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25th European Congress of Psychiatry Workshop

Workshop: To screen or not to screen?

W001

Problems of screening for psychiatric comorbidity in the medically ill: What can be recommended?

A. Diefenbacher

Evangelisches Krankenhaus Königin Elisabeth, Berlin, Germany

CL-psychiatrists have to work under severe time pressure in acute care setting. Hence, it is necessary to have an armamentarium of screening tools for disorders most frequently met in the general hospital. This presentation will discuss such tools for delirium, alcohol abuse, depression, personality disorders (“how to manage difficult patients”), attachment styles. On a conceptual level, the so-called “situational approach” in cl-psychiatry will be discussed.
Disclosure of interest The author has not supplied his declaration of competing interest.

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W002

The impact of screening psychiatric comorbidity and high-risk feedback on liaison psychiatric consultation rates and clinicians’ attitudes on a neurology ward

R. Van Damme^{1,*}, G. Portzky¹, P. Boon², G.M.D. Lemmens¹

¹ Department of Psychiatry, Ghent University Hospital, Ghent Belgium

² Department of Neurology, Ghent University Hospital, Ghent, Belgium

* Corresponding author.

Introduction Lifetime prevalence of psychiatric comorbidity in neurological patients is as high as 55%, but it remains often undetected and therefore untreated in hospital settings. Further, clinicians tend to make little use of the consultative and liaison psychiatric team for detection and treatment of anxiety and mood disorders in neurological patients. The current study aimed to investigate whether the implementation of a stepped screening protocol with high risk feedback to the clinician had an influence on the use of consultative and liaison psychiatric services.
Method All patients admitted to the neurological ward were assessed using a stepped screening protocol for depression, anxiety

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and substance use during 15 months. Positive screening resulted in feedback to the clinicians depending on the study phase (e.g. feedback vs. no feedback).

Results No differences were found in the use of consultative and liaison psychiatric services during the non-feedback and feedback phase.

Conclusion Screening and high risk feedback of psychiatric comorbidity in neurological patients does not increase psychiatric referral rates. It points to the necessity of a more integrated collaborative care model for detection and treatment of psychiatric comorbidity.

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

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W003

The screening for depression and neurocognitive disorders in subjects newly diagnosed with HIV

S. Ferrari^{1,*}, C. Piemonte¹, L. Feltri¹, F. Ottolini¹, S. Maffei², M.G. Nanni³, S. Alboni⁴

¹ University of Modena & Reggio Emilia, Department of Diagnostic-Clinical Medicine and Public Health, Modena, Italy

² University of Parma, Department of Neurosciences, Parma, Italy

³ University of Ferrara, Department of Mental Health, Ferrara, Italy

⁴ University of Modena & Reggio Emilia, Department of Life Sciences, Modena, Italy

* Corresponding author.

Background Inflammatory mediators may be relevant to explain the frequent comorbidity between depression, neurocognitive disorders and HIV. HIV induces activation of inflammatory mediators, mainly cytokines, that have been involved in the onset of depression and response to antidepressant treatment.

Aim To identify recurring profiles of inflammatory biomarkers subtending depression, effectiveness of antidepressants and neurocognitive disorders among HIV-infected individuals.

Methods All adult newly HIV-diagnosed out-patients attending HIV clinics in three towns of Northern Italy were screened, assessed for depression and studied immunologically and for neurocognitive disorders.

Results Twenty-five patients have been enrolled so far: of these, 35% were positive to PHQ-9 screening, of which 6 were positive to the diagnostic assessment for depression. No neurocognitive disorders were found among the patients. As the project will develop, it