At the follow-up MADRS highlights an improvement at all the items for HIV patients. In the non-HIV group score variation was: B = 7.10, FU = 8.15; in the HIV group: B = 10.20, FU = 4.09 ($p<0.001$).

The average score at TERS was higher in patients with HIV (43 ± 9 vs 35 ± 9, p = ns).

**Conslusions:** At B HIV patients with ESLD show a greater frailty to psychopathology but they quite improved during FU. The contrary happen in non-HIV group.

## P0222

Pregabalin as long-term treatment of fibromyalgia pain

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**Introduction:** This study (A0081057) was designed to evaluate the long-term safety and efficacy of pregabalin treatment of fibromyalgia (FM).

**Methods:** In this 1-year, open-label (OL) extension of a 13-week randomized, placebo-controlled trial of pregabalin FM patients had the option of continuing pregabalin at doses of 150 to 600 mg/d. Efficacy was measured by the Short-Form McGill Pain Questionnaire (SF-MPQ), which included sensory and affective pain descriptors, Present Pain Intensity (PPI) index, and a Visual Analog Scale (VAS).

**Results:** 429 of 431 screened patients entered OL treatment, 249 (58%) completed, 70 (16.3%) discontinued due to an adverse event (AE), and 110 (25.7%) discontinued for other reasons. Median duration of treatment with pregabalin was 357 days (range, 1-402 days); 114 received pregabalin for ≥1 year. No clinically meaningful increases in dose were noted over the OL treatment period. Weighted mean dose was 414 mg/d in the first 3 months of treatment and 444 mg/d after 9 months of treatment. SF-MPQ sensory, affective, and total scores were improved relative to baseline, VAS pain score decreased 21 points (0-100 scale), and PPI decreased 0.9 point (0-5 scale). The most frequently reported all-causality AEs were dizziness, somnolence, peripheral edema, and increased weight, most of which were mild to moderate in intensity and of limited duration.

**Conclusions:** Pregabalin administered for up to 1 year was generally well tolerated by FM patients without evidence of dose increase over time. The sustained improvement in pain measures during OL treatment was consistent with that in shorter term double-blind trials.

## P0223

Dynamic of quality of life in patients exposed to aortocoronary bypass surgery

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**Objective:** To compare indices of quality of life of patients after aortocoronary bypass surgery depending on level of alexithymia.

**Material and Methods:** We have examined 101 patients with verified diagnosis of IHD (44 – 65 years), exposed to aortocoronary bypass surgery (ABS). Level of alexithymia was identified according to TAS-26 scale. Indices of quality of life (QL) before and a year after surgical intervention were assessed according to general questionnaire of QL SF-36.

**Results:** Comparative analysis of two groups of patients with IHD exposed to ABS with alexithymia (n=45; level of alexithymia according to scale TAS - 80,24±0,88) and without alexithymia (n=56; level of alexithymia according to scale TAS – 64,13±1,15) has been conducted. Mental status of patients in preoperative period and at the moment of catamnesis has detected as statistically significant differences according to frequency of anxious disorders. Level of anxiety according to Sheehan scale before operation in group with alexithymia has constituted 35,67±2,61 as compared with 28,34±1,99 in group without alexithymia; p=0,025613). At the moment of catamnesis statistically significant differences remained during reduction of indices of anxiety. A year after operation patients with high level of alexithymia had worse indices in association with relevant problems both of physical and mental health according to frequency of depressive and anxious-phobic disorders and number of not working persons (remaining disability).

**Conclusions:** We have revealed statistically significant role of alexithymia in prognosis of dynamic of psychoemotional and somatic status of IHD patients determining quality of life after aortocoronary bypass surgery.

## P0224

Anxiety, depression and quality of life in patients with cutaneous factitious disorder: A case-control study

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**Background and Aims:** Cutaneous Factitious Disorder (CFD) is rare but often chronic and recurrent illness that impairs patients' quality of life. Few are known about its underlying mechanism which often involves emotional factors such as anxiety and depression.

This study aimed to compare depression, anxiety and quality of life scores in patients diagnosed as CFD and in control patients with chronic dermatological diseases.

**Methods:** It's a case-control study held in dermatology and psychiatry departments of the university hospital Farhat Hached (Sousse, Tunisia). Twenty-five female patients diagnosed as CFD according to DSM-IV criteria were prospectively recruited. The control group consisted of twenty-five female patients with chronic dermatological condition. They were age and disease duration matched. Assessment was based on family and personal history, HAD-S anxiety and depression scores and SF-36 quality of life measures. Statistical comparisons were performed with Khi 2, Student and Fisher tests.

**Results:** CFD patients had a mean age of 31 ± 8.62 years. They were more often celibates ($p < 10-4$) and had lower educational level (p=0.21) than controls. They also had more long family medical history (p=0.49), more personal psychiatric antecedents (p=0.29) and more previous suicide attempts (p = 0.10).

The level of depression and anxiety was the same between CFD patients' group and controls. However, quality of life measures were lower in CFD group ($p<10-4$).

**Conclusion:** In spite of a same level of depression and anxiety in the two groups, patients with CFD had a more impaired quality of life than those with other chronic dermatological condition.

## P0225

Serious psychiatric adverse events in chronic Hepatitis C patients treated with Pegylated or recombinant Interferon-Alpha plus Ribavirin

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