

others (15,9+3,9 and 14,7+3,4; $p<0,05$), somatization (1,27+0,6 and 0,5+0,4; $p<0,01$), hostility (1,2+0,7 and 0,5+0,4; $p<0,01$), obsessive-compulsive traits (1,2+0,7 and 0,6+0,4; $p<0,01$), psychoticism (0,7+0,6 and 0,27+0,30; $p<0,01$) and paranoid traits (1,22+0,6 and 0,5+0,4; $p<0,01$), phobic anxiety (0,6+0,5 and 0,2+0,2; $p<0,01$) and interpersonal sensitivity (1,2+0,7 and 0,7+0,5; $p<0,01$).

Conclusions: Close interrelations between manifestations of anxiety and depression spectrum disorders and anger may be explained by internal conflict between aggressive impulses and the need for adaptive behavior in such individuals, resulting in consistent vicious vortex.

Keywords: hypertensive disease; anxiety; anger; depression

EPP0265

Consultation liaison psychiatry after COVID-19

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Introduction: The paper will describe the experience as consultation-liaison psychiatrist during the Covid 19 Pandemic in a private hospital in Madrid, what we have learned and its implications given the considerable and increasing interest in European Consultation-Liaison research.

Objectives: Following the request of one of the internal medicine department doctors the service was initially provided for patients admitted with the infection but very quickly included relatives and also the hospital staff.

Methods: Patients were offered a telephone consultation that in most cases took place on a daily basis. Referrals were made by a doctor, some of them were locums due to the increasing demands of the service since patients from public hospitals were also admitted. Relatives were also referred by doctors and the frequency was more varied, depending on their needs. Members of the multidisciplinary team referred themselves..

Results: Patients and their families felt that the telephone consultation was useful to them. The work with some members of the staff is ongoing and will continue given the toxic levels of stress that they had to face and the changes taking place at the institution at the time.

Conclusions: The COVID-19 pandemic and the short and long term consequences that will follow will increase our understanding the breadth and depth of Consultation-Liaison Psychiatry and the broad perspective required for a comprehensive evaluation and treatment of patients. My experience as psychoanalytic psychotherapist and organizational consultant proved most helpful.

Keywords: psychotherapy; Organizational Consultancy; covid 19; Consultation Liaison Psychiatry

EPP0267

Gender-related psychosomatic peculiarities of patients with type 2 diabetes mellitus

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Introduction: The problem of specificity of psychological adaptation mechanisms at the patients with Type 2 Diabetes Mellitus (T2DM) is extremely actual. The aim is to investigate gender psychological characteristics associated with T2DM

Objectives: In the comparative study 62 patients (28 male, 34 female; mean age 56,8±2,3 and 55,4±2,7 yrs.) with T2DM (HbA1c 7,3±1,3%) and visceral obesity (Grade 2) were included.

Methods: Research methods: the Depression Scale of Zung, the Spielberger trait scale anxiety, Toronto Alexithymia Scale and MMPI test

Results: T2DM-female-patients in comparison with T2DM-male showed significantly higher personal anxiety scores (51,2+7,6 and 44,1+10,6 respectively; $p<0,05$), depression scores (44,2+7,6 and 36,7+8,4 respectively; $p<0,05$), while alexithymia scores were higher at T2DM-males (68,2+9,6 and 71,7+6,4 respectively; $p<0,05$). In MMPI test (after correction by K-scale) 46,8% of patients demonstrated profiles with elevated scale 1 score (above 70 T-scores, but below 80 T-scores) regardless of gender differences. However, the T-scores for T2DM-male patients were on the average by 1,07 higher than for T2DM-female (58,4 vs 54,4 respectively, $p>0,05$), that indicated more higher concern related to own physical health condition. The female T2DM-patients significantly more often demonstrated profiles with scale 6 peak (exceeding 65 T-scores): 79,4% vs. 21,4%, which indicated the more higher accentuation of personality traits (concealed hostility; protest; rigidity, desire to blame the others for one's failure, et cetera)

Conclusions: The patient's gender has to be taken into consideration at development of clinical, diagnostic and prevention activities of patients with T2DM and visceral obesity.

Keywords: gender; anxiety; depression; alexithymia

EPP0269

Cognitive impairments in patients with treatment resistant epilepsy: Complex rehabilitation in university clinic

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Introduction: Cognitive deficit significantly affects the quality of life of patients. Aims of research was detection of cognitive impairments of varying degrees in epilepsy, and as well as studying the results of

complex treatment in conditions of University clinic, physical and psychological rehabilitation, cognitive training and VNS included.

