the Asthma Control Test (ACT). Alexithymia was measured using Toronto Alexithymia Scale (TAS 20).
Results The mean age was 51 ans. Sex-ratio F/M was 14. The mean duration of disease was 11 years. Long-term control medicines were: inhaled corticosteroids, long-acting beta agonists and theophylline respectively in 86.7%, 33.3% and 26.7%. Two thirds of our patients had a bad therapeutic adherence. The average ACT score was 16.8 points. Asthma was uncontrolled in 1/3 and well controlled in 1/3 of cases. The average TAS 20 score was 64.8 points. Twenty percent of patients were non-alexithymic, 13.3% had a probable alexithymia and 66.7% were alexithymic. This score was positively correlated to bad asthma control ($P < 0.001$), long term evolution ($P = 0.002$) and use of inhaled corticoids ($P < 0.001$). It was inversely correlated to ACT score ($P < 0.001$).
Conclusion Our study shows the high prevalence of alexithymia in patients with asthma and its negative impact in asthma control. Psychological support aiming specifically alexithymic dimension in these patients is indispensable.
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Psychiatric comorbidity does not only depend on diagnostic thresholds: An illustration with major depressive disorder and generalized anxiety disorder

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Background High rates of psychiatric comorbidity are subject of debate: to what extent do they depend on classification choices such as diagnostic thresholds?
Aims/objectives To investigate the influence of different thresholds on rates of comorbidity between major depressive disorder (MDD) and generalized anxiety disorder (GAD).
Methods Point prevalence of comorbidity between MDD and GAD was measured in 74,092 subjects from the general population according to DSM-IV-TR criteria. Comorbidity rates were compared for different thresholds by varying the number of necessary criteria from ≥ 1 to all 9 symptoms for MDD, and from ≥ 1 to all 7 symptoms for GAD.
Results According to DSM-thresholds, 0.86% had MDD only, 2.96% GAD only and 1.14% both MDD and GAD (Odds Ratio [OR] 42.6). Lower thresholds for MDD led to higher rates of comorbidity (1.44% for ≥ 4 of 9 MDD-symptoms, OR 34.4), whereas lower thresholds for GAD hardly influenced comorbidity (1.16% for ≥ 3 of 7 GAD-symptoms, OR 38.8). Specific patterns in the distribution of symptoms within the population explained this finding: 37.3% of subjects with core criteria of MDD and GAD reported subthreshold MDD symptoms, whereas only 7.6% reported subthreshold GAD symptoms.
Conclusions Lower thresholds for MDD increased comorbidity with GAD, but not vice versa, owing to specific symptom patterns in the population. Generally, comorbidity rates result from both empirical symptom distributions and classification choices and cannot be reduced to either of these exclusively. This insight invites further research into the formation of disease concepts that allow for reliable predictions and targeted therapeutic interventions.
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EW137

Classical homocystinuria and psychiatric disturbances – A case report

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Introduction Classical homocystinuria (cystathionine beta synthase deficiency) is a rare autosomal recessive disease of methionine metabolism that causes accumulation of homocysteine in the blood and cysteine deficiency. It is characterized by intellectual disability, ectopia lentis, skeleton abnormalities resembling Marfan syndrome and thromboembolic episodes. The majority of patients have psychiatric disturbances as depression, behavioral disorders, personality disorders, obsessive-compulsive disorder and, less commonly, bipolar disorder and psychosis.
Objectives and aims To briefly review psychiatric disturbances in patients with homocystinuria and present a case report.
Methods Literature research and analysis of patient's clinical data.
Results A 22-year-old male was diagnosed with classical homocystinuria at age 4 due to intellectual disability and renal alterations. With aging, other problems emerged: epilepsy; postural tremor; dysesthesia; ectopia lentis; orofacial myofunctional disorder; asthma; and patellar instability. He went to a special education program. At age sixteen, he initiated Child Psychiatry consultations due to anxiety and behavioral changes, as difficulty in controlling impulses, establishing relationships and in the perception of the self. Nowadays, the patient is followed in psychiatric consultations, where he has demonstrated high difficulty to empathize. He is being treated with vitamin supplements; betaine; levetiracetam; clobazam; and propranolol, combined with a special diet.
Conclusions It is not practical to screen every psychiatric patient for Homocystinuria, but this disease should be considered when there is a family history, early and/or acute onset, intellectual disability, atypical symptoms, unusual response to treatment, progressive cognitive change and other organic disturbances present in this disorder.
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EW139

Familial multiple cavernomatosis and neuropsychiatric symptoms: Is there any relation?

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