

Introduction: A meta-analysis from 2016 estimates prevalence of hepatitis C to be superior in people with severe mental illness than general population. In France, positivity for hepatitis C is estimated at 0,75% of general population and 0.3% with a detectable viral load. No recent study was conducted to determine seroprevalence of hepatitis C in population admitted in psychiatric institution.

Objectives: The aims of this study are to determine seroprevalence of hepatitis C in population admitted in psychiatric institution and describe the profile of infected patients.

Methods: From January 2020 to October 2020, screening test for hepatitis C, hepatitis B and HIV was proposed to every patient admitted at the reception unit of Ravenel Hospital. In case of positivity, viral load was realised.

Results: Between January 7th and October 1st, 407 patients agreed to the screening test. Among them, 17 (4,2%) were tested positive to hepatitis C and viral load was detectable in 9/17 positives, which lead to a 2,2% seroprevalence of hepatitis C infection in the studied population. The patients with positive screening had a mean age of 40 years old. 82% of them were males. 16 admit using intoxicating substances and 10 were still current users at the time of the study. They were hospitalized for addictology purpose (5/17), psychosis (6/17), mood disorder (5/17), personality disorder (2/17), adjustment disorder (2/7). 10/17 had an alcohol use disorder.

Conclusions: This study confirms seroprevalence of hepatitis C infection in psychiatric population is seven times that of general population. This justifies a systematic screening of this population.

Disclosure: No significant relationships.

Keywords: liver; Hepatitis C; comorbidity

Consultation liaison psychiatry and psychosomatics

O051

Emotional intelligence in patients with psoriasis and atopic dermatitis: Impaired integration of emotions and decision-making

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Introduction: Emotional intelligence (EI) is a fundamental requirement to maintaining social activity. Patients with psoriasis and atopic dermatitis have difficulties in emotional awareness.

Objectives: The objective of this study is to assess EI in patients with atopic dermatitis and psoriasis.

Methods: Patients with psoriasis n=67, atopic dermatitis n=59 and control group n=65 were included in cross-sectional study. EI and its main components (experiential: perceiving emotions and using emotions to facilitate thought; strategic: understanding emotions and managing emotions to promote personal growth and social relations) were assessed using The Mayer-Salovey-Caruso Emotional Intelligence Test 2.0. Statistical analyses were performed using One-Way ANOVA and One-Way ANOVA (Kruskal-Wallis test). The level of statistical significance was set at p<0.05. Data are presented as the Me (±SD).

Results: Our results show that there is statistically significant lower “strategic” component of EI for psoriasis Me=0.367 (±0.0455) and atopic dermatitis Me=0.369 (±0.0353) than for the control group Me= 0.381 (±0.0361), ($\chi^2=7.15$; p= 0.028). “Managing emotions to promote personal growth and social relations” is presented with statistically significant lower for psoriasis Me= 0.293 (±0.0374) and atopic dermatitis Me= 0.301 (±0.0351) than for the control group Me= 0.312 (±0.0272), (F=0.05; p=0.007). There is no statistically significant difference between other components of EI and the EI scores in three groups.

Conclusions: Patients with psoriasis and atopic dermatitis have emotional difficulties when it comes to making effective decisions.

Disclosure: No significant relationships.

Keywords: Emotional intelligence; psoriasis; atopic dermatitis; social relations

O054

Effect of vortioxetine on proinflammatory cytokine levels in patients with heart failure and comorbid depression

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Introduction: Several studies have shown impaired cytokine status in both patients with depression and chronic heart failure (HF).

Objectives: to study the effect of vortioxetine on the level of pro-inflammatory cytokines: interleukin -1 β (IL-1 β) and interleukin - 6 (IL-6).

Methods: there were examined 80 patients with HF with reduced ejection fraction (HFrEF) of ischemic genesis with functional class (FC) II-III (NYHA), 37 patients were without depression, 43 - with mild or moderate depressive disorders. Those with mild or moderate depressive disorders were divided into 2 subgroups: 21 patients received psychotherapy, 22 patients, in addition to psychotherapy, were prescribed vortioxetine at a dose of 10 mg / day in the morning after meals. The control group consisted of 20 healthy individuals. The level of cytokines in the blood was determined by ELISA method.

Results: Patients with CHF have an increase in levels of pro-inflammatory cytokines. Thus, the concentration in the serum of IL-1 β was 2.3 times higher than the same indicator in the control group: (56.45 ± 4.17) pg / ml, against (24.71 ± 4.21) pg / ml p <0.001). Depression caused an additional increase in the levels of IL-1 β by 13.5% (p <0.05) and IL-6 - by 17.3% (p <0.01). Additional administration of vortioxetine caused a more rapid decrease in blood levels of both IL-1 β (HR 0.87 [95% CI 0.72-0.97; p = 0.034]) and IL-6 (HR 0.81 [95% CI 0.68-0.93; p = 0.029]).

Conclusions: Thus, vortioxetine causes a decrease in the concentration of pro-inflammatory cytokines IL-1 β and IL-6 in patients with HF and comorbid depression.

Disclosure: No significant relationships.

Keywords: Depression; comorbidity; cytokines; heart failure