

Treatment strategies should integrate neurobiological, attachment and trauma insights resulting in body oriented therapy, development of affect – and stress – regulation strategies, restructuring the internal working model, the therapeutic relationship as attachment bond. . .

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EV0010

Does depression explain poor effort on Symptom Validity Tests (SVT)?

J. De Jonghe^{1,*}, T. Schoemaker², S. Meyer¹, D. Lam³

¹ Noordwest Ziekenhuisgroep, Geriatric Medicine/Medical Psychology, Alkmaar, Netherlands

² Noordwest Ziekenhuisgroep, Medical Psychology, Den Helder, Netherlands

³ Slotervaart Hospital, Medical Psychology, Amsterdam, Netherlands

* Corresponding author.

Background and aims Valid assessments require sufficient effort from the part of the testee. Motivation may be compromised, particularly in psychiatric conditions. We examined associations between response bias on free recall and self-reported symptoms in depressed and PTSD patients.

Participants and methods This is a cross-sectional study. Patients had depression ($n = 48$), or PTSD or other anxiety disorders ($n = 37$). A control group ($n = 47\%$) had chronic pain disorder, fibromyalgia or chronic fatigue. The Green Word Memory Test (GWMT) was administered to all subjects. The Structured Inventory of Malingered Symptomatology (SIMS), and the Beck Depression Inventory (BDI-II) were administered in subsamples. Study outcome was self-reported depressive symptoms in Symptom Validity Test (SVT) negative cases.

Results Average age of the participants was 45.1 years (SD 9.5), 48.5% were female. GWMT was positive in 52.3% of all cases, GWMT and SIMS were positive in 33.8%, and GWMT and SIMS were negative in 37.7%. No significant group effects on GWMT were found. Average BDI-II scores were 32.8 (SD 13.9) for depressed patients, 28.3 (15.5) for those with anxiety disorders, and 27.6 (14.1) for controls ($P = 0.43$). Seventy-eight percent of depressed GWMT negative cases reported at least moderate depressive symptoms (BDI-II > 18), and 44.4% severe symptoms (BDI-II > 29). Approximately half of the GWMT negative cases with anxiety disorders and controls scored BDI-II > 18.

Conclusions Non credible test performance is prevalent in disability claimants with affective, mood disorders. However, depressive symptoms per se do not explain poor effort on cognitive tasks.

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EV0011

The cortisol awakening response in anxiety disorders and personality disorders and changes in salivary cortisol level after psychotherapy

E. Dembinska*, K. Rutkowski, J. Sobanski, K. Cyranka, M. Mielimaka, A. Citkowska-Kisielewska

Jagiellonian University Medical College, Department of Psychotherapy, Krakow, Poland

* Corresponding author.

Introduction The hypothalamus–pituitary–adrenal axis (HPA axis) dysregulation plays an important role in the pathophysiology

of anxiety disorders. Salivary cortisol level is a useful indicator of HPA axis dysfunction.

Objectives Most data suggests elevated cortisol awakening response (CAR) in anxiety disorders, but there are studies indicating opposite pattern (flat CAR).

Aim Goal of this study was to determine whether patients with anxiety and personality disorders show a specific daily cortisol patterns and weather this pattern changes after 12 weeks of intensive predominantly psychodynamic combined group and individual psychotherapy.

Method The studied population comprised 77 patients, mainly females (72.7%), with primary diagnosis of anxiety disorder 40.9% or personality disorder 59.1%. The Symptom Checklist "0" was used to assess the pre- and post-treatment levels of patients' symptoms. Pre- and post-treatment cortisol levels were measured in three saliva samples collected during one day (at awakening, 30 min after awakening, at 22.00).

Results The obtained results were partly similar to previous research. We found four different daily CAR patterns: decreased (drop 30 min after awakening), flat (rise 0–49% 30 min after awakening), normal (rise 50–75% 30 min after awakening) and elevated (rise over 75% 30 min after awakening), two of them (flat and elevated) were considered as typical for anxiety disorders. Groups of CAR pattern differed significantly in the level of sleep symptoms, dysthymia symptoms and avoidance/dependency symptoms. The changes in the CAR pattern after psychotherapy were not significant.

Conclusions Anxiety disorders and personality disorders are characterized by more than two specific daily salivary cortisol patterns.

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EV0012

Neurotic personality dysfunctions as factors predisposing for reacting with suicidal ideation to intensive psychotherapy

P. Rodzinski, A. Ostachowska, K. Cyranka, K. Rutkowski, E. Dembinska*, J. Sobanski, A. Citkowska-Kisielewska, M. Mielimaka

Jagiellonian University Medical College, Department of Psychotherapy, Krakow, Poland

* Corresponding author.

Introduction Identifying patients' risk of reacting with suicidal ideation (SI) to psychotherapy is an important clinical problem that calls for empirical verification.

Objectives Analysis of associations between patients' initial neurotic personality dysfunctions not accompanied by SI and emergence of SI at the end of a course of intensive psychotherapy conducted in integrative approach with predominance of psychodynamic approach in a day hospital.

Methods Neurotic Personality Questionnaire KON-2006 and Life Inventory were completed by 680 patients at the time of admission to a psychotherapeutic day hospital due to neurotic, behavioral or personality disorders. Symptom Checklist KO "O" as a source of information about emergence of SI was completed both at the admission and at the end of the treatment. Among 466 patients without SI at the admission, in 4% SI occurred at the end of the treatment.

