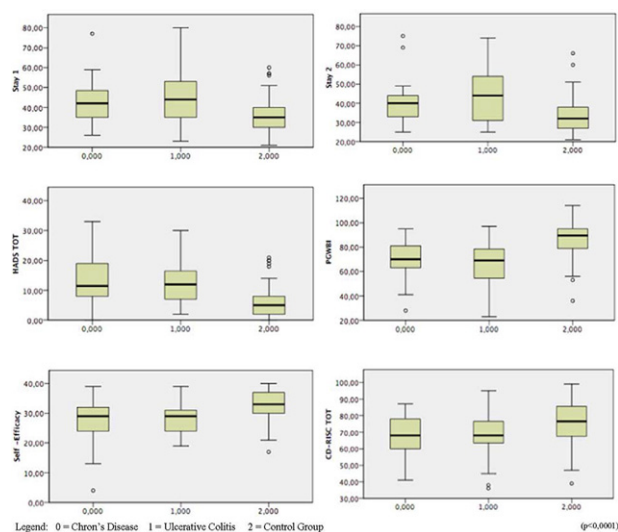


Fig. 1

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