group (Pregabalin + antidepressant, 21 patients). Patients also had comorbid diagnoses as follows: F 41.1, F 32, F 33 or F 34. Assessment was done by 100 mm Visual analogue scale (VAS) and by Clinical Global Impression Scale (CGI). Within both groups there was a statistically significant improvement measured by VAS and CGI scales in all repeated measurements, except for the CGI scale in both groups between the second and ninth month where there was no statistical difference. There were no statistically significant differences between CG and EG on both scales either in the beginning or in repeated measurements. There was no difference in the effects of the drugs between EG and CG on both scales- VAS & CGI. Pregabalin as mono or as an adjuvant therapy had equally good efficiency in patients with SD who had partial response on various antidepressants therapy after long-term treatment.

Disclosure of interest Results from part of this trial were published as abstract in european psychiatry, Volume 30. Supplement 1, 28–31 March 2015, Pages 534 – "Somatoform Disorders-a New Target for Pregabalin", http://dx.doi.org/10.1016/S0924-9338(15)30418-1.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.1884

EW0016

Dissociation and therapy of depressive and anxiety disorders with or without personality disorders

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Objective Goal of the study was to analyze the impact of dissociation on the treatment of the patients with anxiety/neurotic spectrum and depressive disorders, and with or without personality disorders.

Methods The sample consisted of inpatients who met the ICD-10 criteria for the Depressive disorder, Panic disorder, GAD, Mixed anxiety-depressive disorder, Agoraphobia, Social phobia, OCD, PTSD, Adjustment disorders, dissociative/conversion disorders, Somatoform disorder or other anxiety/neurotic spectrum disorder. The participants completed Beck Depression Inventory, Beck Anxiety Inventory, subjective version of clinical global impression-severity, Sheehan Patient-Related Anxiety Scale, and Dissociative Experience Scale, at the start and the end of the therapeutic program.

Results The total of 840 patients with anxiety or depressive spectrum disorders, who were resistant to pharmacological treatment in outpatients basis and were referred for hospitalization for the six-week complex therapeutic program, were enrolled in this study. Six hundred and six of them were statistically analyzed. The patients' mean ratings on all measurements were significantly reduced during the treatment. The patients without comorbid personality disorder improved significantly more than patients with comorbid personality disorder in the reduction of depressive symptoms. However, there were no significant differences in change of anxiety levels and severity of the disorder between the patients with and without personality disorders. The higher degree of dissociation at the beginning of the treatment predicted minor improvement. The higher therapeutic change was connected to the greater reduction of the dissociation level.

Conclusions Dissociation presents an important factor influencing treatment effectiveness in the treatment-resistant patients with anxiety/depression with or without personality disorders.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.01.1885

EW0017

Pharmacogenetic association between glutamatergic genes and sri treatment response in obsessive compulsive disorder

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Introduction Pharmacogenetic studies in obsessive-compulsive disorder (OCD) primarily focussing on serotonergic and dopaminergic polymorphisms, provided inconsistent findings. There is recent evidence for glutamatergic abnormalities in OCD.

Aims Examine the association glutamatergic genes with serotonin reuptake inhibitor (SRI) response in OCD.

Objectives To study pharmacogenetic association between SLC1A1 and GRIN2B polymorphisms with SRI response in OCD.

Methods DSM-IV OCD patients were recruited from a specialty OCD clinic and evaluated using the Yale-Brown obsessive compulsive scale (YBOCS), Mini International Neuropsychiatric Interview (MINI) plus, Clinical Global Impression scale (CGI). They were subsequently reassessed with YBOCS and CGI. To study extreme phenotypes, we included only full responders (>35% YBOCS improvement and CGI-I score of 1 or 2) to any SRI ($n = 191$) and non-responders (<25% YBOCS improvement and CGI-I score ≥ 4) to adequate trial of at least two SRIs ($n = 84$). Partial responders were excluded. Genotyping was performed using an ABI9700 PCR machine.

Results Genotype frequencies did not deviate significantly from the values predicted by the Hardy-Weinberg equation. Case-control association analyses revealed no significant association between genotype/allele frequencies with SRI response.

Conclusion Our data does not show any association between polymorphisms in glutamatergic genes and SRI response in OCD though such associations have been found in other studies. More SNP's in the same gene could be responsible for the pharmacogenetic associations. More homogenous sample considering symptom dimensions and other phenotypic variables may be needed. It may be critical to go beyond "usual suspect" candidate gene research. In this regard, a novel approach to identify SRI response biomarkers is the use of cellular models.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.01.1886

EW0018

Long term effect of cognitive behavioral therapy in patients with health anxiety

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Introduction Cognitive-behavioral therapy (CBT) has been found to be an effective treatment of excessive health anxiety (HA), but the long-term effect over 18months has not been examined.