Results A number of neurotic personality dysfunctions (demeanors declared) that significantly predisposed to SI emergence at the end of the treatment were found: physical aggression against close ones ($P < 0.001$), grandiose fantasies ($P = 0.043$), tendencies to resignation ($P = 0.022$) and resignation-related

feeling of loss of life opportunities ($P=0.037$), tendency to follow predominantly ones intuition ($P=0.035$).

Conclusions In patients who declared the above-mentioned demeanors increased risk of SI emergence than in others (10–30% vs. 4%) indicate that there are particular vulnerable areas of neurotic personality that require especially careful approach during intensive psychotherapy—dealing with those areas may result in distress or anxiety that may lead to SI.

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EV0013

Blood levels of patients with profound refractory OCD who are on supra-normal dosages of sertraline

L. Drummond*, V. Robert

South West London and St Georges Mental Health NHS Trust, National OCD/BDD Service, London, United Kingdom

* Corresponding author.

Introduction Patients with OCD usually require higher dosages of serotonin reuptake inhibiting (SRI) drugs than is used for the treatment of depression. This observation resulted in treatment-refractory patients being occasional prescribed selective SRI drugs above the normal upper limit of prescribing. Previous studies have shown that these high doses are well tolerated.

Objectives We decided to investigate the blood levels of patients on dosages of sertraline that were above the normal therapeutic range.

Method Successive patients treated by the National Inpatient Service for OCD/BDD who were treatment refractory and prescribed > 200 mg sertraline per day were included. All had previously received 2+ trials of different SRIs for > 3months each as well as been offered augmentation with dopamine blockers and at 2+ trials of exposure and response-prevention. All patients scored in the profoundly ill range of the Yale Brown Obsessive Compulsive Scale.

Sertraline was titrated in 50 mg increases every 2–4 weeks up to a maximum of 400 mg. Blood samples were taken after their morning dose. This was after the patients had stabilised for at least 2 weeks on the higher doses.

Results Seventeen patients were included in the study and received sertraline dosages ranging from 225 mg to 400 mg per day. Blood levels were within therapeutic range or below for all patients. Following treatment within the service, these patients generally showed an improvement of an average of improvement of 43% on the YBOCS.

Conclusions A subgroup of patients with profound refractory OCD seem to either malabsorb or rapidly metabolise sertraline resulting in lower than therapeutic blood levels.

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EV0014

The effectiveness of mindfulness-based stress reduction (MBSR) in anxiety and depression in patients with multiple sclerosis (MS)

E. Alisaleh (MA of Clinical Psychology)^{1,*}, S. Ghahari²

¹ Islamic Azad University, Tonekabon Branch, Tehran, Iran

² Iran University of Medical Science, Tehran, Iran

* Corresponding author.

Objective The main objective of the present study is to investigate effectiveness of mindfulness-based stress reduction in anxiety and depression in patients with multiple sclerosis.

Methods This study is in kind of semi-experimental research in form of pretest–posttest pattern with control group. Statistical population of the study consists of all patients with multiple sclerosis referred to Iran MS Association by 2016. Sampling method in this study is available sampling and based on having inclusion criteria. Among depressed and anxiety patients 30 individuals were selected randomly and were classified in two groups with 15 people in each group. Experimental group was under mindfulness-based training on stress reduction for 8 sessions. Control group was also in waiting list. All patients in experimental and control groups fulfilled depression and anxiety inventories before and after intervention. Obtained data was analyzed using MANCOVA and in SPSS22 software.

Finding Obtained results show that there is significant difference between the two groups in terms of anxiety and depression after intervention ($P<0.001$).

Conclusion Mindfulness-based stress reduction can help reduction of symptoms of anxiety and depression in patients with MS.

Keywords Mindfulness-based stress reduction; Anxiety; Depression; Multiple sclerosis (MS)

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EV0015

Neuroimaging correlates of insight in obsessive compulsive disorder: A fMRI study

A. Gadad*, D.Y.C.J. Reddy, D.G. Venkatasubramanian, D.J. C.N National Institute of Mental Health & Neurosciences, Psychiatry, Bangalore, India

* Corresponding author.

Aim of the study To study the neural substrates of insight in OCD by comparing patients with good insight, patients with poor insight and matched healthy controls using functional MRI.

Methodology Subjects were recruited from among patients attending OCD clinic, adult psychiatry services and psychiatry ward inpatients of National Institute of Mental Health And Neurosciences (NIMHANS), Bangalore. They were further divided into 'good insight' ($n=30$) and 'poor insight' ($n=14$) using Brown's assessment of belief's scale. Control subjects ($n=30$) were recruited from consenting volunteers. 3 T MRI was used mental rotation task was paradigm used for fMRI and analysis was done by SPM 8.

Results Poor insight patients and good insight patients comparison revealed differential activation in left superior/medial frontal gyrus (corresponding to the DLPFC). A negative correlation between BABS score and activation of right inferior parietal lobule. Mental rotation task behavioural data results: OCD patients as a group had significantly lower accuracy compared to healthy controls. Poor insight group had significantly decreased accuracy ratio compared to good insight group and healthy controls. A negative correlation was noted between BABS score and accuracy ratio, indicating that poorer the insight, greater the errors during the active task.

Conclusion Insight has been important prognostic factor in OCD. Poor insight patients had specific deficits in left medial frontal gyrus and right inferior parietal lobule as compared to good insight patients and healthy controls. Together, these indicate that insight has a strong neurobiological underpinning in OCD.

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