

**Objective** The aim of our study was to assess self-esteem and factors associated in patients suffering from epilepsy.

**Methods** We conducted a cross-sectional, descriptive and analytic study, including 20 patients followed for epilepsy at neurology outpatient department, Habib Bourguiba hospital, Sfax, Tunisia. We collected socio-demographic and clinical characteristics, and used the Rosenberg Self-Esteem Scale (RSES).

**Results** The mean age was 35.9 ans. Sex-ratio (M/F) was 3. Hobby practice was noted in 45% of cases. The disease evolves since 19.9 years on average. A worsening of health in the last year was felt in 30% of cases. The stigma was reported in 30% of patients. Self-esteem was: very low 5%, low 40%, average 40%, and high 15%. It was better among married patients, living in family and those with disease evolving since more than 10 years, but without a significant correlation. The factors correlated with good self-esteem were: practicing a hobby ( $P=0.006$ ) and absence of stigma ( $P=0.001$ ). Poor self-esteem was significantly correlated with perceived health worsened during the last 12 months ( $P=0.02$ ). It was poor in unstable patients professionally, but without significant correlation.

**Conclusion** Our study confirms the decline of self-esteem in patients with epilepsy. A better education of these patients to accept their illness, as well as raising public awareness on this affection could facilitate social insertion and improve self-esteem.

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

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#### EV397

### Interest of admission clinical and paraclinical examinations for the detection of organic comorbidities in psychiatry

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**Introduction** Somatic comorbidities in patients with mental disorders have become an important issue. They complicate therapeutic management and aggravate the prognosis.

**Objectives** Outline the nature of somatic disorders observed in psychiatry and assess the different interactions between psychiatric pathologies and organic diseases.

**Methods** We conducted a descriptive retrospective study including 60 patients hospitalized in a psychiatry department during 2 years (2013 and 2014). We included patients having presented a somatic disorder at their admission. Data collection was based on psychiatric and clinical observations.

**Results** At the admission, somatic examination was abnormal in 53.3% of cases: skin abnormalities 28.3%; blood pressure abnormalities 8.3%. An abnormality of the initial biological tests has been reported in 51.7% of patients: leukocytosis 18.3%; liver test abnormalities 13.3%; hematologic abnormalities 8.3%. The electrocardiograph was pathologic in 35% of cases. These anomalies have required advices from medical and surgical services: cardiology 33.3%; endocrinology 10%, orthopedics 10%. The relationship between somatic and psychiatric pathology was: a comorbidity: 55%; a side effect of psychotropic drug: 5%; an organic origin of the psychiatric disorder: 6.6% and a somatic disorder secondary to the psychiatric pathology: 10%. In the course of this investigation, 6.6% of patients were transferred urgently to a specialist department, the psychotropic treatment was stopped in 10% of cases, and a therapeutic adjustment was necessary in 6.6% of cases.

**Conclusion** Our study confirms the importance of somatic assessment of patients with mental illnesses. This must be a systematic practice in order to detect in time patients at risk of somatic complications.

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

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#### EV400

### Casting wider diagnostic nets for anxiety and depression: Disability-driven cross-diagnostic subtypes in a large population study

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**Introduction** Data-driven techniques are frequently applied to identify subtypes of depression and anxiety. Although they are highly comorbid and often grouped under a single internalizing banner, most subtyping studies have focused on either depression or anxiety. Furthermore, most previous subtyping studies have not taken into account experienced disability.

**Objectives** To incorporate disability into a data-driven cross-diagnostic subtyping model.

**Aims** To capture heterogeneity of depression and anxiety symptomatology and investigate the importance of domain-specific disability-levels to distinguish between homogeneous subtypes.

**Methods** Sixteen symptoms were assessed without skips using the MINI-interview in a population sample (LifeLines;  $n=73403$ ). Disability was measured with the RAND-36. To identify the best-fitting subtyping model, different nested latent variable models (latent class analysis, factor analysis and mixed-measurement item response theory [MM-IRT]) with and without disability covariates were compared. External variables were compared between the best model's classes.

**Results** A five-class MM-IRT model incorporating disability showed the best fit (Fig. 1). Accounting for disability improved the differentiation between classes reporting isolated non-specific symptoms ("Somatic" [13.0%], and "Worried" [14.0%]) and those reporting more psychopathological symptoms ("Subclinical" [8.8%], and "Clinical" [3.3%]). A "Subclinical" class reported symptomatology at subthreshold levels. No pure depression or anxiety, but only mixed classes were observed.

**Conclusions** An overarching subtyping model incorporating both symptoms and disability identified distinct cross-diagnostic subtypes. Diagnostic nets should be cast wider than current phenomenology-based categorical systems.

Figure not available.

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#### EV401

### Pediatric asthma biomarkers in relation to mental disorders of asthmatic children and their caregivers

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