

costs for patients in the “chronic high” and “worsening” class were significantly higher, as compared to the “stable low” class.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.218>

EW0605

Incidences and risk factors of severe infections in young adults with schizophrenia: A nationwide register-based cohort study in Denmark

M. Pankiewicz-Dulacz*, E. Stenager, E. Stenager, M. Chen
University of Southern Denmark, institute of regional health services research, Odense C, Denmark

* Corresponding author.

Introduction Patients with schizophrenia deal with many risk factors that make them more susceptible to infections. However, knowledge about incidence and the nature of infections among people with schizophrenia is scarce.

Aims To investigate the occurrence and risk factors for severe infections in schizophrenia patients.

Objectives – to determine incidence rates of infections among young adults with schizophrenia;
– to define risk factors for infections.

Method Population-based nationwide cohort study with selection of all individuals born in Denmark between 1975–1990 and follow-up period from 1995–2013 was conducted. Data from the Danish Psychiatric Central Register and the Danish National Hospital Registry were used. A Poisson regression was chosen to estimate incidence rate ratios of infections and to explore the associations of different risk factors like sex, age, substance abuse and medical co-morbidity with the rates of infections.

Preliminary results 922,564 individuals born between 1975–1990 were included in the study. Overall, 3520 women and 5479 men were identified with schizophrenia. In percentages, 36% with schizophrenia had infectious diseases compared to 25% of background population. Some of severe infections like HIV (0.23% vs 0.05%), sepsis (0.72% vs 0.27%), hepatitis (1.4% vs 0.22%) skin infections (12% vs 6.2%) and tuberculosis (0.12% vs 0.06%) were highly increased in persons with schizophrenia, whereas smaller differences were found regarding CNS infections (0.5% vs 0.4%) and gastrointestinal infections (8.7% vs 6.2%).

Conclusions The preliminary data results suggest, that individuals with schizophrenia have higher prevalence of all types of severe infectious compared to the background population.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.219>

EW0606

Prevalence of depression and anxiety in patients with chronic non-malignant pain—A Danish register-linkage cohort study

S. Søndergård^{1,*}, H.B. Vægter^{2,3}, A. Erlangsen^{1,4}, E. Stenager¹

¹ Institute for regional health services, university of Southern Denmark, research unit in mental health, Aabenraa, Denmark

² Pain Centre South-Odense university hospital, pain research group, Odense, Denmark

³ Faculty of health science, university of Southern Denmark, department of clinical research, Odense, Denmark

⁴ Danish research institute for suicide prevention, mental health centre Copenhagen, Copenhagen, Denmark

* Corresponding author.

Introduction Anxiety and depression disorders are common in patients with chronic pain. Studies using clinical interviews in patients with chronic pain report prevalence rates ranging between 30–54% for depression and 17–29% for anxiety. This is the first study using contacts with a hospital psychiatric ward to investigate prevalence of depression and anxiety in patients with chronic pain.

Objectives Estimate the prevalence of anxiety and depression in patients with chronic pain referred for interdisciplinary treatment.

Aims To increase the knowledge about mental disorders and chronic pain in secondary health care.

Methods All chronic pain patients referred to and treated at an interdisciplinary pain clinic at Odense university hospital, Denmark from 1 Jan 2005–13 Nov 2015 were included as participants. The Danish National Patient Register was used to collect information on contacts with a hospital psychiatric ward 10-year prior to the first contact at the pain clinic due to depression (ICD-10: F32-F33) and/or anxiety (ICD-10: F40-F41).

Results In total, 7204 patients (64% women; mean age: 48.2) were included. Altogether, 17.8% (95% CI: 16.9–18.7) of patients had contact to a psychiatric ward. The prevalence of unipolar depression were: 6.1% (95% CI: 5.5–6.6) and anxiety: 2.1% (95% CI: 1.8–2.5), while 0.7% (95% CI: 0.5–0.9) had both depression and anxiety.

Conclusions The prevalence rates of depression and anxiety noted in this study were lower than those reported in previous studies. A hospital-based diagnosis seems likely to be less frequent than interview-based measures, yet, might have a higher validity due to the clinician-based assessment.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.220>

EW0607

Psychosomatic and psychopathological paradigms of alcoholic anorexia

I. Sosin*, Y. Chuev, O. Goncharova, G. Misko, A. Volkov
Kharkov medical academy of postgraduate education, narcology, Kharkov, Ukraine

* Corresponding author.

Introduction Alcoholic anorexia (AA), being one of prevalent narcology diseases, up to now has not been studied in psychosomatics and psychopathology paradigm.

Aims and objectives To identify multifactorial pathopsychological, psychopathological, nervous, alimentary, toxicological constituents of AA pathogenesis.

Method Twenty-four patients with alcohol dependence (males aged 29–37) have been studied. Diagnosis was objectified by psychosomatic, pathopsychological complex international valid tests and rating, adequate for investigation design, laboratory, electrophysiology, biochemical, ultrasound and other methods.

Results AA was accompanied with mental and physical post-intoxication exhaustion, asthenizing, tremor, dissomnia, depression, pre-delirium signs. Psychosomatic concept was proposed for reasonable identification of intranosological AA clinical forms in narcological clinical course. Anorectic dipsomaniac conditions are explained pathogenetically with psychosomatic mechanisms of deviant addictive craving behaviour as pathopsychological target and patient's intentional complete or partial refuse food consumption in favour of real in time more quick and brutal attainment of alcoholic drunkenness (Ebrietas Alcoholic). This anorexia fabula draws AA closer to Anorexia Nervosa and mostly reflects compulsive obsession with alcohol use. Pathopsychological, psychosomatic, neurogenous mechanisms of alcoholic anorexia of drinking bout early stages are transformed gradually to post-intoxication alimentary, nervous, psychic exhaustion. Meanwhile,