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A research on anxiety disorder prevalence and severity among vestibular migraine and migraine patients

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In this research, anxiety, depression symptoms and severity were compared between healthy controls (HC), vestibular migraine (VM) and migraine patients without history of vertigo (MO).

Method Thirty-five definite vestibular migraine patients (according to Neuhauser criteria), 35 MO patients and 32 healthy controls were included. All patients were evaluated for their lifetime psychiatric disorders with Structured Clinical Interview for DSM-IV/Clinical version (SCID-I/CV). All three groups evaluated by:

- Hamilton Anxiety Rating Scale (HARS);
- State-Trait Anxiety Inventory (STAI), (STAI-X1) and the other trait anxiety STAI-X2);
- Beck depression inventory (BDI);
- Lifetime Panic Agoraphobic Spectrum Scale (PAS-SR);
- Penn State Worry Questionnaire (PENN);
- Separation Anxiety Symptoms Inventory (SASI);
- Adult Separation Anxiety Questionnaire (ASA).

Psychiatric diagnosis history (SCID-I); comparison of VM and MO did not indicate a significant difference ($P < 0.05$). VM and MO patients were significantly different than HC in terms of anxiety symptoms in "HAM-A, PENN, ASA, PAS-SR and PAS-SR subscales ($P < 0.05$)". VM was significantly different than MO patients in BDE and PAS-SR (overall; separation anxiety, agoraphobia, reassurance seeking) ($P < 0.05$). The longer the history of migraine the higher was the anxiety points in both in VM and MO patients ($P < 0.05$). Headache and vertigo severity in VM patients were significantly correlated with the elevated anxiety and depression points ($P < 0.05$).

Conclusion VM and MO patients significantly different in anxiety and mood disorder when compared with healthy controls. Our findings showed that VM patients were more vulnerable to psychiatric disorders. For that reason, multidisciplinary approach for the treatment of VM may facilitate the treatment process.

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The Balkan region preferences for the treatment of anxiety disorders

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The most countries from West Balkan region do not have the official guidelines for the treatment of patients with anxiety disorders (AD). We have done the survey on preferences of treatment of patients with AD. We have collected data from sample of 221 psychiatrists from Croatia (41 psychiatrists), Macedonia (81 psychiatrists) and Serbia (99 psychiatrists). They give as information about their preferences for treating patients with AD.

The results indicate that the vast majority of psychiatrists report that almost all patients with AD receive benzodiazepines prior to first psychiatric visit. The majority of psychiatrist would opt for SSRI/SNRI antidepressants (91–97%) as the monotherapy or in combination with benzodiazepines (53–59%) or in combination

with cognitive-behavior (25–35%) or psychodynamic psychotherapy (12–16%).

The most indicative difference between psychiatrists from different countries is result about the use of pregabalin – almost half of Serbian subsample would opt for pregabalin, but only a quarter of Croatian subsample and no psychiatrist from Macedonian subsample would choose pregabalin. Also, much more Macedonian and Serbian psychiatrist would opt for CBT treatment, but, in contrast, much more Croatian psychiatrist would opt for psychodynamic psychotherapy versus CBT. There is the dissimilarity between preferences for patients' treatment and preferences for psychiatrists himself/herself treatment:

- more than half of the sample would opt for benzodiazepines in their patients but only the third of the sample would prefer benzodiazepines for himself/herself treatment;

- more psychiatrists would prefer to receive psychotherapy treatment than they would prefer to give it to their patients.

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Relationship between cognitions and perceived self-efficacy with the severity of panic disorder with agoraphobia

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Introduction The influence of cognitions and the perceived self-efficacy on mental health has been studied for a long time. Some studies have linked the perceived self-efficacy and apprehensive cognitions with the severity of panic disorder with agoraphobia.

Objectives To study the relationship between self-efficacy and dysfunctional beliefs of patients with panic disorder with agoraphobia and severity of the disorder.

Method A systematic review of the literature was performed to examine the evidence of relationship between self-efficacy and cognitions with the severity of panic disorder. PubMed and PsycInfo databases were searched.

Results The studies conclude that a higher level of self-efficacy decreases anticipatory anxiety and negative emotional states in panic disorder with agoraphobia, reducing the severity of panic disorder. There is a temporal relationship between dysfunctional beliefs, self-efficacy and fear of a panic attack: changes in fear are preceded by changes in beliefs, changes in efficacy or changes in both beliefs and self-efficacy. Therefore, a higher level of self-efficacy and positive beliefs have been studied as a significant predictor of lower severity of the disorder and a greater improvement during treatment.

Conclusions These results support the hypothesis that cognitive changes precede improvement and the importance of cognitive appraisals for anticipatory anxiety and severity of the panic disorder with agoraphobia.

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