

Methods Hundred and fifty amateur and/or professional musicians who regularly take part in public performances (GM) and 150 subjects from the general population (GP) completed a task of facial emotion recognition and were assessed in terms of accuracy and reaction time. The group of musicians was subdivided between subjects with and without MPA indicators. Data were analyzed using Student's *t* test ($P < 0.05$) within the statistical package for the social sciences.

Results GM were less accurate and had a longer reaction time in the recognition of facial happiness ($P < 0.001$, effect size: 0.25–0.44) compared to GP. Musicians with MPA had a still lower accuracy in the recognition of happiness, as well as longer reaction times for emotions as a whole ($P < 0.04$; effect size: 0.32–0.40) compared to musicians without MPA.

Conclusion The poorer performance of musicians in the recognition of happiness suggests difficulties to recognize indicators of social approval, which may negatively affect performance through increased anxiety and negative thoughts that can favor the onset of MPA.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1881>

EW0013

A single dose of oxytocin on music performance anxiety: Results involving a situation of simulated performance

F.L. Osório*, A.E. M. Barbar, M.F. Donadon, J.A.S. Crippa

Medical School of Ribeirão Preto - São Paulo University, Neuroscience and Behaviour, Ribeirão Preto, Brazil

* Corresponding author.

Introduction Music performance anxiety (MPA) is a persistent and distressing experience that involves apprehension linked with musical performance in public (individual or collective). Anxious individuals concentrate their anxiety in situations that involve social scrutiny, favoring distorted, dysfunctional, and negative interpretations of that situation followed by experiences of physiological symptoms associated with the exposure. The most commonly used substances in the pharmacological management of MPA are beta-blockers and benzodiazepines. However, these options are not fully efficient and cause relevant side effects that interfere mainly with performance. Therefore, investigations on alternative substances to treat MPA are highly opportune.

Objective To assess the acute effects of oxytocin (OT) on physiological and cognitive variables during an experimental model of simulated performance.

Methods We assessed 12 musicians with MPA pre-treated with intranasal OT (24 UI) or placebo in a crossover trial involving an experimental situation of public performance. Cognitive and physiological measures (heart rate, blood pressure, salivary cortisol) were recorded before/during performance (anticipatory performance anxiety). Statistical analyses were made using Stata Direct.

Results The results showed no effects of OT on physiological symptoms ($P > 0.190$). In respect to anticipatory anxiety, however, we found a tendency for OT to reduce negative cognitions associated with music performance ($P = 0.06$). No side effects were reported by musicians throughout the trial.

Conclusion These tendencies, if confirmed through the expansion of the sample, have important implications for the practice of amateur and professional musicians who could benefit from interventions as the one described, possibly with a lesser impact of side effects.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1882>

EW0014

Music performance anxiety: Perceived causes and coping strategies

F.L. Osório^{1,*}, A.B. Burin¹, I.S. Nirenberg², A.E.M. Barbar¹

¹ Medical School of Ribeirão Preto, São Paulo University, Neuroscience and Behaviour, Ribeirão Preto, Brazil

² Rio de Janeiro Federal University, Music School, Rio de Janeiro, Brazil

* Corresponding author.

Introduction The understanding of the causes of music performance anxiety (MPA) and of strategies to cope with it is important for the comprehension/management of this common condition in musicians.

Objective To investigate the causes of MPA reported by Brazilian musicians and the efficacy of the most commonly used strategies to cope with it.

Methods Two hundred and fourteen Brazilian musicians (53% professional/musicians from orchestras, 67% male, mean age: 34.02 years, 65% with over 11 years of education, 42% of which played string instruments) completed different self-rating scales to assess the presence/absence of MPA.

Results Thirty-nine per cent of the musicians had indicators of MPA. The most commonly reported causes were repertoire difficulty (57%), concerns about audience response (52%), and self-pressure (51%). The most common coping techniques included breathing/relaxing techniques (66%) and increased practice (53%), regarded as efficient by at least 49% of the musicians. Strategies like seeing a doctor/psychiatrist/psychologist and taking antidepressant/anxiolytic medication were among the least frequently used in the sample. Also, 18% of musicians with MPA used beta-blockers and 6% used non-prescribed medications. Comparatively, musicians with MPA believed that it was associated with a higher number of conditions and regarded coping techniques as less efficient.