Objectives: We studied the features of clinical and psychopathological manifestations of cognitive impairments in patients suffering from epilepsy.

Methods: The study was attended by 100 patients (35 men and 65 women) who were inpatient care. The following psychodiagnostic techniques were used: the Toronto Cognitive Assessment TorCA, the test of 10 words of Luria, the MOCA test, the Münsterberg test, the quality of life scale, the Hamilton scale of depression and anxiety.

Results: MCI was observed in 88 % patients, dementia in 12 % (50 % - mild dementia, in 24 % - moderate dementia and in 16 % - severe dementia). We used non-pharmacological rehabilitation methods for correction of cognitive impairment in epileptic patients with MCI and mild dementia during 3 months. Improving of cognitive function was observed in 48 % patients, stable level of cognitive function - in 36 %, progressing of cognitive impairment - in 16 % patients with epilepsy.

Conclusions: The results of the conducted research indicate the need for further study of the features of cognitive disorders in pharmacologically treatment resistant epilepsy and implementation of training aimed at improving cognitive function and preventing the progression of cognitive impairment in complex treatment of those patients.

Keywords: cognitive impairment; Epilepsy; university clinic; Rehabilitation

EPP0271

Early changes in brain structure, functional connectivity and neuropsychiatric symptoms after HCV infection cure with direct-acting antivirals

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Introduction: Hepatitis C virus (HCV) infection is known to be associated with neuropsychiatric manifestations as part of the disease. Previous neuroimaging studies showed brain connectivity dysfunction among HCV-infected patients

Objectives: To assess, by MR in resting state, the potential structural and connectivity changes before (BL) and after HCV eradication (FU12) with direct-acting antivirals (DAA), along with clinical parameters.

Methods: Twenty-one HCV-patients, aged ≤55 years, without psychiatric history, nor advanced liver disease, and eligible for DAA, and 25 healthy controls were included. Evaluations were performed at BL

and FU12. Brain volume and local gyrification index (LGI) were assessed in MR-T1, and functional connectivity by seed-based analysis (left insula). Depression (MADRS/PHQ9) and neurotoxicity symptomatology (NRS) were assessed. We compared patients between BL/FU12, and controls by means of paired/independent T-test analysis.

Results: Sustained virological response was obtained in all patients (100%). Depressive and neurotoxicity symptomatology improved after cure ($p < 0.01$). HCV-patients showed a reduced volume in a right latero-occipital area compared to controls (CWP < 0.005) in both BL and FU12. This difference was smaller between FU12 and controls. LGI was higher in FU12-HCV compared to BL-HCV. fMRI connectivity showed a high association between insula and occipital/parietal territories in patients than controls, being higher among BL-HCV and controls. Differences were limited to occipital areas among FU12-HCV and controls.

Conclusions: Neuropsychiatric symptomatology improved after cure. Left insula is altered among HCV-patients in structured and connectivity (mainly occipital areas). After cure differences with controls were reduced, suggesting a partial restoration of brain connectivity.

Keywords: Hepatitis C virus (HCV); functional connectivity; Neuropsychiatric symptoms

EPP0272

Psychiatric symptoms in huntington's disease

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Introduction: Huntington's disease (HD) is an autosomal dominant neurodegenerative disorder, that typically manifests in adulthood, clinically characterized by progressive motor, cognitive and psychiatric/behavioural symptoms. Psychiatric symptoms are common in HD. The presentation of these symptoms is highly variable, and their course does not correlate with motor or cognitive disease progression. Psychiatric symptoms often precede motor onset by many years.

Objectives: The authors intend to review the literature the most frequent psychiatric disorders in patients with HD.

Methods: Non-systematic review of the literature.

Results: Psychiatric symptoms have been a core feature of HD. Pre-symptomatic HD patients exhibit a greater prevalence of psychiatric symptoms, particularly affective disorders. These symptoms are presenting symptoms of HD in up to half of all people. In symptomatic HD patients, it is estimated that up to 73–98% of patients will have a major psychiatric disorder or psychiatric symptoms. Psychiatric manifestations in HD include depression, irritability, apathy, anxiety, mania, perseverations, obsessions and psychosis. Cognitive changes include progressive deficits in attention, learning, executive and sensory functions, resulting in dementia. Depression, diagnosed in half of patients with HD, is the most common and earliest symptoms prior to the motor onset. There are likely multiple causes of the psychiatric symptoms, with underlying factors including a combination of neurobiological, cognitive, psychological, social and environmental factors.

Conclusions: Patients with HD have high psychiatric comorbidity, that causes significant functional impairment and affect quality of