

bond being considered a fundamental developmental experience. The objective of the present preliminary study was to assess whether there are significant correlations between attachment styles and GH levels in a sample of subjects with non-organic FTT.

**Methods** We enrolled 27 children (mean age:  $9.49 \pm 2.63$ ) with non-organic FTT. Perceived attachment security was assessed through the Security Scale (SS) and its subscales focused on maternal and paternal security. Pearson partial correlation was used to test associations between GH levels and SS measures adjusting for confounding factors (i.e. age, gender and BMI).

**Results** Across all subjects, GH was significantly positively correlated with general security ( $r=0.425$ ;  $P=0.038$ ) and maternal security (SSM) ( $r=-0.451$ ;  $P=0.027$ ) and not significantly correlated with paternal security (SSP) ( $r=0.237$ ;  $P=0.264$ ).

**Discussion** These findings preliminarily suggest that perceived attachment security may play a role in the etiopathogenesis of non-organic GH deficiencies and add to the accumulating evidence that attachment styles are associated with specific psychoendocrine underpinnings.

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

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#### EW0380

### Features of coronary heart disease course in patients with depressive disorders

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Multifactor risk for coronary heart disease (CHD) development is associated with susceptibility and depressive reaction to stressful situations that causes search for ways of optimization of integrative assistance to CHD patients with depressive disorders.

**Objective** To carry out comparative analysis of dynamics of mental and physical state in CHD patients.

**Material and methods** Two hundred and eighty ( $57.74 \pm 5.59$  years) CHD patients with grade II–III angina pectoris were examined. Psychopathological method, Center of Epidemiological Studies-Depression scale (CES-D) were used.

**Results** Ninety patients (32.1%) had depressive disorders within depressive episode, dysthymia, adjustment disorder. The level of depression according to CES-D varied from 19 to 28 points. Comparative analysis of two groups of patients showed that CHD patients with depression had more severe grade III angina (22.1% vs. 11.6%;  $P=0.036$ ) more frequently. Differences regarding frequency of arterial hypertension (AH) (91.1% vs. 63.2%;  $P=0.0002$ ), type 2 diabetes mellitus (DM) (26.8% vs. 17.5%;  $P=0.038$ ), obesity ( $30.7 \pm 3.9$  vs.  $29.5 \pm 4.5$ ;  $P=0.015$ ), arrhythmias (34.4% vs. 25.2%;  $P=0.015$ ); cases of myocardial infarction (47.8% vs. 17.9%;  $P=0.0001$ ) were revealed. Among patients with depressive disorders persons with experience of surgical myocardial revascularization ( $P=0.004$ ), degree II–III of disability (23.3% vs. 11.6%;  $P=0.0118$ ) were present more frequently. Patients with depression were characterized by low economic status (64.4% vs. 23.7%;  $P=0.0001$ ); absence of social

support (34.4% vs. 12.6%;  $P=0.0001$ ); frequent stress situations in personal history (71.1% vs. 32.6%;  $P=0.0002$ ).

**Conclusions** Depressive disorders caused by psychosocial stress influence negatively CHD course that requires complex approach to therapy of comorbid pathology.

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

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#### EW0381

### The relationship between coping strategies and sociodemographic characteristics, shame and anxiety in families of children or adolescences with inflammatory bowel diseases: A cross sectional study

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**Introduction** Ulcerative colitis and Crohn's disease is characterized from a complicated therapeutic management, with bodily and psychological impact to the family.

**Objectives** This study examined the coping strategies among families with a child or adolescent with IBD.

**Aim** The aim was to investigate possible sex differences with respect to coping strategies of the parents would correlated to overall coping strategies.

**Method** The participants were biological parents of patients diagnosed with IBD. The total sample included 61 parents with a mean age 46.2 (SD = 7.4). The parents completed:

- the Family Crisis Oriented Personal Scales;
- the Other As Shamer Scale;
- the Experiences of Shame Scale (ESS);
- questionnaire concerning socio-demographic information.

**Results** Mother reported higher levels of social support, accept help, passive appraisal, and overall strategies compared to fathers. The strongest difference was found in accept help ( $P<0.001$ ). The feelings of shame of the mothers and fathers of the IBD families were very similar, without statistically significant differences between the groups. The results of the MLR, after controlling for adolescents age, sex and illness duration, revealed that the older age, being a mother, being married and being employment had direct positive associations with the overall coping strategies, while ESS had direct negative associations with the overall coping strategies. The model with all seven predictors explained 68% of the total variance ( $R^2 = 0.68$ ,  $F = 6.409$ ,  $P < 0.001$ ).

**Conclusions** Our findings provide more detailed information on the coping strategies of Greek families with a child or adolescence with IBD.

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

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