

EV0267

Misdiagnosis of loin pain hematuria syndrome as a somatization disorderL. De Jonge^{1,*}, S. Petrykiv², J. Fennema³, M. Arts⁴¹ Leonardo scientific research institute, geriatric psychiatry, Bergen op Zoom, The Netherlands² University of Groningen–university medical center Groningen, department of clinical pharmacy and pharmacology, Groningen, The Netherlands³ GGZ Friesland, geriatric psychiatry, Leeuwarden, The Netherlands⁴ University of Groningen–university medical center Groningen, department of old age psychiatry, Groningen, The Netherlands

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Introduction Loin pain hematuria syndrome (LPHS) is a rare kidney disease with a prevalence of ~0.012%. Its clinical features include periods of severe uni- or bilateral loin pain, accompanied by (microscopic) hematuria. It is often misdiagnosed as a psychiatric condition, particularly under the heading of a somatization disorder.

Objectives We describe the case of a patient who developed depressive symptoms after decades of suffering from severe intermittent bilateral loin pain.

Aims To report a case-study, describing LPHS as a cause of severe chronic pain and persistent depressive symptoms.

Methods A case-study is presented and discussed, followed by a literature review.

Results A 55-year-old female was referred to a psychiatrist for her depressive symptoms and persistent periods of severe unilateral or bilateral loin pain and intermittent hematuria for over 25 years. There she was diagnosed with a depression and somatization disorder. She received amitriptyline for many years, without any effect. Finally, the patient opted for a second opinion in an academic hospital in Belgium where it was quickly discovered. After surgery, including renal denervation and kidney autotransplantation, her somatic problems and depressive mood disappeared.

Conclusions The awareness of LPHS is still very limited in medicine. This may lead to incorrect diagnoses, including psychiatric disorders such as somatization disorder. More awareness could lead to earlier diagnosis and prevent the consequences of severe debilitating pain.

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

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EV0268

Lithium toxicity after bariatric surgeryL. De Jonge^{1,*}, S. Petrykiv², J. Fennema³, M. Arts⁴¹ Leonardo scientific research institute, geriatric psychiatry, Bergen op Zoom, The Netherlands² University of Groningen–university medical center Groningen, department of clinical pharmacy and pharmacology, Groningen, The Netherlands³ GGZ Friesland, geriatric psychiatry, Leeuwarden, The Netherlands⁴ University of Groningen–university medical center Groningen, department of old age psychiatry, Groningen, The Netherlands

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Introduction Bariatric surgery is globally increasingly being applied in patients with morbid obesity to achieve permanent weight reduction. More than fifty percent of these patients have a psychiatric disorder in their history and over thirty percent take psychotropic medication. The prevalence of bipolar disorder in patients who undergo bariatric surgery is around four percent, and most of them are treated with lithium.

Objectives & aims To report and discuss the effect of bariatric surgery on changes in lithium absorption.

Methods We present all published case studies and literature review on lithium toxicity after bariatric surgery.

Results To date; only two case-reports were published with dramatic changes in lithium level after vertical sleeve gastrectomy and Roux-en-Y bariatric surgery. Within a period of two to five weeks, the patients were presented to the emergency department with signs of dehydration and acute kidney failure.

Conclusion Clinicians should be aware of dramatic and possibly even life-threatening pharmacokinetic changes in drug absorption that may occur after bariatric surgery. Careful monitoring and even reduction of lithium dosage before and after surgery could potentially prevent serious complications.

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EV0269

Depression in people with multiple sclerosisF. Ellouze^{1,*}, W. Bouali¹, B. Hidouri², S. Younes¹, M. Nasr¹¹ CHU Tahar Sfar, Psychiatry, Mahdia, Tunisia² CHU Tahar Sfar, neurology, Mahdia, Tunisia

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Introduction Depression is the most common syndrome associated with Multiple Sclerosis (MS) with a high prevalence during a lifetime.

Objectives To assess the prevalence of depression in patients treated in neurology for MS.

Methods We performed a retrospective study on 17 patients diagnosed with MS and confirmed with the criteria of Mac Donalds 2010 with a follow-up in the neurology department of the EPS Mahdia for a period of nine years (2006–2014), then addressed to a psychiatric consultation for depression.

Results In total 17 patients were hospitalised in the neurology department during the study. Ages ranged from 20 to 39 years with an average of 33 years. The average course of the disorder is 5 years. We objectified a female predominance with 82%, a professional activity was found in 76% of patients. The comorbidities found are mainly hypertension, diabetes and asthma, respectively in 11%, 5% and 5%. Depression was clinically confirmed in 9 patients, that to say, 52% of our sample addressed in the psychiatric consultation, whose 6 received an antidepressant (fluoxetine) and 3 received paroxetine. An anxiolytic was given to the half of these patients.

Conclusion The association between MS and depression would, therefore, be neither fortuitous nor only related to non-specific factors of any chronic disease. Specifying the relative share of these explanatory factors is probably one of the challenges for future researches in this area.

