anxiety-depressive disorder who are on the examination and treatment at the psychiatric unit. A control group included 40 patients. We performed the exploration of the peculiarities of clinical anxiety and patterns of therapeutic effect, based on the influence of short-term group and individual psychotherapy in the treatment of anxiety disorders, and evaluation the effectiveness of its recognition.
The development of the methodology of applying a short-term group and individual psychotherapy in the treatment of anxiety disorders based on combination relaxation, hypnosis, cognitive-behavioral techniques in combination on with short-term group therapy.
In fact, this is a new real model psychotherapy based on integrative principles. The high efficacy was shown in 82% patients, compared with 54% efficacy in control group patients.
We will offer a new comprehensive methodology in the treatment of anxiety disorders of neurotic case that will improve the therapeutic efficacy of the treatment process, reduce the time of treatment, reduce the period of drug therapy.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV140

Respiratory panic disorder in acute clonazepam treatment and long-term follow-up

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Objective to describe with prospective methodology the therapeutic response to clonazepam in the respiratory panic disorder (PD) subtype versus the non-respiratory subtype in a long-term follow-up.
Methods A total of 67 PD outpatients (DSM-IV) were previously divided into respiratory ($n=35$) and non-respiratory ($n=32$) subtypes and then openly treated with clonazepam for 8 weeks. Those who responded were then treated for 3 years. Demographic and clinical features were compared in the two groups. The instruments used to evaluate response were the Clinical Global Impression, the Sheehan Panic and Anticipatory Anxiety Scale, and the Panic Disorder Severity Scale.
Results In the first 8 weeks of treatment (acute phase), the respiratory subtype had a significantly faster response on all the major scales. During the follow-up and at the end of the study (week 156), there was no difference in the scale scores, and the reduction in panic attacks from baseline to end-point did not differ significantly between the two groups. After the acute phase treatment, the patients could undergo psychotherapy. In the respiratory subtype, the disorder had a later onset, was associated with a high familial history of anxiety disorder. The non-respiratory subtype had significantly more previous depressive episodes. Clonazepam had a safe adverse event profile during both phases of treatment.
Conclusion The respiratory PD subtype had a faster response to treatment with clonazepam at 8 weeks than did the non-respiratory subtype and an equivalent response after 6 months of treatment. The response of clonazepam is clearly maintained during the long-term follow-up.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV142

Clinical staging in panic disorder and agoraphobia

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There is an increasing literature about the implementation of the staging model in many mental disorders. According to this approach, there are four stages of a psychiatric disorder: prodromal stage, acute manifestations, residual phase, chronic. In this study, we empirically investigate whether additional clinical variables such as clinical manifestations and comorbid disorders may be useful to modify the staging model to panic disorder (PD).
We distinguished inpatient sample ($n=79$) with a diagnosis of "panic disorder" according to the DSM-IV criteria. We propose that the inclusion of prodromal stage of PD does not make clinical sense since the different unspecific neurotic symptoms may proceed to a variety of anxiety and depressive disorders. First stage was characterized by the situationally predisposed panic attacks (PA) with both somatic and cognitive symptoms. Comorbid disorders included somatoform disorders and generalized anxiety disorder (GAD). During second stage individuals experienced agoraphobic avoidance until traveling in public transport. On the other hand, spontaneous PA were accompanied by the only somatic but not cognitive symptoms. The most common patterns of comorbidity were GAD and alcohol misuse. Third stage was associated with the absence or limited symptom attacks and chronic agoraphobia. Major depression and obsessive-compulsive disorder might be an integral part of the clinical manifestations. This study supports that the staging model in PD might be updated by the detailed description of clinical manifestations and comorbid disorders at each stage that may help the practitioners to choose the best strategy for the treatment of a particular patient.
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EV144

Anxiety, depression and perceived health status in patients with epilepsy

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Introduction Epilepsy is a chronic disease often disabling, source of stigma and poor quality of life.
Objectives Determine the prevalence of anxiety and depression in patients with epilepsy and the associated factors.
Methods We conducted a prospective, descriptive and analytical study among 20 patients followed for epilepsy in our department of neurology. The study was conducted from February to April 2015. We used a preestablished form to collect the socio-demographic and clinic profile of the patients. The assessment of anxiety and depression was made via the HADS "Hospital Anxiety and Depression Scale" and the perceived health status via GHQ scale "General Health Questionnaire".
Results The average age of our patients was 35.9 years. The average GHQ score was 27.7. It was higher in women without a statistically significant difference. It was positively correlated with the number of attacks during the last 12 months ($P=0.042$), poor treatment adherence ($P=0.007$), the feeling of disability ($P=0.021$) and the feeling of stigma ($P=0.008$). Anxiety was estimated in 35% of cases and 45% were depressed. Depression was significantly associated to the celibacy ($P=0.012$), the feeling of stigma ($P=0.038$) and