

Objectives The aim of this study was to determine the levels of depression, anxiety and attention-deficit hyperactivity disorder symptoms and health-related quality of life (HRQL) in children and adolescents with epilepsy.

Methods The sample consisted of 75 children with epilepsy and 50 healthy controls aged 8–18 years. Questionnaires were used to evaluate the psychiatric status and HRQL of the patients.

Results Patients had lower child-rated psychosocial and total area HRQL scores, and lower parent-rated psychosocial, physical and total area HRQL scores than the controls did. Inattention scores of the epilepsy group were significantly higher compared to controls. No significant differences were found between patients and controls in terms of anxiety and depression scores. Regarding determinants of HRQL, severity of depression and anxiety had a decreasing effect on child-rated HRQL total scores; and severity of anxiety had a decreasing effect on parent-rated HRQL total scores.

Conclusions Epilepsy is associated with poor QoL in childhood and severity of depression and anxiety are among the determinants of QoL. Clinicians should be more aware of accompanying psychiatric symptoms in epileptic patients and take the necessary precautions in the early period of the illness in an effort to improve QoL.

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EW0372

The new great imitator – neuropsychiatric symptoms of Lyme disease

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Introduction Lyme disease, caused by the spirochete *Borrelia burgdorferi* as recognized as a possible cause of multisystemic signals and symptoms, including symptomatology of the central as well as the peripheral nervous system.

Objectives Identification of neuropsychiatric symptoms associated with Lyme disease.

Methods Literature review in the light of researched articles published in Pubmed/Medline as well as related bibliography.

Results Since the identification of the etiology of syphilis in the early twentieth century, mental health professionals consider the fact that serious psychiatric symptoms can be caused by infections of the central nervous system and that early antibiotic treatment can prevent permanent neurological/psychiatric damage. Syphilis was known as “the great imitator” because its multiple manifestations mimic other known diseases. In recent years, a new epidemic, also with multiple manifestations emerged—Lyme disease, also known as the “new great imitator”. Like syphilis, Lyme disease may be associated with neuropsychiatric symptoms, which means that often these cases are initially referred for psychiatric services, before another diagnosis is made. The incorrect assessment of these patients as individuals with functional psychiatric disease can result in a delay in the start of antibiotic treatment and may cause serious neurological and psychiatric damage.

Conclusions According to the review, the authors propose that in the evaluation of acute psychiatric disease or atypical chronic disease, with poor therapeutic response, Lyme disease should be considered and ruled out, especially if there is epidemiological context and absence of psychiatric family antecedents.

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EW0373

Attention, vigilance and visuospatial functioning in hospitalised elderly medical inpatients – relationship to delirium syndromal status and motor subtype profile

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Objective The early and efficacious detection of neurocognitive disorders poses a key diagnostic challenge. We examined how bedside cognitive tests perform across the spectrum of delirium and motor subtypes.

Methods The performance on a battery of bedside cognitive tests were compared in elderly medical inpatients with DSM-IV delirium, subsyndromal delirium, and no neuro cognitive disorder and in motor subtypes.

Results One hundred and ninety-eight patients (mean age 79.14 ± 8.26) were assessed with no delirium ($n=43$), subsyndromal delirium ($n=45$), and full syndromal delirium ($n=110$). The ability to meaningfully engage with the tests varied from 59% for vigilance B test to 85% for Spatial Span forward test and was found to be least in the full syndromal delirium group. The no delirium group was distinguished from the delirium groups for all the tests and from the full syndromal delirium group for the vigilance B test and global visuospatial function test. The subsyndromal delirium group differed from the full syndromal delirium group in respect of global visuospatial function test, spatial span backwards and vigilance A tests. Patients with full syndromal delirium were best identified using the interlocking pentagons test and clock drawing test whereas those with subsyndromal delirium were best identified using interlocking pentagons test and months backwards test. Those with subsyndromal delirium were significantly better in their ability to engage than those with full syndromal delirium.

Conclusions Simple bedside tests of attention, vigilance, and visuospatial ability are useful to help to distinguish neurocognitive disorders namely subsyndromal delirium from other presentations.