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EV0270

The impact of type D personality on the quality of life and on microangiopathic and macroangiopathic complications in outpatients with type 2 diabetes mellitusV.R. Enatescu^{1,*}, I. Papava¹, R.S. Romosan¹, A. Grozavu¹,V. Enatescu², I. Enatescu³, L. Diaconu⁴¹ “Victor Babes” university of medicine and pharmacy Timisoara, psychiatry, Timisoara, Romania

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Introduction In 2015, the worldwide point prevalence for diabetes mellitus was 8.8%. Type D personality was found as being more prevalent in type 2 diabetes than in the general population. **Objectives** We aimed to reveal the frequency of type D personality and to analyze the impact of type D personality on both quality of life and angiopathic complications, in patients with type 2 diabetes from our region.

Methods A cross-sectional research was performed on 79 out-patients that were monitored for diabetes mellitus at Timisoara diabetes, nutrition and metabolic diseases clinic. Type D personality was assessed with the DS-14 scale. Quality of life was quantified by using the Q-LES-Q-SF scale (Quality of Life Enjoyment and Satisfaction Questionnaire-Short Form). The angiopathic complications were abstracted from medical records.

Results Type D personality was present in 38 subjects with diabetes mellitus (48.10%). Compared to those without type D personality, patients with type D personality and diabetes had significant lower mean scores for the following domains of the Q-LES-Q-SF scale: social relationships ($P < 0.001$), daily life function ($P = 0.027$), sexual activity ($P = 0.005$), to get around physically ($P < 0.001$), work or hobbies ($P = 0.008$) and raw score ($P = 0.003$). Type D personality did not make any difference regarding micro and macroangiopathic complications of type 2 diabetes patients.

Conclusions Type D personality, a highly frequent entity, did not make the difference with respect to diabetic complications; however, it may interfere significantly with several facets of the quality of life of these patients. These results should be taken into account for an interdisciplinary approach to these patients.

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EV0271

Quality of life and its relationship with illness representations in patients with obstructive sleep apnea syndrome

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Introduction Obstructive sleep apnea syndrome (OSAS) is a highly widespread sleep-related breathing disorder that leads to serious impairment in quality of life (QOL).

Objectives We aimed to assess QOL in patients with OSAS and to investigate its relationship with illness representations.

Methods We performed an analytical cross-sectional study of 87 recently diagnosed OSAS patients. Apnea hypopnea index (AHI) was determined by an overnight polysomnography. Excessive daytime sleepiness (EDS) was assessed by the Epworth Sleepiness Scale (ESS). QOL was assessed by the 36-item short form health survey (SF-36). Illness representations were measured by the Brief Illness Perceptions Questionnaire (B-IPQ); High scores reveal a more threatening perception of the illness.

Results Mean age of the participants was 55.7 years (SD = 11.6). According to the AHI, 70.1% of the patients had severe OSAS, and

16.1% had moderate OSAS. The mean score of the SF-36 was 40.2 (SD = 18.7). Overall QOL was impaired in 87.7% of the patients. There was a considerable decrease in both mental and physical QOL. EDS was associated with impairment in mental QOL. Illness representations were negatively correlated with overall QOL ($r = -0.45$; $P < 0.01$). No relationship was found between QOL and illness severity.

Conclusion The present study provides evidence that OSAS has serious influence on QOL of patients, which could be mediated by negative illness perception. So it is extremely important to know how OSAS sufferers perceive their illness to better understand their coping behavior and to improve their adherence to treatment and their QOL.

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EV0272

Impact of coping strategies on emotional status in patients with obstructive sleep apnea syndrome

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Introduction Obstructive sleep apnea syndrome (OSAS) is a common sleep disorder, which leads to higher morbidity, and mortality and can result in various psychological problems, such as depression.

Objectives The purpose of this study was to assess the severity of depression and to examine its relationships with coping strategies in OSAS patients.

Methods We performed an analytical cross-sectional study of 87 recently diagnosed OSAS patients. Apnea hypopnea index (AHI) was determined by an overnight polysomnography. Depressive symptoms were evaluated by the hospital anxiety and depression scale (HADS). Coping strategies were assessed by the brief cope.

Results Subjects included 38 men and 49 women averaging 55.7 years of age (SD = 11.6) with a mean body mass index (BMI) of 33.8 kg m⁻². According to the AHI, 70.1% of the patients had severe OSAS, and 16.1% had moderate OSAS. Depressive symptoms were found in 44.8% of all patients. Emotional coping was used by 72.4%, while problem-focused coping was used by 28.7% of the patients. The score of depression on HADS (HADS-D) showed positive correlation with BMI ($r = 0.48$; $P \leq 0.001$). No significant association was found between HADS-D and AHI. Depressive symptoms were associated with more emotional coping ($P = 0.03$) and with less problem-focused coping ($P = 0.002$).

Conclusion Our findings suggest that depression is highly prevalent among patients with OSAS, and that coping style seems to have a significant influence on emotional status in these patients. Further research should explore the possibilities of intervening on this factor, aiming to lessen depressive symptoms in OSAS patients.

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