Conclusion Musicians consider internal situations to be the most frequent causes of MPA and use different coping strategies with average effectiveness. Results highlight the poor use of well-established therapeutic resources and the occurrence of self-medication in the sample, which together point to the need for attention on the part of mental health professionals to this specific group.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1883>

EW0015

Pregabalin in somatoform disorders

D. Pavicevic^{1,*}, D. Popovic², N. Zivkovic³, G. Djokic⁴

¹ Clinic for Mental Disorders "Dr Laza Lazarevic", Intensive Care Unit, Belgrade, Serbia

² General Hospital "Petrovac na Mlavi", Psychiatric Practice and Consultative Service, Petrovac na Mlavi, Serbia

³ Clinic for Mental Disorders "Dr Laza Lazarevic", Department for acute psychosis, Belgrade, Serbia

⁴ Clinic for Mental Disorders "Dr Laza Lazarevic", Assistant Director, Neurology Consultation Service, Belgrade, Serbia

* Corresponding author.

Somatoform disorders (SD) are an example of the complex interaction between mind and body.

To estimate the efficacy of pregabalin (PG) versus combination of pregabalin and antidepressants in patients with SD who were previously on long-term treatment with at least three antidepressants (SSRI, SNRI, SARIs, SNDIs, MAOI, TCAs) in an adequate therapeutic dose and had a partial response on it. In this open label trial investigators diagnosed 41 patients by standard clinical interview as F 45.0 and F 45.4 according to ICD-10 criteria and divided them in two groups: experimental (Pregabalin, 20 patients) and control

group (Pregabalin + antidepressant, 21 patients). Patients also had comorbid diagnoses as follows: F 41.1, F 32, F 33 or F 34. Assessment was done by 100 mm Visual analogue scale (VAS) and by Clinical Global Impression Scale (CGI). Within both groups there was a statistically significant improvement measured by VAS and CGI scales in all repeated measurements, except for the CGI scale in both groups between the second and ninth month where there was no statistical difference. There were no statistically significant differences between CG and EG on both scales either in the beginning or in repeated measurements. There was no difference in the effects of the drugs between EG and CG on both scales- VAS & CGI. Pregabalin as mono or as an adjuvant therapy had equally good efficiency in patients with SD who had partial response on various antidepressants therapy after long-term treatment.

Disclosure of interest Results from part of this trial were published as abstract in European Psychiatry, Volume 30. Supplement 1, 28–31 March 2015, Pages 534 – “Somatoform Disorders—a New Target for Pregabalin”, [http://dx.doi.org/10.1016/S0924-9338\(15\)30418-1](http://dx.doi.org/10.1016/S0924-9338(15)30418-1).

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1884>

EW0016

Dissociation and therapy of depressive and anxiety disorders with or without personality disorders

J. Prasko^{1,*}, A. Grambal¹, Z. Sigmundova¹, P. Kasalova¹, D. Kamaradova¹, K. Vrbova¹, M. Ociskova¹, M. Holubova¹, K. Latalova¹, M. Zatkova², M. Slepecky², A. Kotianova²

¹ University Hospital Olomouc, Department of Psychiatry, Olomouc, Czech Republic

² Faculty of Social Science and Health Care- Constantine the Philosopher University in Nitra, Slovak Republic, Department of Psychology Sciences, Nitra, Slovak Republic

* Corresponding author.

Objective Goal of the study was to analyze the impact of dissociation on the treatment of the patients with anxiety/neurotic spectrum and depressive disorders, and with or without personality disorders.