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EW0374

The effects of bariatric surgery on pharmacokinetics of antidepressants: A systematic review

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Introduction Morbid obesity (BMI ≥ 35) has been associated with mood and anxiety disorders. Regular use of antidepressants is common among patients who are candidate for bariatric surgery. The Roux-en-Y gastric bypass (RYGB) is one of the most common techniques used in bariatric surgery for reducing nutrient absorption. This type of surgery may however result in major changes in drug absorption.

Objectives and aims To report and discuss the consequences of bariatric surgery on changes in antidepressant drug absorption.

Methods We present all published in vitro and in vivo studies on antidepressant drug absorption after bariatric surgery.

Results In vitro studies showed that only bupropion had a significantly increased dissolution in a post-RYGB environment; venlafaxine and citalopram showed no alteration of dissolution; fluoxetine, paroxetine, sertraline, and amitriptyline had a significantly decreased dissolution in a post RYGB environment. Some in-vivo studies reported that only citalopram and escitalopram had an increased dissolution.

Conclusion After bariatric surgery, special caution is required in patients using antidepressant medication because of the expected changes in drug absorption, nutritional status, and electrolyte balance.

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EW0375

Differential effect of childhood trauma subtypes on fatigue and physical functioning in chronic fatigue syndrome

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Objective There is a large consensus concerning the important aetiological role of childhood trauma in chronic fatigue syndrome (CFS). In the current study, we examine the differential effect of childhood trauma subtypes on fatigue and physical functioning in patients with CFS.

Methods One hundred and fifty-five participants receiving treatment at the outpatient clinic for CFS of the Antwerp University Hospital in Belgium were included in this study. Stepwise regression analyses were conducted with the outcomes of the total score of the Checklist Individual Strength (CIS) measuring fatigue and the physical functioning subscale of the medical outcomes short form-36 health status survey (SF-36) as the dependent variables, and the scores on the five Traumatic Experiences Checklist (TEC) subscales as the independent variables.

Results Fatigue and physical functioning scores in CFS patients were significantly predicted by sexual harassment only. A significant effect of emotional neglect, emotional abuse and bodily threat during childhood on elevated fatigue or reduced physical functioning levels could not be found.

Conclusion There is a differential effect of childhood trauma subtypes on fatigue and physical functioning in CFS patients. Sexual harassment emerged as the most important predictor variable. Therefore, childhood (sexual) trauma has to be taken into account in assessment and treatment of chronic fatigue syndrome.

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EW0376

Joint hypermobility syndrome and anxiety disorder: Structural brain correlates

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Introduction Joint hypermobility syndrome/Ehlers Danlos III (JHS/EDS III) is a common, connective tissue condition. This group is over-represented in panic/anxiety disorders and exhibits autonomic abnormalities and heightened interoceptive sensibility. Previous neuroimaging in healthy volunteers with hypermobility has observed differences in key emotional brain regions, notably amygdala and insula.

Aims and objective To explore, in a clinical population, the structural brain correlates underpinning the association between JHS/EDS III and anxiety.

Method Seventy participants were divided into four experimental groups: (2 × 2 factor design: presence/absence of hypermobility; presence/absence of anxiety). Hypermobility was assessed using Brighton Criteria. All participants underwent brief tests of autonomic function and interoception. Structural images were obtained using a 1.5T MRI scanner. Results are reported at whole brain uncorrected significance threshold of $P < 0.001$.

Results Comparison of grey matter volume revealed increased insular volume in anxious patients with JHS/EDS-III compared to anxious patients without (Fig. 1A, B), correlating with initial peak heart rate on standing. Additionally, amygdala volume correlated with hypermobility score in anxious patients, but not in non-anxious individuals (Fig. 1C, D). Amygdala volume correlated with interoceptive accuracy.

Conclusions This data implicates amygdala and insula as likely neural substrates mediating clinical relationships between hypermobility syndrome and anxiety, demonstrating the relevance of autonomic and interoceptive influences on this relationship. Further work hopes to explore functional and structural connectivity between these regions in JHS/EDS-III.