

## EV0325

### Depression and cognitive disorders in Behçet's disease and rheumatoid arthritis patients

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**Background** Mental disorders (MD), especially depressive, have high rates in rheumatic disorders (RD)–Behçet's Disease (BD) and Rheumatoid Arthritis (RA). Depressive and cognitive disorders have close pathogenesis interrelations with RD.

**Objective** To compare the variants of MD in BD and RA-patients.  
**Methods** Two hundred and twenty-five (100 BD and 125 RA) inpatients were enrolled in the study. In BD patients prevailed men (70%) in RA–women (77%). MD were diagnosed in accordance with the ICD-10 in semi-structured interview. For evaluation of severity and the variants of cognitive disorders psychology and neuropsychological methods were used.

**Results** MD were diagnosed in the majority of patients (86%), significantly more often ( $P < 0.001$ ) in RA (94%) versus (vs) BD (79%) patients. The depressive disorders dominated (BD–100%, RA–93%). The chronic and recurrent depressive disorders prevailed in both groups : in RA more often than in BD patients (58.4% vs 39.2%,  $P = 0.003$ ). Cognitive disorders of different severity were diagnosed in most patients with BD and RA (73% vs 66.4%, n/s). The mechanical memory (63%) and attention deficit (72%) in BD and impairment of associative memory (90%) and logical thinking (71%) in RA were the most frequent manifestations of cognitive disorders.

**Conclusion** The results have shown high rates of MD, especially chronic depression and cognitive disorders in BD and RA patients. The necessity of interdisciplinary strategy implementation for the improvement of individualized treatment approaches in RD has been confirmed.

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

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## EV0326

### Somatic symptoms, drinking, and mental distress among Russian female patients with rheumatoid arthritis: A pilot study

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**Introduction** Drinking has been shown to be a protective factor against the risk of rheumatoid arthritis (RA). On the other hand, high prevalence of depressive symptoms has been observed among RA patients.

**Objective** To evaluate the association between depressive symptoms and somatic factors as well as drinking habits in RA patients.

**Methods** Drinking habits and physical symptoms in 182 female RA outpatients in Ivanovo, Russia (average [standard deviation] of age, 62.0 [11.7] years), were investigated. Drinking status was classified as current drinkers (alcohol consumption within the previous 12 months) and others. Depressive symptoms were evaluated with MINI, HADS and CES-D questionnaires. Outcomes were (a) presence or history of major depressive disorder, presence of

melancholic major depressive disorder, presence of dysthymia, or 1 point or greater of suicidal risk score in MINI, (b) 8 points or greater in HADS-depression, (c) 8 points or greater in HADS-anxiety, and (d) 16 points or greater in CES-D. Stepwise logistic regression was used to evaluate somatic factors associated with depressive symptoms, with age and drinking status included.

**Results** Drinking was rather protective against depression, but did not reach statistical significance. Symptomatic parts in the extremities associated with the outcomes were shoulders for MINI, elbows and knees for HADS-depression, shoulders for HADS-anxiety, and hands, elbows and shoulders for CES-D. In the stepwise selection, some symptoms in the extremities were positively associated with the outcomes.

**Conclusion** Symptoms chiefly in large joints contributed to depressive symptoms.

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## EV0327

### Long-term validation of the SAD PERSONS scale for prediction of repeat self-harm in A&E patients with and without a prior self-harm history

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**Objective** Repeated self-harm is difficult to predict particularly in the long-term. Scales that help identify risk of repetition are widely used, and the most popular is the modified SAD PERSONS scale (mSPS). We aimed to clarify the accuracy of the mSPS in first time and non-first time patients presenting with self-harm with an extended follow-up period of observation.

**Method** We conducted the UK's first long-term prospective risk prediction study of patients to an Accident and Emergency (A&E) department. We followed up 774 patients for a mean period of 7.4 years. At the time of study 429 patients presented with their first episode of self-harm and 345 had a hospital record of past history of self-harm.

**Results** During 7.4 years of follow-up 54.7% of those who initially presented with self-harm represented with a repeat self-harm episode. Four hundred and twenty-one patients had a mSPS score less than 6 (low risk), 260 had a score between 6 and 8 (moderate risk) and 94 scored 9 or higher usually notated as high risk. The clinical utility of the mSPS was "poor" for predicting future self-harm but at cut-offs  $\geq 7$  it was "fair" for predicting non-repetition. Of the individual questions in the mSPS, a positive answer to "stated future wishes" was a true positive in 74.0%.

**Conclusions** We found the mSPS was a relatively poor indicator of future self-harm risk in a long term follow-up of patients who self-harmed regardless of hospital record of previous self-harm history. However, mSPS did have modest value in predicting non-repetition.

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