Methods The sample consisted of inpatients who met the ICD-10 criteria for the Depressive disorder, Panic disorder, GAD, Mixed anxiety-depressive disorder, Agoraphobia, Social phobia, OCD, PTSD, Adjustment disorders, dissociative/conversion disorders, Somatoform disorder or other anxiety/neurotic spectrum disorder. The participants completed Beck Depression Inventory, Beck Anxiety Inventory, subjective version of clinical global impression-severity, Sheehan Patient-Related Anxiety Scale, and Dissociative Experience Scale, at the start and the end of the therapeutic program.

Results The total of 840 patients with anxiety or depressive spectrum disorders, who were resistant to pharmacological treatment in outpatients basis and were referred for hospitalization for the six-week complex therapeutic program, were enrolled in this study. Six hundred and six of them were statistically analyzed. The patients' mean ratings on all measurements were significantly reduced during the treatment. The patients without comorbid personality disorder improved significantly more than patients with comorbid personality disorder in the reduction of depressive symptoms. However, there were no significant differences in change of anxiety levels and severity of the disorder between the patients with and without personality disorders. The higher degree of dissociation at the beginning of the treatment predicted minor improvement. The higher therapeutic change was connected to the greater reduction of the dissociation level.

Conclusions Dissociation presents an important factor influencing treatment effectiveness in the treatment-resistant patients with anxiety/depression with or without personality disorders.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1885>

EW0017

Pharmacogenetic association between glutamatergic genes and sri treatment response in obsessive compulsive disorder

T. Shukla^{1,*}, R.M.J. Jabeen Taj², K. Kulkarni³, P. Shetty⁴, B. Viswanath³, M. Purushottam³, Y.C. Reddy³, S. Jain³

¹ King George's Medical University, Psychiatry, Lucknow, India

² Centre de Recherche du CHU Sainte-Justine, universit  de Montr al, Montreal, Canada

³ National Institute of Mental Health and Neurosciences, Psychiatry, Bangalore, India

⁴ Cairns and Hinterland Hospital and Health Service, Psychiatry, Melbourne, Australia

* Corresponding author.

Introduction Pharmacogenetic studies in obsessive-compulsive disorder (OCD) primarily focussing on serotonergic and dopaminergic polymorphisms, provided inconsistent findings. There is recent evidence for glutamatergic abnormalities in OCD.

Aims Examine the association glutamatergic genes with serotonin reuptake inhibitor (SRI) response in OCD.

Objectives To study pharmacogenetic association between SLC1A1 and GRIN2B polymorphisms with SRI response in OCD.

Methods DSM-IV OCD patients were recruited from a specialty OCD clinic and evaluated using the Yale-Brown obsessive compulsive scale (YBOCS), Mini International Neuropsychiatric Interview (MINI) plus, Clinical Global Impression scale (CGI). They were subsequently reassessed with YBOCS and CGI. To study extreme phenotypes, we included only full responders (>35% YBOCS improvement and CGI-I score of 1 or 2) to any SRI ($n=191$) and non-responders (<25% YBOCS improvement and CGI-I score ≥ 4) to adequate trial of at least two SRIs ($n=84$). Partial responders were excluded. Genotyping was performed using an ABI9700 PCR machine.

Results Genotype frequencies did not deviate significantly from the values predicted by the Hardy-Weinberg equation. Case-control association analyses revealed no significant association between genotype/allele frequencies with SRI response.

Conclusion Our data does not show any association between polymorphisms in glutamatergic genes and SRI response in OCD though such associations have been found in other studies. More SNPs in the same gene could be responsible for the pharmacogenetic associations. More homogenous sample considering symptom dimensions and other phenotypic variables may be needed. It may be critical to go beyond “usual suspect” candidate gene research. In this regard, a novel approach to identify SRI response biomarkers is the use of cellular models.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1886>

EW0018

Long term effect of cognitive behavioral therapy in patients with health anxiety

K.E. Veddegaerde

University of Bergen, Klinisk Institutt 2,  lesund, Norway

Introduction Cognitive-behavioral therapy (CBT) has been found to be an effective treatment of excessive health anxiety (HA), but the long-term effect over 18 months has not been examined.